DESVELANDO EL CUERPO

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En esta edición se ha utilizado papel ecológico sometido a un proceso de blanqueado ECF, cuya fibra procede de bosques gestionados de forma sostenible.
In sickness and in health: Disease, healing, and Muslim religious identity according to Ibn ‘Asim al-Gharnati (d. 857/1453)

Linda G. Jones
Institució Milà i Fontanals (CSIC)

ABSTRACT
This paper analyzes the narratives of illness and healing in Ibn ‘Asim al-Gharnati’s belles-lettres compendium, Junnat al-rida, which he dedicated to his patron, the deposed Nasrid sultan, Muhammad IX, al-Ghalib bi-Llah, treating them as an example of the body as a site of ideological production. I shall argue that healing is not religiously neutral, and that Ibn ‘Asim’s representations of both bodily disease and healing are part of his larger ideological discourse that defines orthodox Sunni (and Sufi) Muslim identity in terms of absolute trust in and contentment and satisfaction with God. Against the evidence of the pragmatism with which Muslims sought all sorts of medical remedies, crossing sectarian and religious lines in the process, Ibn ‘Asim attempts to portray illness as providing Muslims with the opportunity to shape their identity as being virtuous and carrying out God’s will by resorting preferably to prophetic medicine. This pro-active approach to healing challenges the thesis of Islamic fatalism which would supposedly advocate an attitude of resignation in the face of disease—regarding it as the will of God, and disdain for the recourse to medical treatment.

“Make use of medical treatment, for Allah has not made a disease without appointing a remedy for it, with the exception of one disease, namely old age”\(^1\). Variants of this famous saying of the Prophet Muhammad underlie the many anecdotes about illness and healing included in Junnat al-rida fi l-taslim li-ma qaddara Allah wa-qada (“The Garden of Delight in Surrendering to the Will of God”), a literary anthology compiled

1. This essay is an extended version of a paper delivered at the conference, “The Body: Subject and Object of the Humanities and Social Sciences”, held at the Institució Milà i Fontanals (CSIC), 28-31 January, 2009. The paper is also part of the research project approved and financed by the Spanish Ministerio de Educación y Ciencia, entitled, “The Crown of Aragon in the Medieval Mediterranean: Bridge between Cultures, Mediator between Christendom and the Islamic World” (HUM2007-61x31).


2. This well-known saying of the Prophet is preserved in a number of Hadith collections, e.g., Abu Dawud, Sunan Abi Dawood, “Kitab al-tibb (The book of medicine)”, book 28, no. 3846. For all of the hadith citations I have used the academic online resource, “Sunna and Hadith: the large collections”, maintained by the Center for Muslim-Jewish Engagement, University of Southern California, 2007-2009 (http://www.usc.edu/schools/college/crcc/engagement/resources/texts/muslim/hadith/), henceforth, SHLC, 2007-2009.
by the fifteenth-century minister, chief jurist, and belletrist Ibn 'Asim al-Gharnati and dedicated to his patron, the deposed Nasrid sultan of Granada Muhammad IX, al-Ghalib bi-Llah. The Garden of Delight is a collection of edifying stories featuring persons who were afflicted with a calamity and obtained relief from it. Ibn 'Asim's typology of affliction includes suffering the loss of honor, social status, and wealth; the loss of personal liberty through incarceration; the loss of one's homeland through forced exile; and suffering physical harm through shipwreck, torture, or illness. In this essay I will focus solely on Ibn 'Asim's stories about treatable bodily disease and healing, regarding them as an example of the body as a site of ideological production. Following Bryan Turner's observations that "disease is not religiously neutral" (Turner, 1984 : 89), I shall argue likewise, that healing is not religiously neutral, and that the author's representations of both bodily disease and healing are part of his larger ideological discourse that defines orthodox Sunni (and Sufi) Muslim identity in terms of absolute trust in and contentment and satisfaction with God. This discourse of contentment (rida) and acceptance (taslim) with God "in sickness and in health" neither regards disease as a sign of God's punishment for sin nor as a mark of divine election. Similarly, it does not extol the suffering of self-inflicted illness or other forms of self-induced bodily torments as a means of gaining God's favour. To be sure, Ibn 'Asim conceptualizes illness as a trial to test one's faith in God (as in Judaism and Christianity). Yet equally on trial is what he terms "the purity of one's intentions (khulûs al-niyya) and the truthfulness of one's innermost convictions (sidq al-tawiyya)" (al-Gharnati, 1989 : 2/127). Hence, while he invariably represents the believing Muslim as actively seeking medical relief, be it from a popular healer, a Sufi mystic, or a medical doctor, the question that concerns us is how

3. Sallah Jarrañ summarizes the biographical accounts of the number of positions and vocations that Ibn 'Asim held or practiced simultaneously in Nasrid Granada, which was much greater than those mentioned here. They included, inter alia, royal private secretary, chief secretary, mufti, jurist, chief judge (qâdi al-jama'a), chief liturgical preacher, as well as an accomplished poet and prose writer. See al-Gharnati, 1989 : 1/49-53).

4. Known as Muhammad IX, el Izquierdo, his turbulent reign, which began in the year 1419 when he deposed his predecessor, Muhammad VIII, and ended upon his death in 1453, was interrupted four times when he was forced out of power by his political rivals. The confusion surrounding his multiple reigns has been clarified by Salicrú i Lluch (1998) and, subsequently, Vidal Castro (2000). For earlier partial attempts at the reconstruction of his reign, see the introduction by Sallah Jarrañ in al-Gharnati (1989 : 1/11-32); and Arié (1990 : 129-133).

5. Ibn 'Asim devotes a separate chapter to the subject of incurable diseases and conditions that have no remedy, the circumstances of which are sufficiently different to warrant a separate treatment.


7. This contrasts with medieval Arabic biographical compendia and Sufi hagiographies which do extol the forbearance (sabr) of pious Sufi men (and some women) who subject their bodies to harsh ascetic practices, extreme fasting, sleep deprivation, or physical pain, such as by beating the legs to avoid falling asleep while spending the entire night in prayer. Rarely do these sources portray suffering illness as a sign of piety or divine election, however. In this respect they also differ markedly from medieval Christian hagiography, which abounds with examples of saints who martyr their flesh through the suffering of disease, although both traditions share the typology of the saintly healer. For an overview of the typology of sainthood in the medieval Maghrebi and Andalusian hagiographic traditions, see Sánchez Sandoval (2004 : 71-106); Meier (1999); Rodriguez Mediano (1999); and Austin (1971). On the characteristics of saints in medieval Christendom, see the classic studies by Weinstein and Bell (1986); Vauchez (1981); Blumenfeld-Kosinski and Szell (1991); and Walker Bynum (1988).
Ibn 'Asim evaluates the choices his protagonists make regarding the healing of their sick bodies, and how he relates these choices to the larger questions of defining Muslim faith and identity. The underlying assumption is that illness provides the Muslim with the opportunity to "shape his [or her] identity by being virtuous and carrying out God's will" (Acevedo, 2008 : 1715) through seeking medical relief. This pro-active approach to healing challenges the thesis of Islamic fatalism which would supposedly advocate an attitude of resignation in the face of disease-regarding it as the will of God, and disdain for the recourse to medical treatment.  

