Healing and Faith: Popular Healing Practices in Delhi and Mewat in the 19th and 20th Century

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ABSTRACT

This dissertation, *"Healing and Faith: Popular Healing Practices in Delhi and Mewat in the 19th and 20th Century,"* explores the role and persistence of faith-based healing traditions in North India, particularly in Delhi and Mewat, during the nineteenth and twentieth centuries. The study examines how spiritual and ritual healing practices continued alongside the rise of colonial and modern biomedical systems. It argues that healing in South Asia was not understood only in physical or medical terms, but also through emotional, spiritual, and social frameworks. The dissertation focuses on practices such as jhaad-phook, taweez, Qur'anic recitation, shrine visitation, vow-making, and other ritual methods associated with relief from illness and distress. It also analyses beliefs related to nazar, jinn possession, oopri hawa, and taklīf, which shaped local understandings of suffering and recovery. Through a comparative study of urban Delhi and rural Mewat, the research highlights how healing traditions adapted to different social and cultural environments while maintaining shared religious foundations. Special attention is given to sacred healing spaces such as Nizamuddin Dargah and Feroz Shah Kotla, where individuals sought emotional comfort, spiritual support, and solutions to personal difficulties. Using historical analysis, oral narratives, and ethnographic observation, this study demonstrates that faith healing remained an important part of everyday life despite modernization and scientific advancement. Ultimately, the dissertation argues that these practices survived because they continued to provide hope, reassurance, and culturally meaningful ways of understanding suffering and healing.

Keywords: a. Faith healing b. Ritual healing c. Dargah culture d. Spiritual healing e. Sacred spaces f. Jinn beliefs g. Nazar h. Oopri hawa i. Taklīf j. Taweez k. Jhaad-phook l. Delhi m. Mewat

METHODOLOGY

This research is based on a qualitative and interdisciplinary methodology combining oral history, fieldwork, and historical analysis. The study examines popular healing practices and faith-based traditions in Delhi and Mewat during the nineteenth and twentieth centuries. Since many of these practices survive through memory and lived experience, the research mainly depends upon field visits and interviews. Visits to shrines, healing centres, and religious spaces helped in observing rituals, healing practices, and interactions between healers and visitors. Informal interviews and conversations with practitioners, believers, and local residents provided insight into personal experiences, emotional beliefs, and the continued importance of spiritual healing traditions in everyday life. These oral testimonies helped in understanding the relationship between faith, fear, hope, and community memory. The selection of participants was based on their involvement with healing practices, shrines, and local religious traditions. Oral testimonies and personal narratives were examined carefully through repeated conversations, field observations, and comparison with secondary sources to maintain reliability and authenticity. Ethnographic observation during field visits also helped in understanding ritual practices, social interactions, and the lived experiences connected with faith healing traditions.

Secondary sources such as books, journal articles, and scholarly studies were also consulted to provide historical background and theoretical understanding for the research.

INTRODUCTION

"What is the method used for recovery is medicine is only way? Can one obtain his recovery through both dua and dawa?" Since childhood, many Indians come across the importance of dua in relation to dawa. It means that a popular belief exists which considers the fact that recovery is not possible only by using medicine but needs some sort of dua as well in addition to dawa. These practices indicate that the act of recovery is not simply confined to the body only. Rather, it includes emotional and spiritual healing. Faith based methods of healing are differently perceived by people belonging to modern society. While for some individuals it is a kind of superstition, for others it is still considered important for providing emotional solace to patients during their periods of sickness. The healing methods have been an inseparable part of human societies since time immemorial. The practice of faith healing is intimately connected with social practices and cultures. In most societies, groups, and geographic locations, the process of healing has largely involved both physical procedures and spiritual beliefs. These spiritual healing practices greatly affect the social and emotional aspects of life. In most cultures, sickness is not only an illness but also a disturbance of emotional and spiritual balance.

As Kakar argues, the healing practices in India are quite diverse and have continuously held a significant place in both individual and cultural life. He adds that traditions in India have devised complex ways of comprehending psychological problems and methods to address them. The systems have co-existed with contemporary mental health treatments and age-old traditional systems like Ayurveda, Siddha System, Hakkim, and Unani[1]. From a more universal point of view, India has one of the oldest records of faith-based healing traditions. Indian culture has retained various popular healing traditions for centuries, which include Ayurveda, Unani, meditation, rituals at shrines, and folklore healing. It shows how well the Indian culture understands the concept of healing being connected with emotions and spirituality of a human being.

In South Asia, religion has played an influential role in both the evolution and direction of religious healing traditions. Historically, the availability of places of worship such as temples, dargahs, and shrines has been regarded as important in the healing tradition. People have always travelled to these places of worship in quest of solace through prayer, rituals, devotion, and spiritual cures. It is believed that the holy places are spiritually charged and have healing properties for restoring physical and spiritual well-being. As noted by Seema Alavi, the Indian Muslim medical tradition, particularly the Unani medicine, was more than just medical practice; rather, it was an institution that was inseparably linked with social and religious practices.[2]

In spite of the development of modern education, science, and medicine in South Asia, a number of communities still hold the view that some diseases might be caused by supernatural powers that have immense power but cannot be seen. Even at present, there are a number of communities who perceive some physical and psychological diseases as mysterious phenomena resulting from spirits, which are termed as 'Upari hawa' by local people. Sometimes, people avoid referring to spirits for fear and religious reasons, although there is strong evidence to suggest that some diseases can arise from spirit possession, divine anger, or moral imbalance. Among all other reasons, spirit possession is perceived as one of the major reasons behind mental problems in such communities. This cultural system helps people understand their problems and find ways to cure them. In this case, there is a need for specialized guidance to ensure mediation between supernatural powers and humans. The job of ritualists, shrine keepers, and spirit mediums is to facilitate this process whenever supernatural powers affect an individual's life adversely.

POPULAR HEALING PRACTICES AND RITUAL HEALING

Ritual healing is among the most common techniques used for healing, and they can be found in almost all societies despite variations based on culture and society. In general, ritual healing involves the execution of rituals, sacred items, the involvement of the community, and symbolic acts. This kind of healing technique aims at exerting influence on the supernatural powers responsible for causing illnesses or psychological problems.

[1] Sudhir Kakar, Shamans, Mystics and Doctors: A Psychological Inquiry into India and Its Healing Traditions (Chicago: University of Chicago Press, 1991)
[2] Seema Alavi, Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition, 1600–1900 (New Delhi: Permanent Black, 2008).

Even though ritual healing comes in various types depending on the societies and communities within the world, the basic format usually tends to be the same.

As per the analysis by James Frazer, ritual practices show repetitive behavior where symbolic acts are seen as creating actual results. Ritual items such as talismans and holy threads may be used as tools for protection that carry supernatural powers to heal people[3]. In addition to the social and psychological significance attached to ritual healing, there is another dimension that merits consideration. According to Bronislaw Malinowski, rituals usually emerge in circumstances characterized by uncertainties or strong emotions. The process of ritual healing is significant psychologically because it explains the suffering experienced by individuals, fostering community cohesion in the process[4].

The common perception about ritual healing in South Asia is that it must involve interaction with supernatural forces believed to be integral for the successful completion of the process. Rituals including devotional chanting, ceremonial performance, and, notably, exorcism have been identified as key aspects of these healing processes. The conduct of such rituals typically necessitates the participation of specialists acting as intermediaries between the individual seeking treatment and supernatural entities.

Traditionally, ritual healing was a phenomenon that occurred quite widely at least until the time when access to modern medical services became more common. Nevertheless, such traditions did not become less popular in the wake of the advent of biomedical health care models. Indeed, rituals still take place in the current social context not only in rural societies but also in urban environments. In the current context, such healing techniques can be utilized not only for dealing with physical diseases but also mental problems, especially spirit possession and related disorders.

HEALING PRACTICES, BELIEF SYSTEMS, AND EVERYDAY RESPONSES TO DISTRESS

However, healing practices cannot be limited to the confines of domestic spaces and private practices. On the contrary, these are practices that have a deep connection to communal and sacred spaces, most commonly the shrine and dargah. Such sacred spaces are the key locations at which individual forms of hope and despair turn into collective manifestations of faith, where people seek not only healing and cure from their problems but also divine intervention.

The performance of healing practices, for example, qawwali, offerings, and vows, is by nature collective and open to participation by others. It takes place after performing some rituals, including protection against nazar or making a mannat, that is, it moves from the private space to the public sphere, highlighting the way in which people make sense of their troubles within the context of healing practices.

This research starts with the assumption that healing is a fundamental aspect of daily life and not a secondary or peripheral activity. Healing does not involve any form of competition with medicine; rather, healing is a parallel process in which people deal with pain, uncertainty, and disruptions. In this case, healing involves belief-based activities performed in certain locations and cultures.

Before focusing on healing in different places such as shrines, dargahs, or local communities, it is essential to discuss its general theoretical perspective. Healing involves more than treating diseases; it includes emotional problems, social conflicts, fear for the future, and other issues that have no scientific explanation. Under this definition, events like nazar are regarded as diseases that emanate from jealousy or too much attention towards something. As such, actions taken to prevent nazar are considered normal. Another example is the tying of a thread, usually known as mannat ka dhaga, at shrines as a way of making a promise when faced with various challenges, such as ill health, poverty, infertility, or grief.

The current research begins with the notion that healing is an inherent part of one's day-to-day life, while healing is not a secondary process, nor is it peripheral to one's life. There is no element of competition involved in healing with medicine; however, it is rather an alternative approach to dealing with suffering, insecurity, and disturbances. Healing in this context is considered belief-related acts carried out in specific places and societies.

[3] James George Frazer, The Golden Bough: A Study in Magic and Religion (London: Macmillan, 1922).
[4] Bronislaw Malinowski, Magic, Science and Religion and Other Essays (Boston: Beacon Press, 1948).

Before discussing the issue of healing in shrines, dargahs, or within one's community, it is vital to begin by looking at the general theoretical concept of healing. Healing entails more than just curing diseases; there are emotional and psychological concerns as well as social disturbances that do not have any scientific basis. Healing, in such cases, involves activities like nazar, which can be defined as diseases arising from jealousy and too much concentration on things. Preventing oneself from nazar becomes an ordinary activity. The tying of a thread, commonly known as mannat ka dhaga, in shrines when one faces numerous challenges, including illness, poverty, barrenness, and loss.

