



E-ISSN: 2706-9117
 P-ISSN: 2706-9109
www.historyjournal.net
 IJH 2022; 4(1): 100-106
 Received: 27-03-2022
 Accepted: 29-04-2022

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Nawab Khair Andesh Khan: A polymath of Mughal period

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Abstract

The article aims to conceptualize the idea of health in the Mughal India. It historicizes the various attempts by statesmen and scholars to canonize and propagate the art of healing in India since the early days of Islam. It describes the trajectory of unani art of healing as it developed in Arab and passed on to Hindustan, where it received special attention and lauding from the courtly circles who patronised it and established institutions to further propagate it. The unani medicine reached its zenith under the Mughal reign, where each emperor contributed to train specialists in the art of healing. By the reign of Aurangzeb, unani had become so widespread that hospitals were found across the length and breadth of the empire, not just by the emperor but by various state functionaries. One such was Nawab Khair Andesh Khan, an army commander under Aurangzeb, whose efforts to make easily available unani led to *Khair al Tajarib*, being written in 1095 AH/1684-85 AD. He lists in the treatise the various treatments available in unani. Taking cue from this treatise, the article argues that unani as it developed in India had an indelible impression of local elements on it. In India unani also had an inclusivist approach and was enriched by contributions from multi-dimensional personalities who also combined in medicine norms of good conduct and made efforts to make unani accessible to large masses of people.

Keywords: Mughal, unani, medicine, sufism

Introduction

The art of healing is as old as the human race itself. It is so interwoven with religiosity and spirituality that while Islamic theology attributes its origin to *Prophet Adam*, Christian theology to *Prophet Sheeth*, Judaism to *Prophet Moses*, Zoroastrian theology to *Zoroaster*, and Hinduism to *Brahmaji*. It is without doubt, though, that as much as treatment of bodies was attributed to the miraculous powers of Prophets and Gods, there were also efforts to understand it rationally. This rationality involves the study of the condition of the body in health as well as disease. One way this was studied in ancient Greece and Persia, was later systematized as Unani. According to Unani view of human existence, there are seven essential factors (*Saba' Zaruriyya*) responsible for the existence of human body and they are *Arkan* (Units), *Mizaj* (Temperament), *Akhlaat* (Humours), *Rooh* (Soul), *A'za* (organs), *Quwwa* (powers or faculties) and *Af'al* (functions) (Husain, Principles of Unani Medicine, 1940: 11) [8]. The Unani medicine lays as great emphasis on prevention of diseases as it lays on healing and cure. To maintain a good health, it proposes and prescribes *Asbab-e Sitta Zaruriyya* (six essential things) i.e. *Hawa* (Air), *Ma'kool-o-Mashroob* (Foods and Drinks), *Harakat-o-Sukoon-e Badani* (Bodily movement and Repose), *Harakat-o-Sukoon-e Nafsaani* (Psychic movement and Repose), *Nawm-o-Yaqza* (Sleep and awakening) and *Istifraagh wa Ihtibaas* (Excretion and Retention). Apart from other conventional modes of diagnosis such as *Imtihan bi'l Nazar* (inspection), *Imtihan bi'l Lams* (palpation), *Imtihan bi'l Qar'* (percussion) and *Imtihan bi'l Sam'* (auscultation), unani treatment includes *Ilaj bi'l Tadbir* (regimental therapy), *Ilaj bi'l Ghiza'* (dieto-therapy), *Ilaj bi'l Dawa'* (pharmacotherapy) and *Ilaj bi'l Yad* (surgery).

The Unani system of treatment based on the doctrines of health and disease, was the most prevalent way of healing and treatment until the modern age when modern science i.e., allopathy replaced it and the traditional system of treatment was overshadowed. The healing through unani system would aim at an individual's whole body, unlike allopathy, which targets one part of the body. There are four temperaments i.e. sanguine, melancholic, choleric and phlegmatic which decide the wellbeing or ailment of an individual. Their

balance means well-being and imbalance indicates sickness. The way of treatment in the unani system of medicine includes therapy, venesection, diet, exercise, hammam (Bath) etc. and treatment also varies depending upon the temperamental changes of the patient.

The influences of Greeks, Persian and Indian systems resulted in further evolution of 'unani medicine, and the contributions of Indians to the field of unani medicine is immense (Askari, Medicines and Hospitals in Muslim India, 1957: 171) [2]. The history of medicine is so vast and complex that it is quite a task to sum up in one short article and hence this article will solely focus upon the growth of unani in the Indian subcontinent. As far as the beginning of the Unani system of medicine in India is concerned, there were four mediums, according to Nayyar Wasti, through which the Unani tradition of treatment entered the Indian subcontinent. First, by Iranian and Arab traders who visited coastal areas of India for trade and commerce purposes; second, by the Indian Vaidyas who paid a visit to Baghdad on Abbasid Caliphate's invitation to help them in translating Indian medicinal books into Arabic; third, by invading rulers who attacked India on and off; fourth, by the immigrants who, after the establishment of Islamic rule in India came here and settled here permanently (Wasti, Tibb-e Unani ki Sarguzasht, 1964: 27) [20].

