Comparative Studies in Society and History 2022;64(4):966–993.
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doi: 10.1017/S0010417522000342

A Sovereign and Virtuous Body: The Competent Muslim Woman's Guide to Health in Thanawi's *Bihishtī Zēwar* (1905)

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At the turn of the twentieth century, the reformist Islamic scholar Maulana Ashraf `Ali Thanawi produced a manual for respectable women, the influential *Bihishtī Zēwar*, extending to them the education, centrally enabled by print publication, to take on individual responsibility for reformed observance and piety as the key to worldly happiness and Divine reward.[1] Thanawi's project fit with what can be called an "improvement ethic," which flourished across religious traditions in India in these years, an ethic that emphasized women's behavior.[2] As part of that improvement, Thanawi shared the *fin de siècle* anxiety over physical debility. India in these decades had seen grim evidence of human frailty with cholera and

Acknowledgments: With thanks to Managing Editor David Akin and the anonymous *CSSH* reviewers, as well as to Sandria Freitag, David Gilmartin, Razak Khan, David Lelyveld, Thomas Metcalf, Neshat Quaiser, and Laurel Steele. And for long ago help, Dr. S. Ausaf Ali and Hakim M. A. Razzack, in memoriam.

[1] In this chapter I use the earliest edition held by the British Library, Maulāna Maulawī Hājjī Muhammad Ashraf `Alī Thānvī, *Bihishtī Zēwar Hissā Nuhum* (The jewelry of paradise part nine) (Lakhnaū: Matba`-i Mujtabā'ī, n.d.), bound with the other separately published pamphlets that together comprise this work. It is catalogued as Hāfiz Muhammad Ashraf `Alī *Bihishtī Zēwar* (Sadhaura 1905). Later versions of the Urdu text are readily available online. The only scholarly translation omits this chapter: Ashraf `Ali Thanawi, *Perfecting Women: Maulana Ashraf `Ali Thanawi's Bihishti Zewar, A Partial Translation and Commentary*, Barbara Daly Metcalf, ed. (Berkeley: University of California Press, 1990). For Thanawi and his Deobandi reformist thought, see Muhammad Qasim Zaman, *Ashraf `Ali Thanawi: Islam in Modern South Asia* (Oxford: Oneworld Publications, 2007). For the importance of "Protestant" style reform in colonial India, see Francis Robinson, "Islam and the Impact of Print in South Asia," in Nigel Crook, ed., *The Transmission of Knowledge in South Asia: Essays on Education, Religion, History and Politics* (Delhi: Oxford University Press 1996), 62–97.

[2] Brian Hatcher, *Idioms of Improvement: Vidyasagar and Cultural Encounter in Bengal* (Delhi: Oxford University Press, 2001).

https://doi.org/10.1017/S0010417522000342 Published online by Cambridge University Press

plague that decimated whole populations, as well as the everyday crises of illnesses, accidents, and childbirth. In Chapter Nine of his manual, Thanawi offered his response, teachings on health maintenance that were shaped by the humoral theories that long dominated the Old World. In his focus on women and printed text alike, he showed himself part of his times, stereotypes of the rigidity of classically educated Islamic scholars to the contrary.

At the same time, Thanawi understood this contemporaneity as fully grounded in the Islamic tradition in which he was so expert. He opened the *Bihishtī Zēwar* with the convention of praise of God that aligned the Divine with his own intentions, citing Quranic verses that called for teaching within the home. Every single person was accountable, the verse declared, and for each to be ready for that accounting, "the acquisition of knowledge was incumbent on *every* Muslim man and *every* Muslim woman."[3] For Thanawi, properly caring for women (*`aurton ko ihtimām karnā*) required facilitating acquisition of knowledge, sacred and practical alike, the practical extending precisely to the health maintenance of this particular text. Once armed with knowledge, Thanawi's reader, no longer an object of tutelage, could be a changed person. Sovereign over her own body, vigorous in health, and exercising emotional control worthy of worldly and divine approval, Thanawi's reader was empowered for a life enriched with purposeful action.

Thanawi regarded competence in all parts of life, including in health maintenance, as a moral obligation. Good health made everything else possible, not least ethical behavior since humoral equilibrium and morality were understood as reciprocally interdependent. He considered the *Bihishtī Zēwar* adequate for a woman to acquire sufficient sacred learning to be equal to "a middling *`ālim* [Islamic scholar]," a status typically associated with males.[4] Now, in this text, he introduced the non-sacred knowledge classically conveyed to males in medical and ethical texts of *tibb*, *adab*, and *akhlāq* that had long been key to Indo-Persian civility. He urged women who had access to family members who were *hakīms* to learn from them, and he included two general compendia on medicine, not specifically written for women, in his list of seventy-seven books for further reading.[5] Women, like men, needed to master the bodily self-control that assured the balance essential to a virtuous life.

[3] Thanvī, *Bihishtī Zēwar Pahlā Hissā* (The jewelry of paradise part one), 1, my emphasis.

[4] Thanawi, *Perfecting Women*, 49.

[5] *Tibb-i Ihsānī* (Ihsan's medicine), an authoritative and widely disseminated late nineteenth-century work on Avicennian humoral theories, as noted in Guy Attewell, "Yunani *Tibb* and Foundationalism in Early 20th Century India: Humoral Paradigms between Critique and Concordance," in Peregrine Horden and Elisabeth Hsu, eds., *The Body in Balance: Humoral Medicines in Practice* (New York: Berghahn Books, 2013), 133–34; and Seema Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition, 1600–1900* (New York: Palgrave Macmillan, 2006), 224–28; and *Makhzan al-mufradāt* (A treasury of simples), noted in an undated edition from Lahore in Claudia Preckel, "Cinnabar, Calomel and the Art of *Kushtasāzī*: Mercurial Preparations in Unani Medicine," *ASIA* 69, 4 (2013): 901–32, 932. Thanawi also lists *Shifā'l-`alīl*

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Thanawi included in his text health-related issues specific to women, a subject of increased general interest in this period. Women needed guidance on managing children and the household as men typically did not. Their bodies also posed distinctive issues because of their reproductive organs and because their essential constitution was understood to be cooler than men's.[6] Thanawi's overall summons to disciplined health management, however, was not gender specific. There is no suggestion here or, one might add, anywhere in the volume that women had a unique inner, spiritual, or civilization role in contrast to an outer/colonized/male world, as has been described in relation to elite Hindu social reform of the period.[7] Women had distinctive familial roles; they owed deference to husbands and male elders; but women and men alike were morally equal and morally responsible.

The historical interest of this text extends beyond its distinctive exemplification of the improvement ethic of the high colonial period, to representation of a key moment in the history of medicine. Written at the cusp of the far-reaching changes of the twentieth century in India's indigenous healing traditions, the text catches a moment in time before the rigid and politicized delineation of institutionalized Hindu and Muslim "systems" of Ayurveda and Unani Tibb that followed, and before the "pharmaceuticalization" of traditional medicine in the context of the globalized industrial capitalism evident today.[8] Thanawi simply wrote about craft production and generic healing.

Thanawi's imagined audience was Muslim. He noted prophetic approval of remedies and disciplined regimens (*dawā aur parhēz*). He referred to a few Islamic practices (reading the Qur'an and praying at night) as forms of brain and bodily exercise. And he provided a final section on intercessory Islamic strategies to deal with health as well as familial and other personal crises. In the main body of the text, however, Thanawi taught practices he understood to be effective and appropriate for everyone. The text does not "Islamicize" medicine.[9] Nor is it even "Muslim" in the sense of celebrating the Muslim civilizational

(Cure of the sick), very likely the fourteenth-century text by Ibn Qayyim al-Jawziyyah, which deals with moral issues, a reminder of health's broad compass. Thanawi, *Perfecting Women*, 378.

[6] Thanawi elsewhere took up the emotional implications of this difference, for example women's cool nature turning their anger into cold malice rather than men's anger becoming hot fury; he urged similar strategies to control both, like the use of intellect and the cooling effect of water. Margrit Pernau, "Male Anger and Female Malice: Emotions in Indo-Muslim Advice Literature," *History Compass* 10, 2 (2012): 119–28.

[7] Partha Chatterjee, "The Nationalist Resolution of the Women's Question," in K. Sangari and S. Vaid, eds., *Recasting Women: Essays in Indian Colonial History* (New Delhi: Kali for Women, 1990), 233–53.

[8] Maarten Bode applies Arjun Appadurai's concept of "the social life of things" to illuminate the shifting "image" of traditional medicine in India; *Taking Traditional Knowledge to the Market: The Modern Image of the Ayurvedic and Unani Industry, 1980–2000* (Hyderabad: Orient Longman Private Limited, 2008).

[9] For generalizations about printed books on *tibb* in this period as "Islamicizing" (but descriptions of two texts that implicitly belie that), see Alavi, *Islam and Healing*, 223–36.

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tradition of healing.[10] Thanawi made no reference to any "system," nor did he title the chapter, or even refer to his subject, as "Unani Tibb" (Ionian/Greek Medicine).[11] He did not even use the term *tibb* ("medicine").[12] He taught the generic health maintenance, plain and simple, that was practiced by Hindus and Muslims and Sikh practitioners alike across broad swathes of the northern subcontinent. His teachings, albeit implicitly, were in fact heir to the Greco-Arabic healing traditions, but he himself demonstrated no concern with origin and boundaries. More than simply a text on "Unani Tibb," as it is typically labeled, the chapter develops a significant dimension of Thanawi's vision of a particular kind of woman—pious, conscious of individual moral responsibility, disciplined in bodily and emotional self-control, happy in worldly well-being, and hopeful of divine approval. And through its description of the household, the illnesses, and the crises his reader likely faced, it enriches our picture of the world in which she lived.

THE LEGACY OF *TIBB* IN INDIA

Thanawi was heir to a strong tradition of medical knowledge that dated to the Abbasid Empire in the ninth and tenth centuries, when classical medical texts, including those of Hippocrates and Galen, were being translated into Arabic. At the time, scholars and texts were already moving between the Arab capitals and elsewhere in the Old World. Interchange with India was particularly important.[13]

[10] Nor should it be described as "reaffirm[ing] the legitimacy of *unānī* medicine;" "preserving … the heritage of Muslim medicine;" or "encourag[ing] Muslim religious identity challenged by alien cultures." Anna Vanzan, "Medical Education of Muslim Women in Turn-of-the-Century India: The 9th Chapter of the *Bihishtī Zewar*," *Journal of the Pakistan Historical Society* 48, 1 (2000): 3–8.

[11] Others, including myself in an earlier publication, provide the label "Unani Tibb" that Thanawi does not: Thanawi, *Perfecting Women,* 10; Guy N. A. Attewell, *Refiguring Unani Tibb: Plural Healing in Late Colonial India* (New Delhi: Orient Longman, 2007); Usama Yasin Ansari,"*Tandrusti Deen ka Kaam Hai:* Health as a Matter of Religion in Book 9 of Ashraf Ali Thanvi's *Bahishti Zewar*," *History of Religions* 52: 1 (2012): 49–76; Vanzan, "Medical Education"; Laurel Steele, "Curing the Body and Soul: Health, Food, and Herbal Medicines for Nineteenth-Century South Asian Muslim Women," in Nita Kumar and Usha Sanyal, eds., *Food, Faith, and Gender in South Asia: The Cultural Politics of Women's Food Practices* (New York: Bloomsbury Academic, 2020), 31–54.

