Preface

The present is the first English translation of a text in the Twelver Shi'i prophetic medical tradition. As such it will prove of both interest and importance to specialists and non-specialists alike. The former include those pursuing study of various aspects of Islamic history and civilization in general and especially students of the history of Islamic medicine. The latter include both those wishing greater awareness of the Twelver Shi'i faith and heritage in general, and those desirous of greater familiarity with practical dimensions of the faith in particular.

For these audiences a fuller appreciation of this text is perhaps best achieved by some discussion of the place of the prophetic medical tradition within the context of the history of Islamic medicine.

Western-language scholars have generally defined Islamic medicine as composed of two distinct and dichotomous traditions, pre-Islamic Galenic medicine and prophetic medicine. Galenic medicine is understood to have become available to Islamic medical writers and practitioners as Greek scientific texts were translated into Arabic, beginning especially in Baghdad In the early 3rd/9th century. Supported by the Abbasid caliphs and other wealthy benefactors, over the next two hundred years the translation movement made much of Greek philosophy and science available in Arabic, the lingua franca of Islamic civilization.

Briefly and broadly speaking, the essence of the Galenic medical system was humoral pathology: equilibrium of the four humours (*al-akhlat*) — blood, phlegm, yellow bile, and black bile — produced well-being, while disequilibrium produced illness, the specificity of which depended on the affected humour. Together with the doctrines of the elements, temperaments, qualities, and faculties, the Galenic medical system presupposed a system of therapy aimed at maintaining or restoring equilibrium in the body by changes in diet, environment, activity, and by use of external medications.

Among the early Islamic-period adherents of the Galenic medical system were some of those philosopher/physicians best-known today. These included, for example, Abu Zakariyya Yuhanna b. Masawayh (d. 243 A.H./857 AD.), his student Hunayn b. Ishaq (d. 259/873), himself one of the foremost of the translators, Abu Bakr Muhammad b. Zakariyya al-Razi (latinized as Rhazes) (d. 311/923), 'Ali b. al-'Abbas al-Majusi (often known as Haly Abbas) (d. between 380/982 and 385/995), Abu 'Ali al-Husayn

b. ‘Abd Allah b. Sina (latinized as Avicenna) (d. 428/1037), and ‘Ala’ al-Din Ali b. Abu al-Hazm al-Qurashi, Ibn al-Nafis (d. 687/1288).[1]

Western scholars have identified these and other medical writers of this period as part of a broader period of cultural effervescence characteristic of the later years of the ‘Abbasid caliphate, and explained this ‘golden age’ of Islamic civilization in terms both of the translation movement and the socio-economic and political stability marking these years.

According to this analysis Islam’s ‘golden age’ began its decline in the 6th/12th century precisely because the lack of originality and spontaneous creativity at the basis of Islam's cultural vitality finally revealed itself and the ‘Abbasid caliphate also met its political, not to say also its socio-economic end, with the Mongol destruction of Baghdad in 656/1258. This inherent lack of creativity similarly asserted itself vis-a-vis Islamic medicine; ultimately Islamic medicine is seen to have involved less an interest in, and efforts to supplement, Greek medicine than better arrangement of the Greek material. [2]

As Galenic medicine declined the second, dichotomous tradition in Islamic medicine is said to have increasingly asserted itself. This was the prophetic medical tradition.[3] Prophetic medicine is generally depicted as having arisen to counter the authority of the Greek-based medical tradition by positing that knowledge and certainty in medicine, as in religion and philosophy, could only be attained through revelation.

