

Tradition & Modernization of Islamic Psychiatric Care in the Subcontinent

Islamic medicine and psychiatric care were introduced to the Indian subcontinent in the twelfth and thirteenth century, during the Muslim invasion of the region. Today Muslim medicine offers a psychiatric care system alternative to that of biomedicine and is used by Muslims and non-Muslims alike. The inclusion of the secular branch of Islamic medicine (see below) in the state public health systems of the region has led to increased modernization of the traditional and, consequently, to important changes in its scientific identity and to the decline of particular treatments.

Research >
South Asia

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In Muslim medical sciences the interpretation and treatment of psychiatric disorders is based on at least two different schools (although some scientific concepts are common to them both). A secular, and medically grounded, theory and clinical practice, based on Greek-Arab science (called *unani*, lit. Ionic or Greek, in India), can be differentiated from a religious-spiritual set of interpretations. The latter has been moulded by several roots: the *tibbi-nabawi* (prophetic medicine), that is the collections and commentaries of the sayings of the prophet Muhammad (d. 632) on hygiene and medicine, sufi rituals and the cult of sufi saints, and other elements derived from esoteric sciences and folk beliefs.

Unani medicine and psychiatry

In *unani* theory the interpretation of psychiatric disorders is based on the doctrines of Galen (d. 200 ca.) and Avicenna (Ibn Sina, d. 1037), and the physiology of the four humours (blood, phlegm, yellow, and black bile) that circle the body. Humours are a combination of the four universal elements (fire, air, water, earth) and have four basic qualities (hot, cold, dry, and moist). Individual health is a state of relative equilibrium of the humours, characterized by the dominance of one humour, which determinates *mizaj*, the individual temperament (for example, the dominance of phlegm or black bile determines the phlegmatic or melancholic characters respectively). Alteration and excess of humours produces diseases, in particular black bile (cold and dry), which induces depres-



Yunani Tibb, lit. Greek medicine, is an old form of medicine that has combined Greek and Islamic elements and is still practised in India and Pakistan.

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sive disorders. Excess of yellow bile (hot and dry) leads to hysteria and maniacal disorders.

The aim of the physician is to restore the normal *mizaj* of the person, by different means. Pharmacotherapy is today the most common. University pharmaceutical laboratories (such as Hamdard in Delhi and the Tibbiya College of Aligarh), as well as private ones, offer traditional compound drugs and electuaries for disorders such as mania, hysteria, epilepsy, melancholia, and sleep and sexual disorders. In the past, treatments such as phlebotomy, cupping, Turkish baths, aroma-therapy, poetry reading, and music-therapy, were used, and clinical cases of Muslim physicians using suggestion and cognitive therapies are well documented in literature. Due to the impact of modernization, however, these are rarely practised today.

Religious medicine

In religious medicine the interpretation of human suffering is part of a wider spiritual and ethical framework. According to Islamic psychology, human personality has two fundamental components, the *nafs* (pl. *nufus*) or individual ego, and the *ruh* (pl. *arwah*), or soul, conceived as aggregates of different *nufus* and *arwah*. On account of its relation to desires, sin, and the 'whispers' of Satan, the lower *nafs* is the origin of psychological suffering. Thus, the *nufus* are hierarchically ordered - from the lower *nafs* ('prone to evil'), to the 'perfect' or 'satisfied' *nafs*. Psychiatric disorders are commonly interpreted as possession by the *shaytan* (devil) and *jinn*s (spirits mentioned in the Quran as created from fire, who inhabit a subtle world in which mankind is immersed, as into a liquid).

Masters of the sufi orders are traditional religious healers who treat instances of possession and other ailments by recitations of the Quran, talismans, and prescription of behavioural and ritual instructions. A cardinal element of these healing rituals is the pilgrimage to shrines and tombs of sufi saints, where healers usually reside and where incubation of healing dreams is a common practice.

Muslim medical institutions

A main contribution to Muslim medicine in India was the introduction of the Arab model of the hospital, where patients of all backgrounds (regardless of caste and religion) were treated free of charge. It facilitated the diffusion of Islamic medicine among non-Muslims. Hospitals were often provided with wards for the insane, where drugs, as well as music-therapy and Turkish baths, amongst other things, were applied. The first known psychiatric wards of Muslim India were founded in Delhi and Mandu, during the fourteenth and fifteenth centuries. In the post-colonial epoch, surviving *unani* hospitals were incorporated into the state health system and new ones were created. The role of traditional asylum wings, however, was taken over by modern psychiatric hospitals.

Since medieval times some sufi shrines have specialized in the treatment of psychiatric disorders. These institutions, called *dargahs*, are architectural compounds which can include tombs, a monastery, houses, a mosque, and even rooms for patients. Traditionally, both *unani* hospitals and *dargahs* were endowed with donations and properties (*waqf*) by Muslim kings. Muslim saints could provide protection, quite specifically against illness and possession by devils, but also more

in general, during critical phases of life. Even today, sufi shrines working as psychiatric in- and out-patient centres are common in many urban and rural areas, and are visited by patients from all social classes and religious backgrounds.

Some *dargahs* provide tens of rooms, which are rented to patients and their relatives. Those possessed by dangerous devils are put in chains and some of them might reside in a *dargah* for months or years. Not uncommonly, most of the patients in *dargahs* in the cities have previously been treated unsuccessfully with drugs in a public psychiatric facility. With the help of donations from wealthy pilgrims, many *dargahs* also offer meals for the poor.

Tradition and modernization

The two branches of Islamic psychiatry have responded in their own different ways to the colonial and post-colonial processes of globalization, and the confrontation with biomedicine. Both traditions have ably adapted their identity and role to accommodate contemporary social, political, and economical changes. The *unani* school and its hospitals have lost important traditional features, but have also retained a refined pharmaco-therapy that, through mass advertising in the cities, can today compete with modern drugs and has found a definite place in the Indian pluralist and globalized pharmaceutical market.

Conversely, the popularity of sufi shrines to treat psychiatric patients has not been affected by modern institutions. However, important aspects of the sufi tradition in particular have been subject to considerable change. While previously sufis were among the main practitioners of *unani* medicine, they lost their double role as doctor and instructor in the post-independence period, when the teaching of *unani* medicine (which had previously been based on family transmission) was institutionalized in universities. The large influx of pilgrims to many of the *dargahs* nowadays feeds a prolific market of medico-religious tourism that is profoundly changing the ethics of the profession. The result is that sufis, who traditionally did not accept money, are increasingly being replaced by a new type of smart and business-minded spiritual healer, who may not have any relation to sufi orders. <

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Al-Qanun fi Tibb by Ibn Sina, Or. 63, f. 2a, Leiden University Library (UB), Legatum Warnerianum; Arabic writing, not dated.

A complete medical system, based on Greek medical science and further developed in an Islamic context is contained in the *al-Qanun fil-Tibb*, by Ibn Sina (972-1036). The first book of these works, which came to be known in Europe as Avicenna's Canon, is shown here.