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UNANI MEDICINE

Health, religion, and politics in colonial India

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Introduction

In 2014, India’s newly installed right-wing Bhartiya Janata Party (BJP) government established a new ministry for healing practices outside the realm of biomedicine: the Ministry of Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH). Its objective was to incorporate knowledgeable traditional healers and practitioners into the national health programme. The AYUSH ministry was strongly criticized by the Indian Medical Association, a body of biomedical practitioners, on grounds that it diluted medicine’s scientific orientation. But more importantly, it faced a strong backlash from the liberal intelligentsia on grounds that this was a way for the Hindu nationalist BJP to force Ayurveda, Yoga, and Siddha into the national healthcare system. They feared that the ministry would showcase these ‘Indic’ systems of healings (Ayurveda, Yoga, Siddha) over Unani, whose Greco-Arabic genealogy is identified with Muslims and Islamic knowledge. This controversy reflects the entangled histories of medicine, religion, and politics. These have seldom remained in watertight compartments and have been shaped by each other in no small measure.

This chapter looks at these entangled histories with a focus on Unani, a system of medicine that flourished in the Mughal Empire (1526–1707). It elaborates Unani’s encounter with Prophet-centred and Sufi healing practices, as well as with English medicine following the British conquest of India in the eighteenth century. Viewing the past in the context of the present, this chapter offers fresh insight on Unani representation in government schemes piloted by AYUSH. It concludes that Unani’s inclusion in government schemes marks the successful culmination of its long and contentious journey on the subcontinent to represent itself as the ‘modern’ medicine identified closely with Muslims: scientific, professionalized, and institutionalized. Its inclusion in the AYUSH ministry of the government lead by the BJP vindicates its identification as a scientific healing practice and not merely one that is closely identified with the Muslim community.

What is Unani healing?

Unani is a Greco-Roman system of medicine adopted by Arab Muslims in the age of classical empires.\(^1\) By the twelfth century, it had come to be regarded as an integral part of
Islam’s intellectual legacy. As Unani developed out of Galenism, it was influenced by the various Greek philosophical traditions that shaped Galen’s notion of human procreation and the body. Galen, like Aristotle and Hippocrates before him, viewed the human body as a microcosm that perfectly reflected the universe, as the humours were a hierarchy of oppositions and correspondences that had to be kept in balance with the elements of nature to maintain good health. The connection between the body, the natural environment, and society meant that health was very much part of social wellbeing. This emphasis on society and nature as important referents of good health meant that Unani emphasized the emperor, who administered the bounties of nature so as to maintain a social equilibrium that was key to wellbeing. In an Aristotelian manner, Unani healers maintained that the empire was like the body and the emperor its main physician. Just like a physician maintains one’s good health via the balance of humours, the emperor ensured a healthy body politic through social equilibrium. Unsurprisingly, Aristotle was revered in Unani medical circles (Galdston 1969: 20–22).

By the thirteenth century, Unani medicine had acquired a truly global character that corresponded to the cultural, political, and trading contours of an expanding Islam. Significantly, because the expanding world of Muslims (Dar al Islam) embraced Christian, Jewish, Hindu, and a range of other civilizations, Unani was never imprinted only with the seal of Islam. It took on the flavour of the different cultures into which it expanded. Unani healers, called hakim (Arabic for ‘wise man’), were trained in Islamic religious learning (the Quran, Hadith, logic, rhetoric, and fiqh or jurisprudence), Greek and Arab philosophy, Avicenna’s The Cure (al Shifā), and rational sciences (astronomy, mathematics, world history, and geography). But in their practice, they foregrounded Unani’s Greek philosophical legacy that the expanding Arab Muslim world had adopted in classical times. Thus Unani, though very much identified with Islam and Muslim rulers, remained distinct from Muslim religious practice and observance. Its Greek philosophical core became layered with Arabic and Indic influences, particularly in its pharmacopoeias. Acknowledging this cultural heterogeneity, its practitioners preferred to call it Unani medicine, from the Persian and Arabic words for Greece, rather than ‘Islamic’ or ‘Muslim’ medicine.

On the Indian subcontinent as well, this tradition of healing is referred to as Unani even though it was introduced by the Mughal Emperors of Turko-Afghan and Persian descent. It embodied the aristocratic, gentlemanly virtues of its patrons rather than their Sunni Muslim orientation. It upheld the norms of aristocratic virtue as a critical part of its package of ‘proper’ comportment and conduct. Significantly, being a gentleman in Mughal India was about being learned, and madrasas’ curricula included Islamic learning alongside a wide range of sciences: jurisprudence, medicine, logic, and astronomy (Robinson 2001). In this sense, Unani was not entirely bereft of a religious tone even if it was not exclusively guided by it.

The argument

India’s encounter with British rule initiated its first brush with English medicine, which occurred within colonialism’s iniquitous power relations. Unani and English medicine sustained different cultural norms about health and disease. Contrary to conventional historiography that argues for the power of British colonialism to ‘colonize the Indian body,’ (Arnold 1993) their mutual engagement was more interactive. Unani practitioners used the colonial context to their own advantage and retained control over its healing tradition. They incorporated many new knowledge communities into Unani and positioned it as the indigenous medicine that was open to new medical ideas. It interacted with English doctors and W.B.
O’Shaughnessy’s *The Bengal Dispensatory and Companion to the Pharmacopoeia* (1841) incorporated many of its ideas.