At its core, healing needs to be acknowledged as a process that is inherently complex and multi-dimensional, and is informed by the dialectics of belief, ritual, space, and community. Such processes are not something accidental; rather, they are part of larger interpretive structures aimed at explaining the phenomena of disease, ill luck, and uncertainty. For example, seeking protection from nazar, taking vows, engaging in qawwali performances, and visiting pilgrimage sites can be viewed as strategies used by people to act out their uncertain futures. This way, suffering not only becomes experienced but also becomes collectively interpreted and negotiated.

HEALING PRACTICES BEFORE AND BEYOND MODERN MEDICINE

Pre-modern healing traditions in South Asia emerged from a complicated process that combined medical practice, religion, and ritual healing. Medical knowledge was not just limited to the professional practice of physicians, but was widely disseminated among spiritual healers, ritual healers, herbal healers, and community leaders. Healers employed a variety of healing techniques including medicinal treatments, diet management, spiritual counseling, and rituals. Thus, healing involved not only curing physical illnesses but also addressing the moral and emotional aspects associated with people's health and affected by illness.

One of the notable examples of holistic medical tradition is Indo-Islamic healing traditions in Unani medicine. Based on the transmission of Greco-Arabic healing practices, Unani medicine focuses on creating harmony within a patient through proper balancing of humors and environmental influence. But Unani medicine cannot be considered as a scientific medical tradition alone; physicians often incorporated spiritual counseling and religious devotion in their healing practices.

In the words of Margrit Pernau, pre-modern Unani theories about the body were inseparably connected to moral philosophy emphasizing the importance of self-control and emotional stability as the most important constituents of health[5]. It should be mentioned that sacred geography was also very important for forming the practice of pre-modern healing in South Asia. The places of healing including shrines and pilgrimages were visited by people who had been experiencing physical and psychological sufferings. Healing at sacred sites usually involved the participation of the community, since prayers, recitations of religious scriptures, sacrifices, and purifications took place there. Thus, not only personal efforts contributed to the process of healing, since the help of the divine powers and cooperation of the whole society were involved into the process of healing as well.

According to Guy Attewell, the healing tradition in South Asia developed due to constant interaction between the scholarly medical tradition and the folk healing tradition and was not distinct or contradictory to each other. The folk healing tradition, the devotional therapy tradition, and the medical tradition often overlapped and provided flexible environments where patients could visit several healers at once.[6].

This kind of hierarchy existed even before the advent of modern medicine. However, the scenario underwent drastic change with colonialism and the introduction of modern medical system in South Asia. Nineteenth century saw the establishment of a new medical system, known as biomedical system. Modern medicine was presented as an advancement over indigenous systems of medicine, as a more scientific approach. This portrayal made colonial powers position modern medicine in a civilized and progressive framework against the indigenous forms of medicine, which were viewed as primitive and backward because of their lack of scientific nature. Regulation of indigenous healing systems took place in form of legislation under colonial regimes, where professional license and formal medical training became part of the system. According to David Arnold, colonial medical policies not

[5] Margrit Pernau, "The Indian Body and Unani Medicine: Body History as Entangled History," Asian Medicine 9, no. 1 (2014)
[6] Guy N. A. Attewell, Refiguring Unani Tibb: Plural Healing in Late Colonial India (Hyderabad: Orient Blackswan, 2007).

only served health-related purposes but were also used as an instrument of domination and control of colonizers over indigenous systems of medicine and culture.[7]

While the power of colonial medicine grew tremendously, traditional medicine did not vanish; rather, it managed to thrive in rural and marginalized societies in areas with inadequate biomedicine establishments. Traditional medicine was not displaced by biomedicine because it evolved into a combination of selective biomedical concepts with its spiritual aspects intact. Consequently, this gave rise to a pluralistic medical setting in which communities had the freedom to practice both ritual medicine and biomedicine.

Traditional medicine showed great flexibility in its adaptation to the colonizers' system of healthcare delivery but was strongly connected with rural and marginalized societies in which it was practiced as the major means of curing illnesses. Biomedicine, on the other hand, acquired legitimacy and acceptance worldwide as the dominant form of healing that would replace any others. However, traditional medicine managed to remain socially significant by incorporating biomedical ideas into its already existing spiritual healing system, thus creating a basis for a pluralistic approach to medicine.

The research carried out on ritual healings in shrines in North India indicates that ritual healing takes place along with symbolic encounters between the patient, healer, and supernatural entities. Such rituals serve to provide psychological solace while at the same time reinforcing religious and cultural community identity. In addition, studies done on healing shrines in urban areas indicate that modernity has not destroyed ritual healings but changed them into centers for therapy relating to urban pressures.[8]

The enduring existence of ritual and faith healing practices proves that there exists pluralism in medicine, where various medical systems coexist at the same time. The notion of pluralism is influenced by cultural beliefs, access to medical resources, and personal opinions on treatment, thus explaining why ritual healing still has a place in current medical settings.

FAITH HEALING, COLONIAL MEDICINE, AND PROCESSES OF SOCIAL CHANGE

India's medical and healing history underwent significant change over the nineteenth and twentieth centuries. David Arnold claims that as colonial administration expanded, new medical and public health organizations were established, and Western medicine made a growing effort to establish itself as an authoritative and scientific body of knowledge.[9] Colonial India witnessed the gradual rise in the field of modern medicine, through the creation of hospitals, dispensaries, vaccination campaigns, medical education, and sanitary regulations. But the establishment of these institutions was not solely related to issues of public welfare. Medical practices were also tied to greater colonial goals of administration and government. The colonial state thus asserted itself in the realm of health and disease and attempted to change the meanings of sickness and healing. Increasingly, western medicine appeared rational and scientific and traditional healing appeared irrational or unscientific. However, the transmission of colonial medicine did not supplant local healing practices that had been an integral part of the social and cultural life of local communities.

Arnold goes on to say that the nineteenth-century spread of Western medicine remained uneven in terms of both influence and reach.[10] Initially, modern health institutions were located in the cities, military complexes and administrative areas over which the colonial state directly held sway. As a result, a majority section of the population across most rural and semi-rural regions still relied on established forms of healing. In both regions, the spiritual forms of healing of the saints, dargahs, hakims, ritual experts and sacred sites retained a considerable measure of influence. This was largely because disease was, on the whole, viewed through wider religious and social conceptualizations. Rather than being seen only as a biomedical problem of the body, illness was interpreted as an event that stemmed from either distress or affliction, spiritual imbalance, divine displeasure,

[7] David Arnold, Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India (Berkeley: University of California Press, 1993).
[8] Sarah Pinto, "Urban Shrines and Healing in South Asia," Social Science & Medicine 120 (2015).
[9] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993).
[10] Ibid.

social disharmony or any combination of these factors. Consequently, healing was not just concerned with the re-instatement of physical health but was also deeply embedded within attempts to restore spiritual, psychological and social balance.

Faith healing, as such, should not, therefore be seen simply in terms of conflict or opposition with modern medicine. Past experiences indicate that other healing systems frequently existed and interacted with one another in the day-to-day life. Modern medicine was not necessarily a substitute for preceding traditions, but rather often moved into arenas of social interaction and the cultural legitimacy and social trust of such existing healing contexts. People and communities sometimes used several methods to heal based on their beliefs, circumstances and availability. A person might be able to be treated at hospitals or doctors' offices, and visit the shrines to pray, seek blessings from saints, or engage in ritual behaviors designed to provide protection and healing. It did not always reflect a conflict of beliefs on the part of the populace about disease. Rather, they suggested an overall sense that healing might take many forms of the human experience, and thus necessitate multiple modes of intervention.

Seema Alavi argues that rather than being static or fixed bodies of knowledge, indigenous medical and healing systems were dynamic traditions that constantly adapted to shifting historical circumstances.[11] Increasingly, the established practitioners came into contact with new medical knowledge disseminated by colonial systems and through the curriculum. But interaction did not necessarily lead to total dismissal of the old system. Instead many local healers tried to maintain old ways while adapting to new intellectual and social conditions. Thus old systems were reshaped and reorganized in order to sustain their relevance in changing contexts. Such changes prove that these healing systems also have ways to be both fluid and continuous and are not solely helpless victims.

This environment of the various healing practices was further impacted by the processes of modernization in the late-nineteenth and early-twentieth centuries. The expansion of urban centres, technological advancements, and educational, communication, and print culture led to the spread of medical concepts and the emergence of novel ways of social interaction. These changes introduced communities to new concepts of health and disease, and at the same time generated some doubts about social and economic change. Older patterns of social life, which are often deeply established, are frequently disrupted and fears become heightened, going beyond worries about illness. In such circumstances, the healing power of faith was still important because it offered emotional reassurance and spiritual meanings which were sometimes unavailable within the framework of biomedical treatment. Such practices continued long after because of the continued significance of belief systems in the understanding of illness and healing processes in the lives of people.

As Alavi goes on to say, the interaction between modern medicine and traditional healing methods resulted in a process of coexistence and negotiation rather than a total break between the two.[12] Older methods of healing did not disappear nor did they survive unaltered with the advent of colonial medicine and modernization. Rather, they proceeded by adapting to and interacting with the developing medical institutions. The examples of the healing traditions in Delhi and Mewat, therefore, show that healing practices evolved in a multifaceted social landscape with multiple ways of understanding health, disease, and healing. This co-existence points to the multi-layered and dynamic nature of healing practice, and how social and historical changes were reflected in the nature of illness perception over time.

HEALING PRACTICES IN GLOBAL CONTEXT

Traditional healing practices have a long history and have been documented throughout various parts of the world. There is historical documentation of belief-based healing practices from all over the globe, where each culture creates its own distinct traditions and rituals to explain and treat illnesses. Societies throughout time have attributed disease to the supernatural and used ritualistic practices in healing treatments. Illnesses have often been explained using cosmological perspectives, whereby suffering was caused by spiritual imbalances or the actions of supernatural beings.

[11] Seema Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition, 1600–1900* (New Delhi: Permanent Black, 2007).
[12] Ibid.