In India, itself, the system was encouraged and patronized by the ruling class. The kings and royals would attach the unani professionals and practitioners to their courts and bestowed upon them many honorary titles and provided them with jagirs to free them from all sorts of worries relating to livelihood. The monarchs commissioned many to translate and compile medical books and helped them in establishing and instituting hospitals and clinics, as well as Khalsa land (charitable endowments) were allocated for the maintenance of these hospitals (Rezavi, 'Physicians as Professionals in Medieval India, 2001: 53) [17].

The physician as well as surgeon were also employed in the army to cure and heal them and to do surgery on them, as Bernier writes in his travelogue that Dara Shukoh whom he met accidentally when Dara, after the battle of Deora near Ajmer between Aurangzeb and him, was in a dire need of medical care, Dara compelled him to accompany him in the capacity of a physician and treated him and his army (Travels in the Mogul Empire, 1916: 89, 92) [5]. The surgeons would extract arrows, spears etc. which got embedded in flesh, bones, and ligaments of the wounded soldiers' bodies (Hussain, 'Rise and Decline of Surgery in Indigenous Medicine with Emphasis on Unani-Tibb', 2011: 73).

The earliest centre established for Unani methods of treatment, in the Indian subcontinent, can be dated back to the last Ghaznavid king in Lahore. The very first *Tabib* (physician) whose name is mentioned in the history of medicine in India is Zia al Din Abd al Rafi' bin Abul fath Haravi who was the physician of last Ghaznavid king Khusrau Malik (r. 1160-1186). Abu Bakar bin Ali bin Kashani was the first in India who, during the reign of Shams al Din Iltutmish, wrote the first medicinal book in India which was the translation of Abu Raihan Al Biruni's *Al Saidala* in Persian. Later, *Tibb e Firozshahi* was penned down during the reign of Ghiyas al Din Balban by Shah Quli. Its importance can be gauged by the fact that all the *hakims* in succeeding periods referred to it and made use of it (Rahman, Dilli Aur Tibb e Unani, 1995: 25, 26) [15]. Unani

tibb progressed enormously during the Tughlaq dynasty and there were, as Shibli Nomani notes, more than seventy hospitals in Delhi itself (Rasail-e Shibli, 1898: 21) [13] and according to the author of *Tarikh-e Farishta* twelve hundred *tabibs* (physicians) were employed in these hospitals and Firoz Shah Tughlaq added five more *Dar al Shifa* (hospitals) in Delhi (Mohammad Qasim, Vol. I, 2008: 329) [6]. These hospitals had the facilities of free treatment for indoor and outdoor patients and free food and accommodation was provided and whenever the patient recovered, he would offer *Namaz-e Shukrana* (Wasti, Tibb-e Unani Ki Sarguzasht, 1964: 29) [20]. *Tibb-e Sikandari* or *Ma'den al Shifa* an encyclopaedic work which remained until the nineteenth century an important reference book in unani medicine was written by Mian Bhowa in 1512 AD. Barani described Delhi as the envy of Baghdad; honor of Egypt; Constantinople-like; parallel of Jerusalem (Tarikh-e Firozshahi, 2015:209) [4] merely due to the presence of a galaxy of scholars and *tabibs* from India and all over the world. Those *hakims*, who were not employed in any hospitals or associated with any courts or nobility, used to treat and practice medicine at their homes as well. Jagirs were allocated to them for teaching students and their upkeep. Barani writes about Ustaad al Atibba (Teacher of Physicians) Hakim Badr al Din Dimashqi that *tabibs* of the city would come to him to learn medical knowledge, he was so skilled in medicinal knowledge that he would tell the patients about the sickness by examining pulse only and there were not only muslim *tabibs* but the Nagoris, Brahmans and Jaitiyas also, who were physicians of repute, and one Mah Chander Tabib was so skilled and expert like Jaja Jarrah and Alam al Din¹ (Tarikh-e Firozshahi, 2015: 224) [4]. *Ayena-e Sikandari* (on diseases of eyes) and *Tibb -e Ibrahim Shahi* by Khwajagi Aslah Allah during the period of the last Sultan of Delhi sultanate Ibrahim Lodhi is a voluminous and important book on unani medicine (Rahman, Dilli aur Tibb, 1995: 33) [15].

