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Prophets of Medicine and Medicine of the Prophet

Debates on Medical Theory and Practice in the Medieval Middle East[1]

Starting from the twelfth and thirteenth centuries, an expanding corpus of medical treatises produced by scholars of religion of other intellectual, who did not practice medicine professionally, occupied a central position in the book markets of the medieval Islamic city and in the libraries of the dignitaries and the different book collectors. These books focused on the medical advice included in prophetic traditions and were classified under what we know as "prophetic medicine."

For many historians of medicine, this literature was seen as a reaction to the spread of Galenic medicine and represented an alternative or a separate parallel practice, which served the population in methods not admitted in the Galenic paradigm. The decisive factor was that the authors of this literature were "clerics" and that their background was seen as hostile to "the medical ideas assimilated from Hellenistic society."[2] Prophetic medicine was seen as an indigenous alternative, which was derived from "the Islamic roots"[3] as opposed to the non-Islamic Greek thought.

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[1] This lecture was presented at the invitation of the Society of Arab Students at Harvard University in November 2009.

[2] Emilie Savage-Smith and F. Klein-Franke and Zhu Ming, "Ṭibb (A.)," in *Encyclopedia of Islam, Second edition*, ed. P. Bearman, et al. (Leiden: Brill, 2010).

[3] In his article on the "Islamic" and "non-Islamic" influences on the Mutazilite thought, George Hourani presented a classification and a method of tracing these influences. He argued that "Islamic influences" are those taken from another Muslim or from the holy texts, while "non-Islamic influences" are those taken from any other sources. In addition to the fact that this classification falls apart after one generation, where all the non-Islamic sources will become Islamic under Hourani's definition, this classification ignores all the mechanisms of intellectual exchange and dismisses all the contemporaneous understanding of knowledge and of its origins. Nevertheless, this classification still plays an important tole in the modern historiography of science and culture in the Middle East. For more details, see George F. Hourani, "Islamic and Non-Islamic Origins of Mu'tazilite Ethical Rationalism," *International Journal of Middle East Studies* 7, no. 1 (1976).

The analysis of the place of this body of literature or the proposed practice in the intellectual and scientific life of the medieval Middle East is central to our understanding of the relations between science and religion or the scientific and religious discourses, broadly understood and to our historiography of medical thought and practice in this region and period.

In this paper, I will argue that the previously mentioned view of "prophetic medicine" is at best inaccurate and that this tradition did not exist as a parallel to the Galenic theory and tradition or even as a response but rather as a secondary cognitive and discursive formation, which derives its epistemic elements from the Galenic narrative. In this view, these texts present an epistemological engagement between the religious and the scientific narratives, where the authors, belonging to a religious scholarly background, negotiate their epistemic authority with the dominant medical practice and discourse. Accordingly, these texts do not represent a parallel healing practice that is based on religious knowledge, but rather an attempt to regulate and formulate a relation between the dominant religious and scientific discourses through a conversational narrative which creates/bridges boundaries and guide exchanges.

To advance this hypothesis, we will look at a number of treatises of prophetic medicine and try to see how they understood medicine as a paradigm and a practice and how they perceived its role in the socio-intellectual sphere. Then, we will analyze particular points of contradiction between the religious and the medical narratives and see how the authors of prophetic medicine understood these contradictions and analyzed these differences. Finally, the paper will engage the historical data concerning the state of medical practice in the medieval Islamic city and whether there is evidence, which could suggest the existence of a prophetic medical practice based on the principles analyzed and explained in the literature at hand. From this discussion, we will try to

shed some light on the raison d'etre of this literature and on its role in the intellectual environment of the medieval Middle East.

The meaning of medicine:

In the introductions to many of the treatises of prophetic medicine, authors engaged in a discussion of the origin and the founders of medical theory and practice. Franz Rosenthal explains that a whole genre of literature, which was common and popular in the Islamic Middle Ages, was dedicated to the study of the *Awā'il*, or the *firsts*, where authors traced different intellectual traditions and professional activities to their perceived founders and those who started this particular practice[4]. This genealogical root of intellectual activity did not only provide the basis of a historical inquiry but also played a significant socio-intellectual role, where the concerned practices acquired their legitimacy and derived the essence of their identity from their perceived founders. This inquiry did not only address medicine, botany, veterinary medicine, philosophy or logic, but extended to include virtually all other professions creating a genealogical root for all the concerned practitioners, such as blacksmiths, tailors, cooks among others. This genealogical root, usually tracing back to a prophet, a saint or a recipient of some form of divine or inspired knowledge, allowed for the vertical arrangement of the society, where professionals and intellectuals traced their belonging to a distant past[5].