However, although ostensibly based on the Qur’an and the statements and actions attributed to the Prophet Muhammad (d. 11/632)[4] , most writers have followed Browne in citing and accepting the criticism of prophetic medicine by Ibn Khaldun (d. 809/1406), who characterized the tradition as ‘definitely no part of divine revelation but something customarily practised among the Arabs [before the rise of Islam]’. As such, according to J. Christoph Burgel prophetic medicine was 'quackery piously disguised'. Nevertheless, with the influence of Galenic medicine on the decline, prophetic medicine is said to have been attracting increasing attention by the 7th/13th and 8th/ 14th centuries.[5]

Prophetic medical writings discussed in greatest detail by Western language scholars include the chapters on medical questions in the *Sahih* – the collection of hadith complied by Abu ‘Abd Allah Muhammad b. Isma’il al-Bukhari (d. 256/870) – the treatise of the Shafi’i scholar Shams al-Din Abu ‘Abd Allah Muhammad b. Abu Bakr, Ibn Qayyim al-Jawziya (d, 750/1350-51), that of Shams al-Din Abu ‘Abd Allah Muhammad b. Ahmad al-Dhahabi (d. 748/1347-48), and that of Jalal al-Din ‘Abd al-Rahman b. Abu Bakr al-Suyuti (d.911/1505).[6]

More dynamic visions of the course of science and medicine in the pre-modern Middle East are, nevertheless, both possible and desirable. Initially the contributions of non-Muslims might be recognised by more widely incorporating the term 'Islamicate', as developed by Marshall G. Hodgson.[7]

Once adopted, such a framework of reference must entail the discarding of such terms as ‘Arabian Science’ and ‘Arabian medicine’: developments in science and medicine — not to say other spheres of

culture as well — can no longer be traced to something intrinsically Arab. Indeed, the very notion of the "golden age', no longer explicable in terms of something inherent to *Arab* or *Islamic* society, itself is revealed as inherently tendentious.[8]

In searching for an alternative causal theory of developments in Islamicate science and medicine, the social specificity of different medical texts and their authors is perhaps the most useful and relevant starting point. Awareness of such works as the texts listed above and their authors mainly derive from the fact of their having been written down. The actual influence of the ideas in these texts in their own time must, however, be gauged with care. The audiences for the lengthy, comparatively technical Galenic medical texts were likely confined mainly to other medical practitioners and writers educated in this tradition, and court patrons and contemporary socio-economic and political elites to whom these authors frequently dedicated their texts. All these were predominantly urban-based. Throughout the pre-modern period, however, the bulk of the population— Muslim and non-Muslim alike— was certainly rural and illiterate. The extent to which this majority was aware of, let alone actually exposed to, details of the concepts and 'techniques' discussed by adherents to the Galenic tradition must therefore be considered at best unclear, and at worst quite limited.

The extent of the influence of the prophetic medical tradition is less apparent. Larger compilations of *hadith* containing sections on medical questions, in al-Bukhari's *Sahih*, for example, were clearly directed to different audiences than treatises specifically on prophetic medicine, such as that of Ibn Qayyim al-Jawziya and al-Dhahabi, wherein the authors offered both arguments — including those for the validity of the prophetic over the Galenic legacy — and selected *hadith*.[9] As such the latter may have been the product of a contest with the Galenic tradition for urban hearts and minds.

Nevertheless, and most likely as a result of prejudice against the tradition, Western scholars have yet to undertake the systematic, comparative study of different prophetic texts, instead generally portraying the prophetic tradition in relatively static and uncompromising terms. Moreover, those very few prophetic medical texts examined to date originate from within Sunni Islam. To date the Shi'i Muslim prophetic medical tradition has yet to attract the attention of scholars in the field.

Briefly, Twelver Shi'i Islam may be differentiated from the majority Sunni branch of Islam by Its recognition of members of the family of the Prophet Muhammad, beginning with, and through the line of, 'Ali b. Abu Talib (d. 40/661) — the Prophet's cousin and son-in-law — as having been divinely designated to govern the Muslim community and as being in as direct contact with Allah as the Prophet himself for the purpose of guiding the community. Their statements and actions are therefore regarded as divinely-inspired, and constitute both a commentary on and an extension of the revelation. The twelfth and last of this line, Muhammad b. al-Hasan, disappeared in 260/874, while still quite young. He is to reveal himself at the end of time and bring judgement to the world and justice and vindication to believers. The Twelver Shi'a have been always been a numerical minority in Islam. In the 10th /16th century, however, Twelver Shi 'ism became the established faith in Iran. It remains so, and the Twelvers

are now the majority faith in Iran, Iraq, Bahrain, and Lebanon. There are also sizeable Twelver communities in India. Pakistan, the Gulf states, and the USSR.[10]

