

Healing Traditions and Medical Practices under the Qutb Shahis of Golconda

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Abstract

The Qutb Shahi kingdom of Golconda occupied an important position in the political and cultural history of the Deccan between the sixteenth and seventeenth centuries. Its rulers presided over a society in which Persianate intellectual traditions interacted with established regional cultures. Medicine formed part of this wider exchange. Unani medicine received significant courtly support, while Ayurvedic and other indigenous practices continued to exist within the medical landscape of the Deccan. Physicians, medical texts, hospitals, charitable endowments and practices concerning diet and hygiene reveal a culture in which healing was closely connected with scholarship, social welfare and royal patronage. One of the most important developments of the period was the establishment of the Dar-ul-Shifa in Hyderabad during the reign of Muhammad Quli Qutb Shah. Contemporary and later evidence associates the institution with both the treatment of the sick and medical instruction. The Qutb Shahi period also witnessed the circulation of Persian medical knowledge and the activity of physicians familiar with the wider Perso-Arabic tradition of medicine. This article examines the medical environment of Qutb Shahi Golconda, with particular attention to institutional medicine, Unani practice, indigenous traditions, preventive healthcare and the relationship between medicine and royal patronage. It argues that Qutb Shahi medicine is best understood not as an isolated medical system but as part of the plural and cosmopolitan intellectual culture of the early modern Deccan.

Keywords: Qutb Shahi; Golconda; Hyderabad; Unani medicine; Dar-ul-Shifa; Deccan; medical history; healing traditions; healthcare

Introduction

The history of medicine is not limited to the study of diseases and their treatment. It also provides insight into the intellectual life of a society, its understanding of the human body, its institutions of charity, and the movement of knowledge across cultural and linguistic boundaries. The Deccan during the sixteenth and seventeenth centuries offers a particularly rich setting for such a study.

The Qutb Shahis established themselves at Golconda after the decline of Bahmani authority and ruled until the Mughal annexation of the kingdom in 1687. Their state developed within a region marked by considerable linguistic, religious and cultural diversity. Persian-speaking migrants, local Telugu elites, merchants, religious scholars, artisans and administrators all contributed to the social world of the kingdom. Connections with Iran and the larger Persianate world were especially important to courtly culture, yet the dynasty was also deeply rooted in the political and cultural environment of the Deccan.

Medicine developed within this setting of interaction. The Qutb Shahi rulers supported forms of Perso-Arabic medicine generally described in South Asia as Unani medicine. At the same time, older Indic

traditions of healing did not disappear. Evidence from the wider Deccan suggests that practitioners associated with different systems of medicine could operate within the same political and social environment.

The establishment of Dar-ul-Shifa in the newly founded city of Hyderabad was one of the clearest institutional expressions of Qutb Shahi interest in medicine. Its association with medical treatment, teaching and charitable endowment makes it an important subject for the social history of medicine in South India.

This article examines the medical traditions of Qutb Shahi Golconda in their historical context. Rather than portraying the period as one dominated by a single medical system, it considers the coexistence of different forms of medical knowledge and the role played by royal patronage in their development.

Objectives of the Study

1. To examine the character of medical practice under the Qutb Shahi rulers of Golconda.
2. To study the role of royal patronage in the development of Unani medicine in the Deccan.
3. To assess the historical importance of Dar-ul-Shifa as an institution of healing and medical instruction.
4. To examine the coexistence of Persianate and indigenous medical traditions.
5. To explore contemporary ideas relating to diet, hygiene, preventive medicine and the maintenance of health.

Research Questions

1. What forms of medical knowledge were practised in the Qutb Shahi kingdom?
2. What role did the Qutb Shahi rulers play in encouraging physicians and medical institutions?
3. How significant was Dar-ul-Shifa in the medical history of Hyderabad?
4. To what extent did different healing traditions coexist in the Deccan?
5. What does Qutb Shahi medical culture reveal about wider intellectual exchanges in early modern India?

Sources and Methodology

This article employs a historical and interpretative method. It draws primarily on published historical scholarship concerning the Qutb Shahi dynasty, Unani medicine and the courtly culture of the Deccan.