Medicine was not an exception to this rule. Al-Dhahabī, who was a famous scholar of religion and prophetic traditions, traced in his oft-cited treatise on prophetic medicine the origins of the medical practice to Hippocrates that he identifies as the founder of the medical practice. He quotes the latter as saying that the origins of medical knowledge was based on divine inspiration. Al-Dhahabī enumerates a number of other possible sources of the medical

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[4] Franz Rosenthal, "Awāʿil," in *Encyclopedia of Islam, Second Edition* (Leiden: Brill, 1960).

[5] Roy Mottahedeh, "Some Islamic Views of the Pre-Islamic Past," *Harvard Middle Eastern and Islamic Review*, no. 1 (1994).

profession; including the Egyptian priests, the Indians, the magicians, Enoch and Hermes[6]. Ibn Ṭūlūn, who lived between Cairo and Damascus and died in 1546, quotes this paragraph from al-Dhahabī but removes all the other possible sources apart from Hippocrates and Galen[7].

In the introduction to his treatise "Prophetic Medicine," Ibn Qayyim al-Jawziyyah commences by attempting to define and categorize different kinds of disease. Diseases are either disorders of the soul or disorders of the body[8]. Diseases of the soul involve the lack of belief, doubt and the inability to find the guidance of God. For these diseases, Ibn Qayyim advises that one should follow the commandments of religion, which were directly revealed by God as the ultimate method for attaining comfort and eternal bliss. He adds: "there is no way to attain [health of the soul] but by following these commandments"[9].

Diseases of the body are deviations from the state of normality. Such deviations are part of the nature of the body for all humans and animals are defective by nature. These diseases are of two different kinds: one which God inspired animals to treat with no external intervention: "such as hunger, which is treated by eating, or thirst, which is treated by drinking"[10], and the second requires "careful consideration and handling" by the physician[11].

Ibn Qayyim goes on to explain the place of Muḥammad's traditions in comparison to the medical knowledge derived from Greek writings. He explains that it was not part of

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[6] MuḥAmmad Ibn AḥMad Al-Dhahabī, *Al-Ṭlbb Al-Nabawī* (Cairo: Muṣtafā al-Ḥalabī, 1961), 108.

[7] Shams Al-Dīn MuḥAmmad Ibn ṬŪlūn, *Al-Manhal Al-Rawī Fi Al-Ṭlb Al-Nabawī*, ed. ʿazīz Bayk (Haydar Abad: al-Maṭbaʾah al-ʾAzīziyyah, 1987), 9.

[8] Muḥammad Ibn Abī Bakr Ibn Qayyim Al-Jawzīyah, *Al-Ṭibb Al-Nabawī*, ed. Muḥammad Fatḥī Abū Bakr (Cairo: Al-Dar al-masriah al-lubnaniah, 1989), 19.

[9] Ibid., 21.

[10] Ibid., 22.

[11] Ibid., 23.

Muḥammad's "guided traditions or the traditions of his companions to use […] compound medications. As they mostly used simple medications. […] and this is the case for the medicines of the different nations of Arabs, Turks and people of the deserts. It was the Romans and the Greek who perfected the compound [medications]." He adds, "The food of the people of the cities is mostly compound. Therefore, most of their diseases are compound and they need compound medications. However, the diseases of the people of the deserts are simple and they benefit from simple medications."[12]

Although he did not directly address the question of the origin of medical practice, Ibn Qayyim's view of medicine, which he shared with his audience and did not need to explain or justify, is based on a categorization of diseases into simple and compound, which is based on the Galenic writings. His perception of the medicine of the Greeks and Romans is consistent with the writings of other authors, who traced the practice back to Hippocrates and Galen.