[12] In a previous chapter on model women, Thanawi included eighth-century Baghdadi practitioners of *hikmat* (wisdom, medicine); *Perfecting Women*, 293. This term seems to finesse the growing Tibb-Ayurveda distinction, for example in an interwar journal (*Hikmat*) that distinguished two distinctive, non-competitive systems, or in "the unorganized but often contesting presence of popular medical culture, variously termed as Sanyasiana, Sanyasi Hikmat, or Fakiri Hikmat" in Punjab. Kavita Sivaramakrishan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab (1850–1945)* (Hyderabad: Orient Longman, 2006), 232–34.

[13] Manfred Ullman, *Islamic Medicine* (Edinburgh: Edinburgh University Press, 1978), esp. ch. 2. For a study of a thirteenth-century text on Indian physicians and their works, see M. S. Khan, "An Arabic Source for the History of Ancient Indian Medicine," *Studies in History of Medicine* 3, 1 (1979): 1–12.

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Celebrated intellectuals like al-Tabari wrote knowledgably about Indian physicians. Al-Kindi's medical formulary included plants and drugs of Indian origin, perhaps as many as one-third of the whole.[14] *Al-Qanun fi'l tibb* ("The Canon") by Ibn Sina (Avicenna), the foundation for medical thought and practice in Europe for centuries, is remarkable for the large number of tropical plants and derivatives it includes. Interaction with Indian scholars flourished once again in India with the rise of Turko-Afghan dynasties that dominated the area for centuries beginning in about 1200 CE.[15] They patronized skilled physicians, built hospitals, and commissioned translations and compilations of medical works into Persian to a far greater extent, for example, than contemporaneous Iranian dynasties. *Tibb* was cultivated as part of the "Persianate" gentlemanly learning of the male elite, a practice observed down to the colonial period.[16] *Tibb*'s origin may have been in West Asia, but its history after the classical period is, arguably, richer in South Asia than anywhere else.

The continuing assimilation of the Indian pharmacopeia with its use of minerals and of local flora influenced medical practice as did, to a more limited extent, Indic humoral categories and concepts. Hindus in the precolonial period joined in the production of translations into Persian from Sanskrit as well as in the composition of new works on medicine. Medicine was simply medicine. Tazeemuddin Siddiqi, describing one seventeenth-century pharmacological study compiled from dozens of texts, notes in passing that the author had no interest in identifying whether a substance was known from a "Vedic" text or from one in Arabic or Persian.[17]

The historian of medicine Fabrizio Speziale sums up this stimulating interchange "as one of the major movements of scientific translation that took place between various South Asian cultures, as well as the main scientific movement of this kind that took place in the coeval Muslim World."[18] This

[14] Martin Levey, *The Medical Formulary of Aqrābādhīn of Al-Kindī* (1966), cited by Alok Kumar and Scott L. Montgomery, "Islamic Science's India Connection," in *AramcoWorld* (Sept.–Oct. 2017): 23; and Stewart Gordon, "Unani: Medicine's Greco-Islamic Synthesis," in *AramcoWorld* (Mar.–Apr. 2014): 34.

[15] Fabrizio Speziale, "The Circulation of Ayurvedic Knowledge in Indo-Persian Medical Literature" (presented at the symposium "Ayurveda in Post-Classical and Pre-Colonial India," Leiden, July 2009), in HAL, https://halshs.archives-ouvertes.fr/halshs-00584749 (accessed 26 May 2020). For the eclectic use of Sanskrit texts in Sultanate-era works, see Muhammed `Abd al-Wahhab Zahoori, "The Achievements of the Indian Physicians," *Studies in History of Medicine* 3, 1 (1979): 49–68. Muslim courts patronized Ayurveda, and Hindu royalty supported *tibb.* Bode, *Taking Traditional Knowledge*, 7. See also Richard Eaton, *India in the Persianate Age: 1000–1765* (Oakland: University of California Press, 2019), 387–88.

[16] William Sleeman's list of subjects culminates in three texts on medicine: "[Like] the young man raw from Oxford—[the Muslim student] will talk as fluently about Socrates and Aristotle, Plato and Hippocrates, Galen, and Avicenna…." William Sleeman, *Rambles and Reflections of an Indian Official* (London: J. Hatchard and Son, 1844), II, 283.

[17] See Tazimuddin Siddiqi, "Two Eminent Physicians (of Unani Medicine) during Shah Jahan's Reign," *Indian Journal of History of Science* 16, 1 (1981): 26–30.

[18] Speziale, "Circulation of Ayurvedic Knowledge," 1.

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scholarly productivity, he points out, was second only to the intellectual dynamism of the classical era, and he notes that it provides one of many challenges to the myth of decline of medical and scientific studies in the Muslim world. *Tibb*'s vitality down to the colonial era is substantially owed to its enrichment through cultural interchange coupled with the centuries of elite patronage it enjoyed.

Tibb's continuity, and the transformation of indigenous medicine's plural and fluid traditions into "systems," is unquestionably linked to early colonial encouragement and subsequent challenges posed by biomedicine and the opportunities for identity politics presented by colonial rule. Colonial sociology made putative religious communities a building block of colonial society, what one historian labeled with a medical metaphor as "the pathological classification of the subject population in [Hindu and Muslim] binary terms."[19] But even if the religious labeling obscured on-going integration and interchange, it also, undoubtedly, contributed to making traditional medicine a matter of cultural renewal and even competition that assured continuity at a time when the Greco-Arabic strand had largely disappeared in its place of origin.[20]

LOCATING THANAWI'S TEXT

Thanawi was a product of the Islamic reformist movement centered in the town of Deoband.[21] He introduced the *Bihishtī Zēwar* with a medical metaphor: "If reform did not come soon," Thanawi wrote, "the disease would be nearly incurable."[22] The "cure" (*`ilāj*) was educating Muslims, and women in particular, in the rejection of deviant and extravagant customary practices in favor of religious fidelity and responsible everyday life.[23] Generally speaking, these were concerns that were true of religious traditions across India in this era.

19 Traced in Attewell, *Refiguring Unani Tibb*; and Sivaramakrishnan, *Old Potions.* The quotation is from Saurav Kumar Rai, "Invoking 'Hindu' Ayurveda: Communalisation of the Late Colonial Ayurvedic Discourse," *Indian Economic and Social History Review* 56, 4 (2019): 411–26, 413. See also Joseph S. Alter, "Rethinking the History of Medicine in Asia: Hakim Mohammed Said and the Society for the Promotion of Eastern Medicine," *Journal of Asian Studies* 67, 4 (2008): 1165–86, 1166.

20 It has found "new institutional recognition" in Iran as Iranian Traditional Medicine or (ITM). Fabrizio Speziale, "Linguistic Strategies of De-Islamization and Colonial Science: Indo-Muslim Physicians and the Yûnânî Denomination," *International Institute for Asian Studies Newsletter* 37 (2005): 18.

21 The Deobandi label is better known today for the socio-political visions of the Taliban. For the diversity of "Deobandis" beyond these foundational teachings on grassroots individual reform, see Barbara D. Metcalf, "'Traditionalist' Islamic Activism," *Immanent Frame*, 7 Sept. 2011, https://tif.ssrc.org/2011/09/07/traditionalist-islamic-activism/ (accessed 30 Oct. 2021).

22 The modernist author Hali used the same metaphor of decline as a neglected disease in his 1879 poem that swept the "Urdusphere." *Hali's Musaddas*: *The Flow and Ebb of Islam*, Christopher Shackle and Javed Majeed, trans. (New Delhi: Oxford University Press, 1997).

23 Thanawi, *Perfecting Women*, 47–48.

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By Thanawi's time, Islamic scholars had largely internalized the colonial boundaries of "religion" to the subjects recognized by separate religiously defined codes of law covering family law as well as the moral and ritual behavior that for the most part was beyond legal judgment.[24] Within those domains, `*ulama* like Thanawi, and the reformist movement of which he was a part, adopted new roles for themselves, establishing new kinds of schools and adopting new modalities of communication, like the printed book exemplified here, to guide their followers into responsible and pious lives.[25] The focus was on the individual, within the household, to restore health in all its dimensions from the ground up.

When it came to bodily health, Thanawi's avoidance of labels may indeed be a case of Molière's *bourgeois gentilhomme* speaking prose without knowing it, but this silence signaled his lack of concern with public policy. By the mid-nineteenth century, however, elite doctors trained in indigenous traditions saw their status and their livelihood at risk. Proponents of Western medicine in India (or *daktarī* as the vernacular had it) had begun to monopolize state medical colleges and public health programs. From the late eighteenth century, initially in Bengal, the British had sponsored the creation of an Urdu medical literature and a network of dispensaries with "native" doctors for their modest projects in public health. There was some degree of clinical testing and production of multiple compendia of local herbs and plants, an important example of the occluded role of "native informants" in producing colonialist knowledge, in this case, new therapies appropriate to India's distinctive environment and possibly of use beyond.[26] But European work in surgery and anatomy, along with an incipient germ theory of disease, had called humoral theories into question. As early as the 1880s, there were efforts to require registration of medical practitioners who alone could give testimony in legal disputes, certify illness for workers, or perform other legally required functions. *Hakīms* and *vaids* asserted their authority in terms of the efficacy of their practices and of professional standards that distinguished them from those they deemed "quacks" of all kinds, including those who were, in their view, only partially educated thanks to newly available printed texts on medicine.[27]

[24] On this transition, see Julia Stephens, *Governing Islam: Law, Empire, and Secularism in Modern South Asia* (Cambridge: Cambridge University Press, 2018).

[25] Brannon Ingram, *Revival from Below: The Deoband Movement and Global Islam* (Berkeley: University of California Press, 2018).

[26] For the Indian contribution to colonial medicine, see Alavi, *Islam and Healing*, chs. 2–4; and Mark Harrison, "Introduction," in Bisamoy Pati and Mark Harrison, eds., *Health, Medicine and Empire: Perspectives on Colonial India* (Hyderabad: Orient Longman, 2001), 37–87. On specific products discovered in India, see Benjamin Siegel, "Beneficent Destinations: Global Pharmaceuticals and the Consolidation of the Modern Indian Opium Regime, 1907–2002," *Indian Economic and Social History Review* 57, 3 (2020), 327–62, 333.

[27] Alavi, *Islam and Healing*, ch. 5.

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Spokesmen for "Unani Tibb" and "Ayurveda" claimed to represent legitimate systems that were particularly well-suited to India, even superior to Western medical knowledge.[28] They increasingly reimagined their practice within a discourse of evidence-based authority, one of the enduring transformations of the colonial era in medicine and beyond.[29] Scholars describe the creation of Ayurveda as a system masking the shamanism of Vedic times, the later Buddhist provenance of classic texts, and the incorporation of folk practices as an example of the "invention of tradition."[30] The process of defining Unani Tibb was broadly similar.[31] The label "Unani," newly current and used nowhere else, had potential appeal to the classics-besotted colonial rulers. It evoked Muslim science and civilizational hegemony and became a hallmark of an emerging "Indian Muslim" identity in public life, a matter of no concern in this period for `ulama like Thanawi.