In the aftermath of the Sultanate period when Delhi's control weakened and many regional states emerged, these *hakims* from Delhi migrated to these newly emerged power centers and many physicians and surgeons from Iran and Central Asia flocked to the courts of Indian monarchs in large numbers. The regional centers experimented with a variety of methods of treatment and employed *hakims* of all religious affiliations but certainly, Unani system predominated. The historical evidence shows that many hospitals in these provincial kingdoms were established by royal courts, nobles, and governors. Sultan Allaudin Bahmani instituted a great and one of its kind hospitals in Ahmednagar and for its maintenance many villages were endowed. In this hospital the patients were treated in accordance with the ayurvedic as well as unani way of treatment. Not only Muslim but Hindu *tabibs* were employed. A *dar-al-Shifa* and *darukhana* (hospital and dispensary) was built by Sultan Mahmud Khilji in Malwa, where Hakim Fazlullah was chief medical officer and superintendent of the hospital. In Golconda, Muhammad Quli Qutb Shah established many hospitals and all the physicians and surgeons were on his payroll. Abdullah Qutb Shah had employed a Dutch surgeon called De Lann on

¹ The *Jaja Jarrah* as name indicates itself was a famous surgeon and *Alam al Din* was a physician of the sultanate period, who possessed great skill in the science of medicine.

3200 rupees per month and honored him with the title of *Afsar al Atibba* (Marehravi, Asaar-e Khair, 1981: 88-90)^[12]. Muhammad Qasim Farishta, a renowned historian, authored a book on unani and Indian medicine called *Dastur-al-A'mal*, popularly known as *Tibb-i Farishta* in 1589 AD. A general book, though, on medicine in nature, but according to its preface it was written to create an interest, amongst Indian muslims, for the Indian system of medicine which according to the Farishta was exceptionally trustworthy (A. Rahman, Science and Technology in Medieval India, 1982: 115)^[14].

The Unani system reached its apex during the reign of Mughals. Partly because every successive ruler in the history of medicine in India always made some addition to it, whenever a new monarch ascended the throne, he never destroyed the already established hospitals and clinics and did not nullify the endowments granted for their maintenance, as happened with religious establishments, instead tried to refine and heighten its level and efficacy. This is one of the reasons that by the Mughal period we witness that hospitals were in existence in every small and big city throughout the empire.

Babur, the founder of the Mughal dynasty in India, brought with him many *hakims* and *tabibs*. The first two emperors owing to the unsettled environs and continuous wars could not do much in the field of unani medicine though during this period Hakim Yusuf bin Muhammad famously known as Yusufi compiled *Riyaz al Adwiya* (1539). Ultimately, when Akbar ascended the throne a galaxy of skilled *hakims* and *tabibs* flocked to the royal court. Hakim Misri; Hakim Abul Fath Gilani, the commander of 1000 soldiers and was bestowed upon with the honorary title of Masi al Din (Marehravi, Asaar-e Khair, 1981: 95)^[12]; Hakim Ali Gilani, who held the mansab of the commandership of 2000 soldiers; Hakim Humam; Hakim Sheikh Hasan Panipati; Hakim Ayen al Mulk Shirazi who also held many administrative posts at Lahore and Deccan and Hakim Fathullah Gilani are some of the names who graced the court of Emperor Akbar. In the tradition of Mughal courts, these prominent Hakims were allotted mansabs and were honored with administrative posts and titles. Once, on Sunday, 15 Safr 990 AH corresponding to 11 March 1582 AD in Akbar's 27th Divine year, Akbar asked from his courtiers to come up with an idea for the welfare of the people, and according to *Akbarnama*, Hakim Abul Fath gave the advice of establishing hospital for the patients (Abul Fazl, Vol. 3, 558, 560). In Akbarabad many hospitals were duly established (Marehravi, Asaar-e Khair, 1981: 91)^[12].

Jahangir was also very involved in the progress of medicine and upkeep of hospitals. Among the first 12 orders called *Dastur-ul-A'mal* (rules of conduct) issued by him, the tenth order was that in every big city hospital should be instituted in which physicians and surgeons be employed at the expense of Sarkar and for the maintenance of hospitals Khalisa (endowments) be granted (Tuzuk-I Jahangiri, 1909: 7-9)^[10]. Hakim Rukna Kashi, Hakim Sadra, Hakim Amanullah Khan, and Hakim Abul Qasim Gilani were some of the prominent hakims. In the court of Shahjahan Hakim Muhammad Daud, Hakim Momenaii, Hakim Jamalai Kahshi and Hakim Taqarrub are amongst the few prominent ones. Hakim Mir Muhammad Hashim was appointed by Shahjahan as the medical officer of Ahmadabad's *Dar-al-Shifa* (hospital) (Marehravi, Asaar-e Khair, 1981: 93)^[12].

During Aurangzeb's period when the unani medicine and hospitals were further flourishing, Khair Andesh Khan, Hakim Arzani, Hakim Muhammad A'dil, and Hakim Abdul Razzaq Nishapuri were some of the well-known tabibs. Then in the later period, when war of succession started and later, especially during Muhammad Shah and Shah Alam's period Hakim Alavi Khan, Hakim Mua'leij Khan, Hakim Muhammad Kazim, Hakim Mahabat Khan, Hakim Mazhar Muzaffar, Hakim Ishaq Khan and Hakim Sharif Khan were shining stars of unani medicines. During the reign of Muhammad Shah, there was a big hospital in backside of Jama Masjid at Chawri Bazar, this hospital, whose superintendent was famous Hakim Qiwan al Din, a brilliant student of Alavi Khan and was also honored with commandership of 500 soldiers, was instituted for the travellers and students (Marehravi, Asaar-e Khair, 1981: 239-40)^[12].

