

The Healing Hands of Lucknow: Public Welfare, Urban History, And The Legacy of Nawabi Healthcare

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Abstract

The Hakims of Avadh were not merely physicians, they were authors, editors, translators, and publishers. Most of them compiled and documented their clinical traditions. Some remained in the form of manuscripts; others were published, forming a remarkable library of medical knowledge. The Lucknow school also distinguished itself by its willingness to adapt and modernise, without surrendering its classical foundations. This study focusses on the tradition of Hikmat in Avadh with special reference to the work done during the reign of King Nasir- ud din- Haider.

Keywords -Hakim, medicine, herbs, nawabs, patronage

“Rarely a mohalla could be found without a renowned Hakim. Thousands of clinics were started in towns and villages around Lucknow. The medicinal art became an attribute of Lucknow itself.”

Moulvi Mohammad Abdul Haleem Sharar, Guzishtha Lucknow

Shihab al-Din Nagauri, is a figure in history that any scholar or historian would be thrilled to know about. He was born and raised in Rajasthan in northwest India and authored at least two Persian medical texts toward the end of the fourteenth century. For Nāgaurī, ṭibb/hikmat is almost the highest kind of knowledge, second only to knowledge of Islam (‘ilm-i dīn).¹ The word Hikmat, from the Arabic حكمة, means wisdom,² and it was wisdom, not merely medicine, that these physician scholars practised. Their system, rooted in the ancient Greek theories of Hippocrates (460 BC) and Galen, transmitted to the Islamic world through the great Avicenna (Ibn Sina) and refined over a millennium of Arabic and Persian scholarship, held that the body was governed by four humours, blood, phlegm, yellow bile and black bile, and that disease arose from their imbalance. The Hakim’s task was restoration of equilibrium, of nature and of the vital spirit that the tradition called ‘Rooh’. The same was practised in the erstwhile kingdom of Avadh as well.

The majestic city of Lucknow, capital of the erstwhile kingdom Avadh from 1775 onwards, is celebrated for its distinctive courtly culture including its poetry, architecture, cuisine, tehzeeb (refined manners), and its extraordinary concentration of talent attracted by the generous patronage of the Nawabs. Less frequently examined, though equally central to this culture, is the medical tradition that flourished under

Nawabi patronage was the sophisticated system of Unani healing (Graeco Arabic) whose practitioners, the hakims occupied positions of great prestige, authority, and influence in the royal administration and in the broader social life of the city.

In the present times Hakim Khawar Nawab, son of Hakim Safdar Nawab, receives his patients in Ghasiyari Mandi dressed as his forefathers dressed in the traditional white sherwani and cap. His Matab (clinic) which is located in an old building of yore is always crowded with patients waiting for consultation. The prominent members of the social circles of Lucknow, including politicians, industrialists, judges and professors are often seen waiting alongside the common people, seeking his counsel for gastric ailments and digestive disorders. His remedies, which are compounded from herbs and formulations carry the accumulated wisdom of the Lucknow school along side modern medicines. He carries several centuries of knowledge in his hands quite literally, when he reaches for his patient's wrist to read the Nabz and is the living bridge between the world of Masih-ud- Daula (court physician of Lucknow) and our own, between the Matab of Nawab Asif ud Daula's court and the consultation room of modern day Lucknow.³ To see him at work is to glimpse what Lucknow once was, a city in which healing was an art, a science, a philosophy, and a vocation of the highest honour. Court physicians like Hakim Masih-ud-Daula and Hakim Shifa-ud-Daula became household names, and their influence helped shape what later became known as the Lucknow school of Unani medicine. Hakim Mirza Mohammad Taqi and his son Hakim Mirza Mohammad Naqi once held their celebrated clinics, where Hakim Safdar Husain (grandson of Hakim Kochak) practised until his death in 2003, the tradition which has not entirely died. One clinic remains, its lamp burning against the dark of modernity.