According to historians, until the emergence of scientific medicine in Europe during the early modern period, magic and religion were common modes of treatment that were considered to be valid means of medical treatment. Keith Thomas is of the view that magical remedies, including charms and spells, were commonly used in the management of disease and bad luck within European societies. Moreover, the fall of magic was gradual rather than sudden, due to a number of factors.[13]

The same can be seen in terms of healing methods among the Islamic cultures. Healing practices in different Islamic communities have been largely dictated by the religion's spirituality and worldview concerning how individuals relate with God. Spirit-induced diseases such as those caused by jinn possession have long existed among many Islamic societies located in different parts of the Middle East, Africa, and South Asia. Many spiritual healing practices among these communities involve the reciting of passages in the Qur'an, the wearing of protective amulets, and prayers directed to Allah for protection against evil spirits. As mentioned by El-Zeiny Ford, spirit-assisted healing forms an integral part of healing practices that have existed since the Islamic culture's early days.14

Another group of societies in which spirit-based medicine was common is comprised of African and Southeast Asian cultures. In such societies, healers conduct rituals designed to establish balance and harmony between the individual in question and the spiritual realm. It should be noted that the universality of people's attempts to understand health and illnesses as both a physical and spiritual phenomenon is demonstrated by this type of tradition. Across various societies, people were able to differentiate between the physical causes of diseases, usually connected with medicine, and the spiritual interpretation of suffering, which could be treated by ritual healing.

India can serve as a prominent example of the long and consistent history of spiritual healing that exists there to this day, despite considerable development of modern medicine. At the same time, it is due to colonial and Euro-centric views on faith-based practices that they were perceived to be unique only to India, being considered backward and superstitious in other countries. Indeed, healing traditions based on faith exist in different societies, including the concept of blessings as the intervention from God, which has traditionally been considered effective everywhere.

OVERVIEW OF THIS PAPER

This thesis addresses faith healing in North India, specifically the forms of healing practices that continued to play an important role within communities despite the dramatic developments in colonial and modern medicine. The main point here is that traditional healing practices survived through turbulent social, political and medical transformations. Instead of considering faith healing as marginalized and irrational, this study aims to place it within historically based knowledge systems concerned not only with curing various diseases but also with the treatment of psychological problems and spiritual conditions as well. Moreover, this study is devoted to exploring faith healing through its practice, the creation of healing authority and legitimization in everyday life, and coping with various forms of healing at a time when biomedical institutions and systems of public health care were developing. Also, one should pay attention to the way faith healing reacts to the emerging anxiety due to social transformation, urbanization and changes in the structure of communities throughout the nineteenth and twentieth centuries.

For the purpose of comparison, two different geographic locations in North India are selected for the analysis: Mewat and Delhi. Each region is discussed separately in the corresponding chapter of the pap

The chapter 1 focused on the city of Delhi with regard to the healing practices conducted at shrines in an urban context, specifically focusing on the healing practices at the shrines of Firoz Shah Kotla and Nizamuddin Dargah in the 19th and 20th centuries. In that era, both sites became significant centers of spiritual consultation, ritual healing, and congregations. People would visit these shrines to be relieved of various ailments that were believed to result from supernatural causes and disruptions at the individual and societal levels. This chapter illustrates

[13] Keith Thomas, Religion and the Decline of Magic (London: Penguin Books, 1971).
[14] Amira El-Zeiny Ford, The Evolution of the Jinn in Middle Eastern Culture and Literature from Pre-Islam to the Modern Age (New York: Palgrave Macmillan, 2017).

how these shrine-based places managed to maintain their significance in the process of healing despite the growing number of biomedical institutions like hospitals and dispensaries, along with the medical institutions brought in by colonial rule.

Chapter 2 on Mewat discusses the process of healing in relation to the social and cultural context of a rural setting in which healing takes place through village-based networks as well as religious figures who acted as mediators between the people and the spirit world. This chapter suggests that healing practices in such a setting were very much a part of people's everyday social interactions, since villagers frequently sought advice from the local maulvis and other religious specialists for diagnosis, healing treatments, spiritual protection, and direction about diseases, mental problems, and conflicts within the social structure. The difference is clear when we compare these settings to shrine complexes in an urban environment where healing was practiced.

These healing practices are connected and consist of jhaad-phook, taweez, jinn healing, as well as the interplay of Western biomedicine with the Islamic tradition of medicine. In this context, it is asserted that, despite the colonial influence on North Indian society and considerable changes within the socio-economic environment, faith healing has still remained a culturally significant way of coping with diseases. Finally, it is shown that the discussed healing practices are not only traditions of the past but vibrant phenomena which have been developing throughout the nineteenth and twentieth centuries.

SACRED FAITH AND HEALING IN DELHI

Introduction to Delhi

Delhi has held a unique status in terms of its importance in the history of the subcontinent for a very long time. It needs to be understood that Delhi was not only a center of politics but also had several other roles in determining the course of India's history. Although it kept changing many times, it remained constant to a great extent and became an intersection of geography, politics, and culture.

The geographical position of Delhi proved extremely significant for its prominence as a center of population and rule. In the first place, the geographical position of Delhi on the river Yamuna offered the facility of proximity to sources of water and fertile land for farming. Secondly, the geographical position of Delhi was strategic as it was located at the junction of routes coming from northwestern parts of India into the Indo-Gangetic plains. Upinder Singh writes that "These were the factors that enabled early settlements to be established."[15] This is because of the advantages that the geographical position offers to Delhi in terms of sustenance and accessibility.

Over the course of years, many ruling dynasties realized the importance of the location of Delhi and decided to make it their capital. The region was progressively transformed into a political center, where different powers including the Rajputs, the Delhi Sultanate, and the Mughal Empire exercised their political supremacy. Various rulers contributed to the construction of cities in the Delhi region, thus forming the area.

While retaining many features throughout its history, another prominent aspect about Delhi was its continuous cycles of destruction and subsequent construction. On different occasions, Delhi has faced abandonment or destruction because of political rivalry, military raids, unfavorable economic situation, or even change in royal preferences. However, such factors led to formation of new cities in the area and were far from bringing its development to an end.

Besides being an important political center, the city of Delhi became a cultural site as well. Geographical location of the place determined the ease of movement for different kinds of people there. This became even more apparent during the rule of the Delhi Sultanate, when the process of interaction of different social and cultural groups was especially intensive.

Early Settlements and Ancient Delhi

Delhi's early history should be seen more as an evolutionary process than as a revolution that suddenly transformed the city. It should not be viewed in terms of sudden revolutionary change but in terms of continual

[15] Upinder Singh, Ancient Delhi (New Delhi: Oxford University Press, 1999), 12–15.

adaptation to changes in the environment and society.

Excavations carried out by archaeologists at locations like Purana Qila have contributed greatly to our knowledge of the ancient history of settlement in this area. It appears that there were many stages of inhabitation, including one linked to the Painted Grey Ware period. As per Upinder Singh, the discovery of the existence of Painted Grey Ware pottery implies that the people practiced agriculture and trade16.

The link between the site of Purana Qila and Indraprastha, a mythical city mentioned in the Mahabharata, has been widely disputed by researchers. The location is linked with the epic tradition; however, there are no concrete archaeological findings that could support this theory.[17]

However, the continuing presence of such a link is because of the significant role that the area plays in terms of its cultural background and its ancient history. Another interesting insight provided by the discoveries made at early Delhi sites is that of changes in technology and economy. Differences in pottery, tools, and architecture demonstrate how specialized labor and different activities were becoming increasingly common, indicating that people had the capability of adapting to any changes in the environment and economics.

Such a lengthy developmental process is critical to understand the political significance of Delhi in later times. The formation of the Delhi Sultanate was not an invention of a completely new urban space; instead, it was the evolution of existing urban centers. In the words of Sunil Kumar, the medieval city of Delhi must be seen as the result of a historical continuity, not disruption, of the past.18

The approach goes against the grain of past historical interpretations, which viewed the Sultanate period as a break from the past.

Also, the history of the city of Delhi needs to be studied in the larger setting of north India. The factors of migration, trade, and cultural exchange enabled this region to connect itself to other regions in the subcontinent and become a conduit between these areas. In this regard, the ancient city of Delhi should not be regarded as an independent entity, but as one component of a chain of settlement in the area. Historical facts have shown that the foundations for the future greatness of Delhi were established in these early phases of civilization.

Early Medieval Development and the Transition to the Delhi Sultanate

This research considers spaces and cultures involved in early medieval India. To grasp this, it becomes imperative to look into the background of early medieval Delhi and its evolution into the Delhi Sultanate.

This era marks an important stage in the development of Delhi from a dispersed settlement system to a fortress city. The ruling clans, including the Tomaras and Chauhans, were instrumental in setting up the process of early urbanization in the area.

One of the important constructions that took place during this period was Lal Kot by Anangpal Tomar. The importance of this construction lies in the fact that it served as an important move in the direction of building a political hub. Later on, it was expanded into Qila Rai Pithora by the Chauhans. According to Upinder Singh, these kinds of fortifications had multiple purposes.[19]

These areas acted as centers for administration and commerce, drawing various types of people such as craftsmen, merchants, and military personnel. Furthermore, the formation of these walled cities should be analyzed with respect to the rivalry that existed between the rival regional factions. Possession of Delhi gave these factions an advantage as far as trade routes were concerned. This ensured that forts had to fulfill two objectives simultaneously: provide security and exert political influence.

This development reached its peak during the defeat of Prithviraj Chauhan at the hands of Muhammad Ghori in

[16] Ibid, 25–30
[17] Ibid, 31–34.
[18] Sunil Kumar, The Emergence of the Delhi Sultanate, 1192–1286 (Delhi: Permanent Black, 2007), 3–5.
[19] Singh, Ancient Delhi, 45–48

the Second Battle of Tarain in 1192. It was the start of a new political era in the city of Delhi. Instead of being an absolute break from the previous period, however, it started the process of a gradual change of the systems in existence. According to Sunil Kumar, the rise of the Delhi Sultanate was neither homogenous nor preordained. Rather, it resulted from complicated negotiations between local elites, military elements, and administrative elements.[20]

In effect, the establishment of the Sultanate did not only take place through conquests but also because of the blending together of various elements into a new political system.

This explanation stands in stark contrast with those which see the establishment of the Sultanate as a rapid process wherein the existing order is completely transformed. What is stressed in the present analysis is continuity as well as change, wherein what is already existing is used to meet the demands of the changing times. It can be said, in other words, that the development of Delhi as an economic and political center took place in the context of continuity as well as transformation. Another factor that influenced the creation of the Sultanate is the influence of places like Central Asia and Afghanistan, due to Delhi's advantageous location.

Rise of Delhi as a Metropolitan Centre

Delhi rising to be an urban center during the Delhi Sultanate era can be considered among the most important changes that happened to this region. It is in the thirteenth century that Delhi came to be a politically centralized, economically rich, and culturally vibrant city. Prior to that, the city underwent different stages of evolution where different factors played their role.