Brief Life-Sketch of Nawab Khair Andesh Khan

During Aurangzeb's reign hospitals were spread through the length and breadth of the empire. His officers and army commanders took initiative to establish hospitals where they were stationed to guard the empire. One such prominent name was of Khair Andesh Khan's. He was army commander at Etawah where he established a grandeur *dar-al-shifa* (hospital) in which the greats of the time were employed to treat and heal people and needy ones.

Nawab Muhammad Khan better known with his title Khair Andesh Khan was born to Nawab Mohabbat Khan Kamboh². Nawab Mohabbat Khan's grandfather Nawab Dadan Khan was the *Khan-i Suba* of Lahore. Nawab Mohabbat Khan built a mosque in Peshawar and his resting place is in modern Meerut besides the tomb of Sufi Makhdoom Shah Wilayat. Khair Andesh Khan was born after prayers and blessings of a Sufi, who advised him to read some dua after the night time prayers. Khair Andesh Khan also was a pious and virtuous man like his father, he would make holy offerings on the 12th day of every month in the name of the Prophet. Once, it was revealed to him in his dream that a strange pious man would come and give the hair of the Prophet and next day a person from Rome came to hand it over to him. It is believed that this holy hair is at the shrine of Marehra and is put to public view twice a year on *urs* (Ahmad, Almashaheer, 1900: 150-152)^[1]. Khair Andesh Khan initially associated himself with the prince Dara Shukoh, but after the death of Dara Shukoh, came into the service of Aurangzeb. He was an intellectual, generous, and able administrator as well as a good calligrapher and epistolographer. When he associated himself with the royal court of Aurangzeb, he was given the honorary title "*Khair Andesh Khan*" and the post of *Panj hazari* (the commander of 5000 soldiers). Upon entering the royal service, Khan enjoyed the rapid ascent through the army ranks and soon became a trustworthy of Aurangzeb. But according to the account of *Tazkirat ul Umara*, Khair Andesh Khan during the later period of the reign of Aurangzeb itself was given the mansab of 900. along with the title of Khair Andesh Khan. He also notes that Khair Andesh Khan was also sent

² Some write it Kambo, some Kamboh and some Kamboi. This name is given to the people who had come from a city near Ghazni called Kamb, another historian's account tells that there is a river to the north of Samarqand with the name of Kumbah, and there is a city with that name the natives of that place are called kamboh. Kamboh traces their lineage from a companion of the prophet, Zubair bin Awam (Ahmad, Almashaheer, 1900: 17-18, 9)^[1].

to punish Satar Sal Bundela (Kewal Ram, 2020: 65-66) ^[16]. During Bahadur Shah's time he was given the mansab of *Shish hazari* (the commander of 6000 soldiers). The importance and value of Khair Andesh Khan to Aurangzeb can be ascertained from a letter of Aurangzeb written, after the death of Shuja'at Khan, the subedar of Gujarat, to Nawab Jumlatul Mulk Asad Khan in 1703 AD, in which Aurangzeb thinks that there is no other person more suitable than Khair Andesh Khan. In Ruqaat-i Alamgiri letter no. CXVIII (118) he writes:

Shuja'at Khan is dead. We have come from God and to Him we shall return'. He was an experienced man and preserved good order in Gujarat. A governor must be appointed for this province. You should select three persons yourself (for this) and then write to me. Prince A'azam also desires (to be the governor of Ahmedabad). This post should be given to the prince if he does not attach importance to the royalty and executes his work better than others. We expect grace from God and guidance from Him. In this case (of the governorship of Ahmedabad) there is none more fit for it than Khair Andesh Khan. But they say he is almost blind, and consequently useless. Either he or another should be appointed. (Letters of Aurangzeb, tr., by Jamshid, 1909: 118) ^[3].