To illustrate this, I shall analyze four anecdotes, focusing on the nature of the illness, the part of the body affected, the identity of the sick person, the identity of the healer (medical doctor, Sufi mystic, saint, charlatan, Sunni, Shi'i, Muslim or non-Muslim), the type of treatment used, and Ibn 'Asim's editorializing commentaries regarding the protagonists and the effectiveness of the cure. The narratives of illness and healing provide a case study of the negotiation of competing systems of healing—the Greco-Roman-Arabic tradition of rational 10 medicine, the methods of "prophetic medicine" (al-tibb al-nabawi) attributed to the Prophet Muhammad, and magical healing practices largely censured by Islamic Law. 11 Through the analysis of these illness-healing narratives we shall see that Ibn 'Asim constructs a particular vision of an ideal Muslim identity in which the sick body also becomes a meeting ground between Sunni legalistic and Sufi mystic visions of orthopraxy.

Sufi mystics and the use of Prophetic Medicine

The first anecdote features a famous tenth-century Moroccan Sufi mystic, ascetic, and saint, Abu Ishaq al-Sab’i, 12 about whom the Qayrawani faqih (jurisprudent) Ibn Abi Zaid 13 related the following story from his own personal experience. He said,

8. A paraphrase of an important corrective to the Durkheimian definition of fatalism as powerlessness offered by Elder (1966 : 228).
9. Western scholars such as Helmer Ringgren have described Islam as "a fatalistic religion which teaches that everything is determined in advance and that man is unable to do anything about it". The proponents of the "clash of civilizations" have adopted this thesis to explain the Islamic civilization's alleged decline and the supposed incompatibility between it and the West. See Ringgren (1967); and Huntington (1993). For a challenge to this thesis, see Acevedo (2008).
10. I employ the term "rational medicine" for the sake of convenience in this paper. It should be noted that recently scholars have questioned the use of the term rational to distinguish the Hellenistic-Roman-Arabic tradition of medicine from other supposedly irrational or pre-rational medical traditions of the Near East (Egypt, Mesopotamia, etc.), due to the latter's attribution of disease to supernatural causes. Horstmannhoff and Stol make the observation that, "The entities to which Greek rational medicine refers such as humours, elemental qualities, corpuscles, or principles such as balance and sympathy are strictly speaking hardly less fanciful than the gods and spirits of primitive thought. None of these concepts has a clearly empirical basis [...]. Nor is there much reason to believe that Greek medicine was more effective or successful in providing health and cure than pre-rational or irrational medicine" (Horstmannhoff and Stol, 2004 : 5).
11. On the various types of medicine practiced in Islamic civilization, see Pormann and Savage-Smith (2007).
12. Abu Ishaq Ibrahim b. Ahmad al-Sab’i (d. 356/967), one of the Maghreb's most celebrated ascetic Sufis and miracle workers. For his biography, see al-Yahsubi (1983 : 3/358).
I had a daughter who was afflicted by something in her eyes and it became a grave matter for her. I treated her with every [known] treatment but without success. I mentioned this to Abu Ishaq al-Sab‘i asking him to pray for her and I said to him, “I was loathed to exhibit her before the doctor (al-tabib) and you concealed her from him”. He said to me, “Send her to me so that I may perform incantations upon her”. Then he returned and said, “From right here I shall examine her”. And he continued to work incantations upon her until she recovered […] and it was as if she never had anything wrong. The end (al-Gharnati, 1989 : 2/122).

Ibn ‘Asim concluded the anecdote with a comment of his own: “Now this is a clear miracle (wa hadhni karama bayyana), and it was not disputed that Abi Ishaq al-Sab‘i use charms (ruqya) on the daughter of Abi Muhammad b. Abi Zayd, may God have mercy on them both” (al-Gharnati, 1989 : 2/122).

We note, first of all, the almost nonchalant manner in which the Qayrawani faqih Muhammad Ibn Abi Zaid al-Qayrawani reported that he sought relief for his daughter with “every treatment”. Although he does not specify what types of medical therapies were employed “without success”, the fact of seeking medical treatment was never in dispute. That is, in the face of illness, the appropriate, legitimate response from the perspective of Maliki Law was to seek medical care, rather than to adopt an attitude of passive submission or resignation toward disease as the will of God.

The anecdote also manifests the entente between the legalistic and mystical forms of piety that the Maliki jurist Ibn Abi Zaid and the Sufi mystic Abu Ishaq al-Sab‘i represent regarding the issue of medical care.14 Ibn Abi Zaid was the head of the Maliki School of law in Qayrawan at a time when the Maghreb was still officially under Fatimid rule.15 His tireless efforts to promote Malikism, which included his training of numerous disciples specializing in that school of law and the composition of propagandistic works on Malikism, such as his famous synthesis of Maliki law, the Risala fi l-fiqh (Epistle on jurisprudence), would directly contribute to the Zirid rulers’ break with Shi‘ism within half a century following his death. Yet Ibn Abi Zaid was also influenced by Sufi mysticism and in fact wrote the Risala at the behest of the mystic Abu Ishaq al-Sab‘i who, as we shall see in greater detail below, shared Ibn Abi Zaid’s anti-Shi‘i sentiments. The Maliki faqih’s attraction to Sufism did not prevent him, however, from censuring some of the Sufis’ activities, especially miracle working (Idris, 1999 : 3/695).16 Ibn Abi Zaid’s disapproval of certain Sufi excesses may have contributed to his first exhausting all other possible medical remedies before asking al-Sab‘i to “pray for his daughter (yad'u la-ha)”, that is, to perform a miraculous cure upon her.

As for the nature of the cure, Ibn ‘Asim provides no specific details, except to reiterate four times that the Sufi mystic cured the girl using ruqya. Ruqya is a form of popular spiritual healing in which the cure is effected through magical incantations uttered verbally or written upon an amulet and worn by the sick person. The verbal incantations may be accompanied by touching, rubbing, or blowing on the afflicted body part. Ruqya existed in pre-Islamic times and there are various sound hadiths attesting

14. The entente between Sufis and the ulema extends well beyond the expediency regarding the issue of medical treatment. I agree with Margaret Malamud that scholars have exaggerated the alleged incompatibility and hostility between Sufis and the ulema. See Malamud (1994).

15. On the Fatimid rule in the Maghreb, see Madelung and Walker (2002).

16. See also Idris (1954).
that the practice was approved and used by and upon the Prophet Muhammad to cure certain types of physical or psychological ailments, provided there was absolutely no sign of polytheism involved. Some influential Maliki jurists, including Ibn Abi Zaid himself and Abu Sa'id Ibn Lubb (d. 782/1381), who was one of Ibn 'Asim's law teachers, approved the use of ruqya to cure the evil eye, demon possession, scorpion and snake bites, and other ailments. Others, however, among them Ibn Khaldun, placed ruqya along with other magical practices such as sorcery, talismans, and prestidigitation among the forbidden acts. Ibn 'Asim was probably aware of the relationship between al-Sab'i and Ibn Abi Zaid and of the latter's stance on the particular issue of miracle working. Perhaps for this reason he qualifies the healing as a "clear miracle" (karama bayyana).

