

**HAMDARD AND UNANI: THE CONTESTED TERRAIN OF INDO-MUSLIM  
MEDICAL KNOWLEDGE**

**RADHA SHAH**

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## **ABSTRACT**

This thesis is a historical anthropological study of the Indian branch of herbal pharmaceutical company Hamdard. I examine Hamdard's commercial representation of the Indo-Islamic tradition of medicine called Unani, through a document analysis of a variety of company commissioned literature, including marketing pamphlets, conference proceedings, scientific journal articles, newsprint media, educational materials, and print advertisements. Established in 1906, Hamdard emerged and developed during a period of Indian Muslim cultural modernization, Hindu nationalism, and anti-colonial politicization. I analyze the ways in which Hamdard literature contextualizes a narrative of the company's growth within this history, which sets the backdrop for Unani's professional reform in late-nineteenth and early-twentieth-century India. An emergent theme in my textual analysis, which I address throughout my project, is how Hamdard—as an Indian Muslim company—negotiates this identity while articulating belonging in India.

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## **List of Hamdard Personnel**

1. Hakim Abdul Majeed, founder of Hamdard and Chairman until 1922
2. Hakim Abdul Hameed, son of Hakim Abdul Majeed, and Chairman of Hamdard India from 1922 – 1999
3. Hakim Mohammed Said, founder of Hamdard Pakistan, son of Hakim Abdul Majeed, and brother of Hakim Abdul Hameed
4. Hamaad Ahmed, Senior Director and Hakim Abdul Hameed's son
5. Hamid Ahmed, Hakim Abdul Hameed's grandson, and member of current team of company directors (known as *mutawallis*, meaning trustees)
6. Asad Mueed, Hamid Ahmed's cousin and member of current team of directors
7. Ausaf Ali, Director of Hamdard Archives
8. A.H. Khan, Ausaf Ali's assistant

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# Chapter 1

## Hamdard and Unani: Near and Far Histories

### 1.1 Introduction

Herbal pharmaceutical manufacturing and sales institution Hamdard was first established in 1906 as a small family-run Unani medicines dispensary in Delhi. Unani, as Seema Alavi (2007) shows, is a Greco-Arab textual and empirical tradition<sup>1</sup> of medical knowledge and practice that came to the Indian subcontinent in the eighth century, with the expanding Islamic empire. Islamic caliphates fostered a region of commerce and intellectual and cultural exchange, including the sharing of medical knowledge—known as Dar al Islam—linking the Middle East, Central Asia, and South Asia (18-22). Here, as Madhulika Banerjee (2009) also shows, Unani knowledge met with Ayurveda (28-29), a tradition of medical thought drawing from Sanskrit literature produced between 2500 and 1000 BCE (17). Under the Abbasid and Umayyad Caliphates, Unani and Ayurvedic physicians, known as *hakims* and *vaid*s, respectively, collaborated to translate medical texts, from one another's traditions, into Arabic, Persian, and

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<sup>1</sup> Textually, Unani medicine developed as a combination of Greco-Roman philosophy, medical theories, and principles, concepts of humoralism, natural law, research on Indian plants and herbs, surgery, and cures contained in Sanskrit texts (Alavi 2007, 18-25). I use the phrase 'empirical tradition' to encapsulate the procedures for diagnostics, therapy, treatment, and pharmacy, which developed as a result of this combination of sources, drawing from Maarten Bode's (2008) joint definition of Ayurveda and Unani:

Empirical knowledge of the physical world like the physiological effects of herbs, the clustering of somatic signs and symptoms, the effects of therapeutic measures, and the evolution of syndromes are coded with the help of a sophisticated system of correspondences that both ayurveda and unani tibb provide. The results have been laid down in a large body of medical and pharmacological texts linking theoretical notions to empirical observations. These canons deal with aetiology, nosology and therapy, and are expressed in the terms of humoral pathology in which psycho-somatic, social and ecological disbalances are the ultimate cause of dis-ease. The words and grammar of these sophisticated qualitative systems link domains like philosophy, medicine, psychology, religion, sociology and ecology. Indian medical forms such as ayurveda and unani represent scholarly knowledge about the natural world. They are foremost natural pathologies ... Ayurvedic and unani physicians are foremost technicians who know how to "repair" somatic and psychic dysfunctioning (Bode 2008:131-132).

Sanskrit. Assimilating ideas into each other's intellectual legacies, together, they contributed to the development of a "syncretic" and "global" Indo-Muslim medical tradition (Alavi 2007, 22; Attewell 2007, 12-14; Banerjee 2009, 29). With the decline of the Islamic empire in the thirteenth century, Unani became an established part of pre-colonial India's elite medical culture under the Delhi Sultanate, a composite of Turkish, Persian, and Afghan West Asian political and governing structure (Bose and Jalal [1997] 2003), and subsequently, within the Mughal Empire as well, which preserved an open intellectual dialogue with Dar al Islam (28). This historiographical perspective informs how I examine Hamdard's commercial representation of Unani medical knowledge.

Now over one hundred years old, Hamard is a thriving company and South Asia's largest Unani medicines manufacturer. As of 2016, the history section of the website describes the growth and reach of the company in the following words:

Today Hamdard (Wakf) Laboratories with a wide portfolio of over 600 natural and herb based products is amongst the leading Health & Wellness companies in India ... With three manufacturing units located in India at Manesar (Haryana), Ghaziabad (Uttar Pradesh) and Okhla (Delhi); Hamdard has one of the largest Unani GMP certified and ISO 9001 facilities in the world. Hamdard markets its products across India with a 300 strong sales team and a network that covers over 500,000 outlets.

In addition to the website (and television advertising), Hamdard produces a variety of print marketing material, including promotional pamphlets, journal articles on pharmaceutical research, newsprint pieces, and conference proceedings contextualizing the company's growth within Unani history. To symbolize how comprehensive the company is as a "health and wellness" brand, print advertisements feature several products at once (see image 1.1).



1.1 Hamdard products

Exploring this literature, I look at the ways in which Hamdard both draws on and distances itself from Unani's Islamic intellectual legacy and its relationship with Ayurveda in its commercial representation of Unani medical knowledge. British colonial rule in India, beginning in the mid-eighteenth century, dramatically changed the relationship between Hindu and Muslim cultures and their shared intellectual and linguistic traditions. Thomas Metcalf (Metcalf [1995] 2010) writes that in the eighteenth century, the colonial administration sought to strictly differentiate Muslims from Hindus, typifying the former as despotic invaders, and the latter as an effeminate race that put up no resistance (8-14). A look at the writings of prominent Muslim and Hindu intellectuals, such as Rammohan Roy, Sayyid Ahmed Khan, Hakim Ajmal Khan, and Dayanand Saraswati, shows how they both challenged these views and saw the introduction of

colonial knowledge as an opportunity for self-directed cultural reform. They launched arguments for both the professionalization and rationalization of traditional knowledge in the areas of religion, education, treatment of women, and medical knowledge. Current analyses of their writings show that advocates of cultural reform found themselves limited by dichotomized colonial understandings of difference between ‘east’ and ‘west,’ civilized and uncivilized, Hindu and Muslim, which they assimilated, contested, and appropriated in their responses.

The colonial enumeration of Muslims as ‘minority’ and Hindus as ‘majority’ monolithic groups created competing communitarian and nationalist political affiliations (Bose and Jalal [1997] 2003, 107-08). This resulted in “the construction of the political category of ‘Indian Muslim’,” which homogenized broader linkages among Muslims, such as linguistic, regional, and class affiliations under a communitarian rubric (108-09). This bifurcation was solidified through the 1909 Morley-Minto reforms, reserving separate electorates for Muslim leaders in regional governments (168-169). Different Muslim intellectuals responded in different ways: some advocated for a nationalist Hindu-Muslim unity while also articulating a need to revive Islamic culture while others endorsed the continued recognition of Indian Muslims as British subjects (114). While there was no easy agreement among Muslim intellectuals with regard to the best strategy for balancing national and communitarian identities, the religious and cultural symbols of ‘majority’ Hindus coherently fit into and symbolized dominant nationalist discourses (124). Alavi (2007) shows how debates on Unani reform were part of navigating Muslim polity building in the early twentieth century, where some advocates wanted a professional national profile for Unani, and others, an Islamic one (321-333), seeing a strict differentiation between the two approaches. By the early twentieth century, Hamdard had emerged at a political and

historical juncture during an era of Indian-Muslim polity building, including cultural reform that drew on Islamic tropes and Hindu nationalism. In the field of traditional medical knowledge, this resulted in the separate definitions of Unani as Muslim and Ayurveda as Hindu.

Today, Hamdard is a highly bureaucratized organization that controls a near-monopoly on the production of Unani medicinal products in South Asia, with independently operating branches in India, Pakistan, and Bangladesh. The company oversees the manufacture and delivery of a host of personal healthcare and cosmetic hygiene products—pills, powders, tonics, syrups, and oils—sold over-the-counter in both Ayurvedic and Unani dispensaries across India (see images 1.2 and 1.3). Yet, the company's commercial representation of itself and Unani medical knowledge are still steeped in the political energies of Muslim polity building and navigating a sense of belonging within India. Products are advertised as natural prophylactics, part of traditional medical practice, and at the same time, scientifically modern. Together, these ideas characterize Hamdard preparations as the product of ancient medical knowledge, but a direct relationship with Unani medical knowledge is muted: neither Islamic culture, nor Unani, are strategies for branding. Hamdard is run by the fourth generation of the family of founder, Hakim Abdul Majeed. Formally trained in business administration, and not as hakims, his great-grandsons work with a team to head the marketing of the Hamdard brand, its products, and manage the role of Unani medical knowledge in brand messaging and imagery.





Image 1.2 Hamdard shipment in Bombay Unani dispensary



Image 1.3 Hamdard sponsored storefront sign

Maarten Bode (2008), an anthropologist of Indian traditional medicine who conducted fieldwork at Hamdard between 1996 and 2002, notes: “the absence of religious symbols in the marketing of Hamdard could be due to Hindu sensitivity towards Islam” (208). Hamdard’s most well known products are advertised and marketed using generalized ideas about natural ingredients, ancient knowledge, and maintaining tradition. Together, these “star-products,” as Bode (2008) describes them, account for fifty percent of Hamdard’s sales (82). They include Rooh Afza, a syrup for homemade soft drinks and desserts; Safi, a tonic known as a “blood purifier,” that remedies acne and helps with weight-loss; Cinkara, a tonic for men, women, and children that functions like a multivitamin and aid to better overall health; and Roghan Badam Shirin, an almond oil that can be used topically in hair or consumed orally as a food that naturally stimulates brain activity. Hamdard also sells a range of non-branded, over-the-counter, products for treating a variety of ailments, such as “disease of the brain and nerves, ” “diseases of the eye, ” and “diseases of the nose, ” to list a few examples from a booklet called *Diseases and Treatment: Health with Hamdard* (Bode 2008, 108; HWL [2008?]). All of these products are produced at Hamdard’s two factories, both located in Delhi. As of 1999, Hamdard distributes its products using a network of twenty-five wholesalers, and three hundred thousand retailers, with sales in the previous year reaching thirty million US dollars (Bode 2008, 110). A 2013 record from the Indian newsprint publication *The Economic Times*, puts the combined revenue of Hamdard India, Pakistan, and Bangladesh at 851 crore rupees, showing significant growth (Mitra 2013).<sup>2</sup>

Describing traditional medicines consumption culture in India, Bode (2008) observes, “cross prescribing is a common practice” (9). It is important to see the products as part of

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<sup>2</sup> Approximately 128 million in American currency.

polyphonic medical culture, in terms of production and consumption, as both Banerjee (2009) and Bode (2008) show. Bode (2008) interviewed middle-class Unani patients and found that after consulting hakims, they also took biomedical drugs (117). He notes that most medicinal products are often purchased without consultation with a medical professional (84). In contrast, the less affluent claimed to find biomedical drugs ineffective and costly, and turned to Unani instead (117). Products, such as hair oils, which would typically be classified as personal care products or beauty and wellness items, are officially categorized as specifically Ayurvedic or Unani “proprietary medicines” (56) under government regulation (92). This opens up space in the market for a number of products in a similar niche; for instance, food supplements as “nutraceuticals” rather than clinically tested pharmaceuticals (Banerjee 2009, 6). At the same time, companies like Hamdard, and commercial Ayurveda manufacturers Dabur and Himalaya, also produce biomedical pharmaceuticals. In Dabur’s expansion in the late 1990s, from a healthcare company to a fast-moving consumer goods company (Banerjee 2009, 157), it developed distinct divisions, including biomedical drug production. Banerjee (2009) notes that allopathic physicians prescribe Ayurvedic drugs made by Himalaya (128). Similarly, the Majeedia Hospital at the Hamdard University provides modern western medical treatment (Bode 111-112). As well, the Jamia Hamdard Faculty of Pharmacy operates in collaboration with Ranbaxy, the country’s largest biomedical pharmaceutical manufacturer (Bode 2008, 81; JH 2008, 26).

## **1.2 Muslim Communitarianism and Hindu Nationalism**

Today, Hamdard has not completely cut ties with the idea of Unani as a symbol of Muslim cultural modernity (Metcalf 2006). The company also organizes and heads projects for

Unani medicine's cultural preservation and development as a system of national healthcare delivery. Most notably, it took over the All India Unani Tibbi Conference, first started by Hakim Ajmal Khan in 1906, as the All India Unani-Vedic Conference. Khan was a public intellectual, active in Unani reform, who saw the revival of Arab science as the means to culturally advance the Muslim community. He also advocated for unity between Unani and Ayurveda (Metcalf 2006, 131). Khawar Hashmi (2007), the Organizing Secretary for the 2007 Unani Tibbi Conference, details this history of tension between Unani and Ayurveda advocates in his article in the conference proceedings (2), noting that Ayurvedic representatives left the organization in 1948. Hamdard has run and funded the conference since 1952, inviting Unani historians, hakims, and western medical practitioners interested in integrating herbal therapeutics from all over India to give talks on the subject of the recovery of traditional medical knowledge. The Central Council for Research in Unani Medicine (CCRUM), which is part of India's Ministry of Health, both recognizes and endorses Hamdard's leadership of Unani professionalization. In 1948, Hamdard became a state-recognized Islamic trust, known as a *wakf* (Bode 2008, 106), and its participation in and funding of Unani professional development projects, as well as being a provider of 'indigenous' healthcare services, form a large part of its public profile.

The Hamdard National Foundation—a charitable funding management department founded in 1962—manages the company's profits. It is used to run a number of philanthropic and charitable works for education development and cultural advancement projects within Indian Muslim communities. As of 2016, the corporate responsibility section of the company website states that the Hamdard National Foundation's "activities are entirely secular and for the benefit of the nation as a whole ... irrespective of caste, colour, or creed," identifying this as an

“Indianised Islamic Concept of Charity ... for [the] development and progress of educationally backward communities.” These activities include the Hamdard Education Society, and the Rabea Public School for Girls. Hamdard also opened its own university in 1989, offering degrees in professional Unani medicine, and western medicine, science, and pharmacy, as well as additional disciplines such as Islamic studies, social science, business administration, computer science, and information technology studies (JH 2008). On campus, it also runs an on-site hospital, called the Majeedia Hospital, offering both Unani and western medical services. Hamdard notes that the Ministry of Human Resource Development has decreed Jamia Hamdard a “religious minority institution” and notably, fifty percent of admissions to the university are reserved for Muslim students (JH 2008, 50). Yet, Hamdard is careful to ground its activities, corporate and non-profit, as part of both Muslim and Indian culture, stating that it has established “25 Institutions in different fields of activities ranging from healthcare and medicine, to education, Islamic Culture and Indian Civilization” (as described on its website). Therefore, Hamdard invests a great deal in building, promoting, and protecting the image of Unani medicine; on the one hand, as a national medical tradition, and on the other, as part of a larger Indian Muslim community-building endeavour.

In this way, Hamdard’s commercial and philanthropic activities, not only relating to Unani, but also involving the larger Indian Muslim community, comprise its complete company profile. In 1947, Hamdard split into two separately operating companies. One remained in Delhi, headed by Hakim Abdul Hameed, but his brother, Hakim Mohammed Said, moved to Karachi to set up Hamdard Pakistan. This decision plays a role in how Hamdard (India) navigates an Indo-Muslim professional profile for the company. It consolidates this identity by publicizing the

company's representation of Unani as a medicine that is part of a national Indian history and geography, in which Unani medicine became naturalized in India through its association with Ayurveda. In the postcolonial era, as the self-designated representative of Unani, Hamdard positions itself as both the national leader of 'indigenous' medicine's scientific advancement, and the Indo-Muslim community's modern development. At the same time, as part of Hamdard's profile as a charitable organization, it wants to position itself as a representative of modern Unani knowledge, in both the areas of the history of medicine and pharmaceutical science. This viewpoint is the basis for Hamdard's academic study of Unani's Greco-Arab canonical origins, as well as its efforts to ground its commercial products in clinical studies linking modern scientific method with the tenets of humoral medicine in classical Arab medical science.<sup>3</sup>

The ways in which Hamdard represents itself and Unani as part of the Indian nation, and as a leader of Indian Muslim community-building, while muting these ideas in its commercial sphere, raises larger questions about how it navigates its own identity in terms of Muslim belonging in India. I explore this theme in Hamdard's written material through Jalal's (2007) explanation of what it means to construct a Muslim identity in the backdrop of Hindu

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<sup>3</sup> Unani is all-too-often defined as a Greco-Arab system of humoral medicine. Instead, I look at how Hamdard subscribes to essentialist definitions of Unani, with a representational agenda in mind, to define it as authentic knowledge that surpasses western medical science standards. One strategy is to use Arabic terminology to represent Unani as a coherent holistic system of medicine, based in classical knowledge. A leaflet, circulated with product shipments, called *Unani System of Medicine: The Natural Way of Healing*, has an image of a mortar and pestle nestled among plants, roots, and shrubs, prominently displayed on the cover page. This signifies that Unani is an "alternative [approach]" that, in contrast to western medicine, "strives to correct [and] balance the system before illness sets in." It describes Unani medical knowledge as follows: "The Unani system is based on the Hippocratic theory that a perfect balance of 'arkan' (elements), 'akhlat' (humours) and 'mizaj' (temperament) helps in keeping the body and mind healthy. Every individual has an inherent power of self preservation called the 'quwat-e-Modabira.' The theory presupposes the presence of four humours in the human body—'dum' (blood), 'balgham' (phlegm), 'safra' (yellow bile) and 'saoda' (black bile). The pamphlet then goes on to explain the relationship between humours and temperament within the body: "the mizaj (behavioural pattern) of a person is expressed by the preponderance of a particular humour." Further, "Unani medicine assigns the following four temperaments: 'damvi' (sanguine or plethoric), 'safravi' (choleric or bilious), 'balghami' (cold or phlegmatic) and 'saodavi' (melancholic)" (HWL, n.d.).

nationalism. She writes: “to be secular and nationalist for a Muslim entails publicly disclaiming too close an association with the specific traits of the minority community, religious and cultural. Otherwise there is no escaping the pejorative label of ‘communalism’ (573).” Drawing from Alavi (2007), I examine how Hamdard literature evokes dual historical and geographical representations of Unani as part of an Islamic intellectual legacy, while maintaining an identity as culturally and nationally Indian. This ambivalence is present in a variety of Hamdard literature, including marketing pamphlets, newsprint articles, academic articles on the company’s pharmaceutical research, conference proceedings, and print advertisements. Through a textual analysis of these documents, I examine the ways in which Hamdard documents company growth as part of the history of Unani in India, while negotiating and contesting its own Indian Muslim identity. Hamdard tries to articulate belonging for itself and Unani in a way that combines communitarian and national identities. In so doing, this thesis argues that Hamdard appropriates dominant narrative strains of late-nineteenth and early-twentieth-century Unani professional reform, centralizing this rhetoric in company marketing strategies. Throughout this thesis, I examine a number of topics broached by Hamdard, through these multiple lenses: Hamdard’s argument that commercialization and mass manufacturing can retain Unani’s status as learned, inherited knowledge; its efforts to maintain Unani’s Islamic intellectual legacy in order to navigate the hegemony of biomedical knowledge; its attempts to emphasize points of unity with Ayurveda as a similar ‘system’ of medical knowledge, alongside tensions around competition with commercial Ayurveda; and its argument for a shared technologically-scientific future for Hamdard, Unani, and Indian Muslims. Below, I discuss the fields of study and literature I use to understand Hamdard’s representation of itself through Unani.



### **1.3 Literature Review: Unani Historiography and Colonial Discourse**

There are two important issues to consider in writing on Unani: firstly, it is a largely unexplored field in studies on traditional medical knowledge in India. Ayurveda forms the main body of investigative inquiry for both historians and anthropologists, while Unani is often mentioned in passing, or as roughly undergoing the same trajectory (Leslie 1989). Guy Attewell (2007) shows that there is considerable writing on Unani as Arab medicine—as a tangential point in the history of the development of western science—but little writing on it in South Asia. Projit Mukharjee (2011), in a concise article on historical research in the field of traditional medicine studies, also notes that the market is a relatively new site of analysis. Together, these gaps present particular challenges in researching Hamdard's commercial representation of Unani medical knowledge. Maarten Bode (2008) is the only anthropologist to have conducted fieldwork at Hamdard, as part of a broader study on both Unani's and Ayurveda's historical and contemporary commercialization. While his work espouses the view that commercialization has corrupted authentic traditional medical knowledge, his field observations on marketing practice and consumption culture are useful. Due to the lack of research in this area, I draw from Banerjee's (2009) research on Ayurveda's commercial pharmaceuticalization—a term she uses to conceptualize the ways in which industrial manufacture reduces traditional medicine to a set of herbal drug recipes.

The other major issue I address in my work, significantly drawing on Seema Alavi (2007), is the need to examine Unani as part of India's syncretic Indo-Muslim history. With the decentralization of the Mughal Empire in the mid-eighteenth century, Alavi argues that Unani's Islamic intellectual legacy, from both outside and within the subcontinent's borders, was meant



to comprise a cultural frame of reference for Unani practitioners throughout their encounter with colonial medicine. Alavi (2007) bases her historiographic intervention in critiques of authors such as Gyan Prakash (1999), Partha Chatterjee (1993), and Dipesh Chakrabarty (2000), whom she identifies as part of a discipline of South Asian Studies that inaccurately locates colonialism as the site of power. Alavi also takes issue with their pronounced inclusion of only the elite Hindu experience in their historical-cultural studies, and thus Ayurveda, when discussing science in India. In the latter area, I am in agreement with Alavi. Prakash (1999), for instance, briefly draws academic attention to the fact that the 1830s institutionalization of western education to replace orientalist studies may not be applicable to the Muslim experience in India. A significant point he mentions, but does not further explore, is that the Muslim intellectuals of the nineteenth century drew from a tradition of internal reform, dating to the eighteenth century, prior to colonial influence. Thus, they later “responded positively” to the introduction of western forms of learning (62).

Despite these shortcomings, I find the theoretical contributions of authors like Prakash, Chatterjee, and Chakrabarty, who examine how narratives of historical advancement (stemming from colonial discourse) are instrumentalized in Hindu nationalist discourses, useful for understanding Hamdard’s historical consciousness and its appropriation and subversion of biomedical epistemology. Alavi’s work informs my analysis throughout this thesis, but I also frame my arguments through the lens of colonial modernity, which I feel she does not adequately address from a discursive perspective. She argues that while colonialism is a significant historical context, the internal tensions between established elite hakims and newer practitioners were far more influential in determining the course of Unani history. While I agree with Alavi to

a large extent, I also find that it is important to bring colonial discourses into view, due to their subtextual inclusion in Hamdard's documentation of Unani history. For instance, Hamdard negotiates Unani and the company's belonging through a discourse of Muslim polity building in the Indian state. While that is the focus of my examination, it is important to recognize that ideas for navigating national inclusion along communitarian lines draw from colonial bifurcations of difference and enumeration. Hamdard, therefore, strategizes how it wants to see the role of colonialism, and colonial knowledge, in modernizing traditional medicines. To understand this approach, it is useful to combine Alavi's specialized work and her historiographic intervention with historical studies on Muslims in South Asia, such as the work of Ayesha Jalal (2007), and existing theories on India's colonial history.

#### **1.4 Research Methodology: Documents as an Anthropological Site of Analysis**

In August 2008, I travelled to India for fieldwork, beginning in the city of Bombay, now known as Mumbai. I stayed with family, making this my home base as I worked on developing contacts at Jamia Hamdard (Hamdard University) in Delhi. While discussing my research and fieldwork plans with family members, I had the opportunity to learn about popular understandings of the company and Unani for Hindus. These conversations revealed misconceptions about what Unani medicine is, and general beliefs that Unani was both unscientific and a 'Muslim medicine.' While I recognized the limitations of these views and their foundations in cultural stereotypes, I learned that addressing these misconceptions was an ongoing issue in company literature and a major objective among university personnel. Most interestingly, Hamdard personnel contested my introductions and explanations of the research direction that I wanted to take by diverting me back to what they thought I needed to know.

When I asked about the history of the company, they wanted me to know about the history of Unani. Throughout this thesis, I relay accounts of my interactions with my contacts at Hamdard and discuss how these interactions shaped my project into an examination of Hamdard's historical consciousness.

Most significantly, my data collection comprised an array of literature on company history and Hamdard writings on the history of Unani medicine, selected for and given to me by my research contacts. The original plan for this project was to conduct a study of Hamdard through an analysis of its print advertising from 1906 onward. I wanted to see how Hamdard advertisements might reflect a history of colonial medicine and went in pursuit of such material at Jamia Hamdard and company headquarters in Delhi. I collected numerous advertisements from Hamdard's health and social issues magazine, *Hamdard-e-Sehat*, but these formed only one part of my document analysis. With the *Hamdard-e-Sehat* materials, my documents spanned an approximate eighty-year period starting in 1932—including print advertisements, internally-circulated and publicly-distributed marketing pamphlets, academic conference proceedings and journal articles, as well as newsprint media—which narrate a story of the company's growth within the context of Unani history. I loosely distinguish these materials, produced by Hamdard's marketing team, from journals of clinical research, academic essays, and conference proceedings, published by the Hamdard National Foundation, as part of the company's investment in professionalizing Unani knowledge. The company produces the former, while the latter invite contributions from members of the larger Unani community of hakims and historians, and they are often geared toward promoting Hamdard's commercial endeavours. Therefore, I have two sets of interrelated data that deal with a variety of topics on Unani in a

historical context, including its intellectual origins in classical Islamic science; its growth in India through the sharing of textual and empirical knowledge with Ayurveda; and its encounter with the British colonial administration and western medicine.

It is at this last historical stage that Hamdard, in the documents produced by its marketing team, includes itself in Unani history, identifying its commercial activities as responsible for Unani's transformation from an empirical practice into a modern, scientific system of medicine. Many of these documents were given to me by company personnel and university officials, encountered during my fieldwork, who saw themselves in a dual position of helping me—a student—complete my work and ensuring that I conveyed an approved and accurate joint representation of the company and Unani medicine. My interactions and exchanges with this cross-section of people, as well as semi-formal interviews with some, significantly inform my document analysis in terms of how these documents were selected for me and how the information in the documents was at times consistent or inconsistent with their views. The ways in which my contacts at Hamdard involved themselves in my research process, dealing with me as an interlocutor, reflects the ways in which Hamdard responds to being a subject of anthropological and historical study. My fieldwork experience, then, combined with my textual analysis, illuminates where my concept of Hamdard history originates while also showing how Hamdard operates within a prism of historical consciousness. In the end, a document analysis made sense, methodologically, as the contextualization of company growth within the dynamics of historical change in Unani shows how Hamdard draws on print culture debate as a platform for marketing<sup>4</sup>.

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<sup>4</sup>Much of Hamdard advertising was written in Urdu between the 1930s and 1950s. The company also reached out to the rest of the country, distributing material in regional languages. I do not examine these materials in this project,

My approach, based on a historical reading of the sources, signals concerns Matthew Hull (2012) has raised. Quoting from Ben Kafka's work, Hull examines how anthropologists and historians have "discovered all sorts of interesting and important things looking *through* paperwork, but seldom paused to look at it" (p. 341, emphasis in original)" (252). Throughout this thesis, I look at how Hamdard's marketing messages in company pamphlets are consistent with its representation of Unani and itself in other written material. This material includes a significant amount of writing from Hakim Abdul Hameed, the son of Hamdard founder, Hakim Abdul Majeed. I also look at the writings of Hameed's brother, Hakim Mohammad Said, which are included posthumously in Hamdard India conference publications. My use of documents as a site of analysis involved coding Hamdard materials for historical narratives. Here, I look at how storytelling (Manning and Cullum-Swan 1994, 465), in the form of historical documentation, is an important form of communication for Hamdard. In considering the intended audience of Hamdard documents—Unani practitioners and intellectuals, Indian practitioners of western medicine, the nation, consumers and patients—I view company documents as part of "a relationship between the 'text' as a social construction and ... its imputed audience-derived meanings." In this way, the history of Unani is my contextual "background" and my analysis of these texts is my "foreground;" I read each through the other (Manning and Cullum-Swan 1994, 464). I code the words and terms Hamdard uses—advancement, progress, stagnation, traditional, indigenous, empirical, and spurious—to look at the ways in which such language represents Unani, marking and dramatizing historical transitions (Manning and Cullum-Swan 1994,465)

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and limit my focus to primarily English-language material. In the company's social issues magazine, Hamdard-e-Sehat, English-language advertising and editorial pieces begin to appear in issues in the 1950s and 1960s. Today, the company's public communication includes significant English-language material. Journal articles are in English, as are both internally and externally distributed marketing materials.

and constructing a historical relationship between Hamdard and Unani. In looking at the ways in which these materials document Hamdard and Unani history as one, and thus manage the company's professional profile and brand messaging, I analyze the full scope of their meaning as historical and anthropological materials.

### **1.5 Chapter Outline: Unani and Hamdard Through History**

Tracing and understanding Hamdard's history presents challenges, due to a lack of research on Unani's commercialization, and academic research on the company. Not much is known about Hamdard outside of what it says about itself, including company-commissioned journalistic pieces. This writing predominantly focuses on detailing the establishment of Hamdard, through the personalities and work of its founders, as well as celebrating the company's subsequent successes. Hamdard positions itself as the leader of Unani reform, transforming an empirical tradition of medicine into a product made available through standardized automated manufacturing and commercial distribution. This branding strategy can be understood through another important topic in Alavi's (2007) work: the vernacularization of Unani medical knowledge. The history of the diversification of unani knowledge can be used as a lens for understanding how Hamdard came to trade in herbal medical products and the discourse its literature uses to legitimate its authority on Unani.