By the time of Aurangzeb, the tradition of establishing hospitals was so popular that every ruler in his domain instituted hospitals for the welfare of common people on governmental expenses. When Khair Andesh Khan was given the responsibility of the *faujdar* of Etawah, he built there a hospital in which skilled and experts of the time were employed and Unani tabibs as well as ayurvedic Vaidya would treat patients through both systems (Marehravi, Asaar-e Khair, 1981: 93) ^[12]. Khair Andesh Khan in the preface to his book '*Khair al Tajarib*' (Best of experiments) notes the necessity and requirement of the hospitals for common people and availability of cheap and readily available medicines for everyone. He writes that 'this, little wealthy and more sinner, named as Muhammad Khan titled Khair Andesh Khan, who for the sake of the reward of other world has laid the foundation of a hospital in Etawah. Majority of the physicians and surgeons like Hakim Abdul Razzaq Nishapuri, Hakim Abdul Majid Isfahani, Mirza Muhammad Ali Bukhari, Hakim Muhammad Aadil, Hakim Muhammad Azam are all unani medical experts and Kanwal Nain Sukhanand and Nain Sukh expert in Indian tradition of treatment, these all are my friend. They have been appointed to make expensive and easily available medicines as well as to advise what kinds of food poor and needy require and it was made available for them and so were all the essentials for treatment and disease in the best way, thus, with the grace of almighty it is running as I wished for' (*Khair al Tajarib*, Fol. No. 2-3).

Khair Andesh Khan lived through three kings. He, like his ancestors, was very skilled and an expert at unani medicine. His familial ancestors as well as successors made valuable contributions to unani medicine. As has been demonstrated, he also took interest in political affairs. He also was honored, taking note of his matchless ability to command and expertise in political affairs, with the *faujdar* of Dahamoni and was rewarded with 7 lacs daam. He made a fort in his native place Meerut and named it after his title *Khair Nagar* in 1108 AH and a mosque called *Khair al Masjid wa Ma'abid* in 1113 AH (Ahmad, Almsahaer, 1900: 153) ^[1].

According to the book *Kitab al- Mashaheer* he died at the

age of 120 in 1710 AD/1122³ AH on the day of Eid al Fitr. His son Muhammad Fazel Khan was given the title of *Naik-Andesh*, and his grandson Muhammad Masih the title of *Naik-Andesh Khan* as well as the rank of *ek-hazari* (commander of 1000 soldiers). After his grandfather's death King Bahadur Shah conferred upon him the title of *shish-hazari* (commander of 6000 soldiers), and also gave him a flag, a Naqqara (drum), as well as the title of *Khair-Andesh-Khan II*.

While the successors remained connected to Mughal imperial courts, they were equally ardent promoters of medicine and scholarship. The grandson of Nawab Khair-Andesh II - Hakim Banda Ali was a skilled physician and respectable man. He lived in Bareilly. Also Hakim Talib Ali Khan and his son Hakim Ghalib Ali Khan of this family were distinguished physicians.

Khair-AL-Tajarib

Khair Andesh Khan, as mentioned earlier, left behind a gem of a book titled *Khair al Tajarib* written in 1095 AH/1684-85 AD (Syed Zill-ur-Rahman in his book *Dilli Aur Tibb-i Unani* on pp. 55, the year of writing has given 1047 AH/1647 AD which cannot be true, first, the manuscript I have consulted at Jamia Hamdard Central Library, copied by Muhammad Akbar in 1290 AH having 142 folios and 1881 Acc. No., in its preface the year of its writing is clearly mentioned as 1095 AH which corresponds to 1684-85 AD., second, the author of *Tazkiratul Umara*, written in 1770 AD has mentioned that during the later part of Aurangzeb's reign he was bestowed upon the manabs and titles, and Aurangzeb reign lasted from 1658 till 1707, so 1095 AH is more authentic and reliable). Talking about the necessity and reason of writing *Khair al Tajarib*, he notes that time does not always remain the same lest the people at the helm of taking care of people do not pay attention to them and due to the unavailability of expensive medicines, which is called as "the medicines of the kings", the needy person remain unattended and devoid of treatment. He further lays emphasis on the fact that 'the less expensive and more beneficial medicines that have been tried and experimented in all the illnesses must be made available for them, this would make a huge reward from the Almighty God.' We do not find anywhere in the book that from which sources, apart from his own experiences and practices over the years, he has taken help in compiling this book he mentions only that for the noble cause of sharing his prescriptions for the diseases, their symptoms along with the treatment formulas, 'extracting the ways of the diagnosis of diseases, planning of treatments from authentic books of the predecessor physicians along with my own experiences in the field and remedies for snakebite, scorpion bite and other pains that I have been doing, is selected for the welfare of all and in 1095 AH corresponding to the 27th year of ascension of Alamgir, I have compiled it comprising of two chapters which are further divided into many sub chapters, and I named it *Khair al Tajarib*. He hoped that other physicians and practitioners would look into it very keenly and wherever fault in the book they find, would correct it with generosity, and whosoever takes the benefits from it, would remember him in their prayers'.

Then he divides his book *Khair al Tajarib* into two *maqala*

³ Abdullah Badayuni in his book *Mukhtasar Tarikh-e Hindustan* has written the year 1123 AH.

(chapter), first *maqala*, deals with the symptoms and it is further subdivided into seven chapters. The second part deals with the treatments, and it is subdivided into twenty four chapters beginning with diseases from head to toe and venesection and cupping. The author has given prescriptions of others as well at many places. In the section, dealing with treatments, medicines are prescribed along with some sacred chanting as well. You can also discuss structure of other books.