One of the critical factors in this process was making Delhi the political center of the Sultanate. After the expansion of the influence of the Ghurids, Delhi became one of the most important centers of power, especially during the reign of figures like Iltutmish who contributed to the formation of the Sultanate. Sunil Kumar says that the rise of Delhi as a political center was not accidental but the result of specific decisions.[21]

It was necessary to create an elaborate administrative apparatus that could govern the regions from Punjab to Bengal within the context of a single political entity. It was because of the importance attached to Delhi that it emerged as the center of this exercise, thus contributing immensely towards the development of the city. Administrative development brought about by the need for control resulted in the creation of a bureaucracy, which included military administrators, revenue collectors, and judges among others.

Moreover, economic prosperity led to an even greater prominence of Delhi as an urban area. Being located at a strategic point, Delhi became well-connected to other cities through vast trade networks that linked northwest borders to the Gangetic plains. Trading activities involving various products including textiles, food items, and luxuries played an important role in the emergence of prosperous market economies. According to Upinder Singh, the favorable geographic and environmental aspects of the region enabled economic activity.[22]

Migration too has been significant in contributing to the formation of the metropolitan identity of Delhi. The migration of people from places like Central Asia, Iran, and Afghanistan led to the formation of a socially and culturally pluralistic urban community. This pluralism was evident in the presence of a number of languages, customs, and traditions that made up the cultural identity of Delhi.

The development of architecture and cities also helped transform Delhi into its current form. The building of mosques, madrasas, and forts not only provided the practical use of their function but also symbolized power and authority. Moreover, they provided the physical structure to the urban spaces. From the cultural perspective, Delhi evolved as a major center of knowledge and art. Patronage to intellectuals resulted in the development of literary and cultural traditions especially in the Persian language.

Institutions of religion also had a big part to play in terms of the culture of the city. They were places where

[20] Sunil Kumar, The Emergence of the Delhi Sultanate, 1192–1286 (Delhi: Permanent Black, 2007), 129–135.
21Sunil Kumar, The Emergence of the Delhi Sultanate, 140–145.

[22] Upinder Singh, Ancient Delhi (New Delhi: Oxford University Press, 1999), 60–65

people congregated and interacted with one another without necessarily coming under the control of the political power in place. This made their contribution central to the overall growth of culture in Delhi.

The rise of Delhi as an urban metropolis was therefore influenced by factors such as politics, administration, economics, and culture. Notably, the rise of Delhi did not lead to homogeneity but was rather influenced by interaction within a multiplicity of peoples. According to Sunil Kumar, "the rise of Delhi is a process that must be studied within the larger framework of a historical process wherein there is continuous reconfiguration of political, social, and cultural elements".[23] However, the process of change was not entirely dependent on imperial power but relied upon the active participation of different social groups comprising administrators, traders, craftsmen, and religionists. By the time the thirteenth century arrived, the Delhi metropolis had become a well-established city with its prominence in terms of politics, economy, and culture. Such an accomplishment created a platform for its future significance during the later Sultanate and Mughal periods.

Dargahs and Shrine Culture in Delhi

It would be highly misleading to talk about the emergence of Delhi in terms of its development as both a metropolis and a cultural entity without talking about the importance of the Sufi shrines known as Dargahs. This is because such shrines have always been seen as places of religious practice as well as significant centers of social activity and morality. From the time of the establishment of the Delhi Sultanate in the thirteenth century, the Sufi saints who belonged to the Chishti order were responsible for creating Delhi's religious atmosphere. In such a context, Sufism may be seen as a way of religion characterized by piety, morality, and experiential insight. According to Carl W. Ernst, Sufism in South Asia must be studied as a living religion in which spiritual legitimacy resides in social relationships rather than being confined to theology.[24]

Because of the importance placed on service, compassion, and accessibility by Sufi saints, they were able to attract followers and establish their institution as a focal point for religion and society. The link between the dargah and the grave of a saint creates a special type of spiritual power that has developed in this setting. The graves of saints are not just memorials but sites at which the spiritual energy of the saint is always present.

On this note, the shrines of Nizamuddin Auliya serve as an exemplary case study. The ethnographic findings of Desiderio Pinto have illustrated that there is a significant number of followers who visit the Nizamuddin Dargah; these devotees include Muslims, Hindus, and Sikhs25. This is enabled through the common assumption that the holy man has the capability of interfering in the life of the faithful even beyond death.

In this regard, the Dargah becomes a site where the rigid line of distinction between the sacred and the profane blurs. This gives people an opportunity to voice out their problems and interpret these through a culturally shared perspective. The sustainability of such sites in modern-day Delhi is seen through their adaptability and relevance to their primary function.

Pre Modern Healing Traditions and The Context of Shrine Based Practices

Any analysis of dargahs as places of healing in Delhi should be placed in the larger context of medical traditions in pre-modern South Asia. Before the advent of modern biomedicine in the nineteenth century, medicine in the region consisted of a mixture of traditions that included both Ayurveda and Unani medicine. This practice was also accompanied by numerous forms of rituals and religions used for treatment purposes.

In the case of Ayurveda, which was founded upon the rich Sanskrit heritage of the region, health is maintained by balancing the doshas in one's body through various methods such as diet, herbal treatments, and lifestyle choices. However, in Unani medicine, which was brought to South Asia via Islamic intellectual traditions, maintaining balance in the body occurs through balancing the four elements referred to as akhlat.

[23] Sunil Kumar, The Emergence of the Delhi Sultanate, 140–145.
[24] Carl W. Ernst, Eternal Garden: Mysticism, History, and Politics at a South Asian Sufi Center (Albany: State University of New York Press, 1992).
[25] Desiderio Pinto, "The Mystery of the Nizamuddin Dargah: The Accounts of Pilgrims," in Muslim Shrines in India: Their Character, History and Significance, ed. Christian W. Troll (Delhi: Oxford University Press, 1992), 114.

However, in spite of the existence of such systematic approaches to healing as medical models, all varieties of human suffering were not necessarily able to find a proper explanation in the existing medical framework. In some cases, where the causes of sickness were related to psychological suffering, uncertainties, or even supernatural forces, conventional approaches failed. It is within this environment that the phenomenon of shrine healing became especially important.

Dargahs of Sufi saints, including Nizamuddin Auliya, also offered complementary healing spaces along with the established medical models. People sought help at such shrines when conventional treatments failed or in cases where illnesses had to do with moral and spiritual factors. Baraka, which is connected with the spiritual force of the saint, offered an additional approach to addressing various types of suffering.

This does not mean that there is any sort of strict divide between religion and medicine. History shows that people tended to use various kinds of healing practices, including Ayurvedic or Unani medicine as well as making pilgrimages and performing religious rituals. This approach is based on the belief that illnesses should be viewed holistically.

Accordingly, it is necessary to remember that shrine-based medicine should not be regarded as a relic from the past or pre-scientific practice. On the contrary, it appears to be an element of the indigenous medical culture of South Asia. As Sudhir Kakar observes, various cultures perceive suffering through a lens shaped by their own view of human nature.[26]

Illness and Taklīf: Understanding Different Dimensions of Human Suffering

The problem of suffering among human beings cuts across different levels, and each level is influenced by specific cultural constructions and reactions to it. It is vital in this case that one identifies what constitutes an illness from taklīf, for this is where the concept of faith-based medicine begins. Illness is usually understood in terms of physical ailments while taklīf entails much more than that.

Illness and Spiritual Healing Practices

In order to comprehend the concept of illness in South Asia, one has to adopt a perspective of medical pluralism, wherein various approaches towards treatment do not preclude each other but co-exist side by side. As Sudhir Kakar points out, there is no dichotomy between “traditional” medicine and “modern” medicine. There is a distinction among the concepts of illness, from physical to metaphysical, psychological, and social.[27] Within this context, sickness does not only occur within the body but can also be caused by moral or spiritual imbalance. This concept goes a long way in providing the reasons why people tend to seek help in spiritual places like dargahs when facing sickness, especially when biomedicine seems inadequate in explaining the problem. Here, the disease could be ascribed to supernatural causes .[28] These interpretive lenses can be seen from practices conducted in Nizamuddin Auliya’s shrine. According to ethnographic study by Desiderio Pinto, people often come to the Nizamuddin Dargah Shrine in situations when conventional medicine does not work. In cases where spirit possession takes place, ritual healing is used, where the saint is called upon to mediate in getting rid of the malevolent entity. The healing process occurs via ritual activities involving participation, and these include long hours of praying, being close to the tomb of the saint, taking in consecrated items like rose petals, and making vows. These healing activities are based on a concept of baraka, which refers to the power of the saint.[29]

It is essential to note that the efficacy of these practices cannot be measured purely on the basis of biomedical standards. The spiritual healing offered at the Dargah is part of a wider continuum of health-seeking activities wherein one can seek biomedical solutions while also turning to ritual healing. It is precisely this combination that shows how shrine-based healing continues to thrive in the urbanized world not as an opposition to reason, but as a viable interpretive paradigm.

[26] Sudhir Kalar, Shamans, Mystics and Doctors: A Psychological Inquiry into Ilndia and Its Healing Traditions (Chicago: University of Chicago Press, 1982)
[27] Sudhir Kakar, Shamans, Mystic (Chicago: University of Chicago Press, 1982), discussion on healing paradigms.
[28] Ibid, on spirit possession as a framework of illness.
[29] Desiderio Pinto, “The Mystery of the Nizamuddin Dargah,” in Muslim Shrines in India, ed. Christian W. Troll (Delhi: Oxford University Press, 1992), 114–118.

Understanding Taklīf: The Scope of Human Suffering

The importance of dargahs in everyday life has a lot to do with the broad meaning of the term "taklīf." While the definition of disease tends to be specific, taklīf can include anything from physical pain to emotional stress, financial difficulty, or even domestic problems. In other words, the term is so broad that it can incorporate any kind of suffering into its definition.

The integration theory can be observed in actions at the Nizamuddin Dargah, where people express several kinds of problems without any clear division of different forms of trouble. The appeals addressed to the holy place are usually a mixture of many problems, including sickness, poverty, and social disputes..[30] It implies that taklīf is not a diagnosis but a disruptive experience through which a person's state of harmony gets disrupted.

This flexibility of the concept of taklīf permits different interpretations of the same event to occur side by side. For instance, a person experiencing taklīf can perceive it from various perspectives such as bad luck, interpersonal strife, or spiritual turmoil without giving preference to one understanding or another. Seeking help from a dargah then means adding yet another interpretive dimension to the experience, rather than denying any of the prior ones. Accordingly, taklīf can be more than just sickness or disease but extend to such phenomena as unemployment, unstable personal life, fertility issues, or a general negative atmosphere at home. Each of these situations may be perceived as something that requires divine interference to be remedied.

