

Sacred Cures: Perceptions of Illness and Remedy in Medieval India

Nazreen¹

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Abstract

The history of medicine in medieval India has often been written through the lens of court physicians, imperial patronage, and established systems such as the Unani system of medicine. However, beyond these formal structures existed an entire world of healing that was spiritual, affective, and deeply interwoven with popular belief. This paper examines the entangled domains of medicine, spirituality, and moral thought to explore perceptions of illness and healing in medieval India. While scholars of medieval Indian history have extensively examined formal medical systems, particularly the role of Unani physicians and court-sponsored treatments, less attention has been paid to the diverse body of traditional healing practices outside these institutional frameworks. Often dismissed as superstition or witchcraft by contemporaries and modern scholars alike, these remedies played a central role in everyday experiences of illness and recovery. This paper also explores how such practices were embedded in the religious and cultural consciousness of the period and are preserved in letter collections, Sufi writings, and European travel accounts. This paper argues that healing in medieval India was perceived not solely as a physical intervention but as a moral and spiritual responsibility. These spiritual practices were not merely remedies for illness, but reflections of a moral universe shaped by Indo-Islamic conceptions of divine proximity, ethical healing, and the human condition.

Keywords

Medicine, Spiritual Healing, Sufism, Mughal India, Epistolary Literature.

Introduction: Spiritual Healing and The Islamic Moral Universe

How did spiritual healing practices in Medieval India reflect and reproduce Indo-Islamic moral thought? As earlier studies have shown, many scholars have explored medicine and medical professionals throughout the centuries. During the Medieval Indian period, such professionals were called *hakims*, while others knew them by various other names.² Before the coming of English

¹ Ph.D. Scholar – Department of History and Culture, Jamia Millia Islamia

Medicine in India, people relied heavily on the traditional medical system and professionals. There was a third category of professionals called the *bazār* physicians, who did not have any structured training but were regarded with respect due to their experience in the field.³ Some call this method spiritual healing. Where no medicine was given but other methods were adopted, such as holy water, repetition of a particular verse from the Quran, or sometimes writing the verse on paper. As stated, spiritual healing was a therapeutic and ethical practice rooted in Quranic, Sufi, and Indo-Islamic cosmologies.⁴

Seema Alavi presents a nuanced historiographical intervention that challenges dominant colonial and state-centric narratives that portray indigenous medical traditions, such as Unani, as stagnant or wholly displaced by Western Medicine. Instead, she situates Unani within a complex Indo-Muslim intellectual and cultural milieu, emphasising its evolution through internal contestations and textual shifts rather than solely colonial disruption. Her central argument is that Unani healing was not just a system of Medicine but a moral, social, and spiritual framework deeply woven into Mughal court culture and elite Muslim identities. Alavi's work enables a reading of Unani medicine as simultaneously scientific and devotional, where the body's healing was inseparable from comportment, ethics, and divine cosmology. This perspective supports the argument that Islamic medical epistemologies in medieval India were animated by religious principles, social hierarchies, and cultural negotiations that extended

References

²Rezavi notes that within the imperial service, the medical establishment of a Mughal prince operated through a clearly defined hierarchy. At its apex stood the chief physician, under whose supervision worked several subordinate physicians and surgeons, all required to follow his directives. In Mughal administrative terminology, this chief physician was referred to as the *saramad-i aqibba* or *saramad-i hukāma*. A similar hierarchical structure can also be observed within the imperial household, where the title *Hakim al-Mulk* (chief of physicians) is mentioned. See, Rezavi, S.A. Nadeem. "Physicians as Professionals in Medieval India." *Disease and Medicine in India: A Historical Overview*. Indian History Congress, 2001, p. 43.

³ Rezavi observes that private practice appears to have been the primary source of income for *bazār* physicians. Badauni, for instance, uses the expression *mutatabib-Sirhindi*, a private practitioner from Sirhind, when referring to Shaikh Hasan, the father of the surgeon Shaikh Bhina. Similarly, Banarsi Das, in his *Ardha Kathānak*, recalls being treated in his youth by a *baidh* (physician) from Jaunpur. He further refers to a *nāi* (literally, barber), a term commonly applied to local surgeons, who treated him for syphilis at Khairabad in 1602. See, Rezavi, "Physicians as Professionals in Medieval India," p. 50.

⁴ Nizami highlights the deep entrenchment of superstition in the medieval Indian imagination, noting that even prominent religious thinkers of the time were not entirely free from such beliefs. Faith in witchcraft, sorcery, and magical influences was widespread, and serious illnesses were often attributed to supernatural causes. Nizami cites the example of Shihab, a magician from Ajodhan, who was believed to have caused a prolonged ailment of Shaikh Farid Ganj-i-Shakar; the supposed effects of this magic were dispelled only after the saint's disciples uncovered a needle-studded effigy from a graveyard and removed its pins. A similar episode is recorded for Shaikh Nizamuddin Auliya, whose illness prompted the summoning of a magician who traced objects believed to contain harmful magical influence. Nizami further notes that in some instances, state authorities even considered prosecuting individuals accused of deploying such magical practices. He also remarks on the extent to which superstition permeated the lives of medieval Indian Muslims, observing that the fabricated *mal'fuz* literature of the period portrays nearly every sphere of life through a superstitious lens. Celestial phenomena were interpreted as manifestations of divine wrath, and their supposed impact on human affairs was framed as a series of punishments for moral failings. See, Nizami, *Some Aspects of Religion and Politics in India during the Thirteenth Century* (Aligarh: Department of History, Muslim University, 1961), pp. 300–302.

