

TRADITION, MEDICINE AND OCCUPATION: ALTERNATIVE HEALING PRACTICES IN KASHMIR

Sajad Ahmad Mir

Research Scholar,
Centre for Historical Studies,
Jawahar Lal Nehru University,
New Delhi

Abstract

The *unani* and *ayurvedic* system of medicine were a dominant method of healing practices before the emergence of scientific healing. To this, the valley of Kashmir too was not a different case, as the people of Kashmir also practiced *unani* system along with other alternative healing practices. The valley of Kashmir was a Muslim majority area and in this regard the hakims formed an important asset in the means of healing. However, equal role was played by the alternative healing practices in the form of spiritual and folk healing. The people's religious belief in *pirs* (seer) and the *asthans* (shrines) were equally important in fostering spiritual healing. It was their close proximity to religion that the people used to attribute divine origin of the diseases until the coming of modern allopathic practice into Kashmir. Besides, there were folk or complementary practices which were mostly rooted in the cultural milieu of Kashmir. In this regard, this paper seeks to analyze alternative healing practices in Kashmir and their efficacy in the wake of cultural practices.

Key Words: Kashmir, Spiritual Healing, Folk Medicine, Discourse, and Occupation.

Before the coming of modern allopathic medicine, the Kashmiri society was rooted in the traditional modes of healing coupled with other customary healings. They provided an opportunity to the people to combat diseases in the absence of modern healing. In Kashmir every healing was divided into different domains and healers performed practices under their respective domain. While going through the accounts of travelers headed to valley, we find there texts replete with numerous references on the religious milieu of Kashmir. The people of Kashmir possessed heavy influence of religion in their daily life.

In this matter, the essence of spiritual aspect of religion cannot be ignored, to which the people relatively traced much allegiance during natural calamities. Religious devotion along with reverence to saintly figures and implicit trust in the village shrines play a much larger part in the religious life of average Kashmiri. Under this ambit, *pirs* (saints) and *asthan* (shrine) occupied an important position among the people of Kashmir. The foremost healing to exorcism was from these *pirs*. They used to learn this practice in an apprenticeship from a senior *pir*. It had a

significant economic ground as it bore them a means of livelihood. Writing in the late 19th century Kashmir, Lawrence recounts that every Kashmiri believes that “the saints will aid if man will call and they think that a dead saint is more efficacious than a living priest. The Kashmiri’s are called by foreigners *pir-parast* that is saint-worshipper and there epithet is well deserved” (Walter Lawrence, 286). The people of Kashmir had a huge veneration for the shrine. Whenever a Kashmiri approaches a shrine he used to pay a number of offerings in order to please a saint buried inside in it. In fact, they used to walk bare feet and on reaching near the entrance of a grave, the Kashmiri smears his throat and body with the holy dust of the sacred precincts (Ibid, 286). No doubt, the people were rooted in superstitions, but it also appears here that the people of Kashmir believed in the divine origin of diseases.

The spread of disease was usually attributed to the will of god, and the people thought that the saint is more associated with him, and hence he had the potential to rescue them. Besides *unani* medicine, the people of Kashmir also visited to shrines and *pirs* in the absence of modern healing. Under these circumstances these *pirs* through multiple ways confer treatment upon diseased people. They will gave them a piece of paper with *allah* written on it, the patients swallowed it down with water which is usually dirty and impure (contains an ink writings of Arabic on it) in order to get rid of these diseases (Jarnail Singh Dev, 119). The *asthan* (shrine) equally played an important role to attract the attention of the people of valley. The natives of Kashmir held a high esteem for these shrines on account of the saints cremated there. The people often pay tributes, held congregations, and communicate their hardships so as to get deprived of it. The people of Kashmir believe that it is the shrine which protects from diseases and disaster, and to it they look for aid in any enterprise or in any times of stress (Ernest F Neve, 105) On another occasion Ernest F Neve recounted:

On one occasion for instance, the Mohammedan priests of a famous shrine made a proclamation that to avert the pestilence (cholera), the tank in the courtyard of the secret edifice (shrine) should be at once filled with water brought by the worshippers. The people came in the hundreds, each bearing a water-pot which was duly emptied into the tank, some of the water which was then drunk as a preservative for cholera (Ibid, 81-82).