Crisis, Faith, and Ritual Practices: The Turn to Spiritual Healing at the Dargah

Encounters of Taklif, regardless of their nature – illness, anxiety, poverty, or even psychological contradictions – become the turning point when people interact with religion. Whenever traditional means of support seem ineffective, spiritual venues and practices become one's natural response. In this case, it might not be because of the person's previous interest in religion, but rather as a result of the circumstances that require immediate action.

In times of emergency, people feel helpless. When all tangible means prove to be ineffective, a person inevitably looks for deeper meaning beyond the material world. In such times, spirituality stops being a voluntary activity and turns into a necessity for survival. Prayer, vow making, pilgrimage – all these actions become tools used by people trying to come to terms with the situation. The point is not only that they believe, but mainly that they want to maintain hope in times of trouble.

It is within this context that the Nizamuddin Dargah comes into relevance as a site. The function of this site is not merely restricted to worshipping, but rather becomes that of providing an outlet for one's agony without feeling guilty or ashamed. Most of the people coming to the dargah are not necessarily religious people; instead, the reason behind them visiting this site is that no other solution works for their problems.

The physical context of the site itself plays an active part in bringing about religiosity. The legends of healing, fulfillment of promises, and the saint make high expectations of some sort of intervention. The individuals who have no religious connections whatsoever become involved in this process of religious transformation, particularly in times of need. In such cases, participation becomes more significant than belief.

It is within this religious crisis that the practices and materialism surrounding the Dargah acquire relevance. The crisis created through taklīf is brought out through actions.

Ritual Practices, Material Objects, and Modes of Healing at the Shrine

However, the supposed healing powers of the shrine are not merely associated with faith in the saint's intervention but include a number of practices, which are integral to a larger symbolic system built around the notion of baraka. Similar rituals are also performed at other locations, including Feroz Shah Kotla, where people ask for help from the supernatural world.

Among the rituals that take place at the shrine, perhaps the most frequent one includes tying threads, or "mannat

[30] Pinto, "The Mystery of the Nizamuddin Dargah," 115–17.

ka dhaga," on the grilles of the saint's tomb. In essence, it represents the devotee's wish, which is usually connected to a particular problem. When the wish comes true, the thread is taken away, thus concluding the vow.

Close to this is the tradition of making vows (mannat), whereby the individual makes a commitment to carry out specific actions like giving alms or coming back to the shrine after fulfilling the desired objective. This creates an interdependence between the worshiper and the saint. As pointed out by Desiderio Pinto, this is especially important in instances where there has been a long period of suffering.[31]

Material items have an important place as well. The devotees take things like the petals of roses from the grave, the perfume, or even blessed food. All these are thought to be endowed with baraka of the saint. They can be eaten, smeared on the body, or even kept at home.. [32]

Moreover, it is important to note that praying and being close to the grave of the saint are important steps that ensure healing. People can spend many hours in silent prayers, chanting, or even practicing collectively such as performing qawwali. The idea behind this practice is that being near the saint makes miracles more possible.

In instances where possession is believed to be the case, ritual interaction can increase in intensity. For example, ethnographic studies have documented cases where people display strange behavior inside the shrine and are subjected to rituals intended to drive out the spirits that are said to possess them..[33]

Even if these rituals are not officially sanctioned, they draw upon a common faith in the ability of the shrine to handle circumstances that cannot be handled by traditional medicine. In terms of analysis, this ritual could be explained as a methodical way of dealing with suffering. According to Sudhir Kakar, healing in these cases occurs through symbolism and performance, allowing individuals to project their sufferings into a cultural setting..[34] The suffering that is otherwise intangible becomes tangible and manageable with the help of these objects, promises, and body performances.

What makes these practices effective is not only the results they produce but also the fact that they create a sense of hope and empowerment. By being an active participant in such rituals, one is no longer a passive beneficiary of any healing practice. In other words, through such acts, one negotiates his/her relationship with suffering in a way that encompasses both physical and psychological realms of life at once.

Narratives of Healing: Hope, Testimony, and Belief

Hope as the Psychological Basis of Healing

There is a strong element of hope embedded in spiritual healing. Hope is the foundation of the belief that when one experiences suffering due to illness or any other form of anguish, such suffering will end at some point in time. For example, during a period of illness or suffering, one is likely to approach holy places or divine mediators with the hope of getting their suffering healed.Freud's The Future of an Illusion deals with the origins of religion in terms of psychology. He claims that man's need for security leads him into the sphere of religion; that is why man tends to create beliefs which will protect him from threats in some cases of insecurity.[35]

While Freudian analysis of religion is highly critical, his position underscores the role played by religion in offering emotional support, especially through fostering hope in times of hardship.

In this regard, hope does not only play a passive role in shaping the interpretation of illnesses and stress but also plays an active role in motivating people to participate in activities like praying, ritual performances, and pilgrimages.

[31] Desiderio Pinto, "The Mystery of the Nizamuddin Dargah: The Accounts of Pilgrims," in Muslim Shrines in India, ed. Christian W. Troll (Delhi: Oxford University Press, 1992),
[32] Pinto, "The Mystery of the Nizamuddin Dargah," 115–117.
[33] Pinto, "The Mystery of the Nizamuddin Dargah," 116–118.
[34] Sudhir Kakar, Shamans, Mystics and Doctors: A Psychological Inquiry into India and Its Healing Traditions (Chicago: University of Chicago Press, 1982)
[35] Sigmund Freud, The Future of an Illusion, trans. W. D. Robson-Scott (London: Hogarth Press, 1927), 30–35.

Word of Mouth and the Circulation of Healing Narratives

Spiritual healing techniques are never independent; they are perpetuated and enlarged by the exchange of stories in the community. Accounts of cures, relief, and success stories of specific healing ceremonies spread among friends, relatives, and other groups, eventually creating confidence in those methods of healing.

In his book entitled The Varieties of Religious Experience, James stresses the importance of personal testimonies in the creation of religious faith. As per his theory, personal experiences of the spiritual are validated not by science but rather by repetition and acceptance in a communal setting.36.

Such stories form part of the larger culture of the community, where belief is instilled through repeated processes over time. In a way, sharing personal stories over and over again turns them into collective stories, inspiring people to engage in activities that provide the same kinds of cures. Repeating the story gives rise to the belief that there could be relief.

Educated Urban Participation in Word of Mouth

One significant aspect of spiritual healing is its continuity within the highly educated and urban segments of society. Despite the common perception that education erodes faith in the healing process involving spiritual forces, the facts indicate otherwise.

One significant aspect of spiritual healing is its continuity within the highly educated and urban segments of society. Despite the common perception that education erodes faith in the healing process involving spiritual forces, the facts indicate otherwise.[37]

Likewise, in other parts of India such as Kerala, there are some places which are known for their ritualistic or occult practices for solving their own personal issues, change of fortunes, or elimination of obstructions. Such places are frequented by both rural and educated urban people.[38]

The above instances, however, show that belief in spiritual healers is not merely because of the lack of educational attainments by those who believe in it. On many occasions, people seek help through spirituality when confronted with situations of uncertainties, emotional problems, and conventional remedies seem inadequate. Thus, one resorts to spirituality as another means to address their problems.

Spiritual healing can therefore be considered an outcome of the complex relationship between hope, storytelling, and social action. Hope serves as a driving force for individuals to seek for healing while stories make people believe in the efficacy of this process. This phenomenon has gone past the limits of rural and indigenous societies and has also influenced highly-educated city dwellers. Modern examples of how people still resort to these practices during uncertain times come from Bengaluru and Kerala.

Healing, Belief, and Sacred Space in Delhi

Until the advent of contemporary medical systems, methods employed for treating illnesses in South Asia have not been restricted to biologically based causes only. In fact, sickness in South Asia was seen as an entity that had connections with physical and spiritual realms together, since healing itself would occur within an overarching framework where both elements would be taken into consideration. In essence, it may be suggested that sickness would be a condition determined not only physically but also morally and spiritually.

This can be seen in the writings of Seema Alavi, where Indo-Muslim medicine systems like Unani medicine were not only confined to practical aspects but were related to a wider understanding of health issues.[39] Restoration, in this way, meant rebalancing not just the body itself but also social and moral aspects of life.

[36] William James, The Varieties of Religious Experience: A Study in Human Nature (New York: Longmans, Green & Co., 1902), 31–35

[37] "Conman Dupes Victims with Black Magic Claims in Bengaluru," Times of India, October 15, 2025.

[38] T. Ramavarman, "Black Magic ls Big Bucks for Kerala Village," Times of India, September 8, 2013.

[39] Seema Alavi, Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition, 1600–1900 (Basingstoke: Palgrave Macmillan, 2008), Introduction

In the same manner, Sudhir Kakar states that healing in the Indian tradition entails a triple connection that consists of the body, the mind, and society.40 Disease may result from the disturbance in interpersonal relations, the imbalance of karma, or even the effects of supernatural beings like ghosts and jinn.

Sites that are considered sacred like shrines, burial grounds, and ruins act as places where the material world meets the spiritual world. People with various kinds of problems, such as physical diseases, emotional problems, financial problems, and social problems, frequent these places to get solutions to their troubles.

In this context, the city of Delhi contains an evolving sacred geography that is the result of its evolution through history. As Anand Vivek Taneja states, the ruins and sanctuaries of Delhi are not only the leftovers of a historical process but also the active places of ongoing meaning making.[41] Even in a modern urban environment characterized by hospitals and legal institutions, these sacred spaces continue to function as important centers of healing.

Healing and Devotional Practices at Nizamuddin Dargah



Fig 1: Devotional activities at the dargah of Nizamuddin Auliya in Delhi.

One of the most important centers for spiritual healing in Delhi is Nizamuddin Dargah, which belongs to the Sufi Saint Nizamuddin Auliya. Founded on the basis of Chishtiyya Sufism, the dargah symbolizes the importance of compassion, inclusion, and access in reaching out to the Almighty through common human issues.

