

Changing Contours of Indo-Islamic Medical Tradition in the Eighteenth Century

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Abstract: *Indo-Islamic Medical Tradition or Unani as it is widely known in the Subcontinent arrives in India with the Turkish conquest in the 13th Century and with the expansion of Mughal political culture it became firmly rooted in the society. With the disintegration of Mughal Empire the patronage to Unani shifted to the fragmented political authority. This resulted in a shift in practice of Unani. This paper is an attempt to give a brief glimpse of gradual evolution of Unani during the eighteenth century. However, when Persian medical texts became vernacularized the family scholar physicians or hakims hitherto associated with Mughal court switched over to Arabic as language of medicine. On the other hand, as Western medicine made an entry in the Subcontinent the Arabic based medical family hakims also borrowed the ideas from them. The English East India Company also leaned against an Urdu based medical community to carry out the knowledge of European medicine. Therefore, it studies the changing nature of Unani in this period of transition to colonial rule and in brief also the responses of Unani to the colonial policy of medicine.*

Key Words: *Unani, Eighteenth Century, Mughal, Persian, Arabic, Urdu, Western Medicine.*

The eighteenth century in Indian history is crucial in the sense that a single century witnessed the functioning of two system of government that is pre-colonial system on the one hand and the colonial system on the other. The former was on the verge of decline and the later was sowing its seeds. In other words, the first half of the eighteenth century saw the decline of a centralized Mughal Empire and the second half of that century saw the introduction of systematic colonization following the Battle of Plassey in 1757. However, the disintegration of Mughal Empire had a great consequence as it was followed by the dissemination of Persianized Mughal culture to the regional states. The ruler of these states, local rajas, zamindars and other landed magnets incorporated the Mughal political culture for the stabilization of their own position. On the other hand, because of the growing control of English East India Company the regional powers begin to incorporate the colonial system of government. Thus, a single century encompasses both the pre-colonial and the colonial phases.¹ Therefore, the changing political scenario in the eighteenth century had a great contribution in shaping the Indo-Islamic medical tradition or Unani as it is widely known in the Subcontinent.

The Indo-Islamic medical tradition or Unani had its origin in Islamic world in the two great ancient medical and philosophical traditions namely (a) Graeco-Roman philosophical tradition mainly represented by Hippocrates, Aristotle and Galen (b) the Ayurvedic medical tradition especially enunciated by the *Samhitas* of Charaka and Susruta. The synthesis between Greek and Ayurvedic medical tradition had taken a strong ground during the Umayyads (661–750) and the Abbasids (750–1258) period as large number of Greek and Sanskrit medical works were translated into Arabic and Persian under their patronage. Apart from this there was great demand for Indian vaids and Sanskrit texts on medicine in Bagdad.² Therefore, the conjugation of Greek and Ayurveda gave birth to a new medical tradition popularly known as Unani. However, the establishment of Sultanate of Delhi in the thirteenth century marked a significant contribution as they gave direct political patronage to the practices of Unani and a new era had been started, moving towards making a synthesis with indigenous medical tradition.³ With the introduction of Mughal political culture in the sixteenth century, this medical tradition had gradually been transformed into an imperial ideology. They considered medicine as a form of healing. The influx of scholar physicians (*hakims*) from the Central Asia to the Mughal court made Unani a system of aristocratic virtue rather than a mere system of medicine. They composed text mainly in Persian as it was the official language of Sultanate as well as the Mughals. In the words of Seema Alavi, “in the Mughal Empire medicine was a form of healing central to the building of an imperial political culture” as it had a great bearing on the society and culture of the time. It can be ascertained from the fact, as it is argued by Alavi, that after the decline of a Centralized empire, this medical tradition was patronized by the regional powers in view of stabilizing their own position and at times in showing their sovereign authority.⁴ Some historians tended to view medicine in Mughal India primarily

as a part of imperial welfare measure where progress of science and medicine centred round the Mughal imperial policy.⁵ Therefore, according to this school of historiography, with the decline of patron-state in this century, the medical tradition was also on a state of decline.