Ibn Qayyim's view on the specificity of Muhammad's medical prescription to the life in the desert was not an exception but rather the common view held by other scholars of religion, who composed treatises on prophetic medicine. Ibn Ṭūlūn explains that "his [Muḥammad's] treatments for his companions and the people of his land is specific for their nature and for their land, unless there was an evidence for its generalization."[13]

Ibn Qayyim's understanding of Muḥammad's traditions carries two layers of differentiation. The first layer is based on a division of diseases into these of the soul and those of the body. The first is seen as the exclusive domain of the prophetic message in its various incarnations along the history of salvation perceived by Muslim religious discourse and

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[12] Ibid., 24.

[13] Ibn ṬŪlūn, *Al-Manhal Al-Rawī Fi Al-Ṭlb Al-Nabawī*, 10.

culminating in the prophecy of Muḥammad, the seal of the prophets. The latter is largely the domain of medical practice, which is to be discussed at different terms and to be divided into different sections as will be seen later. This cognitive differentiation of the subject of inquiry creates two distinct epistemic categories, which exist in a parallel fashion that guarantees a separate legitimacy for each discipline based not only on their origin but also on their utility.

The creation of these two distinct epistemic categories allow for the admission of different levels of inquiry under each category, which cannot and should not be judged by the standards of the other. In other words, the separation of medical inquiry from religious knowledge allows Ibn Qayyim, a vehement enemy of the philosophy of Avicenna and Rhazes and enthusiastic force for limiting the influence of non-Muslims in the public sphere, to use the arguments and the writings of these authors and the prescriptions of the most famous non-Muslim physicians as authoritative statements in the field of medicine. Furthermore, he refrains from discussing whether non-Muslim practitioners should be allowed equal access and treatment as Muslim physicians or whether Muslims have a religious obligation to learn medicine so as to replace the needed non-Muslim experts. In his views, these questions are hardly necessary since the two levels of inquiry; in religious sciences and in medical sciences, do not exist at the same level.

From this basic categorization, the perception of prophetic medical prescription by the authors of prophetic medicine can be better understood. This body of prophetic traditions is perceived as additional and complementary to the original message of the prophecy, which lies in a neighboring domain. Both Ibn Ṭūlūn and Ibn Qayyim in the previous examples explain that Muḥammad's prescriptions can only be understood in the light of their necessity to the prophet's community and their suitability to this particular community. Here, a disclaimer of geographic

and temporal specificity is put on this body of prophetic sayings and is seen as the premise of the discussion of these traditions.

Moreover, this differentiation of subject creates a fissure within the prophetic narratives themselves by arguing that Muḥammad's medical commandments stand at a lower level than his religious ones and that only the prophetic advice related to matters of the soul enjoy the authority and the sanction of holiness imbued by the character of the prophet. The rest of the prophetic corpus, or more accurately the parts related to medicine, are only additions, which are local and context-sensitive. While the religious discourse, which Ibn Qayyim in particular relied on as a Ḥanbalī scholar of traditions, is based on the universality of the prophetic word and non-interpretation of the divine and prophetic narrative, this differentiation allows for a different handling of the "medical" prophetic word. Since this part of the prophetic narrative is theorized as non-essential and as local in essence, the scholar has more authority to reject, modify, test and interpret this part without violating the central rules of the discursive formation. In fact, Ibn Qayyim engages, in this work on prophetic medicine, in interpretation at the largest scale compared to any of his other works.

Finally, Ibn Qayyim identified medical knowledge; be it derived from Galenic or prophetic narratives, as a tool to arrive at healing of the ills of the body and not to understand or to arrive at the good living, which is the goal of the other part of the prophetic narrative. This identification allows for a utility-based analysis, where the value of each prescription is evaluated separately from its neighboring prescriptions and only in relation to its direct effect on the body and its ability to arrive at its goal. This method of evaluation allows for the inclusion of various anecdotal and experiential evidence, which do not necessarily correspond to the rules of the

narrative. In other words, the intellectual coherence of both prophetic and Galenic medical narratives is sacrificed for the sake of a process of isolated judgements based on anecdotes of efficiency and on trustworthy experience.

What Kind of Medicine?