There is no dearth of Twelver Shi'i medical texts. Agha Buzurg al-Tehrani (d. 1389/19 70) in his massive bibliography of Twelver texts, *al-Dhari'a ila tasanif al-Shi'a*, devoted several pages to listing texts on medicine completed from the earliest years following the disappearance of the Twelfth Imam up to the last century.[11] In his introduction to the present work, Muhammad Mahdi al-Sayyid Hasan al-Khirsan lists the authors of a number of such texts. As al-Khirsan notes, the earliest of these were probably compilations of *hadith* on medical subjects transmitted from the Imams – similar to the Sunni *Sahih*. Some later texts appear to be arguments supplemented by *hadith* citations – as the treatises of Ibn Qayyim and al-Dhahabi. A number of these texts are extant today.

There are also the 'four books' of Twelver *hadith*,[12] not to mention other early compilations of narratives. Because these works contain transmissions from the Imams on many different subjects, they might usefully be examined for transmissions relevant to rnedical subjects. To date, however, there has been no effort to examine any of these sources with a view to detailing and analyzing what is distinctly Twelver Shi'i about this genre of literature, let alone undertaking a comparison with similar works in the Sunni tradition.

The present text, *The Medicine of the Imams*, is a collection of statements of the Imams compiled by Abu 'Atab 'Abd Allah and al-Husayn, the sons of Bistam b. Sabur, Bistam himself was a companion of the sixth Imam Abu 'Abd Allah Ja'far b. Muhammad al-Sadiq (d. 148/765) and the seventh Imam Abu al-Hasan Musa b. Ja'far al-Kazim (d. 183/799).[13] Probably because, despite the wealth of Shi'i material, it is one of the few such texts to be published, this compilation is the only Twelver medical work to have attracted notice in the field, and then only recently. Solely based on the present work Rahman characterised the Shi'a, in contrast with the Sunni, as encouraged to bear the 'pain and discomfort of disease' and seek the assistance of a doctor 'only if disease threatens to become incurable and pain unbearable'. According to Rahman, the Shi'a 'underplay the natural cures and emphasize the value of suffering'. Such tendencies, he argued, were 'undoubtedly connected with the passion motif and the stress on martyrdom, of which Sunni Islam has little trace'. [14]

The late Michael W. Dols, in an essay review of the book in which Rahman offered this analysis, proposed a more eclectic definition for prophetic medicine than has hitherto been available. Dols characterized the prophetic tradition as a: blend of three distinct elements . . .: the folk medicine of the Arabian bedouin, the borrowing of Galenic concepts that had become common parlance (such as humours, temperaments, and qualities), and the over-arching principle of divine or supernatural causation. [15]

An initial appraisal of the present text suggests Dols' is a more appropriate analysis than that of Rahman and that, indeed, all three forms of medicine found favor within the Shi'i community, Parallels with the pre-Islamic medical practice and theory as discussed by Ullmann, for example, are readily apparent in

these narratives. There is clear evidence of some anatomical knowledge: many of the major organs are mentioned in these texts. Ullmann mentioned the use of animal urine[16] and human blood as curatives, and references to both appear in the present compilation. Various herbal combinations, soups, animal fat, sugar,[17] and honey appear as medicaments. There is also evidence of belief that magical properties had been conferred on such otherwise innocuous elements as the water of the Zamzam well or the soil of the grave of one the Imams. Such pre-Islamic supernatural forces as the 'evil eye' were also seen as a danger in the Islamic period.