beyond clinical practice into broader understandings of well-being, civility, and divine order.⁵

She further argues that it is essential to recognise that Islamic medical writing in South Asia underwent a gradual yet significant transformation, particularly from the Delhi Sultanate to the early Mughal period. She remarks that scholars have observed that, while medical treatises continued to follow the stylistic conventions of the Persianate encyclopedic tradition, such as those found in Avicenna's *Canon* or al-Jurjani's *Zakhirah Khwarzmshah*, the content of these works began to incorporate distinctly Indian healing elements. Texts like *Tibb-i Firoz Shāhi*, commissioned by Sultan Firuz Tughlaq, included treatments involving Quranic amulets, charms, *talismans*, and ritual diagram elements not traditionally part of the classical Unani canon. During the Lodi period, physicians such as Bahwa bin Khwas Khan actively engaged with Sanskrit texts to broaden their medical repertoire. By the time of Babur's reign, figures like Hakim al-Tabib Khurasani wrote confidently on both Unani and Ayurvedic systems. His *Qasidah dar hifz-i-sihhat*, dedicated to Babur, exemplifies this synthesis. Such examples underscore the intellectual and therapeutic pluralism that shaped Indo-Islamic medical discourse, situating popular spiritual remedies within a broader framework of scholarly and intercultural medical exchange.⁶

Michael Dols argues that Islamic Medicine in the medieval period was not merely a continuation of Greco-Roman Galenism but a dynamic system that reflected Islamic society's intellectual, religious, and environmental contexts. He uses Ibn Ridwan's treatise as a lens to explore how Medicine functioned in practice, focusing on preventive care, humoral theory, and medical ethics. Importantly, Dols emphasises that Ibn Ridwan applied Hippocratic-Galenic theory abstractly as a practical response to the local Egyptian environment and social conditions. This challenges simplistic binaries between rational/Islamic and spiritual/folk medicine, instead illustrating a composite system where environmental determinism, medical empiricism, and Islamic ethical responsibility converged. Dols's work offers a comparative historiographical framework; it provides evidence of how Islamic medical authorities in one part of the medieval Islamic world articulated disease not as divine punishment but as a natural phenomenon influenced by climate, diet, and regimen, filtered through religiously inflected but scientifically grounded paradigms. This can be fruitfully juxtaposed with South Asian Islamic texts to examine regional continuities and divergences in Islamic medical thought regarding illness and healing.⁷

⁵ Alavi, Seema. *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition, 1600–1900*. Permanent Black. Ranikhet. 2008.

⁶ Alavi. *Islam and Healing*. P. 29.

⁷ Adil S. Gamal and Michael W. Dols. *Medieval Islamic Medicine Ibn Ridwan's Treatise On The Prevention Of Bodily Ills In Egypt*. University of California Press. 1984.

Abul Fazl presents a gloomy portrayal of a world marked by diverse natures, increasing distractions, and societal dishonour. Moreover, in this context, it is argued that the only remedy for such chaos is autocracy, specifically in the form of just monarchs. The metaphor of a "fiery wilderness of talismanic power" describes a realm inhabited by spells and sorcerers, unleashing storms of confusion.⁸ The author contends that, despite skepticism towards supernatural solutions, historical reality indicates that a well-ordered administration requires sovereign monarchs. The talismanic imagery underscores the pervasive influence of mystical forces in the tumultuous human experience, shaping the narrative's perspective on the necessity of autocratic rule for societal order.⁹

While explaining the twelve *subās*, Abul Fazl describes the magical properties ascribed to the people of Bengal *subā*.¹⁰ He states, "The inhabitants are, as a race, looking and addicted to the practice of magic. Strange stories are told regarding them; for example, there is a peculiar belief that houses are constructed using human components, pillars, walls, and roofs. Individuals are either compelled through sorcery, or criminals deserving of death are utilised for this purpose. Surprisingly, those who willingly surrender for this construction are granted a reprieve from retribution for a year and receive certain conveniences. The process involves armed individuals cutting down these individuals, and their reactions supposedly provide insights into future events."¹¹

This multifaceted view of healing in the medieval Indian context reveals that traditional and spiritual practices were not simply peripheral or superstitious alternatives but deeply embedded responses rooted in ethical, intellectual, and cosmological frameworks. Whether using Quranic verses as protective charms or incorporating Ayurvedic knowledge into Unani texts, these healing practices reflect a larger attempt to understand human suffering within divine and empirical paradigms. Through the examples ranging from the learned *bazār* physicians to the elite courtly *hakims*, one sees a vibrant world where treatment was not limited to pharmacological remedies but extended into the realm of moral comportment, ritual, and divine intercession. This intersection of popular belief and scholarly medicine also allowed healing to function as a means of navigating grief, uncertainty, and existential fear issues as relevant to commoners as they were to emperors.