In spite the previously explained categorization and the localization of the prophetic traditions concerning medicine, these prescriptions remained a discursive challenge in the sense that they produced a body of knowledge, which enjoys a certain degree of power and epistemic authority derived from the prophet that cannot be completely dismissed. More importantly, there was no reason for these scholars to refrain from a conversation with the medical body of knowledge, which did not seem alienating or exclusive and did not pose itself as the necessary opposite of the prophetic tradition. Instead, these traditions represented an opportunity to engage in a conversation and to link a body of popular knowledge with that of a well-established intellectual tradition. The aim of these books was not to present a legitimacy to the prophetic word or to resolve a confrontational battle between the Galenic and the prophetic narratives and their agents but rather to provide series of simple and direct medical advice to the readership, which relies in its appeal on its simplicity and which do not represent an alternative to the medical practice in its Galenic form.

While many of the prophetic prescriptions or the popular advice were accepted under the realm of Galenic medicine, some contradictions arose when comparing the prophetic advice with the instructions of the medical theory. In this discussion and due to space limitations, we will focus on three of the most important examples of these contradictions: the treatment of fever, plague and epilepsy.

In his discussion of fever, Ibn Qayyim mentions a prophetic tradition, in which Muḥammad says, “fever is from the fire of hell. Thus, cool it with water.” Ibn Qayyim realizes that this prescription, albeit commonsensical, contradicts the contemporaneous view of Galenic medicine,

which prohibits the usage of water in most cases of fever and considers fever a symptom, whose causes must be treated and which should not be suppressed. He sets out to clarify the contradiction. In the beginning, he invokes the previously explained argument of locality by explaining that Muḥammad's traditions are either intended universally to all people or have a restricted audience. The first, he argues, includes generally all his traditions. The second is similar to this tradition on fevers, which is directed to the people of Arabia in particular. For these people, fever is largely caused by the hot weather and would be sufficiently treated with water[14]. Few lines later, Ibn Qayyim quotes Galen and Rhazes, who explain that fevers caused by hot weather or those occurring in otherwise healthy young individuals can be treated by drinking or bathing in cold water, so long as the fever is not caused by a tumor or a problem of internal organs[15]. As for the connection between fever and the hellfire, Ibn Qayyim argues that this expression is essentially metaphorical and is intended to remind people of the severity of punishment in the afterlife.

However, Ibn Qayyim deviates from this line of argument and proceeds to present detailed medical account of the types of fever, their causes and the possible value of fever. He writes: "some of the most distinguished of physicians said to me, 'in many disease, we take good omens in fever as patients seek good omens in healing. [In these diseases,] fever is much more beneficial than medications because it cooks the humors and the corrupt substances so that when medicine is given to drive these substances out, it [medicine] faces them ready to exit due to its

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[14] MuḥAmmad Ibn' Abī Bakr Ibn Qayyim Al-Jawziyyah, *Al-ṬIb Al-Nabawī*, ed. MuḥAmmad Abū Bakr, al-Ṭab'ah 1. ed. (Le Caire: al-Miṣriyyah al-Lubnāniyyah, 1989), 38-39.

[15] Ibid., 40-41.

cooking."[16] In this account, further limitations are imposed on the value of Muḥammad's tradition because the quoted physicians argue, following the principles of Galenic medicine, that one should not "extinguish" or suppress fever.

The presence of this account in Ibn Qayyim's discussion is significant because it reveals that the author's narrative is not defensive, aiming at justifying Muḥammad's traditions through dismissing contradictions and invoking similarities, but are conversational in essence, taking for granted the value and the importance of the medical theory in its Galenic utterance and aiming at providing useful medical advice to the readership. Here, the readership is not anticipating a response to an attack on the prophetic traditions by physicians but are expecting medical advice, which draws on their experience, their commonsensical notions of healing and on the advances of medical theory.

Plague is an interesting example because it raised a number of questions related to contagion and to the proper behavior of Muslims towards such calamity. Here, the concerned prophetic tradition does not provide any treatment to the disease but rather specific instructions of behavior. The difference between the advice and the instruction is that the latter falls under the obligations on Muslims and cannot be dismissed using the arguments of locality. Authors and scholars of religion are not under the pressure of explaining Muḥammad's instructions, since they fall under the religious obligations, which must be carried out by pious Muslims. Here, the medical theory does not pose a question or a demand of reconciliation but rather informs the method by which the religious scholar understands the tradition.

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[16] Ibid., 40.