Notwithstanding the fact that contaminated water near the shrine may have some harmful bacteria and instead of recovery it would have further deteriorated their health condition. One can infer from these facts that the people of Kashmir were deeply embedded in superstitions. The extent of their belief in superstition was further confirmed by the fact that the Kashmiri’s wore charm or amulets, in order to avoid disease or to get rid from it, which was nothing but a piece of paper bearing some writing on it (Walter Lawrence, 119). The paper was folded up and stitched in a little piece of cloth or leather perhaps two inches long and one and a half broad. This is tied round of the neck of the applicant or around one of the arms. If there is a disease of the foot or leg, the amulet may be found attached to the ankle or the knee (Ernest Neve, 126). The native people in return showed an immense conviction in these *pirs* and did anything in order to keep them happy. The people firmly appropriate the advice of *pirs* and used to follow them strictly. They believe that the disassociation and denial would lead to insurmountable hardships. Referring to the plague, Ernest Neve reports, “that the common masses had a great faith in these *pirs*, and one of the villager recounted to him that it (plague) had not invaded the isolated mountain district in which his village was situated as the *pir* living here have mighty

powers”(Ibid, 126). The people believed that in cases of fever the body of the sufferer was appropriated by *jinn* (genie) and it results in the increase in body temperature. During such cases the family on the advice of a *pir* used to arrange *khatam-i-shareef* (ceremony in which Quran was recited) attended by the *pirs* to relieve body from the evil. If it does not bring relaxation to a body, they normally went a step ahead by moving to a higher *pir* who is supposed to have tremendous powers. It was followed by a night ceremony called *mehfil* (musical gathering attended by *pir* along with his disciples) attended by *pir* and his *baraderi* (companionship) to elevate to higher form and alleviate pain by removing evil spirit from the body.

A *pir*, customarily a male, is the spiritual guide for the *murid* (disciple or follower) who are bound to one another in a spiritual relationship known as *Pir-muredi* in which the former occupies a prominence place and the later is supposedly to follow his footprints. In the valley most of the people were associated with a particular *pir* from generations. After the *pirs*' demise, he was followed least by his son but mostly his senior most disciple of his order through *baayat* (spiritual initiation). And, the rest of *murids* follow the new *pir* unanimously. Under this relationship, almost every Kashmiri family followed the *pir* accordingly from generation to generation and such *pirs* were known as *baayati pirs* (hereditary Peer, who is considered to be a spiritual care taker of a family or its assets related to them). The *pirs* were entrusted to shoulder all the responsibilities of a family, if they encounter any problem; it was the duty of a *pir* to eliminate their adversities. The *pir* acted like a modern family doctor, who bears the responsibility of maintaining good health of a family. As the doctor listens to his patient and prescribes diagnosis after identifying the cause of illness, similarly the *pir* listens to disciples' troubles and he makes them relieve their misery. Usually the *pir* makes recitation from the verses of Quran and inhales his breathe called *dum-karun* (breathe holding), after which he either exhales it on the patient or in the water. If he exhales it on the water the patient is advised to drink it at regular intervals of time. Sometimes a *pir* writes a few verses of Arabic from Quran on a piece of paper locally known as *tawez* (amulet); the sick-man is asked to burn the piece of paper and inhale the smoke. This inhalation brings dreams, and the dreams must be told to *pir*, who at once knows what is to be done and suggest remedial measures accordingly (Walter Lawrence, 233). This does not end here; when a female gives birth to a child she was often met with the engorgement of breasts while feeding milk to her baby. Females with this affliction would visit a *pir* who would touch the affected breasts with a knife and read some verses, a process called *dhod-maetrawun* (milk calibration) (Gulzar Mufti, 34).