Insha Literature and The Language of Remedy

The *insha* literature of Mughal India, often relegated to political and administrative correspondence, also serves as a repository of social imagination and healing practices. One such compelling example

⁸ Allāmi, Abul Fazl. *Ain-i Akbari*. Translated by H. Blochman and S.L. Goomer. Calcutta. P. 51.

⁹ Allāmi. *Ain-i Akbari*. P. 51.

¹⁰ Allāmi. *Ain-i Akbari*. P. 115.

¹¹ Allāmi. *Ain-i Akbari*. P. 117.

is *Munshāt-i Namakin*, a voluminous collection compiled by Abul Qasim Namakin, a courtier under Akbar and Jahangir. While the bulk of the collection conforms to conventional epistolary norms, the *khātimah* (concluding section) marks a deliberate departure from elitist boundaries of knowledge, including spiritual remedies, amulets, and vernacular spells. This literary inclusion not only disrupts genre expectations but also reveals how courtly knowledge production was in conversation with popular, localised traditions of healing and protection. These texts, positioned at the intersection of administrative language and cultural ethos, reflect a syncretic sensibility characteristic of Akbar's reign, where Indo-Islamic beliefs and folk practices could coexist.

The treatment of smallpox or *judāri*, which the author refers to as *sitla* in Hindi, has been given prominence in this section. The treatment of this dreadful disease includes a detailed prescription consisting of items that may be available to people experiencing poverty. Additionally, it prescribes the diet to be followed by the patient during the treatment period. An amulet, which should be placed under the patient's pillow, is also prescribed to treat smallpox.¹² The most interesting part of this section consists of two scorpion bite spells, referred to as *afsun* by the author. They are not written in Persian but in Hindi. However, it is surprising that these two spells contravene the basic Islamic belief in monotheism as they appeal, among other things, to Mahadev and contain references to Luna Chamari and Dhanwanter Ved, remarks Zilli.¹³

Following this are prayers for the poor, and this set begins with a brief description of smallpox, a disease that typically appears during growth, which can be prevented or mitigated by bleeding children and infants, avoiding meat and sweets, and maintaining a moderate environment. Treatment involves cumin, butter, pomegranate seeds, lentils, and chickpeas, along with additional measures such as rolling in ashes and consuming specific foods. After this, a couple more *duas* were recited, one for protection from enemies and another for other diseases. Then, some *naqsh* appears, which must be tied around the afflicted area. The first is for the disease of *nāf* (naval), which appears to be a combination of numbers and words. Nevertheless, the author has chosen to include them in his work. It is surprising to find this entry in a section completely out of place in the book. In contrast to the content of the first letter, the second, according to the author, contains some words and concepts from the Muslim Cultural tradition, such as

¹² Belief in amulets has a long-standing presence in Islamic cultural and esoteric traditions. Among the most commonly referenced is the *naqsh-i Sulaimāni*, a term applied to a variety of occult diagrams and talismanic designs believed to possess protective or supernatural properties. Its attribution to Prophet Sulaiman venerated for his wisdom and his divinely granted authority over supernatural beings has further reinforced its perceived efficacy within popular belief. Yet, as scholars note, the historicity of the *naqsh-i Sulaimāni* rests more upon inherited cosmological and spiritual traditions than on verifiable historical evidence, even though the use of talismans and protective symbols is well attested across numerous cultures and periods. See, Ali, Muhammad Ashraf. *Naqsh-i Sulaimāni*. Lucknow: Matba' Samar-e-Hind, 1873.

¹³ Zilli, Ishtiyag Ahmad. *The Mughal State and Culture, 1556–1598*. Delhi: Manohar Publishers and Distributors. 2007. P. 82.

takht-i Sulaiman and pāk pāni.¹⁴

What is more surprising, says Zilli, is that such a collection is coming from Abul Qasim. It is evident from the book's contents that he was a deeply religious person. He hailed from a strong religious background. Still, he was not only familiar with these spells but also had no reservations about including them in his work. The origins of this highly eclectic approach, Zilli remarks, are rooted in an open-minded appreciation for the cultural norms of other segments of society and respect for local traditions, which can be traced to the religious policies of Akbar. Such developments do not happen overnight; they evolve over a long period. It was part and parcel of the new cultural ethos that had emerged as a result of the two communities coming together and developing a mutual appreciation for each other's religion and culture. This process of assimilation was facilitated and made possible by the very sensible policies of the majority of the Delhi Sultans, as well as the Sufi and Bhakti movements.¹⁵ There is a letter in which a *dua* is prescribed for the protection of the Sultan, and it begins with the tradition of the Prophet, and it says: the Prophet once said that he heard the Angel Gabriel saying that whoever keeps this *dua* in their proximity, no evil could touch them if they recite this *dua* thrice a day. Another *dua* is to be tied on the arm in the form of an amulet, and whosoever would do that, no enemy or evil would be able to touch them. One *dua* is for the revival of a runaway slave or their safety, in which a person should recite the *Surah waz-zuha* forty-one times, standing beside the wall. In the next letter, a *dua* is prescribed for the lost, which has to be recited six times.