The ethnographic research, especially that done by Desiderio Pinto, underscores the diversity of people visiting the shrine. Although Muslims account for most of the worshippers, people of Hindu and Sikh faiths are also

[40] Sudhir Kakar, Shamans, Mystics and Doctors (New York: Alfred A. Knopf, 1982), Introduction.
[41] Anand Vivek Taneja, Jinnealogy: Time, Islam, and Ecological Thought in the Medieval Ruins of Delhi (Stanford: Stanford University Press, 2017)

involved in the rituals performed there.[42] This diversity reflects the main role of Dargah as a shared space for healing and ritual based healing and devotion.

The rituals performed at the shrine involve presenting chadar, burning incense, singing qawwali, and performing one's own prayer or vow. Such rituals produce a very emotional setting, which enables people to convey their worries, wishes, and desires. A large number of people believe that the improvement in their well-being, either in terms of health, profession, or familial issues, has been a result of the intervention of the holy person. Sometimes, illnesses attributed to jinn are also treated by performing rituals at the shrine.[43]

Analytically speaking, one can explain these processes using the concept of psychological healing as introduced by Kakar, which includes the use of rituals to enable the interpretation of personal suffering in terms of culture.

In the course of visiting the Dargah of the Sufi Saint Nizamuddin Auliya, I found very few traces of the rush and hustle of the city outside that Dargah. When entering into the premises of the Dargah, it seems like you enter into an entirely different world. Although it was a weekday evening, there were sufficient numbers of activities taking place, and people could be seen flocking to see their various manifestations of the Saint's spirit, for prayer, for seeking assistance, and for collecting baraka – blessings or benefits. In short, the Dargah works on several planes, and it is a holy place with a healing space. As I progressed inside the complex, I noticed various small enclosed rooms situated on either side of the path. They could neither be classified as shops nor as private rooms. Each of these rooms was inhabited by a Maulvi, and the services provided were displayed through signboards that were prominently displayed outside each room. The list of services offered by the Maulvis included things like jhaad phook, the lifting of nazar, oopri hawa, and nikah certificate writing. The very fact that these services were publicly displayed showed that they were a part of the routine functioning of the Dargah.



Fig 2: A designated sitting space within the dargah of Nizamuddin Auliya where practitioners offer jhad-phook as a form of spiritual healing.

Venturing further into the space, I came across something that did not seem ordinary. The practice of qawwali had begun during the day time, an experience that was unexpected since I had always thought that these kinds of musical performances occurred in the evenings. Wondering why this was so, I decided to ask some people and got to know that the practice of qawwali had ceased temporarily after the death of one of the members of the management committee.

[42] Desiderio Pinto, "The Mystery of the Nizamuddin Dargah," in Muslim Shrines in India, ed. Christian W. Troll (Delhi: Oxford University Press, 1992)
[43] Pinto, "The Mystery of the Nizamuddin Dargah.



Fig 3: Devotional qawwali being performed at the dargah of Nizamuddin Auliya, creating a shared spiritual atmosphere.

I chose to sit closer to the place where qawwali performance was going on. The immediate effect of sitting here was that the environment was relaxing. Music was creating a calming feeling around me. While observing the people around, there were different kinds of engagements that I could see from the people. There were people who were sitting silently contemplating, whereas some were listening intently to the music, some were reading books, while some people had closed eyes like they were in deep thoughts about themselves. It was clear that the people had come here not just for performing rituals but they were coming here in search of relief from their emotions and minds.

Diversity has been one of the key features of the congregation. The visiting participants were not confined to only one religion. During my observation at the event, I saw Hindu ladies, Hindu men, and Sikh men sitting next to each other along with Muslims who would come there to listen to qawwali. The diversity of the attendees reflected the fact that the Dargah is more like a place where all these religious groups can come together in order to share one common experience of seeking peace through spirituality.

After spending some time observing, I approached a woman who appeared visibly distressed.

She looked to be a familiar sight and her posture and demeanour indicated she was not at the location for the first time. Introduced myself and explained that I was researching and if she would be okay with answering a few questions. She was reluctant, but took a moment before consenting. When I asked if it was her first visit, she said her second, and then her third and so on. She would not reveal her name but said that she was originally from Bihar but had lived in Delhi with her husband and family.

All my questions regarding the reason that brought her back to the Dargah repeatedly, she came up with just one, "faith in Baba," and "when I had any problem, I would go to the shrine. But, when I gingerly asked her about anything like jhaad phook and her experience with such things, her demeanor was quite different. She didn't look

in her eyes and instead turned her gaze towards the woman who was sitting beside her. Then another woman stood up and pointed out that they don't come to do such things. The tone of the interaction changed, and become guarded. The woman I had been talking to said that she didn't know of those things and came because of her faith in Baba. As soon as I could, the woman who was with me said in a quiet but forceful voice, "Please go on.Just as I was going to start, the accompanying woman gently but firmly asked me to go on. This interaction indicated that although people openly profess their faith at the shrine, some rituals are regarded as sensitive to the issues that people might not want to talk about, even to strangers.

I have continued my observations and have discovered another woman, at a small distance from the crowd gathered around the Maulvi and speaking with the others, who is quiet. I approached her and sat next to her for a few minutes. I again gave my name and asked whether I could put a few questions to her; she readily agreed. I found her to be in her middle thirties and, according to her, she is a resident of Delhi and has only been moderately educated. I asked her about the meaning of Dargah to her. What followed was an elaborate, emotional account of her daughter.

Her daughter had returned home one day and immediately went to her room; since she was both a college student and a private tutor, the rest of the house was somewhat used to her entering her room straight after arriving from outside. She was asked after some time whether she was okay and was first normal; but soon she started talking to herself about her own beauty, and then she began to cry continuously. She started developing the physically disturbing symptoms: her face tilted abnormally, her body contorted. The neighbors got worried about this behavior of hers and said that she must have encountered an 'oopri hawa.' And hence the entire family took her to Dargah.

Even the man standing at the police station observed at this time and saw that the girl was sick, and they were allowed to leave. When taken to the Dargah, the daughter refused and asked: "Why have you taken me there".

Eventually they managed to take her to a Maulvi who began reciting prayers and rituals, and while praying the Maulvi addressed the girl who spoke in a different voice, stating that she did it because she was wanting new clothes and want to look good, he finished the prayers and advised the mother to always have a taweez on her. Gradually, the girl became better and went back to normal. For the family it was a time of solace, however also a cause to begin making inferences from this behavior in a psychological framework such as stress or suffering; but for them the therapy at the Dargah made the turning point.

After this interview I went to the Maulvi who was meeting patients. I introduced myself and a friend; greetings were exchanged along with a general outline of the study. He expressed his interest, and thanked them for this spiritual healing investigation; he did not reveal very much apart from general aspects of certain healing rituals, such as jhaad phook, taweez making and others.

He mentioned the incident of a boy named Sheru, who he alleged became paralyzed after injecting himself to build up his body. The family had gone to numerous hospitals and doctors had said the boy could not be recovered", he said. Soon, his uncle came to Maulvi, and prayed for his recovery. They continued medical treatment, and the boy recovered slowly and opened up his own gym. While the religious aspect of faith and prayer was important here, the role of medical treatment was obvious too.

In the dialogues above, another woman arrived to Maulvi complaining about her daughter-in-law who had run away and wanted a divorce. The complaint was not just emotional, but financial too. Maulvi patiently heard her complaint and in a mild manner responded that he will do whatever is possible to help her. Although, he seemed evasive, the response made her feel better.

Through all these experiences it was clear that hope is indeed the focal point of this dargah. People came with problems from across their life, with a ray of hope that something will be done, something will change. The praying, consulting and tying of a mannat thread all serve the function of keeping this hope alive. During my visit I too participated in tying a mannat thread. Though I did not reveal my intention, the very act produced a feeling of expectation and faith in me. I even thought to myself I might just have to come back here if it comes true.

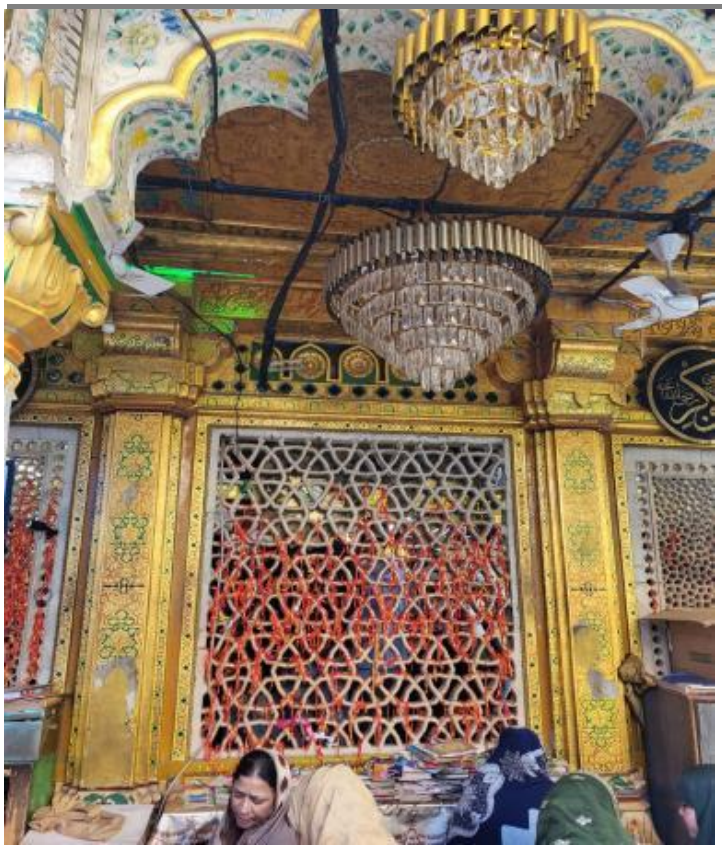


Fig 4: A designated space inside the dargah of Nizamuddin Auliya for tying mannat ka dhaga as part of ritual practice.

In the process I understood what was the true meaning of the Dargah. It wasn't about 'if the wishes are fulfilled or not'. It was the solace, the hope that is granted. It was a common ground for all classes and castes of people to put forth their woes and go back with a little hope, it was a healing space.

Jinn Beliefs and Petitioning Practices at Feroz Shah Kotla

The Feroz Shah Kotla monument, which dates back to the fourteenth century and was built by Firoz Shah Tughlaq, represents another unique form of healing that is related to the idea of jinn. Although the monument was initially built as a political and architectural landmark in the Delhi Sultanate, it later took on an additional layer of meaning by being seen as a dwelling place for supernatural entities.