The activists undertook translations, published vernacular medical guides, and founded formal educational institutions.[32] By the early decades of the twentieth century, they had organized professional associations and launched medical journals to advance research. Delhi's Madrasa Tibbia, "The Medical School," (1889) led the way in formal education as an alternative to earlier family-based education among the leading *hakīms.* Hakim Ajmal Khan, scion of the elite Sharifi family of physicians, was the college's driving force.[33] When it acquired its formal campus in 1916, its name, tellingly, was no longer the

[28] The sociologist Neshat Quaiser identifies medicine as "the most potent area where sentiments against the claims of superiority of Western knowledge were articulated"; "Science, Institution, Colonialism: Tibbiya College of Delhi, 1889–1947," *Science and Modern India: An Institutional History, 1784–1947* (Delhi: Pearson Longman, 2010), 527. For novelistic delight in *tibbī* superiority in the Elizabethan age, see Arthur Phillips, *The King at the Edge of the World* (New York: Random House, 2020).

[29] For this argument, see David Arnold's classic study, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993). Also, Claudia Liebeskind, "Arguing Science: Unani Tibb, Hakims and Biomedicine in India, 1900–1950," in Waltraud Ernst, ed., *Plural Medicine, Tradition and Modernity, 1800–2000* (London: Routledge, 2002), 58–75. For twentieth-century texts that use "critique and concordance" to accommodate *tibbī* humoral theories to biomedicine and to germ theory in particular, see Attewell, "Yunani *Tibb*," 129–48.

[30] David Hardiman, following Kenneth Zyssk and Domink Wujaastyk, in "Indian Medical Indigeneity: From Nationalist Assertion to the Global Market," *Social History* 34, 3 (2009): 263–83. The reference is to Eric Hobsbawm and Terence Ranger, eds., *The Invention of Tradition* (Cambridge: Cambridge University Press, 1983).

[31] For a review of historiography, see Hardiman, "Indian Medical Indigeneity."

[32] As early as the 1860s, the Director of Public Instruction in the United Provinces described reprints of medical treatises from which "it would appear that the study of medicine is undergoing revival." Mathew Kempson to Officiating Secretary to Government, *Proceedings*, 20 Feb. 1869. On this, also see Alavi, *Islam and Healing*, ch. 5. See the ad for the *tibbī* publications of Newal Kishore, that great print capitalist, in Muḥammad Akbar ibn Muḥammad Shāh Arzānī, *Ṭibb-i Akbar-i Urdū* (Lakhna'ū: Maṭba'-i Naval Kishor, 1910), 2–3, https://iiif.lib.harvard.edu/manifests/view/drs:437225431$2i (accessed 4 Feb. 2021).

[33] See Barbara D. Metcalf, "Nationalist Muslims in British India: The Case of Hakim Ajmal Khan," *Modern Asian Studies* 19, 1 (1985): 1–28. On controversy over the College's use of Urdu

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"Madrasa Tibbia," but "The Ayurvedic and Unani Tibbia College," the fates of the two systems intertwined. This emphasis would continue in organizations and publications celebrating *tibb* and *ayurveda* as components of a nationalist "composite culture."[34] Still, the old generic medicine lingered. The distinguished `Azizi *hakīms* of Lucknow in particular came into public life as regional rivals and opponents of the Delhi style of collaboration, holding out the possibility of formalizing a single indigenous healing tradition in *tibb.*[35] As late as 1924, half the students studying Unani at the College were Hindu. But that no Muslims studied Ayurveda (conveyed in the Nagri script) made its separate Hindu attribution ever clearer.[36] Separately or together, publications, colleges, and conferences were all part of the "new bottles" that Sivaramakrishnan evokes in her title, *Old Potions, New Bottles* (2006), alluding to the diagnoses, recipes, and bodily care that in many ways continued, now repackaged.[37]

Thanawi shared with activists' a fear of decline as well as the new interest in women's health.[38] He also, like them, borrowed from British practices, though certainly not to the extent of teaching skills in surgery (a controversial compromise of *tibb* as gentlemanly practice), or engaging with European theories in the style of the incomparable Sayyid Ahmad Khan (who argued the case for homeopathy), or, as later thinkers did, trying to reconcile humoral theory with biomedicine.[39] Thanawi simply had his eye out for products that seemed useful, whether soft-boiled eggs and tea in cold weather, or "castor oil" and the "hot water bottle" (both transliterated). His cautious recommendation for cataract surgery from a skilled practitioner also suggests familiarity with British medicine, as, possibly, does diagnosis by tongue color and maybe even the suggestion of chicken soup for an invalid. Above all, he shared with the

(the *mulkī zabān* as Ajmal Khan called it), see Muhammad Ajmal Dihlawi, *al-Tā`ūn* (Delhi, 1897), 2–3. For the vision of reform this treatise represents, see Attewell, *Refiguring Unani Tibb*, 57–65.

[34] Attewell *Refiguring Unani Tibb*, 151, with ch. 4, "Desi Tibb: Reform and 'National Medicine.'"

[35] Neshat Quaiser labels the `Azizi reformers "purists," in "Politics, Culture and Colonialism: Unani's Debate with Doctory" in Waltraud Ernst, ed., *Plural Medicine, Tradition and Modernity, 1800–2000* (London: Routledge, 2002), 334–35. Attewell on rivalry cites Alavi, *Islam and Healing*, 10; and Metcalf, "Nationalist Muslims"; Attewell, *Refiguring Unani Tibb*, 167. Alavi is the foremost historian of the `Azizi *hakīms*; Alavi, *Islam and Healing*, esp. ch. 7.

[36] Quaiser, "Science, Institution, Colonialism, 241.

[37] Sivaramakrishan, *Old Potions*, 149.

[38] See Attewell, *Refiguring Unani Tibb*, ch. 5, "Treating Women: Unani Tibb's Engagement with Women." At least one prince and the Delhi reformers opened *tibbī* educational institutions to women early in the century, in contrast to Thanawi's encouragement of women to acquire *tibbī* expertise within the home.

[39] On the controversy over (polluting) surgery, long delegated to barbers and others of lower status, see Sabrina Datoo, "Translating Medicine, Part I: An Interview with Roanne Kantor," *Synapsis G* (6 Aug. 2018), https://medicalhealthhumanities.com/2018/08/06/translating-medicine-part-i-introduction/. On homeopathy, see Sayyid Ahmad Khan, "Hōmyāpathī (A Lecture Given at the Opening of a Homeopathic Clinic and Dispensary, Banaras, 17 December 1867"), in Muhammad Imāmud dīn Gujrātī, ed., *Mukammil majmū`a lekchur wa spēchiz, 1868–1898* (Lahore: Matbū`a-i mustafā'ī prēs, 1900), 50–63.

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activists a campaign against ignorance, whether ignorant women and ill-trained midwives or quacks.

Thanawi's "Other" throughout the *Bihishtī Zēwar* was thus not *daktarīi*, with which he would have had little interaction despite the colonizing force of Western medicine across India.[40] In the text's final section, Thanawi added another set of rivals to ignorant women and quacks, namely, the dubious healers, often associated with charisma-charged shrines and temples of all religions, whose power may well have seemed far too real. Thanawi wrote for respectable Urdu-speaking Muslim families like his own, for many of whom questionable social ties now seemed to risk respectability. For Hindu and Muslim reformers alike in this period, reform drew class boundaries, eroding, in particular, women's shared customary behaviors across class, like devotional transactions to restore health or fulfill other needs.

Women's health mattered. The Delhi activists soon offered separate education for women students. Modernist social reformers in their novels, journal articles, and so forth urged women to adopt informed practices related to health. Thus, the heroine of the best-known Urdu novel of the era decried superstitions like the evil eye and had "a few hearsay prescriptions by heart."[41] But Thanawi wrote on health with greater depth and larger vision than this. He taught his reader sovereignty over her own body, stabilizing its humoral balance for bodily vigor and the emotional control essential to Islamic righteousness. With a book in her hand, Thanawi's ideal reader in the end represented a distinctive version of the day's respectable woman. Thanawi's "new bottles" were printed books and educated women. He even gave a nod to the new professionalization of his day by having his text endorsed by a professional *hakīm.* But, to repeat, that contemporaneity did not stretch to any public role for himself as defender of Unani Tibb or leader of an emerging "Indian Muslim" identity. That was for others. For Thanawi, the transformative education represented by this book was enough.

TANDURUSTĪ: BODILY MANAGEMENT FOR HEALTH AND VIRTUE

And for that transformation, maintaining a sound (*durust*) body (*tan*) was foundational. To do so was not Islamic, but "a matter of [generic] devotion

[40] In Thanawi's case, the implication of the title of the classic study of colonial medicine in India, Arnold's *Colonizing the Body*, is misplaced,

[41] Nazir Ahmad, *The Bride's Mirror: A Tale of Life in Delhi Forty Years Ago* (London: Henry Frowde, 1903), 2, 130, https://archive.org/details/McGillLibrary-122914-2109?q=bride%27s+mirror (accessed 3 Sept. 2020). For Thanawi on Ahmad's novels, see *Perfecting Women*, 379–80. Women's journals also offered general advice on health. Gail Minault, *Secluded Scholars: Women's Education and Muslim Social Reform in Colonial India* (New Delhi: Oxford University Press, 1999), 109; and Attewell, *Refiguring Unani Tibb*, 212–15.

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(*`ibādat*) and morality (*dīn*)."[42] "*Tandurustī* makes a person joyful at heart—drawn to devotion and good work. It yields pleasure in eating and drinking and turns the heart to gratitude to the Lord (*khuda*). The body has strength for doing one's own work and well rendering service to others. A person can fulfill obligations to those to whom any obligation (*haqq*) is owed." "Illness," Thanawi continued, "brings trouble upon trouble."[43] Thanawi's expansive view of good health thus not only encompassed freedom from disease and disability but also made possible emotional and moral health. He pictured a healthy household where children studied, obligations were fulfilled, meals were happy, ritual was faithfully followed, and celebrations were modestly observed. Bodies were balanced and financial accounts were balanced. A virtuous person, taking control of the physical self, nurtured a moral self with a heart that was joyous (*dil khūsh rahtā hai*) and eager to fulfill responsibilities (*khūb jī lagtā hai*).

Thanawi could take for granted that his readers to some extent knew the humoral theories that had characterized medical thought throughout the Old World for centuries, understanding that each person's constitution (*mizāj*) or temperament (*tabī`at*) could typically be mapped on a grid of cold and hot on one axis, and wet and dry on a second, yielding four elements: blood (hot and moist), phlegm (cold and moist), yellow bile (hot and dry), and black bile (cold and dry).[44] The balance of those elements produced dispositions that are known to English speakers by terms like "choleric," "sanguine," "phlegmatic," "bilious," and "melancholic." In the main, men were thought to be hotter than women; violent people were hotter and calmer people cooler. The young were moister than the old. That vulnerable and permeable self was open to the entirety of the environment, including air, food, and water. From that premise, the need for attentiveness to constitution and environment alike followed. Only then could a person exert the control that assured the equilibrium essential to good health and emotions alike.