Following the decentralization of Mughal rule, Unani hakims—once patronized by the Mughal courts—became part of an aristocratic landed class of medical practitioners with authority over an inherited tradition of medical knowledge (43). These elite hakims attempted to distinguish their practice from new medical practitioners who had arisen in colonial British

government dispensaries.<sup>5</sup> The former group, connected to the *sharif* (noble) and *ashraf* (elite) echelons of society, represented their Unani medical knowledge as authentically national, and the latter “spurious” and part of a class of *neem* (vernacular) hakims (xi). Like the newer hakims, Hamdard’s founders did not hail from aristocratic medical families who can trace their lineage to the Mughal courts. The family’s history and commercial approach to professionalization suggests that the company emerged from the history of Unani’s vernacularization. The ways in which Hamdard embraces its history and claims to represent Unani through the language of commercialization, brings the company into a conversation about who has authority over Unani knowledge in the process of professionalization, questioning whether it is the market or traditional practitioners. A historical reading of Hamdard’s marketing strategy shows how the company documents the story of its development within the dynamics of late-nineteenth and early-twentieth-century Unani professional reform, including the use of print media to spread new interpretations of Unani knowledge, challenging traditional and inherited structures of authority over Unani knowledge, and changing the way Unani was “transmitted, constituted, and translated into practice” (Attewell 2007, ix, 2-3) as it came to be used by a more diverse demographic.

In chapter two, I write about the ways in which Hamdard literature documents a history of the company’s establishment, selectively appropriating and repudiating dominant narratives of Unani’s professional reform in order to cast itself as a legitimate purveyor of Unani medical knowledge. The documents I examine include a 1947 advertorial in Hamdard’s social and health

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<sup>5</sup> The British colonial government produced medical literature in Urdu and employed non-aristocratic hakims as apprentices, to write prescriptions in its dispensaries. The colonial regime developed these spaces to challenge Unani and produce “native doctors.” Instead, many of these hakims absorbed new medical knowledge, both traditional and western, and used it to challenge elite forms of authority over Unani knowledge, as well as biomedical knowledge (Alavi 2007, 9, 174, 177).

issues magazine, *Hamdard-e-Sehat*, a 1996 *Hindustan Times* article, a 1999 biography of the Hamdard family, and various internal marketing pamphlets in circulation since the 1980s. Hamdard attempts to assert its authority over Unani knowledge, recasting traditional symbols of power that are typically associated with the elite class of hakims, in the language of commercialism. To this end, the family is described as entrepreneurial, with a view to establishing a national healthcare company. The founder, Hakim Abdul Majeed, and his sons, are portrayed as prominent public hakims who introduced mass production to their enterprise. The company's products are represented as retaining inherited knowledge while meeting scientific, state-regulated standards. In this way, Hamdard creatively uses the print medium, as did both aristocratic hakims and new practitioners who arose through Unani's vernacularization, to position itself as a learned commercial alternative to both 'spurious' and elite medical knowledge.

In chapter three I explore Hamdard's representation of learned, inherited Unani medical knowledge through its documentation of Unani's historical development. I examine academic essays by a Hamdard university historian named M.A. Aziz (1998); Hakim Abdul Hameed (1998b), who served as the company's Chairman until his death in 1999; and Hakim Mohammed Said (2007), who founded Hamdard Pakistan. Together, the essays articulate competing representational agendas in locating Unani's intellectual legacy, at once, in classical antiquity, Greek history, and the Arab 'golden age.' I analyze how the writers use this form of periodization to argue that Unani is scientifically superior to western medicine. In classical antiquity, readers are taught that Greek medicine—the source of modern western medicine—'actually' came from a transnational eastern medicine formed through the sharing of knowledge



across pre-modern civilizations; that Unani's continued use of Hippocratic humoral philosophy shows that its current therapeutic approach is rational; and that the blueprints of modern western medicine's innovations can be found in the medical theories of the Arab 'golden age.'

Meanwhile, the modern west is characterized as part of a period of civilizational decline, symbolized by an over-indulgence in pharmaceutical products and invasive surgical practices.

This method of documenting Unani history is part of Hamdard's interrogation of how the history of western medical science has marginalized the Arab intellectual legacy.

In chapter four, I look at the ways in which Hamdard writers strategically use a narrative of Unani and Ayurveda's shared pre-colonial history to build a profile for the company as one that unites indigenous knowledge for India. I revisit the *Hamdard-e-Sehat* advertorial and examine its content in relation to Hakim Abdul Hameed and Hakim Mohammed Said's contributions to the proceedings for the 1998 All India Unani Tibbi Conference. These pieces avoid discussing Unani in the context of Mughal governance, which would have supported Unani and Ayurveda's joint development. While they acknowledge that Unani arrived in India through conquest, they undermine the former historical context. Instead, they emphasize a story of indigenization, acclimation, and naturalization in India through the use of shared national resources with Ayurveda: India's very land—its herbs and plants. I locate this examination within the Partition-era context in which it was written, to look at how Hamdard, in uniting Unani and Ayurveda, is building an India Muslim professional identity for the company—an identity that is both Muslim and Indian at the same time. Through this process, the pieces argue that Unani naturally becomes nationally and culturally Indian. I note that tensions play out in the advertorial, reflective of tensions between Muslim polity building and Hindu nationalism, as

Hamdard tries to use Ayurveda to indigenize Unani while distinguishing the company as providing a unique commercial offering.

In chapter five, I analyze Hamdard's representation of Unani as scientific, examining journal articles, from its pharmaceutical research wing, on Safi, one of its top-selling products. I look at several articles in a 1986 publication called *Proceedings of the Symposium On Dermatology and Unani System of Medicine*. It introduces Elementology, a biomedical research project Hamdard claims to have innovated, whose aim is to represent Unani herbal remedies as part of the knowledge frame of modern western pharmaceutical science. The writers in this publication discuss the ways in which classical Arab science is linked to studying herbs at a microscopic chemical level for research in skin diseases. They also discuss the ways in which fundamental Unani theories on humoral balance, temperamental composition, and blood purification, correspond to physiology and biochemistry. Here, in the same way that Hamdard writers challenge the historicist narrative of European medicine's superior development, they do not readily accept biomedical discourses of positivism, rationality, and objectivity. Instead, they appropriate these concepts into a Unani epistemology of classical Arab science.

In the post-Partition era, explored in chapter six, Hamdard continues to develop a profile for itself as a professional commercial leader of Unani reform. Most importantly, it wants to be recognized as a national leader in the advancement of indigenous medicine. This argument appears in two contributions from Hakim Abdul Hameed in the proceedings of an All India Unani Tibb conference, entitled *Unani System of Medicine: New Horizons* (1998), written to celebrate Indian independence. I situate this analysis within a policy history regulating the practice of indigenous medicine in the period of national development during the first few

decades after independence. In response to the Indian government's perceived neglect of indigenous medicines, Hameed draws on themes associated with Unani's professional reform, which I examine throughout this thesis—in particular, the idea that the institutionalization of western medical practice is a continuation of foreign colonial rule that is not suitable for India. Hameed launches his critique using two narratives: that medicine in India can be modernized through the revival of Unani technological science, which originated in the classical Arab era; and that Hamdard is the proven national company to accomplish this, as it chose to remain in India. His underlying discourse involves positioning a technologically advanced Unani as a symbol of a developed Indian Muslim polity, equipped to make valuable contributions to a modern India in the areas of both cultural and economic national growth.

The chapters in this thesis present a specific study of a herbal medicines manufacturer in contemporary India and contribute to academic research on the circulation of traditional medical knowledge in the marketplace. As an Indian Muslim company, Hamdard forms a unique site of analysis. For one, it opens up the space to study a vast and rich Indo-Muslim syncretic history and culture. At the same time, an examination of Hamdard, which was established in the late-colonial era, allows us to look at the appropriation of colonial and postcolonial discourses of difference in the encounter between traditional medical knowledge and biomedicine and oppositional notions of Hindu and Muslim—while also providing a new understanding of Ayurveda's historic relationship with India from a Unani perspective. Finally, Hamdard literature provides fresh insights into the ambivalent relationship between communitarian and national identities, and the question of what it means to articulate Muslim belonging in India.

## Chapter 2

### Establishing Hamdard in Unani History

#### 2.1 Introduction

Hamdard's company profile as the nation's foremost commercial distributor of Unani medical knowledge and products is constructed through a narrative of how it began as a local *dawakhana*, a small herbal medicines shop, before expanding into an institution of Unani pharmaceutical production. This story of corporate growth repeats across company marketing literature, and is told as part of a narrative documenting Hamdard's establishment as a turning point in Unani history, transforming an empirical tradition of herbal medicine-making into a modern system of medicine and national healthcare delivery. In this chapter, I look at different pieces of publicly and internally distributed materials commissioned for Hamdard, including a company magazine, an Indian newsprint article, a biographical piece, and company marketing pamphlets. I show how these materials construct and maintain a consistent marketing message, within the company and for public consumption, of a company built by the hard work of humble leaders with an altruistic vision to form a company that can provide herbal medicine healthcare to all of India. These materials integrate this narrative within the larger historical context of late-nineteenth and early-twentieth-century Unani reform, as discussed in the introduction, documenting Hamdard and its founders as instrumental to the advancement of Unani history.

I start with a 1999 biographical account of the company founders, Hakim Abdul Majeed and his sons, Hakim Abdul Hameed and Hakim Mohammed Said, written by prominent Pakistani journalist, the late Mukhtar Zaman.<sup>6</sup> Zaman's piece, "Hakim Mohammed Said: From

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<sup>6</sup> Mukhtar Zaman was a well-known Pakistani journalist who wrote for the Associated Press of Pakistan, reported for BBC Urdu, and Reuters, and worked in print and radio since the 1950s (DG 2003).

Hamdard Delhi to Hamdard Pakistan,”<sup>7</sup> traces their motivation for establishing Hamdard back to the family’s work as independent herbal medicine vendors in seventeenth century Mughal era markets (25). I then turn to a 1947 advertorial in the company’s health and social issues magazine *Hamdard-e-Sehat* (Hamdard Health) which was published between 1932 and 1947<sup>8</sup> (34). This advertorial presents Hamdard—through Hakim Abdul Majeed’s leadership—as the first company to introduce mechanical production processes<sup>9</sup> to the herbal medicines industry in India, revolutionizing how Unani medicines are made. I read this piece in conjunction with a 1996 *Hindustan Times* article, by Firoz Ahmed Bakht who writes about Muslim culture in India, valorizing Hameed as a national historic figure. Finally, I look at the company’s internal marketing pamphlets, in relation to the above literature, which argue that Hamdard’s innovation of technologically automated manufacturing for herbal medicines production returns Unani

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<sup>7</sup> Zaman’s piece is published as part of a collection of essays, called *Shaheed Hakim Mohammed Said: Remembered*. In addition to being the founder of Hamdard Pakistan, Said was a beloved charitable figure and served as Governor of Sindh from 1993-1994. (The word *shaheed* means martyr). Zaman (1999) wrote this biography after Hakim Mohammed Said’s sectarian-motivated murder in 1998 (40). Zaman’s work also outlines the roles Said’s father, Hakim Abdul Majeed, and brother, Hakim Abdul Hameed, played in building the company in pre-Partition India.

<sup>8</sup> Zaman (1999) writes that in 1947 *Hamdard-e-Sehat* stopped publication, resumed for a short period, only to be discontinued permanently in the same year (34). My research contact, Ausaf Ali, a founding member of Jamia Hamdard University and Director of Hamdard Archives, provided the same information about the last year of the magazine’s publication. Interestingly, while in search of the magazine at Jamia Hamdard library, I was told by the librarian, Mr. Mufti, that I could find issues of the magazine until 1964. Indeed I found issues dated to the early 1960s. Though its publication in India ceased in 1964, *Hamdard-e-Sehat* is still published in Pakistan, and Hamdard India has since published additional health and social issues magazines.

<sup>9</sup> Hamdard’s work was undoubtedly groundbreaking in the field of commercial Unani production, but this representation is only partially accurate, from a historical perspective. Anil Kumar (2001) contrasts rapid growth in commercial Ayurveda with Unani’s struggles to gain a similar foothold in the market (377). He cites the successes of two vaidas, Gangaprasad Sen and Neelambar Sen, the first to manufacture and sell ayurvedic drugs in 1870s. Their contemporaries set up ayurvedic drug manufacturing plants, and they thrived (376). The most notable example is ayurvedic chemist Prafulla Chandra Ray’s factory, Bengal Chemical and Pharmaceutical Works Ltd., established in 1901, which was producing ayurvedic drugs and toiletries using western scientific methods and surgical tools by 1910, and became a chemicals supplier to the British government (374, 375). According to Kumar (2001), in 1910, Hamard “was still passing through the initial stages of struggle and hardship” (381). More broadly speaking, Kumar also explains that Unani did not have such entrepreneurs as Sen and Ray; it was not, for example, a priority in Muslim community upliftment projects, spearheaded by Syed Ahmad Khan in the 1860s. Nor did Unani commercial reform receive financial support from the wider Muslim elite (377). Of Hakim Ajmal Khan, Kumar writes that his goals for Unani modernization were focused on improved education and research, but not its commercial sale (381). This context explains how Hamdard takes advantage of an underdeveloped part of Unani history, bridging this gap, and justifying its existence with a story of its pioneering role.

empirical practices to its scientific, canonical origins as a unified system of medicine. When examined together, these writings—the biography, advertorial, article, and marketing literature—tell a story of Hamdard’s leaders starting both a new company and a modern history for Unani.

Hamdard uses different forms of written material to position itself at the forefront of Unani history, in which the company’s beginnings are represented as dually foundational and visionary. This form of writing draws on late-nineteenth and early-twentieth-century Unani print-culture, discussed in the introduction, where different classes of practitioners debated strategies for Unani’s modernity and professional reform. These groups included elite hakims from aristocratic Unani families, once connected to the Mughal courts, who wanted to preserve an inherited tradition of medical knowledge, versus a new class of Unani thinkers and practitioners that had emerged in the colonial dispensaries of the 1840s (Alavi 2007, 9, 205-206). Here, they contested and appropriated both western and elite Unani medical knowledge, seeking to diversify its use and practice (205-206). Elite hakims saw and represented this emerging group as spurious and a threat to their authority over inherited medical knowledge (244). This group characterized non-learned hakims as fakes who belonged to an illiterate class (299), likening them to barbers pretending to be surgeons, or as ineffectively trained female midwives (Metcalf 2006, 124). This concern with preserving inherited medical knowledge led elite hakims to embrace colonial state-sanctioned forms of professionalization such as accreditation through institutionalized education; re-inscribing the authority of aristocratic Unani families (Attewell 2007, 2-3); and legitimate Greco-Arab medical knowledge through western knowledge (Alavi 2007, 13-14). These were used as strategies for regulating Unani knowledge and as preventative measures against emerging spurious practices (Alavi 254, 259). Maarten Bode (2008) finds that a discourse

against spurious practices exists even today within Unani and Ayurvedic firms, which do not want their products to be associated with “quackery” (100). With regard to Hamdard, he criticizes: “Abdul Hameed is from a family of petty businessmen, while some of the scholars [he] met at the Ajmal Khan Tibbiya College<sup>10</sup> Dawakhanna belong to families with a long-standing intellectual tradition” (111). These discourses demonstrate that Hamdard’s concerns around being portrayed as spurious have both historic and contemporary validity.

Hamdard’s biographical, journalistic, and marketing materials draw from the discourses of both non-learned and elite practitioners, appropriating and contesting their narratives of Unani reform. Drawing from Alavi (2007), I show how Hamdard’s written material can be understood as the dissemination of Unani knowledge out of inherited spheres of knowledge control and into the market arena. Each sample of writing demonstrates an attempt to balance a representation of a commercial Unani that is new and suitable for the market, but adheres to the tenets of an official form of inherited medical knowledge. This reflects the wider context of Unani reform debates, during which hakims discussed amongst themselves and with the public how to modernize Unani practice while maintaining its base in a cultural tradition of medical knowledge. This shows how Hamdard’s assertion of commercial authority over Unani is itself the product of a transitional period of Unani reform and the company’s engagement with public discourse. I argue that Hamdard’s commercial approach shows that it emerges from this new class of Unani practitioners, and that it wants to protect against recognition as a spurious or illegitimate representative of Unani medical knowledge while simultaneously contesting and drawing from symbols of elite forms of authority over Unani knowledge.

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<sup>10</sup> The Unani college at Aligarh Muslim University, first established by Hakim Ajmal Khan as the Ayurvedic and Unani Tibbiya College (Bode 2008, 106).

Dichotomized discourses between inherited and spurious strands of Unani knowledge and practice are found across Hamdard literature, distinguishing the company from both categories. Zaman (1999) backdates inspiration for starting the company two generations prior to its formation. In this narrative he also appropriates the symbol of the unani medical family as the rightful dispenser of unani medical knowledge and attaches it to the story of Hakim Abdul Majeed and his sons' entrepreneurial ventures. At the same time, Zaman pushes back against the authority of inherited Unani, charging it with preventing scientific progress in Unani practice. The advertorial narratively spins the work of Hakim Ajmal Khan, an elite Muslim intellectual and political leader best known for his work in professionalizing Unani (Metcalf 2006, 123),<sup>11</sup> as the achievements of Hamdard founder Hakim Abdul Majeed. For example, the advertorial, as well as papers the 2007 All India Unani Tibbi Conference proceedings describe and attribute Hakim Ajmal Khan's work in Unani professionalization to Hakim Abdul Hameed. By establishing its own accomplished hakim as the company figurehead, Hamdard aims to represent itself as being organized under a traditional structure of family leadership while providing fresh strategies for modernization. I look at how all of these pieces invert the symbol of family patronage, recasting it in the language of entrepreneurialism in order to diminish the potential that Hamdard would be dismissed as a spurious medicines dealer, while consolidating legitimacy through that category.

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<sup>11</sup> Barbara Metcalf's (2006) biography of Hakim Ajmal Khan documents the ways in which he wanted to revive Unani as "Eastern arts and science" (123) into a symbol of Muslim cultural modernity. Hakim Ajmal Khan became the leader of the Unani reform movement and organized the first All-India Ayurvedic and Tibbi Conference in 1910 (132). His approach to reform included making Unani medical knowledge more widely available through the vernacular Urdu script (123); standardizing Unani medical knowledge against western scientific principles (124); and encouraging alignment with advocates of Ayurveda reform and professionalization (131).



These narratives materialize in Hamdard marketing material, using the same rhetoric that inherited practitioners used to demonize newer practitioners as spurious, in order to construct a representation of Hamdard as offering a commercial, professional, and learned alternative. The journalistic and marketing materials tell a story of Hamdard's growth from a small medicine shop to a commercial institution, whose unique contribution to Unani history is regulating esoteric, empirical practices through standardized mass production. Hamdard attempts to portray itself as a professional purveyor of inherited Unani medical knowledge and distinctly positions itself outside the category of unregulated herbal medicines sale. At the same time, its commercial approach is represented as pushing the restrictive boundaries of inherited forms of authority. The journalistic and marketing materials, then, position Hamdard as a commercial professional Unani reformer, appropriating, reconceptualizing, and repudiating ideas about both inherited and spurious medical knowledge and practitioners in their representation of the company. In this way, Hamdard emerges as an independent voice at the cross-section of a debate between different discourses of Unani advocacy and reform. Together, these materials show how the company builds brand recognition and distinguishes its Unani product offering, contextualizing company growth within Unani reform history, in which its professional commercialism diminishes the likelihood that it will be dismissed as a spurious dealer, while legitimating its authority within and outside the sphere of inherited medical knowledge.

## **2.2 A New Unani Family: An Entrepreneurial Lineage**

Written as part of a collection of essays to commemorate the life of Hakim Mohammed Said, Mukhtar Zaman's (1999) biographical documentation of Hamdard family history indicates that he was given access to a variety of written resources provided by the family—writings by

both brothers, Hakim Abdul Hameed and Hakim Mohammed Said, personal communications, records of ancestry, formal interviews, and private records (such as diaries). The publication of this piece also shows how Hamdard uses the written medium, choosing how and by whom it would like to be represented, at once spreading and controlling how information about itself is dispersed. Zaman traces the Hamdard family's ancestry back to early seventeenth century Kashghar, China, a trading post along the famed Silk Road, linking South Asia and Central Asia with the Middle East and Europe (Attewell 2007, 12; Liu 2012). Though only mentioned as a starting point, the Hamdard family's beginnings here are significant and worth exploring in more detail. During this time, readers learn that the early members of the family came to trade in herbal medicines, not through inherited access to Unani knowledge, but through their participation as traders in a goods and provisions market that was part of a historic region of commerce. Zaman (1999) writes that members of the family became prosperous as a result of entering different forms of trade: "most of them adopted carpet manufacturing as a cottage industry. Some became cloth merchants while others earned their living selling dried fruits or keeping provisions stores" (25). Kashgar was also a site of cultural exchange, having been ruled by different empires, including the Islamic empire in the tenth century (Liu 2012). This context points to an economic history of the region, in which the vernacularization of Unani medical knowledge around borders porous to trade and cultural exchange, compounded by the decline of the Mughal Empire (Alavi 2007, 54), supported the spread of Unani medical knowledge outside of aristocratic spaces and into the market sphere.

Zaman's documentation of Hamdard's family indicates that its subsequent move to Peshawar took place at a time when many merchants were relocating there to take advantage of

its growing commerce. Similarly, Ausaf Ali, Director of Hamdard Archives, described the Mughal era as a period of large-scale migration, where Hamdard family members all participated in different professions while travelling from Central Asia to India (A.A., pers. comm.). Zaman goes on to describe how the Hamdard family migrated throughout the Indian subcontinent as merchants of various trades. As they moved to and from different centers of business, the family “engaged in various callings including (selling) pots and pans,” acquiring fresh skills, and attempting new vocations in order to support the family. In Multan, for the next 135 years, the family’s second-to-last destination before settling in Delhi, “running provisions stores was the profession of most of them,” to which Zaman pointedly adds, “while selling herbal medicines was also a part of their business” (Zaman 1999, 25). It is quite obvious that Zaman is creating a history in Unani trade for the family, as he shows how the family conceptualizes Unani as a medicinal product for sale and not as a form of medical knowledge. At the same time it is important to pay attention to the larger context of a market culture in which experimenting with different business opportunities was possible.

Zaman’s (1999) documentation of the Hamdard family’s final settlement in Delhi in the 1820s also shows how access to hereditary Unani medical knowledge increased for members of society outside of the Muslim elite (Metcalf 2006). Zaman charts how later generations of the family moved out of Delhi to Panipat in 1856, as the former had become “a centre of political turmoil,” and later to Peelibheet in Uttar Pradesh (25), in search of stability. Here, male family members began to acquire an education in addition to running small businesses. While Said’s grandfathers’ generation continued to run stores—this time a paper shop—the later generation acquired training, as children, in Quran studies. In the subsequent generation, Said’s father,

Hakim Abdul Majeed enrolled in *madrassas* (Islamic studies focused school), studying the Quran and related devotional texts, while learning “Persian” and the art of calligraphy (26). With this background, Zaman notes Majeed’s combined interest in acquiring spiritual education and fine-tuning his calligraphy, while also finding work to provide for the family. He writes, “at the same time [Majeed] got some business in the pickle shops situated in the Gali of Khari Baoli which was enough to sustain the family” (27). Finally, it was Hakim Ajmal Khan’s project of national Unani reform through professional education that captured Majeed’s interest, and he joined Khan’s Hindustani Dawakhanna (in Delhi) to begin practical training in Unani medicine after 1905 (27). Zaman also identifies the date and location of his son Hakim Said’s formal training in Unani from 1936-1939 at the Tibbia College in Karol Bagh, Delhi (31). Later, while working at Hamdard, Said learned the “identification of drugs and medicines ... and the arranging and kindling of coal and wood for preparing different concoctions and syrups” from prominent hakims associated with the company (33). Zaman’s piece shows how Majeed and his son, Said, both gained professional status in a new context within which Unani education produced a new class of practitioners. Knowledge that would have once been confined within elite families was now increasingly available for individual pursuit, including the arts and spiritual learning.

Syed Zillur Rahman’s journal article, “Unani Medicine in India During 20<sup>th</sup> Century” in *Unani System of Medicine: New Horizons* (a Hamdard conference proceeding), confirms this historical context. Taking a critical stance on colonial rule in India, which I examine in chapter six, Rahman identifies the institutionalization of western education under the British colonial regime as responsible for confining Unani learning to a familial system of inherited knowledge,

shared from generation to generation. He lists and describes a number of schools Unani advocates opened across North India in the early-twentieth century. He argues that these schools counteracted British efforts to marginalize traditional medical knowledge. For example, the Ayurvedic and Unani Tibbia College mentioned in Zaman's work, which Hakim Ajmal Khan opened in 1883, was expanded into a college in 1916, after receiving recognition from the colonial government (Rahman 1998, 88). In documenting the lives of Hamdard's founders, Zaman (1999) balances the identity of the Hamdard family as both industrious and business-minded in pursuing higher learning for a greater investment in the family's entrepreneurial future.

At the same time, Zaman is eager to show that Hamdard is unlike other Unani start-ups and wants to ensure that it is not mistaken for a spurious dealer of herbal concoctions, despite its non-hereditary origins. Zaman emphasizes that Majeed's formal interest in Unani coincided with the 1905 plague in Delhi. To solidify this idea, Zaman creates a narrative of how Hamdard officially began as more than a business opportunity. He documents the Hamdard family's final shift from a nomadic mercantile lifestyle to established Unani medicine-making and sale, as driven by a morally motivated response to plague discourse. Zaman describes the plague as a time when "hundreds died daily and people started running away from the city," and despite Said's grandmother's death from the disease, the family chose to remain in Delhi and commit to building Hamdard. It is at this point of historical crisis that Zaman notes the family's interest in transitioning from small sales to plans for a full-scale Unani business model. "All these facts," Zaman writes, "show that Hakim Hafiz Abdul Majeed had to undergo many trying circumstances before he laid the foundation of Hamdard Dawakhanna" (Zaman 1999, 27). Attewell (2007)

writes that the fear of the spread of disease and the mistrust of using colonial methods of inoculation became the grounds for a debate within Unani circles between learned and Urdu-read practitioners, in which the former “could claim historical, moral and medical legitimacy to deal with the disease” (52). Following this discourse, Zaman portrays the family’s decision to build a company as an altruistic motivation to get involved in looking after the country’s ill on a national scale and disassociate from the reputation of a spurious start-up.

At the same time, Zaman uses many of the same arguments elite hakims forwarded in the late-nineteenth century, demonizing market Unani as spurious (Alavi 2007, 249-254) to distance Hamdard from its market beginnings. He highlights that although Hamdard had little capital when it began, “honesty and cleanliness was its motto,” which links moral values with an industrious outlook. In this way, Zaman disassociates the Hamdard family from a discourse that saw medical practitioners who arose through Unani’s vernacularization as crooks or opportunists. Elite hakims saw spurious hakims as having no real connection to Unani, ready to corrupt it for their own gain. Alavi notes that the structure of the argument advocates for Unani’s professionalization: it was spurious Unani practitioners who were corrupting Unani practice, while there was nothing wrong with the original system of medicine (Alavi 2007, 244). Zaman contrasts Majeed with this spurious other, as a man who “laid the foundation for providing high quality medicines of properly weighted ingredients and dealings based on good intentions and honesty” (Zaman 1999, 27).

Yet, Zaman (1999) writes a narrative of Hamdard as an entrepreneurial family that challenges the authority elite hakims held over Unani knowledge. He describes Said as a man who “was against the wrong kind of ‘*ulama*’.” *Ulema* is a term that refers to a group of scholarly

religious leaders. In using this term, Zaman is drawing a distinction between elite practitioners with a doctrinal bent, as “narrow-minded [men]” who “lacked deep thinking,” and Hamdard, which he considered to be part of a modern *ulema* “who believed in research and progress” (38). Similarly, a more recent pamphlet called *A Story of Faith, Hope and Charity* (HWL [2002?]), which tells the story of Hamdard’s growth into a Unani institution, reads, “right from the start [Hamdard] were convinced that working blindly along the old lines was useless [and] a broader outlook was necessary for survival” (ii). Zaman (1999) represents Hamdard as building itself against restrictive controls on development of Unani medical knowledge. He contrasts Hamdard with the reputation elite hakims had for closely guarding medicinal recipes, “taking their special prescriptions to the grave.” “The Hamdard,” Zaman writes, “however created a virtual revolution to carry on research work on old prescriptions and establish a laboratory to conduct research on medicines” (38). He distinguishes Hamdard’s leaders from elite practitioners, identifying the latter as narrowly believing Unani should not be contaminated by any modern changes and condemning that approach as historically irresponsible. Hamdard’s commercial approach can be grounded in Alavi’s (2007) analysis of a new Unani emerging in the reform period as “futuristic, rather than preservationist” in outlook (237).

### **2.3 ‘Borrowed’ Biographies: Hamdard Hakims as Leaders of Unani Reform**

*Hamdard-e-Sehat* was one of many Unani magazines in circulation during the early-twentieth century, which did not report exclusively on health, but also health-related social and political concerns, attempting to educate readers and engage public discussion (Attewell 2007, 238). For example, the editorial of the July 1934 issue, written in Urdu, and described as a message from the manager of the magazine, invites readers to write for the magazine, but

stipulates that the magazine will only accept submissions of a particular caliber, stating that “if an article is not up to [the magazine’s] standard it will be returned with thanks.” It goes on to describe the importance of the magazine to the Unani community, declaring that the “magazine will be published on the fifth of every month [and] except for unforeseen calamities, nothing else can hinder this” (6). It urges readers to purchase a yearlong subscription so that they can benefit from “1000 pages and hundreds of photo images, many pages of photographs, good writing and printing.” The editorial also states that “apart from this you will see the opinions of well-known Indian medical writers and results of research of European researchers in Hamdard-e-Sehat” (5), describing the magazine as a central resource for current medical knowledge.

The issues that I examined, ranging from the 1930s and 1960s, contain separate sections at the end for product advertisements. There are numerous advertisements for ‘elixirs’ that ‘magically’ remedy erectile dysfunction, stomach pain and related digestive issues, and medicines that serve as general cure-alls and tonics for beauty improvements—aimed at women. *Hamdard-e-Sehat* was also used to disseminate information about the company’s products, but the issues I examined do not reflect a significant effort to build a brand image. Markus Daechsel (2006) writes about a trend in Urdu language print advertisements in the interwar period, in which companies such as Hamdard were really starting to experiment with print advertising (174-175), but favoured the promotion of the brands of their products rather than their overall company brands (178). The advertisements I collected from the 1930s are mainly text-heavy descriptions that end by reminding the reader that the products mentioned are available at “Hamdard Dawakhana.” The January 1947 advertorial indicates a departure from this practice, in its direct linking of the company manufacturing and brand with wider Unani social and political



issues. The advertorial is an early attempt by Hamdard to develop a marketing strategy of historical documentation, telling a story of Hamdard's formation in the context of Unani reform.