Medieval medical theory believed that plague was caused by the corruption of the air or the surrounding environment. As the environment becomes most corrupted surrounding a sick person, healthy people are prone to catch the disease by being close to a diseased person. Al-Dhahabī, who was a scholar of religion of the thirteenth century and who wrote a number of the most important and most frequently quoted treatises in prophetic medicine, proceeds in his chapter on plague by quoting Avicenna's definition of the disease. Then, he explains the causes of the plague, "its cause is the rottenness of air, which is similar to the rottenness of water in a swamp. [This rottenness] is caused either by earthly causes such as unburied dead bodies or heavenly causes such as lack of rain"[17].

Al-Dhahabī discussed a famous and controversial tradition, in which Muḥammad instructed Muslims not to visit a land stricken by plague or flee, if it strikes their land. Modern historians argued that this tradition was largely based on a belief of the utlimate will of God and that Muslims were instructed not to try to escape the death imposed upon them by the divine will[18]. Al-Dhahabī, among others, understand the tradition in a different light. While admitting the possibility of the explanation based on the notion of *tawakkul* or reliance on God, he explains that there is a medical value in the first part of the tradition as it protects people from contracting the disease through contact with the contaminated air[19]. Ibn Qayyim shares al-Dhahabī's understanding[20].

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[17] Al-Dhahabī, *Al-ṬIbb Al-Nabawī*.

[18] Michael W Dols, *The Black Death in the Middle East* (Princeton: Princeton University Press, 1977), Lawrence I. Conrad, "Tāʿūn and Wabāʾ Conceptions of Plague and Pestilence in Early Islam," *Journal of the Economic and Social History of the Orient* 25, no. 3 (1982), Daniel Panzac, *La Peste Dans 1'empire Ottoman : 1700-1850* (Louvaine: Peeters, 1985), ———, *Quarantaines Et Lazarets : L'europe Et La Peste D'orient, Xviie-Xxe Siècles* (Aix-en-Provence: Edisud, 1986).

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[20] Ibn Qayyim Al-Jawziyyah, *Al-Ṭlb Al-Nabawī*, 55-56.

However, the second part of the tradition was more difficult to explain in view of medical theory, which rejected contagion. Here, al-Dhahabī does not try to argue for contagion, which he appears to completely reject and to not have the need to argue for or against it. This understanding of diseases and their mode of transmission dictates the way he understands the tradition. He writes, "this is because this grave disease weakens the bodies and affects them, when it strikes a land. And as it was proven that traveling weakens bodies as well, [moving from the stricken land] will aggravate the calamity"[21]. Similarly, Ibn Qayyim writes that the best of the ancient and later physicians mentioned that one should avoid sports and effort to avoid weakening the body and allowing the disease to manifest, which explains the reason behind the prophetic commandment[22].

Ibn Qayyim felt the need to address the question of how the plague could be described in the scripture as a punishment from God and how this explanation should correspond to the explanations offered by physicians. Here, he utilizes the previously explained strategy of differentiation between the epistemic domains of Galenic medicine and prophetic knowledge. He writes, "physicians do not have proofs against these causes [the punishment of God and the role of evil spirits], nor do they have proofs for it because prophets tell of the unseen matters."[23] While he affirms his own faith in this explanation of the disease, he does not demand the physicians to follow this explanation or to find proofs for it, nor does he argue against the etiology offered by the medical theory. Instead, Ibn Qayyim proposes the coexistence of the two explanations depending on the tools and the category of the epistemic inquiry.

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[21] Al-Dhahabī, *Al-ṬIbb Al-Nabawī*.

[22] Ibn Qayyim Al-Jawziyyah, *Al-ṬIb Al-Nabawī*, 56.

[23] Ibid., 53.

A final example is epilepsy. Epilepsy has occupied human imagination throughout history. Patients were thought to be under the influence of demons or evil spirits and they were outcasted, discriminated against and subjected to various kinds of cruel treatment to force the evil spirits out. The medieval Middle East was not an exception to this prevalent perception, which was the result of the strange symptoms and the fearful appearance of the disease. Galenic theory, which held a consistently naturalistic approach, rejected demonic possession and intervention of evil spirits as the causes behind epilepsy. It argued that the causes must lie in the imbalance of humors, which affect the brain leading to the observed symptoms.