Indeed, the colonial context triggered major changes in the Unani tradition. The expansion of printing offered greater possibilities to authors writing in vernacular languages. Ordinary individuals, outside the elite Mughal families of traditional *hakim*, educated in Persian Arabic, began diversifying Unani in new directions, as they printed materials in vernacular languages that lay new claim to Unani. Rather than the Greek philosophical tradition, these Urdu-language texts foregrounded varied forms of religious beliefs that circulated in Muslim Indian society about ideal healers and health: from the person of the Prophet to Sufi practices.

This ‘religious turn’ pioneered by new entrants of modest background generated a fierce backlash within the Unani tradition. Older custodians of medical knowledge who took pride in its ‘scientific’ Galenic and Aristotelian medical wisdom tried to restore their medical tradition by pressing for a greater professionalization and institutionalization of Unani. They leaned on English doctors and administrators to fulfil their demands. The colonial administration that too advocated for ‘medical modernity’ encouraged their drive towards institutionalization and professionalization. But the Unani notion of ‘medical modernity’ was different from that of the colonial administration. It aimed at removing religious referents and restoring healing to the custody of traditional *hakim* families who would firmly control these new Unani institutions and protect Unani’s Greco-Arabic legacy. Unani’s professionalization piggybacked on these families who established institutions, often with British assistance and approval, to protect Unani learning from religious influences. In this way, Unani’s institutionalization and professionalization intensified old *hakim* family control over this knowledge system.

Thus, this chapter shows how medical modernity and professionalization are neither singular nor Euro-centric. The history of Unani in India shows that these concepts are often context-specific, local products: in this case, a way of resolving tensions triggered in colonial India.

**Unani in the Mughal Empire: medicine as aristocratic virtue**

Unani arrived in India with Muslims in the thirteenth century. It further interacted with Indic traditions and evolved under court patronage with the consolidation of the Mughal Empire in the sixteenth to seventeenth centuries. The courts of all Mughal Emperors attracted practitioners from Iran and Central Asia. Among the more famous *hakim* that arrived were Abul Fath Gilani in the sixteenth century and Nur-al-Din Muhammad Abdullah Shirazi and Muhammad Akbar Shah Arzani in the seventeenth century. In the seventeenth century, this became a steady flow, when intellectuals preferred to leave Safavid Iran that was rocked by internal strife. They held high positions in the Mughal court and produced Unani manuscripts in large numbers. Their medical texts upheld the humoural theory of health and used it as a model to reinforce kingship. But what made these Mughal texts different from those written in Arabic was their elite authorship and textuality in the powerful court language of Persian (Alavi 2007). In India, Unani’s association with the court meant that it embodied medical knowledge in structures of the family, high aristocracy, royal courts, high profile teachers, and a textuality tied to Persian elites (Alavi 2007: 30–32). The *hakim* kept knowledge of healing within a carefully guarded family tradition.

Medical elites remained more interested in medical theory than mere clinical interactions, which were left to lesser-known *hakim* and medicine vendors (*attars*). The encyclopaedic Unani medical manuscripts of the Mughal period upheld aristocratic virtue and harmony with nature as the keys to individual wellbeing. Drawing on Al Razi, Aristotle, Avicenna, and Hippocrates, they argued that a healthy body was one in which the four body humours were
in balance and they discussed anatomy and physiology to show how this balance could be restored through diet, hygiene, nature, and comportment. Surgery (especially of the eye and bones) was the only invasive techniques included in Unani healing.

Many Mughal manuscripts were illustrated. Most of them were ornate. They were bibliophilic items not meant for wide circulation and use. They did not offer quick remedies for illness, or even easy-to-obtain potions for cure. Instead, they offered formulas of wellbeing couched in ideas of gentlemanly conduct and aristocratic virtue. For instance, emphasizing the significance of a harmonious relationship between the individual and nature as a sure remedy, they offered copious botanical details and highlighted the medical wealth of minerals, urging readers to relate to these natural bounties for their wellbeing. They believed that the best way to connect to nature and society was through a proper diet and gentlemanly conduct and comportment, that is, behaviour befitting a Mughal nobleman (and their protagonists were invariably men). Drugs, potions, and surgery were asides, not the mainstay of Unani healing as expressed in these texts.

**Mughal medical texts**

The cloud of Arabic learning, with its trans-imperial appeal that straddled the Ottoman and Safavid literary circuits, always lingered over the heavily Persianised Mughal court. The prominence of Persian political theorists, like Nasir al-Din Tusi, in Mughal texts on governance shows how they borrowed heavily from Islam’s Greco-Arabic legacy (Alavi 2007: 33). The same was true for medical texts. Iranian *hakims* such as Nur-ud-Din Shirazi and Muhammad Shah Arzani, who flocked into Mughal India in the seventeenth century, wrote encyclopaedic medical texts under the aegis of the court. They too borrowed from Islam’s Greco-Arabic medical and scientific legacy (Avicenna, Aristotle, etc.) in their definition of healthy bodies as ones that balanced the four body humours and were in harmony with the external environment.