The January 1947 *Hamdard-e-Sehat* advertorial demonstrates one of the earliest recorded attempts, in my sample of data, to engage the public in a conversation about Hamdard's professional status. It documents the story of the company's commercial start as historically linked to both Unani's professional reformation and Indian national independence, as well as the new beginnings both of these processes symbolized. Written in English, and comprising a full-page spread, it is an essay celebrating Hamdard's institutionalization in India. Firstly, it traces the history of Ayurveda and Unani's joint triumph against colonial medicine's efforts to suppress indigenous medicines, a topic I will examine in chapter four. Here, I discuss the second part of the advertorial, in which Hakim Abdul Majeed is portrayed as the 'real' leader of Unani reform, supplanting Hakim Ajmal Khan. As the head of a company revolutionizing medicine-making by introducing innovations in mechanical production, Majeed takes on the persona of a public hakim<sup>12</sup> and paternal figure, typically assigned to Ajmal Khan (Metcalf 2006).

The advertorial's positioning of Hakim Abdul Majeed as the central personality behind the company, is an early example of the creation of a public familial legacy, based in the tropes of paternalism, for Hamdard. Unlike Zaman's willingness to credit Hakim Ajmal Khan's role in Hamdard history, discussed above, the advertorial takes a more aggressive stance, writing over the relationship between Khan and Majeed. Instead, the advertorial appropriates the figure of Hakim Ajmal Khan as a paternal, communitarian Unani leader, assigning these characteristics to, and portraying Majeed as, the true historic leader of Unani reform.

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<sup>12</sup> Public hakim or public intellectual is a term Seema Alavi (2007) uses to describe elite hakims active in Unani reform, regularly publishing and debating professionalization strategies.

We will not expand on the selfless labours of the late Masih-ul-Mulk,<sup>13</sup> Hakeem Ajmal Khan, who valiantly stood up to keep the ancient torch lighted, suffice it to say, that Indian systems are all out today to serve the Country. The first person who have practical shape to the revolutionary internal improvements to a T, was the late-lamented Hakim Hafiz Abdul Majeed, the respected Martyr at the shrine of Hindustani Tibb, who dedicated his life to it and died in harness serving the great cause to his last gasp. He was the founder of Hamdard Dawakhana of Delhi.

The advertorial goes on to name Hakim Abdul Majeed as the founder of the company, who, through innovations in mechanized production of traditional medicine is the ‘real’ leader of Unani reform in India—“he who in 1906 resolved upon presenting Hindustani Tibb in its real, unsophisticated garb” (Hamdard 1947, January advertorial). Here, Majeed is contrasted with Khan as an individual who moves beyond Khan’s social goals for Unani advancement through his decision to mass manufacture medicines.

Hamdard’s founding hakims are simultaneously represented as public figures, heads of families, and venture capitalists—a new and unique combination the company forwards as value-added—and in this way, differentiated its founders from other prominent Unani intellectuals. The advertorial portrays Majeed, as more forward looking than other Unani hakims in the way he thinks about Unani’s future. This move is made bluntly and awkwardly, as Majeed is celebrated for stimulating modernity and change in the Unani realm, while Khan is patronizingly acknowledged as a character of the past. While Ajmal Khan is honoured for his efforts in keeping ancient medicine alive, the spotlight very quickly shifts to Hakim Abdul Majeed. After stating in dramatic terms that Ajmal Khan’s accomplishments in giving Unani national recognition “need no rendition as they speak for themselves,” Majeed is introduced as distinct from Ajmal Khan in his approach to Unani as “presenting Hindustani Tibb in its real unsophisticated garb.” Majeed is represented as actively changing Unani by commercializing

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<sup>13</sup> The phrase “Masih-ul-Mulk” translates in this context as “Healer of the Nation.”

it— revealing it—and making it available for consumption, while Ajmal Khan is represented as remaining narrowly involved in its political representation. Thus, it is Majeed who is to be remembered and celebrated as “the first person to give practical shape to the revolutionary internal improvements” (Hamdard 1947, January advertorial). Majeed, as the central figure of Unani cultural modernization, supplants Ajmal Khan, whose influence and contributions are diminished in the historical narrative of Unani. Ajmal Khan’s work to reform Unani is sidelined, and the ways in which he has been historicized as a Muslim leader and as the face of Unani reform, are attributed to Hakim Majeed.

This narrative trend—writing Ajmal Khan out of Unani history while paying homage to him—is visible in recent marketing material as well. The most telling example comes from within the proceedings of the 2007 All India Unani Tibbi Conference. This edition, celebrating the conference’s one hundred years as well as honouring Hakim Ajmal Khan as its founder, takes the opportunity to represent Hakim Abdul Hameed, the son of Hakim Abdul Majeed, as an equally important Unani leader. The 2007 conference proceedings begin with a series of letters, called “messages” from Hamdard representatives, civil servants, high-level government officials, and senior academics from other Delhi area Muslim universities. Many of these describe Hakim Abdul Majeed as continuing the work Hakim Ajmal Khan started. For example, Mohammed Khalid Siddiqui (2007), then Director of the Central Council for Research in Unani Medicine (part of the Ministry of Health), identifies Hakim Abdul Hameed as Hakim Ajmal Khan’s successor in Unani history, “modernizing the Unani drug industry and education in the country, and under whose patronage the Tibbi Conference flourished to newer heights” (sec. Messages). Senior Director Hammad Ahmed writes: “The All India Unani Tibbi Conference is a valuable

and grand legacy of Late Hakim Abdul Hameed Saheb” (Ahmed 2007, sec. Messages), with no reference to the original founder. The current conference is a 1952 offshoot (Hashmi 2007, 36) of the original 1910 All-India Ayurvedic and Unani Tibbia Conference, established and organized by Ajmal Khan (Metcalf 2006, 132).

Adopting a position of humility in *A Story of Faith Hope Charity* (HWL [2002?]), the company pamphlet states that “the clinic was a modest effort aimed at reviving, invigorating, and improving the ancient system of Unani medicine and therapeutics” (sec. In the beginning), including the company itself at the forefront of the national project that brought Hakim Ajmal Khan widespread notoriety. At the same time, Hamdard also wants to position Majeed and his son, Hameed, as a cut above the typical public hakim. They are represented as public intellectuals, but at the same time, more than caretakers of traditional knowledge, and as modern entrepreneurs ready to take Hamdard into uncharted commercial directions. The very achievements for which Ajmal Khan was well known are credited to Majeed and his son, Hameed: from being referred to as the leaders of Unani modernization, to discussing their work in education as a Hamdard endeavour, to scientific standardization being a Hamdard innovation. For example, comparing the two, Firoz Bakht Ahmed (1996) writes in the *Hindustan Times*: “there was a big lapse and the moment this art of medicine was about to die, Masih-ul-Mulk Hakim Ajmal Khan came on the scene and it survived. But it was by Hakeem Abdul Hameed that this old system was rejuvenated and he stamped its name all over the world” (sec. Healing Power, March 27). In this way, Hamdard has historically used the print media to negotiate, consolidate, and stabilize a space for itself in the historical narrative of Unani, positioning itself as a source of Unani knowledge and history.

Hamdard's leaders do not hail from a line of well-born hakims with inherited medical knowledge, as I show through my analysis of Zaman's (1999) documentation of the company's family lineage. They acquired a professional status for the company, by educating themselves and taking advantage of an economic climate that supported entrepreneurship. Hamdard circulates biographies of its past leaders, creating public profiles that mythologize them as visionaries who achieve the unachievable. In Zaman's work, Majeed and his sons are each assigned separate roles as historic representatives of the company. Majeed brings centuries of family work in trade to fruition as he expands Hamdard from a small dispensary in 1906 to its first official opening in 1922 in Lal Kuwan, Delhi (27). Said and Hameed, sons following in their father's footsteps, grow the business together to carry out their father's legacy, but must make the tough decision in 1947 to split the company into two independently operating locations in Delhi and Karachi, Pakistan (36-37). Zaman writes that both locations lead equally as "agencies for human welfare in curing human ailments through herbal cure and removing illiteracy and developing science and learning through education" (37). This form of biographic eulogizing carries forward in other forms of company marketing literature. In *A Story of Faith, Hope, and Charity* (HWL [2002?]), while inspiration for modernizing Unani by organizing a modern company is credited to Majeed, his short life is lamented, and Hameed is given credit for developing the company and bringing his father's visions to fruition. Firoz Bakht Ahmed writes about Majeed as a martyr who gave his whole life to the cause of Unani, who "began his business with not more than a hundred rupees," concluding, "but it was quite unfortunate that he breathed his last at a very young age of 40." Zaman documents Said as having treated ten thousand patients per month in the course of his practice (39), and a scientific journal (which I

examine in chapter three) containing biographies on all its contributors cites his brother, Hameed, as treating five million patients over his lifetime (1986, 44)—or ten million, according to Firoz Bakht Ahmed (1996, sec. March 27 Healing Power).

In describing Hakims Abdul Majeed and Hameed, Hamdard follows and adapts a style of biographical writing that can be traced to late-nineteenth century writing, which appropriated symbols of authority in inherited Unani knowledge. Attewell (2007) argues that the biographies were written purposefully—to legitimate their authority and position as hakims and community figures (136). These biographies individuate each hakim, highlighting his particular abilities. Similarly, Hamdard's leaders are singled-out for their feats, not achievable by regular hakims, and their innovation of particular scientific discoveries and methods. Hameed, for instance, is noted across Hamdard literature for a series of difficult and sometimes unimaginable achievements, including the translation of Avicenna's *Canon of Medicine* into English—a forty-year task (HWL [2002?]). Many of the tropes that connote late-nineteenth century hakims' characters (Attewell 2007, 141) mark the Hamdard hakim: they are community figures, inventors of special medicinal recipes, but known above all for their personal desire to help those in need of medical care. Hamdard's founders are narrativized as larger than life, their interest in setting up a company of automated mass production coded as an investment in the morally good cause of ensuring Unani's modern survival as a system of healthcare.

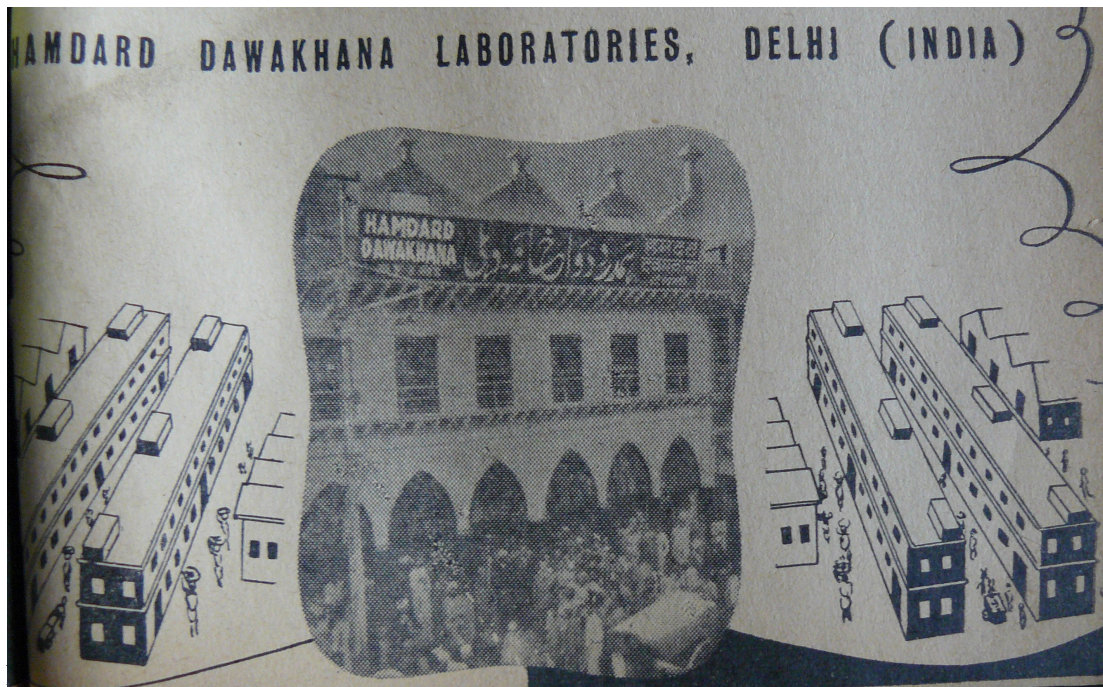
## **2.4 Commercial, not Spurious: A Professional Unani for the Future**

For Hamdard, modernizing Unani is a long-term project to return empirical herbal practices to their original Greco-Arab canonical standards through commercialization, including the pharmaceuticalization of Unani medical knowledge and technologically automated

manufacturing for mass production. Across Hamdard's marketing materials, commercialization is presented as the most persuasive choice for advocates of Unani medical knowledge debating strategies for ensuring its survival. The pamphlets recall the era of unani reform dually: as Hamdard's formative period and as a historic departure in how Unani medicine was made previously. The January 1947 *Hamdard-e-Sehat* advertorial closes with this:

We will not expatiate on the great innovations which Hamdard has effected in compounding medicine, manufacturing Indian patents or in re-establishing their reputation before the world. For, Hamdard is universally accepted as the last word in Hindustani medicine and even the confirmed Cynic, for fear that his doubts would assuredly react on his wisdom, observes a discreet silence on witnessing Hamdard labels, as all India knows that what comes from its Laboratories is nothing but a genuine product of absolute purity and sterling worth.

Here, Hamdard is described as 'stepping into' Unani history to modernize it—to revolutionize Unani by separating it from its empirical past, through technological manufacturing, mass production, and standardization. The advertorial includes a mock-up of Hamdard's growing industrial facilities, solidifying its message that Hamdard is a national Unani brand (see image 1.4).



This kind of rapid, expansive growth is also shown in a company pamphlet called *Achievement Through Endeavour: The Story of Hamdard* (HWL 1980), which opens by associating both Hamdard and Unani history with a canonical Greek medical tradition:

“‘Hamdard’ began as a Unani drug shop; now it has grown into an institution of Unani Medicine. To refer it to Unani (Ionia, Greece) is to recall its ancient classical lineage” (3). At the same time, the pamphlet’s prophetic title symbolizes the company’s industrious path to commercial success, associated with classical Greco-Arab Unani knowledge and differentiated from the authority and practices of elite hakims. It goes on to celebrate Hamdard’s introduction of manufacturing technology to Unani as a harbinger of both preservation and historic change for the medical tradition, encapsulating the company’s central marketing message:

By bringing the tools of modern medicine into the service of age-old empirical wisdom, Hamdard has effected many advances in the quality of its manufacture. It has initiated pioneering development in the standardization of indigenous drugs. Scientific methods of assessment and control have been introduced. Modern

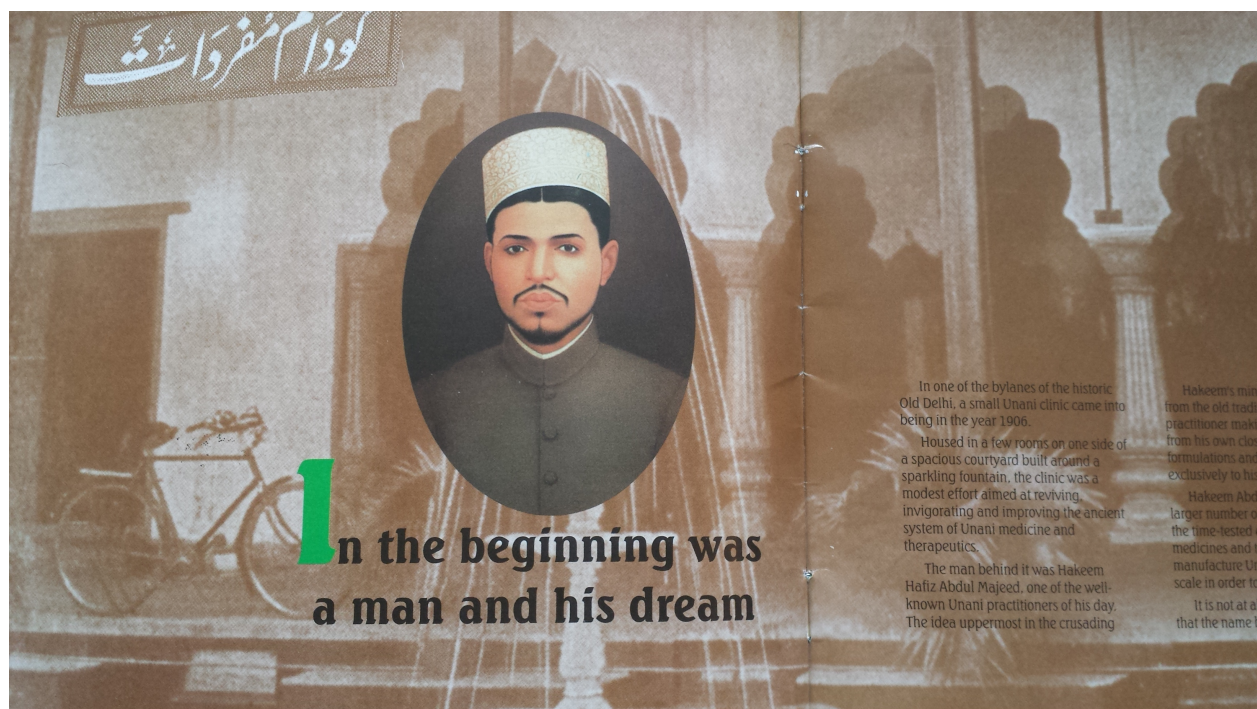


analytical techniques are employed. Quality control laboratories have been set up to ensure uniform quality of Hamdard's preparations (17-18).

The company positions Unani's epistemic base as scientized Greco-Arab medical knowledge that has survived the passage of time, while simultaneously calling for the reform of Unani practice through the institutionalization of standardized of medicine-making and ingredient usage practices. This is represented as a historical imperative for Unani improvement that can only be overseen by Hamdard.

While Zaman's (1999) piece presents the Hamdard family's introduction to Unani via the market as the beginning of a story of entrepreneurial achievement, company pamphlets contain narratives that prefer to mystify the story of the family's layman origins, instead documenting the company's start at the height of Unani reform. The story of Hamdard's 'modest beginnings' as a "Unani drug shop" (HWL 1980, 3) is written to contrast the company's concern about the sheer number of herbal drugs vendors in operation as Hamdard was trying to establish itself. Markus Daechsel's (2006) examination of advertising in the 1935 newsprint publication, the *Weekly Tej*, indicates that this concern was warranted (173). He notes while many companies did not choose print advertising as a central business strategy at this time (174), medicines were advertised more than any other common goods, such as food or clothing. Hamdard submitted its advertisements to this paper, competing with other prominent herbal drug sellers, including Hakim Ajmal Khan's Hindustani Dawakhana (173). In *A Story of Faith, Hope and Charity* (HWL [2002?]), Hamdard is portrayed as being set apart from the flurry of shops burgeoning in the city center of Delhi. The company's participation in this market is instead deeply romanticized, as Anna Vanzan (2012) argues, as a renaissance revival of Arab empire hospitals and centres of medical care (217). In the background of the text is a two-page, faded sepia spread

of a fountain and courtyard—a refuge from the market hubbub (see image 1.5). Containing a description of early Hamdard, in contrast to other such businesses, it is described as tranquil, located “in one of the bylanes of the historic Old Delhi ... housed in a few rooms on one side of a spacious courtyard build around a sparkling fountain.” Then in an abrupt stylistic turn, the pamphlet describes the company’s products in markedly corporate language: “high quality in the field of relatively inexpensive Unani medicine” (sec. In the beginning). Hamdard is aiming to be recognized as a leader among the plethora of similar companies, providing cheap medicine, and trying to gain a foothold in a new and growing market.



1.5 Illustration of Hamdard Dawakhana 1906

The idea that Hamdard is a formidable commercial institution is meant to drown out the chatter of its ‘petty’ competitors. Not only is Hamdard supposed to be different from other spurious dealers—as a commercial dealer of doctrinaire/inherited Unani medical knowledge—so, too, is its product offering. To maintain this idea, Hamdard brand products are positioned

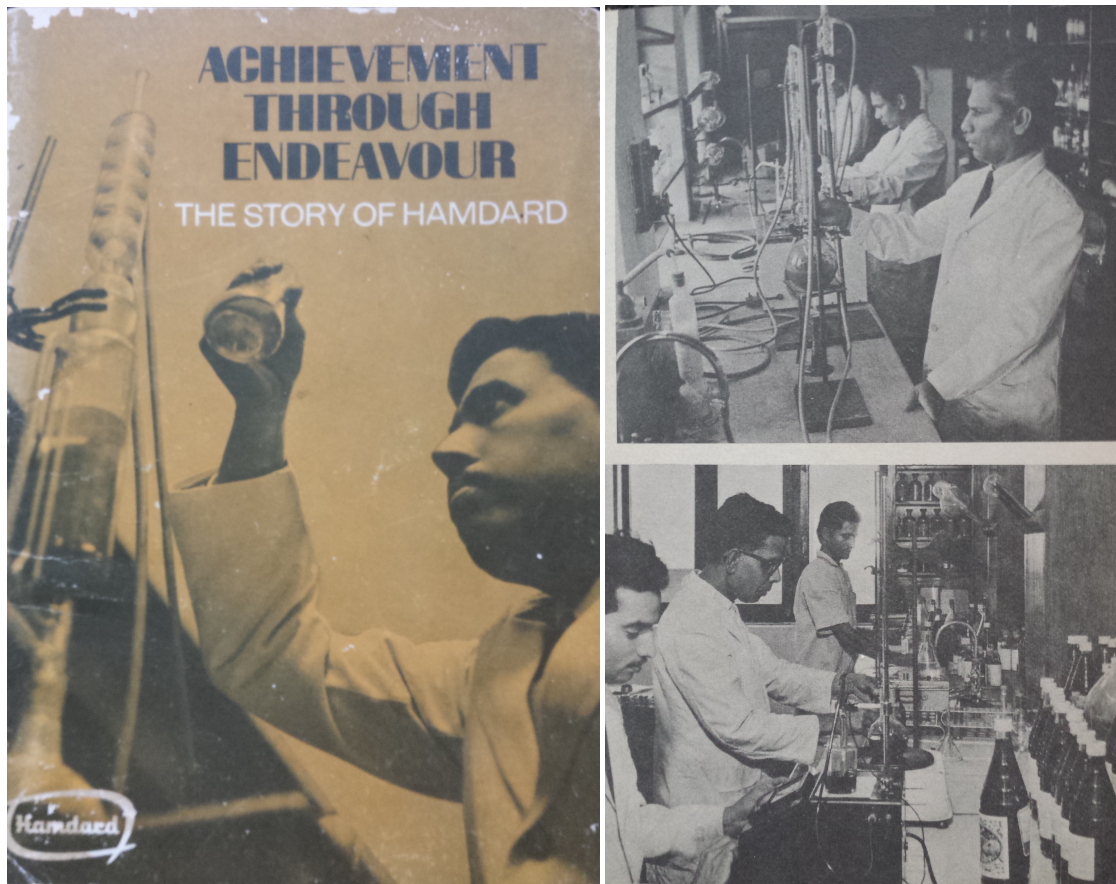
between inherited and popular strands of Unani medical knowledge—both seen as equally limiting—as modern, stand-alone, alternatives. As part of an internal marketing initiative, Hamdard medicines catalogues were circulated among Unani dispensaries across India. In a short introduction within one such catalogue, *Diseases and Treatment: Health with Hamdard*, its distributors are provided with a history of how the company came to manufacture standardized medicines. This catalogue categorizes all Hamdard drugs by which disease they remedy. The introductory section of the catalogue is pointedly titled “Hamdard and Pharmacy,” linking the company to professional knowledge in the language of modern western science. It describes the history of Unani empirical practice, alluding to the Delhi Sultanate and Mughal period of medical knowledge-sharing “when treatment was mainly based on raw herbs” and “Arab physicians rendered remarkable serve to this cause” and “Indians too did not lag behind.” The following paragraph, however, cautions: “but, whereas these conditions furthered the development of the system to a great extent, they also allowed certain spurious and superfluous formulations to creep in.” Unfortunately, the document suggests, it was the lack of control, organization, and regulation—the signs of modern pharmaceutical practice—within empirical Unani practice that allowed far too much common access to it. Inventing individual formulations of classical Unani medicines, though a worthy practice, inadvertently contributed to spurious drug recipes. Though not explicitly identified, this allows spurious practitioners to gain a foothold in the industry. What is needed to maintain this environment and spirit of intellectual investigation is the “utmost technical care ... to select ... only the real and recognized medicines to suit modern man’s habits and temperament” (HWL [2008?]), ii). This is related to a similar argument from the Unani reform era in which elite practitioners identified ‘self-titled’ hakims as

a group who failed to practice a Unani that included surgery, anatomical studies, and chemistry, as part of a comprehensive medical practice (Alavi 2007, 50). The catalogue suggests that only Hamdard's professional commercial Unani ensures that products are formulated on scientific medical knowledge, and that modern standards of manufacturing, to which the company adheres, provide this.

For this project, the *Diseases and Treatment: Health With Hamdard* catalogue documents Hamdard as recognizing that scientific research on Unani medical knowledge is a necessary step; a practice, it argues, that elite practitioners were against. Having argued that empirical practice allows the corruption of esoteric knowledge, the catalogue argues that research, rather than further controlling access to Unani knowledge, is the best way to move forward. It documents Hamdard contributions to this argument between different advocates of Unani reform in the following way: "The doors of search had been closed for the Unani System. Hamdard came forward to knock on these doors and opened them and entered an expansive world of discovery and research" (ii). It pushes the argument that elite practitioners support a stodgy and anti-modern Unani practice, to show that, in contrast, Hamdard is part of the modern way forward. At the same time, the catalogue emphasizes that the medicines Hamdard develops during the course of its research are based on recognized, legitimate medical knowledge. The modernized medicines the company manufactures are identified as official recipes, which, "after ceaseless efforts and prolonged experiments Hamdard succeeded, through [its] vast pharmaceutical knowledge in making a remarkable selection of Unani formulations." The catalogue also represents Hamdard as having undone the damage caused by spurious practices through standardized manufacturing techniques. The description continues: "[Though] the details of

processing proved hard to locate, Hamdard overcame these obstacles and after a good deal of research, collected widely recognised formulations, standardised them and arranged them in proper order.” In this way, the catalogue emphasizes that Hamdard medicines have canonic, scientific learning at their foundation, courtesy of Hamdard’s modern research.

The idea that pharmaceutically engineered and commercially manufactured medicines can cut a middle path between inherited and spurious Unani knowledge and practice is Hamdard’s most powerful marketing message. This idea is at the foundation of the marketing and advertising for its most popular product: a bottled sugar syrup known as Rooh Afza. It is positioned as a product that contains the herbal “raw materials” of an ‘ancient’ formulation, but is manufactured and packaged in a company facility that includes a Quality Control Laboratory and an Analytical Laboratory which “chemically analyses all the raw herbs and medicinal materials” (HWL [2008?], iii). The pamphlet *Achievement Through Endeavour: The Story of Hamdard* (1980) includes a series of images of male employees in Hamdard Laboratories, working on different machinery and laboratory equipment, concentrating on standardization and quality control and various aspects of the production process. Rows upon rows of bottles of Rooh Afza are shown: every single one the same, every single one to be tested. On its cover, a young man in a crisp, white lab coat, face tilted upward, looks up assuredly at a beaker held in his right hand, poised slightly above his head, at eye-level (see image 1.6). With a chiselled, aquiline face, full of purpose and determination, the path of his gaze opens out, to a larger contraption of test tubes. This image provides a powerful visual representation of Hamdard, stepping forward to meet Unani’s modern future.



1.6 Hamdard Wakf Laboratories pamphlet

Alavi (2007) discusses how elite hakims wanted to control authority over Unani knowledge in a changing context, but the more they tried to “withdraw Unani in the family fold and place it under the surveillance of the state” (244), the more they found themselves engaging with new practitioners, thus creating a “new vernacular public” (245). Company commissioned literature documenting Hamdard’s role in Unani history highlights how Unani develops a representational character that travels outside of official spaces of knowledge control. Aware of family as a legitimating trope of authority over official Unani knowledge, Hamdard launches a newer version of the entrepreneurial family. It emphasizes its position outside of the former group by critiquing traditional forms of authority over medical knowledge. At the same time, Hamdard is careful to portray its own path to Unani medicines sales as a professional process:

most important is the acquisition of Unani medical knowledge through formal education for its leaders and a corporate image that the company was built to fulfill a moral obligation of providing healthcare. It is at this intersection between inherited and spurious medical knowledge that Hamdard launches its brand of commercial Unani, pushing away recognition as a common herbal drug seller and legitimating itself as an official purveyor of traditional medical knowledge.

This chapter exemplifies Hamdard's use of the history of Unani's vernacularization and professional reform to contextualize its own real and imagined origins. In chapter four, I continue to examine how Hamdard negotiates and consolidates the company's national Indian identity through Unani history, this time appropriating the syncretic history of shared medical knowledge between Unani and Ayurveda to navigate competition with commercial Ayurveda. In order to understand this process, it is important to first understand how Hamdard represents unani historically as a medical science, the topic of the next chapter.

## **Chapter 3**

### **History According to Hamdard: Unani as Modern Arab Science**

#### **3.1 Introduction**

I begin this chapter with an anecdote from my fieldwork experience, which became an entryway for my understanding of how Hamdard attempts to shape public perceptions of Unani. As I mention in the introduction, I began fieldwork in Bombay, now called Mumbai, as a convenient home base. During the first few days of my stay, as I spoke to friends and family about my research project, I soon realized that Hamdard and Unani were known locally but there seemed to be a sense that Hamdard medicines were not part of mainstream treatment. For instance, a man in his fifties, an architect by profession, who asserted knowledge of Indian culture and society, suggested during a casual conversation that a Unani hospital in Bombay was a ruse—a fake hospital—where patients were given “pastes,” and then asked to return for subsequent doses. This, he intoned, was a way of keeping medicinal formulations secret and guarded. Despite the known national commercial success of the company, he seemed to believe that few products were available for popular consumption, and only those interested in Unani medicine—implying Muslims—would visit Unani hospitals. Despite having no direct knowledge of Unani consumption practices or sales, he reinforced ideas about Unani being a medical tradition reserved for a particular religious and cultural group (B.S., pers. comm.). When I arrived in Delhi and started fieldwork at the Hamdard campus and company offices, I began to learn that the company attempts to tackle these sorts of views within its academic and marketing materials. Encountering such commonly-held perceptions and connecting them with the company’s responses became part of the evolution of my own understanding about what Unani



‘is.’ This initial experience helped in my evaluation of how Hamdard navigates and negotiates its own place in the Indian biomedical landscape.