In addition to above measures there were also certain other people in the society who were well versed in alternative methods of healing disease. Some years back leech applicators were a household name in letting out the impure blood from the body. Leeches are not a modern phenomenon and its origin can be traced back to past times. In fact, they should have been widely used for prevention and treatment of certain diseases throughout antiquity. In the history of ancient Greek, the practice of bloodletting was practiced according to the humoral theory. Records of this theory were found in the Greek philosopher Hippocrates' collection in the fifth century BC. (<https://en.wikipedia.org/wiki/Leech>). This theory anticipated that an imbalance in the proportions of the four humors was believed to be the cause of ill health. These leech applicators used bloodletting method by applying leeches on the body in order to create balance among the humors. By doing so the leech applicators guaranteed good health to the diseased body. Hakims generally believed that in the serious cases bloodletting formed an important asset to reduce the

intensity of various diseases. In doing, they would prescribe bloodletting to patients and advise them to use the services of a blood letter, who would use leeches in order to suck blood from the individual (Mufti Gulzar, 19). The draining of unwanted blood from the body carries unnecessary substances which are very much averse to body. Lawrence also mentions the treatment through leeches, he asserts that a special man is meant for the leech applying and it was possible on the recommendations of hakim that he would prescribe treatment. These leech applicers even today are found in Kashmir and on that basis it could be said that they would have been present throughout the length and breadth of valley. These leech applicers used to practice their profession either at their homes or at the leech shops. The common method for applying leeches was simply that the leech applicer would pick the leeches by hand and drop it on the patient's needy part of body.¹ Once the leeches sucked the impure blood, the leech applicer would remove them by hand. Leech applicer collects these leeches from the *nags* (water streams), fresh water lakes and ponds in Kashmir. Once collected, the leech applicer preserves them under his custody in water bottles and uses them when required.

Another well known practice present in the domain of traditional healing was aligning of displaced bones. The well known expert in this field has been locally termed as *wattan wool or wattan gor* (bone setter). This bone setter displayed a remarkable role in bringing dislocated bone to its actual position. It was exemplified through the people's high degree of confidence in this traditional art. Although a well known practice in the conventional healing tradition of Kashmir, the profession did not become completely obsolete even after the arrival of the modern orthopedic treatment. This could be understood from the fact that this practice, initiated by the ancestors, is still practiced by the different people in different villages even after the modernity has changed the outlook of man.² Bone setters essentially dealt with orthopedic suffering; his field of expertise ranged from a minor bone sprain to a major strain in joints.

Unlike hakims, the occupation of these bone setters was not entirely hereditary. This profession was experienced by any caste belonged to any background, a person was supposed to undergo a little training under an expert of the same profession until he may be able to experiment it independently. But at the same time it should be mentioned that the upper class or the privileged section of society stayed away from this practice. Ghulam Hassan and Abdul Qadir two persons from different castes, one from the privileged caste (*Mir*) and the other from low caste *Sheikh* (locally termed as *wattal*), are practicing this profession in the same village. The masses used to visit either of the two, mostly depended upon the effectiveness of their profession.³ This can be argued here that traditional skills have lessened stereotypes associated

¹ like, *shugassun*. It is a winter disease commonly found among children on their feet, ears and rarely on hands.

² In our neighboring village Issoo there was an immensely famous bonesetter called Abdul Ghaffar Wagay locally known as *Ghaffar goor* (*goor* is a Kashmiri version of the *kram* 'caste' *goor* which literally means a milkman or a person associated with the distribution of milk. This caste is also looked down by the people of Kashmir. During conversation, the people of Kashmir are using '*goor* and *wagay*' words interchangeably). And that is why the bone setter was called *goor* as well as *wagay*. However, it should also be pointed here that the *goor* was considered as a derogatory word and hence it irritates them. He was an expert in this profession and people across the south Kashmir used to come at his residence and receive multiple treatments of joints. The moment Abdul Ghaffar passed away, his eldest son succeeded him and still continues to practice this profession.

with lower castes. The bone setters even today are present in many villages of Kashmir valley. Here it is also necessary to mention that each and every expert was not an effective in his expertise. Rather they vary in degree and the effectiveness of their profession. These bone setters also used to prescribe cauterization to reduce *warm* (arthritis) by applying heated sand that has to be rounded by a piece of cloth or a burnt brick suggesting a heated touch against the aching part of a body. The patient was directed by the bone setter to visit up to a certain period at regular intervals of time; however it was also depending upon the degree of problem, which may even carry a longer period of time.