This tradition of hikmat, therefore still exists in Lucknow and to understand this one needs to travel back to the time of Nawab Shuja-ud- Daula, when the Hakims of Delhi, with the decline and disintegration of the Mughal Empire in Delhi, began their great migration eastward to the flourishing court of Avadh. However, this shift was not merely political it was also inspired by cultural and economic reasons. When Nawab Asif-ud- Daula moved the capital of Avadh from Faizabad to Lucknow in 1775, he did more than redraw a map, he redirected the entire cultural current of northern India. From 1775 to 1797, Lucknow became the unrivalled centre of arts, literature, music, cuisine, medicine and culture. Traditional Hakims of Delhi, seeing that their profession would find richer soil in the region, followed the poets and musicians westward. *Maulvi Mohammad Abdul Haleem Sharar records in his celebrated Guzishta e Lucknow that famous Hakims of Delhi started migrating to Avadh during the period of Nawab Shuja ud Daula (1754-1775), except one or two Hakims of Delhi all others came to Avadh.* The history of Faizabad also reveals that Hakims were always associated with the royal administration in Avadh. They occupied a unique position within the Nawabi administrative hierarchy, receiving titles, positions, and material rewards that placed them among the highest ranks of courtly society. Some prominent names among them were Hakim Mehndi Ali Khan, Allama Tafazzul Hussain Khan and Mir Masha Allah Khan. The Persian literary tradition had long designated the royal physician with honorifics reflecting his dignity like: *Masih-ud-Daula* (Messiah of the State), *Shifa-ud-Daula* (Cure of the State), *Tabeeb-ud-Daula* (Physician of the State), titles that simultaneously described their function and affirmed their rank, which was also emulated in the courts of Avadh. It was here, that the Unani tradition reached arguably its most refined expression in India. The Nawabs' patronage of hakims was a self conscious act which was lavish and systematic, and part of a deliberate project to make Lucknow the intellectual capital of the subcontinent after the decline of the Mughal empire in Delhi.

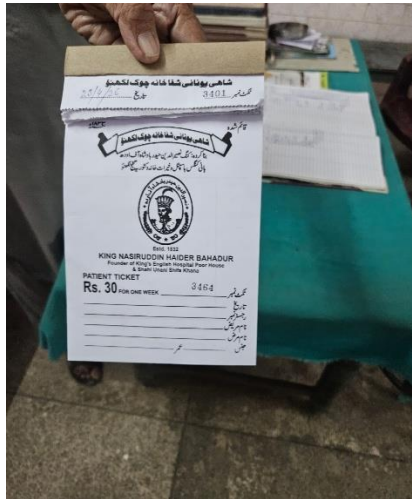
During the reign of Nawab Asif- ud- Daula (1775-1797), Lucknow became the centre of prominence and was renowned for its arts and artists. Many traditional Hakims of Delhi settled in Lucknow and within a short span of time, their medicinal art became an attribute of Lucknow, which produced renowned and envied Hakims like Hakim Masih ud Daula, Hakim Shifa ud Daula, Hakim Mirza Mohammad Ali, Hakim Syed Mohammad Murtuza, Hakim Mirza Mohammad Kockak, Hakim Nabba (Nabbaz) and Hakim Mirza Mohammad Jafar, who were the experts on the subject.⁴ In due course, the Unani system of medicine reached its zenith when rarely a mohalla could be found without a renowned Hakim. *Syed Agha Medhi records in 'Tareekh-e-Lucknow' that the Nawabs and Kings of Avadh promoted and patronised the Unani medicinal art that first Amberganj, then Jhawai Tola and lastly Johari Mohalla looked like small territories of Unan (Greece) itself.*⁵ This astonishing density of medical expertise was not a matter of chance, it was the product of deliberate, sustained royal patronage, combined with the Hakims' own tradition of teaching within their clinics. The patronage received by these hakims was magnanimous and lavish. King Ghazi -ud -din Haider's Minister, Hakim Mehdi, had a house at Fatehgarh, which was magnificently furnished in European style with a profusion of pier glasses, mirrors, French organ, fancy clock of the most costly description as well as coo- coo clocks and musical boxes.⁶ He was the Sultani Hakim having the title of Tabib -ul- Mulk.⁷ This not only brings to light the kind of patronage that was given to these medical practitioners but also underlines the fact that medical and health facilities were front runners under the state policies of the nawabs of Avadh. It was during the reign of Nasir- ud- din Haider that a proposal was mooted by Paton and supported by Hakim Mehdi for the erection of a cast iron bridge on the Gomti, which again highlights the role and influence commanded by these hakims in the royal courts. A Shifa Khana was established in 1832 by Nasir -ud- din Haider which served as the royal hospital of the times at the Gol Darwaza in Chowk. The king was a great patron of arts and sciences and therefore set up this hospital as a centre of Unani medicine inspired by the ancient Greco healing system. Treatment was free for all and three trained hakims were stationed to attend to the patients. Wards were also available for patients in need of the same. The hospital premises grew herbs for medicinal purposes and even rare elixirs were created in the pharmacy at the hospital. The institutional logic of the *Dar-ush-Shifa-e-Shahi* was built upon the deepest traditions of Islamic welfare philosophy - the principle that healing is a public good, that the sick have a claim on the resources of the *community*, and that the obligation of care falls particularly upon those with power and wealth. *The very name Dar-ush-Shifa-Shahi (House of Health) carries a resonance that extends back to the great hospitals, medical schools (bimaristans) of medieval Baghdad and Cairo, through the Dar-ul-Shifa of the Qutb Shahi sultans of Hyderabad (established 1595), and into the Nawabi tradition of Lucknow.*⁸ With time the Dar-ush-Shifa-e-Shahi/Shifa khana quickly became a hub of medical learning. Aspiring Unani practitioners apprenticed under senior hakims here, gaining experience in diagnosis, pharmacology, and holistic healing. The institution thus combined the functions of a hospital (treating patients) and a medical school (training practitioners) in a model that reflected the traditional organisation of Unani medical education, in which knowledge was transmitted through supervised practice rather than exclusively through formal institutional instruction.