Ibn 'Asim had an even more powerful motive for considering the cure to be miraculous. Al-Sab'i cured Ibn Abi Zaid's daughter without having seen or touched her. It will be recalled that when the Maliki jurist asked al-Sab'i to "pray for his daughter", he confessed that he was "loath to expose her before the doctor". No doubt sensitive to Ibn Abi Zaid's reservations about exposing his daughter to the gaze of, or contact with a strange man, and to the legal restrictions that he placed on travel undertaken by girls and women, al-Sab'i amended his request that the faqih's daughter be brought to him saying, "from right here I shall treat her". Evidence from the hagiographies of Maghrebi Sufi saints suggests that a male saint's treatment of a female patient could involve his touching, rubbing or prodding her body, and that the faqih's censured such contact.

17. See Fahd (1999); Fahd (1966); Fahd (1990); and Doutté (1984). Fahd explains in the EI article that Muslim legal opinion was divided over the legality of this practice. Some jurists, such as the Maliki Ibn Khaldun, included ruqya along with other forbidden magical practices such as sorcery, talismans, and prestidigitation, while the 'Ashari jurist al-Juwayni distinguished between the magic that is harmful, which God has forbidden, and that which is useful, such as ruqya, which He has permitted.

18. See al-Qairawani (2000 : 537-38), in which the author lists among the licit practices the use of ruqya against the evil eye and other illnesses, healing with the Book of God or pious words, and hanging around the neck talismans containing verses of the Qur'an. Ibn Lubl ruled that a healer could legitimately charge a patient for the curing of demon possession, as long as he used talismans and/or incantations of the names of God or passages from the Qur'an. See Lagardère (1995 : 188). These juridical opinions attesting to the reality of the evil eye are justified by hadith reports such as those found in al-Bukhari: "Narrated Aisha: the Prophet ordered me or somebody else to do Ruqya (if there was danger) from an evil eye"; "Narrated Umm Salama: that the Prophet saw in her house a girl whose face had a black spot. He said, "She is under the effect of an evil eye, so treat her with Ruqya"; and "The Prophet said, "The effect of an evil eye is a fact". And he prohibited tattooing". Sahih al-Bukhari, vol. 7, book 71, nos. 634, 635, and 636 (SHLC, 2007-2009).

19. Ibn Abi Zaid wrote that it "was not permitted for a woman to travel without being accompanied by a family member with whom she is forbidden from marrying in perpetuity, in the case of a voyage whose duration is one day and one night or more" (al-Qairawani, 2000 : 536).

20. For instance, the notices of the Moroccan saint Abu Ya'zza record three healings of women or girls via physical contact. One case the saint directs addresses the issue of the juridical disapproval of such practices and defends himself by comparing his healing methods to that of the medical doctor: "It is said of [Abu Ya'zza] that the faqih of Fez denounced his touching the breasts of women and his looking at them, and he responded, "Is it not permitted that the physician touch these body parts and examine them if need be? Consider me one of them, for I touch the sick females in order to thus cure them" (Sánchez Sandoval, 2004 : 155-156). In the version of this anecdote preserved in the hagiographic compendium of Yusuf al-Tadili (d. 627 AH/1229 CE), "a group of scholars" complained that they had seen Abu Ya'zza "touch the breasts and stomachs of women and spit on them so that they may be healed", and they denounced
Hence, al-Sab‘i spared a father not only the indignity of having to expose his daughter to a physical examination by a medical doctor but also by himself. The performance of ruqya incantations at a distance conveniently resolved the social and gender problems posed by the treatment of sick females by male physicians or healers.

A similar problem arose in the second anecdote, which was also related by Ibn Abi Zaid. He told the following story about Isma‘il al-Mashraqi the ‘Ubaydi Shi‘i governor of Qayrawan:21 his daughter had complained to him about her eyes, and her problem defied the skills of the doctors. Someone said to al-Mashraqi, “If only [Abu Ishaq] al-Sab‘i were to work his ruqya incantations upon her.”22 So Isma‘il sent her to him in disguise along with an old woman so that she would not be recognized. Al-Sab‘i performed ruqya magic on her for several days and she recovered. Isma‘il then asked his daughter what al-Sab‘i had used for his incantations. She told him that he worked his magic by saying, “praise belongs to God”, “Say! He is God the One”, and “I take refuge in God” twice, repeating all of this seven times. He ended his supplications saying, “By my hatred for ‘Ubayd and his descendants and by my love for your Prophet [Muhammad], his Companions, and the people of his house, cure all whom I have made incantations for” (al-Gharinati, 1989: 2:122–23). Ibn ‘Asim comments at the end of the anecdote that “the most amazing thing that was heard about the spiritual power (baraka) of the shaykh is that God cures by means of his prayer whomever draws near to Him through with his hatred [of the Shi‘is]” (al-Gharinati, 1989: 2:122).23

Ibn ‘Asim provides minimal information about the afflicted person in this story, a daughter of the Shi‘i governor of Qayrawan, Isma‘il al-Mashraqi, or about her illness, merely stating that she had “complained to [her father] about her two eyes.” This is because the real focus of the story is the ideological conflict between Shi‘ism, here represented by the governor al-Mashraqi, and the orthodox Sunni mysticism epitomized by the protagonist healer Abu Ishaq al-Sab‘i. We know that this conflict is the primary concern because the narrator Ibn Abi Zaid tells us so: after his first mention of al-Mashraqi, he commented that: “he was also one the Banu ‘Ubayd, those Shi‘is [descended from ‘Ubayd Allah], with their excesses and their blasphemy” (al-Gharinati, 1989: 2:122).24 Most remarkable is the fact that al-Sab‘i’s final prayer to God took the form of an oath of “hatred (baghd) for ‘Ubayd (the founder of Shi‘ism in the Maghreb) and his

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22. “law raqaha al-Sab‘i”.

23. “Wa hadha min a‘jab ma yusma‘ bi-barakat al-Shaykh, shafa Allah bi-da‘watihi man yuqarrrib fi-ha ilay-hi bi-baghd-hi”.

24. “Ula‘ika al-shii‘at a‘ala ghulwihim wa-kufrihim”. Ibn ‘Asim’s comment reflects the hostility of Andalus and Maghrebi Malikii Sunnis toward the Shi‘a, a legacy from the days of Isma‘ili rule in the region. On the figure of ‘Ubayd Allah al-Shii‘i, see Canard (1999); Daftary (2007); Lindsay (1992); and Madelung and Walker (2000).
descendants”, followed by an oath of “love for [...] Muhammad, his Companions and the people of his house”, that is, the Sunnis. The oath of hatred, or curse, as a remedy clearly impresses Ibn ‘Asim, for this is the only detail that he underscores, describing it as one of the marvels of al-Sab’i’s power: that his oath of hatred for the Shi’is was the prayer which God positively answered.