Thanawi provided practical advice on matters like appropriate food, strategies for balancing the impact of the seasons, as well as a range of healthy behaviors. His list of "good" and "bad" foods made the latter mostly hot, to be

[42] Ibādat's synonyms are ecumenical: *bandagī*, *pujāpāt*, *bhaktī*, and *namāz* (*Farhang* III, 262). Its usage is not simply "worship," but extends to moral behavior; for example, widow remarriage, in Shah Jahan Begum, *Tahzībun niswān wa tarbiyatul insān* (Urdu Bazar, Gujranwala: Maktaba no`māniyya, 1970[1983–1984]), 187; and habits like hard work and frugality in Tariq Omar Ali, *A Local History of Global Capitalism* (Princeton: Princeton University Press, 2018), 124 n39. *Dīn*'s synonyms include the Arabic *īmān* (belief, integrity) and the Sanskrit *dharm* (law, morality). *Farhang*, III, 313.

[43] Thānvī, *Bihishtī Zēwar Hissā Nuhum*, 1.

[44] The common Urdu terms are *dam* or *khūn* (blood, hot/wet), *balgham* (phlegm, cold/wet), *safrā* (yellow bile, hot/dry), and *saudā* (black bile, cold/dry). As a translation for *tabī`at*, Attewell suggests "dynamic force" ("Yunani *Tibb*," 144). See also Quaiser, "Politics, Culture and Colonialism," 329–30. The Ayurvedic system posits three elements, the Chinese five.

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used sparingly and with consideration of the eater's constitution; he discouraged the consumption of several food combinations whose humoral composition made them incompatible. Foods were suitable for different personalities, seasons, and life stages. Hot weather called for cold foods and avoidance of hot foods like the pulse *arhar* and potatoes. The wrong foods could harm not only the body but emotions and behavior: *lobiyā* or black-eyed peas (hot and wet), he explained, would cause disturbing dreams. Thanawi's caution on eating beef is worth noting given the accusation of widespread Muslim consumption used to inflame anti-Muslim sentiment today.[45] "Beef is hot and dry. It makes the blood thick and bad. It produces excess black bile. It harms people with skin diseases, hemorrhoids, melancholy, and those who are splenetic or bilious…. It is not particularly bad for people engaged in physical labor…." Beef at most was good for manual laborers in good health. Tea, which was still a relative novelty, was good for a person of cold constitution in cold weather. Carrots, which are hot and wet, posed a risk of excess blood flow for pregnant women. The humoral premise made the created world, and even new products in it like tea, into an intelligible place, all composed of the same primordial elements as humans.

A second premise of Thanawi's teaching, likely shared by his readers, was the need for moderation. Moderation was Thanawi's byword for several of what Guy Attewell lists as *tibb*'s "exogenous essentials," all the elements beyond one's own bodily constitution that shape health: "air, food and drink, action and rest, mental activity and rest, sleep and wakefulness, retention and elimination of waste."[46] Thus Thanawi advised sufficient eating, sleeping, and exercising without too much, and, similarly, stimulating the brain with enough reading and reflection on "subtle matters" to avoid excess moisture yet not too much for fear of excess dryness. Thanawi did not imagine his reader as a woman waited on by servants or above working with her hands: "Do not rest so much that you get fat and lazy…. Do not dump the household work on others…. Busy yourself with the spinning wheel and grinding stone. We do not say that you need to earn money from this—though of course there is no harm in doing so—but rather that you should do it for your health…. Just look: working women are strong and alert … unlike those who … spend their whole life with a cup of medicine at their mouth. Activity for one's health is called 'exercise'" (*riyāzat*). The need for definition, suggests that here, too, Thanawi was on to something new.

45 But an editor's footnote in a later edition provides a more positive gloss on beef and meat, as well as a note discouraging the use of brass cooking vessels (traditionally preferred by Hindus), perhaps a reflection of the ever-sharpening Muslim social identity of the past century. *Bihishtī Zēwar Mukammal Mudawwalā* (n.d.), ch. 9, p. 6, note 1. The editor of the *Journal of Pakistan Studies* dates the third edition to 1925, in an editorial note. Vanzan, "Medical Education," editor's footnote, 4.

46 Guy Attewell, "Yunani *Tibb* and Foundationalism in Early Twentieth-Century India: Humoral Paradigms between Critique and Concordance," in Peregrine Horden and Elisabeth Hsu, eds., *The Body in Balance: Humoral Medicines in Practice* (New Milford: Berghahn Books, 2013), 129–48, 144–45.

https://doi.org/10.1017/S0010417522000342 Published online by Cambridge University Press

Thanawi urged moderation over emotions like anger, happiness, and sorrow for the sake of physical health, and even provided a sample conversation to modulate the impact of bad news. Emotional imbalance, he claimed, would risk sickness or even death. No medicine worked, no diagnosis was accurate, he insisted, for anyone given to excess fear or happiness or grief. The relationship to the *hakīm* also called for steady trust, no matter any failure or excess cost, in order to create the emotional calm critical to a cure. Thanawi's culminating advice was for forbearance with an invalid: "Put up with an irritable disposition (*sakht mizājī*). Do nothing … that causes loss of hope." Mind and body, as we would say, were inextricably intertwined.

The text's third implicit premise, already evident in the discussion of *mizāj* and moderation, was the need for scrupulous attentiveness to every element of body and environment. Different directions of the wind called for different responses. Air quality required care, for example by requiring specific places for bathing and defecating, or burning incense for its fragrance, or lighting camphor or sulfur during epidemics. Smells were a core element in humoral thought. A nineteenth-century Persian work written in India, for example, classified many of the ingredients that appear and reappear in Thanawi's text: excessively hot odors come from musk, black pepper, ginger, black cumin, and castoreum; camphor and sandalwood are excessively cold; mild odors of even temperament include water-lily, violet, apple, cucumber, *Rosa damascena*, narcissus, and floral smells generally.[47] Perhaps those steeped in humoral "aromatherapy" develop a heightened ability to detect odors.[48] On the other hand, no skill was required to follow Thanawi's reminder to avoid closed, smoke-filled rooms. Water, like air, also needed attention: taken from a full well, or strained of impurities, or, in a case of any doubt about its quality, boiled. Humoral theories long posited the unhealthy air of "miasma" as a major vector of disease, but the value of clean air and water stood, no matter the theory.

Above all, the text called for informed attentiveness to the components of one's physical body. Its longest section provided a list of ailments with keys to diagnosis and instructions for treatment. The list was organized from head to toe, in the style typical for *tibbī* manuals.[49] Isolating and focusing on separate bodily parts put the reader on familiar ground. She may have been familiar with the head-to-toe arrangement from the poetic convention of thus describing a beloved's beauty (*sar a pa*). She would in any case have encountered it in

[47] Mir Muhammad Husain's Ali Akbar Husain, *Scent in the Islamic Garden: A Study of Deccani Urdu Literary Sources* (New Delhi: Oxford University Press, 2000), ch. 7, esp. 132–33.

[48] "People who grow up [speaking Huehuetla Tepehua, for example] are better at detecting, discriminating and naming odors." Brooke Jarvis, "What Can Covid-19 Teach Us about the Mysteries of Smell?" *New York Times Magazine*, 31 Jan. 2021, https://www.nytimes.com/2021/01/28/magazine/covid-smell-science.html (accessed 1 Feb. 2021).

[49] Attewell, *Refiguring Unani Tibb*, 226.

https://doi.org/10.1017/S0010417522000342 Published online by Cambridge University Press

Bihishtī Zēwar's opening poem disparaging silver and gold jewels in favor of the "jewels," listed head to toe, gained by disciplined use of each body part: attentiveness to one's work and obligations provided the "head fringe;" responsiveness to wise counsel became the "earrings," and so forth. Chapters on rituals had enjoined heightened attentiveness to specific bodily parts in teaching correct postures and alignment of the body in performance of the canonical prayer. Moreover, Thanawi's behavioral theory of moral improvement singled out the training of discrete organs, like correct and repeated use of the tongue to cure such faults as backbiting, and thought exercises focused on the heart to control anger and extinguish jealousy.[50]

Now, in Chapter Nine, the reader was introduced to internal bodily parts including the abdomen, the liver, the spleen, the colon (its problems often mistaken by "common people" as the stomach's), the kidneys (not to be confused with the colon), the bladder, the womb, and the intestines. This information was essential to proper diagnosis and treatment. Thanawi himself, one might note, was heir to Sufi training that attuned him to bodily learning through repetitive practices that required scrupulous attention to specific parts of the body as detailed as a meditation that called for pressing the *kimas* artery (located behind the left knee) with the right toe with a view to physically transforming successive layers of the heart. Scott Kugle, who has studied these teachings, offers the suggestive conclusion that the goal of these bodily practices in the nineteenth century increasingly shifted from personal formation to transformation in the service to the larger community.[51] Thanawi did not teach this esoteric vision of the body in the *Bihishtī Zēwar*, but his explicit goal in directing women toward bodily attentiveness was indeed societal cure.

Thanawi dwelt at length on issues specific to women with his characteristic sympathetic tone and directness. For the most part, he focused on the routine, identifying risks to humoral imbalance that reproductive patterns were understood to entail. A woman might need special hot foods after childbirth in winter, for example, like meat soup with the "hot" spices (spices like cardamom, pepper, cumin, coriander, cinnamon, cloves) and eggs. Such attentiveness was no doubt restorative in itself. Menstrual irregularity called for compensation for

[50] Ch. 7, "On Comportment and Character." Thanawi, *Perfecting Women*, 163–240, esp. 189–91. For the classical foundations of ethics and habitual practice, see Ira M. Lapidus, "Knowledge, Virtue, and Action: The Classical Muslim Conception of *Adab* and the Nature of Religious Fulfillment in Islam," in Barbara D. Metcalf, ed., *Moral Conduct and Authority: The Place of Adab in South Asian Islam* (Berkeley: University of California Press, 1984), 62–87. For a case study on bodily culture and ethics, see Emma Flatt, "Young Manliness: Ethical Culture in the Gymnasiums of the Medieval Deccan," in Anand Pandian and Daud Ali, eds., *Ethical Life in South Asia* (Bloomington: Indiana University Press, 2010), 153–73.