But, as described earlier, Unani texts also maintained the very Persian idea that health was an aristocratic virtue, the *hakim* was a man of high culture, and that healthy bodies were only possible in a healthy society. One important such text was *Tibb-i-Dara Shukuhi*, authored by Hakim Nur-ud-Din Shirazi in 1645–1646 and dedicated to Shah Jahan’s son Dara Shikoh (1615–1659). The 1780s copy, prepared in Surat, Gujarat, by a Parsi *hakim* called Bizhan, is an encyclopaedic, ornate text in three volumes that total approximately 3000 pages. It follows the Islamic encyclopaedic tradition of Avicenna’s *Canon* and, like the *Canon*, borrows extensively from a variety of healing traditions and pharmacopoeias without always acknowledging them (Alavi 2007: 36). It incorporates Avicenna and Hippocrates’ ideas that healthy individuals connect with their environment via proper diet, comportment, and conduct, and thus keep their body humours in perfect balance.

Shirazi underlined his aristocratic virtue and those of his readers through this wide canvas. For him health is about individual wellbeing, an ideal state that can be achieved by a few through proper comportment (Alavi 2007: 37). This comportment is aristocratic in nature and dependent on an able emperor who provides the perfect social harmony—a healthy body politic—where individual wellbeing can be ensured. Shirazi, like an archetypal Mughal *hakim*, upholds the emperor’s authority as manager of the health of the people, and thus obtains state sanction for his exclusive control of medical knowledge. State approval was forthcoming because his medical ideas reinforce the social hierarchies of society. Shirazi is very clear that health is about individual wellbeing and an ideal state that can be achieved by a select few through proper comportment (Alavi 2007: 37). He spells out the specifics of comportment as one that is aristocratic in nature. The emperor is the epitome of proper conduct that is essential
Unani medicine
to maintain societal harmony. According to Shirazi, only a healthy body politic can ensure individual wellbeing.

The drift towards Arabic-Style learning: health as medical wisdom
From the eighteenth century, financial crises weakened the Mughal Empire and state patronage to Unani hakims withered. Older elite families of Unani learning found it difficult to monopolize their hold over medical knowledge preserved in ornate languages like Persian. With their patrons gone, elite healers had to respond to the needs of society that needed cures rather than mere individual wellbeing based on aristocratic virtue.

They responded with new kinds of medical literature in the reign of Aurangzeb (1658–1707), the last Mughal emperor. The tradition of writing Shirazi-style medical encyclopedias continued, but a concurrent subtle shift can be observed. In this period of imperial crisis (1700), Hakim Arzani wrote a popular text called the *Mizan-i-Tibb* (*The Scales of Medicine*), which differed from the average Mughal text. Its concise, user-friendly style bends more towards providing useful medical knowledge as a guarantee of individual wellbeing (Alavi 2007: 38–39). Arzani makes his intention to write a popular text clear on the opening page:

My children and relatives were too busy to devote time to the study of the science of medicine. So I wrote this brief text to make simple the teaching of medicine. Even though it is a brief treatise it has many benefits. I named it *Mizan-i-Tibb*. I hope that God, the biggest hakim, should make it successful.

The *Mizan-i-Tibb* claims to be a handbook of medicine for beginners. It is divided into three sections (*maqalahs*), each of which lay out medical wisdom rather than aristocratic virtue as the key to good health. Stylistically, it stands in sharp contrast to the voluminous and ornate Persian medical texts of the period. It is a short work of forty-eight folios, written in ordinary *nastaliq* style (Alavi 2007: 39). The text offers supplementary clarifications and explanations in the margins. These marginal notes are typically in Persian but, at times, the scribe translates the Persian into Hindi, using Devanagari script to make it easy for the lay reader to recognize the medicines recommended. For example, the Hindustani word *kewra* (a sweet fragrant edible potion for digestion) is inscribed in the margin to explain its Persian equivalent, listed in the text as *sharbat-i-kadar*.

Written at the beginning of the eighteenth century, the *Mizan*’s easy-to-read style and accessibility reflect the ‘vernacularization of Persian’ (Alam 2004). This led to the loosening of the monopoly of scribes, families, and court over the medical knowledge that it embodied. It also reflects the turn to what Rosalind O’Hanlon calls the mushrooming of a more cosmopolitan intellectual ‘connoisseurship’ that now underpinned gentlemanly status (O’Hanlon 1999: 70–84). With its emphasis on science and theology, it radiates the austerity of more doctrinaire languages like Arabic.

To some extent, this is unsurprising, since from the early eighteenth century the influence of Arabic religious literature was very much evident in the reading patterns and writing styles of late Mughal society (Robinson 2000: 105–121). Arabic texts, like the *Tibb-i-Nabawi* (*The Prophet’s Medicine*), written by the fifteenth-century Egyptian scholar of Persian origin, Jalal-ul-Din al-Suyuti (1445–1505), began to be included in Persian translation in the medical compendiums of late Mughal India. These Arabic texts defined comportment not as an aristocratic virtue, but rather as following the model of the Prophet’s austere life. For instance, in Suyuti’s theory of medicine, the balance of temperaments (hot, cold, wet, and dry) are critical to good
health. The best balance is found in the temperament of the believer. Of the believers, the most evenly balanced temperament is that of the prophets, and of the prophets, the most endowed is the Prophet Muhammad. Therefore, Muhammad’s life is to be emulated for the perfect temperament that ensures wellbeing. Unani’s turn towards the Prophet only intensified in the nineteenth century, through a popular 1869 Urdu-language text, also called *Tibb-i-Nabawi*, by a practicing hakim of Lucknow named Ikram al Din Hafiz, who argued strongly for allying Unani with Prophetic medicine (described in more detail in a following section).