Then one *naqsh* is prescribed for protection from evil spirits, which again resembles a combination of words and numbers. Other amulets are also included, which have references to Quranic verses. Such as Prayer to get rid of fear, Prayer to ward off devils, fairies, and dawns, *Naqsh* for removal of evil of fairies, Prayer and *Naqsh* for protection of horses and others.

The documents found in the *khātimah* of *Munshāt-i Namakin* thus offer valuable insight into the broader epistemologies of healing in medieval India. They demonstrate how even a devout and high-ranking official like Abul Qasim Namkin could bridge textual authority with lived, popular practice. Whether through *duas* grounded in Quranic and prophetic traditions or vernacular spells invoking Hindu deities, these entries reflect a cultural milieu shaped by interreligious exchange, embodied piety, and shared cosmologies of affliction and cure. The conscious decision to preserve such diverse remedies, especially those for the poor and powerless, underscores a deeper ethical and moral vision of care. Far from being peripheral, these texts reveal how *insha* literature can serve as a healing medium,

¹⁴ Zilli. *The Mughal State and Culture*. Document No. 264, p. 392.

¹⁵ Zilli. *The Mughal State and Culture*. P. 83.

embodying the intellectual breadth of Mughal court culture and its subjects' spiritual anxieties. They invite us to rethink the boundaries between state documents and sacred knowledge, revealing how healing was a multifaceted practice that combined textual and affective elements in the Indo-Islamic world.

Hakim Fateh: Physician and Statesman

Among the many physicians and healers who shaped the medical landscape of Mughal India, the figure of Hakim Fateh Gilani stands out not only for his expertise in Unani medicine but also for his proximity to power and his influence on statecraft and imperial culture. His career offers a compelling example of how medical practitioners during the Mughal period often occupied roles that extended beyond the clinic and into the political and intellectual fabric of the Court. This paper aims to highlight his life and contributions among the many noteworthy figures of the time, as his writings, primarily through letters and practical interventions, reflect the larger themes of this paper: the entanglement of faith, healing, and authority in medieval India.

Hakim Fateh was a doctor at the Mughal court under Emperor Akbar and rose high in the emperor's favour. He is also credited with inventing the *huqqā* (the water pipe).¹⁶ He rose higher and higher in Akbar's favour and greatly influenced state matters. Though only a commander of One Thousand, he is said to have had the power of a *vakil*.¹⁷ Hakim Fateh Gilani's letters, *Ruqāt-i Hakim Fateh Gilani*, are an essential source of historical, biographical, cultural, and literary information. These letters record many events not mentioned in any other source. Hakim Fateh's life conditions, morals, and habits are described in this text only.¹⁸ The significance of this position is reflected in the letters he wrote to his brothers, friends, and acquaintances, which comprise seventy-two letters in the collection.

As a physician, he made a concerted effort to help those in need. It seemed as if his job was to treat everyone with kindness.¹⁹ Famous for his formula of *roghan-i deodār*, he had also prepared *sharbat-i kaifnāk*, which helped remove exhaustion. He also possessed considerable knowledge in fields such as osteology (the study of bone structures), Myology (the study of muscles), Angiology, neurology, and the digestive system.²⁰ Abul Fazl writes that although all three brothers were distinguished by their age for the customary excellencies, Hakim Fateh was especially remarkable for his tact and power to read

¹⁶ Gilani, Abul Fateh. *Ruqāt-i Hakīm Abul Fateh Gilani*, ed. Dr. Mohd. Bashir Ahmad. Idara-i Tahqiqat Pakistan. Lahore. 1967. Pp. 4-9.

¹⁷ Allāmi. *Ain-i Akbari*. Pp. 468-469.

¹⁸ Gilani. *Ruqāt-i Hakīm Abul Fateh Gilani* P. 9.

¹⁹ Chandpuri. *Attibaye Ahd-i Mughaliya*. Pp. 27-28.

²⁰ Rezavi. "Physicians as Professionals in Medieval India". P. 54.

the lines of the forehead.²¹

Tobacco and Medical experimentation at Akbar's Court

An interesting case highlighting the complexity of medical encounters in the Mughal court and the cautious curiosity with which new substances were examined is the arrival of tobacco in India during Akbar's reign. The following historical accounts offer valuable insights into how such introductions were negotiated through the lens of healing, religious propriety, and emerging empirical observation. These narratives, centred around Hakim Fateh's response to tobacco as a potential medicine, shed light on the intellectual climate of the time and the careful balance between innovation and traditional medical ethics. In his historical account, Mirza Asad Beg has written about the situation in India.²² Till the *Akbari* era, Tobacco was not practised in India, and no one was aware of its use, but smoking probably started in England in the fifteenth century. Asad Beg wrote:

"In Bijapur, he found some tobacco and presented it to the king for excellent smoking in his service. When the king saw his belongings, he was surprised to see the Tobacco kept in the *chilam* and asked where he got it. Khan Zamān Khan said it was *tambākoo*. Hakim thought it was a medicine. The king ordered it to be prepared, and I prepared the filling. The king was about to inhale when a physician forbade the king from drinking it, but the king denied it. The physician eagerly said that he would not let him drink more. The king took it out of his mouth and gave it to Khan Zamān Khan. Then, the king sent him to his Hakim to make a medical examination of his properties. The Hakim claimed that this had not been mentioned in our medical books, and the effects of not doing so have not yet been investigated. How can I describe the properties of such an unknown drug? In my opinion, its use is not appropriate for the Emperor. After that, Asad Beg continued to debate with *Amir-ul Hukma* and argued that foreign physicians greatly praised Tobacco. The people of *farang* are not so stupid that they have not investigated Tobacco.²³ Hakim, we do not want to imitate the foreigners. Despite reasonable arguments, Asad Beg could not win, and the discussion ended with the king's intervention."²⁴

Another tradition of Tobacco reaching the Court is:

²¹ Chandpuri. *Attibaye Ahd-i Mughaliya*. Pp. 28-29.

²² Asad Beg Qazvini was a Persian poet and a minor *manṣabdār* who flourished during the reigns of the Mughal emperors Akbar and Jahangir. He is chiefly known to modern historians for his memoirs, later compiled under the title *Ahvāl-i Asad Beg* (The Accounts of Asad Beg).

²³ Kewal Ram's *Tazkirāt-ul Umara* records several individuals who held the titles *amir-ul mulk* or *hakim-ul mulk* during the Mughal period, indicating the prominence of these designations within the imperial hierarchy (Kewal Ram, *Tazkirāt-ul Umara*, trans. S.M. Azizuddin Husain, Delhi: Munshiram Manoharlal, 2020, p. 197). Rezavi further notes that the chief physician in Mughal administrative terminology was referred to as *saramad-i aqibba* or *saramad-i hukama*. This hierarchical structure is also evident within the imperial household, where the title *hakim-ul mulk* denoting the chief of physicians functioned independently of the *manṣab* held by its bearer.

²⁴ Chandpuri. *Attibaye Ahd-i Mughaliya*. P. 34.

"A Portuguese youth brought it to Akbar's Court and asked the king to let him present a show. The king was quite fond of such a thing. He built a fire and secretly lit Tobacco, then placed his hand on the bowl of the pipe and smoked; he began to take it out. The king said, "This is not a strange spectacle; this kind of spectacle do our orbiters do, who emit not only smoke but also flames from their noses". The Portuguese said he had not shown a spectacle, but this smoke tasted good. He removed his hand and showed the clay pipe and Tobacco. The king gave it to Hakim Fateh and asked him to test it. Badauni told Abul Fateh that Satan had devised this trick of seduction and that he should never try Tobacco. Hakim Fateh saw that the king was coughing. Hakim Fateh experienced the effects of Tobacco with great seriousness and wisdom and said that it tastes good and is healthy, but its smoke is harmful. If it is washed away with water, the harm can be removed. The king agreed with Hakim Fateh's opinion. Thus, it became the *huqqā* that has survived and will probably remain so despite the abundance and ubiquity of cigars. It is clear from this that Hakim Fateh was aware of the dangers, but suggested that the harmful effects could be reduced if the smoke passed through the water." ²⁵

This historical account also shows that *Amir-ul Hukma* was a position during the Mughal period. In the courts of Hyderabad and Bhopal, this post continued to exist even after the decline of the Mughal Empire. Furthermore, it was also necessary to have *Amir-ul Hukma*, where *Malik-us Shura* lived.

These accounts offer insight into the early encounters with tobacco in Mughal India and highlight the evolving role of court physicians, such as Hakim Fateh, in navigating new substances and medical uncertainties. His cautious yet pragmatic response to tobacco, acknowledging its appeal and potential harm, reflects the measured intellectual ethos of Mughal medical culture, which was grounded in empirical observation, moral responsibility, and a deference to established tradition. Moreover, these narratives highlight the permeability of medical knowledge at the time, as new global commodities, such as tobacco, entered the court through diplomatic and commercial exchanges.

The historical debates around the introduction of tobacco, particularly through the lens of Hakim Fateh's medical caution, highlight the epistemic tensions between emerging substances, empirical knowledge, and religious boundaries of healing. This episode is not merely about the arrival of a new plant or medical controversy, but also about how Muslim physicians negotiated unfamiliar remedies within an Islamic moral framework. The ambivalence shown by *hakīms*, along with their insistence on aligning medical judgments with divine accountability and empirical caution, opens up a broader conversation on the intellectual scaffolding of Islamic medicine, rooted in concepts such as *shifa* (healing), *amānah* (trust), and *karāmāt* (divinely endowed grace). These ideas inform elite discourse and shape the vernacular and spiritual strategies of cure that permeated Indo-Islamic society.