At Jamia Hamdard (Hamdard University), I encountered a different form of questioning as to why I wanted to study the company. This was where I first met Mr. Ausaf Ali, Director of Hamdard Archives, with whom I spoke many times during my stay at the Jamia Hamdard campus. Mr. Ali was a founding member of the University and had worked there for over fifty years. Before meeting Mr. Ali at his office in the Chancellor’s Lodge building, I had to introduce myself to a university staff member named Mr. A.H. Khan, who seemed to function in the capacity of Mr. Ali’s assistant. Initially, Mr. Khan didn’t seem to believe that I actually had a scheduled appointment with his superior. Although he didn’t speak much, he offered me some tea and asked me questions about my research. As the days went by, Mr. Khan began to trust me and in the end, he even tried to assist me with my research, providing several different pieces of Hamdard literature. At the time, I felt that he was delaying me from continuing with my planned fieldwork but the literature that he provided became an ideal starting point, forming the basis for the document and textual analysis of my project. These documents ranged from academic essays on the history of Unani as an Arab medical science, to marketing booklets documenting the history of Hamdard (which I began to discuss in the previous chapter), to scientific literature and pamphlets on clinical studies of Hamdard products—all of which substantiate my document analysis. During my second interaction with Mr. Khan, I had planned to interview him, but he was reticent. Whenever I asked him a question, he disappeared to a back room and reappeared with more literature. As I tried to shift our interactions into the structure of an interview, Mr.

Khan politely suggested that I return to my room and read the literature he had provided (A.K., pers. comm.).

In this chapter, I focus on one of the first documents Mr. Khan provided as part of his effort to make sure that, before I went any further in my research, I developed an informed understanding of Unani medicine. This document is a two-part academic publication called *Unani (Greco-Arab) Medicine: and Its Relevance to Modern Medicine*, published by Jamia Hamdard University's own press in 1977 and reprinted in 1998. It contains two essays, the first of which is written by a scholar named M.A. Aziz. I analyze the ways in which Aziz documents the development of Unani medical knowledge in Greek and Arab history, representing it as an ancient system of scientific medical knowledge with continued relevance for present-day modern medical and pharmaceutical practice. The second essay is by the late Hakim Abdul Hameed, former Hamdard President and son of founder Hakim Abdul Majeed, and examines the state of Unani medical knowledge in a modern world that has been shaped by the history of western medicine and pharmacy. In examining both essays, I developed the understanding that Hamdard's definition of Unani is entwined in a disciplinary engagement with the history of western medical science. Both Aziz and Hameed attempt to reconstitute Unani medical knowledge with historical documentation on the development of Islamic science that is at once sovereign and inclusive of the history of western medical science.

Together, Aziz (1998) and Hameed (1998b) document four periods of Unani history: an era of pre-recorded history; Greek antiquity; followed by Unani's development as an Arab science during the 'golden age' of the Arab empire; and finally, modernity. This periodization is meant to comprise one continuous definition of Unani and it is found across Hamdard literature.

In this chapter, I explore what it means to put all of this representational documentation together as part of one coherent historical definition of what Unani is. First, Aziz grounds the birth of Unani medical knowledge in an era of pre-recorded history (1); second, he cites ancient Greek history, where Unani's origins in Hippocratic medical philosophy are established (2-5); and third, Aziz examines the classical Arab 'golden age' where Unani is consolidated as a scientific body of knowledge (6-8). Finally, both writers cover the last and most current era of history—'modernity'—where they paint a sombre picture of what the world of medical science looks like without traditional medical knowledge (Aziz 1998, 16-20; Hameed 1998b). The periodization I identify across their works, then, includes a distinctly pre-Islamic era; the location of Unani on a western historical timeline in both ancient Greek and modern history; and an identifiably Islamic history through the Arab 'golden age.' I show how each stage in this periodization is written with competing representational agendas which Aziz and Hameed reconcile by evoking and re-evoking Unani's legacy in classical Arab science as always-already historically relevant.

In each documentation of Unani's historical context, Aziz (1998) and Hameed (1998b) launch an intervention into how Unani is included in the history of western medicine. I examine a diagram Aziz uses to illustrate Unani's transnational origins (see image 1.4), which suggests that Unani actually predates Greek medicine, because its ancient philosophical concepts were formed in tandem with civilizations older than that of Greece (1). Second, Aziz identifies Unani as a Hippocratic system of humoral medicine through an argument that its scientist, rational approach is firmly grounded in the medical philosophy of ancient Greek civilization (2). Aziz uses this rationale to argue that the medical standards of both Unani and western medicine originated in ancient Greece, and in the former's continued use of humoral theory, it is actually

more ‘rational’ than western medicine (2-3). Finally, Aziz relocates the origins of modern western medical science, temporally and geographically, in the eighth century Umayyad Caliphate of the Arab empire (7). In this way, the concept of ‘modern’ Unani is interconnected with important discoveries made during the Arab ‘golden age,’ which were to form the basis of modern western medical science, research, and healthcare. Finally, in the contemporary period, Aziz and Hameed argue that this prior history morally protects Unani from being corrupted by a ‘modern’ condition in which technology and pharmaceuticals are overused in the medical realm—causing more harm than good—and once again, distinguishing it from the historical trajectory of western medicine (Aziz 1998, 16-20; Hameed 1998b).

In solidifying Unani as part of universal history and science, inclusive of western history, it is important to note that Aziz (1998) presents a critical rereading and rewriting of scholarship on the history of western medicine and its treatment of Islamic medical science. This history of western medical science has typically involved writing about medical developments in the Middle East as a tangential transfer point of Greek and Roman medical knowledge to Europe, after which it suffers a period of decline, marking the end of its history as part of a universal timeline. From this perspective, Arab civilization makes no original contributions to the world history of medical science (Attewell 2007, 5-10). Aziz’s response is an attempt to preserve the idea of an Arab ‘golden age’ while disparaging any suggestion of decline. In this way, Aziz attempts to preserve a Greco-Arab knowledge frame for modern Unani while appropriating a western method of documenting history as a chronological story of advancement. This way of writing about history is as much part of Hamdard’s response to the marginalization of traditional medical knowledge in European historical documentation as it is part of a view that Indian

Muslim Unani scholars have not written about and documented Unani's role in the history of medical science.

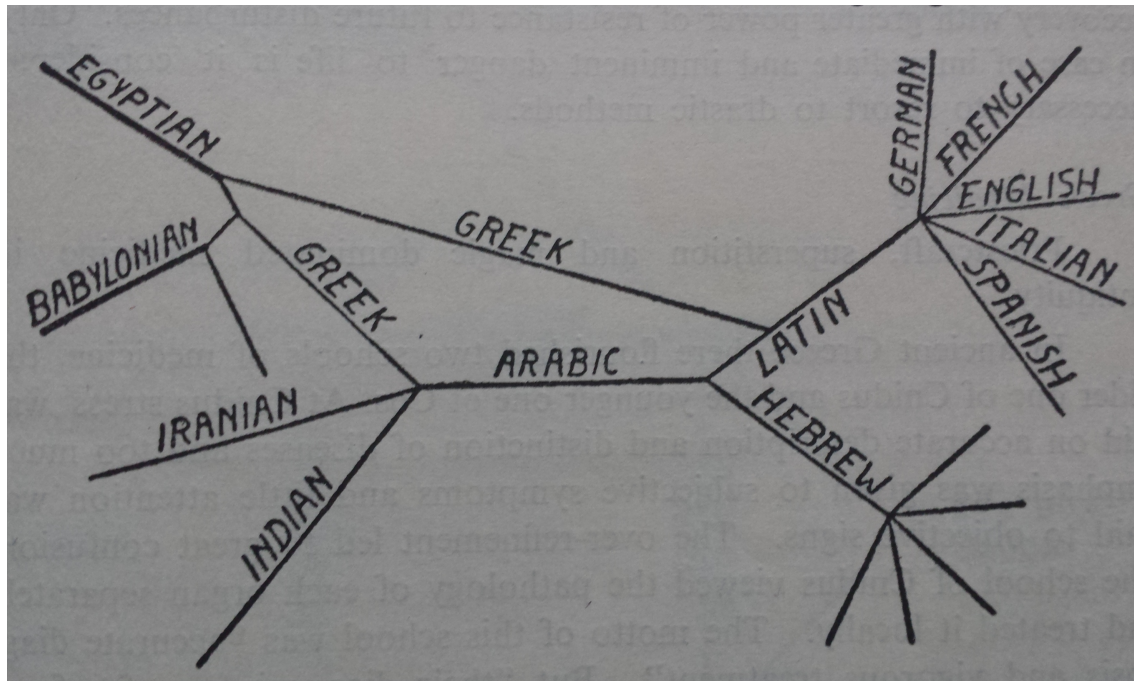
### **3.2 Prior Histories and Geographies: Naming and Locating Unani**

In Hamdard literature, referring to Indo-Muslim medical knowledge as “Unani,” is in itself an expression of contesting Unani's identity. Directly translated, “Unani medicine” means “Greek medicine.” Aziz (1998) begins his piece by establishing the following definition of Unani: “that system of Greek medicine which was developed during Arab civilization” (3). However, he interjects with a caveat: “Muslims still call it Unani (Ionian) medicine, gratefully acknowledging its origin, whereas European historians would call it Arab medicine” (1). With this statement, Aziz resists Unani's provincialization in the western academy, making a universal claim for Unani's historical association with Greek civilization. Hakim Mohammed Said, founder of Hamdard Pakistan and Hakim Abdul Hameed's brother, also wrote about Unani's historical association with ancient Greece. In an article, reprinted posthumously in the proceedings of an All India Unani Tibbi Conference (2007), he attempts to provide a clear understanding of what Unani is, in relation to both the Greek empire and the Arab empire: “it was in Greece that [Unani] underwent a proper systematization” and “in the hands of the Arabs ... it reaches its very zenith.” Like Aziz, Said points out the discrepancies in documentation from the western academy, clarifying that “historians of the west are, perhaps correct in designating [Unani] as Arabic medicine; but the Muslim historians and practitioners of medicine, out of humility and out of adherence to the truer historical perspective call it Tibbi al-yunani” (46). In the previous quotations, Aziz and Said suggest that the term, “Unani,” pays homage to its source of knowledge as a point of humility, but also that this is the more historically accurate naming

convention. Alavi (2007) writes that in this naming convention, Muslims in India acknowledged Unani's multiple historical, cultural, and geographical legacies (22). Said confirms this, writing that "although in the Indo-Pakistan subcontinent [Unani] is known as the Greco-Arab system, what is known as Arab medicine is compounded of, actually speaking, many material medica: North African, Egyptian, Iranian, Greek, etc." (49). Fabrizio Speziale (2005) conducts a brief genealogy of Unani's naming, expressing a different understanding. He notes that it was only after the rebellion of 1857 that its naming became a political signifier with the purpose of emphasizing Unani's legacy in western rational scientific thought; prior to this, Unani was simply connoted *tibb*, literally meaning medicine (18). Aziz and Said's statements show that for Hamdard, the naming of Unani is doubly symbolic, contesting and redefining its historical orientation.

Aziz opens his essay with a historical discussion of medicine by expanding on the question of naming Unani. Here, he revises how the evolution of medical thought has been documented in the western academy. Citing a diagram from George Sarton, a western historian of medical science he argues that the origins of western science lie not in Greek civilization, but further back within a historical and geographic non-west, during a period of ancient, trans-geographic sharing of medical knowledge. This diagram shows interconnected branches of medical knowledge in world history, illustrating western medicine's first stage of Arab development as stemming from a meeting point of ancient Iranian, Indian, and Greek medicine (see image 1.7). To reinforce the image's message, Aziz (1998) writes, "Greek medicine, like Greek science, and in fact all knowledge, had its roots in more ancient knowledge" (1). European medicine appears at the end of the diagram (German, French, English, Italian, and Spanish),

where it is portrayed as stemming from an overall Latin strand. Together, these cultures are the historical recipients of centuries of medical knowledge exchange. Aziz's revised history, then, mainly attempts to relocate the development of western medical thought within a larger trajectory of the history of medical evolution, whose main arteries begin in the non-west.



1.7 Diagram of the history of medical science

In response, Aziz (1998) is not trying to locate Unani origins in a strictly Islamic history, geography, or timeframe. In the diagram, the branches of Iranian and Indian medicine occur prior to Greek medicine, therefore suggesting that in drawing from a combined medical heritage that predates Greek medicine, Unani itself predates Greek medical history. Quoting Sarton, Aziz writes that “the Arabic tradition was a continuation and revivification not only of Greek science but also of Iranian and Hindu ideas” (1)—which can be identified as a specifically pre-Islamic period. Hakim Mohammed Said (2007) documents another version of a Unani grounded in

multiple geographical, historical, and temporal spaces, in which “one can visualize [Unani] like a river that, reaching the delta, gather[s] the debris of minor civilizations and the tributaries of the major ones” (46). Said calls this legacy a “compost” of two thousand years of medical knowledge exchange between the “Aegean Islands, Asia Minor, the Fertile Crescent, and Egypt” (48). At the same time, he identifies the following Babylonian era as a pre-Islamic period of medical development, including Akkadian pharmacy, but he also highlights that this is to be the birthplace of monotheistic religious history, “4000 years before Christ” where “all the civilizations that sprouted from the alluvial soil of Iraq had the leaven of religion in them” (47). Lastly, Said writes about Iranian Zoroastrians as the final, pre-Islamic, contributors to world medical history, describing their medical practices as dually pagan and scientific. For instance, he writes that the “treatment incorporated invocation and prayers and purification rites in which the ... soma plant ... played a major role.” Here, Said also points out a relationship between an imagined ancient Iran and India, identifying both as “an Aryan people,” who maintained similar views on quarantining lepers, and whose texts (the Avesta and Rigveda)<sup>14</sup> “bear certain linguistic similarities” (48). In this way, Aziz and Said create and document a little-known proto-history for Unani, before its formal codification as a medical science.

### **3.3 Unani’s Rationalism: Challenging Universal Science**

Said (2007) transitions from a pre-Islamic history of the world’s medical development, consolidating its next phase in a distinctly Islamic period. In it, the Arabs “after being graced with faith in One God and His Prophet Muhammad (peace be upon him), chose the Greek system as the anvil on which to forge the tools for further progress, particularly as the latter was the

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<sup>14</sup> The first documented texts from Zoroastrian and Hindu faiths respectively.



most developed of the medical systems, and occupied the position in medicine that Islam occupies in revelatory religions” (48-49). Said grounds Unani in the rationalism of Greek science, which Arab science then chooses to follow, having imbibed the medical knowledge of ancient cultures while disregarding their irrational, pre-monotheistic ‘magical’ religious beliefs. Said specifically identifies Islamic science with monotheistic religious practice to show that Unani is a form of rational scientific thought, appropriating a discourse of rational advancement that western history has normatively reserved for itself.

In part, Aziz documents the period of Greek medical history to argue that this is the source of both Unani’s ‘revealed’ and ‘rational’ wisdom, to draw on Claudia Liebskind’s (2002) terminology. Aziz writes about this era as a period where a number of universal medical principles were established. These are principles he qualifies as rational, to which Unani medicine continues to adhere, but which modern western medicine ignores. For instance, Aziz writes about a belief in the body’s natural ability to heal itself, which he calls a “power of self-preservation or adjustment which strives to restore any disturbance,” originating in Greek medical thought. “In the Unani system of treatment,” he continues, “great reliance is placed on this power, the aim of the physician being to help and develop rather than supersede or impede the action of this power” (Aziz 1998, 2). In another example, Aziz documents Greek medical history to show that Unani’s current debate with western medicine has already been resolved. He describes two competing schools of medical philosophy, *Cos* and *Cnidus*, where the former prevailed due to an “objective” and “inductive” approach in the assessment of symptoms of disease. According to Aziz, Hippocrates belonged to the *Cos* school (which succeeded *Cnidus*) and prospered through teaching humoral therapy, part of a holistic approach to diagnostics. To

position Unani's modern holistic approach as rationally Hippocratic, Aziz writes that "[Hippocrates] viewed the human body as a unit and his therapeutics was of a general nature in contrast to ... the modern systems which view the pathology of each organ separately and treat it locally" (2). In the Unani application of this original Greek concept, the body itself naturally regulates the role of the physician and the goal of the medicine, showing Unani's respect for and trust in its intellectual origins.

It is also important to recognize here that Aziz is documenting the eighth century history of the Arab encounter with and appropriation of Greek medical knowledge in the regions that the Islamic empire conquered (Alavi 2007, 18-20). Aziz lists philosophies and ideas that Arab physicians acquired, such as Hippocratic and Galenic humoralism, and the idea of harmony between body and environment, which were later essentialized in Unani knowledge in order to navigate its encounter with colonial biomedicine (7-8, 236-238). Dealing with the question of Unani's encounter with colonialism, Alavi writes about the decline of courtly Mughal culture in the eighteenth century, which included the dissemination of Persian medical literature and popularization of those ideas among a wider demographic. Aristocratic Unani families, attempting to protect against the spread of Unani knowledge outside of their class, turned to and reproduced Arabic texts on Hippocratic, Galenic, and Avicennian medical wisdom (4, 43-47). Alavi's historiographical revision shows that Unani's consolidation as a scientific rational 'system' of medicine in the late-nineteenth century drew on an intellectual legacy outside of the parameters of colonial discourse (56).<sup>15</sup>

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<sup>15</sup> Therefore, Speziale's (2005) analysis that Unani in the colonial period predominantly identified with Greek history in order to legitimize itself as part of rational scientific western knowledge, is historically short-sighted (see page 59).

I argue, in contrast to Alavi (2007), that Aziz's (1998) and Said's (2007) writings also need to be analyzed in terms of a colonial discourse of historical advancement. This is evident in the way that Aziz and Said leverage an Arab historical legacy of Unani knowledge and align it with the western documentation of a normative and universal history of medical science. By locating Unani in the rational scientific thought of the Greek period, Aziz's argument is that Unani has consistently maintained principles such as humoralism, while western medical science, having abandoned these ancient principles in the modern era, is therefore, arguably, not scientific. Aziz then summarizes Europe's participation in medical thought, following Galen, as a one-thousand-year period of stagnation in medical thought, "from A.D. 510 to 1500, an era of continual war and religious fanaticism, [in which] the medical profession was confined to clergy and therapy confined in Europe to expulsion of undesirable humours by purges, emetics, cupping glasses of bleedings" (6). In this way, Aziz argues that it was the Arab world that kept Greek medical thought alive and returned it to Europe.

At this point, Aziz (1998) and Said (2007) tend to eliminate dates from their historical documentation of Unani's scientific development. The period from roughly the thirteenth century (the decline of the Arab empire) to the late-nineteenth century (the Unani reform period) formulates their understanding of Unani's 'decline.' Despite the fact that medicine in Europe and the east roughly followed the same humoral principles well into the nineteenth century (Lawrence and Weisz 1998, 4), Aziz and Said find themselves in a conundrum where they feel they have to admit that western medicine is 'advanced.' Said, for instance, lists all of the technological, research, and drug-related advances he believes western medicine has made in the current era, as if there are none to list for Unani:

The Greco-Arab system continued to be practiced in Europe till the 18<sup>th</sup> century ... What is known as the remedy based on home medicine or natural herbs is a relique [*sic*] of the system which prevailed for over twenty centuries all over Europe. The West has, however, changed it ... the theories of humour and temperament have been altered and their places have been occupied by material and mechanical concepts. The store of knowledge accumulated by the West is something without peer... new vistas for study e.g. electron microscope, gas chromatography, laser beam, X-ray, labeling and radioisotopes, treatment with radioactive isotopes, electric shocks, etc., have opened up altogether undreamt of fields of study (51-52).

The response is to turn back and declare that modern science's technological inventions come from intellectual discoveries first made by Arab scientists. And yet the technological advancements found in western science are forms of modern development that Hamdard wants to see in Unani's modern future in India.

### **3.4 Modern Unani in the Arab 'Golden Age'**

Hamard literature grounds Unani's development in an Islamic period of history, written as an era of great achievement. This is to emphasize the development of independent medical thought in the Arab period as separate from Europe, where this knowledge would be disseminated in a later period. The narrative Hamdard writers use relies on a form of periodization, dating particular medical achievements to the eighth century onward, and identifying a number of scholars for their unique contributions to the medical history of the world. Avicenna and his *Canon of Medicine* are oft-repeated examples throughout Hamdard writing. All of the writers I consider in this thesis, as well as the general marketing material, emphasize that his work was translated and distributed across Europe and was responsible for fuelling the Renaissance.

Hakim Mohammad Taiyab, a retired professor at Aligarh Muslim University, and 2007 president of the All India Unani Tibbi Conference (Hashmi 2007, 3), writes about the beginning of Arab medical science in the *Unani System of Medicine: New Horizons*, an All India Unani Tibbi Conference publication (1998). According to him, as part of the expansion of the Islamic empire in the eighth century, “the Arabs rose with a banner, galloping on bare backs of Arabian horses through the distant lands and assimilated all the existing knowledge of medicine of that time” (Taiyab 1998, 48). Aziz describes the Arab period of Unani medicine as an era of great intellectual activity, including the translation of Greek medical knowledge into Arabic and other scholarly scripts, in which medical knowledge from Iran, China, and India was assembled in new medical compilations. Aziz dates the beginning of this period of recording medical knowledge to the early eighth century CE, during which the Umayyad Caliphate of the Islamic empire expanded between Spain and Alexandria. According to Aziz’s account (1998, 6-8), this period lasts until the mid twelfth century and is significant as an era in which Arabs made original contributions to medical science, fitting a typical documentation of the Arab Golden Age (Attewell 2009, 5-10).

Aziz (1998) describes the central achievements of Arab medical science—including alchemy, botany, and hospital-construction—which took place during this Arab ‘golden age’ (7). According to him, these achievements are reminiscent of an Arab civilization with a highly developed society of scientific innovation, equipped with institutionalized healthcare services and organized, regulated pharmaceutical sales. His narrative includes a romanticized description of a classical Arab hospital (8), suggesting that hospitals of that age far surpassed those of the current era, in terms of innovation and sophistication and ability to provide health care. Aziz also

describes this as a period of great writing on medical science in a transnational context, linking knowledge in the Arab world to Iran, China, and India (7). In this section of Aziz's piece, the rhythm of the writing picks up, as he doles out achievement after achievement, attempting to create a vibrant image of the past era. Aziz credits Jabir Ibn Hayyan (anglicized as Geber), an Arab alchemist, for inventing the basics of chemical experimentation. Geber "distilled vinegar, sublimed sulphur, prepared sulphuric and nitric aides and mercury bichloride" (1998:8), laying the building blocks of modern pharmaceutical science. The discussion of alchemy, botany, and hospitals is meant to inform an examination of precursors to modern medicine—including chemistry, pharmacology, and modern healthcare facilities, respectively. These elements are turn-of-the-century symbols of advancement in western medical science, marking western medicine's break with a humoural approach (Lawrence and Weisz 1998, 5).

Aziz's documentation of this period counters the story of modern western medicine's historical nineteenth century coming-into-being. The subtext of his argument is that these discoveries were made much earlier in the Arab era of world medical history. In this rewriting, Unani history transitions from the recesses of European history (dismissed as a provincialized 'Arab medicine') and is presented as an independent and institutionalized medical system that evolved along a sovereign universal timeline. By framing Unani's past in an Arab 'golden age,' based on milestones in western medical history, Aziz simultaneously appropriates the historical narrative of medical advancement and rejects the historicist narrative of European medicine's superior development. However, the importance of western medicine and its points of progress are repeatedly underlined as the standard of measure in Hamdard marketing material. For instance, the pamphlets *Achievement Through Endeavour* (HWL 1980) and *A Story of Faith*,

*Hope and Charity* (HWL [2002?]) include past scientific advancements in their descriptions of the company's current activities. These include Unani's transformation, courtesy of Hamdard, into an institutionalized medical practice. Marketed as being more sophisticated than an empirical tradition, this new wave comprises drug production and manufacturing; clinical science in chemistry and pharmacology; laboratory experiments on animals; and advanced medical treatment facilities. These aspects of scientific advancement are the building blocks for a complete system of Unani medicine in a modern economy: scientific experimentation, pharmaceutical production, and institutionalized healthcare. This forms the basis for Hamdard's discourse of Unani's economic utility to the nation state in the post-independence era, which I examine in chapter six.

The compilation of such a list of medical innovations also draws on an orientalist discourse, as discussed by Partha Chatterjee (1993), in which European writers were interested in excavating Hindu India's illustrious history as an educationally-advanced civilization during the ancient Vedic era (97-98). Aziz's documentation of Unani achievement as an Arab discovery of western medical science is informed by this discourse as it similarly involves tracing Arab history along an imagined timeline of past glory. Ashis Nandy (1983) provides another way of understanding Chatterjee's point through a form of historicity that conceptualizes the "past as a special case of present," cyclically producing a "new past" (57) that is always a filter for understanding the present. In creating a 'new' past for Unani, Aziz suggests that the history of modern western medical science originates in the Arab 'golden age', making the former and its points of advancement part of Unani's past and present.

For Hamdard's historians of Unani, this period of history ends in decline. Taiyab (1998) lays blame for the decline of Arab civilization in the following way: "they were soon forgotten in their own lands and [the] Greco-Arab system of medicine was abandoned in its own birth places by its unworthy, ungrateful, undeserving sons and successors" (49). Said (1998) is more tempered in his description of this transition as migratory: "Tibb was introduced by Arab and Persian settlers into parts of India" (7-8). Aziz (1998) states: "the Hippocratic system fell into disfavour for some time" (8). In chapters four and six, I show how the Arab 'golden age' is revived as a cultural and intellectual framework for tracing Unani's development in India under the Delhi Sultanate and Mughal leadership.

### **3.5 Western Medicine's Dystopic Modernity**

In the previous sections, I provide examples of Aziz's arguments that although the principles of modern science originated in Hippocratic thought, Arab thinkers are responsible for its invention. This is part of his and Hamdard's argument that Unani is always-already modern, meaning that an 'original' version of modern science has already occurred in Unani's past. *Achievement Through Endeavour: The Story of Hamdard* (1980) reads: "Modern physicians can still find striking new insights in the old tomes of Unani empiricism. In fact, its recent contributions to modern therapy have already begun to revive interest in the system and to invite closer examination of its theories" (HWL, 4). The section of the pamphlet, "Its Relevance Today," continues: "in recent years whenever the medically advanced West sought answers to what appeared to be incurable disease, it found them in Unani pharmacology and therapeutics" (6). This narrative of Unani and western medicine's relationship in modernity is one Aziz and Hameed consistently present as a historical truth.



Hameed and Aziz locate Unani within the history of an internal critique of western medicine that took place during the interwar period and increased throughout the 1960s (Lawrence and Weisz 1998, 1). At this time, concerns arose within western medicine about its inability to treat the patient and body as a whole. The language of holism was launched to critique the ways in which technology and drugs parsed out an anatomical body (3-4). Aziz (1998) situates Unani as a participant in this conversation, asserting that western medicine has now realized what Unani has known all along, that “modern analysis splits the action of individual chemical entities on individual organs or functions, and fails to take account of the sum total ... It is the realization of this fact that has led to the recent movement of psychosomatic or wholistic [*sic*] medicine” (17). Aziz casts Unani in the language of this critique, writing that Unani drugs’ “therapeutic effect is reinforced by means of their synergistic [effect] ... the effect produced by the whole medicine on the whole organism” (1998, 17). Here, Aziz gives Unani a voice in western medicine’s internal conversation and positions Unani principles as a viable solution to the problems of western medical practice.

Aziz and Hameed define Unani as a strand of dissent within the history of western medicine; though, as Lawrence and Weisz (1998) demonstrate, this conversation was only taking place in European medical circles. Aziz’s argument is anachronistic, misrepresenting turn-of-the-century European medical debates as current. This includes the idea that surgery had shown little effectiveness and was only necessary in dire circumstances. Aziz (1998) cites a 1960 article by a western scholar, titled “What is Wrong with Surgery,” which “deplores too ready use of knife.” Aziz concludes that “the Unani system of medicine is more natural, slow but sure and at least does no harm” (18). To describe the results of what he portrays as a depraved period of medical

history, Aziz cites the work of western medical writers who have critical views of the history of their own profession. He quotes a western article that lists ‘new’ medical theories, presenting these as symbolic of the devolution of western medicine; these theories persisted well into the 1930s (Dally 1996, 1). He lists focal sepsis and intestinal autointoxication as practices, “in therapeutics [where] a new myth is born every minute” (16). Aziz writes about this period as a time when much was invented without thorough study, describing a “modern tendency of medicine towards discarding old and tried treatment and relying more and more on the recently discovered drugs” (17). He refers to a “technocracy” (16), in which forms of treatment that are “supposed to be thoroughly subjected to clinical trial” are instead “praised high by highly capitalised voices and organised pharmaceutical machinery [that] is fraught with danger” (17). Whereas intellectual leadership guided the Greek and Arab eras of medical innovation, the modern world is characterized by reliance on alienating technological processes.

Aziz’s solution involves a revival of “Unani medicine, or Arab medicine as European authors would name it, [which] has remained true to Hippocratic principles.” He writes that “[Unani] still retains their high ethical point. Enriched as it has been from so many sources it is world medicine in fact. Using naturally occurring drugs as medicaments are [sic] symbiotic with life” (Aziz 1998, 19). It is strategic, on Aziz’s part, to draw attention to the correlation between medical theories like focal sepsis and western medicine. In so doing, he is publicizing the message that Unani can alert western medicine to review its own Hippocratic origins. He is tracing a genealogy of quackery in modern western medicine—a blight on its practice and a sign of the deterioration of the modern condition. He calls for western medicine to engage with its

own past, as linked with Unani's past, thus bringing the two into historical consonance in the current era.