**The Arabic-reading medical community in eighteenth century India**

In the eighteenth century transition to English rule, rich and influential families in the North Indian countryside separated Persian and Arabic learning more than ever before. They made the latter exclusively the language of scientific medicine and the former the sole language of polite culture and courtly etiquette in the private schools they established. This separation began to create a hakim different from the one in the Mughal Empire. Health for this new hakim was not about aristocratic virtue, but rather medical wisdom and useful knowledge. He therefore read Arabic texts like Avicenna’s *al-Shifa* along with Arabic law and literature to qualify as a hakim (Alavi 2007: 47). Medical knowledge taught in family schools articulated the new idea of health as medical wisdom rather than aristocratic virtue. Unlike the Western ideal of science being separate from religion, these schools simultaneously relied on the proliferating Arabic language literature on the Prophet’s notion of the body, disease, and wellbeing, like reprints of the aforementioned fifteenth-century *Tibb-i-Nabawi*. Many more authors, like Hafiz cited earlier, produced new texts on the Prophet’s medicine. By the mid-nineteenth century Unani had a carefully crafted a ‘scientific’ tone that also included notions of health and the body derived from ideas about the Prophet.

**The English East India Company and the Unani medical community**

In the late eighteenth century, the English East India Company inherited this fractured medical legacy of the Mughal Empire. While the company allowed regional courts, to continue their symbolic patronage producing Persian literature, it focused more on the new kind of Arabic learning in science and medicine encouraged in village schools. It shifted Arabic medical learning from family schools and village teachers to an impersonal setting for Muslim students only: the Calcutta Madrasa. Ironically, the cordonning of Unani strictly for Muslim students only was accompanied by the removal of religious medical literature, like Suyuti’s *Tibb-i-Nabawi*, from the curriculum. Missing also was the religious training in the Quran and Hadith that all Mughal-style hakims underwent to qualify as gentlemen healers, even if they did not mix it with their medical practice. In the Calcutta Madrasa, Unani was mainstreamed as ‘scientific medicine’ and being hived off its religious component. Simultaneously, by restricting Unani learning classes to only Muslim students, it was also acquiring a community identity: Muslim medicine. This was a far cry from its consciously adopted neutral name—Unani—by which it was represented in the subcontinent (Alavi 2007: 54ff.),

The Calcutta Madrasa established by India’s first Governor General, Warren Hastings, in 1781 to train Muslim public servants also instructed them in Arabic language and sciences taught from Arabic books. The Madrasa made Arabic the language of Unani medicine and side-tracked Persian-language Mughal medical texts (Alavi 2007: 56–58). It also dropped texts on ‘the Prophet’s medicine’ (*Tibb-i-Nabawi*) from its reading list, focusing on comprehensive Arabic medical texts like the *Sharh-i-Mujiz* by Muhammad Kazim. Such texts focused
more on drugs and cures than philosophical issues of the body and its relations with nature. Significantly, they also read Arabic translations of European medical texts composed by company doctors associated with the Madrasa (e.g. Peter Breton and John Tytler).

In 1829, John Tytler, an orientalist scholar and Presidency Surgeon, conducted the medical class at the Calcutta Madrasa. He took full advantage of the shift to Arabic learning that had been initiated by individuals and families at the level of local society. He said that he observed 'that the orientals are always disposed to receive a work written in it [Arabic] with respect which they might reject or despise in a vernacular tongue.' Like the notables of the countryside, he saw Arabic as the universal language of science and medicine that was understood he said from ‘from Malacca to Morocco,’ which was not true of Persian, Urdu, and other vernacular languages.12

Tytler edited for his students the Arabic medical texts that he collected from family schools and his networks in the countryside. He commissioned translations of European literature on anatomy into Arabic. Details of anatomy impacted Unani aetiology, which was hitherto focused only on humours. Anatomy made ideas of health more ‘scientific’ and introduced cures based on diagnosis and invasive interventions. Such medical science literature was widely circulated through use of governmental lithographic presses. The Madrasa and the press thus removed medical knowledge from the frills of the court and aristocratic lineage. They created scholar-hakims that bridged Arabic and European medical traditions.

However, it was by no means a smooth ride for Arabic in early modern India. The most vocal critic of the Madrasa experiment was the Delhi-based Anglicist educationist Charles Trevelyan. He and his colleagues wanted Muslims educated only in European sciences in the English language. He was of the view that this class of Muslims educated in Western science in the English language could then carry forward European knowledge in the vernacular to the masses.

The Urdu-understanding ‘native doctor’: the hybrid healer

Trevelyan’s pleas notwithstanding, the English East India Company continued with the Calcutta Madrasa instruction that produced Arabic-reading scholar-physicians.13 But the Company did not ignore Trevelyan and his peers. Rather, it chose a locally-spoken vernacular language—Urdu—to carry the knowledge of the hybrid Unani-English science to the natives and fashion a new style of indigenous practitioner who was not from India’s exclusive Persian- or Arabic-learning communities. In other words, Urdu was used to popularize hybrid medical knowledge and enable access to medical knowledge to a wider range of people.