Also worthy of note is the contest between rational medicine and the Sufi’s powers to heal. Ibn Abi Zaid tells us that al-Mashraqi first turned to physicians, al-atibba’, to heal his daughter. It was only after realizing that her illness was “beyond their capabilities” that he resorted to an alternative form of medicine. Ibn ‘Asim does not say who recommended that the Shi’i governor entrust the health of his daughter to a Sunni Sufi master, but the author’s lack of detail and the fact that al-Mashraqi felt compelled to disguise his daughter’s identity from al-Sab’i suggest both an ideological and a social conflict: as governor of Qayrawan, al-Mashraqi belonged to the social elites who could presumably afford the best medical care. Accordingly, he might have been embarrassed to be seen resorting to a popular indigenous form of healing, particularly when the healer in question was a famous Sunni mystic and an avowed hater of Shi’ism.

Of course, disguising the daughter also provided a solution to the problem entailed in exposing a female member of one’s family to a strange man, as we saw above. In this and the previous anecdote, the female gender of the patient is problematic because of the possible risk to family honour that occurs once the girl or woman leaves the privacy of the home to seek medical help from a male healer or physician. It is important to observe that Ibn ‘Asim reveals that this religio-cultural dilemma is resolved not by denying the female access to medical care, but rather by recourse to magical healing from a distance, which obviates the need for contact between the physician and the female patient, or by recourse to subterfuge through disguise. Naturally, these problems do not arise when the patient is a male child. A subsequent anecdote, narrated by the Cordoban faqih Abu Marwan b. Malik, related that Bakra b. al-‘Ala’ al-Qushayri told him that when he was a boy, about seven years old, his urinary tract became obstructed. His father brought him to Sahl al-Tustari, the famous Sufi mystic, so that he could pray for him. Al-Qushayri said that al-Tustari “took me by the hand and no sooner had we left out [of the saint’s house] I urinated” (al-Gharnati, 1989: 2/124). Because the sick child was a male, there was no problem involved in exposing him to the Sufi mystic or in the fact that the healing came about through the physical contact between them.

Finally, regarding the form of treatment, the incantations that al-Sab’i performed on al-Mashraqi’s daughter consisted of strictly orthodox liturgical formulae, “praise belongs to God” and “I take refuge in God” and the first verse of chapter 112 of the Qur’an, the chapter that epitomizes the central Islamic dogma of pure monotheism. These incantations conform exactly to the acceptable healing practices mentioned by Ibn Abi Zaid, who wrote in the Risala that there was nothing unfounded in “healing with the Book of God or pious words, [and in] hanging around the neck talismans containing verses of the Qur’an” (Ibn Abi Zaid al-Qairawani, 2000: 538). Yet the Sufi’s utterance of Q 112:1 to heal the Shi’i girl probably had a double meaning and purpose: to cure the physical problem of impaired eyesight, and to highlight the spiritual problem of erroneous belief. Many passages of the Qur’an compare infidels and those who har-
bour erroneous beliefs to the blind, while others threaten them with blindness in the Hereafter. Chapter 112 of the Qur’an (Surat-al-Ikhlas), which reads, “Say! He is God the One, God, the Eternal, the Absolute. He begets not, nor is He begotten, and there is none comparable to Him”, is a polemical verse that could be invoked not only against Christian Trinitarianism and Mariology, but also against what Ibn ‘Asim called the “excesses and blasphemies” of the Shi’is who assign ‘Ali and his descendants a pivotal role in Islamic cosmology and salvation history. The verse is an unusual choice as a ruq’ya spell. I have only found one mention of its invocation as a preventive measure rather than a cure. Hence al-Sab’i’s use of it is significant and likely polemical. Although the exemplum does not mention that either the Shi’i governor al-Mashraqi or his daughter converted to Sunnism following the latter’s cure, it is not unreasonable to suppose that Ibn ‘Asim intended his readers to apply a metaphorical interpretation to the fact that the girl’s eyesight was restored via the invocation of a potentially polemical Qur’anic verse and a curse upon the Shi’is.

**Folk Medicine or Infidel Medicine**

My third example features the Granadan law professor, jurist and preacher, Abu Sa’id ibn Lubb, who, as noted, was also a teacher of Ibn ‘Asim, as his deferential references to him as “professor (ustadh)” indicate (al-Gharnati, 1989: 2/128). According to Ibn ‘Asim,

a physician from among the malevolent Jews (tabib min akhabith al-yahud) was treating [Professor Abu Sa’id] for the disease that would cause his death. He attributed his deadly disease to a hen (dajaja) that had to be cooked in rose water. [The Jewish doctor] had convinced him of the foolish belief (awhama-hu) that he should cook the hen according to this recipe [...] He calculated for him a boiling point at which he should introduce [the hen] into a covered [pot] [...] and he thus fooled him into believing that the rose water would reinvigorate his body im-

25. E.g.: Q 13: 16: “Say: “Who is the Lord and Sustainer of the heavens and the earth?” Say: “(It is) Allah”. Say: “Do ye then take (for worship) protectors other than Him, such as have no power either for good or for harm to themselves?” Say: “Are the blind equal with those who see?”; Q 11: 19–20: “Those who would hinder (men) from the path of Allah and would seek in it something crooked: these were they who denied the Hereafter! They will in no wise frustrate [His design] on earth, nor have they protectors besides Allah! Their penalty will be doubled! They lost the power to hear, and they did not see!”; Q 22: 46: “Have they not travelled in the land so that they should have hearts with which to understand, or ears with which to hear? For surely it is not the eyes that are blind, but blind are the hearts which are in the breasts”.

26. E.g.: Q 17: 72: “But those who were blind in this world, will be blind in the hereafter, and most astray from the Path”; Q 20: 124: “But whosoever turns away from My Message, verily for him is a life narrowed down, and We shall raise him up blind on the Day of Judgment”.

27. On the rise of Shi’ism and its theological and political divergences from Sunnism, see the classic studies by Jafri (1979); Hodgson (1955); Sharon (1983); Momen (1985). See also notes 12 and 21 above for Maliki attitudes toward Shi’ism in the Maghreb.

28. “Whenever Allah’s Apostle went to bed, he used to recite Surat-al-Ikhlas, Surat-al-Falaq and Surat-an-Nas and then blow on his palms and pass them over his face and those parts of his body that his hands could reach. And when he fell ill, he used to order me to do like that for him” Sahih Bukhari, vol. 7, Book 71, Number 644 (SHLC, 2007–2009).

mediately [...]. By this the professor brought himself closer to that which had been decreed for him (i.e. his death). Perhaps he erred in that, for the mistake of the physician is the affliction of the [disease] of Time (al-miqdar) (al-Gharnati, 1989 : 2/128).