Ibn Qayyim argued that epilepsy is actually of two different kinds, which share the same symptoms but differ in the causes. The first is caused by the imbalance of humors and is treatable through Galenic instructions and medications. The second is the one mentioned in religious traditions and is caused by evil spirits and demons and can only be treated using talismans or different forms of exorcism. Revealing his knowledge of Greek texts of philosophy and science, he argued that the epilepsy described as the divine disease in the Greek heritage is, in fact, the second type and that this proves that even the ancient masters of science and philosophy believed in this division. He dismissed Galen's denial of the existence of demonic epilepsy as caused by the latter's inexperience in the matters of the soul and that if he knew enough, he would have admitted it[24].

In the previous examples, authors of prophetic medicine relied on the previously mentioned strategies to consolidate the relation between the religious and the medical discourses. Medical theory was admitted as the only possible practice and was taken for granted by the authors of

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[24] Ibid., 78.

prophetic medicine, who did not see their advice as a different tradition or an alternative to Galenic practice but rather part and parcel of the same world view and the same perception of health and illness. Muḥammad's medical commandments were seen as largely localized and as limited to the prophet's own contemporaries, who are different contextually from the mainly-urban audience of these treatises.

More importantly, Galenic medical theory did not appear as an enemy or a competitive discourse. Instead, it appeared to have informed the knowledge of our authors and to have transformed their own views about the sacred text. In this discussion, the level of interaction between the religious and the scientific narratives relied heavily on the universally accepted legitimacy of the Galenic theory and on its magnified epistemic authority, which monopolized the domain of medical practice. The aim of these books was to provide medical advice drawing on the authors' different sources of knowledge, which included prophetic traditions as well as Galenic theory. As they were aware of the precedence of Galenic theory in matters of health and sickness, they reread the prophetic narrative to correspond to the "accurate" and "true" knowledge of medicine.

Where would you go, if you are sick in medieval Cairo?

Medical practice in the medieval Islamic city existed at different levels, which corresponded to the various socioeconomic and political status of the patients and those of the practitioners. At the highest end of the practice, court physicians, who were known as the chief physicians, and the physicians of the emirs and the generals, enjoyed most respect and were thought of as the leading figures in medical practice. At a slightly lower level, rich merchants, high and middle ranking bureaucrats and members of the military enjoyed the care of a "second tier" of physicians, who were well trained in Galenic medicine but did not achieve much fortune. Finally, the most dominant form of practice was in the markets, where physicians of different distinction, save for the court physician and their elk, had shops and provided the main source of medical care to the urban public. Finally, hospitals and Bīmāristāns, which were erected in many Islamic cities and which varied in size and capacity, provided free service to poor people and were staffed mostly by capable physicians and headed mostly by the chief physician of the empire, province or city.

In addition to physicians, who were called *Ṭabaʾiʿiyyīn*, surgeons, barber-surgeons, oculists, cuppers bloodletters and druggists operated in a similar fashion and along the same divisions but occupied a less distinguished place compared to physicians. In the highest end of the practice, they normally operated under the direct supervision of the physician.

At the highest end of the continuum of medical practice, the close relations between the physician and his distinguished patients led to the creation of bonds of loyalty and friendship. When al-Nāṣir Muḥammad decided to depose himself to escape the pressure of his powerful generals and to go to a voluntary exile awaiting the right moment to get rid of his enemies, he

relieved his physicians from their duties. One of the physicians decided to accompany him and was rewarded by being named the Chief Physician, when al-Nāṣir returned to the throne a year later[25]. Al-Ẓāhir Barqūq, who succeeded in leading a massive political conspiracies to get him to the throne, appointed his personal physician the Chief Physician. Few years later, he even chose him to be the chief bureaucrat in the court or the Sultan's personal secretary. When the heads of the bureaucracy argued that the young physician had no experience in the complicated affairs of the bureaucracy, the Sultan replied, "I will teach him myself"[26].

In all these occasions and others, the Sultan's personal physicians, who also treated the top emirs, generals and bureaucrats in the empire, were extremely important and were carefully chosen to be the best in their field and to provide the most trusted medical care. Therefore, it is not hard to follow the names and the life stories of these physicians over several centuries since chroniclers and historians were careful to mention in detail those trusted with the life of the sovereign. In all these accounts and through surveying the medical practitioners in the courts of Cairo, Damascus and Baghdad over about six centuries, during which we saw the production of the most important treatises of prophetic medicine, all the court medical practitioners were exclusively trained in various branches of Galenic medicine.