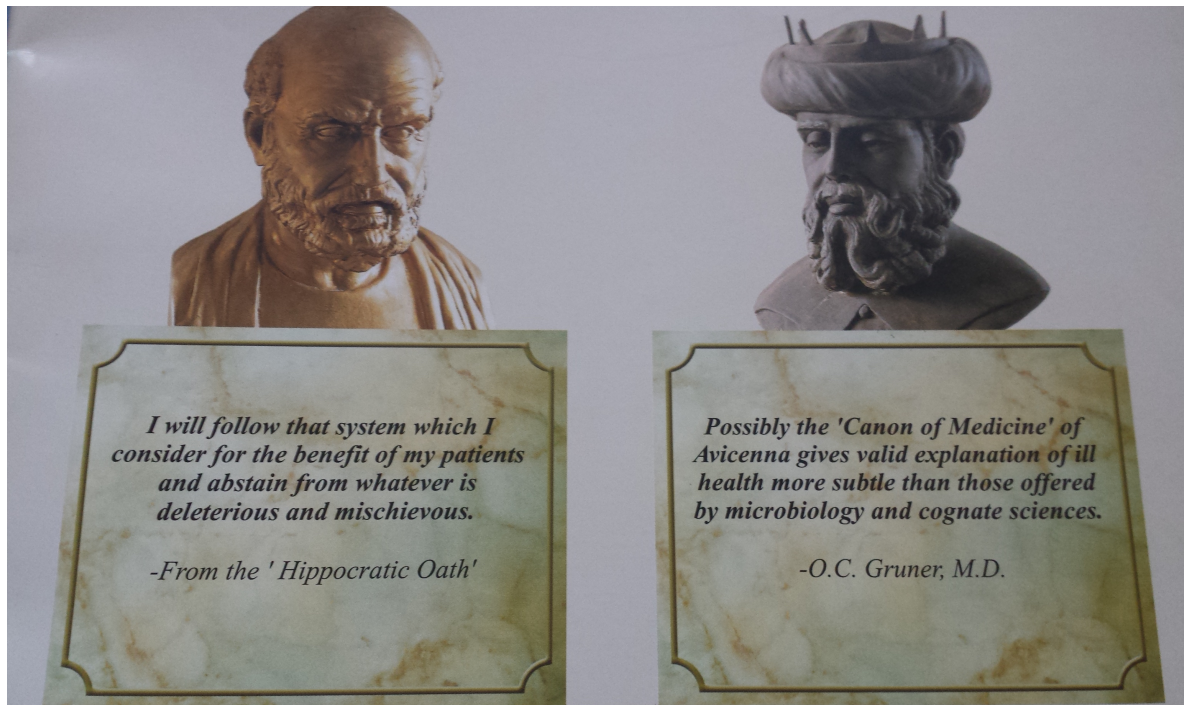
Interestingly, Aziz's (1998) piece ends on a contradictory note, condemning the use of technology in medical science while critiquing Unani for a lack of scientific advancement in its history. In the section, "Laboratory Tests," he lists diagnostic procedures in western medicine that were made possible through technological innovations, such as "cardiac catheterisation, tagging with radioactive isotopes, and many other biochemical applications." Quoting additional western literature that is critical of biomedicine, he asserts that "if we are honest we will be obliged to admit that many such aid to diagnosis ... have a negative rather than a positive value." Hamdard marketing literature generally calls for the integration of technological practice into Unani medicine, citing this as the necessary component required to make it modern—and the only area in which Unani development is lacking. In contrast, Aziz cites Bernard Shaw, arguing that those most in need of medical care cannot understand these procedures or afford them, and that that is why a return to "old systems" is necessary (19). Aziz's final words, however, are: "the only criticisms thrust home is that [Unani] has remained stagnant ... if we have slept too long we should awake up [*sic*] and redouble our efforts to make up for lost time" (20). There is, in the end, a historical question Aziz feels he is unable to answer: how can Unani overcome the deficits western history has laid bare in its development?

On a different note, Aziz (1998) and Hameed (1998b) struggle to answer what role Unani can play in modern history, as they have argued that it already achieved modernity in the past. They hit a conundrum in the logic of their periodization, in which Unani has already achieved its modernity in the past. Hameed grapples with the possibility that Unani is no longer part of

history in the modern era and that western medicine, as it continues on its path of technological advancement, will be the key player in modern history. At the same time, they have to deal with the idea that Unani can make no intellectual contribution to western medicine since the latter has changed its epistemological approach, having fully abandoned Hippocratic theory—the very knowledge frame in which Unani principles are grounded. This period of dissent in western medicine is an ideal focus, as it is a sign that western medicine is somehow lacking clear direction. Thus, Hameed’s bid for reviving Hippocratic medical discourse is relevant in that “the flux of time has not rendered the writings of Hippocrates obsolete” (26). Having achieved its modernity, Unani can serve as a benchmark for western medicine in the modern era. Unani, in a paternalistic role, will guide modern medicine—still young and rash in its modernity—with the concrete knowledge principles of the past.

An image that opens both pamphlets, *Achievement Through Endeavour: The Story of Hamdard* (HWL 1980) and *A Story of Faith, Hope and Charity* (HWL [2002?]), encapsulates all of these multiple meanings, simultaneously. Opposing bust heads of Hippocrates and Avicenna, Unani’s forefathers, wisely and benevolently gaze downward (see image 1.8). These images are accompanied by quotations about Unani’s superiority in relation to western medicine. A version of the Hippocratic oath, moralizes: “I will follow that system which I consider for the benefit of my patients and abstain from whatever is deleterious and mischievous” (HWL [2002?], sec. beside inside cover). The stone face of Avicenna, however, does not speak to his future directly; rather, the second quote is taken from O.C. Gruner (a medical doctor and historian on Avicenna), who wrote an English translation of Avicenna’s *Canon*. He respects that Unani’s predecessors had an understanding of medical science that surpasses its current sophistication: “Possibly the

Canon of Medicine of Avicenna gives valid explanation of ill health more subtle than those offered by microbiology and cognate sciences” (HWL [2002?], sec. beside inside cover). These images and their messages come together in Hamdard’s definition of Unani as Greco-Arab, ancient with relevance for modern medicine, and morally superior.



### 1.8 Hippocrates and Avicenna

The narrative of Unani’s ancient origins is often followed by a dystopic vision of modernity that includes the degradation of health in the modern era due to the advent of western medicine, wherein only Unani’s revival—as a form of moral control—can provide the necessary solution. The advent of modern western medicine—the transition of medicine from a healing practice to a form of scientific investigation—is the beginning of a new history, as well as the beginning of a sinister history. This narrative continues with the assertion that this lack of control will bring about a catastrophe—unless there is an intervention from Unani. Hameed (1998) describes the modern condition as follows:

The Pegasus of medicine, so to speak, flies so fast that a medical man cannot maintain his feet in the stirrups nor his hands fast on the reins, and both the patient and physician stand bewildered. How to get out of this chaos? The scientific spirit which is an invaluable asset of our age cannot allow that the eyes be shut to logical consequences of this state of affairs and the Pegasus of medicine left to run amuck (23).

In chapter five, I show how Hameed (1986a; 1986b) positions Hamdard's pharmaceutical research within a discourse that the world is calling for a return to holistic medicine. In *Unani System of Medicine: New Horizons*, Hameed makes an argument congruent with his critique of western medicine and the modern condition, that patients all over the world find something lacking in modern medicine and consequently seek holistic options. Torn, similarly to Aziz, he admits: "there is no denying the fact that the western medicine and surgery have made spectacular successes." Regardless, as a result of this Faustian bargain, "nevertheless the people's faith in Western medicine is now shaking, owing to its pitfalls such as rising resistance to antibiotics, addiction to painkillers, and xenotoxic effects." He states that as a result of this distrust, "the people are returning to roots, i.e. nature." In Hameed's dystopia, the inventions of western medical science are turning on the history of western civilization: "the antibiotic umbrella guarding against infections have now been [done] away by new variants of micro-organisms." Hameed cites tuberculosis as a disease that is "multidrug [resistant]" and for him, "this is the beginning of the end" (Hameed 1998c, 46). The human body's adverse reactions to western medicine is a sign of history on a collision course: unchecked, unmapped—and most importantly, unnatural. This is how Hamdard characterizes the persistence of strains of alternative medicine, using it to identify a historical pattern: 'ancient' history, followed by a corrupted modernity, followed by the west's eventual return to a Unani past.

## Chapter 4

### The Hamdard Company Profile: Negotiating a Professional Indo-Muslim Identity

#### 4.1 Introduction

In this chapter I examine the ways in which Hamdard literature documents Unani's move to and settlement in India. This permeation coincides with the period of the Delhi Sultanate, followed by Mughal rule in the region, in the thirteenth century (Alavi 2007, 28). Hamdard literature tells a story of how Unani became integrated within Indian culture by sharing medical knowledge with Ayurveda. Historically-speaking, the narrative of Unani's relocation to India coincides with Hamdard's documentation of 'decline' in Unani's historical development along a European timeline—as part of the fall of the Arab empire, which was examined in the previous chapter. I show how this narrative of integration, alongside Ayurveda, is an attempt to localize and indigenize Unani's external legacy of medical knowledge as part of the Arab 'golden age' within an Indian cultural history and geography. With regard to this analysis, I revisit the January 1947 *Hamdard-e-Sehat* (Hamdard Health) advertorial that was discussed in chapter one, which proclaims the company's establishment of herbal medicine manufacturing as a turning point in Unani history—and as a national achievement for India. Written just months before the official end of colonial rule, the advertorial also documents the story of the company's formation as a result of the shared historic victory of Unani and Ayurveda—surviving colonial medicine and saving “the Indian Systems” of medicine. In terms of my overall data sample, this advertorial is particularly distinctive. While momentarily drawing attention to Unani's entry into India through foreign contact (“imported by Moslems”), it strictly refers to Unani as “Hindustani Tibb” (Hamdard, January 1947 advertorial). Hamdard's documentation of pre-colonial Unani history

hides the context of Unani's institutionalization in India under Muslim governance; this is one of the ways in which Hamdard contests and negotiates Unani's Muslim identity.

The January 1947 *Hamdard-e-Sehat* advertorial is significant for my analysis because it shows how Hamdard begins to negotiate how company literature shall include Muslim history in its documentation of Unani history and the legacy of Islamic medical knowledge in its commercial representation of Unani, while also considering the company's brand development. I trace this process through All India Unani Tibbi Conference papers written by brothers Hakim Abdul Hameed (head of Hamdard India) and Hakim Mohammed Said (head of Hamdard Pakistan), contained within a conference proceeding called *Unani System of Medicine: New Horizons*. This document was published in 1998 to celebrate fifty years of Unani advancement and Indian independence in tandem, and I discuss its significance in greater detail in chapter six. In the present chapter, I focus on analyzing the ways in which Hameed's (1998c) and Said's (1998) contributions document a history of Unani's Greco-Arab origins as a global story of Unani's journeys in incorporating and adapting plant-based and herbal medical knowledge in India. Hameed introduces his article, "Unani Medicine: Some Issues," with this narrative, and Said's article, "Plants and Health for All," describes the raw herbal materials production industry in Pakistan as part of this history. Noticeably absent in their historical narratives is the context of Muslim governance in India during the periods of the Delhi Sultanate and subsequent Mughal empire, which facilitated the exchange of medical knowledge across the Arab, Central Asian, and Indian subcontinents (Alavi 2007, 28-53).

Hameed's (1998c) and Said's (1998) documentations construct a discourse that Unani flourished in India because it found a familiar system of medical thought in Ayurveda and



natural medicinal resources from the land, which it could incorporate into its corpus of medical knowledge. As discussed in chapter one, Muslim rule in India, which supported Unani's institutionalization as part of joint political and syncretic medical culture (Banerjee 2009), does not comprise the backdrop of Hamdard's version of Unani history. Alavi (2007) describes the ways in which the Delhi Sultanate and their Mughal successors saw healthcare as part of maintaining societal welfare (31), including the continued exchange of physicians between regions (30), and the translation and incorporation of Sanskrit medical texts into Unani medical knowledge (34). While both Hameed and Said feel it is important to indicate that Unani arrived in India from an external source, the Delhi Sultanate and Mughal patronage between the thirteenth and eighteenth centuries—which fostered the grounds for Unani's acclimation—are nonetheless absent from their narratives. This form of historical documentation is a strategy to portray Unani's relocation to India and its external intellectual legacy as a seamless part of modern Indian national culture. Muslim rule in the Indian subcontinent is often unmarked, or diminutively noted, on a timeline of Unani history within Hamdard literature. Unani's move to India is marked as a significant historical transition, both necessary (for survival, after the decline of the Islamic empire) and destined (a similar approach to medicine, Ayurveda, is found in India). The details of over 500 years of pre-colonial state patronage are significantly glossed over.

To facilitate the above analysis, I expand on Alavi's (2007) central point that it was very important for hakims in the late-nineteenth and early-twentieth centuries to find a way to represent Unani's medical intellectual legacy as relevant to the local context of anti-colonial sentiment, nation building, and cultural modernization. Borrowing from Ayesha Jalal (2001),

Alavi interprets this process as linking and balancing two categories of reference for a representational definition of Unani: the “Islamic universal” and the “local territorial” (265). To that end, hakims attempting to balance a representation of Unani as part of a Greco-Arab tradition of medical, scientific learning, rewrote the former as part of a historically and culturally Hindustani locale (14, 245). In her analysis, Alavi explains that until the reform period, the Islamic universal and the local territorial had served as a sufficient conceptualization of Unani. Under the Delhi Sultanate and Mughal rule, it had been possible for Unani to be understood as both (given its transnational origins), including intellectual exchange across the Dar al Islam region. Alavi’s analysis shows that attempts to professionalize Unani within a sovereign national-cultural space, from which colonial medicine and administration were to be excluded, put the two representations in competition (291-292, 306).

#### **4.2 Contesting Colonial Foreignness: Unani as Naturally Indian**

The 1947 *Hamdard-e-Sehat* advertorial positions Unani as less foreign than colonial western medicine in India. It opens with a critique of the colonial administration’s failure to successfully institutionalize western medicine as a system of national healthcare. Despite systemic propaganda, “outward pomp, grandeur and bolstering up by the Government” supporting “150 years” of rule through foreign medicine, it begins,

the modern Western system of Medicine has hitherto not even reached 10% of India’s population. This ludicrously small percentage is in itself tell-tale. Why inspite [*sic*] of all patronage, has it just touched the fringe of India’s medical need, is a moot question: We will answer it. Its chief faults are, first that is very expensive in a poor country, secondly the Govt’s [*sic*] budget did not permit its being extensively financed so as to render it accessible to all.

At this juncture, the advertorial boldly addresses Unani's outlying heritage, its medical knowledge "imported by the Moslems" at the beginning of Muslim rule in India, during the "Moslem conquest." The above contrast of Unani's indigenization with colonial medicine's foreignness, however, mitigates the latter move. The passage suggests that colonial medicine, introduced to India with however many intrusive and underhanded tactics, always remained at the periphery of the nation. Here, poverty and lack of adequate healthcare are symbolized as a national medical problem—one that can only be solved internally, by Indians. "Western medicine" is deemed ineffectual "because this system has persisted in treating the Indian, just as it would as Englishman in London or a Yank in Washington" (Hamdard 1947, sec. January advertorial). In other words, colonial medicine was not designed to treat Indian people in an effective manner. In this way, the advertorial juxtaposes the two forms of foreign rule in India, criticizing the unnaturalness of preserving a colonial system of medicine while promoting the acceptance of Unani's foreign origins.

To further understand the advertorial's interpretation of colonial medicine as foreign (therefore employing unnatural methods of treatment), I look at Alavi's (2007) analysis of how hakims created a national profile for Unani, reconfigured from a colonially-defined and hegemonic space (268). This was done to show that Unani was 'indigenous' to India—part of a sovereign geographical-cultural space in which western medicine, no matter how universal, could not fit. This sovereign geographical-cultural space also comprised a unique locale, including an environment in which all forms of treatment, as prescribed by a hakim, were to be directly related to the quality of air and water (269). As colonial medicine was foreign, its approach to healing could not be controlled by local ideas about the interconnectedness of

people-environment-place (271-272). The idea was that Unani, as India's ancient medical tradition (originating from within the nation's geographic and cultural boundaries), was naturally suited to healing the nation's ill. In contrast, western medicine's foreign origins meant that it was ineffective for treating Indian people (274-276).

In the advertorial, Unani's relationship with India—in contrast to that of colonial western medicine—does not continue to be foreign after entry. Unani integrates itself into India: “the other system, namely *Hindustani* [my emphasis] was imported by the Moslems, but realizing the merits of Ayurveda, they incorporated all the beneficial medicines in their Pharmacopeia” (Hamdard 1947, January advertorial). Upon its entry into India, Unani indigenizes itself: the medicine it provides is for the national community—of which it is now a part—and it becomes inherently Indian. This historical narrative of how Unani and Ayurveda developed together sidelines an important historical context of Muslim governance, which actually made this exchange of knowledge possible. It is written this way to emphasize the foreignness of colonial medicine while drawing attention to Unani's external intellectual legacy and its successful integration into Indian society. In the company pamphlet, *Achievement Through Endeavour: The Story of Hamdard* (HWL 1980), Unani's history in India is described as “the great success of Unani pharmacology and therapeutics in India ... due largely to the country's long association with the medicinal uses of native plants and herbs” (7). Together, these narratives show how Hamdard emphasizes Unani's connection to India through its naturalization—a history colonial medicine cannot share with the region.

Hameed (1998c) opens his piece, contained within *Unani System of Medicine: New Horizons*, with similar documentation and he produces a conjoined historical narrative for Unani

and India, charting an even older historic relationship. Here, they are metaphorically born and rooted together:

India is bless[ed] with the world's oldest civilization and richest tradition of health care. As a cradle of ancient civilization it fostered healing art. Unani medicine, though originated in Greece, and developed in Arab [*sic*] and Persia, had been introduced to Indian soil almost a [millennium] ago. Since then it has been grown to a [full-fledged] system of medicine *pari passu* [Latin for side-by-side] Ayurveda. Unani medicine views in a holistic paradigm. It is based on nature and her bounties as therapeutic armamentarium (36).

This passage articulates a shared pre-colonial relationship between the Unani tradition and the Indian nation, representing both as hailing from ancient origins. In Hameed's text, Unani's origins in Greek medical thought are minimized, as only a starting point, in favour of charting its growth in relation to the lands and cultures it encounters along the way. Unani transitions from its origins to "a full-fledged system," made complete through its encounter with Ayurveda. In *Achievement Through Endeavour: The Story of Hamdard* (HWL 1980), Unani's classical era relationship with India is highlighted in relation to the "millennium" of shared history. In this narrative, Unani comes from the Arab world; through its travels over the Himalayas, it leaves the centers of the Islamic world behind and it becomes a part of India. Its medicines "have been in use here for almost a millennium. In course of time the system embraced Indian ideas, therapy and pharmacy and adapted itself to Indian conditions" (3). This is a story about Unani's naturalization—a literal crossing over—and becoming Indian. It is important to note the metaphor of sowing cultural roots in the development of a shared medical culture. In this way, Hamdard forwards an argument for Unani's naturalization, showing that longevity through historic presence, and use of the soil, makes Unani a physical part of Indian cultural, geographical, and national space.

*Achievement Through Endeavour: The Story of Hamdard* further emphasizes these differences (analyzed in chapter three), by outlining the current relationship between Unani and India as an opposition between natural medicine (as safe) and western medicine (as dangerous). The former, “natural sources,” are presented as part of India’s long history and a wise choice to counteract more conventional treatments: “[if] fruitfully utilised, may yield safer, surer remedies for many diseases [and] they may also rectify many aberrations arising from an over-emphasis on synthetic drugs.” The latter, it is implied, have a shorter, more abrupt, history in India. Further lengthening the metaphor of natural belonging, Unani, as “a perennial source of help” becomes a part of a modern India, where “medical facilities ... are often difficult to find or mobilise despite the Indian Government’s best efforts” (HWL 1980, 7). In chapter six, I show how these arguments evolve to support Unani’s inclusion in the post-colonial state, as part of Hamdard’s platform on the importance of ‘indigenous’ medicine to the Indian nationalist project.

Alavi’s (2007) examination of how Unani writing in the late-nineteenth century used this narrative form is useful for understanding how Hamdard literature documents the existence of a shared past between Unani and India. Alavi writes about the ways in which Hakim Asghar Husain, writing in the 1880s in a Lucknow Urdu newspaper called *Oudh Akhbar* (242, 268-69), redrafted the chronology of Unani’s pre-colonial transnational history to emphasize its connection with India as Unani’s local, cultural, and geographic national space. In Husain’s narrative, Greek medical knowledge only becomes a part of Western thought after the decline of Greek civilization, whereas Unani had had prior access to Greek knowledge—at the height of its intellectual output. Here, Unani shares original Greek medical knowledge with India first, where it develops in tandem with Ayurveda, through the mutual exchange of empirical prescriptions

collected by Arab traders in the seventh century CE. In this narrative, Unani shares western knowledge with India; western medicine and India do not share an independent relationship. In fact, Unani beats the West in a race to incorporate Greek medical knowledge in its intellectual legacy (Alavi 2008, 274-76).

As discussed in chapter three, Hakim Mohammed Said asserts that Unani medical knowledge existed prior to Hippocratic medicine, “grown out of the fusion of diverse thoughts and experiences of nations and countries, with ancient cultural heritage, namely Egypt, Arabia, India, Iraq, Iran, and China.” The message that Said is trying to convey in “Plants and Health for All” is that in sharing its pre-recorded medical knowledge with Greece, Unani had a profound bearing on the formation of western medical thought. Said writes about Unani like it is its own historical agent and its medical knowledge then “moved” from Greece to Baghdad in the fifth century BCE. Said describes a one-hundred-year period of intensive medical development from 750 to 850 CE, in which Unani’s teachings were used across the “Orient and the Occident,” and Avicenna’s *Canon of Medicine* became the “Medical Bible of the whole of Europe” (Said 1998, 7). The purpose of positioning of Unani as an agent of history is to foreground its future in India. In the move to India, Unani discovers a similar and compatible system of healing in Ayurveda. Its hakims exchanged knowledge with already-established Ayurvedic vaidas, becoming familiar with the local flora and fauna. Assimilating the medical practices and herbal pharmacy of its new environment, Unani thus becomes Indian itself—the ability to adapt and find equilibrium with new environments as well as incorporate different forms of knowledge into its own corpus of knowledge is a historic characteristic of Unani exemplified by its symbiotic relationship with Greek medical philosophy.

Such creative accounts of Unani history are presented for the purpose of navigating traditional medicine's encounter with colonial medicine. They articulate a historical relationship between Unani and India (and Ayurveda), which undermines the context of colonial rule and its role in reconfiguring 'indigenous' medical history and knowledge. In Hamdard's version, the context of Muslim governance that supported the sharing of medical knowledge between Unani and Ayurveda is deliberately neutralized in favour of emphasizing Unani's cultural belonging in a modern Indian nation. Yet, it is important to remember that these dichotomies (local versus foreign; Hindu versus Muslim; Ayurveda versus Unani) need to be understood in part as a rendering of colonial rule and discourse. Thomas Metcalfe ([1995] 2010), for instance, shows how colonial discourse vilified Muslims as a despotic race, and Hindus as an effeminate people, made timid by a tropical environment who were unquestioningly amenable to conquest (8-9, 138-39). This is an important discursive context to consider, explaining in part why Hamdard would not want to associate Unani with a Muslim identity. While Hamdard literature does not discuss colonialism in terms of how it treated Muslims in India, it does discuss the British government's handling of Unani and traditional medical knowledge, showing a broader engagement with colonial history. In the present chapter, I have examined how Hamdard literature critiques the colonial government's attempts to institutionalize western medicine across India. In chapter six, I examine the analyses of other Unani historians writing for Hamdard, who directly identify colonial policies as responsible for curtailing Unani's development as a national healthcare system.



### 4.3 A Medicine for Everyone: Making Unani Indian through Ayurveda

Starting in the late colonial era, Hamdard literature taps into historical narratives of cooperation between Unani and Ayurveda, asserting Unani's 'indigenous' Indian identity as a means to negotiate its own profile as an Indo-Muslim company. The 1947 *Hamdard-e-Sehat* advertorial highlights the cooperation between Unani hakims and Ayurvedic vaidas as the means for Unani's acclimation in India. It is through a discourse of Ayurveda and Unani as similar systems of medicine that evolved together, sharing the land as a natural resource, that Hamdard literature makes a claim for Unani's indigeneity in India. Yet, at the same time, the advertorial tries to emphasize that Unani had to earn belonging in India, unlike Ayurveda, and must go through a process of indigenizing itself. The tension in the advertorial reflects a common concern within Hamdard marketing and conference literature: what is the company's role in developing a national representation of 'indigenous' medicine that includes Unani? Historically, Hamdard's treatment of this topic reflects the debate, among Unani reform advocates, with regard to whether Unani should be 'nationalized' alongside Ayurveda, as medicines with shared roots. The advertorial shows how Hamdard took advantage of Unani's occasionally strained relationship with Ayurveda in order to make way for its own business narrative—marketing its brand and products as nationally and professionally Indian.

The January 1947 advertorial suggests that Hamdard's branding was used, tactically, to curtail the company's association with (Hindu vs. Muslim) communitarian movements. It is my hypothesis that this was done following the political stance of contemporary Unani advocates, in particular Hakim Ajmal Khan, who advocated unity between Unani and Ayurveda through cooperation between hakims and vaidas (Metcalf 2006, 131, 138). As Hamdard became

commercially established in the mid-twentieth century, it used this political outlook to create a national brand message of medicine for ‘everyone.’ It continues to adhere to this branding approach in its discourse of corporate responsibility, which will be examined in the following chapter. Here I examine how a message of multicultural inclusion is a historical counter to Unani’s contested Muslim past. I note the continuity of muting Unani’s Islamic identity in the advertorial, as well as the marketing of Unani as a medicine for a national community, as featured in *Achievement Through Endeavour: The Story of Hamdard* (HWL 1980) and *A Story of Faith, Hope and Charity* (HWL [2002?]).

To understand how Hamdard navigates its own professional Indo-Muslim identity, Alavi’s (2007) history of how Unani acquired a Muslim communitarian profile in the late colonial era is a useful starting point. She examines how the development of Unani’s identity as a specifically Islamic medicine in the late-nineteenth century disrupted the carefully balanced understanding of Unani as dually Greco-Arab and Hindustani—a discourse asserted by the Azizi hakims (321-322). The Azizis, a Lucknow aristocratic family of Unani practitioners, had tried to construct a connection between Unani and India, based on a shared national cultural space. They wanted Unani to be part of a professional association, separate from other ongoing social and religious reform movements, within which it could be understood as a medicine for a community of the nation—irrespective of consumers’ religio-cultural communities (306-307). In a colonial context, however, the separation of Unani reform from a religious-based Muslim political agenda became increasingly difficult to maintain. As communitarian politics took on more momentum, as discussed in the introduction, in contrast to the Azizi hakims, a branch of intellectuals from

the Aligarh school of thought campaigned for the Islamacization of Unani.<sup>16</sup> This group sought to downplay Unani's Greco-Roman origins and its local growth in India in order to formulate a new identity for Unani as a form of Islamic medicine, established in the classical Arab empire (322). According to Alavi, the Muslim intellectual, Shibli Nomani, redefined the contours of this Unani for a Muslim *quam* (national community), which he understood as separate from *mulk* (nation) (321). Interestingly, at the same time, the Azizi hakims drew sharp lines between Unani and Ayurveda as separate medical traditions—arguing that any association with other medical traditions would contaminate Unani medical knowledge (311). The January 1947 *Hamdard-e-Sehat* advertorial's treatment of Unani's relationship with Ayurveda reflects these tensions, even as Hamdard tries to align Unani with Ayurveda as a path to Unani's Indian identity.

The *Hamdard-e-Sehat* advertorial indicates Hamdard's clear position that despite Unani's entry to India via “Moslem conquest,” it is a medicine for the community of the nation, referring to Unani as “Hindustani Tibb.” Within this statement is a coded message that Unani is not reserved for a separate Muslim community. This message can be uncovered by looking at the history of Unani's role in internal Muslim communitarian politics in the late colonial era. The Azizi hakims were very much against Hakim Ajmal Khan's work in Delhi, uniting Unani and Ayurveda. In 1910, Azizi hakims advocated a boycott of Khan's All India Unani Ayurveda Conference (324-327). Drawing on this debate, Ayurveda became dually meaningful for Hamdard—as a branch of medicine with which Hamdard wanted to both associate and disassociate—depending on the political context.

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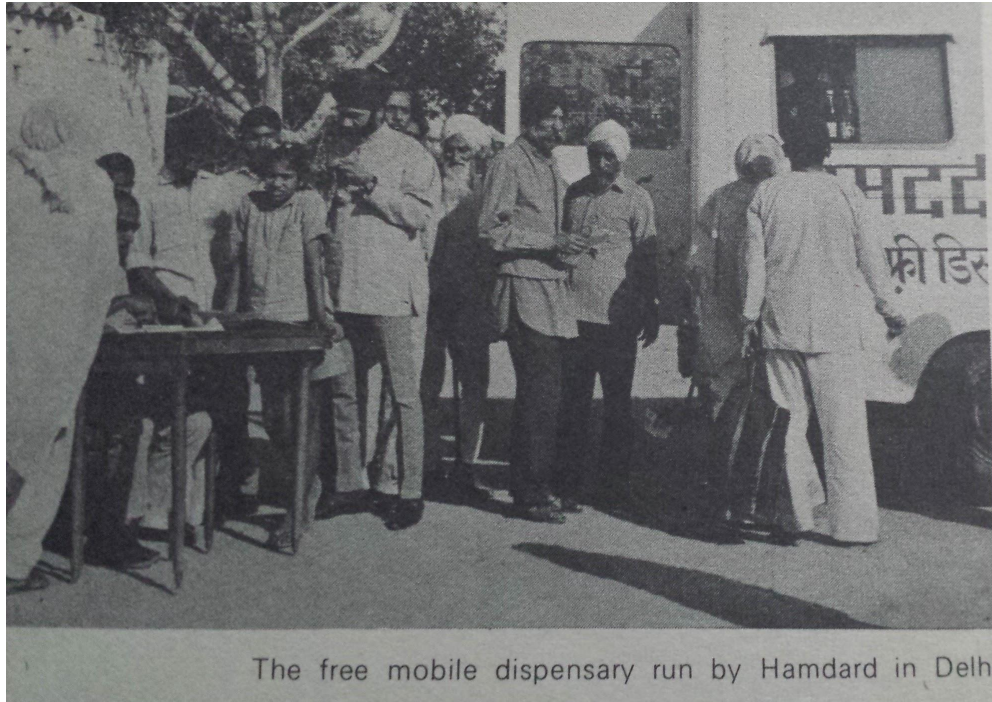
<sup>16</sup> The Aligarh Movement was an 1860s revivalist school of thought started by Muslim intellectual, Sayyid Ahmad Khan. On the one hand, it was formulated to represent the political interests of the Muslim elite, including fostering a culturally-equal relationship with British colonial rulers. On the other, it supported the development of a modern Muslim culture based on a revival of Islamic science and Persiante courtly culture (Metcalf 2006, 122).