The overall emphasis on preventative medicine, abstaining from certain foods, for example, and such cures as cupping and cauterization — which Ullmann suggested were strongly criticized by the Prophet — also feature in some of these hadith. There is also clear evidence of a 'theory of contagion' or transmission of illness that Ullmann suggested was in evidence in pre-Islamic and early Islamic Arabia, as witnessed in the narrative transmitted from Imam Ja'far al-Sadiq from the Prophet advising against 'looking at the afflicted'.[18]

The humoral-basis which was a feature of the Greek medical system is also in evidence in these narratives. There are, for example, references to maladies being related to, if not also caused by, black and yellow bile, and phlegm. The narratives are replete with lists of medicaments designed to alleviate such afflictions. There are also references to climate, for example, as a factor in illness and wellness. Although there is no formal mention of the humours themselves, the 'natural constituents' are mentioned. The presence in these narratives of the third of the three components mentioned by Dols, the belief that illness and wellness could also be the result of divine intervention, as well as that of Satan and the jinn, is also clearly in evidence as the number of prayers, invocations, and supplications attest.

There are also narratives which offer a more complex view of medical theory and practice. There is, for example, the occasional *hadith* in which references occur to more than one of these three forms of medicine. In the case of the treatment for phlegm in the two narratives transmitted by Hariz b. Ayyub al-Jurjani and Muhammad b. al-Sirraj, for example, both recitation of the Qur'an and herbal-based remedies are said to be effective.

Given the references to all three forms of theory and practice in these narratives and the apparent parallels with the Sunni-based prophetic medical tradition as it has been discussed to date, a systematic, comparative study of the Sunni and Shi'i prophetic medical traditions would seem to be merited. The Sunni texts which are already available might be the basis of preliminary study. Al-Suyuti referred similarly somewhat imperfectly to the humoral conceptualization in his treatise.[19]

Both al-Suyuti's essay and the narratives in the present text address many of the same afflictions, such as the 'evil eye', colic, or leprosy.[20] Locating such references in the present compilation has been facilitated by the inclusion of an index of maladies and afflictions. Al-Suyuti's essay also contains a list of the properties of foods and drugs arranged alphabetically according to their Arabic equivalents. This list might be cross-referenced with the lists of curatives and Arabic terms appended to the present text, and

comparison of the proposed remedies undertaken.

Comparisons with texts written by Islamicate adherents to the Galenic system might also usefully be undertaken. The narratives in the present compilation contain many references to eyes and eye-care, for example. In the narrative transmitted by ‘Abd Allah b. Bistam the remedy called ‘the healing’ is said to be beneficial for *rih al-sabal*, a condition which figures in the works of both Yuhanna b. Masawayh and Ibn al-Nafis.[21]

The specifically pharmacological material in this compilation and other prophetic texts would also appear to merit comparison both with similar material in other prophetic texts, as has been suggested, but also with elements of Greek pharmacology which became available in Arabic during the ‘Abbasid period in such works as the *Aqrabadhin* of Abu Yusuf Ya’qub b. Ishaq al-Kindi (d. ca. 256/870). Mention of the beneficial properties of ‘Armenian clay’ in the present compilation, for example, does have precedent in the works of both Galen and the *materia medica* of Dioscorides. Some of the terms which appear herein may be corrupted versions of other terms, owing to some confusion among practitioners of this tradition, or may have meaning other than that given in the present translation. As such, these terms perhaps merit special attention. *Al-Kundus*, for example, could also be soapwort as well as *sneezewort*, as given herein. The sole reference to mercury (*al-zaybaq*) may in fact be a misprint for *al-zanbaq*, jasmine. *Asarawan* may be a misprint for *asarun*, that is ‘asarabacca’ (Asarum europaeum). *Abarfiyun* may be a rnisprint for *afarbiyun* (euphorbium). [22]

There are, nevertheless, elements distinct to the Twelver Shi’i faith evident in these narratives. The controversy surrounding the authenticity of the Qur’an surfaces in the narrative transmitted from Ibrahim al-Baytar concerning the sura *al-Falaq* (113) and the sura *al-Nas* (114) and whether or not these two had been included in the version of the Qur'an of the Prophet's companion ‘Abd Allah b. Ghafil, Ibn Mas’ud (d. 32-3/652-653).[23]

The issue of the existence of a peculiarly Twelver attitude to illness and wellness has already been raised with the reference to Rahman's characterization of the Shi’a as being 'advised to bear the pain and discomfort of disease’ and summon a physician only in the last resort, and his ascription of this attitude to ‘the passion motif and the stress on martyrdom’.[24]

