

*Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition, 1600–1900.*

By Seema Alevi. Houndmills, Hampshire: Palgrave Macmillan, 2008. Pp. xiii + 384.

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The title aptly describes the author's purpose. Spanning three centuries of medical history, from the Moghul period to the early twentieth century, Seema Alevi depicts the trajectory of the so-called Unani medicine (which means “Greek” in Urdu, from the Arabic *Yūnānī*). The author, a professor at Jamia Millia Islamia in New Delhi, sets out to show that even in the context of British colonization, the course of Unani medicine was inspired and shaped by local determinants, not European ones. In this respect, Seema Alevi has been influenced by the claims of the Subaltern and Post-Colonial Studies. The author concentrates on autochthonous knowledge and practices.

Unani medicine in the eighteenth and nineteenth centuries developed in India with elements selected from a mass of knowledge derived from Arab and Greek medical works. This tradition, introduced by Persian *hakims* who fled from a Persia torn by violence in the Safavid era, was established at the court of the Moghul rulers. It was considerably enriched by the plentiful Indian pharmacopeia. The 300 pages of the volume are devoted to a history of a hitherto insufficiently explored tradition. The size of the volume itself suggests its value as a documentary source and a forum for discussion.

Alevi tells us in passing about the rise of the colonial enterprise of the Company and the foundation of the Calcutta Medical College in 1835, where the British made an effort to train local doctors and health officers, and to encourage hybrid learning. Her emphasis, though, is more on the doings of the old aristocratic families, who patronised the revival of Unani medicine. She describes how the powerful Azizi clan, established at Lucknow, founded the *Takmil Tibbi* College and spawned a novel form of Unani medicine that not only relied on canonical texts from the past but also “cannibalized”, to use the author's own word, the useful parts of British medicine, namely anatomy and surgery.

The author draws her material from the archives of the British administration, the local press written in Urdu and family documents. The most famous newspaper in Urdu, founded in 1864 and subsidized by the local rulers, became a forum for planning and discussing the transformation and the future of the Unani tradition. A detailed analysis of its content reveals the collaboration between the British and the Muslim elites and the collusion of interests between Western pharmaceutical companies and Indian retailers. Alevi claims, however, that it was the local Unani pharmacopeia that better fit the local pathology, with the exception of quinine, which provided the specific remedy for fevers (before the identification of plasmodium as the agent of malaria in 1883). She shows how Unani medicine is rooted in the history and geography of Hindustan and was adjusted to local needs and demands, all the while retaining something of the universalist ethos of Islam. Her saga of Unani medicine reveals the clash between a professional caste struggling to retain its position and newcomers trying to occupy the niche of care providers for the poorest. The British, like many nations at the time, made sporadic attempts to regulate the practices and impose certification, which put them at odds with the efforts of *hakim* families to control traditional practices.

The writing is in a sense neutral, even bland, devoid of strong anti-colonial rhetoric. Surprisingly, Alevi does not mention the event that fractured the colonial period, the Sepoys' mutiny, which resulted in the Moghul Bahadur Shah II being deposed and tried. The war changed the rules of the political game, with the British tending to favour the Hindus over the Muslims. Alevi is the author of *The Sepoys and the Company: Tradition and Transition in Northern India 1770–1830*, situated

historically ahead of the great riot. But it is difficult to believe that in the field of medicine, the collapse of the Moghul power had no consequences.

In this history of Unani medicine, it seems to me that some important clues are overlooked. Although the author claims that the Hindus figured among the patients going to the *hakims*, they are very much missing in the picture. How, for example, to reconcile the idea of a Unani medicine purveying cures for all natives living in an Indian milieu that respects the *akhlaq*, behavioural and dietary etiquette, which, though essential for the preservation and the restoration of health, obviously differed according to religion and caste? Many questions of this kind could have received greater attention, at the expense of some lengthy and sometimes redundant developments on the *hakims'* written production. The relationship between Unani medicine and other kinds of local traditions is only clearly addressed in the last chapter, which describes how two leaders of Unani medicine, Hakim Abd ul Aziz at Lucknow and Ajmal Khan in Delhi, opposed each other on the point of recognizing some knowledge of the Ayyurveda. It is regrettable that the author did not confront her vision of what is essential to Unani medicine vis-à-vis Guy Attewell's interpretation, laid out in *Unani Tibb: Plural Healing in Late Colonial India* (2007).

Alevi's chapters contain texts of some recipes (*nuskkhas*) that give us glimpses of the patients' daily lives. Still, despite the fact that Alevi adheres to the definition of medicine as healing, by the end of the book we still do not know much about the way patients were actually treated and, occasionally, cured. It is mentioned that some enlightened *hakims* embarked on a near to experimental program of testing local drugs, but Alevi does not go very far in that direction. Among the many cases presented, one would have provided a welcome opportunity for the confrontation between doctors of various schools: the description of the plague epidemic of 1903, where *hakims* cured pestiferous patients using a British technique of extirpating the lymph nodes (the "buboes"). The positive output (a 90 per cent rate of recovery!) was attributed to the adoption of this Western technique by the *hakims*. In such places, Seema Alevi's account appears too brief and superficial.

In fact, medical knowledge in this volume is discussed less for its therapeutic and practical value than for its cultural and political signification. In that sense, this story of the Unani medicine is a fascinating introduction to the making of the Indian nation; yet it is both the strength and the weakness of the book that medical knowledge ultimately is treated as a metaphor for power and identity. We are led to admit that there is no such thing as universal medicine, but hear little about how people benefit from a pluralist system, even as arguments are made about how the division between different schools reflected the rise of nationalism and communitarianism. From that perspective, there are very interesting pages about the variety of terms indicating sense of affiliation and community belonging: *mulk*, *qawm*, *watan*, imperfectly translated as country, tribe and homeland, alerting the reader to the semantic nuances of the Arabic-born Urdu vocabulary. (The lexicon provided at the end is very useful but unfortunately does not mention all the words encountered in the book.)

What imparts emotion to Alevi's scholarship is her obvious commitment to the fate of this descendant of ancient medicine, in her eyes so uniquely adapted to the local people. The book is very informative, even as it occasionally lacks a duly critical approach and comprehensive view of Indian history. It is an important contribution to the understanding of Unani medicine and the multi-component system of care not only in India but also in Pakistan and Bangladesh.