[51] Scott Kugle, "The Brilliance of Hearts: Hajji Imdadullah Teaches Meditation and Ritual," in Barbara D. Metcalf, ed., *Islam in South Asia in Practice* (Princeton: Princeton University Press, 2009), 212–24, 218; and Scott Kugle, "The Heart of Ritual Is the Body: Anatomy of an Islamic Devotional Movement of the Nineteenth Century, *Journal of Ritual Studies* 17, 1 (2003): 42–60.

https://doi.org/10.1017/S0010417522000342 Published online by Cambridge University Press

deficit or surplus heat, squatting over carrot seeds scattered over a small fire, for the former; bathing in cold water infused with pomegranate and oak gall for the latter. If these strategies failed, Thanawi added recipes for ointments, mixtures to ingest, or a treated plug for insertion. Excess bleeding, like fever, could also be treated by immobility from tying up the full body with bands of cloth from the underarms down (*sīngiyān*) as well as by lower leg massage accompanied by pouring a hot mixture (*pāshwiya*) from the knees down, a treatment he stood by: "People have mocked the power of [massage and wrapping], but their words are nonsense." Thanawi's concern with menstruation, a topic that he also discussed at length elsewhere in the volume in relation to ritual purity, is the more striking since today it is typically treated as taboo for public discussion.[52]

Thanawi also defended two issues of contemporaneous social reform, both important across religious traditions, on explicit grounds of women's health. Child marriage, he argued, risked the physical damage he called *shiqāq al-rahm* (tearing the womb). He encouraged women to speak out, and to use Arabic terms like this to mitigate embarrassment and likely convey expertise.[53] Vocabulary mattered. Thus, Thanawi did not use the routine term *sharmgāh*, "place of shame/modesty" for the pudendum, but "below the navel," again, perhaps, a way of making women sound informed and scientific whether consulting a *hakīm* or facing possible challenge.[54]

Secondly, Thanawi recommended the controversial reform of marriage for widows, here justified medically to spare them the horrific *ikhtināq al-rahm*, "strangulation of the womb," known from classical *tibbī* texts and attributed to retention of female semen.[55] Its revival here was likely stimulated by contemporaneous European concerns with female hysteria. Following the conventional understanding that odors could control the mobile womb, Thanawi urged the use of foul-smelling aromas along with cold water and binding, foot massage, and the vaginal insertion of musk on a piece of paper (in seeming mimicry of hetero-normative sexual relations).[56] Some contemporary researchers identify the problem of "strangulation" as endometriosis, whose

[52] Razak Khan, personal communication, 1 Feb. 2020. See, "on a taboo and contested" topic, "Why India Must Battle the Shame of Period Stain," 28 May 2002, https://www.bbc.com/news/world-asia-india-52830427 (accessed 25 Nov. 2020). Translations into English may exclude the sections on menstruation, as they do, for example, in *Bahishti Zewar* [Heavenly ornaments], Mohammad Khan Saroham, trans. (New Delhi: Saeed International, 1997).

[53] On the subject of embarrassment, Attewell adds that even before the *da`i* the woman should not be completely naked. *Refiguring Unani Tibb*, 203. This is, however, an emphasis added to the original edition, where there is no such prohibition.

[54] Ibid., 205.

[55] The term for this ailment does not appear in either standard dictionary, Platts or Steingass. Also see ibid., 224–37.

[56] Texts circulating in India explained that the mobile womb impacts the heart, the seat of *nafs*, "the lower or animal-like self" (that contrasts with `*aql*, "reason"), and thus encourages irrational passions. Attewell, *Refiguring Unani Tibb*, 226–28.

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symptoms are controlled by pregnancy, hence the plausibility of the recommendation to marry.[57]

On some subjects, women were on their own. Thanawi provided no information on abortifacients, typically included in classical *tibbī* texts.[58] He flatly said, "Never abort a child." Since abortion was widely regarded as acceptable before quickening, he may have meant abortion after the initial trimester and implicitly left the subject in the hands of the excoriated midwives.[59] Nor, in fact, did he say much about childbirth apart from warning against midwives' practices like indiscriminate use of gum and ginger for post-partum women and their application of a particular poultice he deemed dangerous. Nor did he cover in detail sexual relations except insofar as he made clear that a woman should reject sexual relations at specified points during pregnancy. Nawab Shah Jahan Begum in her advice book published a quarter century earlier wrote in much greater detail about these matters and, strikingly, emphasized the importance of physical pleasure in marital relations, as Thanawi did not.[60]

What Thanawi did write on in detail was the frightening subject of fever. On this, he made his one use of the term *yūnānī* in urging resort to a *yūnānī hakīm* if all else failed. For intermittent fever, for example, days were to be meticulously counted and patterns predicted for crises. This cycle determined rest, medications, and response to bodily flows (nosebleed, elimination, sweating). Fevers mattered so much that they even stimulated the text's one extended discussion of causation. Fever inside the veins was more intractable than fever in an organ, Thanawi explained, because it could find release through chills, an example of the way humoral theory had its own logic, particularly evident in treatments like these entailing bodily flows and temperature. Elsewhere that logic might be metaphorical: preparations using maidenhair fern to increase hair growth, or the classic *tibbī* ingredient of pearls in medications to treat eyes, both of which Thanawi recommended.[61]

Thanawi's reader could trust these teachings and, indeed, likely had her own experiences of their effectiveness. The power of some kind of action as a placebo is well known. Many procedures, moreover, as Charles Rosenberg has

[57] Camran Nezhat et al., "Endometriosis: Ancient Disease, Ancient Treatments," *Fertility and Sterility* 98, 6 (2012), https://www.fertstert.org/article/S0015-0282(12)01955-3/fulltext (accessed 6 Apr. 2020).

[58] Attewell, *Refiguring Unani Tibb*, 205.

[59] A late twentieth-century Bangladeshi pamphlet provides moral justification for performing abortions: preservation of a woman's honor (*ijjat*), a duty (*faraz*) meriting divine reward (*sawab*). Shamima Islam, *Indigenous Abortion Practitioners in Rural Bangladesh: Women Abortionists, Their Perceptions and Practices* (Dacca: Women for Women, 1981), 53, 72. The relevant *hadīth* (like long-held European theory) makes three months the point when the fetus receives a soul.

[60] Shah Jahan Begum, *Tahzibun niswan*, 166–67.

[61] Louis Werner, "City of Pearls: Hyderabad," *Aramco World* (Sept./Oct 1998): 10–19, 18, https://archive.aramcoworld.com/issue/199805/city.of.pearls.htm.

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argued in relation to the long centuries of European/American humoral treatments, gained plausibility when they produced observable changes understood to be righting the body's physiological balance.[62] Thanawi's emphasis on moderation in eating, exercise, and so forth would have resonated with general societal guidelines for good behavior. Some teachings, like rejection of the widely practiced use of opium to quiet a baby, would have had recognizable advantages, as would, perhaps, his emphasis on avoiding medications whenever possible, including some like the metal preparations (*kushta*) that risked side effects, in favor of behavioral change.[63]

Today's researchers investigating traditional medicine typically focus not on humoral theory but on specific ingredients that address critical problems in biomedicine, like bacteria that have become drug resistant. There, too, in some cases people using preparations like Thanawi's may well have seen positive results.[64] For example turmeric, used in many *tibbī* preparations, has recently gained great attention.[65] Thanawi's reader may have encountered some empirical success since Thanawi included turmeric in treatments for rash, inflammation, swelling, asthma, dysentery, scalp disease, and treatment of wounds, where, for this last, it may well have stopped festering.[66]

But much in this text may have struck readers then, like readers now, as opaque. Why hold one's nose while drinking if very thirsty, or avoid water on an

[62] Charles E. Rosenberg, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America," *Perspectives in Biology and Medicine* 20, 4 (1977): 485–506, 498–99.

[63] In the spirit of avoiding medications, a distinguished American researcher recently invoked humoral theory to justify letting a fever run its course as part of a larger campaign against over-medication ("Hippocrates was right"); Jane E. Brody, "Why Are We So Afraid of Fevers?" *New York Times*, 12 Jan. 2021, which reports on Dr. Paul Offit's study, *Overkill: When Modern Medicine Goes Too Far* (New York: Harper Collins, 2020), https://www.nytimes.com/2021/01/11/well/live/fever-benefits.html 11 Jan. 2021 (accessed 11 Jan. 2021).

[64] Indeed, one criticism of traditional medicine in India today is that theory is given short shrift in favor of trials of discreet drugs and medications. Dr. P. Ram Manohar and others at the Symposium "Traditions and Technologies: Ethical Engagements and New Directions in the Study of South Asian Medicines" University of California, Berkeley, 4 April 2019, https://cstms.berkeley.edu/current-events/traditions-and-technologies-ethical-engagements-and-new-directions-in-the-study-of-south-asian-medicines/ (accessed 6/19/22). But see Elizabeth Grace Saunders, "What's Your Temperament?" *New York Times*, 1 July 2019, who says to know one's temperament, revealed by her questionnaire, allows a person "to work smarter and better." Her choices: "excited sanguine," "committed choleric," "scrupulous melancholic," "peaceful phlegmatic."

[65] Erin Connelly, "Getting Medieval on Bacteria: Ancient Books May Point to New Antibiotics," *Scientific American*, 19 Apr. 2017, https://www.scientificamerican.com/article/getting-medieval-on-bacteria-ancient-books-may-point-to-new-antibiotics/ (accessed 29 Jan. 2020). Also, Feris Jabr, "Could Ancient Remedies Hold the Answer to the Looming Antibiotics Crisis?" *New York Times Magazine*, 18 Sept. 2016, https://www.nytimes.com/2016/09/18/magazine/could-ancient-remedies-hold-the-answer-to-the-looming-antibiotics-crisis.html (accessed 17 Dec. 2020). At a popular level, Amazon yields some two thousand items for a search of "turmeric," trending in recent years as a virtual cure-all: anti-oxidant, anti-inflammatory, and anti-microbal, https://www.amazon.com/s?k=turmeric&ref=nb_sb_noss_1 (accessed 21 July 2020).

[66] Gordon, "Unani," 36.

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empty stomach or after defecating?[67] Why does going to sleep with a full stomach contribute to deafness? Or sneezing from snuff at the onset of a cold cause cataract? Or how can the mixture "Solomon's Salt" serve the whole gamut from lightening the complexion, aiding digestion, improving eyesight, helping pain in the limbs or pain from a wasp bite, and strengthening one's memory? And how do the two remedies for a head injury work? The first is to apply a piece of meat spread with turmeric. The unforgettable second strategy, intended to restore a person to consciousness when all else fails, is to pull an empty chicken carcass, still warm and the skin intact, over the patient's head. European humoral medicine may be equally surprising. Physicians treating John Donne's melancholy tied dead pigeons to his feet to draw out what were thought to be noxious vapors from his head.[68] In both cases, presumably the hope was to transfer properties of the animal to the patient or vice versa to manage humoral instability.[69] The non-specialist had to simply accept that the opaque, too, had its logic for experts.[70]

In the end, the book's remedies could enhance a woman's sense of competence and her satisfaction in being part of movements of the day. The text's teachings "worked" for her. The value of the text was the more for being issued by the learned and holy Maulana Thanawi, whether or not he himself had put pen to paper.[71] To be sure, he is listed as author, with a well-known *hakīm* affixing the *imprimatur* noted above: "This ignorant person has reviewed this section letter by letter and, in his opinion, it is completely correct. [signed:] The Servant of the Physicians, Muhammad Mustafa Bijnuri, currently resident of Meerut." In the book's third edition, however, we learn that in a world where authorship was porous, the good *hakīm* had actually written the text himself.[72]

[67] Perhaps the direction on nose holding is from a prophetic *hadith*: "When one of you drinks, then do not breathe into the vessel." From Sahih Bukhari, cited at *Sunnah.com*, https://sunnah.com/bukhari:5630 (accessed 18 Nov. 2021).

