

NOTES ON SOME FOLK MEDICINE PRACTICES IN LIBYA

ZSUZSA JURÁNYI

Folk medicine is widely practiced by beduins in Arabic countries beside scientific medicine. I have experienced in Libya mostly the practice of cauterization and cupping performed by the Beduins during my stay there between 1976 and 1980.

It is to be noted that also in the Pre-Islamic period both cauterization and cupping were the most frequent surgical operations performed.¹ However, the Prophet Muhammad was definitely against the ever-spreading practice of cauterization, while several times mentions cupping as an effective treatment. He said. "Treatment consists of three things: cupping, the drinking of honey and cauterization, but I forbid cauterization in my community"² He suggests the use of cauterization only in case of amputation of an organ.³ He said that those will enter the Paradise without forethought who "do not enslave, are not cauterized, do not see any evil omen and trust in God"⁴

Suyuti in his work entitled *Al-rahma fī l-ṭibb*, which is frequently resorted to by city dwellers even today in case of sickness, only twice mentions cauterization as a beneficial treatment. He suggests it for treating dog bites. "The area around the bite should be cauterized, and then treated with a mixture of garlic, salt and honey."⁵ In case of snake bite, he suggests that after cauterization a "mixture of garlic and salt be put onto the wound, to neutralize the snake poison."⁶ Suyūṭī prefers the use of garlic, onion, olive-oil, honey and salt as medicine.

Cauterization is widely used by Libyan Beduins. It can only be carried out by a competent person, using the branch of a wild tree called *ḥakkūz mūsa* or with a nail that was first made white hot on an open fire and then placed on the skin surface to be treated to create a circular burned wound. This would be followed by placing a tree leaf onto the wound for the sake of slowing down healing to allow as much purulence *mādda fāsida* to escape as possible. In case of diarrhoea in infants cauterization is applied around the navel in a circle, whereas in case of bronchitis it is applied either on the chest or on

the back in a longitudinal direction. In case of a bad headache in adults cauterization is applied to the forehead. From this, a stronger pain will develop that will override the original pain for a couple of days. After treatment, the practice is to instruct the patient to carry out especially difficult tasks. For example the burnt area can not be exposed to water for forty days, or "the patient has to remain in a darkened room for the space of fifty days, during which he must not approach his wife. Otherwise the benefit expected from the "treatment" ceases."⁷

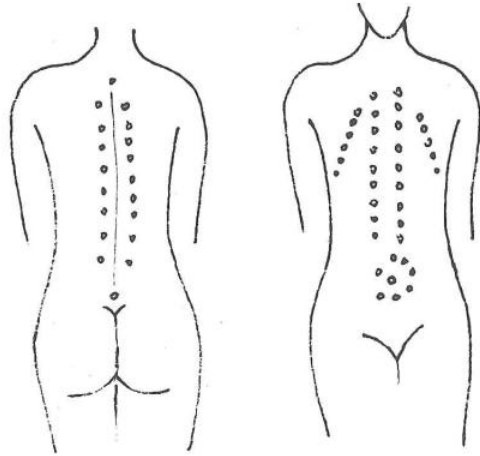
Before the application of cupping in Libya, longitudinal parallel cuts are first made with a razor on the skin surface. These will remain as scars on the forehead. Cupping was mainly used in the treatment of headaches resulting from a cold. Ash or sand was put into a clean cupping dish, and glowing embers placed on top of it. Wet material was twisted into the opening of the dish and placed on the right of the forehead. This was repeated three, five or seven times and the glowing embers were replaced so that they did not go out. Next day the same procedure was repeated on the left forehead.

A popular treatment in Libya is the so-called *harz*. This is also based on the principle that once purulence escapes from the body, then the patient will be cured. It is employed in cases of pneumonia, bronchitis, and asthma. A green coloured thread is stitched into the skin and the two ends hanging out are knotted. This will remain in the skin until it rots and comes out on its own.

Both cauterization and cupping are widely practiced by the Beduins of North African Arabic countries, in addition to being used by Beduins of Arabia today. This can be explained by the fact that North African Arabs are closest to ancient Arabic Beduin traditions. This idea is supported by Ignác Goldziher's lecture on "The place of Spanish Arabs in the development of Islamic history compared with Arabs living in the East", where he writes: "The difference in clothing, writing and language, both spoken and literary, even today separates Eastern Arabs from Western ones. Numerous social habits which could also be mentioned in connection with these special features, can serve as proof that in the population of Western Arabia there exists a certain conservative attitude, a simplicity, a loyalty to nomadism against the features of the Eastern Arabs."⁸

NOTES

1. Kamāl al-Sāmarrāī, *Muḥtaṣar tā' rīḥ al-ṭibb al-ʿarabī*, Bagdad, 1984 .
p. 233.
2. ʿAbd al-Ḥālīq, *al-Ṭibb al-nabawī*, Bagdad, 1983, p. 38.
3. *ibid.*, p. 50.
4. *ibid.*, p. 50.
5. al-Suyūṭī, *al-Raḥma fī l-ṭibb wa l-ḥikma*, Cairo, p.234.
6. *ibid.*, p. 237.
7. J. Walker. *Folk Medicine in Modern Egypt*. London, 1934, p. 60.
8. I. Goldziher, *Az iszlám kultúrája* Budapest, 1981, p. 92. I.



Traces of cauterization