Urdu was the language of the ordinary people and the soldiers in the camp. In the early nineteenth century, the East India Company’s interest in Urdu exalted its status, as it became the language of Western medical education in India. In 1823, the company founded the Native Medical Institution (NMI), which became the place for Urdu-language medical instruction, and the government lithographic press became the site for Urdu-language medical publication. Both produced what came to be known as the ‘native doctor.’ He had existed prior to the creation of this institute, accompanying British medical army doctors with no or basic literacy, carrying a medicine box around the neck and learning medicine at patients’ bedsides in the general hospitals for British soldiers. At the NMI, however, native doctors were educated in Western medical texts, specially translated into Urdu. The institute popularized aspects of Western science that Arabic medical texts had showcased as medical wisdom: materia medica,
anatomy, orthopaedics, and surgery. This knowledge was used in the diagnosis and cure of patients. More importantly, it opened medicine to Hindus and Muslims of a certain non-elite class that hitherto had no access to medical learning.

The NMI produced a new class of medical practitioners who had no Arabic or Persian educational backgrounds or family medical traditions to back them, but they had a notion of ‘public service.’ They came from ‘respectable’ Hindu and Muslim families of the lower realms of the service gentry who had worked as low-level service people for the regional rulers of North India. The medical practitioners trained at the NMI had a very different route to medical knowledge than did the scholar-hakims. Instead of learning medicine from Arabic texts and family schools, they learnt aspects of Western medical science from salaried teachers in lecture rooms. In contrast to the scholar-hakim who concentrated on the philosophical dimension of disease prevention, they focused on anatomy, physiology, and symptomatic cures. Lectures were aided by specially produced Urdu-language anatomy, physiology, and chemistry texts, as well as wax and wood models of human anatomy and practical observations of dissections in dispensaries and hospitals they visited (Alavi 2007: 76–86).

The production of Urdu medical texts and the creation of the Western-style ‘native doctors’ were parallel processes. And it was therefore significant that both the NMI and the government-owned lithographic press that specialized in Urdu tracts were founded in 1823. A Mr. Rind, the press superintendent, helped Peter Breton, the NMI Director, discharge medical instructions by printing orders of the Urdu literature, up to as many as 800 copies of a single tract. The tracts included Urdu translations of the London Pharmacopeia, J. Hutchinson’s Bengali tracts on fevers and on the foetus, and freshly produced tracts on ocular anatomy, cataracts, body visceras, the vascular system, orthopaedics, and so on. European draftsmen worked with Hindu and Muslim scribes and artists to assist in making charts, maps, and anatomical plates for the students. The NMI ensured that this hybrid medical knowledge was shared between Hindu and Muslim native doctors.

Late nineteenth-century Unani modernity

By the late nineteenth century, this robust hybrid medical tradition of the NMI created tensions within Unani healers. Easier access to medical knowledge in Urdu offered opportunities to a new class of men who could access medical knowledge in relatively easy languages, pull it from its traditional custodians’ hold, and popularize it using the fast-expanding print culture. But they did not necessarily follow the NMI’s intellectual pedagogy, even as they benefitted from its policy of making medical knowledge accessible.

New Urdu-knowing hakims emerged from modest backgrounds who critiqued both the NMI and the Perso-Arabic scholar-hakim for not engaging with healing referents outside their elite textual worlds. They produced their own Urdu-language Unani literature. In their cheap and easily available Urdu medical manuals (such as the Tibb-I-Ihsani and the Tibb-I-Nabawi), they diversified Unani to tap pools of knowledge that were beyond the control of both the colonial state and traditional custodians: the talismans and charms of fakirs or Sufis as well as the medicine of the Prophet. But they also continued producing Mughal-style, comportment-driven medical literature like the Akhlaq-I-Kaashi. The historic juncture of the late nineteenth century, in which modern capitalist infrastructure and print culture came along with the disturbances of modernity—famine, disease, death, and epidemics—made the new men who promised quick medical self-help through their easy-to-read primers hugely popular.
Turn to the Prophet

In the late nineteenth century, Muslim reformists increasingly projected the Prophet as an ideal individual and exemplar whose life offered a model that could be emulated to better negotiate the challenge offered by British colonialism. As print, the telegraph, and the steamship increased contact between the subcontinent and Ottoman-controlled Arabia, tales and texts of him and his miraculous powers filtered in from Mecca and Medina to Delhi and Calcutta. As regional flavours of his appropriation gathered momentum, so did the awareness of his universal appeal as a healer: a figure who could offer cures and solutions to epidemics and illnesses that plagued society.

Very much like the reformist literature that encouraged the individual interpretation of religion, texts on Prophetic medicine too used the Prophet’s authority to negotiate colonial intrusions into the medical realm. Muslim societies around the world universally acknowledge Muhammad’s authority as the last of the Prophets, to whom the Quran was revealed. Unsurprisingly, his miraculous powers as a healer, too, had global resonance. The Prophet as the healer offered the glue to link Muslims trans- imperially. Medical knowledge was particularly shared across Muslim networks in times of epidemics. As cholera epidemics ravaged the globe in the late nineteenth century, interactions between English doctors and hakims increased as they both sought to contain this menace. In the absence of a guaranteed cure, or even an understanding of cholera’s cause, all remedies were given due attention. This struggle to better understand epidemics ensured that Unani ideas, including those of Prophetic medicine, circulated widely. William Moorcroft, a British botanist and physician who travelled through the Himalayas in the 1820s, carried out sustained conversations with Unani healers in Punjab when Fateh Chand—the brother of the Maharaja Ranjit Singh—was suspected to have cholera (Alavi 2007: 122–126).