For the most part, Hamdard grounds itself in the Delhi-based community of hakims (alongside Hakim Ajmal Khan), as discussed in chapter two, who wanted to build a national profile of modern traditional medicine that included Ayurveda and fostered Muslim-Hindu cooperation (Metcalf 2006, 138-139). In taking this position, Hamdard is careful about the ways in which it navigates a professional Indo-Muslim identity for the company, holding Islamic religious and cultural concepts at bay in its representation of Unani across its marketing literature. Currently, for instance, Hamid Ahmed (the marketing director) explained that Hamdard is trying to distance itself from a stereotypical Unani image. He described this (in the literal sense) as the image of a hakim with a long beard, dressed in a *sherwani*.<sup>17</sup> He also went on to say that the relationship between Unani medical knowledge and Hamdard disappeared sometime in the 1970s or 1980s. In favour of defining their products as USPs, a marketing acronym for “unique selling products,” Unani could not compete with Ayurveda (as a brand representation), because “Ayurveda is bigger” (H.A., pers. comm.). Therefore, Hamdard needed a new strategy for its commercial offering, to replace its former reliance on advertising Unani medical knowledge. This is symbolized first and foremost in the company name, Hamdard, which the company defines as “sympathy and caring for all.” In stories of how the company began, Hakim Abdul Majeed is said to have invented the name to represent the company’s public message and profile (HWL [2002?], sec. In the beginning). It is important to recognize the Hamdard marketing director’s statements as part of a larger concern for managing and negotiating Hamdard’s Muslim identity in India, which, through making Unani invisible, gets subsumed in its marketing strategy.

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<sup>17</sup> A formal jacket.

Today, Hamdard takes a specific position on the kind of healthcare services it will provide through Unani: Unani is for everyone. This is a well-considered position, reflective of its stance in the early-twentieth century—separating itself from communal identification and choosing a national cultural umbrella. There is an image, contained in *Achievement Through Endeavour: The Story of Hamdard*, of a mobile dispensary serving a visibly-marked group of Sikhs (HWL 1980, 16) (see image 1.9). In *A Story of Faith, Hope and Charity* (HWL [2002?]), a number of the descriptions of the company’s philanthropic and educational projects are directed toward Muslim social advancement, though this aspect of their cause is not highlighted specifically. Instead, the document uses language like “facilities for education of minority communities” to describe their purpose (sec. Business and Employment Bureau). I will further explore Hamdard’s activities, as related to corporate responsibility, in chapter six. Tensions around Unani’s belonging in India begin to emerge in the 1947 *Hamdard-e-Sehat* advertorial, where the narrative is unable to adequately account for Unani’s external heritage. On the one hand, the narrative states that the Indian environment is somewhat hostile to Unani, while concurrently using a discourse of Ayurveda in its claim for Unani’s Indian identity.



The free mobile dispensary run by Hamdard in Delhi

### 1.9 Hamdard's charitable projects

The ideas of cooperative belonging alongside Ayurveda clash with the competing idea that Unani had to earn its Indian identity. Hamdard literature demonstrates an ongoing effort to straddle multiple historical and geographical representations of Unani, as discussed in chapter two. This balance becomes difficult to maintain in the politically charged context of Indian Muslim polity-building within a simultaneously anti-colonial environment. In the advertorial, this balance goes awry as the narrative tries to assert Unani's cultural identity in opposition to Ayurveda. The advertorial stresses Unani's efforts to adapt and compromise, "after reshaping and remolding their system, the Hakeems worked shoulder to shoulder with the Hindu Physicians so that both the systems prospered and were equally patronized." Having previously referred to Unani as "Hindustani Tibb," the document now draws a distinction between practitioners in each tradition, specifically identifying Ayurvedic physicians as "Hindu Physicians." The advertorial's narration of Unani history shifts from emphasizing that colonial

rule is foreign to arguing that Unani earned its belonging through the ingenuity of integrating itself within new circumstances. Upon arrival in India, “realizing the merits of Ayurveda, they [hakims] incorporated all the beneficial medicines in their Pharmacopeia so that their patients may profit by the wisdom of the ancient Hindu sages.” In contrast, the “allopaths,” Indian medical doctors who “have blindly accepted the European theories” over traditional medicine, refuse to take into consideration the temperament of people from a “warm climate” in their forms of treatment and “more often than not, instead of curing a patient they have accentuated his disease.” The advertorial argues that despite such a hostile environment, whereas Ayurveda has always held a natural place in India, Unani has adapted and successfully expanded the use of “Indian Systems” to a 90% usage rate (Hamdard 1947, January advertorial).

The concept of “mulki hamdardi” (sympathy or empathy for the nation), in terms of sensitivity to the country’s unique cultural and geographical locale, became prevalent in the late-nineteenth century, as hakims distinguished themselves from practitioners of western medicine (Alavi 2007, 278). For example, as Alavi shows, an Azizi family hakim named Abd Al Aziz thought about the “nation of Unani” as a concept that was important to ‘Hindustanis’ as well as Muslims, using terms like *girroh* (group), more generally, rather than *quam* (national community), for a more pluralistic inclusion (307, 348).<sup>18</sup> This was a value system unique to hakims—one that did not apply to allopathic doctors, meaning they could not naturally understand how the social context of the country’s political turmoil affected physical health. Alavi explains that at its core, this reasoning involves developing an understanding of sensitivity to environment within a national locale. This notion of sympathy supported comparisons of

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<sup>18</sup> Similarly, Attewell (2007) notes that Hakim Ajmal Khan “subverted” the term *quam* to refer to group unity between hakims and vairs (158).

hakims visiting patients at home—free-of-charge—versus English doctors, who charged exorbitant fees for both home visits and medications (278). Hamdard marketing literature represents the company as an organization that helps everyone. This message, that the generous-spirited Hamdard shall provide Unani cheaply to everyone, is symbolized in the following explanation of the company name in *A Story of Faith, Hope and Charity*: “Hakeem Abdul Majeed wanted a larger number of people to benefit from the time-tested efficacy of Unani medicines and thought it necessary to manufacture Unani drugs on a bigger scale in order to achieve this end. It is not at all surprising, therefore, that the name he gave to his fledgling ‘sympathy for all and the sharing of pain’” (HWL [2002?], sec. In the beginning). Hamdard’s professional-multicultural marketing angle is, in this way, part of the documentation of charitable motivation used as a basis for building the company.

Neshat Quaiser (2001) identifies this kind of language as “a spirit of selfless service and patriotism,” a common rhetorical tactic in Unani reform arguments, to save Unani and Ayurveda together for the nation (338). Hamdard marketing literature extrapolates this history to give meaning to the choice of company name, drawing on Majeed’s original definition, “the sharing of suffering and pain.” An advertisement on the back cover of the 2007 All India Unani Tibbi Conference proceedings is headlined: “Of the people. By the People. And most importantly for the people.” The opening passage reads: “Welcome to Hamdard. Welcome to a venture that started off to help people. To share their pain as much as to be a part of their joys.” The idea behind this branding is that the company started out as a small dispensary to serve a national need, even before it reached commercial status. The charitable magnanimity of the company only increases as it grows: “‘Hamdard’ soon became what it was meant to be—[a company] to



serve mankind,” the advertisement continues, the single quotation marks highlighting the benevolence the brand is meant to symbolize. The advertisement goes on to connect Partition to the company decision to expand its charitable profile, as Hamdard chose to become a wakf (charity) in 1948—“ a move that was to benefit millions, irrespective of caste, colour or creed” (HWL 2007, sec. back cover). Hamdard’s marketing positions altruism as a healthcare philosophy for a community of the nation, building the company’s brand through a commercial representation of Unani.

It is print-culture Unani (Alavi 2007) that first allowed Hamdard to publicize its position as a company offering Unani as a commercial product. The company magazine, *Hamdard-e-Sehat*, drew on adjacent arguments from leading Unani reformers (in particular, Hakim Ajmal Khan) to contextualize its marketing messages within debates between Unani and Ayurveda. The advertorial that I examine co-opts the narrative that Unani medicine, while external to India in its intellectual heritage, shared an intimate historical relationship with an ancient India, unlike colonial medicine, and is therefore part of contemporary Indian national culture. In representing Unani this way, Hamdard attempts to consolidate its own identity as an Indian Muslim company. This form of narrative documentation continues to appear in Hamdard’s more contemporary literature. In this way, the writings of Hakims Abdul Hameed and Mohammed Said dismiss recognition of Unani as a tradition of knowledge connected to Muslim governance in India, while preserving its Islamic intellectual legacy, redefining the latter as naturalized in India through a discourse of shared knowledge with Ayurveda. Hamdard literature, thus, also historicizes the company within the context of Unani communitarian and modernization debates, representing itself as a long-term caretaker of a national community while solidifying its location

in a new India. In marketing materials, this historical representation of Unani's unity with Ayurveda, and even the notion of Unani as a system of medical knowledge, are pushed into the background and replaced by Hamdard's brand offering of a national company that can look after the health needs of India's people, projecting a discourse of nationalism to consolidate its own identity as Indian.

Hamdard's desire to solidify this national identity is evident in the documentation of its history in independent India, the topic of the concluding chapter of this thesis. In the postcolonial context, Hamdard conference and marketing materials discuss the company and Unani's belonging in India, as part of the birth and growth of an independent nation. With this concept, it is essential for Hamdard to show that its Unani medicines meet medically scientific standards. In the following chapter, I examine the ways in which pharmaceutical research at Hamdard incorporates an attempt to prove that Unani medical knowledge is historically scientific.

## **Chapter 5**

### **Reconciling Biomedicine within Unani Epistemology**

#### **5.1 Introduction**

The 1986 “Proceedings of the Symposium on Dermatology and Unani System of Medicine” conference publication is one of several monographs produced by the Hamdard National Foundation (the company’s philanthropic and charitable department) documenting scientific research on Hamdard products. The papers in this publication show how the language of science is imbricated in a discourse of Unani’s historical advancement, as discussed in chapter three. This document caught my attention because it formally introduces the company’s work on Elementology, a branch of biomedical research (JH 2008, 31). Hamdard began working on Elementology, which it claims to have pioneered, in the 1980s. In the 1986 conference publication, Hakim Abdul Hameed (1986) describes Elementology as an initiative to develop new herbal drugs, based on classical Unani principles, which can replace western pharmaceuticals (i)—one project, among others, to integrate Unani and western medical science (JH 2008, 3). With this in mind, the 1986 papers were written to lend scientific credence to the Unani medical principles behind Safi, Hamdard’s popular, over-the-counter, product, and its use as a remedy for dermatological conditions. In addition, a pamphlet was published to coincide with the conference, offering awards of up to 100 000 rupees for research papers on Safi (Arora [1985?]). The elementological study of Safi, covered in the conference publication, involves the examination of humoral properties of the product’s herbal ingredients with a focus on those containing the element zinc. Such work is then compiled within internal marketing pamphlets, marked “for registered medical practitioners,” and distributed with product shipments to regional dispensaries carrying Hamdard products (HWL 1980, 18).

Two pamphlets on Safi (HWL [1985a?], HWL [1985b?]), nearly identical in textual content, were distributed as part of this marketing initiative, showing clinical research examining the medical value of its herbal ingredients. These pamphlets present data on the “antiviral” or “antibacterial” properties in various roots or plants used in the manufacture of Safi. Similarly, in Monograph No. 5 (1991), *Oral Rehydration Therapy with Rooh Afza*, Rooh Afza is discussed dually in terms of its ability to treat dehydration and as an ingredient for homemade soft drinks (Arora 1991). A booklet (HWL [2000?]) produced to celebrate Rooh Afza’s ninety-four years on the market shows an attempt to expand its brand recognition in terms of nutritional value. It presents recipes for desserts and drinks, called “table treats,” such as milkshakes, *nimbupani* (lemonade), *lassi* (a yogurt shake), and custard. These traditional recipes can be modified, with Rooh Afza replacing sugar and changing the flavour of the dish, “[making] old favourites take on new excitement!” Yet, the text on the back cover of the pamphlet describes Rooh Afza as a “unique preparation with herbs, vital elements and natural vitamins;” “with scientifically proven natural goodness” that can remedy the symptoms of dehydration such as “giddiness,” by “[increasing] calcium level” and “anabolic action” to “[keep] the body healthy” (HWL [2000?]). Marked “for registered medical practitioners only,” the Safi pamphlets educate dispensary employees on how to market Safi: as a cosmetics health tonic that can be taken orally to achieve clear skin. At the same time, they reposition the product as scientized dermatology, based on tenets of classical Arab science to remedy serious skin conditions (HWL [1985a?], HWL [1985b?]). These efforts in research reflect Hamdard’s marketing strategy, aimed at repositioning its products as medically value-added.

Hakim Abdul Hameed (1986) opens the conference publication, evoking Hamdard's need to bring Unani and western medical science into historical consonance, in the modern era. He writes, "one of the aims of the Hamdard National Foundation<sup>19</sup> is to further research not only on development of drugs from herbal sources but also to put existing herbal Unani preparations on firm scientific footing" (i). Reading this statement, it is important to recognize that Hamdard literature refers to Unani's relationship with science in two different ways: technologically, and in terms of pharmaceutical research. In the first, as discussed in chapter two, technology is a welcome and necessary addition to production processes to both preserve and modernize an individuated empirical practice of medicine-making (HWL 1980, 16-18). Here, Hamdard is comfortable admitting that there is no material evidence of physical technology in classical Unani theory, though it will argue that technology only serves to preserve and make available Unani principles at the basis of each medicine—a theme that will be discussed in chapter six. In the second area, Hamdard represents science as a body of knowledge that has been developing in the West, in which Unani is historically behind (Aziz 1998, 20), as examined in chapter three. This includes the areas of research, experimentation, and clinical methods, as well as the academic study of the history of science, which ought to have kept the former in view. The above quote indicates Hameed's wish to change that history, and in wanting to "put existing herbal Unani preparations on firm scientific footing," get over a perceived gap in the history of Unani's medical knowledge development. In this chapter, I explore how historical consciousness informs the ways in which Hamdard's clinical research conceptualizes Unani science.

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<sup>19</sup> These documents are published by the Hamdard National Foundation, the company's charitable arm, and one of its jobs is to direct profits back into supporting the company enterprises, including pharmaceutical research and production, and the Hamdard University. Hamdard literature treats this internal funding structure like it is not a for-profit venture, emphasizing that the company became a registered charitable organization, a *wakf*, in 1948.

Each writer is affiliated with the Hamdard organization in a leadership capacity, with a background in integrating eastern and western medical knowledge. Hakim Abdul Hameed (1986a; 1986b) opens the conference proceedings, with a “Preface” and an introduction titled “Dermatology and Unani System of Medicine.” Across both pieces, he discusses Hamdard’s work in elementological dermatology research as a revival of the classical Unani concept of blood purification (1). He is noted for organizing the 1983 First International Conference on Elements in Health and Disease in a biographical section at the end of the publication (Arora 1986, 44). Next, I look at the work of Hakim Jamil Ahmed, described as a scholar with a professional degree in Unani practice, who worked at Hamdard University’s medical school as a physician and Principal, as well as Majeedia Hospital as Superintendent (45). In his article, “The Concept of Temperament in Unani System,” he writes about an Avicennian temperament theory as a way of talking about etiology (Ahmed 1986, 4). Lastly, I look at S.B. Vohora’s (1986) work, “Skin Diseases: Two Unani Concepts,” where he examines physiology as the natural restoration of blood purity (9). Vohora holds Indian degrees in western pharmacology, and worked at the Hamdard University’s Department of Medical Elementology (Arora 1986, 46). For each of their projects, the writers also discuss the challenges facing Unani research in its efforts to bring classical Unani medical thought and western science into consonance.

The writers open their arguments by asking, exploring, and theorizing positivist questions about how temperaments are created, how humoral balance is achieved, and how blood purification works. I focus on these three dominant discourses in Hamdard’s representation of Unani medicine, and the ways in which they are used to build linkages with biomedicine while establishing and maintaining their own epistemic space. Hameed (1986a; 1986b), Ahmed (1986),

and Vohora (1986) all structure their discussions using a methodology that involves corresponding, matching, and aligning such Unani concepts with aspects of biochemistry, studies of metabolic activity, and physiology. I shall show how the contributors appropriate and reconfigure normative biomedical concepts including positivism, visual objectivity, and provability into Unani thought, revealing a process of counter-hegemony while attempting to meet the universalist standards of those concepts. The work of M.A. Aziz (1998) and Hakim Abdul Hameed (1998b), discussed in chapter two, argues that Unani meets universal scientific standards through the historicist rationale that Unani has already achieved great scientific innovations in its past. I argue that the writers apply this historicist rationale as form of hypothesis and methodology for investigating the existence of positivist principles in classical Unani science. This results in a textual contestation between biomedical and Unani knowledge, spanning the conference publication, illuminating an epistemological impasse that the writers attempt to overcome. I show how this paradox plays out in scientific academic literature produced by Hamdard to support the company's pharmaceutical research and development division.

## **5.2 Contrasting Genealogies: Chemical vs. Natural Scientific Pharmaceuticals**

Hameed's preface to the conference proceedings calls for a study of the ways in which zinc works as a blood purifier in herbal ingredients used as components of Unani medicine. He writes that in addition to standardizing Unani herbal preparations with western scientific methods, "this monograph also deals with a new dynamic concept of linking a possible elemental mechanism of action of blood purifiers used in dermatological practice in Unani system of medicine." Hameed writes about zinc as if it is a constant or controlled variable, presenting the

following as foregone knowledge: “that the normal functions of skin and hair appears to be closely related to zinc status.” This information is also found in a popular western cosmetics health context that draws on stereotypical notions of ‘ancient’ and ‘eastern’ medicine, targeting a female demographic (Sachs 1994, 62) and shows that Hamdard is aware of the global flow of information that makes up its contemporary commercial context. Without directly mentioning the source of this information, Hameed is careful to identify that this is a Unani study whose objective is to find specifically herbal natural sources of zinc, while framing this in the language of biomedicine. He cautions, “obviously, it would be safer to use herbs rich in zinc having better bio-availability and negligible toxicity for treatment of such skin diseases, rather than using active ingredients and pure chemicals which are likely to produce adverse drug reactions” (Hameed 1986b, i). In this way, Hameed is solidifying the space for Unani to be understood, on the one hand, as a classical medical knowledge with time-tested theories particular rules that regulate, while opening up the possibility for it to be understood as a commercial pharmaceutical.

Writing on Ayurveda, Madhulika Banerjee (2009) tracks this split in representation as a marketing pattern in the commercial herbal drug industry. She explains that once Ayurvedic medicines have been turned into pharmaceuticals, longevity in the form of ancient knowledge is not a sufficient argument in-and-of-itself, resulting in consumer skepticism. According to Banerjee, at the same time, Ayurvedic medicines don’t hold the same forms of recognition in the market as biomedical products, as it’s unknown whether standardized procedures have been followed in their production (197). Hamdard, to target this consumer perception, initiates elementological research to provide Unani with scientific, clinical knowledge that is transferable



in the consumer market. Hameed, however, like the other writers in this publication, is unwilling to abandon Unani as an epistemic frame. Here, I show how Hameed (1986a) constructs a narrative documenting a joint Greco-Arab scientific discovery of blood purification as the historical background of elementological pharmaceutical science.

Hameed (1986b) documents two contrasting genealogies for “herbal Unani preparations,” portrayed as natural, and western pharmaceuticals containing “active ingredients and pure chemicals” as unnatural (i). In the former narrative, Hameed (1986a) writes that while “Galen did not use [blood purification] terminology ... the old famous expert on botany Dioscorides, perhaps introduced this concept for the first time while describing the medicinal properties of [the herb known as] Shahtara ” (1). Here, Hameed is trying to show that while the term cannot be traced in Galen’s written work as part of a western history of medicine, blood purification’s first discovery took place in an era of possibly pre-recorded history, separate from a western timeline. M.A. Aziz’s (1998) work, discussed in the previous chapter, asserts that Galen is the last contributor to Greek medical thought prior to Europe’s decline in the middle ages (6). Further, Hameed traces the term’s usage through the history of Arab science, marking it as officially taking hold in this history of medicine—firstly, through the work of Ibn-e-Baitar, and later Razi, notable Arab scientists of botany, chemistry, and pharmacy (Al-Khalili 2010). Finally, most famously, Hameed highlights the role of Ibn Sina, in the history of Islamic science, who “fully adopted this terminology in his ‘Canon of Medicine’.” Hameed then goes on to explain that in India, the concept of blood purification “got well propagated...due to the fact that specific and effective drugs for skin disease were available.” Here, Hameed is subtly referring to similar practices that hakims encountered in Ayurveda when they first migrated to the Indian

subcontinent, part of a narrative of acclimation, examined in detail in chapter four. He emphasizes its codification in Arab texts, after which its legitimacy in India came about as a result of its reputation as a medical concept that could be practically applied in drug-making (Hameed 1986a, 1). Tracing the development of Arab medical science through three periodized documentations of history, Hameed constructs a genealogy for the growth of blood purification into a scientific concept.

While Hameed (1986a) tells a story about the origins of the concept of blood purification, as documented in the world's first works of botanical science, he presents a starkly contrasting representation of western pharmaceuticals. Hameed explains that the reason for the proliferation of and concern about skin diseases, worldwide, is "that the practice of medicines of chemical origin is current without any check which finds no parallel in history" (1). According to Hameed, western pharmaceuticals, unlike Unani medicine, do not have a history, but are simply products of the present. The narrative he writes can be seen as a consequence of a dystopic world in which Unani medical thought is absent and modernity runs unchecked, discussed in the previous chapter. The popularity of these modern medicines, he concludes, has spread, and their "ruthless use ... has so much complicated the concepts of Tibb and health and the International problems that the present reaction towards these medicine will be described as but natural" (2). In Hameed's description, the world of modern medicine is cyclical: the medicines invented only serve to create more disease. This is in direct contrast to the narrative of Unani medical thought, in which science ought to use elements found in nature, and emerge through a balanced unfolding of history that confirms the validity of its science.

For Hameed, all of this ‘evidence’ signals that people want a better world, “[a]nd the present great upsurge of search and research of safer medicines of plant origins is not only discernable to the people who are attached with Tibb and health but the common people are also fed up with the side reactions and after effects of chemical and synthetic medicines and are coming back to natural remedies.” Hameed suggests that the western medical world is not unaware of the large-scale adverse effects. He tries to show that there is plenty of evidence, citing the findings of a 1983 clinical trial in Finland, on the adverse reactions of a number of chemicals used in skin treatment drugs. In a rather contrived manner, Hameed lists fourteen different chemical compounds that have been used in history-making western pharmaceuticals, but were also discovered to cause major side effects. He is silent on the former fact, but vocal on the latter, writing that these chemicals “are the most frequent agents provoking cutaneous reactions” (Hameed 1986a, 2). In Hameed’s narrative, science and technology—the symbols of modern advancement in western discourse—are inverted into symbols of depravity in the modern world. He is only open to technology and scientization if it is directed by the classical tenets of Unani medical thought. In contrast then, for Hameed (1986a), blood purification, as a medical concept, was proven correct by Dioscorides who empirically discovers that the herb *shahtar* “expels choleric urine” after consumption (1). Here, the genealogy of Unani history’s herbal medicine discovery is part of a structurally functional teleology wherein the natural world and ‘Man’s’ discovery of it,<sup>20</sup> coalesces with the advancement of medical science. In Hameed’s historical narrative of the discovery of Unani herbal medicine, thinkers are attentive to their natural world and guided by it. They find herbal ingredients from which they are able to develop drugs—this is how Unani history has proven its natural scientific veracity.

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<sup>20</sup> The ancient thinkers cited are all male.

### 5.3 Unani Etiology: The Chemistry of Humours and Temperaments

How the body is conceptualized as the site of disease during illness is important for understanding how Hamdard distinguishes Unani and biomedical epistemic frameworks. Historically, in Unani's attempt to answer the biomedical question of how disease is caused, classical Unani nosology—how conditions of disease are classified in Unani—was reframed in terms of pathogenesis, looking at how disease develops in the body (Banerjee 2009, 50). Jamil Ahmed's (1986) article is an instruction on the classical understanding of temperament from Arab science, in which he tries to show its theoretical application in modern western biochemistry. I show how Ahmed's conceptualization of imbalance in temperament, as a means of disease classification, is framed as a commensurate understanding of the cause of disease. This effort illustrates an epistemological impasse in trying to reflect biomedicine and Unani in each other's knowledge frames.

Ahmed (1986) attempts to explain the relationship between temperaments and humours as a means to both recognize a 'state' of disease and understand how disease emerges in the body. "According to our Unani discipline the human body is composed of several natural and basic components," Ahmed writes, introducing temperament in classical Arab terms as "Al-mizaj." Observe that temperament is located within an individual body, formed along with the other components, within the confines of the body. He cautions that "[t]he loss of excess of anyone [sic] or more of these components could lead to disease or even death of the individual" (4). Then, to draw humours into the picture, Ahmed explains that each temperament has clinically distinguishable symptoms that correspond to various diagnostic possibilities, "determined by the proportion in which four humours are found in an individual's body" (5).

Thus, a particular humoral combination might produce, for instance a “bilious temperament,” including “feelings of the pins and prick of the body,” and might present in a person “prone to anger, thin built, [of] yellowing face, hairy, proudy [*sic*], ambitious, clever, possessing great physical strength, and courageous in danger” and whose “pulse is rapid and strong, [their] vessels ... prominent” (6). While Ahmed defines ‘temperament’ as mainly deciphered through the proportions of humours found within the body, he also tries to formulate a wider understanding of how health is determined in Unani medical thought, which includes a patient’s personality and characteristics in relation to both biological and psychological behaviour. Ahmed goes on to ‘dissect’ a specifically Unani body for the purpose of anatomically (Das 2001, 126) mapping temperament onto it, leaving this initial attempt aside.

Anirban Das (2001) points out that this articulation of the relationship between temperament and humours is in contrast to how traditional medicine has epistemically understood health as a porous relationship between the body and its surrounding environment (112). Ahmed (1986) re-categorizes the body into four groups, including hot, cold, moist, and dry organs. For example, hot organs are those “which are very active ... whose blood supply is very rich with the high rate of O<sub>2</sub> consumption.” These include the “heart, liver, spleen, kidneys, [testicles], ovaries, mammary glands and pancreas” (6-7). In direct contrast are “cold organs,” those “with poor blood supply which are less active” like “hairs, cartilages, bones, ligaments ” (7). An imbalance between temperaments becomes the equation through which conditions that indicate disease can be identified, and at the same time this imbalance can also be the root cause. A ‘loss’ or ‘excess’ of any of the humours is indicative of disease and ‘shows’ the cause of disease; treatment can be prescribed based on “for example, if the temperament of a patient is

found cold, then drugs having hot temperament are prescribed for that patient” (7). The humoral composition of temperament, in this case blood, becomes instructive of the kinds of diseases that are possible and the ways in which to remedy them. Thus, Ahmed constructs an anatomically Unani body based on a relationship between humours and temperament that both overdetermines (Das 2001, 113-114) and delimits the understanding of temperament within the body itself.

For Das (2001), what this means is that the anatomical body stands in as a metonym of western medicine in traditional medicine, to “displace in a fundamental way, the physiology of the context-sensitive knowledge of the body” (126). Das recalls the perspectives of an 1885 Ayurvedic practitioner named Kabiratana Sitalchandra Chattopadhyay. While discussing the challenges of talking about disease causation from an Ayurvedic perspective, Chattopadhyay said that the humours of Ayurveda were an “invention” conceptualized to understand etiology. Das’ analysis of this kind of statement is that “Ayurveda relinquishes its claim to a correct knowledge of the body.” Das concludes, with emphasis: “it becomes impossible not to think validly in terms of the anatomical structure of the body” (127). Ahmed (1986) admits, toward the conclusion of his piece, that “the process to determine the temperament of cells, tissues, and organs is very difficult, cumbersome, and requires careful examination” (6), thus positioning biomedical knowledge as the most needed form of knowledge. Here, the onus is on Unani to explain its episteme in relation to biomedicine. Ahmed’s use of a biomedical understanding of disease in his initial theoretical approach, then, would confirm Das’s theorization. The notion of disease emerges from within the body to structure Ahmed’s explanation of the relationship between temperament and humours. Examining the second part of his piece, I explore how Ahmed’s efforts to theorize Unani become more ambitious and attempt to resist Das’ eventuality.

Divergent views also emerge across Hamdard's literature, calling such certain analytical conclusions, as Das' (2001), into question. For instance, in H.H. Siddiqui's (1996) conclusion to the conference proceedings, he writes "in India our efforts have failed to bring the best out of the indigenous system of medicine because the drugs were not investigated in the form they are used in that system. Therefore the scientific approach should be to subject these medicines for the modern methods of evaluation in the form they are used in the traditional system" (42-43). Here, Siddiqui shows an understanding of biomedicine's historic and scientific hegemony, and the voice of this awareness is important to hear, because it shows that Hamdard researchers are aware of the problematics that ground their research goals. Below, I examine Ahmed's attempt to incorporate etiology within a structure of classical temperament theory, to show how his work—and Hamdard's writing overall—subvert biomedical knowledge.

Ahmed's conceptualization of Unani involves an attempt to illustrate physiology as a form of movement between humours and temperaments. Drawing from Margaret Trawick, Das (2001) shows us how Ayurveda understands physiology, which is also useful for understanding Unani: "[the] body [in Ayurveda] is imaged not in terms of anatomy ... but in terms of the flow of substances through channels, and the transformation of these substances into one another" (126). Ahmed (1986) reframes the language of molecular movement in chemistry within a classical Unani theory of balance restoration. Referencing a 1930 translation of Avicenna's *Canon of Medicine*, published in Delhi, Ahmed defines the formation of temperament as comprising a chemical reaction. He cites this text as newly recovered evidence that it was Avicenna, saluted "Sheikh-ul Rais" (4), a leader among wise men, who first used the language of chemistry to explain how temperamental balance is achieved. He states that Avicenna originally

defined the formation of temperament as a product of a chemical bond, in which the particles of each molecule interact with one another to form a chemical compound: “Temperament is a condition which is produced by action reactions of opposite elements which are broken up in small components in order to facilitate the mixing of most components and of each element” (4-5). Elements in this passage carry a dual meaning and, significantly, are meant to be recognized in correlation with the chemical elements of the western periodic table, and as *al-arkan* or *anasir*, one “of seven natural and basic components” in classical Unani (4). Thus, it is the pre-existence of ‘ancient’ elements that makes temperament the first and most enduring version of molecular chemistry in the history of medicine.