In the absence of modern nursing and gynecology facilities, the women section in Kashmir were taking guidance from the traditional *waren* (midwife) who was mostly dealing with the delivery cases. Kashmiri society at that time was dominated by the religious doctrine and therefore it gave a very conservative outlook to an individual while dealing with day to day happenings. Therefore, there were certain diseases and problems which were exclusive conformed to the women section of society and it gave an opportunity to a Kashmiri *waren* to remain concerned with the female environment. The *waren* was almost present in every village and it was she who was dealing all the cases related to pregnancy.⁴ Unlike hakims these ladies were not entirely making this profession hereditary. There were some ladies who used to pass it on their future generation, but that does not mean it was hereditary in its entirety. As there were numerous cases in which skills of their trade were acquired by different ladies of a different family. However, it must be presumed here that in families where it was hereditary in nature, there it was the daughter who followed her mother's steps.⁵ In addition, it was also the responsibility of a Kashmiri *waren* to pay a visit to a house of pregnant lady. The delivery was conducted at the patient's home at the floor on a dry grass called *hur*. A special leafy vegetable called *hund*- a variant spice was fed to the lady during the immediate post delivery period. On the seventh day, the lady would advise *loos* (postnatal period of six weeks) to go through *ab-shayrun* ceremony where she and the new born baby were given a warm bath. Supposedly the lady had the knowledge and skill in an area that was a mystery to most people. On a closed room that had been specially isolated for the pregnant women, *Waren* used to examine her and conclude predictions about her delivery. From the beginning till the end of delivery, the *waren* used to stand near by the screaming pregnant lady in order to provide her best possible help. After the completion of delivery the *waren* used to stipulate certain health obligations and prescribe patient oriented herbal remedies. This was followed by a reward by the patient's family

³ During an interaction they reiterated that the practice was predominantly present among the lower class of society. When I asked Ghulam Hassan how he chose it? He narrated that i got a little training from another expert of the same field, and subsequently started it practicing independently. He further exhorted that this practice has nothing to do with the caste and has to be looked independently from it; this is an art and anybody who is interested can practice it.

⁴ Based on an interview with Mukhti (90 year old lady from village Wangam), the whole thing that is described here is based upon her experience and witness to the events of the past.

⁵ In an interview with Mukhti, she revealed her personal experience with a *waren* on her own pregnancy and delivery. While recollecting memories, she narrated significant role of mid wife in the earlier society of Kashmir. Like modern nurses these mid-wife's used to attend women after delivery and advises her to take care of many things. While revealing her own case, midwife intervention was inevitable and she was quite advisable in throwing away the old straw bed and replaces it with a new one.

both in cash or kind.⁶ Lawrence writes in the 1890s that the hakims never attend the midwifery cases: special women, with considerable knowledge of herbs dispose these cases.

Kashmir has witnessed great specialists and practices in the field of art. They were rooted in their respective professions and provided innumerable service to society. One such profession was that of a *naveid* (barber) who was a surgeon in the absence of modern surgeon specialists. While going through the market and streets of Kashmir, Biscoe give us a passing reference of a Kashmiri barber, “sitting in a shop a Mohammedan with a sharp knife... it is the only barber at work” (Tyndale Biscoe, 131). In this respect, Kashmir was no different from the rest of the world in the past as the barbers were the surgeons (Gulzar Mufti, 24). Barbers had a rich tradition internationally in performing surgical functions as Gulzar Mufti remarks,

The naval surgeons in the Napoleonic wars were the barber-surgeons who combined surgery like amputations with their main job of being barbers for the fighting force. In the eighteenth century UK surgeons too were barbers. Unlike physicians, they did not have medical degree or any other qualification but had the title of *Mister* that distinguished them from physicians (Ibid, 24).