[68] Donne speculated that his excess vapors (black bile, cold and dry, understood as the cause of melancholy) resulted from his thinking and studying. From Edmund Gosse, *The Life and Letters of John Donne* (London: William Heinemann, 1899), 182, 186, quoted in James Fenton, "Turgenev's Banana," *New York Review of Books*, 13 Feb. 2003: 46.

[69] Similarly, princes apparently hunted so that their prey's potency could be "harvested by the prince." Julie E. Hughes, *Animal Kingdoms: Hunting, the Environment, and Power in the Indian Princely States* (Cambridge: Harvard University Press, 2014), 5. As for the use of a chicken carcass, Europeans used a variation of the method described here, a live pigeon cut in two parts, as a plague remedy. Wendy Wall, *Recipes for Thought: Knowledge and Taste in the Early Modern English Kitchen* (Philadelphia: University of Pennsylvania Press, 2016), 7.

[70] As was the case in European humoral theory. "[Europeans of the Middle Ages] conceived of [their bodies] through theories that have since been totally disproven to the point of absurdity but which nevertheless could not have seemed more vivid or logical…." Jack Parnell, *Medieval Bodies: Life and Death in the Middle Ages* (New York: W. W. Norton, 2018), 13.

[71] A holy man, like Thanawi, was commonly regarded as more likely to effect a cure than would an ordinary *hakīm.* For empirical confirmation through MRI scans that religious faith mitigates the experience of pain, see Nicola Twilley, "Seeing Pain: Using Brain Imaging to Unravel the Secrets of Suffering," *New Yorker*, 2 July 2018: 18–24.

[72] Vanzan, "Medical Education," editor's footnote, 4.

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If so, it was in fact Thanawi who did the approving, perhaps adding the general statements and advising the overall content, even if the details of *rattī*, *tōlā*, and *māshā* had been left to Hakīm Mustafā.[73]

Thanawi himself would have had a respectable level of *tibbī* expertise. *Tibb*, like bookbinding at one point, was taught at the *madrasa* at Deoband as a practical subject, not a sacred one.[74] Maulana Rashid Ahmad Gangohi (d. 1905), a founder of the *madrasa* and Thanawi's revered teacher and lifelong guide, was regarded as expert.[75] Thanawi in his early years of teaching went to Delhi to study *tibb.*[76] He did not stay long—a choice made easier perhaps by the fact that many of the concerns of the activist Delhi doctors were not his.[77] *Tibb* for Thanawi was important only in service to his larger goal of endowing individual Muslims with the strength and knowledge to lead a pious and responsible life, free of deviant custom and resort to dubious healers and shrines.

JHĀR PHŪNK (ON INCANTATIONS)

In the final section of Chapter Nine, Thanawi put into his readers' hands a guide to specific actions (*a`māl*) intended to obviate practices that risked Islamic fidelity and, instead, acknowledge God's omnipotence in hope of Divine aid and intervention. These included Qur'anic verses, numerical squares, and various procedures, all to be recited, worn, consumed, inhaled, or otherwise carried out.[78] This section crystalizes the entire book's Islamic reformist message more clearly than any other. In a reformist movement that put Divine unity (*tauhīd*) and the believer's individual, unmediated relationship to the Divine front and center, the reader had no need of intercessor or putative wonderworker; she had resources

[73] *Rattī*: the seed of *Abrus precatorius*, a weight equal to eight barley corns (the seed weighs about 1 5/16 grains troy; *tōlā* now standardized as 180 troy grains (11.663, 8038 grams) or exactly 3/8 troy ounce; *māshā*, equal to eight *rattīs* (although sometimes reckoned as ten or five).

[74] For the mid-century curriculum at Deoband, Ziya-ul-Hasan Faruqi lists five *tibbī* works—*Sharh-i-Asbāb*, *Nafīsī*, *Qānūnchah*, *Mūjaz*, *Humiyyāt-i-Qānūn.* He notes *tibb* as a way Deobandis earned a livelihood; *The Deoband School and the Demand for Pakistan* (New Delhi: Asia Publishing House, 1963), 34, 40 n1.

[75] Barbara D. Metcalf, *Islamic Revival in British India* (Princeton, Princeton University Press, 1982), esp. 191–93.

[76] Ali Altaf Mian, "Surviving Modernity: Ashraf 'Alī Thānvī (1863–1943) and the Making of Muslim Orthodoxy in Colonial India," PhD diss., Graduate Program in Religion, Duke University, 2015, 30–31.

[77] This was indeed the case with his teacher, Hakim `Abdul Majid, who was associated with the Aligarh movement, helped launch an Urdu journal about medicine, and in 1898 received a title from the British for his services. Zafar Ahmed Nizami, *Hakim Ajmal Khan*, Builders of Modern India (New Delhi: Ministry of Information and Broadcasting, 1988), 9, https://archive.org/stream/hakimajmalkhan00niza?ref=ol#page/8/mode/2up/search/%60abdul+majeed (accessed 1 Sept. 2020).

[78] Thanawi also wrote a complete book of *a`māl*, *A`māl-i-Qur'ānī* (Vanzan, "Medical Education," 6), widely available in print and as a pdf: https://quranwahadith.com/product/amal-e-qurani/ (accessed 20 July 2020).

https://doi.org/10.1017/S0010417522000342 Published online by Cambridge University Press

within. Even if she was desperate, when pious fidelity could be most at risk, she could resist the siren songs beckoning on every side, whether those of powerful goddesses or holy men or other intercessors she may have longed for.

"Incantations" does not do justice to the earthy term: *jhār phūnk.* The contemporaneous *Farhang* dictionary lists a baker's dozen of glosses including "mantras and all that stuff" (*mantar-jantar*); blowing charismatic breath or circling the hand over the supplicant (*dam kārnā* or *hāth phīrī*); charms or amulets, magic squares or circles (*afsūn o afsāna*, *ganda wa ta`wīz*); magic (*jādū*, *sihr*); the deceit of conjurer's tricks (*sho`bdabāzī*, *bāzīgarī*); and the outright fraud of *makkāri.*[79] In Thanawi's view, behind the *jhār phūnk* lurked a whole world of dubious healers and claimants to holiness of all religions. Notably risky were the healing shrines dedicated to local goddesses and powerful *pīr*s who might endanger the core Islamic injunction to monotheism. Another set of potential healers thus joins the midwives and quacks in being set aside.

Thanawi named two especially powerful goddesses, Sītala, goddess of all pustules and poxes and known for healing smallpox, and Bhavānī, a manifestation of Lord Siva's fierce wife, Durga.[80] Thanawi warned equally of the danger of caretakers of Hindu shrines and Muslim *dargahs*, who may require offerings, vows, or even, as he puts it, corruption of a woman's honor. The text makes no judgment about efficacy. The tempters may well work their power, given deeply held cultural expectations that spiritual power knows no sectarian limit.[81] Indeed, Thanawi listed a procedure to thwart an evil spirit (*dēv* or *dē'o*, a common word for a "god") who had caused illness or damage.[82]

[79] *Farhang* II (1974), 65. See also Ja`far Sharif, *Islam in India or the Qānūn-i-Islām, or the Customs of the Musalmāns of India*, William Crooke, ed. (New Delhi: Oriental Books Reprint Corporation 1972 [original 1832, edited version 1921]), chs. 27 and 28, for description of similar *a`māl.* An account of a contemporary woman healer in Hyderabad suggests that Thanawi's inclusion of written *a`māl*, not just oral recitation, is noteworthy. Even at her recent date, this healer, addressing similar problems of infertility, sick children, and unkind husbands, was exceptional in issuing written incantations, since women in this city were typically limited to recitations. Joyce Burkhalter Flueckiger, *In Amma's Healing Room: Gender and Vernacular Islam in South India* (Bloomington: Indian University Press, 2006), esp. 66, and ch. 2.

[80] The secondary literature on Sitala is vast, but includes Ralph Nicholas, *Fruits of Worship: Practical Religion in Bengal* (New Delhi: Chronicle Books, 2003); and T. K. Stewart, "Encountering the Smallpox Goddess: The Auspicious Song of Śītala," in D. S. Lopez, Jr., ed., *Religions of India in Practice* (Princeton: Princeton University Press, 1995), 389–97.

[81] The fifteenth-century *Latā'if-i Ashrafī* of Ashraf Jahāngīr Semnānī included Sanskrit mantras against diseases. The Indian pharmacopoeias of Aman Allah Khan and Sharif Khan note anti-demoniac properties of several items. The Mughal emperor Akbar ordered the *Atharvaveda* translated into Persian; Speziale, "Circulation of Ayurvedic Knowledge," 5. Examples of precolonial patronage of holy men and specialists of all traditions demonstrate not only paternalism but also prudent recognition of transcendent power. Barbara Metcalf, "Religion and Governance in India—A Comment," *South Asia: Journal of South Asian Studies* 33, 1 (2010): 1–12, 6.

[82] For a contemporary ethnographic study of the respective Hindu and Muslim visions of the inherent power at a saint's tomb, but power in any case, see Peter Van Der Veer, "Playing or Praying: A Sufi Saint's Day in Surat," *Journal of Asian Studies* 51, 3 (1992): 545–64.

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Thanawi had made clear at the outset that in the end God alone held recovery in his hands, a teaching meant to reassure someone who lacked means to purchase what might be expensive ingredients, and equally reassuring to a woman who might blame herself for nursing that failed. Allah was the reader's only resort, and Thanawi provided powerful verses or letters or words to be breathed out, or read over oil used for massage, or recited over a food to be consumed, or inscribed onto a food (a biscuit or sweet, for example), or traced in water. Other verses were written on cloth or recited while tying a prescribed number of knots to be bound to an afflicted or related bodily part. Recitation over nails buried at the corner of a house could keep away a dangerous snake or some other risk. Just as the list of practitioners of *jhār phūnk* take one out into the era's potent landscape of shrines, hospices, goddesses, and charismatic healers, the *a`māl* return one into the home where issues of health, fertility, and familial relationships were at the heart of a woman's happiness. This section of the text brings the household to life, with all its problems, from a relative's persistent headache to a child grievously ill, or a bride's infertility, or even the reader herself facing the crisis of a husband's disaffection.

Of the medical issues, nothing was more frightening than the virulent epidemics that spread across north India in these decades. For that, a woman could do three readings of the powerful Surah 97 of the Qur'an, breathing each time on all food and drink to be consumed whether as prophylactic or treatment. In an era before contagion was well understood, only the sacrality of words mattered, not the potential infection spread by breath.

Fertility, the dangers of childbirth, and the survival of offspring were also a central focus. For any woman in this society to be childless risked social standing, a lack of support in old age, and even sidelining as a wife. For infertility, the woman was enjoined to recite seven times a verse (Surah 24: 40) imploring God for light from the depths of darkness over each of forty cloves. After purification at the end of her menstrual period, she was to eat one each day at bedtime and whenever she was with her husband. Forty, that charged number in the Abrahamic tradition, served, one might think, as an incentive to more frequent sexual relations and thus enhance the chance of the desired goal.