This anecdote exemplifies the poignant conflict between the inevitability of death and the desperate desire to cling to life by resorting to any kind of quackery. Ibn Lubb was an acclaimed expert in Islamic jurisprudence and Qur'anic exegesis and one of Ibn 'Asim's own law professors. Hence, Ibn 'Asim seems disturbed by the news that this paragon of Sunnism would seek a cure from "one of the malevolent Jewish doctors". Yet it is important to observe that an erudite religious scholar like Ibn Lubb apparently had no qualms about going to a Jewish doctor. This is especially relevant when we consider that Nasrid Granada also had a thriving community of Muslim physicians who have left behind an impressive array of medical literature. Ibn 'Asim goes on to relate two more anecdotes about other Muslim legal experts who also went to Jewish doctors, illustrating that this was not an isolated case. One of these anecdotes even featured this same Jewish "doctor of the ʿustadh, the accursed one mentioned previously", whom Ibn 'Asim directly blames for the death of Abu Ishaq al-Shawdhari (from Jodar in southern Granada), a juristic adjunct of the Nasrid court. Ibn 'Asim affirms that al-Shawdhari's death was due to of the bloodletting (tafār damm) that the Jewish doctor had prescribed for him (al-Gharnati, 1989 : 2/128).

The treatment of both Ibn Lubb and al-Shawdhari by the same Jewish physician, together with Ibn 'Asim's description of al-Shawdhari as one of "the colleagues of our shaykhs" (min atrāb shuyukhina), reveals an intriguing glimpse of the contact networks that linked members of the same professional class (Granadan Muslim jurists and legal adjuncts) with Jewish physicians. Such networks should not come as a surprise since, as Mark Cohen observes, "Jewish physicians were found in [medieval] Arab society in numbers disproportionate to the Jewish presence in the population at large", where they studied alongside Muslim and Christian medical students and worked alongside Muslim doctors in state run Muslim hospitals and courts (Cohen, 2000 : 42). Cohen regards medicine as one of the forums in which "congenial interfaith encounters" regularly took place between Jews and Muslims, and he comments that these encounters "do not seem to have been accompanied by suspicion of the inimical intentions of Jewish doctors that [...] became so common in medieval Europe".

Here is not the place to debate whether Ibn 'Asim's insulting qualification of the doctor in question as one of "those malevolent Jewish doctors" expresses only his personal prejudice, or reflects a more generalized animosity against Jewish physicians or Jews in general. Either way, this hostility was at odds with the official policy in Nasrid Granada, where eminent Jewish physicians such as Ibrahim Ibn Zarzar enjoyed royal patronage,

30. Although Ibn 'Asim does not cite any hadith here, his attitude echoes the famous saying of Muhammad, "Oh, people, cure yourselves! God did not create an illness without creating its remedy, except for old age" (SHLC, 2007-2009). Compare its use here with the passage in Ibn Marzuq's biography of the Marinid sultan Abu I-Hasan (Viguer, 1977 : 256).
31. For an overview of the activities and works of the Muslim physicians of Nasrid Granada, see Arié (1990 : 430-436) and Castells (1992).
were permitted treat Muslims and to train medical students. At most we can say that his invective words probably expressed his and especially Ibn Lubb’s bitterness upon seeing that the remedy was useless against the inevitable death which God had decreed for him. For Ibn ’Asim reveals that Ibn Lubb’s “illness was old age—he was over 80 years old when he died—and not any particular disease. This interpretation is reinforced by the author’s final enigmatic comments that the chicken concoction only “brought him closer to that which had already been decreed for him” and that the “mistake of the doctor”, meaning the physician’s inability to cure an illness, is really nothing other than the affliction of Time, that is, old age and impending death.

The futility of attempting to avoid a death whose time has been appointed by God is doubly underscored, in my opinion, by the recourse to an infidel Jewish doctor rather than a believing Muslim physician, and by the treatment through methods—a hen boiled in rose water—that Ibn ’Asim apparently places in the realm of popular quackery or magic. In the above narrative, Ibn ’Asim revealed his doubts about the remedy by employing the verb awhama, meaning “to instill a delusion” and its derivative noun iham, “deception, deceit, delusion” (Cowen, 1966 : 1102-1103) to qualify the Jewish physician’s treatment. One must be clear, however, about the exact nature of Ibn ’Asim’s complaint. It is possible that he was not criticizing the pharmaceutical use of animals, since zootherapy constituted an established part of medical practices throughout the Mediterranean since ancient times as well as in the Middle Ages (Lev, 2006). The use of animals as remedies is recorded in the medical literature of the ancient Greeks, medieval Muslim physicians, as well as among the practitioners of prophetic medicine. That said, however, as a royal minister and belletrist, there is no reason to suppose that Ibn ’Asim would have been attune to the intricacies of any form of medical treatment, whether rational or otherwise. Nor, as we have just seen in the first two anecdotes, did Ibn ’Asim oppose medical alternatives to the rational medicine of the physicians (atibbā’). But he seems to intend for his readers to distinguish between al-Sab’i’s prophetic medicine employing Qur’anic verses and orthodox Islamic liturgical formulae, and the “foolish belief” that one’s health and vigour could be restored by consuming a hen broiled in rose water, particularly when the illness in question, old age, has no cure, according to the orthodox beliefs of the prophetic traditions. Thus, even more important than the distinction between sound prophetic medicine and dubious popular folk remedies or quackery is the underlying polemical discourse against doubt and unbelief: the believ-


34. The problem lies in the approximation to idolatry, in the belief that the chicken has some sort of healing power, and in the fact that this type of local healing practice is identified with marginal or disempowered social groups, e.g. Jews and women healers. As Shaul Shaked observes, however, there were a number of points of contact between Jews and Muslims in the medicinal uses of magic. See Shaked (2000).

35. There is extensive literature on this subject. See, for instance, Levey (1966); Stephenson (1928); and Somogyi (1957). For examples of prophetic medicine that include zoological recipes, see Ibn al-Qayyim al-Jawziyya (1993); al-Qazwini (1981); and Jayakar (1908).
ing Muslim is able to recognize and accept the inevitability of his or her own death. The Jewish doctor and his absurd chicken remedy narratively symbolize this theological doubt and unbelief.

For it is certainly no accident that none of the three anecdotes that Ibn ‘Asim has chosen depicts Jewish doctors successfully treating a Muslim patient. As we have seen, both Ibn Lubb and al-Shawdhari died, according to Ibn ‘Asim, as a direct result of the treatments applied by the same Jewish doctor. In the third case, not discussed above, Ibn ‘Asim insinuated that the victim, the renowned Sicilian Maliki faqih Abu ‘Abd Allah Muhammad b. ‘Ali b. ‘Umar al-Maziri (d. 536) did not die of the treatment that another Jewish doctor had “inflicted upon him (min kawni yahudi ‘anā-hu)” only because God did not decree that he should die by his hand” (al-Gharnati, 1989 : 2/128-129). At the conclusion of these three anecdotes, Ibn ‘Asim encourages the sick Muslim to find someone to treat them who satisfies them both intellectually and religiously (man yarda-hu ‘ilman wa-dinan) and to “rely upon God in taking medicine from him” (al-Gharnati, 1989 : 2/129). By depicting only cases of Jewish medical failure, Ibn ‘Asim effectively made orthodox religious belief a criterion for the recovery of the believing Muslim. The Granadan vizier challenged the conduct of his Muslim peers who sought medical help from infidel medical practitioners by insinuating that they had failed to “rely upon God”. There is no evidence that Ibn ‘Asim read the anti-Jewish polemical treatise by the fourteenth-century Muslim court physician of Granada, Muhammad al-Shaquiri.36 Yet on the basis of the above anecdotes, he seems to have shared the Granadan physician’s ideas regarding the placement of restrictions on the Jewish practice of medicine. We shall see below, however, that Muslim doctors do not fare much better in Ibn ‘Asim’s estimation.