The hakim doesn't dabble in surgery rather he would mark the vein with a pen which is to be opened and operated only by a barber (Walter Lawrence, 233). After marking of a particular body part by the hakim, the patient was directed to appear before barber for further surgical procedures. One of the common surgical undertakings was drainage of abscess, in which a *khoor* (razor with a wooden handle) was used by a barber for incision. Biscoe mentions in his memoir, “that barber is also the dentist and keeps an iron hook, which he shoves between the tooth and the gum, and then hauls,... the hook always brings up something... let's hope that it is the aching tooth.”(Tyndale Biscoe, 131) While describing the role of a barber, he further maintains that they are also very clever at fixing a broken tooth to the stamp or to the next tooth by wiring them together; in the same way they mend broken crockery. (Ibid, 131) The equipments and techniques available at the disposal of the Kashmiri barber was a *khoor* (sharp razor with wooden handle) that is normally used for shaving unwanted hair from face or body, a pair of scissors, and hooks and wires of various shapes. When the barber conducted surgical operations, the patient normally receives a numerous injuries. In order to cure these injuries, the barber would employ local herbs and make poultices and ointments; butter, yogurt and finely meshed white soil mixed with water for them. (Gulzar Mufti, 24) In terms of status in the social fabric of Kashmir, the profession of barber is looked down by the Kashmir society. In few years ago, no doubt these barbers were engaged of performing many practices which had a direct resemblance with the modern day doctor. This provided them an opportunity to change their caste from *navied* to *hakim* in order to achieve a better social status in the society.⁷

It has been shown in this paper that on the eve of modern forms of medicine, the people of Kashmir were embedded in numerous alternative forms of healing. This paper has further attempted to argue that the alternative medical practices emerged from the socio-religious and cultural tradition of Kashmir. These practices created an alternative healing discourse in the

⁶ Largely there was dearth of cash as the people were poor, as narrated by Mukhti, therefore she was mostly rewarded by goods like oil, rice, grains, clothes etc.

⁷ There are some individuals from the *navied* community in the valley of Kashmir who have changed or still changing their caste from *navied* to hakim in Kashmir in order to upgrade their social position.

unani medical tradition which ultimately paved the way for a plural medical tradition in Kashmir. These healing practices were performed by a variety of traditional specialists well groomed in their respective fields and that is why it left a less chance for them to override one another's authority.

Bibliography:

- Akbar, Mohd. *Folk Medicine of Jammu and Kashmir*. Srinagar: Gulshan Books, 2011
- Akhtar, Rais. "Arthur Neve (1859-1919) and a mission hospital in Srinagar." *Journal of Medical Biography* Vol.19 (2011).
- Biscoe, C. E. Tyndale. *Character Building in Kashmir*. London: Church Missionary Society, 1920.
----- *Kashmir in Sunlight and Shade*. London: Seeley, Service and Co. Limited, 1922.
- Hugel, Baron Charles. *Travels in Kashmir and Punjab*. London: John Pethern, 71 Chancey Lane, 1845.
- Dev, Jarnail Singh. *Natural Calamities in Jammu and Kashmir*. New Delhi: Arian Publishing House, 1983.
- Mufti Gulzar. *Kashmir in Sickness and Health*. Srinagar: Ali Mohammad and Sons, 2013.
- Neve, Ernest F. *Beyond the Pir Panjal: Life Among the Mountains and Valleys of Kashmir*. London: Church Missionary Society, 1915. Reprint, Srinagar: Gulshan Publishers and Distributors, 2003.
----- *A Crusader in Kashmir*. London: Seeley, Service and Co. limited 1928, Reprint, Srinagar: Gulshan Books, 2007.
- *Things Seen in Kashmir*. London: Seelay, Service & Co. 1931, Reprint, Srinagar: Gulshan Books, 2012.
- Vinge, G.T. *Travels in Kashmir*. Ladakh, Iskardo. 2 vols. London: Henry colburn, 1842.

Interviews:

- Abdul Qadir Mir (70s), Wangam (Anantnag), December 02, 2014.
- Ghulam Hussan (50s), Wangam (Anantnag), December 02, 2014.
- Abdul Qadir Sheikh (60s), Wangam (Anantnag), December 02, 2014.
- Mukhti (90s), Wangam (Anantnag), December 02, 2014