Ahmed extrapolates a correspondence between temperamental balance and etiology, through the language of molecular chemistry. He argues that the Unani elements of a temperament behave in the same way as elements of the periodic table do when they join to form compounds through the sharing of their positive and negative ions. He writes, “when these components interact among them by their respective power, a condition is produced which is found in equal proportion in all components of the elements.” Adjoining Unani elements, then, are held together by positive and negative ions that make up a chemical compound in western chemistry. Ahmed concludes that this produces “a new state of matter,” that is, a temperamental disposition, “having quality different from that present in the [Unani] elements or compounds before coming into *imtizaj*.” He defines *imtizaj* as an “inter-mixture or chemical combination,” that occurs when Unani elements interact and combine together (Ahmed 1986, 5). Ahmed writes that the Unani elements are composed of atoms of positive and negative ionic powers that combine to produce a new quality—a state of equilibrium equaling temperament. This



combining of western and Unani historical scientific trajectories as one, in which Unani is the source of biomedical knowledge, is part of what Das (2001) analyzes as a complex hegemonic exchange of medical knowledge in the colonial encounter, where “both spaces, though undergoing some changes of form retain their respective essences, which are subsumed within the surrogate (universal) essence” (114). A new space of medical knowledge where Unani does not have to compromise its epistemic basis, while also meeting the ‘standards’ of western medical science, is exactly what Hameed, Ahmed, and Vohora are trying to create. For Gyan Prakash (1999), this “surrogate universal essence” is “a new arena of colonial dominance and indigenous agency” (21). Prakash explains that in this relationship, western science is forced to “express itself in the menace difference ... open itself to and contain the pressures of indigenous cultures, to dwell in the ... literary writings of ‘natives’.” For Prakash, “if these complex strategies of hybridization and translation confirmed science’s authority they also required it to address indigenous knowledge and subjects, resulting in a paradoxical legitimation: the establishment of science’s power in its estrangement” (64). For Ahmed, having tracked points of correspondence across temperament and physiology, the idea that opposite elements come together out of a natural desire, is Unani’s epistemic triumph.

#### **5.4 Unani Positivism: Vision as Cognitive Process**

In his article “Skin Diseases: Two Unani Concepts,” S.B. Vohora discusses skin health and dermatological remedies in terms of humoral blood purification and Unani elements. First, Vohora constructs an argument using deductive reasoning to show that blood impurity and its purification, as classical concepts, are both the root cause of, and answer to, curing skin diseases. He also argues that what this shows is that the terms and understandings in biomedicine, while

different, can accurately be understood as equivalent forms when discussing blood purification in Unani. In this section, I look at the ways in which Vohora attempts to bridge what he calls “a communication gap” between Unani and biomedicine, harmonize their understanding of dermatology “in modern parlance.” Vohora identifies the communication gap between Unani and biomedical perspectives on dermatology (and medical science, in general) as an impasse related to the “vague theories used by Unani physicians [which] are viewed with skepticism and indicted for lack of clarity and scientific evidence.” Then, he asks, “is it really so?” In a staged conversation with a biomedically-inclined audience, Vohora poses a series of typically positivist questions that those unfamiliar with Unani, “who are not oriented to traditional medical concepts” predictably ask: what blood purity ‘is,’ how impurity ‘happens,’ and how it ‘works’ (Vohora 1986, 9). In answering these questions, I show how Vohora brings together an understanding of vision as a physical action and a cognitive process.

Vohora surmises, in the language of visual proof, that “it will be seen,” that the common factor in a list of medical conditions is blood impurity. He lists a number of commonly known health conditions and diseases, such as diabetes, leukemia, and jaundice. Less commonly known medical conditions, with highly technical names, are seamlessly included in this list: acidosis (acidity in blood), bacteremia (bacteria in blood), and uremia (urine in blood). Vohora explains in biomedical language that “these may be abnormal metabolic products” and includes substances like bacteria, malignant cells, sugar and viruses found in blood. In Unani terms, their presence indicates blood impurity in both serious diseases and common health problems, where “blood contains substances which should not be normally present in it or an abnormally high concentration of normal constituents.” According to Vohora—who associates what blood

impurity ‘is’ through how it materializes in the body—this “indicates” that blood “has become ‘impure’ and the substances listed above are the ‘impurities’,” and therefore proof themselves of the medical legitimacy of blood purification (Vohora 1986, 9).

That the diagnosis for any of these conditions would take place after microscopic analysis of blood samples is an interesting omission on Vohora’s part. The ability to physically see disease through technological means might be a useful avenue for exploring a classical Unani theory while opening up a conversation between biomedicine and Unani. To explore why Vohora evokes the language of vision, but avoids this obvious rhetorical tactic, I look at Attewell’s (2007) analysis of an early-twentieth century hakim who wrote that “the subtle vapours that are ruh [defined as spirit, a fundamental component of the body in classical Unani theory] can only be seen with a microscope.” Attewell’s analysis is as follows: “Western medicine serves here to unveil the mysteries of humoral physiology; there is no attempt to place tibbi knowledge beyond and outside the frameworks of western medicine, there is no attempt to square their irreconcilable physiologies. The body remains a Unani one” (249). Vohora, in omitting the microscope, similarly avoids reconciling Unani and biomedical physiology. He does mention the use of other forms of technology, however, including a kidney dialysis machine, which he describes as an “artificial or man-made mechanism [that] purifies blood,” and “various drugs which promote excretory processes [which] also aid in purifying blood.” These examples of equipment, unlike a microscope, which could theoretically be used to show a classical Unani theory’s material existence, both show and prove that blood purification *works*. However, his point is to show that to view blood purification in action, as seen through the use of western technology, is evidence of its existence. He concludes: “thus all attempts (both by Nature and

Physician)”—where nature is the body, and the physician is a biomedical doctor external to natural processes—“in diseased state are to restore the ‘balance of humours, elements and temperaments’.” Therefore, in this way, Unani is described as a coherent system of medicine. He likens this to returning to “homeostasis from ‘hyper’ or ‘hypo’ states” (Vohora 1986,10) of metabolic processes in biomedicine. In Vohora’s discussion, Unani and biomedicine remain “irreconcilable physiologies” because he only wants to position western medical science as proof of classical Unani science. Here, Vohora argues that western technology and medicine work to ‘show’ that Unani theories function in the body and with modern technology, refusing to interrogate Unani medical knowledge.

Vohora (1986) argues, instead, that the languages of Unani and biomedicine can reflect one another, so that “the terminology gap between Unani-Tibb and Allopathic medicine will tend to be reduced” (10)—but they remain part of separate epistemic frames. Vohora only wants to bring biomedicine and Unani into conversation to show that they are equivalent frameworks of terminology for talking about modern science. Biomedicine is supposed to be the modern incarnation of classical Unani theory, and biomedical approaches justify the validity of Unani’s classical theory, in the former’s modern incarnation. Unani classical knowledge, is not at all up for question, only a “difference in technical language used by them seems to be the major hurdle.” Vohora then asks, “But is it insurmountable?” In response, he calls for a joint effort “to reach at the hidden meaning or spirit beyond the body of terminology” (12).

To see Vohora’s (1986) efforts in a historical perspective of how traditional medicines felt compelled to rationalize their knowledge and practice (Prakash 1999, 6), I look at a fictional story written in 1896 that Prakash (1999) analyzes about a Sanskrit teacher named

Vidyabhushan. This teacher has a figurative eye-opening experience while attending a museum exhibition. Vidyabhushan learns about zoological life during this visit, but is most impressed about the delivery of this knowledge in an institution, through a system of collection, classification, and ordering of knowledge. Significantly, Prakash points out, the Sanskrit teacher refers to the acquisition of such new knowledge through a form of categorization, as a “second sight” (34). His companion, a westerner, condescends to say that to learn new things, one (an Indian) must have the listening ability of a child. Vidyabhushan does not contradict his companion outright, but instead says that there is a Hindu concept of reverence that he is familiar with, “for the training of the mind” (36). Prakash analyzes this historic text in a way that applies to the arguments presented in the 1986 conference proceedings. He notes that “Vidyabhushan does not dilute difference, but affirms it as the basis for negotiating a relationship” with western knowledge, and asserts a “Hindu conceptual system” that is “divergent and autonomous from Western science, but not its polar opposite” (37). This statement accurately captures the efforts of Hamdard scientists examined in this chapter to align Unani medical knowledge with theories of modern western science while asserting the former’s historic precedence, and therefore superiority of knowledge, over the latter.

One of the most contentious questions in the field of traditional medicine asks to what extent western medical knowledge, as conveyed through colonial power, fundamentally distanced traditional medical knowledge and practices from their own epistemological frames. My inclusion of the analytical frameworks of Attewell (2007), Banerjee (2009), Das (2001), and Prakash (1999) to support my examination of Hamdard scientific literature emphasizes the continued importance of this question. Das’ emphasis is that in this exchange of knowledge,

colonial knowledge holds hegemony over Ayurvedic medical knowledge. He writes from the philosophical position of overdetermination, but eventually this is an obvious shortcoming when he concludes that Ayurvedic medical knowledge is “epistemologically silent” (112), thus diminishing the value of subversive knowledge, which he initially sets out to recover in his essay. Prakash (1999) more accurately captures the counter-hegemonic process as “functioning as an aid for repositioning and reclaiming an already-present indigenous rationality, science surfaces and is itself reconstituted in the realignments of objects it achieves and authorizes” (49). The writings of Hameed, Ahmed, and Vohora demonstrate an epistemological contestation between classical Unani medical knowledge and modern western science, where both are reinterpreted in order for the former to include the latter in its knowledge and historic frame.

Thus, Hameed provides blood purification with a historical precedent in the history of Arab medical science, setting the stage for its innovations within the modern herbal pharmaceutical science of Unani. This provides both the historic and argumentative background for the works of Jamil Ahmed and S.B. Vohora, attempting to theorize a way of discussing the cause of disease in Unani epistemology. For Ahmed, classical temperament theory is the origin of biochemistry and metabolic process in an anatomical Unani body. For Vohora, the veracity of knowledge is evident through the confirmation of its visibility; any discrepancies are only a matter of nomenclature. Together, they appropriate a logic-positivist approach to western medical science, unfettered and bi-directional, showing equivalency across humoral and biomedical epistemologies. Together, Hameed, Vohora, and Ahmed position blood purity and temperament theory, respectively, as biomedicine’s second sight—what it really ‘is’—from the way the body functions, to diagnostics, to medical technology. Yet, to be able to ‘see’

temperament, both physically and cognitively, they must admit that Unani would need biochemistry—but only to see knowledge that is already known.

In the concluding chapter I show how Hamdard calls for the revival of classical Unani science to spearhead the technological modernization of healthcare delivery in independent India. This call to make Unani part of the nation-building project is an assertion by Hamdard that as the agent of Unani's modern future, it will also modernize Muslim culture and be the caretaker of the community's belonging in India.

## Chapter 6

### Hamdard and India: Sharing a Postcolonial Modernity

#### 6.1 Introduction

In this chapter I continue to investigate the ways in which Hamdard builds an Indo-Muslim profile for the company, this time through its representation of Unani as a national ‘indigenous’ medical culture in independent India. I continue to look at articles in the 1998 All India Unani Tibbi Conference proceedings, first examined in chapter four, to analyze how they repurpose arguments from the late-nineteenth and early-twentieth century Unani reform period, which included aligning Unani with Ayurveda, a critique of colonial rule as foreign, and localizing the Islamic legacy of Unani medical knowledge within Indian geography and history (Alavi 2007). The articles in this publication, symbolically entitled *Unani Systems of Medicine: New Horizons*, celebrate the professionalization of Unani medicine as a series of achievements made within fifty years of Indian independence. I examine two contributions from Hakim Abdul Hameed (1998a; 1998c): his foreword and an article entitled “Unani Medicine: Some Issues,” looking at how his arguments are consistent with those found in company marketing material. I show how Hameed symbolizes the partition of India from Pakistan as a joint historical turning point for both Unani and India—and by extension, for Hamdard. Hameed represents Partition as a new beginning for both India and Unani, after which they share the subsequent decades of national development together.

Throughout this thesis, I have shown how Hamdard literature documents Unani history as the context for company history, and in-turn itself as an integral part of Unani history. In this chapter, I look at how the writings of Hakim Abdul Hameed (1998a; 1998c), in combination with company marketing material, represent India as a country in need of economic



development. Hameed suggests that investment in professionalizing traditional medical knowledge, with an emphasis on Unani is the answer to India's economic situation. In exploring Hameed's argument on economic modernization, I found that it reveals the ways in which Hamdard understands, negotiates, and contests Unani's Indo-Muslim identity in relation to what it means to build a culturally modern Indian Muslim community in postcolonial India. Hamdard articulates Unani and Muslim belongingness in India in two ways: by arguing that both need to modernize to become contributors to the Indian state and by showing that since Unani originates from an advanced classical era, a revival of its historical-cultural origins makes it useful for stimulating modern development in India. This means, as Naveeda Khan (2010) writes "that belongingness is premised upon acknowledging and mulling over the problems of [India]" (8), in the case of Hamdard. I show how Hameed (1998a; 1998c) uses both these arguments to support his vision of Hamdard as a leader in the Indian Muslim community. Further, I examine how the company's marketing, biographical, and educational materials integrate this joint argument to navigate and negotiate Muslim belongingness in the Indian state through the framework of polity formation for a model minority group.

To show how the first argument works, I return to Mukhtar Zaman's (1999) biographic work on the Hamdard family, examined in chapter two. I show how his documentation of the family dream to build a charitable company is connected to Hamdard's marketing rhetoric about the company's philanthropic goals. Here, Unani education is represented as one of Hamdard's greatest philanthropic contributions for the advancement of the Muslim community. I also examine the *Hamdard University Information Bulletin and Prospectus 2008-09* (JH 2008), Jamia Hamdard's course handbook, which documents the school's formation. In this narrative,

capitalist production is sanctioned by Islam, and seen as valuable to the Indian Muslim community's self-sufficiency, funding its education, and thereby facilitating its model behaviour in India. Concomitantly, the partition of India is symbolized as the point at which Muslims who stay in India become Indian, and Hamdard solidifies its reputation as a company that agrees to look after its community.

To discuss Unani as a national system of medicine, Hameed (1998a; 1998c) attempts to demonstrate its importance for the country's national healthcare, using the language of indigeneity. Here, he reverts to arguments, examined in chapter four, showing that Unani became acclimated—indigenous—in India through its cooperation with Ayurveda, while western medicine could never achieve this status. At the same time, he calls for Unani's cultural revival, arguing that technological advancements made in the Arab 'golden age,' are in line with the nation's current scientific endeavours. In the postcolonial versions of these arguments, Hameed challenges the Indian state's choice to continue following colonial-era healthcare delivery models. He argues, similarly to late-nineteenth century hakims (Alavi 2007, 268-272), that these colonial models are not a natural fit for India—unlike Unani, with its ties to India's ancient and recent past.

Hamdard literature links Unani to the company's past, in a joint coming-into-being in the present, making Hamdard Unani's historical agent. The company's efforts to transform empirical medicine into a scientific practice, using technology for mass production, are framed as essential to India's development of national healthcare and economic advancement in the post-independence era. This angle includes showing that Hamdard shares a national three-pronged discourse of independence-industrialization-economic prosperity, congruent with India's post-

independence historical goals of progress. Hamdard literature documents Unani's post-partition achievements through the lens of a global discourse of development in which it envisages the company's commercial direction as the face of Unani's modern future in India.

Hamdard embarks on a nationalist project to define its role in India. This encompasses many ideas at once, including the transformation of Unani medical knowledge into a technologically produced pharmaceutical product. This transformation has to be inspired by a revival of its always-already modern classical Arab intellectual legacy. In this way, Hamdard negotiates Unani medical knowledge's belonging in India's past, present, and future. At the same time, Hamdard positions itself as the company that can reconfigure Unani knowledge in India so that it matches up with national goals to improve both the economy and the healthcare delivery system. Finally, Hamdard emphasizes that as part of this joint project, it not only provide affordable medicines, it will extend the company's purpose to corporate social responsibility, ensuring that Indian Muslims are educated, employed, and contributing members of the Indian state.

## **6.2 Hamdard's Philanthropy and Corporate Responsibility**

Hamdard is the only Unani pharmaceutical company to successfully establish itself as a national herbal medicines company, on a scale comparable to Dabur's commercial Ayurveda (Asad Mueed, pers. comm.; Banerjee 2009, 177-79; Bode 2008, 12-13) in the post-independence era. In Hamdard's public profile, this achievement is portrayed, less in terms of commercial success, and more in terms of the company's charitable and philanthropic reach: as a healthcare provider, educational advocate, and leader in preserving and supporting national culture and the arts. Zaman's (1998) piece, for instance, traces this outlook as homegrown, starting with a

description of the family's modest lifestyle and its frugal saving practices. Zaman cites a story from an interview with the family members, where he learns that Hakim Mohammed Said's mother, Khwaja Hasan Nizami, had been stashing money away in the wall of their residence, accumulating "over ten thousand rupees in silver" (29). She gave the money to her husband, Hakim Abdul Majeed, when he told her of his dreams to further develop Hamdard, saying "'I can see today that one day in future Hamdard will serve the people and better their lot'" (30). Zaman also portrays each brother's character as the moral backbone of the company, writing that while "the Hamdard Dawakhanna both in Delhi and Karachi are growing concerns which are earning lakhs<sup>21</sup> of rupees," Said "used money only to strengthen his mission in social and educational fields ... He could have lived like a rich man, but he was a picture of modesty" (36). The likening of the family members' personalities with the company comes together in *A Story of Faith, Hope and Charity* (HWL [2002?]), where Hamdard is described as a "pharmaceutical house with a nationalist inspiration and totally indigenous base, but it also emerges as a mission committed to the service society at large" (sec. In the beginning). In this combined biographical and marketing narrative, Hamdard literature tries to bring together two contradictory ideas, coding corporatism as philanthropy in order to construct a corporate profile for the company as a non-profit enterprise, extending beyond a project for Unani medicine's professionalization.

Hamdard marketing pamphlets begin by describing the company's achievements in Unani professionalization, highlighting its contributions to mechanized manufacturing, but they often end with a description of Hamdard's additional charitable and philanthropic activities. In a prioritized list of company objectives in the pamphlet *Achievement Through Endeavour* (HWL 1980), the first is "to serve the suffering humanity in consonance with the best traditions in

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<sup>21</sup> A *lakh* equals 100 000 rupees in Indian currency.

medicine,” while professionalization of Unani in terms of education and scientific research is second on the list (11). To that end, Hamard literature makes sure to describe the company, primarily as a “wakf,” meaning charitable trust, in the full name of the company: “Hamdard (Wakf) Laboratories.” The section titled, “Now a Charitable Trust,” specifically mentions that in the first year of the new nation, 1948, Hameed oversees the company’s “conversion of Hamdard from a commercial enterprise into a charitable trust.” The pamphlet codes its private business model as an exceptionally self-sufficient charitable enterprise where the company “has been donating 90% of its yearly earnings from manufactured products toward charities,” calling this “a phenomenon probably unique to any industry anywhere.” This text follows an image of an identifiably Sikh group lining up and gathering around a “free mobile dispensary run by Hamdard in Delhi,” receiving medication. This image emphasizes the company’s charitable and multicultural coding of its corporatism, as discussed in the previous chapter (see image 1.9). This image is placed above a section called “Advances in Manufacture” (16), with adjacent images of company laboratories, always reminding the reader of Hamdard’s complete profile (see image 1.6).

Then, in the second to last section of *Achievement Through Endeavour: The Story of Hamdard* (HWL 1980), “Socio-Cultural Activities of Hamdard,” the pamphlet expands on Hamdard’s discourse of corporate responsibility as having a role in the nation. It reads: “Hamdard realizes that for social usefulness a harmonious balance has to be struck among the various conflicting claims. Though basically concerned with medicine and medical research, Hamdard has not neglected the cultural side of life” (20-21). Here, Hamdard is carefully referring to an ongoing political debate about the value of the Muslim community for India and

navigating a pervasive discourse around Muslim ‘communalism.’ According to Jalal (2007), this means remaining responsive to Hindu nationalist demands that “Muslims have to stop drawing from the religious and cultural strands of their identity if they want to complete integration into the secular and democratic framework of the Indian nation-state (572). In response, the pamphlet describes historic intellectual and cultural Muslim contributions to India, ideas that Hakim Abdul Hameed continues to foster. Hameed is described as having “a great love for the culture of the country.” His cultural endeavours extend to the following honour: “in discharge of the debt the country owes to the great Indian poet Mirza Abdullah Khan Ghalib ... [Hameed] founded the Ghalib Academy, Nizamuddin, New Delhi” (23). Identifying Ghalib as a national, specifically Indian, writer—with a cultural centre named after him in the capital—is a deliberate inclusion of Muslims and Muslim culture in Indian national culture. Hamdard’s position on a Unani for ‘everyone,’ discussed in the previous chapter, evolves into a branding narrative for the company, encompassing corporate responsibility and Indo-Muslim national cultural value as a means to negotiate its own belonging in the nation.

In Hameed’s (1998a) foreword to *Unani System of Medicine: New Horizons*, India’s partition from Pakistan and independence as a new nation are powerfully juxtaposed as shared meaningful transitions for both Unani and India. However, this part of the company’s history is not documented with contextual detail in Hamdard literature, and is instead glossed over as a footnote in family history when Hakim Said left to form a branch of the company in another country. Zaman (1999), for instance, gives this story a positive hue, indicating that Said made a personal choice and “bade farewell to Indian citizenship ... [remarking] ‘I cannot respect the Indian Government with my heart. Honesty and propriety demands that in such a situation living

in India is out of question' ” (36). Literature on the company is reticent, though not completely silent, on the details of political turmoil and communal strife that likely motivated such a business decision. Charles Leslie (1989) notes that the Hamdard factory moved to a predominantly Muslim neighbourhood in Delhi at this time (28). While Zaman also describes 1947 as a “tension ridden period,” he cites outstanding tax bills that the family could not afford to pay as the reason for the sale of the property. Without telling a story of the move or efforts to rebuild, he quickly sums up that “the loss, however, did not affect the working of Hamdard or Hakim Abdul Hameed who believed that a physician’s duty is to serve humanity in all circumstances” (34-35). Hamdard’s history in relation to Partition is documented in this way, tempering politically motivated choices as business decisions, to mitigate the possibility of any negative brand association with communal violence.

Hameed similarly glosses over the issue, writing that Unani “survived the aftermath of the unfortunate partition of India resulting in en masse exodus of Unani physicians and votaries.” He continues: “the shock of partition subsided a little later. Unani medicine was again put on the tracks of development.” This is a pointed explanation through which Hameed emphasizes that Hamdard chooses to remain in India and not go to Pakistan. While Partition is identified as particularly damaging to the Unani profession, as its knowledge system and practitioners left for Pakistan, Hameed prefers to treat it like an interruption, wherein the story of recovery is much more important. Partition and the relocation of many practitioners to Pakistan are recalled as a challenge Unani has since overcome and Indian independence marks a symbolic threshold of crossing into the future, as, “since then it has been flourishing in all directions.” Hameed denotes joint Unani and Indian accomplishments in the post-independence period as singular, culminated

moments, such as “India’s entry into the 21st century rather in the second [millennium],” followed by a “period of five decade saw spectrum of advances [*sic*] made in various fields including Unani system of medicine.” These fifty years include widespread development in “education,” “training,” “research,” and “drug manufacturing” (Hameed 1998a, 5), spearheaded by the company, though Hameed does not specifically identify its role, in contrast to other marketing materials. He only mentions Jamia Hamdard as one of many government-funded national Unani research bodies. In this way, Hameed documents and maps Unani’s belonging in India as growth within the nation’s history and geography, where Unani’s milestones occur along the country’s timeline and actualization, through a metaphor of rebirth.

### **6.3 Jamia Hamdard: The Education of a Model Minority**

Jamia Hamdard’s (Hamdard University) purpose as an institution of Unani education and higher learning in general in India is framed within a discourse of educating the Indian Muslim community. This particular outlook can be traced to the following assimilation of a colonial discourse within the Muslim intelligentsia (most notably Sayyid Ahmad Khan and Hakim Ajmal Khan): only an education in western knowledge can stimulate the development of rational thought (Metcalf 1995, 35), including learning how to understand historical progress. The work of Hamdard’s Unani scholars, examined in chapter three, expresses a desire for the documentation of the development of Unani medical knowledge as part of the discipline of the history of science. For example, M. A. Aziz concludes his work with a critical view of Unani scholarship, blaming scholars for not keeping historical consciousness in perspective in order to foster scientific research—thus preventing Unani’s scientific advancement and keeping it



historically “stagnant” (20). According to Sayyid Ahmad Khan,<sup>22</sup> founder of the Aligarh Scientific Society, one of the central purposes of a history of Unani medical science would be to learn how to measure its progress by tracking its intellectual and technological advancements over the years (Metcalf 2006, 122; Prakash 1999, 61; Quaiser 2001, 320). This is an idea that foregrounds the student handbook (JH 2008), in which the university is quite direct about portraying Indian Muslims as part of a community in need of education, and itself as an institutional representative that can prepare them for modern participation in the nation.

The Jamia Hamdard course handbook’s (JH 2008) introduction recalls Sayyid Ahmad Khan as the original inspiration for Hameed’s decision to expand Hamdard into an educational institution: “He had realized the dream of the first modern educational reformer of Muslims.” The timeline for the building and growth of the university are noted as specifically part of the post-Partition era, during which Muslims and Hamdard become a part of India and when “even during the tumultuous events of partition of the country, [Hameed] had a clear vision of setting up institutions, which would address the educational backwardness of Indian Muslims” (5).

There are boxed quotations from the Quran (the central religious text of the Islamic faith) in the

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<sup>22</sup> In 1864 Syed Ahmed Khan established the Scientific Society of Aligarh (Graham 1885, 72). He developed many of his views during the Delhi Renaissance, at a time when many western educated elites were talking and writing about the importance of rational scientific learning and thought (Prakash 1999). He established the Society in part as a response to the demonization of Muslims as the most faulty group, following the 1857 Rebellion. The Society produced Urdu translations of English-language scientific texts (Prakash 1999, 61-62). At the Society’s inauguration, his friend and biographer, Lieutenant Colonel George Farquhar Irving Graham (1885), quoted Khan in a speech: “The reason, gentlemen, why we are all so backward nowadays is that whilst we are learned in and benefited by the philosophy, science, and arts of antiquity, we are almost entirely ignorant of those of modern times” (74). Thus, sympathetic to the colonial ‘civilizing’ project, Khan sought to uplift the Muslim community in India through education. Khan articulated a historical relationship between a classical past in the Islamic empire and the present Muslim condition. Khan advocated learning the English language and studying English texts, as he saw this was the language of the most modern and accomplished empire. He announced an essay contest on the influence of Greek literature on Arab civilization and the latter’s influence on Europe. He hoped that through participation in this contest, Muslims would learn how to arrive at a rational historical analysis and examine how other civilizations became successful, powerful, and advanced (79), and with this knowledge, they would become enlightened.

first few pages of the handbook, relating Islam to the idea of investment in education, and adjacent descriptions of departmental offerings (JH 2008, i, 6, 13). The university course handbook puts forward a capitalist ideology, consonant with a representation of Islamic charity and philanthropy, from the Unani reform period. Such a concept was used by hakims to categorize their practice as altruistic, in contrast to ‘spurious’ dealers (Alavi 2007, 299). The accompanying Quranic quote to Hameed’s opening message reads: “And spend in the cause of Allah and do good, for He loves those who do for others” (i). The moral adage here is that earning money is encouraged but the highest sort of good is transferring that money over for the benefit of humanity. Evidence of expansion in the Hamdard organization accompanies such pronouncements of devotion to social causes—the idea being that doing more and building more are spiritually and culturally good works.

Hamdard literature never lets its readers forget that the company is an institution in competition with its contemporaries, and with other players in Unani history. The handbook introduced Hameed’s vision for building Jamia Hamdard as part of a

[realization] that the dream of the first modern educational reformer of Muslims, Sir Syed Ahmed Khan, cannot be fulfilled just by the Aligarh Muslim University, and a number of new universities were needed to end the sluggishness of the community towards modern education. A bid for land from the Delhi government was successfully acquired, “on [Hameed’s] constant pursuance, an area of 93 acres of land was finally allotted by the Delhi Development Authority ... in which the [Hamdard] Institute of History of Medicine and Medical Research and Indian Institute of Islamic Studies were set up in 1962 and 1963 respectively (JH 2008, i).

Then, to introduce the complete educational offerings of the university, including all the faculties and programs of study that comprise the main body of the text, the handbook, in its most bold move, juxtaposes the university’s formation and organization with the creation of the world. The

passage from the *Quran* reads: “The heavens and the earth were joined together as one united piece and then we parted them, and made from water every living thing... Created the night and the day, and the sun and the moon, each in an orbit floating” (6). This grandiose juxtaposition, only emphasizes how much Hamdard wants to document itself as the agent of Unani history, oscillating between subtle inclusions of Hamdard’s achievements as part of a larger national Unani history, as seen in Hameed’s (1998a) foreword, and more direct appropriations of Unani’s reform history, such as the appropriation of Hakim Ajmal Khan’s character into Hakim Abdul Majeed’s biography (chapter one). Further, the above positioning of Hameed and Hamdard itself as the final historical examples of Unani professionalization and Muslim community advancement solidifies Hamdard’s position at the helm of Unani history.