The Limitations of Rational Medicine

The final anecdote follows directly from the above recommendation to seek a healer “satisfactory in his intellect and religion”, and features the famous tenth-century Muslim physician and philosopher Abu Bakr Muhammad al-Razi (d. 323 AH/932 CE).37 Al-Razi related that he was on his way to Khorasan he stopped in the town of Bastam, whereupon:

the governor came to greet me [and] gave me lodging in his house [...]. He then asked me if I would attend a son of his who was afflicted with dropsy (al-istisqa’ = “hidropesia, edema”). I examined the patient and did not expect him to recover [...]. When I was alone with [the father] he asked me to tell him the truth, and so I told him. I deprived him of any hope for the life of his son, and I said to him, “Indulge him in all his desires, for he shall not live [long]”. Then I went on my way toward Khorasan and returned to Bastam twelve months later (al-Gharnati, 1989 : 2/129-130).

Convinced that the son had died, al-Razi felt embarrassed when he saw the governor upon his return to Bastam, but accepted his invitation to lodge in his house. He was surprised to find no signs of mourning, but did not want to ask about the son for fear of

37. For a synopsis of his life and works, see Goodman (1999) and the bibliography contained therein.
rekindling a father’s grief. Al-Razi was shocked to discover that a young, healthy, strong boy standing nearby was the son. He asked the father how the boy had recovered. The boy answered saying that he knew that he was dying and that the doctor had told his father to renounce any hope for his recovery. The boy told al-Razi that one day he saw a huge viper come out and creep toward a dish of meat and sour milk that his wet nurse had been eating. The viper ate from it and then spat it out and the colour of the food changed. The boy then decided to eat the food hoping that it would hasten his death and relieve his suffering. When the wet nurse discovered what the boy had done, she rushed to tell his father. They found the boy sweating profusely and with severe stomach pains, but later he fully recovered. Al-Razi confessed to the father that the Ancient Greek physicians wrote that the dropsy patient could be cured by eating the flesh of a 100-year-old viper. Al-Razi said to him, “Had I told you this, you would have thought that I was deceiving you” (al-Gharnati, 1989 : 2/131). Ibn ‘Asim commented at the end of the anecdote that this was a “strange case” because the cure was not known to the patient and not prescribed by the doctor. Rather, “it appeared suddenly as a gift from God to the patient in order to relieve him from his suffering” (al-Gharnati, 1989 : 2/131).

As in the second anecdote, the patient in this story is the child of a powerful ruler who is anxious to find a cure for his sick son. At issue is the conflict between the lack of hope for recovery, which is the outcome of al-Razi’s rationalist-based medicine, versus the hope in God, which is manifested in the miraculous cure. Yet this conflict should not be seen as an individualistic, existential struggle between despair and hope, but rather as part of a larger social and ideological debate over Muslim identity. Ibn ‘Asim’s description of the child’s recovery as “unknown to the patient and not prescribed by the doctor” is a Sunni critique of al-Razi’s rationalist-based renunciation of hope for a remedy.

After all, the placement of this anecdote with respect to the others strongly suggests that Ibn ‘Asim intended the moral to be interpreted in light of his previous exempla which warned against the dangers of seeking remedies from unbelievers. Ibn ‘Asim depicts al-Razi’s diagnosis of the child’s dropsy as hopeless as a sign of his integrity and compassion, as reflected in the references to him “telling the truth” to the patient and his father, and his advising the latter to indulge the son in all his desires. Al-Razi’s integrity in refusing to raise false hopes about the recovery of the moribund child contrasts with the deceitfulness of the “malevolent” Jewish doctor who instilled false hope in a dying old man unwilling to accept his inevitable death by fooling him into believing that a chicken broiled in rose water would cure him. Although Ibn ‘Asim avoids mentioning al-Razi’s religion, the placement of this story immediately after three anecdotes featuring malevolent Jewish physicians suggests that, although al-Razi’s integrity and compassion are understood to be a function of his identity as a Muslim, he is nevertheless suspect for being a rationalist philosopher.

The portrayal of al-Razi’s medical skills may also be compared with the first two anecdotes. In those cases, Ibn ‘Asim stressed that it was “beyond the skills” of the doctors to cure the girl’s eye problem in order to illustrate the deficiencies in rational medicine and thus extol the spiritual power of al-Sab’i’s prophetic healing. In this case, Ibn ‘Asim would have us believe that al-Razi knows the cure, but his lack of hope and trust in God—due to his adherence to rationalist philosophy—leads him to doubt that something as noxious as the poisonous flesh of a viper could cure the boy’s dropsy, and thus he
refrains from prescribing it. There is nothing in Ibn ‘Asim’s background 38 that indicates that he would have been aware of the use of poisonous snakes in the curing of disease by practitioners of “rational medicine” as well as of folk and even prophetic medicine. 39 Thus his placing this story immediately after the anecdotes of the failed remedies of the Jewish physicians could be interpreted as implying that the snake cure was dubious because of its un-Islamic origin. In the end, however, we observe that the problem of the alterity of the viper remedy prescribed by the Ancient Greeks has been resolved by Ibn ‘Asim’s narrative transformation of it into an Islamic miracle brought about “by the benevolence of God”, independent of the physician. By contrast, the alterity of the chicken concoction is deliberately accentuated by Ibn ‘Asim’s qualification of it as foolish and by its being prescribed by an infidel “malevolent Jewish doctor”.

Concluding remarks: the Body, Illness, Healing, and Religious Identity

Several conclusions may be drawn from the analysis of the narratives of sickness and healing preserved in Ibn ‘Asim’s Junnat al-rida. (1) Bodily illness is not represented theologically or discursively as punishment for sin. (2) Ibn ‘Asim follows the majority Sunni position which defends the pro-active seeking of medical care as the normative, religiously prescribed reaction to bodily illness. (3) Junnat al-rida accurately reflects the range of therapeutic options that Muslims had at their disposal, and shows that Muslims had few qualms about exploring all the available remedies in the quest to restore their health. (4) And yet, for Ibn ‘Asim, these medical choices are anything but neutral; he displays a clear preference for prophetic medicine (ruqya) as the therapeutic option that reveals the highest degree and sincerity of one’s faith and trust in God.