Thanawi provided procedures to control anxiety and fear, emotions known to interfere with one's bodily state. To alleviate worry that would endanger a fetus entailed eating caraway (*ajwain*) and black pepper prepared with recitation of Qur'anic verse and praises of *durūd* at least once a day until the time the child was born and nursing. As for childbirth, Qur'anic verses foreseeing the apocalypse (Surah 9), perhaps putting the discomfort of the moment in perspective, could obviate pain and excess emotion, whether tied onto the woman's left hip or consumed on a sweet. Other remedies, one including the husband's possible participation, could address the problem of only bearing girls in a patrilocal society, or poverty, or obstacles of any kind frustrating a person's goals.

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A particularly poignant procedure dealt with spousal displeasure and neglect. To undertake this procedure entailed a full forty-day commitment of multiple daily recitations of *durūd* over peppercorns and of rosaries calling God by two of his ninety-nine beautiful names, *yā latīf*, and *yā wadūd*—Oh Gracious One, Oh Loving One. These are names that would seem especially relevant to the disposition the woman longed for in worldly form, and she was to hold the thought of her husband's kindness in her mind as she performed these repetitions. Perhaps he would respond in kind to this loving image as studies of the impact of stereotypes on those stereotyped suggest.[83] In all these strategies lay the potential, if nothing else, of helping a woman through crises by enhancing her ability to address the problem, an approach known to benefit anyone experiencing distress.

Thanawi's reader, instructed in key matters of everyday life and health, and armed with strategies that honored the singular Divine of reformist thought, could ideally face health and personal crises like these with the steadiness that health and faith alike required. The literary scholar Laurel Steele has teased out from the shadows of Thanawi's text an imagined woman in the midst of life, part of a comfortable family ranging in age and gender, a woman characterized by piety and vigilance and attentive to every detail of season, temperament, and actual or potential problems of health and well-being.[84] Season by season, she weighs her choices about what food to serve and eat, and how much and what sources of drinking water are best. She mixes preparations for headaches and crying babies; she searches far and wide for ingredients to prepare a restorative drink for a newly delivered sister-in-law. She intervenes in the case of a young relative unable to conceive and remains vigilant when pregnancy is attained. She knows when to consult a *hakīm* and she knows the importance of emotional equilibrium. She finds the words to urge fortitude to a distraught mother when her daughter's child is stillborn. She keeps the house in order. As Steele points out, missionaries and colonial officials had long identified the Indian home, and especially homes where women were well-off enough to be secluded, as a fetid place of dirt and sickness. Its inhabitants, veering between ignorance and self-indulgence, needed reform that only outsiders could bring.[85] Thanawi's text, Steele suggests, turns that view of the *zanāna* (the place where women are secluded in the home) on its head. And it questions scholarly and activist judgments that see only the limitations of colonial era Islamic reform for

[83] Claude Steele, *Whistling Vivaldi: And Other Clues to How Stereotypes Affect Us* (New York: W. W. Norton, 2010).

[84] L. Steele, "Curing the Body."

[85] The accounts of women missionaries and doctors, typically under the auspices of denominational *zanana* societies, propagated an image of the "cruel customs" and "social bondage" of Indian women's domestic life. See, for example, the many writings of Emma Raymond Pitman, including *Indian Zanana Missions: Their Need, Origin, Objects, Agents, Mode of Working and Results* (London: John Snow, 1890), https://archive.org/stream/MN40255ucmf_6/MN40255ucmf_6_djvu.txt (accessed 2 Oct. 2021).

https://doi.org/10.1017/S0010417522000342 Published online by Cambridge University Press

women and neglect the advantages of instruction that yielded both respect and self-respect.

LOOKING AHEAD

The historic interest of *Bihishtī Zēwar*'s Chapter Nine is clear, but it seems to be of limited practical interest today. No complete translation of it into English has been published. Even in Urdu reprints, Chapter Nine may be substantially abridged.[86] To be sure, there are challenges for the translator, such as finding the right English-language equivalents for, say, the correct variety of a genus of plant, or the archaic measures, replaced since the 1960s by the metric system. Given the diaspora, some ingredients may be unavailable where readers live. The need for the text's recipes, moreover, has been somewhat preempted by over-the-counter preparations. More fundamentally, readers reduce the text's subject simply to Unani Tibb at a time when *tibbī* practitioners, and the officials who support them, feel the need to actively assert *tibb*'s secular, rational, and evidentiary base, and may not *want* to see a discussion of medicine nestled up against an appendix of Islamic prayers and recitations. Speziale sums up this view: "The surgical severance from all the elements connected to the sacred world is a crucial need for a discipline aspiring to justification according to the paradigm of Western science."[87] In today's world, where religion and science are often posed as alternatives, best to keep *tibb* on its own.

Whatever the currency of a text like this, the common sense about medicine it embodies, particularly issues of humoral constitution, continues as part of everyday life in large swathes of the population.[88] More fundamentally, many South Asians have little option but to turn to the more affordable care of practitioners versed in indigenous medicine, albeit likely deploying some traditional and biomedical bricolage, making any

[86] Some translations into English excerpt and rearrange segments of the chapter so that the overall argument is lost, for example, *Bahishti Zewar* [Heavenly ornaments], Mohammad Khan Saroha, trans. (New Delhi: Saeed International, 1997); and *Bahishti Zewar*, Moulana Muhammad Mohamedy, trans. (Azadville: Zam Zam, 1999). Ansari, "*Tandrusti Deen ka Kaam Hai*," 56–57.

[87] Fabrizio Speziale, *Soufisme, religion et médecine en Islam Indien* (Paris: Karthala, 2010), 240, quoted in review by Mauro Valdinoci, *Journal of Islamic Studies* 23, 3 (2012): 381. See also Fabrizio Speziale, "The Relation between Galenic Medicine and Sufism in India during the Delhi and Deccan Sultanates," *East and West* 53, 1 (2003): 149–78, 150. Speziale shows Sufis to have participated in advancing medical knowledge, not hindering it.

[88] In one case, the text was actively used at least a few decades back. A Nepali Muslim urged the anthropologist Marc Gaborieau to cut short recording medical procedures by just reading their printed guide, Thanawi's Chapter Nine. Nepalese banglemakers brought home the *Bihishtī Zēwar* and other reformist works after working in Indian cities following World War I. Marc Gaborieau, "The Transmission of Islamic Reformist Teachings to Rural South Asia," in H. Elboudrari, ed., *Modes de transmission de la culture reliigieuse en Islam* (Le Caire: Institut français d'archéologie orientale), 119–57.

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differentiation between healing systems "at odds with people's everyday lived experiences of illness and healing."[89] A different stratum of the population may opt for "Complementary and Alternative Medicine" (CAM), as it is now sometimes called, not out of necessity but from concern over the limitations of biomedicine. More ambitiously, spas for locals and medical tourists provide a range of traditional procedures and diets, including in some cases the intrusive interventions of bleeding and purges understood to rebalance one's bodily composition.[90] Nostalgia may further clothe specific products and treatments alike, as illustrated in a series of articles on indigenous plants under the rubric "Grandma's Remedies" in a Government of India publication. Using them followed "the law of nature" and was free of side effects.[91] As noted above, researchers worldwide carry out evidence-based studies in ethnopharmacology on specific ingredients as well.[92] The place and meaning of Unani Tibb in South Asia today is thus far different from what it was in Thanawi's day.

Traditional medicine today is primarily dependent on industrially manufactured products, with the most successful of them effectively advertised and marketed internationally. Skilled practitioners prescribing treatment in light of individual constitutions may well play little role in their consumption.[93] By the early 1900s, print had given European companies the ability to advertise drugs that found their way across India. "…India was awash with patent and proprietary medicines, tinctures, tonics, powders, and [tablets] of every description."[94] Indigenous producers and practitioners of varying credibility soon competed with them in manufacturing and print advertising. In the very year that *Bihishtī Zēwar* was published, a Delhi *hakīm* opened a small hospital and pharmacy in Delhi named "Hamdard," which would go on to

[89] S. Ranganathan, "Rethinking the 'Medical' through the Lens of the 'Indigenous,'" in Rohan Deb Roy and Guy N. A. Atttewell, *Locating the Medical: Explorations in South Asian History* (Oxford: Oxford University Press, 2018), 219–34 Quia, 220.

[90] Kira Schmid Stiedenroth, "Reviving a Forgotten Sunna: *Hijamah* (Cupping Therapy), Prophetic Medicine, and the Re-Islamization of Unani Medicine in Contemporary India," *Contemporary Islam* 13 (2019): 183–200. Thanawi discouraged bleeding and severe purges and emetics as potentially harmful.

[91] See Ashok Nath, "Grandma's Remedies," *India Perspectives* (Dec. 2001): 16–18. This is a publication of the Ministry of External Affairs, Government of India. Hardiman quotes the celebrity guru Deepak Chopra, who touts Ayurveda as "the collective wisdom of sages," in "Indian Medical Indigeneity," 263.

[92] This raises the related legal issue of indigenous intellectual property. For an example of discussions of this issue, see https://www.ncbi.nlm.nih.gov/pubmed/12821021 (accessed 12 Feb. 2021).

[93] "…the traditional physician also lost the role of the diagnostician, therapist and the prescriber." Bode, *Taking Traditional Knowledge*, 59, and ch. 4, for a discussion of the historic importance of the physician-patient relationship in humoral medicine.

[94] Nandini Bhattacharya, "Between the Bazaar and the Bench: Making of the Drugs Trade in Colonial India, ca. 1900–1930," *Bulletin of the History of Medicine* 90, 1 (2016): 61–91, 61, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5331622/ (accessed 28 Feb. 2020).

https://doi.org/10.1017/S0010417522000342 Published online by Cambridge University Press

become the largest producer of *tibbī* products in the world.[95] If a person knows only one Hamdard product, it may well be one of its first, the "cooling" beverage, Rooh Afza, which, having advertised its way out of the competition of international beverages that came with economic liberalization in the 1980s, now provides something like half of Hamdard's revenue.[96]

Governments and pharmaceutical companies now play a major role in the regulation and patronage of traditional medicine. Not surprisingly, Unani Tibb, and with it Hamdard, took different directions after Partition. Hakim Muhammad Sa`īd (1920–1998), as long-term head of Hamdard in Muslim-majority Pakistan, made explicit what Thanawi had taken as a given, that *tibb* was not Islamic but the quintessential "Eastern Medicine," in his view, an umbrella for Asian medical systems overall. It was marketed that way abroad.[97] In India's official view, in contrast, Unani Tibb was exclusively Muslim, and it is Ayurveda that is universal and, simultaneously, a focus for Hindu majoritarian nationalism.[98] Both traditions are among several "Indian Medicines," the official designation, that are regulated and patronized by a separate federal ministry formed in 1985 to oversee educational institutions, hospitals, dispensaries, and drug production. "AYUSH," its acronym, includes Ayurvedic, Yoga, Unani, Siddha, and Homeopathic traditions.[99]

[95] See Anna Vanzan, "Hamdard: How to Share Pain in a Muslim Way," in Fabrizio Speziale, ed., *Hospitals in Iran and India, 1500–1950s* (Leiden: Brill, 2012), 215–29, 216–19. Hamdard was preceded by large-scale drug production in Bengal in the face of official policies that favored European producers. Anil Kumar, "Indian Drug Industry under the Raj, 1860–1920," in Bisamoy Pati and Mark Harrison, eds., *Health, Medicine and Empire: Perspectives on Colonial India* (Hyderabad: Orient Longman, 2001), 356–82.