At the same time, the course handbook (JH 2008) also wants to ensure that Jamia Hamdard and the company’s educational projects are understood as part of Indian nation-building. The handbook makes mention of prominent state officials and organizations at company openings and inaugurations, in order to show that it has achieved national recognition. The date of each opening is noted, connoting steady progress. For example, in 1989, Jamia Hamdard achieves designation as a “deemed university.” This is a national title, conferred by official bodies such as the Ministry of Human Resource Development and the University Grants Commission—organizations whose names are proudly displayed next to the honour. An advertisement on the back cover of the proceedings for the 2007 All India Unani Tibbi Conference lists each educational institution opened over the past two decades, denoting the company’s philanthropic reach alongside its brand and product advertising. *Achievement Through Endeavor: The Story of Hamdard* (1980) shows the first Prime Minister of India,

Jawaharlal Nehru, “laying the foundation stone of the ‘Institute of History and Medicine & Medical Research’ ” (HWL, 12-13), and Indira Gandhi, his daughter and the country’s second Prime Minister, inaugurating its opening (14). In the handbook, Rajiv Gandhi, Indira Gandhi’s son, who served as Prime Minister from 1984-89, is quoted as saying that Jamia Hamdard “will enable the Muslim minority to go forward and help them march forward.” In this way, the university’s opening and subsequent growth are encased within the larger narrative of nationally-sanctioned progress and forms of official recognition. In closing, these objectives are once again encompassed within Hameed’s “vision of setting up of an institution which would contribute and address the problem of education backwardness of Indian Muslims” (2008 JH, 5). This discourse links institutional growth with cultural advancement, as part of a devout outlook in line with nation building, approved and sanctioned by state officials at each step. By highlighting the recognition it has earned from national representatives, Hamdard wants to demonstrate its ability to oversee the care of Indian Muslims and their social contribution to the development of a modern nation.

#### **6.4 Negotiating Unani Belongingness in the Indian State**

Having mapped Unani’s belonging in India throughout and following the history of Partition in the Foreword of his article, Hameed’s (1998c) follows up with a discussion about the economic value of Unani as a cultural tradition of Islamic medical science in India. This time, Hameed is more strident in his approach, having shown that Unani, Hamdard, and India are intimately bound. He is more critical of the state’s lack of recognition of the value of traditional medical knowledge and its relevance for national development. He constructs an argument that likens the policies of the 1943 Bhore Committee to a continuation of colonial rule. Madhulika

Banerjee (2009) points out that the Bhore Committee, appointed by the British government, was purposed with assessing national healthcare needs, and proposing reform policies to enable public healthcare delivery across the country (76).<sup>23</sup> Hameed describes and critiques these policies as externally foreign and therefore ill-suited in India, and writes a contrasting narrative of Unani's internal and concomitant growth within India. His argument is similar to those launched by hakims in the late-nineteenth century, discussed the previous chapter, and here I look at how he repurposes such ideas to discuss Unani's utility in postcolonial national development. Hameed's national Unani platform includes the idea that a classical system of medicine can be 'updated' by using western methods of scientific research for drug development. He calls for state-recognized higher education that provides professional Unani accreditation, and most importantly, nation-wide distribution through technologies of mechanized mass production. Hameed tries to argue that—instead of biomedicine—Unani's cultural preservation can inform a model of national healthcare delivery.

Charles Leslie's (1989) work on the discourse of medical revivalism, in which an ancient civilization is imagined as repository of original knowledge on which to build a modern, technological future, is useful for beginning to understand how Hameed, and Hamdard literature discuss Unani's modern achievements as originating in a previously, but since declined,

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<sup>23</sup> The plans for India's post-independence economic modernization, including development in the healthcare sector, were by and large envisioned as a wholesale adoption of western models of development (Banerjee 2009), as they were in many previously colonized regions (Escobar 1995). In 1946, the Bhore Committee, headed by its namesake (Indian civil servant, Sir Joseph Bhore), proposed a national healthcare model based on biomedicine, claiming that it was not possible to measure the value of traditional systems of medicine. He left it up to the provincial governments to decide to what extent they wanted to include traditional medicine in their healthcare policies. Traditional medicine practitioners criticized this approach, and additional committees were appointed to reassess the Committee's position (Banerjee 2009, 78-79). All of these called for an integration of traditional medicines with biomedicine in the areas of education, standardization for commercial production, and clinical study (80). These recommendations dovetailed with the 1938 National Planning Commission, run by Nehru, in which vaid and hakims were primarily seen as a solution to provide healthcare in rural areas. The stipulation, however, was that they would only qualify as local healthcare workers "with additional scientific training" (60).

advanced past. Despite the structural limitations to the development of Indian systems of medicine, the Bhore Committee policies set in motion the question of the role of traditional medical knowledge in a modern India. This debate persisted, not only amongst practitioners, as Hamdard literature shows, but also amongst policy makers. Some policies, while in support of the preservation of traditional medicine as a cultural practice, precluded measureable investments in it (26). Leslie, quite rightly, observes that while the government's initiative to culturally preserve traditional medicine was counter-productive, the commercial herbal pharmaceutical industry expanded along the same discursive lines, using cultural-preservation rhetoric in marketing and advertising. With reference to Ayurveda, Leslie writes:

The great task of independent India was to recover this knowledge by re-awakening the spirit of Ayurvedic inquiry, and to create a national system of medicine grounded in the unchanging truths of Hindu science ... it was to be accomplished by combining instruction in cosmopolitan medicine<sup>24</sup> with a study of classic texts so that surgical skills and other lost knowledge that was perfected in antiquity could be restored to Ayurveda" (24).

Tracing the history of the discourse, Leslie writes that the revivalist program was the full-scale institutionalization of an orientalist way of thinking about traditional medical knowledge that had prevailed since the early 1800s. This argument plays out similarly in Hamdard's documental literature, using ideas discussed throughout this thesis—that Unani is already a rational system of medical science originating in Hippocratic medicine and that its formal development during the Arab civilization included scientific discoveries on which today's medical science is heavily dependent (see chapter three).

But there is more happening in Hameed's (1998c) rhetoric that, only at a surface level, aligns with an Indian state discourse, as described by Leslie. Its deconstruction reveals concerns

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<sup>24</sup> Charles Leslie's (1989) term for western medicine, referring to the ways in which it infiltrated traditional medical knowledge through imperialism.

with regard to Unani's contested belonging in an independent India. Leslie (1989) hastily sums up Unani's narrative of revival as matching that of Ayurveda, with one primary difference: that its cultural referent is the classical Arab era (25). Hamdard's writing shows that Unani also needed to nationalize its narrative of ancient medical revival, while Ayurveda could already assume belonging in India through an imagined narrative continuity between its past and present. In this observation, I diverge from Leslie, and draw on Alavi's (2007) theoretical framework of balancing the Islamic universal with a Hindustani cultural locale as dually territorial Unani spaces. M.A. Aziz (1998), for example, calls for more studies on the history of medicine in India, which he believes the nation neglected through the Bhore Committee. He asserts that Hamdard's Institute of the History of Medicine and Medical Research

will make up this deficiency [as] India is suited for investigations not only of the Indian tradition but also of the Arabic tradition because Muslim physicians immigrated into India, introduced and popularized Greek medicine as Unani Tibb in this country incorporating with it local medical knowledge and tradition and brought them the literary treasures they possessed in their homeland" (1998:16).

In his article, Hameed refers to Unani's intellectual heritage as coming out of India's Mughal period and the Arab 'golden age,' calling for their joint revival in contemporary India. An analysis of Hameed's works brings the analytical frameworks of both Alavi and Leslie into conversation, and shows that examining traditional medicine's rhetoric, as a form of revivalism alone, is insufficient for understanding Unani. What is needed is to look at the ways in which Hamdard literature evokes Unani's Greco-Arab intellectual legacy within and beyond India's colonially marked geographical border to negotiate for the continued inclusion of Unani and Hamdard in India.

Hameed writes about Unani, in terms of developing alternative state policies around building a national Indian healthcare program that centralizes non-western medical knowledge. In his essay “Unani Medicine: Some Issues,” Hameed specifically identifies the Bhore Committee as the source of the problem in India’s current lack of a developed system of national healthcare delivery. Hameed sees the Bhore Committee’s policies as part of a dysfunctional reversed result of the great medical history India and Unani once shared. He documents centuries-worth of shared medical knowledge that unceremoniously ended nearly fifty years later with the adoption of a colonial scheme of healthcare that “based on the curative-preventive [*sic*] premise ... has miserably been failed,” including a bullet-point list of “a widening gap between ... health haves and have-nots ... rising cost of health care ... neglecting the countryside where 80% of the population resides” (Hameed 1998c, 36). Hameed takes particular exception to the Bhore Committee’s orientation toward institutionalizing western healthcare services across India, which he sees as an invalidation of Indian medical knowledge in terms of the nation’s development plan. Here, he echoes views first expressed by the company in the 1947 *Hamdard-e-Sehat* advertorial, identifying, not the colonial government for introducing western medicine to India, but Indian biomedical doctors, “allopaths [who] have blindly accepted the European theories and have not deviated from their path” (Hamard 1947, sec. January advertorial).

To reinforce Unani and India’s joint life and ties for the future, one that undermines the institutionalization of western medicine, Hameed (1998c) highlights western medicine’s foreignness through the metaphor of unnatural intrusion. The juxtaposition signals that western models of healthcare have a colonial legacy, foreign to India, and therefore, will never be suitable for the region. Unani, in contrast, is a natural system of medicine, with a foundation in



India's natural world, its flora/fauna making it a natural cultural resource. Metaphors of rootedness are used to document Unani's history in India, where it was "introduced to Indian soil," and it "grows" with Ayurveda. Its core medical philosophy is a "holistic paradigm," connected to the land: "her bounties as therapeutic armamentarium" (Hameed 1998c, 36). As nature protects the nation, Hameed argues that Unani's medical philosophy provides disease-prevention, supported by health-promotion, guarding its gates to foreign invasion, whether colonial or contagion. Here, Unani is intimately bound with India through history, its natural medical philosophy, and the Indian ecology, working together to protect the body of the nation.

Hameed argues that in contrast, the colonial health model has left destruction in its wake, leaving more people without access to healthcare and making available healthcare unaffordable for the majority of the population. Consequently, the rural poor—those most closely connected to the soil—are neglected. The "ISM" (Indian systems of medicine), instead, "[would] be in peoples reach at the Panchayati level where healthcare facilities are mirage."<sup>25</sup> National economic development, he insists, cannot be achieved through the institutionalization of western medicine, but only through investments in India's 'natural' resource: traditional systems of herbal medicine. Looking for global bodies of legitimacy that regulate state behaviour, Hameed quotes an un-cited "international study on health care" that outlines the goals of a model healthcare delivery system. In his estimation, the Indian state does not measure up because, "the precise development of each health care service system is a reflection of social priorities; that is how much responsibility the nation has assumed for the egalitarian distribution of health services" (Hameed 1998c, 37). Hameed's critique is that the lack of inclusion of traditional

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<sup>25</sup> A system of local, rural governance.

medicine as a model for the healthcare service policies of an independent nation reneges on a history of great scientific and technological achievements shared by Unani and India.

Having identified an area of faulty state planning, Hameed (1998c) constructs an argument in which an investment in Unani is a ready solution. Firstly, he needs to show that Unani is ready for such responsibility, writing “now I must take up a [neglected] aspect of Unani Medicine, i.e. use of technology.” He emphasizes, however, that the addition of technology, calling it “technology integration,” “should not be misunderstood with Westernization” (41). He blames traditional Unani practitioners for abandoning technology, calling this choice an “irony that we have left this important aspect in oblivion,” as it is the means for “improving diagnostics” in “precision” and “accuracy” in Unani medical science. This is contrary to Unani’s true heritage, which can be found in Arab texts which evidence a use of tools in surgery and pharmacy, at a time when “historically, technology was never alien to Unani medicine.” To reintroduce technology to Unani, Hameed wants to revisit Unani history to see what it can tell modern Unani about how to incorporate technology in its practice. First, he sites evidence of Mughal contributions to medical science, which he links with current progress in national food security: “In India during the Mughal period food preservation technology was introduced in the Unani Medicine. Recently, the Biotechnology, a frontier area of research and lucrative business, is an example of marriage between biology and technology ... [dating] back to the ancient culture of beverage through fermentation” (42). Then Hameed refers to the rich corpus of classical Arab writing on medicine and pharmacy, arguing that these texts show evidence of ‘ancient’ uses of technology. He claims that original evidence of genetic studies can actually be found in Avicenna’s work, in his studies on inheritance. Similarly, he claims that immunization

practices had their origins in Islamic medical studies. This past, Hameed argues, should equip Unani for the kinds of advancements in medical technology— in particular biotechnology and genetics studies—needed in modern Indian institutions of scientific research (43). For Hameed, Unani’s modernization in and for the nation must involve a revival of its intellectual legacy, produced both inside and outside India.

### **6.5 Fieldwork Views: Competing Perspectives on Unani’s Colonial Encounter**

I encountered competing perspectives on the ways in which colonialism adversely affected Unani medical knowledge and practice in India. However, equipping Unani knowledge with scientific technology as part of its professionalization is seen as integral to completing its modernization. Hameed (1998c) pointedly mentioned that a transition to technological manufacturing should not be interpreted as westernization, but as stemming from within a sovereign history of Unani (41). I wondered how this position might be connected to company opinions about Unani’s relationship with colonial medicine in the past. The perspectives that I encountered in Hamdard literature differed noticeably from the perspectives that I encountered during fieldwork: from complete disagreement that colonialism had negatively impacted Unani medicine to confusion, indicating that such questions were a matter of the past and did not apply to the company’s current activities. I attempted to sort out this ambiguity in conversation with different Hamdard personnel, with unexpected results.

Ausaf Ali, Director of Hamdard Archives, was confident in his opinion that the colonial administration was supportive of Unani. He told me, with much emphasis, that he did not subscribe to the opposite position, despite my suggestion that his views were not always continuous with those I had found in Hamdard literature. Presenting a contrasting viewpoint

from Hamdard literature, he said that the colonial government was clearly supportive of Unani because it saw it as a solution to reaching the rural areas. Scholars in Unani history, also writing in *Unani System of Medicine: New Horizons*, very clearly assign colonialism a destructive role in Unani history. For instance, Syed Zillur Rahman<sup>26</sup> (1998) directly asks whether “the British Government in India could have succeeded in destroying Indian systems of medicine” (84)? In response, he writes that one reason colonialism was not successful was the “united force of Indian physicians and their full effort to protect the indigenous healing art” (85); yet, “from the later half of the 18<sup>th</sup> century to the first half of the 20<sup>th</sup> century [Unani] would remain incomplete without further research in it” (86). Hakim Mohammad Taiyab (1998) similarly asserts: “the British mentality was either to paralyse the indigenous potential or transfer the bargains to their own land.” In Taiyab’s analysis, Unani only “remained alive because the western medicine could only cater to the medical needs of the elite urbans while about 75% rural population had to seek remedy from traditional systems” (49). When I pushed the point, not wanting to engage what he seemed to interpret as a lack of knowledge on my part, Ausaf Ali told me to look up someone named Joseph Bhore (A.A. pers. comm.)! In contrast, Ausaf Ali saw the colonial Bhore Committee’s policies as favourable to Unani medicine. This was similar to the conversation-closer that I encountered when speaking with Mr. A.H. Khan (see chapter two).

When I visited Hamid Ahmed, the current marketing director and Hakim Abdul Hameed’s grandson, in attempting to grasp my motives for trying to locate Hamdard within a colonial history, he invited an elderly employee to converse with me about Unani’s experience under colonialism. This person energetically described the lack of support for and marginalization of Unani under colonial rule. Hamid Ahmed felt that he was not able to answer

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<sup>26</sup> Zillur Rahman is well known in the field of Unani history scholarship in the western academy, as well.

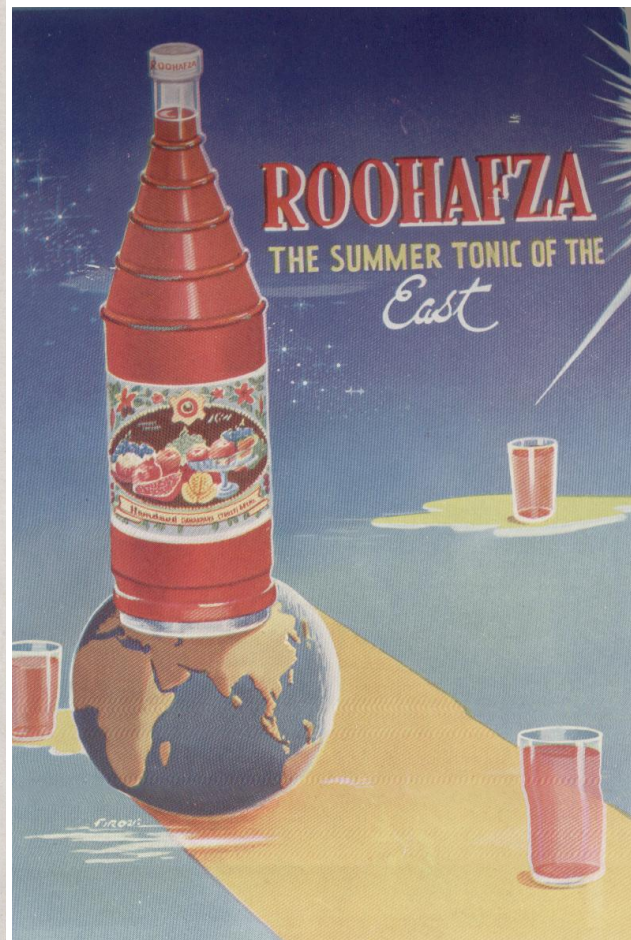
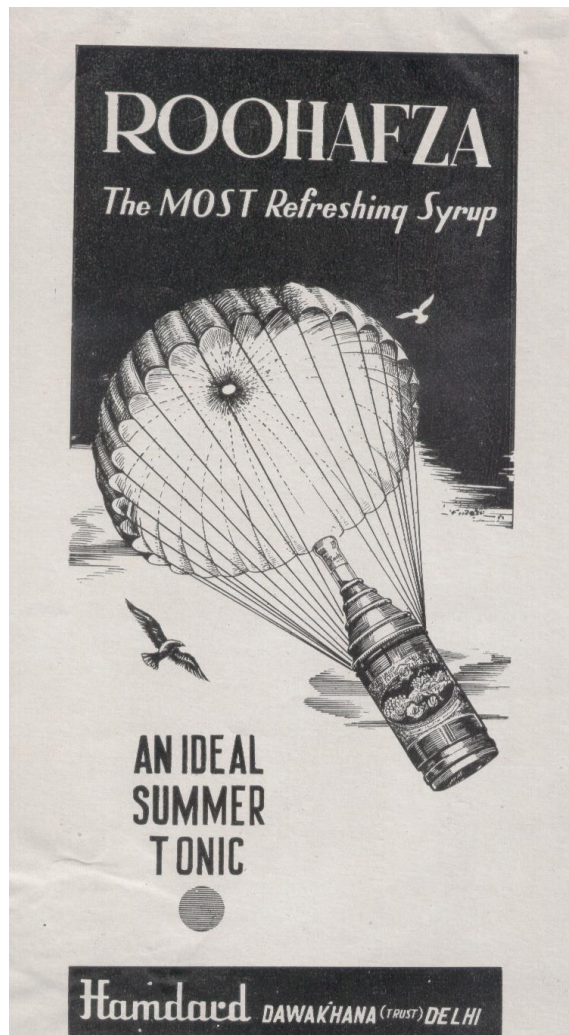
my question conclusively. He commented that Hamdard was founded in an adverse environment in 1906, and that when he attends Hamdard conferences, the idea that the British were against Unani medicine is repeated all the time (H.A. pers. comm.). Ahmed's employee's willingness to narrate Unani's colonial history echoes Taiyab's analysis of Unani under colonial administration. Taiyab calls out the British Medical Association of Bombay for its statement that "Unani and Ayurvedic systems were unscientific and barbaric and the practice in the systems need to be banned." He develops a structural analysis of the effects of colonial administration, that, "as a matter of rule, state patronization is essential for the progress and maintenance of any art or profession" and writes that it was "with the downfall of [Mughal] empire and feudal patrons and the increasing propagation and influence of western medicine [that] Indian traditional systems of medicine showed a steady decline." Yet, his admonishment is coupled with an admission he feels compelled to make: "Greco-Arab medicine remained static from the 15<sup>th</sup> century onward whereas the western medicine ... went on changing gears from lower to higher" (Taiyab 1998, 49).

I had also noticed that in the conference proceedings, Hameed lamented the lack of technology in Unani practice, as described above. In the passage documenting examples of scientific technology once used in Unani medicine across Arab and Mughal history, Hameed (1998c) concludes, exclaiming: "we know many a classical concept which have been exploited in the practice of modern medicine. Unfortunately, we, the legitimate custodians of healing heritage could not harness anything because we have accorded it a sacrosanct status in which any interference would cause a blasphemy!" (44). I asked Ausaf Ali what he thought about this sentiment—what did he think about the expression of need for technology in Unani practice?

Again, ignoring the ambivalence of Hamdard's position—on the one hand, arguing that Unani needs technology, and on the other, that Unani has already demonstrated evidence of technological science in its past—that I had tried to communicate with him, his response was that we, of course, need technology for more accurate diagnoses (A.A., pers. comm.).

Ausaf Ali explained the need to return technological practice to Unani as timely, not because of a historical impasse, but because it is a simple adjustment to empirical methods that will have vast results. Ausaf Ali explained fervently, that “we must make use of these,” as “modern technology often provides more accurate diagnosis,” citing examples of common tools such as thermometers and stethoscopes—common tools. He cited nanotechnology, an example I also find in the Jamia Hamdard course handbook of current research (2008 JH, 3), as a means to achieve more precise results in medicine-making than the grinding of a mortar and pestle. Here the “action” of an empirical method “can be done more finely,” he explained, as “[medicines] can be more easily absorbed into the [body's] system” (A.A., pers. comm.). Similarly, Hameed explains that the addition of technology to Unani medicine “is simply a process to tune the system as per the needs of the time.” He maintains that Unani used to have access to technology, but developed its empirical skills, called “senses, i.e. organoleptic tools,” while unfortunately neglecting technology, even though technology is just a “‘modernization’ of our empirical techniques” (Hameed 1998c, 41). Here, Hameed does not lament the lack of technology in Unani's traditional empirical method as evidence of a lack of historical consciousness in Unani. Instead, technology is simply practical and already fits in with the legacy of Unani medical knowledge—a view shared by Ausaf Ali.

I received more clarification on Ausaf Ali's views regarding the relationship between Unani medical knowledge, traditional empirical practice, modernity, and technology, as he talked about Rooh Afza. He noted that prior to Rooh Afza's commercialization, it had common origins as a mixture made and used in many households—just as many Unani medicines once were. Then he told me a story about Hakim Abdul Majeed, describing him as a skilled hakim with esoteric empirical medical knowledge, who put together the Rooh Afza formation by soaking rose petals in water and boiling different herbs, inventing the product in his own kitchen (A.A. pers. comm.). This story shows a progression from an empirically made concoction to a specifically-formulated recipe—moving from experimentation to recorded results to finished product. First marketed as a seasonal soft drink in the 1950s (see image 2.0), Hamdard has also attempted to scientize Rooh Afza as, at once, an ancient recipe of mixed herbs and a tonic to remedy dehydration in developing nations, worthy of the World Health Organization's approval (see chapter 3) (Arora 1991). Hamdard's repositioning of Rooh Afza, both in marketing and scientific writing shows, in Gyan Prakash's (1999) terms, "science's authority as a sign of modernity" (13), just as Ausaf Ali's narrativizes the product's transition from a homemade concoction into a methodically-made pharmaceutical recipe.



2.0 Rooh Afza advertisements, 1952 and 1960

This kind of dichotomous move, from empirical practice to pharmaceuticalized product and technological diagnostics, symbolizes a historical transition in which Unani moves from being conceptualized as a traditional practice to its representation as a modern medical science. This transition appears in the kind of storytelling that I heard during my fieldwork and historical narrativization that I uncovered in my document analysis. For Hamdard, these are also points of passage into an independent India, through which Unani is transformed, and are part of how its written material imagines the nation as a scientific and modern construction. This frames how



Hamdard envisions and maps its own belonging in the nation as a modern Indian company. In rewriting a history for Unani within India's past, that Hamdard can then direct in their joint future together, it imagines its own and Unani's modernity as technological and scientific belonging in India, which also draws on Unani's intellectual legacy outside of India. Hamdard's historical narrativization annotates Unani's past with points of scientific technological development that need to be revived in order for Unani to be a part of the modern nation. Not only does Hamdard build Rooh Afza's marketing portfolio with this in mind, the combination of these ideas forms the impetus behind such logic-ready statements from Ausaf Ali. Ausaf Ali could not speak about the need for technology from a standpoint that could account for the historicism of the company's vision, which is outside of Hamdard's own discourse. For him, the need for technology to modernize Unani was an unquestionable given.

Hameed narrativizes an ancient past as uniquely shared between Unani and India by mapping Unani's intellectual heritage in classical Arab civilization within the timeline of a history of India. Firstly, Hameed (1998c) suggests that both Unani and India are intimately connected as they both have ancient origins—together, the world's first intellectual contributors—in which “the span of 50 years may be too short for a country like India which happens to be one of the world's earliest civilizations” (5). Later, their histories become geographically intertwined for one thousand years, as they share medical knowledge through trade and intellectual exchange between the Arab and South Asian subcontinents. The connection is ‘completed’ by Unani's eventual move to India and its development alongside Ayurveda. Partition, the next major historical transition, is a rupture in their shared histories and geographies, from which both successfully recover. This background of shared medical

knowledge, through a shared history, portends that they look back on their history together and embark on a fourth historic journey as part of an independent nation. He represents Partition as the final act, as part of a grand narrative in which Unani's classical past comes toward teleological completion; its ancient and classical advancements are necessary for India's economic development; and its survival through the havoc of Partition should be read as a sign of its true belonging in India. This variety of documentary accounts on Unani history, from the colonial era to the contemporary period, serves as an example of the different choices being made across Hamdard as it documents Unani history to navigate its own belonging in India—between professionalization, an Islamic intellectual legacy, and Hindu-Muslim unity.

## Conclusions

This thesis has traced how Hamdard marketing, academic, newsprint, and print advertising materials document the establishment and expansion of the company as part of the history of Unani medicine's professional reform and modernization in India. I have covered Hamdard's historical narrative of Unani's development as a tradition of medical thought and practice, as follows: from 'pre-history,' which the company documents as a period of the dissemination of scholarly knowledge across Eastern civilizations in classical antiquity; to its acquisition of the guiding principles of reason and rational thought in its corpus of medical knowledge, just as western medicine did under Hippocratic thought in Greece; to its development in the South Asian subcontinent, first under incoming Islamic cultural influences from the Arab, Persian, Central Asian, and Turkish empires; and later, under the Delhi Sultanate and subsequent Mughal empire, where it encountered Ayurveda and acquired new knowledge for acclimatizing itself within a new locale. At this point, Hamdard inserts itself in the documentation of Unani history, positioning its commercial activities as a turning point in the history of Unani's modern scientific development. In this way, Unani is narrativized as the agent of its own history, until it meets Hamdard, and is transformed into herbal pharmaceutical science.

Alongside this form of periodization, Hamdard writes its own history as having emerged from Unani's social and political history of reform in late colonial India. Through a textual study of the company's internal and publicly circulated literature, I have examined how Hamdard integrates its brand narrative of corporate growth in a history of Unani's modern reform. In this narrative, Hamdard history meets Unani history on the cusp of its professional reform, with a timely introduction of standardized, mechanized production. Yet the company's leadership is not

careless in its adaptation of Unani to meet industrial and branding objectives, and their efforts cannot be understood as a one-way process of commercialization or commoditization. A company whose origins can be found in the social politics of Unani reform, Muslim communitarian mobilization, and a wider anti-colonial, yet specifically Hindu national, milieu, its literature demonstrates sensitivity toward Unani's cultural preservation. Its personnel, despite being part of a predominantly commercial operation, think complexly about the cultural costs of automated medicines manufacturing, mass-production, and the paradox of transforming an empirical tradition of medical thought into standardized pharmaceutical drugs. Hamdard's interstitial position as a commercially-based Unani modernization advocate, marked by the variety of writing through which it presents its position, calls for multiple analytical lenses.

This thesis has brought together studies on Unani and Ayurveda within the fields of Indian traditional medicine studies, historical anthropology, studies of colonial modernity and postcolonial theory in India, and scholarship on Indian Muslims. Here, the project becomes part of a debate about the application of theoretical frameworks of analysis of colonial studies to new research on traditional medical knowledge. The debate questions to what extent traditional medical knowledge changed in its encounter with colonial modernity. This question becomes more complex when researching Unani, as Alavi (2007) asserts: its cultural, historical, and geographical frame is situated both inside and outside India's pre-colonial and colonial borders. Each representation of Unani as part of an Islamic intellectual legacy, as well as belonging to India's national culture, that Hamdard constructs, signals this duality. Through a case study of Hamdard, I bring new research on traditional medicine and critical theories on Indian colonial and postcolonial modernity into conversation. The niche nature of Unani studies and my work on

Hamdard speak to larger trends in academic study that need revision. An in-depth analysis of Indian Muslim culture is necessary—not through the topics of Mughal rule documented in terms of successive ruling powers, or the history of Partition—in terms of its unique locus in transnational knowledge production, which can be used to interrogate theories on colonial modernity. The topics of Muslims in India, as well as Unani in India, would benefit from fresh perspectives and more critical research.

My choice to conduct a textual analysis was informed by the history of Unani's vernacularization and Hamdard's choice to pursue the marketing and branding of Unani through a variety of print media. Research contacts propelled my project in this direction, and led me to pertinent sources of information, despite my efforts to look elsewhere. In choosing to begin with an archival analysis of advertising, I initially saw my relationship with my field site as two-dimensional. In terms of data collection, I planned to gather information and return home to analyze that information. Instead, my research took place across an intersectional field site, in which the data I collected at the university and corporate headquarters was contrasted with the results of my in-person interactions—and the views expressed in writing and interviews did not always match up. My research informants also saw me as intersecting with their site, and as they helped me, they also instructed and managed how I gained information. In this way, this project contains many different historic and contemporary voices on Unani, not always congruous.

Throughout this thesis, my fieldwork has posed questions about Hamdard as a subject of anthropological research, and explored the theme of historical consciousness in Hamdard's marketing and academic materials. This literature is conscientious about managing a contiguous professional profile across its internal and public domains, where Muslimness is bracketed

within Indianness. This includes its national cultural representation of itself as a company that has preserved an ‘ancient’ practice of medicine for India, but not necessarily an Islamic one. The construction of this profile belies deeper concerns with regard to navigating Muslim belonging in India. As Hamdard constructs its own identity as part of India, its historical narrative develops fissures as it simultaneously suggests that Unani rightfully belongs in India, while also asking for Unani’s inclusion along both national and communitarian lines. The fact that Hamdard is an Indian Muslim company is closeted in marketing and advertising materials. Jamia Hamdard education material, in contrast, is vocal in its support and facilitation of ‘social progress’ in the Indian Muslim community, so that this community remains a self-sufficient model minority group in India. Hamdard’s navigation of its composite identity through Unani’s syncretic history poses larger questions about the how the nation has chosen to include Muslim people, culture, and history in its own understanding of what comprises Indian identity.

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