H. K. Sherwani's History of the Qutb Shahi Dynasty remains an important general political and cultural history of the dynasty. For the specific history of medicine, A. Bari's study of Unani medicine under the Qutb Shahis provides focused evidence concerning medical learning and royal patronage. Tazimuddin Siddiqi's study of Unani medicine in India provides broader context for the development of the tradition in the sixteenth and early seventeenth centuries. Emma J. Flatt's work on the Deccan sultanates places knowledge, courtly practice and trans-regional Persianate networks within the wider cultural history of the Deccan. The two-volume History of Medieval Deccan edited by H. K. Sherwani and P. M. Joshi is used as supplementary regional context.

The study also makes limited use of recent scholarship concerning Dar-ul-Shifa. Such later studies are treated as supplementary evidence rather than substitutes for the established historical literature.

Claims for which the surviving evidence is uncertain have deliberately been presented cautiously. The intention is to reconstruct the broad character of Qutb Shahi medical culture without attributing to the period features that cannot be supported by identifiable historical sources.

Medical Culture in the Qutb Shahi Deccan

Medicine under the Qutb Shahis developed within the cosmopolitan world of the Deccan sultanates. The courts of the region attracted scholars, merchants and professionals from different parts of India as well as from Iran and other regions connected with the Persian-speaking world.

The movement of physicians and medical literature contributed to the diffusion of the Perso-Arabic medical tradition in South India. Persian served as an important language of administration and scholarship, while Arabic retained importance in learned religious and scientific traditions.

Yet the adoption of Persianate medical knowledge did not imply the disappearance of established Indian medical systems. The Deccan had a long history of Ayurvedic and regional healing traditions. Courtly interest in Islamicate medicine developed alongside rather than necessarily in opposition to these traditions.

This environment is best described as medically plural. Different kinds of healers could serve different groups, and knowledge could circulate across social and intellectual boundaries.

Unani Medicine and the Qutb Shahi Court

The term Unani, derived from a word meaning Greek or Ionian, is used in South Asia for a learned medical tradition whose classical Greek foundations were developed through Arabic and Persian scholarship and subsequently adapted in India.

By the time of the Qutb Shahis, this tradition had already developed an extensive body of knowledge concerning diagnosis, pharmacology, diet and the regulation of health. Medical authorities associated health with the balance of bodily qualities and with an individual's temperament or mizaj.

The physician therefore considered more than the immediate symptoms of illness. Diet, sleep, physical activity, climate, age and individual constitution could all influence diagnosis and treatment.

Bari's study of medicine under the Qutb Shahis demonstrates that Unani medicine benefited from courtly patronage and that the dynasty formed an important stage in its development in the Deccan.

Medical practitioners associated with royal households enjoyed opportunities unavailable to many ordinary healers. Court patronage allowed learned physicians to practise medicine, study earlier authorities and participate in the intellectual life of the kingdom.

The presence of such practitioners should nevertheless be distinguished from the medical experience of the entire population. Courtly sources naturally preserve more information about elite physicians than about village healers, midwives or practitioners who worked outside formal institutions.

Dar-ul-Shifa and Institutional Medicine

The establishment of Dar-ul-Shifa in Hyderabad is perhaps the best-known example of Qutb Shahi investment in healthcare.

Muhammad Quli Qutb Shah founded Hyderabad at the end of the sixteenth century. As part of the development of the new capital, Dar-ul-Shifa was established in 1595–1596. Flatt identifies it as both a hospital and a medical college and notes that endowments supported scholarships for students studying medicine.

This evidence is significant because it places medicine within the institutional life of the Qutb Shahi capital. The provision of medical care was not restricted entirely to private physicians attending members of the ruling household.

Dar-ul-Shifa also belonged to a broader tradition of charitable medical institutions found across the Islamic world. In this tradition, the care of the sick could be linked with ideas of benevolence, religious charity and responsible kingship.