²⁵ Chandpuri. *Attibaye Ahd-i Mughaliya*. P. 35.

Sufi Saints, Letters, and Syncretic Practices

Among the Sufi texts, the letter collection of Sharfuddin Yahya Maneri is prominent. The tradition of letter writing among Sufis has a long history within and beyond South Asian Islam. They also guided people regarding the cleansing of the soul and often prescribed some methods to eliminate diseases. Yahya Maneri wrote many letters. In addition to his famous collection, *Maktubāt-i sadi* (The Hundred Letters), he wrote a series of two hundred letters, many of which dealt with topics similar to those covered in *Maktubāt-i sadi*. He also composed a small collection of twenty-eight letters addressed to his principal disciple and eventual successor, Muzaffar Shams Balkhi.²⁶ It is reported that Yahya Maneri included some *Hindu mantras* in his correspondence, as the masses influenced him.²⁷ He spent some years in the forests and consequently adapted to the traditional practices, but his teachings never lost the Islamic touch, so his attitude seems hybrid.

Siyār-ul Auliya discusses three elements through which miracles are attained, focusing on knowledge acquired without formal education, the perception of common people in dreams, and the impact of ordinary thoughts on saints. It categorises supernatural phenomena into four levels: miracles, wonders, assistance, and deception. Miracles are unique to prophets, who possess the perfection of both knowledge and action, whereas saints receive divine support but do not possess the same level of perfection in knowledge and action. In addition, the text discusses the purification of impurities by invoking the name of the Prophet Muhammad and the divine tradition.²⁸ It highlights instances when Prophet Muhammad invited people under his cloak, signifying their elevated spiritual status. This text also discusses concealing and revealing spiritual grace *Karāmāt*, emphasising the importance of sincerity, steadfastness, and love in spiritual development.²⁹ It provides examples and anecdotes about different Sufi saints, illustrating their humility, selflessness, and concealment of spiritual experiences. The text focuses on detachment from worldly possessions and the profound insights of Sufi saints. The ability of saints to convey spiritual teachings through simple yet profound actions encourages

²⁶ Paul Jackson, in the foreword to *The Hundred Letters*, introduces the collection known as *Maktubāt-i Bist-o Hasht*, a series of twenty-eight letters composed in response to queries from a disciple. Each letter addresses specific concerns and offers guidance on Sufi principles, spiritual discipline, and devotional practice (Jackson, *The Hundred Letters*, Khuda Bakhsh Oriental Public Library, Patna, 2002). A more recent edited version of the text is available in Danish Balkhi's *Maktubāt-e Bist o Hasht* (Maktaba-i Sharf, Bihar, 2020).

²⁷ Haqq, Maulvi Abdul. *Urdu ki Ibtidāi nashunuma me sufiyā-i karām ka kaam*. Anjuman-i Taraqqi-i Urdu Pakistan. Karachi. 2008. P. 20.

²⁸ Kirmani, Syed Mubarak. *Siyār-ul Auliya*. Tr. Ghulam Ahmad. Mushtaq Book Corner. Lahore. Pp. 485-503.

²⁹ Jamaluddin observes that Badauni adopts a markedly restrained approach toward reporting miracles in his *Muntakhab al-Tawārikh*. Rather than endorsing such accounts, Badauni notes that people often attribute unusual or extraordinary acts (*khawāriq al-ada*) to the Sufis, without himself affirming their credibility. He refers to certain figures as *ṣāhib-i karamāt*, but typically in a formulaic manner. The sole miracle he explicitly recounts regarding Shaikh Salim Chishti concerns the thin garment the Shaikh is said to have worn during winter. More generally, he describes various *mashāyikh* as *ṣāhib-i barakat* (saintly or blessed), without detailing any specific miraculous acts attributed to them. In the case of Shaikh Arif Husaini, Badauni prefaces his account by noting that many miracles circulate among the people about him, yet he remains non-committal about their veracity. See, Jamaluddin, Syed. "Representation of the Lives and Morals of Sufis in Badauni's *Muntakhab al-Tawārikh*." *Proceedings of the Indian History Congress* 80 (2019): 368–87.

followers to prioritise inner purity over external manifestations of miracles.

Mādanul Māni describes an incident in which two angels descended when the Prophet Muhammad was affected by magic during a specific time.³⁰ The angels informed each other about the situation, stating that the Prophet appeared unwell due to the effects. Seeking a remedy, one angel revealed that a statue had been created with seven knots tied in seven places, causing discomfort to the blessed body of the Prophet. The angels explained that the cure involved removing the statue, reciting specific verses at each knot, and blowing on it. Upon following these instructions, the Prophet immediately recovered. The text then discusses the concept of *wilāyat* and the limitations of human understanding in recognising the status of a *wali*. It emphasises that the secrets and meanings between a *wali* and Allah are so profound that others are often unaware. It further mentions that the knowledge of some saints is hidden, and they can discern between divine light and deception. Caliph Ali is mentioned as being instructed to remove the statue and successfully implement the cure. The narrative then transitions to seeking spiritual guidance for internal ailments.