Unani texts of the period continued with their notion of health as part of general wellbeing, but they increasingly defined the latter as modelled on the Prophet’s life. Belief in medical knowledge associated with the Prophet, and a life patterned on his conduct with due significance attached to prayers, diet, Islamic bodily comportment, and moral and religiously derived etiquette became central to Unani. Unani medicine, which had remained distant from religious referents in practice as well as representation in the high period of the Mughal Empire, now saw no contradiction between the Prophet’s prescriptive path to wellbeing and its Greco-Arabic philosophical core. In the eclectic Urdu Unani literature, it was common to find such religiously derived practices alongside the endorsement of Galenic philosophy of humoural balancing and the use of the more Western derived medical knowledges of anatomy, physiology, and surgery.

As previously mentioned, texts like Suyuti’s *Tibb-i-Nabawi* (*The Prophet’s Medicine*) had circulated in the late Mughal Empire itself, signalling Unani’s initial turn to religion. But in the nineteenth century, the centrality of Prophetic medicine in Unani healing intensified. Many reprints of Suyuti’s text itself appeared well into the 1880s and many new texts modelled on his were produced. For instance, in 1877 one Ilahi Baksh of Kanpur, a practicing hakim and teacher in a madrasa, wrote the *Tashreeh al asbaab musammabeh Mazhar-ul-Ulum*. It was written in Urdu in consultation with a range of Persian medical texts and it stands out as a typical nineteenth-century text because it claims religion for Unani. God is projected as the greatest physician and is said to have created wisdom and the many sciences that produce cures. The Prophet is the repository of God’s medical wisdom and his ‘house of knowledge’ is a ‘house of healing’ (*Darul Shifa*). According to Baksh, Unani’s association with the Prophet...
makes it extraordinary (afzal) and elite (ashraf). This text upholds the Islamic notion of wellbeing, with its stress on moral and spiritual health as crucial to physical strength. But it does not dismiss Aristotelian rationality or Hippocratic dietary theory. It lists dietary and environmental regulations for the maintenance of physical health and as a system of cure. Like most texts of this genre, it is a self-help manual that gives copious details on how to use certain medicines so that both the learning and the practice of Unani becomes accessible (Alavi 2007: 219).

As mentioned earlier, a Lucknow hakim named Ikram al Din Hafiz wrote a new Tibb-i-Nabawi (The Prophet’s Medicine) in 1869, where he argued that health was about the wellbeing of both body and soul. He stressed the centrality of prayers, piety, and medicine for the cure of most diseases. Piety, for Hafiz, derives from Quranic injunctions and the recitation of its holy verses, as well as the Prophet traditions (Hadith), and is the ultimate reference point for all of Hafiz’s suggested cures. He is critical of Greek physicians like Galen who, following Aristotle, frowned on the mixing of medicine with piety. Hafiz counters by stating, ‘to ignore the effect of what people utter from their mouths on the body is foolishness because everyone is convinced about the effects of such utterances.’ He projects the best hakim as one who combines the art of treating the body (ilaj-i-badan) with that of treating the soul (ilaj-i-rooh). Hafiz argues that the foremost example of this exemplary combination is the Prophet himself. His reasoning is that the health of the world is defined by the matters of the soul (ilaj-i-rooh) as well as the physical wellbeing (ilaj-i-badan) of the people, and the Prophet came as the benefactor (rahmaan) of the world, so he would have been criticized if he did not contribute to both the physical and the spiritual health of the people who constitute the world. He therefore combined the powers of the spiritual and the physical healing in his person (Alavi 2007: 219–222).

Such religiously-inclined texts marked the culmination of Unani’s drift towards religious observance that had begun with Suyuti’s text in late Mughal India. The insistence of their authors to make a distinction between those hakims who foregrounded religious observance and those who did not also heralded the beginnings of a communitarian identity for Unani, from which Unani healers had previously strived to steer clear. They called their medicine, as we saw earlier, Unani (meaning Greek) rather than Muslim. Thus, Hafiz distinguished between hakims who did not make Prophetic medicine central to Unani and those who did. He defined as Muslim only the latter, whom he deemed as continuing the Prophet’s tradition. He argued that diseases can be cured by the combination of prayers and medicines and that truly Muslim hakims have to teach people how to ward off such diseases through Quranic recitation and the prayers recited by the Prophet in his moments of distress. Hafiz urges people to treat medicine only as the means to approach God who is ultimately responsible for their cure. He dubs people infidels who regard medicine as merely the agent of medical redress.

But Hafiz, like many other Urdu authors of his generation, does not dismiss the value of medication. He is critical of the theologians (ulema) who regard the taking of medicine as un-Islamic. Indeed, he projects ‘correct’ religion as one that declares as Sunnat (in keeping with the Prophet’s sayings) the consumption of medicines. He cites a Hadith about people who asked the Prophet if it was sinful to take medicine when they were ill. The Prophet replied that they should take medicine freely because God has created both the disease as well as the medicine for its cure. The text then cites the medicinal properties of items such as fruits from the gourd family and camel’s milk as useful medicines.