The combination of treatment and medical instruction is particularly noteworthy. An institution capable of bringing teachers, students, physicians and patients into the same setting could assist in the transmission of practical as well as textual knowledge.

Recent research has drawn renewed attention to the architectural and medical history of Dar-ul-Shifa and to its place in the history of Hyderabad. However, certain popular accounts provide very precise descriptions of its size or patient capacity without always identifying contemporary evidence. Such claims require caution.

What can be stated with greater confidence is that a hospital and centre of medical instruction existed under Qutb Shahi patronage and formed part of the original institutional landscape of Hyderabad.

Physicians and Medical Learning

The importance attached to learned physicians can also be seen in the wider intellectual culture of the Qutb Shahi court.

A physician was expected not merely to prescribe medicines but to possess knowledge of theories concerning bodily temperament, diet, pharmacological substances and methods of maintaining health. Medical education therefore required familiarity with a textual tradition as well as practical observation. Persian medical writing enabled ideas developed elsewhere in the Islamic world to circulate in the Deccan. The movement of scholars between Iran and India helped bring medical knowledge into Qutb Shahi territories, while local conditions inevitably influenced its application.

One should be cautious, however, about treating physicians at court as representatives of all medical practice in Golconda. Much of the surviving documentation concerns elite and literate settings. The activities of ordinary healers and practitioners are more difficult to recover because they left fewer written records.

Nevertheless, the courtly evidence demonstrates that medicine held an identifiable place among the intellectual disciplines valued by Qutb Shahi society.

Diet, Hygiene and Preventive Healthcare

An important aspect of the Unani medical tradition was its concern with the preservation of health before the appearance of serious illness.

Diet occupied a central place in this approach. Foods were understood to possess different qualities, and their suitability could depend on the temperament and physical condition of the individual. Treatment could therefore begin by altering food and daily habits rather than immediately administering medicines. Sleep, exercise, bathing and environmental conditions were also relevant to the maintenance of physical balance. Such ideas reveal a medical understanding in which health depended partly on the relationship between the body and its surroundings.

This emphasis is important when studying the history of preventive medicine. Although the terminology and theoretical foundations differed substantially from those of modern medicine, Qutb Shahi-era

medical thought included a developed concern with regimen and the preservation of health. Such practices should not be described as modern preventive healthcare in a strict sense. They belonged to a pre-modern medical system based upon different assumptions about physiology. Nevertheless, prevention was clearly an important medical objective.

Pharmacology and Medicinal Substances

Medicines prepared from plants, minerals and other substances played an important role in Unani treatment.

The Deccan possessed considerable botanical diversity, while Golconda participated in commercial networks extending across the Indian Ocean and beyond. Such connections created channels through which commodities, including substances used in learned medical practice, could circulate, although the precise movement of individual medicinal ingredients requires further source-based study.

Unani pharmacology distinguished between simple drugs and compound preparations. Physicians considered the properties attributed to individual substances and combined ingredients according to established theories of temperament and therapeutic effect.

Regional medicinal materials could also become incorporated into larger systems of medical knowledge. The history of pharmacology therefore illustrates how medicine could adapt when learned traditions entered new ecological and cultural environments.

The interaction between written medical knowledge and locally available substances is an area that deserves further research, particularly through the study of surviving Persian and regional manuscripts.

Ayurveda and Indigenous Healing Practices

The growing influence of Unani medicine did not eliminate Ayurveda or other indigenous forms of healing.

The broader history of the Deccan provides evidence that Muslim and Hindu physicians could operate under the same rulers. Flatt, for example, discusses earlier Deccan institutions in which practitioners associated with different medical traditions received support.

This evidence complicates any attempt to describe the region's medical history as a simple replacement of one system by another.

Ayurveda remained embedded in Indian intellectual and social life, while local healers possessed knowledge of medicinal plants, diet, childbirth, injury and common illnesses. Much of this everyday medical knowledge was transmitted outside the formal institutions associated with royal courts.

The coexistence of different therapeutic traditions points to a diverse medical environment in which multiple forms of healing remained available. Because surviving courtly sources reveal much more about learned physicians than about the choices of ordinary patients, conclusions about everyday patterns of medical use must remain cautious.