A less cursory, more detailed examination of these narratives than that undertaken by Rahman suggests there is little basis for such a generalization. The numerous forms of herbal remedies — the same ‘natural cures’ Rahman suggested Shi’i prophetic medicine disavowed— the many preventative prescriptions, as well as the numerous prayers, invocations, and supplications recorded in these narratives overwhelmingly attest to the desire for wellness and the importance given to knowledge of the means to attain it. The occasional advice to avoid physicians ought not to be confused with, or interpreted as, a desire for death, let alone martyrdom, but might reflect the suspicion of the illiterate majority of a form of treatment outside their experience.

Nevertheless, even in this compilation there are references to the Imams' approval of physicians' advice, such as the narrative transmitted from 'Abd Allah b. Bistam himself from Imam Ja'far al-Sadiq wherein the Imam approved of a drink proposed by a physician which involved raisins and honey. Two narrations from Imam Ja'far concerning citron contain only a hint of disagreement with the advice preferred by physicians.

Perhaps the least obvious but most distinctively Shi'i feature to these narratives is the transmitters themselves. These personalities are indexed separately and merit some attention. Among their number are some individuals already known to scholars in the field. Hisham b. al-Hakam, for example, is well-known among scholars of the Twelver Shi'a as a rationalist companion of Imam Ja'far al-Sadiq.25 Others of these individuals had more problematic careers. Also well-known, but with something of a checkered career, for example, is al-Mufaddal b. 'Umar al-Ju'fi who figures repeatedly in these narratives but whom some later biographers disavowed.26 Al-Mu'alla b. Khunays is described by al-Najashi as 'weak'27, and Muhammad b Sinan al-Zahiri is said by al-Najashi to have transmitted narratives from many 'weak' individuals.28 It would seem that while the non-medical narratives from these and other individuals might be troublesome, their medical narratives were deemed acceptable.

Clearly, however, further research on these transmitters and their transmissions would be useful. Where possible it would be especially useful, for example, to trace the narratives in the present compilation to the earlier collections in which they appeared originally, thus better understanding the purpose and intended audience of that original collection.29 Interestingly, where the traditionists include references to individuals other than their coreligionists, mistakes appear to occur. The sole reference in the present compilation to Yuhanna b. Masawayh refers to him also as 'Abu Hafan' by which he is not known in conventional biographies.30

The paucity of our knowledge of the nature and influence of the prophetic tradition in Islamicate medicine, and Twelver Shi'i prophetic medicine in particular, is clear. The publication of the English translation of this compilation of Twelver medical hadith ought to be the occasion for commencing the reconsideration of the prophetic medical tradition, both for scholars in the field and others interested both in Islamicate history as well as in the theory and practice of Twelver Shi'ism in particular. The Muhammadi Trust is to be thanked for its contribution to this process.

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1. This brief overview relies heavily on Manfred Ullmann, Islamic Medicine (Edinburgh: Edinburgh University Press, 1978), 7f, 41f, 55f; Michael W. Dols' introduction to his Medieval Islamic Medicine, Ibn Ridwan's Treatise 'On the Prevention of Bodily Ills in Egypt' (Berkeley and London: University of California Press, 1984), 3-24; and J. Christoph Burgel, "Secular and Religious Features of Medieval Arabic Medicine', in Asian Medical Systems: A Comparative Study, Charles Leslie, ed. (Berkeley and Los Angeles: University of California Press, 1972), 44-62.
2. According to Ullmann 'the Arabs had received Greek medicine at the last stage of its development and could do no other

than assume that this system was perfect and final' Burgel wrote that 'Arabic medicine.... [lacked] an evolutionary conception of science', and identified the decline in Islamic medicine as part of a broader dissolution of the 'scientific impetus' which was a feature of the later Abbasid period. See Ullmann, Ibid. 22; Burgel, ibid, 53–54, and note 5 below. In their adherence to the 'golden age' concept both were echoing E.G. Browne who had characterized 'Arabian science' and 'Arabian medicine' as 'for the most part Greek in origin... and only in a very small degree the product of the Arabian mind.' See Browne's Arabian Medicine (Cambridge: Cambridge University Press, first published 1921, reprinted 1962), 2, and also 5–6.