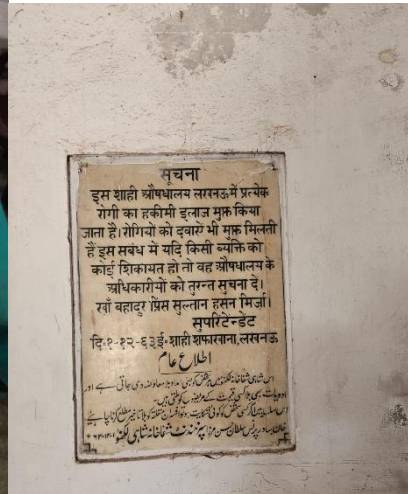
King Nasir -ud- din Haider

The most historically significant aspect of this clinic was its explicit commitment towards providing treatment free of charge and without discrimination. This principle of universal free treatment represented a sophisticated articulation of the state's welfare obligations that deserves recognition in the broader history of public health policy in India. 1832-33, was a time when the British colonial administration in India had made little systematic provision for the health of the general population and private philanthropy was the only primary mechanism for healthcare access in most parts of the world, and when the concept of a state funded national health service was still more than a century away even in Britain, Nasir-ud-Din Haider's hospital offered treatment to all, rich and poor alike, without payment, as an expression of sovereign duty rather than private charity. This speaks volumes about the magnanimity and foresight of the King who otherwise is not famously remembered in history. Important here therefore is to emphasise the fact that this institution was established by a ruler whom colonial historiography consistently caricatured as debauched and irresponsible. One of the most intellectually remarkable aspects of Nasir-ud-Din Haider's medical patronage is the simultaneity of his provision for both Unani and Western allopathic medicine, with the provision of the Darul Shifa for western medicines established in Hazratganj and the traditional Shifa Khana in Chowk.

The Prescription Slip



The Notice



This dual arrangement shows how remarkably pragmatic and evidence driven Nasir-ud-Din Haider's approach to healthcare was. Instead of favouring one medical tradition, he built parallel public systems one for Unani/Ayurvedic practice and one for European medicine and funded both equally. By doing so he set an early example of indigenous and modern systems working side by side within one state framework. The European wing of the Dar-ul-Shafa Shahi employed western trained doctors, mirroring the Nawabi court's broader embrace of British science and technology.

The hospital's foundation cannot be understood in isolation from the broader intellectual and administrative context of Nasir-ud-Din Haider's court, and particularly from the role of his Prime Minister, Hakim Mehdi Ali Khan. Hakim Mehdi Ali Khan was also responsible for putting forth the proposal to construct an observatory in 1831 in Lucknow , and was entrusted with many projects that included educational institutions, hospitals, and many other projects of public utility. He was listed among the distinguished court physicians of the Nawabi era as *Mumtaj-ud-Daula* and was thus simultaneously a physician of the highest rank and the chief minister of the state, a combination that placed medical thinking at the very centre of Nawabi governance.

The Hospital



The formulations and compounds

The naming convention of the hospital itself as *Dar-ush-Shifa-e-Shahi*, literally the Royal House of Health also draws attention. The King by attaching the royal epithet *Shahi* to the institution, made an explicit statement that public healthcare was a royal prerogative and obligation, not merely an act of private piety. The *Dar-ush-Shifa-e-Shahi* thus represented the institutional crystallisation of a tradition that had been developing for generations. By embedding this tradition within a formal royal hospital with permanent premises, permanent staff, a pharmaceutical garden and *dawakhana*, and a teaching function, Nasir-ud-Din Haider gave it an institutional permanence it had not previously possessed. It was the most prominent but not the only medical institution associated with the Nawabi state of Avadh.

The annexation of Avadh by the British East India Company in 1856 which happened after twenty three years of the hospital's foundation brought an abrupt end to the patronage network that had sustained the *Dar-ush-Shifa-e-Shahi*. The arrival of the British brought Western allopathy. As state patronage tilted toward Western institutions, Unani centres like the *Shifakhana* began to lose influence and funding. Many traditional practices were dismissed as outdated. Over time, the hospital's staff shrank and its rich archives and pharmacy were neglected but never closed.