Contrary to the above view, the decentralization of Mughal Empire in the eighteenth century had consequently been followed by the vernacularization of Persianized medical authority. The monopoly over the Unani of certain section of family physicians or *hakims* was no longer a visible phenomenon. This is largely caused by the vernacularization of Persian and Persian medical text which became easily accessible to larger section of society. *Mizan-i-Tibb* (1700) or the scales of medicine produced by Akbar Shah Arzani would become an example for this as the text written in simple Persian and at the margins the author translate important words into Hindi, using Devanagri Script to make it easy for the lay reader to recognize the medicines recommended.⁶ Thus, the Indigenous word *kewra* (a sweet fragrant edible potion for digestion) is written in the margin for explaining its equivalent Persian, listed in the text as *sharbat-i-kada*.⁷ Moreover, the author intended to write the text to make simple the teaching of medicine for the beginners. Apart from this, in a recent study by Syed Ali Nadeem Rezavi, he tried to illustrate on the existence of as kind of ‘primitive middle class’ who were not attached to the Mughal court and earning their livelihood by selling their professional skills wherein medical men like *hakims*, *tabibs* and *jarrahs* (surgeons) who practiced medicine privately formed a sizable section of that population.⁸ Although the above study is confined merely to the Mughal period, in the light of this study it can be argued that the similar trends seems to be continued in the subsequent century and through them it become possible that the knowledge of Unani could become easily accessible to the lay practitioners. Moreover, a growing impetus has been noticed to the collection and writing of books on medicine with the foundation of Mughal empire which continued even increased in this eighteenth century period of crisis as this century alone produced total 133 books on medicine in Persian and it was huge in comparison to the preceding centuries as the data given by A. Rahman in his influential work *Science and Technology in Medieval India: A Bibliography of Source Materials in Sanskrit, Arabic and Persian* (1982).⁹ Therefore, the Persian based teaching and practices of Unani medicine which had hitherto been confined to family scribes, to Mughal courts became accessible to the wide section of population who were practising medicine at regional levels.

The popularization of Persian based medical learning and practices had also resulted in the shift of medical learning for the scribal elite family who hitherto had a monopoly over the practices of Unani. In preserving their family status and to make themselves isolate from the popular practices, this family based medical community resorted to Arabic the doctrinal language, in view of a belief that it would recreate their monopoly over the same as it would not fall under the sway of larger section of society.¹⁰ Furthermore, the Arabic based medical learning intended to take its hold not under the patronage of regional courts, local rajas or zamindars but at their own expenses and confined to certain section of family groups “in-houses”. Possibly this is because the regional courts, local rajas or zamindars continued to patronize the Persian based medical community to retain their sovereign authority as it was considered that the Persian was the language of authority. However, the Unani’s shift into Arabic had another consequence as in common parlance Arabic considered universal language of medical science of Muslims; this shift gave Unani an Islamic slant. Therefore, Seema Alavi has argued that “the distancing of Unani from Persian meant a moving away also from the composite imperial medical culture that it represented.”¹¹ In addition, unlike the Persian based medical literature, new medical community based on Arabic treated medicine as a scientific wisdom rather than an aristocratic virtue.

The second half of the eighteenth century as stated earlier saw the establishment of the rule of English East India Company which resulted in the introduction of Western science and medicine on the Indian soil. The encounter with the Western medicine was started much earlier as India was visited by the innumerable European travellers noticeably from fifteenth century onwards. Nevertheless, the establishment of political authority meant gradual incorporation of Western methods of medicinal practices. However, the attitude or response of Indians towards the Western medicine was varied and many scholars have attempted to explain this aspect and the sphere of influences of the Western science and medicine over the indigenous population. David Arnold tried to put forward a view that the Western medicine within a short period of time established its authority over the Indian medicine and functioning under the cultural project of ‘colonizing the body’ and the ‘civilizing mission’ of European science.¹² In other words, the introduction of Western medicine had put an abrupt end to the indigenous system of medicine based on the Perso-Arabic and Sanskrit tradition and it colonized the entire body of indigenous medical literatures.