3. In Arabic, either Tibb al–Nabi (the medicine of the Prophet) or al–tibb al–nabawi (prophetic medicine).

4. For an introduction to this literature, see J.Robson's 'Hadith' in EI/II, 3 (Leiden: Brill 1971) 23–28, and also G.H.A. Juynboll, Muslim tradition: Studies in chronology, provenance and authorship of early hadith (Cambridge: Cambridge University Press, 1983).

5. See Browne, ibid, 11–14, especially 13–14; Burgel, ibid, 50, 60, citing Browne, ibid, 13–14. See also Ullmann, ibid, 5. The citation from Ibn Khaldun is from Fazlur Rahman, Health and Medicine in the Islamic Tradition, Change and Identity (New York: Crossroad, 1989), 33. See also ibid, 42f for additional causes for the rise of the prophetic tradition. On Rahman, see also notes 14, 15 below. Burgel, in a tone perhaps implicitly accepted by many scholars, also described 'so–called prophetic medicine', astrology, alchemy, and magic as 'looked upon as sciences by the great majority, and even by most of the scholars. Nevertheless, they were hothouses of irrationalism, the rational disguise making them only the more harmful'. As such, they were 'enemies' of 'rational thought', 'harmful' to the 'essentials of science', and were the 'spiritual forces... most potent in paralyzing the scientific impetus of the golden age.' See Burgel, ibid, 54. Although Cyril Elgood did not cite Ibn Khaldun, he depicted 'the story of Arabian Medicine [as]... one of continual rebellion by the doctors against the system of thought imposed upon them by the theologians' and the basis of prophetic medicine as pre–Islamic practices. See his 'Tibb ul–Nabi or Medicine of the Prophet', Osiris 14 (1962), 37.

6. For his discussion of prophetic medicine, Burgel's main source was the Sahih. See Burgel, ibid. 54–9. On Ibn Qayyim, see Basim F. Musallam in his Sex and Society in Islam (Cambridge: Cambridge University Press, 1983), 50, and Rahman, ibid, 43, 51–2, 112–113. Ibn Qayyim's Al–Tibb al–Nabavi is to be translated by Penelope Johnstone of the Oriental Institute, University of Oxford. On al–Dhahabi, see Rahman, ibid, 43f. Elgood translated al–Suyuti's essay in his "Tibb–ul–Nabbi". On the authorship of this essay see Hakim Altaf Ahmad Azmi, 'A New Manuscript of Prophet's Medicine by Jalal al–Din al–Suyuti', Studies in History of Medicine and Science, IX (1985), Nos. 3–4, 95–112. Names of other writings and writers in this tradition can be found in Elgood, ibid, 40–5; idem, 'The Medicine of the Prophet', Medical History, 6 (1962), 146–53; Azmi, ibid, 95–97; Rahman, ibid, 41f.

7. See Hodgson's Venture of Islam: Conscience and History in a World Civilisation, 3 vols. (Chicago: University of Chicago Press, 1974). The term has already been used by Emilie Savage–Smith in her Islamicate Celestial Globes, their History, Construction, and Use (Washington D.C.: Smithsonian Institute Press, 1985). Of the adherents to medicine mentioned above, Hunayn b.Ishaq was, for example, a Nestorian Christian as was his teacher Yuhanna b. Masawayh. Al–Majusi was from an Iranian Zoroastrian family. It ought to be recognized that while humoral medicine did not necessarily involve the sort of 'scientific' investigation – in anatomy, for example – which became a widespread feature of Western medical theory and practice only in the last century, humoral theories of illness and wellness did necessitate continual efforts to delineate variations in the environment, or medications, for example, to restore humoral balance.