Similarly, necrologies and biographical dictionaries, which are one of the most important sources for the history of the middle and high classes in the medieval Middle East, paid special attention to physicians and other medical practitioners and mentioned in details the diseases and medical conditions, which led to the death of the biographees. A review of these dictionaries

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[25] AḥMad Ibn ʿAlī Al-Maqrīzī, *Kitāb Al-Sulūk Li-MaʀIfat Duwal Al-Mulūk*, ed. M. M. Ziyádah and S. A. F. Áshūr (Cairo: National Library Press, 1972).

[26] Ibid.

reveal no practitioners of prophetic medicine, neither in the entries nor as people who treated the biographees or even caused their deaths. On the other hand, the necrologies give a lot of details on medical education and on medical expertise, which was sought by members of the higher and middle classes.

Finally, medical practice in the market place was the subject of different Ḥisba manuals, where an exclusive guide to all the professions practiced in the market was laid out to aid the market inspectors in performing their jobs[27]. In these manuals, long chapters dealt with the different aspects of medical practice and analyzed the method by which the market inspector should judge fraud and negligence committed by medical practitioners. Once more, the discussed medical practice was exclusively Galenic and no mention of prophetic medicine was ever made.

In fact, Ibn Qayyim included in his book on prophetic medicine a chapter detailing the legal punishment for the inept physician according to the religious law. In this chapter, he explains the basic knowledge, which the physician have and without which he would fall under the legal definition of "the ignorant physician." Ibn Qayyim explains that physicians should consider twenty issues in their treatment and proceeds to borrow the main divisions of medical knowledge, which were laid out by Ḥunayn ibn Isḥāq in his famous book "Questions in Medicine for the Students," which served as one of the main books in medical education along the Galenic principles[28].

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[27] ʾabd Al-Raḥmān Ibn Naṣr Shayzarī, *Book of Al-Muḥtasib Entitled Kitāb Nihāyat Al-Rutba Fī Ṭalab Al-Ḥisba*, ed. Al-Sayyid Al-Bāz Al-Arīnī and M. M. Ziada (Cairo: Association of Authorship, 1946).

[28] Ibn Qayyim Al-Jawziyyah, *Al-Ṭlb Al-Nabawī*, 145-47.

These remarks about medical practice and the absence of any evidence referring to the existence of prophetic medicine as a distinctive form of medical practice are not new. Emilie Savage-Smith writes; “we do not have the names of any who were known for practicing this type of medicine.”[29]

In the previous discussion, I argued that prophetic medicine did not represent a parallel practice or an alternative paradigm to Galenic theory. Instead, it appears as a literary production intended to provide medical advice to the readership based on elements driven by different popular views and circulated knowledge about health and disease. This literature dealt with different prophetic traditions, which included certain commandments and instructions related to health, but was largely informed in its understanding of the prophetic corpus by what the authors perceived as the uncontested realities of the medical theory as presented by the different figures of authority in the Galenic discourse.

In my analysis, I attributed the reasons for what I saw as a superficial reading of the sources of prophetic medicine to a preconceived model of conflict between the agents of the Galenic discourse and their methods, on one hand, and the agents of the religious discourse, on the other. This preconceived model is dictated by a Euro-centric reading of the relation between the religious and the scientific and ignores the contextual and socio-intellectual realities of the medieval Middle East. These realities include the fact that one of the most prominent figures of Galenic medicine; Ibn al-Nafīs, was a jurist and a scholar of jurisprudence and of prophetic traditions. Ibn al-Nafīs, who was seen as an outstanding figure in the intellectual community of

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[29] Savage-Smith and Ming, "Ṭibb (A.)."

medieval Cairo, was not an exception but rather a product of the intellectual environment in the Islamic Middle Ages.

Prophetic medicine was another product of this intellectual environment, where religious and scientific elites exchanges ideas and where the thoughts, beliefs and views of the world were shaped by this exchange between various forms of epistemic authority, such as scientific writings and religious literature.

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