Khair Andesh Khan started his book with *Bismillahir Rahmanirrahim* followed by an opening couplet of *Būstān* of Saadi, then he praises Almighty and offers prayers to the Prophet and his holy family and the companions. Thereafter, before elaborating on the contents of the book goes on to note the establishment of his *dar-al-Shifa* in Etawah and the physicians he employed there for the treatment at length and then he mentions the need of writing this book as indicated above.

The book as mentioned earlier as well, divides in two *maqala* about the *A'lamaat* (symptoms) is comprised of seven *baab* (sub chapters), first, *dar a'lamaat-o-dalael-i mizaj* (about the symptoms of temperament), second, *dar a'lamaat-i imtelaa* (about the symptoms of congestion), third, *dar nabz* (about pulse), fourth, *dar qarooraa* (about urine), fifth, *dar baraz* (about feces/stool), sixth, *dar Buhraan* (about the critical phase of the disease), seventh, *dar a'lamaat-i raddiya wa mahmuda dar amraaz* (about the normal and abnormal symptoms of diseases).

The Second *maqala* of the book is *dar mua'lijat* (about the treatments) which pertains twenty four *baab* (sub chapters), first, *dar Suda' waghaira* (about headache etc. which further is divided into 25 sub units, each unit deals with separate disease and its treatment), second, *dar amraaz-i chashm* (about diseases of eye, further contains 24 sub units), third, *dar amraaz-i gush* (about the diseases of ear, it has 6 sub units), fourth, *dar amraaz-i beeni* (about the diseases of nose, 6 sub units), fifth, *dar amraaz-i lab wa dahaan wa dandaan wa halaq* (about the diseases of lip, mouth, teeth, and throat, 19 sub units), sixth, *dar amraaz-i sadr* (about the diseases of chest, 9 sub units), seventh, *dar amraaz-i dil* (about the diseases of heart, 4 sub units), eighth, *dar amraaz-i Mai'da* (about the diseases of stomach, 14 sub units), ninth, *dar amraaz-i shikam wa rooda* (about the diseases of abdomen and intestine, 7 sub units), tenth, *dar amraaz-i jigar wa sparz* (about the diseases of liver and spleen, 4 sub units), eleventh, *dar aamaas-i gurda wa mathana* (about the diseases of swelling and inflammation in liver and bladder, 9 sub units), twelfth, *dar amraaz-i khusya wa qazeeb* (about the diseases of testosterone and penis, 5 sub units), thirteenth, *makhsoos dar amraaz-i zanan ast* (about the the diseases of women especially, 15 sub units), fourteenth, *dar amraaz-i maq'ad* (about the diseases of anus, 6 sub units), fifteenth, *dar aujaj' mafasil* (about the joints' pain, 9 sub units), sixteenth, *dar auraam was damamil was rishahae ke dar mi shawad* (about the swellings, boils and small wounds of the body, 19 sub units), seventeenth, *dar amraaz-i jild* (about the diseases of skin, 7 sub units), eighteenth, *dar jarahaat* (about the surgeries, 3 sub units), nineteenth, *dar hummiyaat* (about the fevers, 8 sub units), twentieth, *dar amraaz-i mutafriqah* (about miscellaneous diseases, 3 sub units), twenty first, *dar sumoomaat* (about the poisons/toxins, 6 sub units), twenty second, *dar bayan-hai mushkil khurdan* (about consuming purgatives, 4 sub units), twenty third, *dar murakkabaat*

adwiya (about the compound drugs), twenty fourth, *dar nuskhajaat-i mukhtalif* (about the various prescriptions). At the end colophon provides information about the copyist of this manuscript Muhammad Akbar, a native of Akbarabad from the *Baldah* (town) Mustafaabad famously known as Rampur and date of its completion is mentioned as 15th of Jamadi-al-thani, 1390 AH.

There are two types of healing, one, physical healing which all the tabibs and hakims do, other one is spiritual/psychological healing which the sufis and ascetics do. In the west there has been and there is much research being conducted in examining the efficacy of religious or spiritual based techniques in enhancing well-being⁴. Khair Andesh Khan makes an effort to combine both. For example in healing of headache along with other prescriptions, a Quranic verse recitation and in another place where he prescribes for the treatment of epilepsy, he advises to say seven times "*Sheikh Daud Rumi has prayed for you*" in both the ears first in the right and then in the left if the patient is male, in the case of female, first in the left then in right. Thus, as sufis and ascetics ask for some *zikr* for the remedies of various sickness and black magic etc, Khair Andesh Khan also asks to the patients to recite some Quranic verse, or sayings and even taking names of certain Sufis to heal them spiritually as well.