The sacred landscape of Delhi, according to Anand Vivek Taneja, is not static but dynamic, which can be seen from the example of Kotla, which emerged as a site for worshiping jinn.[44] Ruins do not exist merely as static leftovers from the past but actually become part of the process of meaning-making through constant activity surrounding them. According to the concept of "jinnealogy," this happens due to the interplay between memory, theology, and ritual practice in one common place. The people coming to Kotla practice multiple rituals of trying to communicate with invisible spirits in the space. It includes, for example, the practice of writing petitions describing their troubles and placing them in the ruins, burning incense and candles, as well as sometimes offering food. Writing especially gains importance during the process because it turns into the tool of translating troubles into appeals made to the supernatural beings. In general, the ritual process often follows a certain pattern of stating problems and performing prescribed rituals, waiting for the result. The repetitive nature of such practice, performed especially on Thursdays, increases confidence in the power of the place.

These activities have to be analyzed in a wider historical and ecological context, according to Taneja. The abandoned structures, with their periods of decline followed by revival, form areas that combine diverse timeframes.[45]

[44] Taneja, Jinnealogy
[45] Taneja, Jinnealogy

In this manner, people link themselves to their history not through any form of narrative but rather through personal experience that is mediated through belief. Even though there are more modern ways through which this relevance can be sustained, there is no doubt that the importance of Kotla can still be understood within the framework provided by Sudhir Kakar's study on cultural psychology. More specifically, it is in times when people are uncertain that they gravitate towards belief systems to restore their agency.

Such experiences have enabled these individuals to relate to history in terms of personal encounters rather than through historical discourse. It could also be said that the significance of Kotla persists due to its association with systems of belief even though there are other modern organizations available. It is within the realm of cultural psychology that such events can be understood using Sudhir Kakar's understanding that when faced with situations that cause uncertainty, people gravitate towards belief systems.

On the other hand, another vendor called Salim presented a totally different outlook. For him, the Kotla represents not just a ruin but rather a place of constant spiritual practice. According to his claim, he regularly visits the place whenever he has some troubles. He believes that jinn are actually there because they destroyed a large helium lamp installed by authorities due to the disturbance of their peace. In addition, he believes that jinn are vulnerable to human activities as well.

Talking to the locals also gave a chance to understand various opinions about the place. Thus, a local woman who lives near the ruins for more than thirty years says that she has never seen anything unusual there nor visited this place on her own accord. At the same time, for the kids in this area the Kotla symbolizes the place created through imagination and tales. Parents use a myth about "Kotla ka jinn" to scare away their children, while children, in turn, create stories.



Fig 5: A restricted area at Feroz Shah Kotla enclosing the Janaki Mazar (currently closed), once a site of devotional and ritual activity.

From the moment one entered the complex, one could feel calmness, distance from city noises and at the same time experience detachment from the reality of the sufferings that drive people to it. At the visit to the complex, I met a security guard working for ASI who was willing to share additional details about his experiences here. Initially reluctant to discuss the matter, he then told me that many actions like putting money or writings have been forbidden in official terms, but not entirely stopped yet. He drew my attention to the place called jinn mazar and said that there is something very special about it, namely the smell and the lower temperature, perhaps because of the location. Furthermore, he told me that on Thursdays lots of people come here with strong manifestations, sometimes considered possessions. But personally, he had doubts as they can also be considered psychologically disturbed.

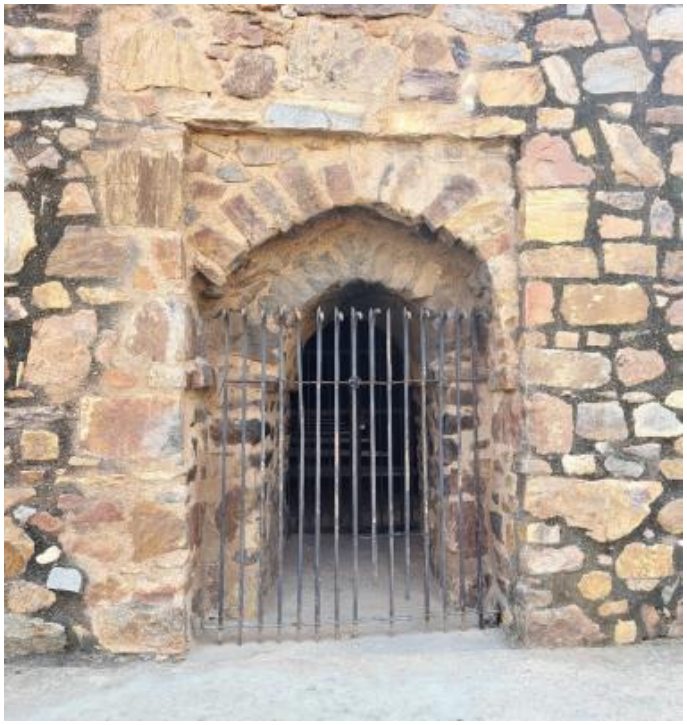


Fig 6: Physical barriers such as this railing at Feroz Shah Kotla demonstrate attempts by the Archaeological Survey of India to regulate devotional activity within the site.

One especially interesting point raised by the guard had to do with the gendered aspect of these beliefs. As the guard stated, a considerable number of those who come to be treated for ailments caused by jinn happen to be women. For many, the spirits represent a form of protector, even a patriarchal guardian. The problems they face often stem from their social environment, family, or workplace, such as marital disputes, familial intimidation, financial difficulties, or emotional turmoil. Under these circumstances, people resort to faith healing as a last resort. However, the high frequency of cases related to possession among females prompts us to consider alternative ways to interpret suffering and explore the psychological aspects of these events.

In the end, Feroz Shah Kotla cannot be perceived as a historic building. On the contrary, it should be considered as the place where people articulate their problems and find solace through belief and rituals. The key factor that enables people to do that is hope. Although there are various views on Feroz Shah Kotla, it is hope that brings people here.

Speaking about the connection between healing practices in Delhi and this chapter in general, one can conclude that healing traditions of Delhi have much to do with history and culture of the region. Thus, regardless of whether people rely on more ancient healing rituals or prefer to visit modern holy sites like Nizamuddin Dargah or Feroz Shah Kotla, they still use these spaces in almost the same way. Such healing sites are not just places for worshiping; rather, they are spaces where people deal with their suffering and beliefs. At that, although the contemporary Delhi is associated with modernism, science, and even medical practice, healing sites and their rituals are still relevant in today's world. People believe in supernatural power of nazar and jinn.

From the standpoint of my research, such practices are very important.

MEWAT AND POPULAR HEALING PRACTICES

Introduction: Mewat and the Cultural Context of Healing

Historically contained-yet also widely recognized-region of Mewat plays a critical role in discourses about faith, illness and healing in North India. Situated on the frontier between city and country, along the borders of Delhi in Haryana, Rajasthan and Uttar Pradesh, Mewat has functioned simultaneously as meeting ground and buffer. Rather than viewing Mewat as a rural peripheral site removed from all contact with city influences, this work contextualizes it as a rural region within a specific moment, continuously interacting with nearby urban centers. Although in proximity to Delhi, this adjacency does not lead to any homogeneity; instead it emphasizes and reconfirms the distinctiveness of Meo understandings of illness and healing[46].

In Mewat studies, very little has been done on the healing traditions of the region and the religious life of the region. The ritualistic modes of healing, were the sole source of relief, care and as the first recourse for help for the patient and his family in Mewat, in the absence of the widespread existence and application of modern bio-medical expertise and technology.

Unlike, city dwellers of Delhi who could have access to the latest in modern know-how, expertise and technologies of cure and cure devices, availability was scarce in Mewat particularly during the late 18 th to early 20 th century when the population was largely agrarian and access to any developed medical apparatus or mechanism, was limited in rural areas and that too even after the beginning of modern medicine in India, though its intrusion into Mewat villages had not been to great depth at that time. Disease and sickness was not merely confined to a biomedical/physical realm and it was regarded as occurring in a context including human interactions, subjective emotional experience and a transcending dimension, and the body or self as indivisible from the realm of seen and unseen powers and influences. While biomedicine is not denied its place, other frames of thinking, more particularly for unresolvable diseases, where the allopathic cures prove ineffective are sought and applied for these kinds of illnesses.

What I have argued in this thesis is that illness is in fact often imagined as epistemology of the invisible in Mewat. It is believed that health has been lost, due to social, moral and supernatural reasons. In Mewat the etiology of most illnesses ranging from simple bodily discomfort to psychological anxiety and concentration or attention deficits, is given by names of nazar, jinn, oopri hawa, which serve not only as a name for a specific illness, but actually bring forth the other as sickness. For instance, nazar offers a model of interaction, where the self/body is imagined as a fragile object, exposed to a damaging glance from another. Feelings of fatigue, inability to focus (and thus perform at school), let alone feelings of psychic pain may be attributed to nazar. In this case what we are seeing, is an primacy of a social construction of harm, further problematising the dichotomy of the biological and social.

Another explanation can be in terms of the idea of jinn chad jana. This explanation of sickness does not attribute it to the person himself but to something outside of him. So it is believed that the behaviour changes, that routine stops or one cannot cope with normal daily activities, but it is just the manifestation of the jinn Chad jana being at the body and that it requires a ritual to cure it.

Similarly oopri hawa can give the chance to add to the analysis those phenomena which cannot be precisely classified in one group. It is applied in those situations that do not have a clearly defined context, but the situation should be explained as a supernatural phenomenon.

During my fieldwork research in Mewat, I had decided to interview an old male owner of a small shop located by the main road, in an oral history session where local ideas concerning ritualistic healing would be collected. The analysis of my data clearly showed that even in the twenty first century, ritualistic healing still exists in Mewat and is a strong form of healing practice.

He appeared genuinely shocked when asked about local healing practices. "Oh, you are here for that?" was the question he asked me, and it seemed familiar, like I was the third person in an hour asking about this. His covert

[46] 1Hashim Amir Ali, The Meos of Mewat: Old Neighbours of New Delhi (New Delhi)

glance at my father, presumably to gauge the sincerity of my interest, added to the expression of wonder with a hint of scrutiny. "Are you here for that maulvi sahab?" he said. I assumed he meant that I was there for personal, and hence probably spiritual, needs. After a brief period of reflection, he explained that many people come to him for a variety of issues, ranging from academic difficulties to illnesses that the local beliefs attribute to "oopri hawa."