However, some scholars have questioned the Arnold’s view and sought to highlight on the complexity and multiplicity of responses towards the Western medicine. According to Deepak Kumar, the Western medicine served the State as an instrument of control and the indigenous systems felt so marginalized that they sought survival more in resistance than in collaboration. Nevertheless, the majority of Indians, believed that the total acceptance of new knowledge did not

mean total rejection of the old and favoured a synthesis of western and indigenous medical systems.¹³ Therefore, a synthesis has been occurred between them. Neshat Quaiser on the basis of local Urdu sources and by studying the popular Unani culture tried to throw light on the Unani's encounter with western medicine which was located within a 'critical anti-colonial public sphere', where simultaneous approval and disapproval of western medicine had a lot to do with the way in which Europe and western medicine were represented and contested.¹⁴ Seema Alavi has also argued that Western medicine no doubt had a tremendous impact on the traditional indigenous medicine especially Unani but in the initial phase the former was rather mediated with the indigenous linguistic learning than totally abandoning the later. Therefore, in this context the Arabic based family scribes who were born out to restore their former prestige and monopoly over Unani had incorporated in their literature both the learning that came from the Arabs as well as from the Western land.¹⁵ Nevertheless, the shift in Arabic knowledge can also be seen in the functioning of Calcutta Madrasa, established in 1781 by Warren Hasting to foster learning in Arabic and Persian and to train a class of maulvis or Muslim jurists who would have assist in the interpretation of Islamic law. In addition, it instructed one set of students in Arabic language and science, these being taught from Arabic books. The science taught in the Madrasa entirely from Arabic text-included medicine (*hikmat*), theology, law, astronomy, arithmetic, geometry, logic, and rhetoric.¹⁶ Therefore, it can be argued that the Madrasa had created scholar-hakim who had acquired both Arabic and European knowledge. Thus, colonial government rather choose to support than to colonize the Arabic based medical learning which continued till the certain period of next century.

The end of the eighteenth and beginning of nineteenth century has witnessed another shift in the learning and practices of Unani. The government of East India Company was largely responsible to bring that shift in tradition of Unani medicine. To carry out the knowledge of European science and medicine and to interlocute with Unani tradition the Company had leaned against a new community of Urdu literature, thus created a new style indigenous medical practitioners who were required to assist the British surgeons for the treatment of European soldiers. Thus, a new Unani and a new *hakim* evolved with an emphasis less on the mastery of the theory of medicine and more on the practice of medicine.¹⁷ Therefore, the appearance of 'native doctors' in the scene, as they were known in colonial parlance, marked another important shift in Unani tradition who were entirely different from both the scholar-physicians educated at Calcutta Madrasa and Mughal gentleman hakim. The shift of Unani had in the notion that considered medicine as an aristocratic virtue and individual well being to the medicine as a well being of a society as a whole. Thus, the Company had introduced new medical ethos in India through the use of Urdu language which became the language of Western-style medical education in India which continued with some modification for certain period of time.

Conclusion:

Therefore, the changing patronage of Unani in the eighteenth century from the Mughals to the regional courts, local rajas or zamindars and finally at the turn of that century to the Company determined the form and nature of Indo-Islamic medical tradition. Under the Mughals medicine was considered a form of healing and an aristocratic virtue which in this century transformed it into a scientific wisdom primarily under those family physicians/practitioners "in-houses" who were more determined to preserve their family tradition and to restore their former monopoly over Unani. This Arabic based family *hakims* lacked social reality in their medical wisdom unlike the Urdu based medical community who received patronage from the English and employed to assist the European surgeons. Therefore, the eighteenth century witnessed the prevalence of three form of Unani medical tradition based on three languages namely Persian, Arabic and Urdu. There had hardly any fundamental differences in their practices but only in their theory and in the composition of practitioners. Moreover, the Arabic and Urdu based Unani were also borrowed the contents from the Western or colonial medicine. Therefore, by the end of this century a "synthesis" had emerged from the intermingling of Persian, Arabic and Urdu based Unani on the one hand and Western medicine on the other.

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