8. On the use of the terms 'Arabian Science' and 'Arabian medicine', see note 2 above. The 'golden age' concept is itself an element of a larger agenda peculiar to the discipline of Oriental studies, wherein Arab/Muslim society is portrayed as the repository, via the translation movement, of the accomplishments of Greek civilization until the latter was recaptured by Europe. According to this conceptualization that recapture was, in turn, the basis of the Renaissance. Of the secondary source authors listed above, Browne (ibid, 2–3) was the first to have detailed the notion of 'Arab society' as such a repository. See also Ullmann, ibid, 22.

9. See, for example, the arguments of Ibn Qayyim and al–Dhahabi as cited by Rahman in his Health and Medicine, 42–3.

10. For an introduction to Shi'i Islam and Twelver Shi'ism in particular, see Moojan Momen, An Introduction to Shi'i Islam: The History and Doctrines of Twelver Shi'ism (New Haven and London: Yale University Press, 1985). The very early history of the faith is discussed in detail by S. Husain M. Jafri, Origins and Development of Shi'a Islam (London and New York:

Longman, 1979). A useful introduction to Twelver law, its major periods, and key personalities, is Hossein Modarressi Tabataba'i, An Introduction to Shi'i Law: a bibliographical study (London: Ithaca Press, 1984).

11. Agha Buzurg al-Tehrani, Al-Dhari'a ila tasanif al-Shi'a (Tehran and Najaf, 1353-98q), 15: 135-44.

12. These four are al-Kafi by Muhammad b. Ya'qub al-Kulayni (d. 329/941), Man la Yahduruhu al-Faqih of al-Shaykh al-Saduq, Muhammad b. 'Ali al-Qummi, mentioned in al-Khirsan's introduction, and Tahdhib al-Ahkam and al-Istibsar, both by Abu Ja'far Muhammad b. al-Hasan al-Tusi (d. 460/1067). See also notes 16 and 29 below.

13. On the present text, see al-Tehrani, ibid, 15:139-40. The publication history of the text is discussed at the end of al-Khirsan's introduction and in note 14.

14. Rahman, ibid, 37-8, citing only pp.16, 6 of the Arabic text of the present work, corresponding to al-Khirsan's introduction. There al-Khirsan is not actually citing any narratives but the statements of two later Twelver scholars, Muhammad Baqir al-Majlisi – who died not in 1800, the date given by Rahman, but in 1110/1699 – and the late 4th/10 century scholar al-Shaykh al-Mufid. Rahman's Arabic edition of the text was published in Najaf in 1965. The edition on which the present translation was made was published in Beirut.

15. Michael W. Dols, 'Islam and Medicine', a review of Fazlur Rahman, Health and Medicine in the Islamic Tradition, in History of Science, xxvi (1988), 421. In her forthcoming 'Islamic Medicine' in An Encyclopaedia of Arab Science, R. Rashed, ed. (London: Routledge, 1991), Emilie Savage-Smith suggests the prophetic tradition flourished alongside the 'Greek-based tradition but probably serving a different part of the community', and dismisses suggestions that the former was a 'threat to "scientific" or "rational" medicine'.

16. References to urine in the Qur'an can be found in A.J. Wensinck's A Handbook of Early Muslim Tradition (Leiden: Brill, 1927), which might also be consulted for references to different medical subjects, including other remedies and curatives.

17. The different forms of sugar are discussed in J. Ruska's 'Sukkar', EI, 4 (Leiden: Brill, 1934), 501-10.

18. Ullmann, ibid, 1-5, 86-7.

19. See Elgood, 'The Medicine of the Prophet', 50, where al-Suyuti discussed the humoral system in more detail than in the present compilation, but substituted the spleen for the black bile, although noting that 'Spleen is sometimes called Black Bile'.

20. The various terms applied to leprosy are discussed by Michael W. Dols in his 'Djudham', EI /II, suppl., Fasc. 5-6 (Leiden: Brill, 1982), 270-74. It seems apparent that references to 'the evil disease' in the present compilation are also references to a form of skin disorder.

21. On Ibn Masawayh, see Max Meyerhoff, 'The History of Trachoma Treatment in Antiquity and During the Arabic Middle Ages', Bulletin of the Ophthalmological Society of Egypt (Cairo), 29 (1936), 40; Emilie Savage-Smith, 'Ibn al-Nafis's Perfected Book on Ophthalmology and His Treatment of Trachoma and its Sequelae', Journal for the History of Arabic Science, 4 (1980), 166.