Ibn ‘Asim’s typology of illness and healing demands an a priori belief in God, but makes no moral claim that Allah necessarily inflicts disease as punishment for sin or only cures the sick as a direct consequence of or recompense for belief or acts of worship. Indeed, Ibn ‘Asim’s inclusion of so many anecdotes featuring sick children may have been a strategy of signalling the existential innocence of the patient. Recall, for instance, that nothing in the story about the daughter of the Shi’i governor al-Maḥraṣī indicated that her eye problem was a divine castigation for the blasphemy of her father or the wider Shi’i community. A further indicator of this existential innocence is the absence of any reference to how the sick person contracted the disease, or any attempt to relate the occurrence of illness to the issue of gender.

The virtual absence of a discourse explicitly associating the diseased body with individual sin or relating it to broader discourses about social or spiritual decay is striking, given the prominence of this theme in Jewish and especially Christian theology regarding leprosy as an outer sign of moral depravity (Turner, 1984: 89). 40 The sole exception

38. Based upon the list of teachers under whom Ibn ‘Asim al-Gharnati studied, it is clear that he received a traditional education in the Islamic religious and legal sciences of Qur’anic recitation and exegesis, Hadith studies, jurisprudence, Arabic philology, liturgical preaching, etc. See al-Gharnati (1989: 1/44-47). There is no mention of his having received any formal education in the medical sciences.

39. See notes 34 and 35 above regarding the uses of zootherapy.

40. A more complex picture emerges from Catherine Peyroux’s investigations into the relationship between medieval Christian saints and lepers, in which the kiss of a leper may produce the “healing of the
to this general tendency was the widespread belief among Muslim (as well as Jewish and Christian) theologians that the plague was a divine castigation (Arié, 1990: 435). Even when Ibn Asim has the opportunity to make the connection between sin and punishment in a subsequent chapter dealing with “afflictions whose elimination is impossible and whose cure is lacking” and which include “incurable diseases such as leprosy”, he refrains from doing so. Rather, he depicts such incurable afflictions as a divinely imposed testing of one’s faith in and loyalty toward God, and emphasizes the fact that in such cases the believing Muslim even has the right to expect a “compensation (‘iwad) [from God] for everything that is lost” (al-Gharnati, 1989: 3/5).

An obvious question is whether this attitude represents Ibn ‘Asim’s own personal view of illness or a broader current in Sunni or Sufi thought. In one important sense this attitude is personal. All of the examples of bodily affliction by disease that Ibn ‘Asim has chosen (not only the four discussed here) scrupulously avoid the equation of disease with punishment for sin because they serve his larger political agenda of extolling his patron, al-Ghalib bi-Llah as a model for innocent victims of adversity who obtained relief through their unshakable trust and hope in God. It must not be forgotten that the author’s primary goal in writing Junnat al-rida was to vindicate the legitimacy of the deposed sultan by portraying him as the personification of triumph over adversity.41 More generally, Ibn ‘Asim’s anecdotes accurately reflect the prevailing Sunni (and Shi‘i) theological rejection of the concept of an original sin that is perpetuated in humanity in the form of illness or other types of suffering. According to the Qur’an, the sin of Adam and Eve was theirs alone and did not pass on in perpetuity to the rest of humankind (Q 7: 17-27). Human beings are not born in a state of sin, but rather in a state of “moral purity” (fitra) (Allaban, 2004: 116).42 Thus there is no theological basis in orthodox Islam for regarding illness as a consequence of sin. I have found no cases of God inflicting Muslims with illness as a punishment for sin in any of the major Sunni Hadith corpuses or in the Qur’an, although there are many Qur’anic verses and prophetic sayings that threaten the unrepentant sinner with blindness and bodily mutilation or destruction in the Hereafter.43 An alternative explanation prevalent in Muslim folklore but also hinted at in the Qur’an (Q 113: 4-5) attributes disease and other bodily afflictions to the evil eye, meaning the envious or hateful glance of a jealous person, rather than directly to God as a retribution for wrongdoing on the part of the victim.44 Medieval and modern

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42. Several of the sound hadiths define fitra as the natural state of moral purity —understood as being a Muslim—in which all human infants are born, and affirm that it is later in life under the influence of their parents that the infant becomes a Jew, Christian, or Magian. See Sahih Bukhari, 60: 298; Sahih Muslim 33: 6426-6427; Malik b. Anas, al-Muwatta’, 16: 16. 16.53 (SHLC, 2007-2009).

43. Such punishments abound in Islamic eschatological literature on death, the Last Judgment, and the afterlife. See, for instance, al-Samarqandi (1949); Ibn Abi I-Dunya (1983); and al-Qurtubi (1980). By the same token, illness is not a major theme in the hagiographic literature: I have found nothing that compares with the abundance of medieval Catholic saints who were afflicted with disease or whose sanctity was manifested in the care for the sick or curing the sick.

44. On the evil eye, see Marçais (1999: 1/786); Doutté (1984); Westermarck (1926). As Marçais points
orthodox Sunni Muslim theologians mostly reject this explanation, however, and offer another human-based rationale for illness based on the Qur'anic verse Q 4: 79, "Everything good that happens to you (O Man) is from God, everything bad that happens to you is from your own actions", to argue for natural, as opposed to supernatural, causes of human disease and pathology.  

A different picture emerges, however, when we consider Muslim hagiographical literature. A twelfth-century compendium of Andalusí and Maghrebi saints compiled by Tahir b. Muhammad b. Tahir al-Safadi al-Andalusi (Meier, 1999) contains a handful of biographies of saints who inflicted illness, bodily harm, or even death upon someone as a punishment or retribution for their insolence toward them or for the harm that they inflicted upon someone else. One anecdote from the biography of the religious scholar and ascetic Abu ‘Abdallah al-Sharafi, for instance, describes the saint’s reaction when an emir rejected his intercession on behalf of an oppressed person. Sharafi prayed, “Oh God, extinguish his sustenance and disfigure his external appearance!”. The emir was removed from office and grew physically smaller and smaller until he fit in children’s clothing” (Meier, 1999 : 442). In another case, the pious bellettrist Abu l-‘Ala’ Salim b. ‘ Abd al-Qadir al-Kindi was praying one night in his house when a robber broke in and threatened him with a sword. When al-Kindi shouted at him, his sword-wielding hand became paralyzed in mid-air. “Only after [the robber] repented [to God] did he regain the use of his hand” (Meier, 1999 : 443). The biography of the ascetic and Qur’an expert, Abu l-‘Abbas Ahmad b. Isma’il al-Muqri relates that one day while he was circumambulating the Ka’ba in Mecca he noticed that one of the treasurers had pushed aside a woman blocking her access to the shrine. Al-Muqri prayed, “Oh God, see that he has enough to do with himself and leaves the woman alone!”. Suddenly the man cried out and fell to the ground: he had been stung by a scorpion and “was carried from the spot and died” (Meier, 1999 : 494). It should be noted that these anecdotes depicting illness or injury as punishment do not constitute the most representative demonstration of saintly power in al-Safadi’s work. They are, however, sufficient to illustrate the existence of a Sufi literary tradition depicting illness as castigation for sin, which Ibn ‘Asim has chosen to ignore, despite his evident preference for the quasi-magical remedies of the Sufi mystic al-Sab’i.