The text distinguishes between physical and spiritual healers, emphasising the importance of understanding the causes and nature of diseases before prescribing appropriate remedies. It also discusses the role of spiritual healers, mentioning that they diagnose internal diseases and provide suitable treatments. An example of a person seeking reform for their inner self through the guidance of a spiritual mentor is provided. The spiritual guide examines the individual's internal state, identifies spiritual diseases, and initiates reform. Recognising and understanding the nature of spiritual ailments is emphasised, as effective remedies cannot be prescribed without such knowledge. The text stresses the parallel between physical and spiritual healing, highlighting that just as physical ailments require proper diagnosis for effective treatment, spiritual ailments also necessitate understanding and addressing their root causes.

European Observers and Indigenous Healing

The experiences of foreign travellers highlight the role of traditional medical methods as well. John Fryer, a medical professional, analysed the impact of climate on health and the strengths and deficiencies of medical practices in the regions he visited.³¹ He highlighted the intricate relationship

³⁰ Maneri, Sharfuddin Yahya. *Mādanul Māni*. Tr. Syed Shah Qasimuddin Ahmad. Maktaba-i Sharf. Bihar. 2011.

³¹ John Fryer's letters later published under the title *A New Account of East-India and Persia* offer a vivid and detailed portrayal of the cultural, climatic, and medical worlds of seventeenth-century East India and Persia. His observations, grounded in firsthand experience, constitute an important source for understanding early modern scientific and medical knowledge in these regions. Geoffrey Fryer provides a comprehensive study of John Fryer's scientific work in his article, "John Fryer, F.R.S. and His Scientific Observations, Made Chiefly in India and Persia between 1672 and 1682," *Notes and Records of the Royal Society of London* 33, no. 2 (1979): 175–206.

between climate and health, cataloguing diseases that are prevalent at different times of the year and emphasising the influence of climate on specific diseases. Fryer also critiqued medical practices, highlighting the lack of anatomical understanding, unskilled phlebotomy, and questionable pharmacy practices. His exploration provided insights into the prevalence of diseases like syphilis, elephantiasis, Guinea Worm, and the rarity of gout. Fryer's study of traditional medical practices highlights the link between seasonal changes and disease prevalence. During North winds, dry weather promotes health, while extreme heat causes afflictions like coughs, catarrhs, and smallpox. He says, "Locals combat these maladies with *hing*, a liquid form of Assa Foetida. Traditional treatments include garlic and ginger oil, ventosoes, and escarotics".³² However, medical care lacks formal regulation, and practitioners often rely on familial knowledge or past experiences. The lack of anatomical knowledge and the use of leeches can lead to chronic ailments. Surgery is viewed with horror, and pharmacy lacks a formal structure. Traditional practices, such as barbers and spells, are also prevalent. Midwifery is valued mainly among the affluent, while less privileged women handle childbirth independently.

Jean Baptiste Tavernier states that Brahmans possess extensive knowledge of astrology and are skilled in predicting solar and lunar eclipses for the people. He states, "Every Brahmin has his book of magic, in which there are some circles and semicircles, squares and triangles, and many other figures".³³ Generally, all have a string, or tress, round the shoulders, from which hangs a small box of silver in the form of a reliquary, of the size of a good hazelnut, in which they keep a superstitious writing that their priest has enclosed. They also place them on their oxen, which are enclosed in it. They also place them on their oxen and the other animals born in their herds, for which they entertain a special affection, loving them as dearly as they would their children, especially when they are childless.³⁴

Francois Bernier, describing Delhi, says, "Here too is held a bazaar or market for an endless variety of things; it is the rendezvous for all sorts of mountebanks and jugglers. Hither, likewise, the astrologers resort to both Mahometan and Gentile. These wise doctors remain seated in the sun, on a dusty carpet, handling some old mathematical instruments and opening a large book representing the signs of the zodiac before them. In this way, they attract the passengers' attention and impose upon the people by whom they are considered so many infallible oracles. They tell a poor person his fortune for a *paysa* (about one sol). After examining the hand and face of the applicant, turning over the leaves of the large book, and pretending to make certain calculations, these impostors decide upon the *sahet* or propitious moment of commencing the business he may have in hand. Silly women, wrapping themselves in a

³² Geoffrey. "John Fryer, F.R.S. and His Scientific Observations". P. 286.

³³ Tavernier, Jean Baptiste. *Travels in India*. Tr. V. Ball. 1889. P. 247-248.

³⁴ Fisher, Michael H. *Beyond the Three Seas: Travellers' Tales of Mughal India*. Random House India. 2008. P. 167.

white cloth from head to foot, flock to the astrologers, whisper to them all the transactions of their lives, and disclose every secret with no more reserve than is practised by a scrupulous penitent in the presence of her confessor. The ignorant and infatuated people believe that the stars have an influence which the astrologers can control".³⁵

The most ridiculous of these pretenders to divination, Bernier states, was a half-caste Portuguese, a fugitive from Goa.³⁶ He states, "This fellow sat on his carpet as gravely as the rest and had many customers, notwithstanding that he could neither read nor write. His only instrument was an old mariner's compass, and his astrology books were a couple of old Romish prayer books in Portuguese, the pictures of which he pointed out as the signs of the European zodiac. For these astrologers, Bernier used the proverb "*jaisa des waisahi bhes*" (Like master, like a man).