The health policy of the British Government was not merely indifferent to indigenous healing systems it was rather actively hostile to them. The Indian Medical Degree Act of 1916 and subsequent legislation privileged Western allopathic practitioners, denied recognition to Unani and Ayurvedic qualifications, and systematically excluded practitioners of indigenous systems from the formal healthcare apparatus. The Act said- 'Whereas, It is expedient to regulate the grant of titles the grant of titles implying qualification in western medical Science and the assumption and use by unqualified persons of such titles, it is hereby enacted as follows :-

1. This Act may be called the Indian Medical Degrees Act.1916
2. In this Act. "Western medical science" means the western methods of Allopathic Medicine, Obstetrics and Surgery but does not include the Homeopathic or Ayurvedic or Unani system of medicine and 1(state) means all the territories which immediately before the 1st November 1956 were comprised within Part A State, Part C States.⁹

The institutional consequence for the *Dar-ush-Shifa-e-Shahi* after the introduction of this act, therefore, was a prolonged period of marginalisation and resource deprivation that lasted well beyond independence. While the Nawabi hospital struggled under colonial neglect, a very different medical institution rose in Lucknow during the early twentieth century, the King George's Medical College, established on the initiative of His Highness Raja Sir Tassaduq Rasul Khan of Jahangirabad Raj to commemorate the 1905 visit to India of King George V. The college opened in 1911 and became affiliated to Lucknow University in 1921.¹⁰ The contrast between the two medical institutions of Lucknow, the Nawabi *Dar-ush-Shifa-e-Shahi* of 1833 and the colonial *King George's Medical College* of 1905-1911 encapsulates the medical history of the city across the colonial transition. While the former embodied an indigenous tradition of holistic healing rooted in Arabic Persian scholarship, the latter embodied the colonial project of implanting western biomedicine as the exclusive legitimate form of healthcare. That both institutions have survived into the present day with the KGMU serving as a critical healthcare facility not only for Uttar Pradesh but for neighbouring states and Nepal as well.



Over the ages, through the upheavals of colonialism, independence, and decades of changing governance, the Shahi Shifakhana has maintained a fragile but continuous existence and quietly continues serving people. Today, the building shows signs of age. Cracked walls and faded signboards mask the institution's historical heft, but inside, hakims provide consultation. People still come -some out of curiosity, others because modern hospitals feel impersonal or expensive for chronic ailments. In an era when the medical costs are touching the skies, the Shifakhana remains rooted in its original philosophy of healing for public good. Heritage conservationists argue it should be preserved not only as a medical institution but also as a cultural site. It is also suggested that its old manuscripts must be digitised, herbal garden reopened and Unani treatment must be integrated with modern diagnostic tools.

The Shahi Shifakhana of Lucknow represents something rare and precious in the contemporary landscape of Indian heritage a living institution, not merely a ruined monument. That it still functions, still treats patients, still charges a nominal fee consistent with its founding philosophy of universal access, is a testament both to the durability of the Nawabi vision that created it and to the communities that have maintained it through nearly two centuries of adversity. It deserves prominent place in several overlapping historical narratives, the history of Unani medicine in India; the history of public healthcare in South Asia, the history of the Nawabi state of Avadh, and the history of Lucknow as a city that was, in the nineteenth century, one of the great centres of scientific and cultural patronage on the subcontinent.

The establishment of this health care facility by the rulers of Avadh expressed a sophisticated theory of sovereign welfare that the king's obligation to his subjects extended to their physical wellbeing, that healing was a public good to be provided free of charge and without discrimination, and that the state's medical provision should be empirically open rather than ideologically exclusive, accommodating both indigenous Unani and Western allopathic traditions within a single institutional framework. This study argues that the history of Avadh's hakims is not merely a chapter in medical history, but a lens to understand urban culture and statecraft. For contemporary public health and heritage policy, the Avadh model offers insights into community-based care, plural medical frameworks, and the role of cultural legitimacy in health seeking behavior. The healing hands of Lucknow's hakims, therefore, remain relevant as history, as heritage, and as a resource for reimagining inclusive healthcare.

“The clinics of the Hakeems of Avadh were virtually the schools of medical education, where students were provided free education in Arabic and Persian languages. Most of the students left the clinics as expert physicians and served in different regions of the country, thereby leading to the recognition of Avadh as an important centre of Unani medicine.”

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PICTURES- Clicked by Author at the Shifa Khana of Nasir- ud- din Haider, Gol Darwaza, Chowk.