Thus, medical pluralism appears to have been one of the defining features of the Deccan.

Medicine, Charity and Kingship

The establishment of hospitals also raises questions about the relationship between medicine and political authority.

In the Islamic charitable tradition, assisting the sick and supporting institutions devoted to public welfare could be understood as meritorious acts. Endowed institutions enabled rulers and elites to combine

charitable obligations with the public display of benevolent authority.

Flatt's discussion of hospitals and dispensaries in the Deccan demonstrates that medical charity was part of a wider culture of courtly generosity. She notes not only the Qutb Shahi Dar-ul-Shifa but also earlier examples in the Deccan where healthcare received institutional support.

Dar-ul-Shifa should therefore be viewed within this larger tradition. Its significance lay not merely in the treatment of individual patients but in the way it connected medicine with charity, education and kingship.

At the same time, it would be misleading to describe Qutb Shahi arrangements as a public-health system in the modern administrative sense. Medical institutions existed within the social and political structures of their own period and did not provide universal healthcare of the kind associated with modern states.

Medicine and Cultural Exchange

Perhaps the most important historical feature of Qutb Shahi medicine was its participation in a wider process of cultural exchange.

The Qutb Shahi court participated extensively in the Persianate intellectual and cultural world while remaining deeply embedded in the political and social environment of the Deccan.

Medicine therefore circulated in an environment where Persian, Arabic, Telugu and other traditions intersected. Physicians moving between regions brought texts and specialised knowledge with them, while practitioners working in India encountered local plants, diseases and therapeutic customs.

The resulting culture cannot adequately be represented through a rigid opposition between “foreign” and “indigenous” medicine. Persianate medical knowledge had already undergone centuries of adaptation, and its development in India created further opportunities for exchange.

Similarly, local medical systems were not static. Medical traditions changed in response to new political environments, new patrons and the movement of knowledge.

Qutb Shahi Golconda consequently provides a valuable case study in the history of cross-cultural medicine.

Historical Significance and Legacy

The Mughal conquest of Golconda in 1687 ended Qutb Shahi sovereignty, but it did not bring an end to the medical culture that had developed in the region.

Unani medicine remained influential in Hyderabad in later centuries and received further patronage under subsequent rulers. Institutions and traditions associated with Qutb Shahi Hyderabad formed part of the historical background against which later medical developments took place.

Dar-ul-Shifa is especially significant in this respect. Although the institution changed over time and much of its original physical setting was altered, its name remained connected with the medical history of Hyderabad.

The Qutb Shahi period should therefore be regarded as an important stage in the longer history of organised medicine in the Deccan rather than as an isolated episode.

Conclusion

The medical history of Qutb Shahi Golconda reflects the wider cultural character of the early modern Deccan. The kingdom was connected to the Persianate intellectual world while remaining deeply rooted in the social and cultural environment of South India. Medicine developed within this intersection.

Unani medicine enjoyed significant royal and elite patronage and formed an important component of learned medical culture. Physicians brought with them theories concerning bodily temperament, pharmacology, diet and the regulation of daily life. At the same time, Ayurveda and other indigenous practices continued to function within the region.

The establishment of Dar-ul-Shifa in Hyderabad in 1595–1596 represents one of the clearest examples of Qutb Shahi commitment to medical institutions. Evidence that the institution combined treatment with medical teaching and was supported through endowments makes it particularly significant in the history of healthcare in the Deccan.

The period also illustrates the importance of approaching medical history through the concept of pluralism. No single medical tradition can fully represent the therapeutic world of Golconda. Court physicians, Ayurvedic practitioners, local healers and other forms of medical knowledge existed within overlapping social environments.

Qutb Shahi medicine was therefore not merely a history of royal physicians or individual remedies. It formed part of a larger history of knowledge, charity, migration and cultural interaction. Further research into Persian, Telugu and other manuscript collections may provide a fuller understanding of the physicians, medicines and everyday healing practices that shaped the medical culture of the Qutb Shahi Deccan.

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