The cures in Hafiz’s Tibb-i-Nabawi define the ‘proper’ comportment essential for a healthy body as one that derives from the Islamic way of life. This stands a long way away from the aristocratic virtuous deportment that Unani healers stressed in the Mughal period.
instance, the Islamic matrimony (nikah) between believers is viewed as the only legally sanctioned relationship for sexual intercourse. And it is recommended as a sure way to ensure the purity of blood in the progeny.

Unani’s stress on the balancing of body humours is interpreted via Islamically-sanctioned behaviour. Thus, a specific regime of fasting (roza) is suggested to balance the bodily humours. The text cites the Hadith and lists a code of rituals that are to be followed when, for instance, a new bride enters her home. Special prayers get rid of the evildoings of the woman in her house and spread her goodness and ensure wellbeing. But the most detailed and specific comportment instructions pertain to sexual intercourse so as to ensure the birth of a healthy child. Interestingly, such rituals are listed as ilaj or medical interventions for safe childbirth.

Moving beyond the Prophet: leanings on the Sufi way

The Prophetic healing of the Tibb-i-Nabawi texts set a trend. Soon many other hakims moved beyond the Prophet and used the printing press to embrace other Muslim referents such as Sufi and fakir healers, while also continuing reliance on classical humoural theory. Indeed, texts were produced that lent a religious sheen to Unani medicine’s core humoural theory. For instance, in 1878, Ihsan Ali Khan wrote the influential Urdu-language Maqaalat-i-Ihsani (Compendium of Ihsani), which claims religion for medicine. It argues that, as the subject of Unani is the human body—the noblest of God’s creations—it follows that medical knowledge has to be sacral. This fusion of medical knowledge with God’s creative power brought the Islamic idea of procreation central to Unani healing. To practice Unani medicine is Sunnat, that is, to follow the tradition of the Prophet. Even though the Prophet’s authority remains Ihsan Ali Khan’s ultimate reference point, he also encompasses other healing referents to reach wider audiences. Another of his texts, Tibb-i-Ihsani (Medicine of Ihsani), presents illness in terms of the relationship between the body and the soul. Very much like the Sufi healing practices of medieval Islam and the pietist ideas of eighteenth century Europe, he sees the body and the soul united in health, with the soul controlling bodily functions. His discussions of pharmacy and medicine production are not confined to the Prophet’s dietary regimen as handed down in the Hadiths, but rather, he invokes the ‘superstitious charms of fakirs’ as well. For instance, he claims that a mongaa (precious stone) tied to the forehead helps in curing headaches. Significantly, his text oscillates between Prophetic medicine, a Sufi emphasis on the health of the soul as a guarantee of wellbeing, and medical rationality as represented in Aristotelian humoural theory. He saw no contradiction between these strands (Alavi 2007: 223).

Professionalization and institutionalization of Unani in the twentieth century

The new hakims of modest backgrounds who used print in the vernacular Urdu to diversify Unani literature posed threats to the established hakim families who traced their genealogies to the Mughal Empire. The latter viewed with contempt the Urdu texts’ centring of Prophetic healing and incorporation of Sufi practices. They called such practitioners and authors who had adulterated Unani by mixing it with religious belief ‘spurious hakims’ (neem hakim) and warned people against their ‘life-threatening cures’ (khatrei jaan).

As the old order looked for cover, it cannibalized the colonial state’s arsenal of ‘medical modernity’ to fight its in-house battles. Traditional Arabic- and Persian-driven families supported the Raj’s demands for Unani’s professionalization, institutionalization, and
modernization, but coloured these demands with new meanings. Professionalization for them meant breaking away from their tradition the new Urdu-speaking hakims, and exercising tighter control of medical knowledge into the hands of older families. At the turn of the twentieth century, families established Unani institutions with state patronage where existing ideas on anatomy, surgery, and physiology were revised and enhanced with the new knowledge and techniques of English doctors. Lucknow’s old Azizi hakim family established one such institution, the Takmil-ut-Tibb College, in 1902 (Alavi 2007: 291–321).

Even as these institutions took pride in their collaborations with English surgeons and packaged Unani learning in the new vocabulary of professionalization and institutionalization, they marked the restoration of the old order over medical knowledge. Thus, Unani derived a particularistic modernity in the early twentieth century as much as the ‘modernity’ of English medicine remained embedded in its dialogue and engagement with Unani in such institutions and outside them. For instance, in the plague epidemic of 1903, hakims and English doctors cooperated to contain the outbreak. The hakims had learnt from the English doctors the removal of ‘plague glands’ from armpits. Local people, because of their familiarity with hakims, preferred to go to them rather than to the English doctors for any such an invasive procedure. And the English doctors who were in attendance were keen to learn by observing how to socially deal with and win these patients’ confidence (Alavi 2007: 300–301).

An important consequence of Unani’s institutionalization was its emergence as the sub-continent’s national medicine with a rational scientific core. And yet, it was forced to represent itself in collective Muslim terms even if in practice it underlined its divorce from religious observance. In the high period of Indian nationalism when religious identities hardened and Hindus and Muslims competed for space in the nationalist discourse, Unani marked itself more than ever before as Muslim medicine with an Indic history. It showcased the contributions of its Muslim patriarchs towards the intellectual and material wellbeing of the nation-state. Of course, its chief competitor in this politics of representation was Ayurveda, which made similar (if not taller) claims for its position as the national medicine (see Warrior, this volume). For good or ill, in contemporary India, Unani is represented as the Muslim medicine with a scientific orientation in its practice and Ayurveda remains its competing Hindu counterpart.

