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Fabrizio Speziale

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Linguistic strategies of de-Islamization and colonial science: Indo-Muslim physicians and the *yûnânî* denomination

During the colonial period, Indo-Muslim physicians began to define and differentiate their traditional medicine from other Indian traditional medicine by using the Arabic adjective *yûnânî* (or *unani* according to English pronunciation) literally meaning 'Ionic' or 'Greek'. Indo-Muslim physicians today would rarely, and never within (*unani*) health care and research institutions, define their medicine as Islamic, but as Greek. What were the scientific, political and linguistic motivations driving this terminological change?

Fabrizio Speziale

Indo-Islamic medicine is doctrinally based on the Hippocratic and Galenic, or Greek, tradition. The medical doctrine of Galen was assimilated by Muslim scholars along with elements of other pre-Islamic scientific cultures and reached the Indian sub-continent mainly after the foundation of the Delhi Sultanate in the early thirteenth century. In Indian Arabic and Persian pre-colonial medical literature, the adjective *yûnânî* is quite uncommon; the discipline was simply called *tibb* (literally, medicine). In the Indo-Persian medieval literature this adjective is mostly found referring to the Greek philosophers.

The earliest known Indo-Persian medical work that uses it in its title is the *Takmila-yi yûnânî* (Greek perfection), a treatise on treatment of diseases ordered from head to foot composed by Shâh Ahl Allâh (d. 1776), who also authored a work on Indian medicine entitled *Takmila-yi hindi* (Indian perfection). Ahl Allâh was the brother of the leading religious scholar Shâh Walî Allâh, in whose renowned *madrasa* in Delhi, later run by his sons, several eminent physicians of the city studied. Another eighteenth-century work using this adjective in the introduction is Ghulâm Imâm's *Mu'âli-jât al-nabawî* (Prophetic treatments), a peculiar work devoted, writes the author, to the medical sayings of prophet Muhammad and the properties of Indian drugs. Around the same epoch, *Yûnânî* is found as the appellative of physicians who had migrated to India from the regions of the Ottoman Empire, of which Greece was a part until 1830.

After the establishment of the British Raj in 1858, the term *unani* acquired a new connotation: Muslim physicians used it to counter the accusations of colonial physicians that traditional forms of medicine were unscientific and unable to change. The Indian elite, including both Muslims and Hindus educated in Western colleges, absorbed these negative attitudes, Gandhi's pessimistic speech on Indian traditional medicine at the February 1921 opening ceremony of the Ayurvedic and Unani Tibbi College of Delhi being a case in point.

During the colonial period Indo-Muslim culture was animated by modernist movements addressing the decadence of the Muslim world. The use of the adjective *unani* by Muslim physicians contributed to the formation of their modern scientific identity. First, the *unani* denomination stressed the common basis of Western and Islamic med-



An inscription listing some of the donors, including Lord Irwin, of the Ayurvedic and Unani Tibbi College of Delhi established by Ajmal Khân (d. 1928) who here conducted the first modern standard pharmacological tests on drugs of the traditional pharmacopeia.

Picture by the author

icine. The idea of a common origin assisted the assimilation of modern medicine by *unani* physicians: its technology and collegial associations, the trend of scientific communication through conferences and medical reviews. The idea was that Western medicine with its clear debt to Islamic science was not so different from *unani*, but a recent variant with some technological innovations which could easily be integrated.

This was not simply a claim to similarity - it also contained a fundamental corollary: if *unani* medicine was unscientific, the same judgement could be applied to the previous history of Western medical science. Conversely, stressing the ancient pre-Christian roots of their two-millennia old science offered leading writers such as Ajmal Khân another sound argument against the claims of colonial science: how can knowledge that keeps changing every day, such as Western science, be considered scientific? This argument about the impermanence of modern theories was echoed in the same period in the works of European traditionalists such as René Guénon. The adjective also fulfilled the need to differentiate the *unani*-Galenic tradition from the rest of the Islamic, magic and folk-healing practices of Indo-Muslim society, the separation from the sphere of the sacred that Western science pointed to as necessary

for any discipline aiming to be scientific. At the same time the adjective differentiated the tradition from other Indian medical traditions. Important external influences acted on this process of de-Islamization. Western Orientalists such as Ernest Renan and Edward G. Browne in his *Arabian medicine* (1921) had stressed that Arabian science was for the most part Greek, and only to a very small degree the product of the Arabian mind, most of the scholars who had developed Arab science being Syrians, Christians and Persians. The Indians were already using the term *yavana*, the equivalent of *yûnânî*, for referring to the Greeks, the Romans and later to the Arabs and their sciences. A coeval process of the tradition's Indianization took place: the first known translations of Islamic medical sources into Sanskrit appeared in the eighteenth century, while Hindu scholars started to write works on *tibb* in Persian, a trend that continued in Urdu in the colonial period.

Not all the leading physicians agreed with this linguistic innovation and its implications. An eminent voice against it was that of Hakim 'Abd al-Latif (d. 1970), a member of the 'Azîzî family of physicians from Lucknow, the most powerful opponents of the ongoing process of syncretism with colonial science. In a short book entitled *The Indian relation of our medicine* published in

Urdu and Hindi, he stressed that *tibb* is not simply *yûnânî tibb*, but a blending of Greek, Arabic, Iranian and Indian medicine, and that historically, the Indian origin is prevalent. Thus, he argued, it would be more correct to call it *hindûstânî tibb*, Indian medicine.¹ Rahbar Fârûqî, author of the first known history of Indo-Islamic medicine in Urdu, did not define the tradition as *Yûnânî* but *Islâmî tibb*.²

The *unani* denomination took root during Indo-Islamic medicine's linguistic passage from courtly Persian to widespread Urdu, a transition that sustained the democratization and revival of *unani* studies during the colonial period. It was through Urdu, and then English, that Indo-Muslim physicians moulded the new modern identity of *unani* medicine, assimilated Western ideas and technologies, translated its medical lexicon, and explained the *unani* lexicon in the language of modern science. During the post-independence period, this process culminated in *unani* becoming the denomination of all official institutions of Islamic medicine established under the Indian Ministry of Health, while demonstrating the validity of traditional methods according to modern standards became a basic goal of these institutions. *Unani* is a key term for understanding the transformation of the tradition in the last century: the aim of being called *unani* and efforts to de-

Islamize the tradition were and still are inseparable from the aim of being as 'scientific' as Western medicine.

This latter aim was the strongest internal force that pushed for the globalization of the tradition, with its questionable effects: the shaping of the *unani* identity led, on one hand, to a surgical operation to remove all those concepts and methods that did not fit into the required modernized body of *unani* medicine, and, on the other, to the construction of an hybrid with biomedicine, perceived as the best guarantee of the institutional future of the tradition in a non-Muslim country like India where *unani* institutions depend on funding from the state. However, India remains one of the few places in the world, along with Pakistan and Bangladesh, and more recently Iran, where Islamic traditional medicine has been able to survive the threats of modern science and find new institutional recognition in the post-colonial era. ◀

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Fabrizio Speziale teaches anthropology in the degree courses of the II Faculty of Medicine and Surgery of the University La Sapienza, Rome.

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