[96] The name Rooh Afza (refresher of the soul) is that of the heroine of an Urdu-language poetic love story, *Masnawī Gulzār-i Nasīm*, written by a Brahmin from Lucknow, poem and author alike making for an object of "composite culture."

[97] Alter, "Rethinking the History." A recent academic project under the direction of Maarten Bode investigates the efforts to make Ayurveda the framework for a range of local medical cultures; "Indian Medical Traditions between State and Village," *Asian Medicine: Tradition and Modernity* 13, 1–2 (2018), https://brill.com/view/journals/asme/13/1-2/article-p97_5.xml (accessed 8 Sept. 2020).

[98] See Venera R. Khalikova, "Medicine and the Cultural Politics of National Belongings in Contemporary India: Medical Plurality or Ayurvedic Hegemony," *Asian Medicine: Tradition and Modernity* 13, 1–2 (2018): 198–221, https://brill.com/view/journals/asme/13/1-2/article-p97_5.xml (accessed 8 Sept. 2020). For the conflation of medicine with nationalism, see Projit Bihari Mukharji, "Bengali Ayurbed: Frames, Texts and Practices," *Calcutta Historical Journal* 25, 2 (2005): 15–45, 15. Neshat Quaiser deplores "the complaining Yunani-Muslim subject," a stance, he argues, that precludes any equal dialogue; "Tension, Placation, Complaint: Yunani and the Web of Post-Colonial Communalism," in V. Sujatha and Leena Abraham, eds., *Medical Pluralism in Contemporary India* (Hyderabad: Orient BlackSwan, 2012), typescript at: https://independent.academia.edu/NQuaiser (accessed 23 Mar. 2020).

[99] For links to research, teaching, and drug production facilities it supports and regulates, see https://www.nhp.gov.in/unani_mty/ (accessed 30 Jan. 2020). See also the website of the AYUSH ministry, at http://ayush.gov.in/ (accessed 30 Jan. 2020). "Central Council on Indian Medicine" is the regulatory and developmental unit under the Ministry. Quaiser provides statistics for the number of Unani research centers, colleges, hospitals/dispensaries under government supervision in 2009

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Official policies make Indian medications part of "soft diplomacy" and a valuable product in international trade.[100] In India, Ayurveda is favored in this marketing, and, for many Indians, its use marks a person as a national subject. Ayurveda is imagined as rooted in Vedic sacrality with Dhanvantri, its (long little-known) god, now honored in an annual national holiday.[101] The nationalist edge was the more powerful for the argument that Muslims, always a foil for the construction of Indian nationalism, had been the cause of Ayurveda's alleged decline. This attitude has only grown as "Hindutva" populism and Muslim marginalization increasingly hold sway.

Official policy shapes Unani Tibb's marketing primarily to Muslim populations, especially in the Middle East, even if *tibbī* practitioners usually resist this view.[102] Hamdard (India) has to assert itself to claim *tibb*'s medical universality: "…entirely secular and for the benefit of the nation as a whole."[103] Thus Rooh Afza, the beverage noted above, is marketed as natural, "scientific," and "a great additive for mocktails and desserts." It "maintains [and] adjusts the body's water level."[104] It also succeeds in evoking nostalgia and authenticity with its original label from over a century earlier preserved.[105] But, even if trendy and authentic, like Unani Tibb generally the beverage also has to fit into the iron cage of Indian communitarianism and be a symbol of Muslim difference, as *tibb* was with more benign implications for Hakim Ajmal

quoting *Unani Medicine in India* (Central Council for Research in Unani Medicine, New Delhi, 2009); Quaiser, "Tension, Placation, Complaint," 130–64.

[100] Stephan Kloos underlines the need to see Asian medicine as modern industries, not "traditional" cultures. He points out the greater success of the more centralized Chinese state compared to India in exporting "Traditional Chinese Medicine" ("TCM," including acupuncture, diet, herbal therapy, meditation, physical exercise, and massage). Presentation to the symposium "Traditions and Technologies: Ethical Engagements and New Directions in the Study of South Asian Medicines," at Berkeley's Institute for South Asian Studies, April 2019.

[101] Sivaramakrishnan, *Old Potions*, 117–18. In 2016, the AYUSH ministry announced, "Dhanteras to be observed as the National Ayurveda Day," in *Times of India*, 30 Sept. 2016, http://timesofindia.indiatimes.com/articleshow/54599037.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst (accessed 28 May 2020).

[102] "…today the global CAM [Complementary and Alternative Medicine] market requires Islamic medicine to satisfy Muslim consumers all over the world." Stiedenroth, "Reviving a Forgotten Sunna," 196, https://link.springer.com/article/10.1007/s11562-018-0426-x?shared-article-renderer (accessed 23 July 2020.)

[103] Hamdard (India), http://www.hamdard.in/#:~:text=Nation%20Building,the%20benefit%20of%20all%20persons (accessed 11 Sept. 2013).

[104] At http://hamdard.com/product/roohafza (accessed 7 Feb. 2021).

[105] When in 2019 there was an international shortage of Rooh Afza, multiple news outlets described popular wistfulness for Rooh Afza's use in Ramadans past. Bollywood films use the drink as a symbol of family bonds among Muslims. For example, in *Yeh jawānī hai dīwānī*, a son's alienation and subsequent reconciliation with a step-mother is marked by his rejection, then acceptance, of the beverage from her hand. See https://www.aljazeera.com/news/2019/05/rooh-afza-shelves-india-muslims-ramadan-crisis-190510100516290.html and https://www.indiatoday.in/india/video/roof-azfa-shortage-hamdard-india-muslims-ramzan-1522304-2019-05-11 (accessed 11 Sept. 2020). See also Mayank Austin Soofi, "1907 [its inaugural date] Rooh Afza/Lal Salaam," https://www.livemint.com/Leisure/dRicP6yOXBpHxAY6RYBTiP/1907-Rooh-Afza–Lal-salaam.html (accessed 29 Jan. 2021).

https://doi.org/10.1017/S0010417522000342 Published online by Cambridge University Press

Khan. Beginning under the leadership of Muhammad Sa`īd's elder brother, Hakim `Abd al-Hamīd (1908–1999), Hamdard in India has patronized *tibbī* education and research as part of a menu of "Islamicate" cultural activities, like Sufi music and Urdu poetry. The use and cultural underpinnings of each component of AYUSH are not timeless.[106]

The uses and meanings of traditional medicine in the Indian subcontinent today are not those of the long-ago Delhi activists, nor, assuredly, of Thanawi. When Thanawi wrote, the day when *tibbī* ingredients and medications were available on Amazon, and medical choices were integral to social identity, was still far away.[107] Even as late as the 1980s, when I visited the Hindustani Dawkhana's wonderful old building in the winding Gali Qasim Jan of old Delhi, its drawers and containers of dark polished wood holding mysterious and precious ingredients evoked the legendary shop of the medieval *`attār* perfumer or apothecary, providing makings and medicaments from near and far. Pharmaceuticals have come a long way from Thanawi's "craft production" as part of the disciplined practices of health maintenance that he taught to shape a woman's pious and responsible life.

For all the changes of a century and more, though, Thanawi's focus on individual faithfulness and practice in their Deobandi version remains an important theme in South Asian Islamic life, specific recipes and treatments aside. Sovereign over her own body, vigorous in health, and exercising emotional control worthy of worldly and divine approval, Thanawi's reader then and now might be a changed person, more conscious of herself as a woman, and more focused on being a woman of a particular kind—informed, disciplined, and discriminating in her associations. She would be attuned to ensuring habits and environment and food and therapies to sustain her whole family's vulnerable and porous bodies as well. Contrary to assumptions that Islamic leaders invariably advocate political control, Deobandis like Thanawi classically have emphasized that it was precisely in the personal domain that a person could know the satisfactions of divinely guided purposeful life, no matter the challenges of her immediate life, no matter the failures or even malevolence of the socio-political domains in which she might dwell, from colonial time down to the present.

Deobandi `ulama like Maulana Thanawi never wavered from this emphasis on individual reform from the ground up, even when many of the *`ulama* participated in nationalist movements in the interwar period.[108] As the century progressed, and Thanawi's extensive popular influence continued, he would be

[106] Bode, *Taking Traditional Knowledge*, 14–17.

[107] See https://www.amazon.com/s?k=hamdard&ref=nb_sb_noss_2 for some of Hamdard's most popular products (accessed 30 Jan. 2020).

[108] He was leery of activism, even when other mainstream Deobandis participated in the nationalist movement, motivated by anti-imperialism, not by a program for a changed political or legal structure. Barbara D. Metcalf, *Husain Ahmad Madani: The Jihad for Islam and India's Freedom* (Oxford: Oneworld, 2008). The emphasis on grassroots, individual change is most

https://doi.org/10.1017/S0010417522000342 Published online by Cambridge University Press

honored by an epithet that evoked healing and simultaneously placed him in the ideal and undefined world of Muslims in all places and times, the *umma.*[109] There, he was nothing less than *Hakīmul ummat*, the Physician of the Community, fortifying health in its broadest sense for individuals, their families, and those around them. In the *Bihishtī Zēwar*, of which these teachings on health were an essential part, the Hakim put his vision of a pious, competent woman— sovereign in her control of her self and of all around her—at the very heart of that longed-for transformation.

Abstract: Maulana Ashraf `Ali Thanawi, a reformist Islamic scholar, was very much part of his times in his urgent concern with women's potential role in individual and societal "improvement," the goal of the enormously successful encyclopedic work that included the chapter considered here. Thanawi's teachings included generic elite male "best practices" on health and ethics, undergirded by Greco-Arabic humoral medicine in its Indian form. His text caught a historical moment when medical treatments were more craft than industrial, and when the professionalization of discrete Muslim and Hindu "systems" of Unani Tibb and Ayurveda, with Ayurveda increasingly incorporated into majoritarian Hindu nationalism, was only incipient. Health maintenance in Thanawi's hands was a matter of empowering women to both spiritual and practical competence and responsibility, freeing them from resort to (as he saw it) quacks, ignorant midwives, and untrained women, along with dubious healers and holy men, Muslim or Hindu or any other. In its description of challenges, strategies, and resources related to health, his text offers a window into women's everyday world. But it also raises comparative questions about the history of medicine, the history of emotions, ethnicity in a colonial context, and the potentially empowering implications of Islamic socio-religious reform for women.

Key words: Islamic reform, Muslim women, *tibb*, Unani Tibb, British India, Deoband, Ashraf `Ali Thanawi, *Bihishti Zewar*

visible in the transnational mass movement of Tablighi Jamaat, dating from the 1920s and derived from Deoband.

[109] This was not a term for either "Indian Muslim" or "nation" in the debates of the day, where debates focused on *qaum*, *millat*, and *watn.*

https://doi.org/10.1017/S0010417522000342 Published online by Cambridge University Press