Niccolao Manucci, while recording the mystical incidents and critiquing them, reveals a series of intriguing and disturbing events, shedding light on the pervasive influence of superstitious beliefs and practices within the described cultural context.³⁷ The author, presumably an observer within a predominantly Christian community, articulates a concern over the prevalence of practices rooted in what is characterised as diabolical arts, manifesting as magical rituals and manipulations. The narrative explores the entanglement between individuals and the mystical realm, highlighting the gravity of supernatural interventions. It tells stories of a woman's pregnancy linked to a tree's sterility, a woman's quest for legacy, a bewitched friar's enchantment, and a nocturnal encounter with a magician. The author condemns those who succumb to magic, emphasising the erosion of faith and rationality. The narrative also highlights the tensions between tradition and modernity, as well as faith and scepticism. It is a cautionary tale for readers to consider the consequences of yielding to the mystical and supernatural.

Steeped in curiosity, scepticism, and colonial superiority, these European accounts offer valuable insights into the widespread and deeply rooted belief in traditional healing practices in medieval India. What emerges is not simply a critique of native medicine but also a reluctant recognition of its pervasiveness and its close ties to local cosmologies, seasonal rhythms, and lived realities. Whether through Fryer's clinical observations, Tavernier's ethnographic remarks, Bernier's ironic commentaries, or Manucci's moral anxieties, a complex portrait of healing emerges that transcends medicine and enters the realms of ritual, faith, and everyday survival. These descriptions, although often filtered

³⁵ Bernier, Francois. *Travels in the Mogull Empire 1656-1668*. Tr. Vincent Smith. Oxford University Press. 1916. Pp. 243-245.

³⁶ Bernier. *Travels in the Mogull Empire*. P. 244.

³⁷ Manucci, Niccolao. *Storia Do Mogor or Mogul India: 1653-1708*. Tr. William Irvine. Royal Asiatic Society. 1907. P. 200-213.

through a European perspective, reaffirm the central thesis of this paper: that spiritual and traditional modes of healing in medieval India were not marginal or irrational, but meaningful and negotiated practices rooted in a shared understanding of divine will, natural order, and human vulnerability.

Conclusion

While we lack concrete clinical data to ascertain the effectiveness of spiritual and traditional healing methods in medieval India, their widespread use across social classes and communities cannot be ignored. The sheer abundance of references in *maktubāt*, *insha* literature, Sufi correspondence, and foreign travel accounts speaks volumes about their cultural significance and emotional resonance. These healing methods, reciting Quranic verses, wearing amulets, seeking blessings from saints, and performing ritual acts, were not seen as alternatives to formal Medicine but as accessible, spiritually sanctioned remedies embedded within everyday life.

One of the most compelling reasons for their popularity was the absence or inaccessibility of trained physicians, especially those well-versed in Unani or emerging Western medical systems. These physicians were often concentrated in urban or courtly spaces and remained out of reach for much of the rural and economically weaker population. In contrast, traditional spiritual practices required little to no financial investment. A mother could recite *Ayat al-Kursi* for her feverish child; a peasant could place a handwritten amulet beneath his pillow without seeking a formal prescription. These practices were affordable, familiar, and rooted in a cosmology that offered hope and reassurance.

Gradually, these methods transcended their utilitarian origins to become normative ways of dealing with affliction. They were not merely rituals of desperation but expressions of faith, continuity, and resilience. They allowed individuals to feel seen, heard, and protected even in the face of uncertainty. Moreover, perhaps this was their greatest strength: the capacity to restore psychological balance, instil spiritual comfort, and offer the afflicted and their families the assurance that recovery was possible and divinely ordained, even if delayed.

The examples discussed in this paper range from the protective *dua* found in letters to the healing practices recorded, and even the testimonies of European travellers who themselves consulted Indian healers, collectively illustrating the article's central argument: that these remedies were not marginal but deeply woven into the social and spiritual fabric of the time. Even references to the healing of animals such as horses and oxen, which were vital to the empire's military and agrarian economy, show how this worldview extended beyond human bodies, reflecting a broader understanding of healing as a divine trust and responsibility.

Indeed, for many who had exhausted material remedies or lost faith in formal Medicine, these spiritual practices remained a final source of solace. The quiet conviction that divine mercy might heal what human hands could not offered a kind of emotional and metaphysical closure. In this way, healing was not just about the body but about restoring order in a moral and cosmological sense. These practices served as both remedy and reassurance, framing illness as a shared human experience infused with moral purpose, religious belief, and cultural meaning.

In revisiting these traditions, we are not merely studying the past but re-engaging with a worldview in which Medicine, ethics, and the divine were intimately connected. It challenges modern assumptions about the binary between science and superstition, inviting us to explore the rich and layered terrain where faith, healing, and everyday life converged in medieval Islamic India.