The importance of this book lies in the fact that it is not voluminous and lengthy, this book has 142 folios only, and for this reason, perhaps, was well-circulated in its own time and later. Khair Andesh Khan being an able administrator and a skilled physician wrote this book not for the professionals and experts of the field, but he compiled it with the intention of making it accessible and useful for common people and laymen, who can study it and can treat simple sickness on their own. The treatments prescribed in the book contain both unani and Indian and names of the items to be used for the treatment and names of the diseases are given in Persian followed by Hindustani. The language used by the author is very simple as compared to many other unani books of the period.

The tradition of unani medicine in the Indian subcontinent is so unique and special for nowhere else it is as layered as it is in India. Unani, after its debut in India, was enriched with adoption and incorporation of many Indian traditional ways of treatment called Ayurved. Khair Andesh Khan's book is also a great gem of the combination of unani and ayurvedic way of healing. The names of herbs and medicinal plants are given in Indian or local jargon. This was intentionally done so that apart from experts of the field the common masses can also make use of it. The unani medical knowledge was disseminated and imparted in traditional schools and was the part of the curriculum of every school and madrasa. The books in the curriculum were in Arabic, but by this time majority of books were penned down in Persian language. Hakim Akbar Arzani, a contemporary of Khair Andesh Khan, took the task of compiling the Arabic books on medicine in Persian language, as the Arabic language was not known to all, and even students felt difficulty in studying and understanding them. (Rahman, Dilli Aur Tibb, 1995: 57)^[15].

Another important feature of unani skilled people was that

⁴ For detailed study see Sanotis A. Understanding Mind/Body Medicine from Muslim Religious Practices of Salat and Dhikr. J Relig Health. 2018 Jun;57(3):849-857.

the majority of them were multidimensional personalities, they were practicing physicians and surgeons as well as the commanders of the royal army. Those who were not employed in the royal services continued their practice at home and treated the masses. We also see a strong network of these hakims. We witness a clear lineage of these hakims who studied medicine and served the people in one way or the other. They were polymath in nature. While many of them were associated with the royal courts or local ruler's darbar, their medical practices were interwoven with spirituality, in general and Sufism, in particular. Take for example Khair Andesh Khan, he was a pious and virtuous man, performed many religious rituals every month on a particular date in the name of the Prophet. Many hakims authored books and named them after great Sufis like Akbar Arzani named one of his medical books *Qarabadin-e Qadri* after Shaikh Abdul Qadir Gilani, the founder of Qadri, one of the four major sufi orders, and he himself was a follower of Qadri order of Sufism. Hakim Amanullah Khan, a prominent hakim of Shahjahan Period, has a book named *Ruqa'at Aman-ul-Allah Husaini*, a collection of his letters written to Sufis of his time discussing sufistic issues (Rahman, Dilli Aur Tibb-e Unani, 1995: 42)^[15]. Hakim Nur al-Din Abdullah, another hakim in the court of Akbar, has a book *Maratib al-wajood* on the philosophy of *Wahdat-al-Wajood*. Hakim Wasal Khan, a prominent and one of the earliest hakims from the famous Sharifi family of the hakims of Delhi, was a Sufi Sheikh of Qadri order. Hakim Sharif Khan, a court physician of Shah Alam, authored a book on Sufism called *Sawalat-e Arba'a* to his credit. This shows that Sufis played a great role in popularizing and spreading the traditional knowledge of healing called unani. Apart from Sufis, army commanders also played a tremendous role in promotion of unani medicine in the subcontinent (Rahman, Dilli, 1995: 48,104)^[15].

Conclusion

The diversity of themes and topics covered in the books authored during the Mughal period speaks volumes about the acceptance and prevalence of Unani medicine in India. Shared lineages of education and practice as well as continuous movement of practitioners also led to formation of dominant networks of unani practitioners throughout the subcontinent. It must also be emphasized here that unani practices were not limited to formulations of medicines and treatments and dealt with certain norms of conduct as well. The hakims were not mere practitioners of unani medicine, but they also produced a large corpus of books in poetry, Hadith, jurisprudence, Sufism, epistolography and history etc. Similarly, unani didn't remain an exclusive domain of just the hakims but important interventions were also made by scholars-poets and administrators. Hakim Arzani was a sufi, and author of many books on different topics apart from medicines, like *Tashrih-al-Musiqi*, on music, Hakim Rukna Kashi was a poet, and *Maseeh* was his takhallus. Hakim Amanullah Khan titled *Khan-e Zaman*, a poet and author of many books, has *Tarikh-i Alam* (World History), *Insha-i Khan Zad Khan* (epistolography), and a divan of poetry apart from his books on medicine, to his credit. Hakim Kamal al Din, Haziq pen name, was a poet, and one of "Navratan" of Akbar's Court, and holder of a mansab of *Sehazari* (3000 soldiers). Hakim Ne'mat Khan Ali, a satirist, poet, caretaker of royal kitchen of Aurangzeb, Bahadur Shah honored him with the mansab of *sehazari*,

he has a book on medicine named *Munazara-i Atibba*. Hakim Sharif Khan and Hakim Arzani have many books on jurisprudence, Fiqh, Hadith, and commentary of Quran to their credit.