**Epilogue**

On 30 August 2019, the Prime Minister of India, Mr. Narendra Modi, released in New Delhi a set of commemorative postage stamps with twelve ‘path finding’ AYUSH healers. To the surprise of many Unani practitioners and critics of AYUSH, the list included two prominent hakim patriarchs of the old, established Perso-Arabic families of healers. One is my own great grandfather and founder of the Takmil-ut-Tibb College in Lucknow, Hakim Abdul Aziz (1855–1911), and the other is Hakim Kabiruddin (1894–1976) from a prominent Unani family in Bihar. Significantly, both families had strived for Unani’s professionalization and institutionalization by investing in medical education. The former established the first Unani College in Lucknow in 1902 and the latter authored and helped in the production of a range of Unani books. Via their college and their books, they strived to preserve Unani’s Greco-Arab philosophical core while incorporating aspects of English medicine like anatomy, physiology, and surgery. Hakim Kabiruddin in particular wrote books that underlined Unani’s scientific nature and its modernity. His list of publications is conspicuously absent of any books that brought religion into Unani. He preferred to write in Urdu, rather than Arabic or Persian, as by the twentieth century this was the preferred language of Muslim education.
The selection of these two hakims in the government’s list of honours reflects that Unani succeeded in positioning itself as an indigenous medicine that achieved medical modernity on its own terms. This meant primarily, as we saw, dropping its religious frills and restoring its core rational philosophical legacy firmly in the hands of family established institutions. Unani’s institutionalization kept Islamic religious observance away from medical practice, perhaps bringing it to the notice of the right wing BJP lead government in a positive way.

But it in no way changed Unani’s representation in India as the premier Muslim medicine. Indeed, the inclusion of the two hakims in the list of honours is perhaps an acknowledgement of the Muslim contribution to the non-Western concept of medical modernity in India, while underlining the fact that their knowledge does not emphasize Islamic religious practice. In the last five years, the visibility of ‘modern’ Unani on the nation’s medical landscape has increased. This has certainly reduced the apprehensions of the hakims and the liberal intelligentsia who feared that AYUSH was a smokescreen for showcasing only Ayurveda as the national medicine of India.

In September 2019, the AYUSH ministry approved the establishment of the first government-run Unani hospital and medical college in Haziyapur, Bareily, in western Uttar Pradesh. Established with a huge budget of Rupees 129 crore (about eighteen million USD), its foundation was laid by the state’s earlier, non-BJP government. After a few years of reluctance, the new BJP government finally sanctioned the project under Mr. Modi’s ‘people’s welfare scheme’ (Jan Vikas Karyakarm). This suggests that the representation of Unani as Muslim medicine, notwithstanding its more consciously-created ‘medical modernity,’ will endure even as India goes through its rough patches of a politics driven by strident cultural nationalism.

Notes

1 Portions of this section and some of the following sections are reproduced (with permission) from Alavi 2007.
2 The Portuguese, who remained localized in southeast India, showed interest in Indian healing traditions. Garcia-De Orta (1568) compiled several materia medicas, as did the Dutch a century later, for example, Aadrian Van Rheede’s (1678–1693) Hortus Malabarius.
4 Ibid., 857–859.
5 Mizan-i-Tibb, Add Mss. 17949, 48 folios, (British Library, London), 1742 copy.
6 Ibid., folio 1, preface.
7 Nastaliq is a fluid style of calligraphy with long strokes mostly used in art and poetry in Persian, Urdu, and Ottoman Turkish. It is easier to read than the more cursive Shikast calligraphy style of many of the Mughal manuscripts of the sixteenth and seventeenth centuries.
8 Mizan-i-Tibb, folio 1.
9 In 1700, Arzani translated the text into Persian. This was later lithographed in Bombay in 1881. Another lithographed copy produced in Cairo, dated 1870, exists in the British Museum (No. 14535).
11 J. Tytler (1828) A Short Anatomical Description of the Heart Extracted from the Edinburgh Medical Dictionary, Calcutta: Education Press.
12 R. Hooper (1830) Anis ul Musharrahin or the Anatomist’s Vade-Mecum, transl into Arabic by J. Tytler, Calcutta: Education Press, 8. See also Alavi 2007: 58.
13 Anshu and Supe (2016) make it clear that the break from Arabic and Persian happened after Macaulay’s famous ‘Minute on Indian Education,’ published in 1835.
14 Ilahi Baksh (1877) Mazhar-ul-Ulum, Kanpur.
15 Ibid., 2–3.
16 Ikram al Din Hafiz (1869) Tibb-i-Nabawi, Lucknow, 2.
17 Ibid., 3. See also Alavi 2007: 221.
18 Ibid., 10. See also Alavi 2007: 221.
20 *Oudh Akhbar*, 21 February 1880: 622.
21 His translations include *Tarjuma Hummayat-i-Qanoon* and *Tarjuma-i-Mujiz al Qanoon*.
22 *Times of India*, 7 September 2019.

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