Having established that illness does not directly result from sin, it does not necessarily follow the Muslim’s seeking medical care is unproblematic. The underlying meaning of the hadith that I quoted at the beginning of this article, “Make use of medical treatment, for Allah has not made a disease without appointing a remedy for it, with the exception of one disease, namely old age”, was in fact much debated among Sunni jurists. At issue was whether the virtue of trust in God and satisfaction with his decrees implied the necessary rejection of recourse to magical practices, such as ruqya, or medical techniques, such as cauterization or bloodletting, to cure disease or bodily injury. Echoes of this debate are seen, for instance in the royal panegyric that the Marinid court preacher out, however, divergent opinions may be found in the canonical texts of orthodox Islam regarding the reality of the evil eye: while the above-quoted Qur'anic verse and a number of sound hadiths attest to its reality (see note 18 above), other prophetic hadiths depict the Prophet Muhammad condemning such beliefs as superstitious, which may explain why Ibn ‘Asim makes no allusion to this phenomenon.

45. Typical of the modern view is that expressed by Dr. Shahid Athar in his website article, “Health guidelines from the Qur’an and Sunna” (2001).
and diplomat Muhammad Ibn Marzuq (d. 781 AH/1379 CE) dedicated to his patron the Marinid sultan Abu l-Hasan ‘Ali (r. 731-749 AH/1331-1352 CE). Ibn Marzuq argued that those hadiths suggesting that seeking medical care is contrary to trusting in God were not authentic, and he cited the aforementioned authentic hadith as a proof text to justify that the recourse to medical treatment did in fact accord with the divine will (Viguera, 1977: 356). As far as Ibn ‘Asim is concerned, however, this debate had been resolved and there was no doubt as to the legitimacy of seeking medical attention. It is important to recall that Ibn ‘Asim was considered one of the great jurisprudents and judges of his day, and hence the nonchalant manner in which he depicts all the protagonists of the anecdotes seeking some form of medical care is informed by his conviction that recourse to medicine is in itself a juridically licit and, indeed, prescribed activity. For him, it reflects the orthodox Sunni view that recognizes human agency, here meaning the active role of the patient in seeking medical treatment, while acknowledging the omnipotence of God as the “first efficient cause” of the treatment and the ultimate arbiter in determining its outcome. It is in this pro-active process of seeking a remedy for illness that the Muslim body becomes a site of ideological production where social and spiritual identity is reconstituted, based either on faith, hope, and trust in and contentment with God, or on infidelity toward God.

This is because the process of seeking cure for illness also involves making choices between competing systems of medical care. In the Granada of Ibn ‘Asim al-Gharnati, as in other areas of the Islamic world, various traditions of healing coexisted: the Greco-Roman-Muslim heritage of rational medicine (al-tibb al-unani), prophetic medicine (al-tibb al-nabawi), and folk or local medicine, the latter two of which included various types of magic.46 The anecdotes discussed in Junnāt al-rida not only defend seeking medical care as the normative, religiously prescribed reaction to bodily illness. They also accurately reflect the range of therapeutic options that Muslims had at their disposal. Most significantly, Ibn ‘Asim’s narratives reflect a scenario in which illness affords an opportunity for Muslims to cross religious and sectarian boundaries, as Shi’ite fathers sent their children to be cured by Sunni healers and Maliki jurists sought the medical care of Sufi mystics and Jewish as well as Muslim doctors. The behavior of the Moroccan jurist Ibn Abi Zaid who resorted to “every [known] treatment” to find a cure for his daughter’s ocular problem would seem to sum up the pragmatic or “neutral” attitude of medieval Muslims who had no qualms about seeking medical remedies from persons outside their religious faith or school of law.

For Ibn ‘Asim, however, these medical choices are anything but neutral; he portrays them as revealing the degree and sincerity of one’s faith and trust in God. Moreover, he exposes his own preference for prophetic medicine both in the structural arrangement of his anecdotes —those featuring the Sufi mystic healer Ibn Sab’i appear first—and in the their being the only exempla in which a successful remedy for the illness comes about as a direct result of the human agency of the healer. I have identified elsewhere that mainstream Sunni and Sufi Islam envision the body as a partner, rather than a foe or obstacle, in the eschatological goal of salvation.47 This conception of the body as the

47. See my forthcoming article, “Bodily Performances and Body Talk in Medieval Islamic Preaching” (Jones, forthcoming b).
principal vehicle for expiating sin (though the performance of prayer, fasting, and other rituals) is paralleled in the sick body that seeks relief through medicine, as long as this is done with an attitude of faith and trust in God. I believe that this theological view informs Ibn ‘Asim’s assertion that “the sick person who is a Muslim is in a favoured position of knowledge, righteousness, and effort” (al-Gharnati, 1989 : 2/127). But if this person seeks a remedy in someone who is ignorant of the Truth or "who does not believe in God and in the Last Day", this is surely “a grave error” that will lead to his or her perdition (al-Gharnati, 1989 : 2/127). This explains Ibn ‘Asim’s censure of the chicken remedy of the "malevolent" Jewish doctor. For while it is true that the jurist Ibn Lubb died from the “incurable disease” of old age, Ibn ‘Asim insisted that the quackery of the “malevolent Jewish doctor” actually expedited his death. By the same token, he attributed the death of the jurist, Abu Ishaq al-Shawdhari to the bloodletting inflicted upon him by this same “accursed” Jewish physician, even though this medical technique was also used by Muslim physicians and was included among the treatments approved of by the Prophet Muhammad. This insight may also account for Ibn ‘Asim’ denying any protagonism to the presumably Muslim rationalist physicians of the first two anecdotes, except to point out the inefficacy of their remedies in comparison to the prophetic medicine practiced by Ibn Sab’i. The issue here, then, is not so much the nature of the remedy as the physician's "ignorance of the Truth".

In sum, for Ibn ‘Asim bodily illness is not a sign of divine rejection or a symbol of social malaise. But it does provide the occasion for the believing Muslim to renew and display his or her personal and collective identity, defined by faith, trust, and hope in God through the pursuit of some form of legitimate medical care. In principle, the legitimacy of seeking medical care rests not so much on the type of medicine used (rational, prophetic, folk) as on the inner states of reliance upon, sincerity, and gratitude toward God of both patient and healer, always with the certainty that the outcome derives from "the hand of God". In practice, however, at least as far as Ibn ‘Asim was concerned, the believing Muslim who seeks his or her remedy in the prophetic medicine of Sufis such as Ibn al-Sab’i, seems to epitomize these virtues through his or sick body.

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48. “al-‘alî fi manzala athira”.

49. Al-Bukhari preserves several hadith reports regarding the kinds of medical treatment the Prophet Muhammad approved in the chapter dedicated to medicine, e.g.: “(The Prophet said), "Healing is in three things: A gulp of honey, cupping, and branding with fire (cauterizing)". But I forbid my followers to use (cauterization) branding with fire”. Sahih Bukhari, vol. 7, book 71, no. 584 and parallels (SHLC, 2007-2009).


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