Challenging the notion that unani was practiced solely by male hakims, in the Mughal Period examples are also available of prominent female hakims Sati a Nisa Khatoon, the sister of poet laureate Talib Amuli, who had the profound knowledge of unani medicine and was very expert in the treatment of complicated diseases (Mohammad Saleh, Amal-i Saleh, Vol. 2, 1812: 77)^[18].

During the later Mughals when Delhi was disintegrated and many regional powers emerged, the unani system of treatment that was erstwhile concentrated around the royal court, or the courtiers gradually diffused to other areas where hakim established their *matabs* (Clinics) and treated poor and rich equally. In India, during the Mughal period, a large corpus of books were written, compiled, translated and commented upon. In the later mughal period, as compared to the early period, enormous books were written on medicines only, not only the themes and different streams of medical branches were covered but the authors tried to compile for the larger interest of common people and which earlier rarely was witnessed due to a sense of competition and rivalry⁵.

Mention also be made here that one of the exclusive and fascinating aspects of traditional system of treatment and healing is that when the Greco-Persian system of medicines encountered the Indian traditional system, both impacted each other and keeping in view the usefulness of one another's facets, incorporated, and enriched themselves. The first such example of this synergy between unani and ayurvedic systems was manifested by the author of *Maden al Shifa* or *Tibb-e Sikandari*, Mian Bhowah, and in Khair Andesh Khan's hospital the unani tabib as well as ayurvedic vaidyas were employed.

References

1. Ahmad, Faiz. Almashaheer, Meerut: Nami Press, 1900.
2. Askari, Hasan. Medicines and Hospitals in Muslim India Proceedings of the Indian History Congress. 1957;20:170-83. <http://www.jstor.org/stable/44304460>.
3. Aurangzeb. Ruqa'at-i Alamgiri (Letters of Aurangzeb), tr., Jamshid H. Bilimoria, Bombay: Cherag Printing Press, 1909.
4. Barani, Zia-ud-Din. Tarikh-i Firozshahi, tr. Ishtiyag Ahmad Zilli, Delhi: Primus Books, 2015.
5. Bernier, Francois. Travels in the Mogul Empire, AD Oxford: Oxford University Press, 1916, 1656-1668.
6. Farishta, Mohammad Qasim. Tarikh-i Farishta, tr. Abdul Hayyee Khwaja, Lahore: Almizaan, 2008.
7. Fazl, Abul. Akbarnama, tr. H. Beveridge, Calcutta: The Asiatic Society, 1939, 3
8. Husain, Hakim Ahmed. Principles of Unani Medicine, Madras: S. Husain, 7 Perumal Chetty Street, Vepery, 1940.
9. Hussain, Syed Ejaz. Rise and Decline of Surgery in Indigenous Medicine with Emphasis on Unani-Tibb' India's Indigionous Medical Systems, ed. Syed Ejaz Husain and Mohit Saha, Delhi: Primus Books, 2015.

⁵ For more detail see Science and Technology in Medieval India: A bibliography of source materials in Sanskrit, Arabic, and Persian by Abdul Rahman, published by Indian National Science Academy, New Delhi, in 1982.

10. Jahangir. Tuzuk-I Jahangiri or Memoirs of Jahangir, tr. Alexander Rogers, ed. by Henry Beveridge, London: Royal Asiatic Society, 1909.
11. Khan, Khair Andesh. Khair al Tajarib, Ms. HMS Central Library, Hamdard Nagar, New Delhi.
12. Marehravi, Muhammad Saeed Ahmad. Asaar-e Khair, Lahore: Maktaba Sabiriyya, 1981.
13. Nomani, Shibli. Rasail-e Shibli, Amritsar: Rozbazaar Electric Press Hall, 1898.
14. Rahman, Abdul. Science and Technology in Medieval India: A Bibliography of Source Materials in Sanskrit, Arabic, and Persian, New Delhi: Indian National Science Academy, 1982.
15. Rahman, Hakim Syed Zillur. Dilli Aur Tibb e Unani, Delhi: Urdu Academy, 1995.
16. Ram, Kewal. Tazkiratul Umara, tr. S.M. Azizuddin Husain, New Delhi: Munshiram Manoharlal Publishers Pvt. Ltd., 2020.
17. Rezavi, Syed Ali Nadeem. Physicians as Professionals in Medieval India', Disease and Medicine in India, ed. Deepak Kumar, New Delhi: Tulika, 2001.
18. Saleh, Mohammad. Amal-i Saleh, Vol. 2, Calcutta: Sciatica Society, 1812.
19. Saniotis A. Understanding Mind/Body Medicine from Muslim Religious Practices of Salat and Dhikr, J Relig Health. 2018;57(3):849-857.
20. Wasti, Hakim Nayyar. Tibb-e Unani ki Sarguzasht, Lahore: Matbu'at-i Majlis-i Bu Ali Sina, 1964.