22. On al-Kindi, see Martin Levey, translator, The Medical Formulary or Aqrabadhin of al-Kindi translated with a study of its material medica (Madison and London: The University of Wisconsin Press, 1966). On 'Armenian clay', see Ullmann, ibid, 25, 12. In addition to al-Kindi, the following references have been used in the translation of the terms and remedies given herein: Martin Levey, The Medical Formulary of al-Samarqandi and the relation of early Arabic simples to those found in the indigenous medicine of the Near East and India (Philadelphia: The University of Pennsylvania Press, 1967); J.L. Schlimmer, Terminologie Medico-Pharmaceutique (Tehran: University of Tehran Press, 1970, reprint of 1874 edition); Alfred Siggel, Arabische-Deutscher Worterbuch (Berlin, 1950); and, less reliable, A.K. Bedevian, Illustrated Polyglotic Dictionary of Plant Names (Cairo, 1936). Other useful glossaries can be found in Dols, Medieval Islamic Medicine, 153-66; Savage-Smith, Ibn al-Nafis, 182-7; Azmi, ibid, 107-11; al-Shaykh al-Rais Ibn Sina, al-Risala al-Wahiyya, Mahmood Suwaysi ed. (Tunis: University of Tunis, 1975), 118-244; Hakim Mohammad Said, Al-Biruni's Book on pharmacy and material medica, edited with an English translation (Karachi, 1973). It will be seen that these sources frequently offer conflicting translations for names of plants and herbs. Arabic terms are given in parentheses only at the first occurrence of the word, and are indexed for the first page only. If several Arabic terms are translated by one English term, the different Arabic terms may be indexed more than once.

23. On Ibn Mas'ud, see J.-C. Vadet's 'Ibn Mas'ud', in EI/II, 4 (Leiden: Brill, 1971), 873-5. Given Ibn Mas'ud's apparently Shi'i tendencies, Imam Ja'far's disavowal of Ibn Mas'ud's reading of the Qur'an suggests an effort to minimize differences

between Sunni and Shi'i in accord with the Imam's quietist tendencies. For an introduction to the Twelver position on the authenticity of the Qur'an, see Etan Kohlberg's 'Some Notes on the Imamite Attitude to the Qur'an', in S.M. Stern, et al, eds., Islamic Philosophy and the Classical Tradition (Oxford: Cassirer, 1972), 209–24.

24. Rahman, ibid, 37. Clearly here Rahman is exhibiting the conventional tendency in Oriental studies to ascribe an attitude of fatalism to Islam and Muslims, but considering it to be a particularity of the Shi'a as opposed to the ostensibly more enlightened Sunnis.

25. See W. Madelung's article on him in EI/II, 3; 496–98, and also Momen, ibid, 65, 67, 73.

26. On al-Mufaddal, see W. Madelung, 'Khattabiyya, EI /II, 4: 1132–3; Momen, ibid, 53. The biographer Abu al-'Abbas Ahmad b. 'Ali al-Najashi (d. 450/1058–9) described him as 'corrupt' in his Rijal al-Najashi (Qum, 1407), 416. See also the article on him in the biographical work by Muhammad b. 'Ali al-Ardabili, Jami' al-Ruwaat 2 (Qum, 1403), 258–60. The latter was a student of the above-mentioned Muhammad Baqir al-Majlisi.

27. Al-Najashi, ibid, 417. See also al-Ardabili, ibid, 2:247–50.

28. Al-Najashi, ibid, 338; al-Ardabili, ibid, 2:88–9.

29. On the earliest collections of Twelver narrations, see Etan Kohlberg, 'Al-Usul al-Arba'umi'a', Journal of studies in Arabic and Islam, 10 (1987), 128–66.

30. See J.-C. Vadet's article on him in EI/II, 3: 872–3, and also Ibn Abi Usaybi'ah, 'Uyun al-Anba' fi Tabaqat al-Atibba (Beirut, 1401/1981), 2:123–37.