This transaction has implications on two levels from an oral history perspective, both about the personification of suffering and the turning to ritual experts as mediators in the local epistemology. The subject's answer and the immediate manifestation of distress which leads to an answer highlights the relevance and ubiquity of the practice in everyday life; these are not simply practices of heritage, but, indeed, active and socially sanctioned coping mechanisms in the face of human crisis. This interview therefore offers insights on the existence and contemporaneity of this kind of belief system in Mewat.

These explanatory beliefs have been strongly interrelated with the social and cultural life of the Meo and influence the decisions made on treatment. Sometimes, responses to illness take on an extra-local form, and travel is undertaking to places regarded as sacred centers, like Delhi. It is here, then that Nizamuddin Dargah and Feroz Shah Kotla hold special relevance; they serve as meeting places of the particular and the universal conceptualization of illness or disease.15 Lastly, beliefs like those concerning nazar, jin possession and oopri hawa cannot be labelled a primitive or outdated belief system but are context-specific and actively negotiated systems of knowledge that lie at the heart of the experience and treatment of illness. Embedded in the cultural landscape and geography of Mewat, these beliefs provide an answer to why they retain relevance in the present, and how the healing process takes shape within the locality and influences the local population's tendency to move towards urban sacred spaces for answers.

Historical Background of Mewat

The tract of Mewat, termed ‘an ill-defined tract’ for so long (which lies south of Delhi) has been traditionally described as a buffer zone, between the base of the imperial center's power and the rugged territory of the Aravalli Hills in the areas now covered by the districts of Mathura, Gurgaon, Alwar and Bharatpur. The unique physical environment of Mewat and particularly its intensely alkaline soils restricted agricultural and helped in creating a resilient society. At the same time, the natural defenses provided by Aravallis afforded to its inhabitants some vital resources besides, refuge from the centralizing ambition of the Delhi Sultanate and the Mughal state.[47]

This physical landscape was the basis for the Meo socio-political identity. This landscape was not just defining of limits on action; it also supported resistance, which was the trait that most identified the Meos. It was in the physical sanctuary which the hills provided from state authority that allowed the Meos to develop a cultural identity distinct to that which surrounded them-one which appeared peculiar or mysterious to outsider, and most of all, to the Delhi inhabitants. And past history reveals that the Meos were understood to personify a primal tribal existence whose norms were distinct from those of other North Indians. These differences were cemented by their unyielding opposition to foreign rule-particularly, their opposition through tax evasion and opposition to government policies.

Mewat's relationship with its neighbors, particularly with Delhi, had always been an alternating cycle of resistance and short-lived supremacy. Right from the Turks to the Pathans to the Mughals to the Britishers all regimes labeled the Meos 'turbulent', 'freedom loving', thereby indicating their continuous antagonism towards the center. This proclivity to opposition was also noted by Aijaz Ahmad and Iram Aijaz particularly during the time of the Mughals when Hasan Khan Mewati put up tough resistance and did not allow himself to be subjugated by the advancing Babur's regime.[48].

Different from all the other contemporary kings of Rana Sanga who retreated from the battle eventually, Hasan Khan Mewati is famous as determined defender of his motherland, the martyr died in leading his troop fighting

[47] Dr. Aijaz Ahmad and Iram Aijaz, "The Meos of Mewat: A Historical Perspective," International Journal of Research Publication and Reviews 4, no. 6 (June 2023)
[48] Dr. Aijaz Ahmad and Iram Aijaz, "The Meos of Mewat: A Historical Perspective," International Journal of Research Publication and Reviews 4, no. 6 (June 2023)

against the Mughals.His valor had secured eternal remembrance from the region and it also becomes a great molding incident in making the Meos as a defending force of their own right. And plays an effective part in the overall regional tradition of resistance in the current self-perception of the community.

In itself, the end of Hasan Khan Mewati brought little solace; instead, it nurtured a culture of rebellion that forever threatened the stability of the Mughal regime in Mewat. Without a reference to this particular lineage, the social organization and belief formation within a world defined by ideals of independence and revolt are invisible. The Meos, though barely separated from Delhi, articulated internal ethical systems quite distinct from conventional ways of life. And that, too, constituted another internally and internally-distinct structuring of a social order.

Social and Cultural Structure of the Meo Community

Kinship organization along with agrarian economy and syncretic cultural psyche altogether form the socialcultural world of Meos of Mewat, these aspects not only determine intra and inter-social relationship but also become part of the overall perspective of morals, society and ways of dealing with disaster. As opined by Pragyan Choudhary there are 52 gots among Meos who in return fall under higher organization, called pals, that is responsible for marriage and kinship relations.[49].

Some set of rules apply to the kinship based social organizations of the Meos: in relation to kinship and to family structure, primarily the fact that marriages do not occur within the same got. Not allowing marriage within the same got results in compulsion to enter into hypergamy alliances, which results in the formation of kin based alliances beyond the boundaries of immediate kin and beyond the village system itself.Kin based social organizations are not solely the prerogative of the Meos and the form of relationships that operate are not different from its neighboring communities in Mewat (Jats, Rajputs, Gujjars etc), which means Meo identity is solely explained by their neighboring identities rather than religion.

Such kind of kinship based social organization is found to exist within agrarian economy system where means of survival depend on agriculture. Where resources are scarce and backwardness has occurred over prolonged period of time, community ties are regarded of vital importance. Similarly the authority structure of the region reflects the same system where chaudhry denotes local authority and tradition and customs maintain stability.

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Noticed here is how social organization, again kinship based, appears to exist within the setting of an agricultural economy system where livelihood depended upon farming. Where resource availability is meager, and stagnant over a longer duration of time, community bonds have been considered of significance value. Further, it is also demonstrated in the power structure of the area where chaudhry is a local authority figure and traditions & customs maintained a stability.

These several religions mixed can't be considered only as a result of past conversions or cultural stagnation; rather, it shows how communities could actively engage with and reform religions based on the context they exist in. Religious identity, thus, appears to be fluid and negotiated where people could traverse the symbolic boundaries without exclusively dwelling in them.

This artificial, kin based, social organisation takes precedence as we discuss Meo ways of conceiving of illness and suffering. For people in a tightly integrated, bounded social system, experienced suffering can not be contained and limited to the purely physical body; it is a happening located in a social and moral universe where illness, transgression and misfortune can take on meaning, where body becomes linked to social relations and

[49] Pragyan Choudhary, “Historical Roots of the Meos of Mewat,” p. 87

then cosmos.7 It was the transition from independent, warring social unit, to sedentarised agricultural unit that intensified social interdependence, and dependence on kin, and it led to the sustenance, not the abandonment of, social organisation from which Meo conceptualisation of illness and well being stem;9 belief in supernaturals should be neither neglected, nor explained as irrationality, but regarded as one part of a social logic, situated in social relations and historical practice;

In this context it becomes clear how the socio-cultural organization of the Meo forms the " backbone" to which their worldview is connected. The combination of kinship related life style and agriculture with syncretism thus results in a worldview where there is no opposition between the natural and the supra-natural but rather an indissoluble connexion between both realities. Hence the key concepts for interpreting and treating illness and the healing process become 'nazar', 'jinn' and 'oopri hawa'.

Local Explanatory Models of Taklīf

Illness and suffering in Mewat is understood, to a significant extent in terms of the localized concept of taklf; which is more expansive than the biomedically defined 'disease' and more comprehensive in that it accounts for a rich weave of moral, social and spiritual factors. It is an explanatory device that permits rapid or unexplainable fluctuations in energy, feeling and fortune to be interpreted as illness occurring within a wide constellation of undefined forces, social conflicts and spiritual imperatives that lie outside the realm of the individual body.

Nazar (Evil Eye)

Central to the taklf framework is the idea of nazar or the evil eye. Nazar is the harmful affect ofenvying, excessive compliment and/or malice and takes the form of acute illness with features of fatigue, weakness and/or lack of concentration. As such the evil eye, confirmed by Abdullah al-Tayyar and Sami al-Mubarak, is an accepted part of Islamic theology and can be found throughout the Qur'anic and Hadith tradition. Theological confirmation adds validity to people's local ideas in that it allows people to conceptualise their suffering within the context of a religion.[50].

Socially, the practice of nazar expresses the politics of visibility and vulnerability among closely knit groups. When visibility is attained either by being accomplished, or by winning prestige, or simply becoming known for one's deeds, a person is also becoming vulnerable to envy, brought about by this same visibility. The notion of evil eye is then one means of escaping more open conflicts that may arise as a result of this same tension, a means of achieving indirect conflict resolution and thereby of preserving social relationships.

Jinn Possession

Another key explanatory model under the broad heading of taklif is the concept of jinn possession. The idea is that the jinn are beings that can both affect the physical and psychic world of man and can also do him harm in such a way that the immediate and overwhelming symptoms will manifest, and it can only be their actions that explain such abrupt and extreme cases. Abdullah al-Tayyar and Sami al-Mubarak believe that belief in the effect of jinn upon humans in the case of a variety of behavioral and psychic illnesses is a belief sanctioned by theology as well as by physical manifestation.[51].

The interpretations do, however offer an acceptable form of relating experience in Mewat which would otherwise be inexpressible. With the burden of the experience resting with the supernatural, outsider entity, jinn possession exiles the cause of a patient's condition from the individual's mind - thereby not only eliminating the stigma of possible mental or behavioural malfunction but also, transforming a 'private' illness into a 'community responsibility' to be managed by relatives and ritual practitioners.

Oopri Hawa (Supernatural Influence)

The concept of *oopri hawa* represents a more diffuse and flexible category within the spectrum of supernatural explanations. It is typically invoked in situations where symptoms cannot be clearly attributed to either *nazar* or

[50] Abdullah al-Tayyar and Sami al-Mubarak, The Jinn, Magic and the Evil Eye, pp. 260–261
[51] Abdullah al-Tayyar and Sami al-Mubarak, The Jinn, Magic and the Evil Eye, pp. 260–261.

jinn possession. *Oopri hawa* refers to the influence of unseen forces present in the surrounding environment, which may produce feelings of fear, anxiety, confusion, or a general decline in well being. Unlike more specific explanatory categories, it does not require a clearly defined cause, allowing it to accommodate a wide range of ambiguous experiences.

This connects back to a worldview where the spirit and material worlds can be accessed more directly. Because there is this category 'oopri hawa', people are able to articulate and explain suffering which is background in nature and therefore can avoid attributing the suffering to an enduring, highly stigmatized problem. This differs to the individual, reputation centered viewpoint, where pain needs to be said indirectly, in order that both pain and face remain.

Spiritual Healing as Everyday Practice

It appears that not just crises demand spiritual healing in Mewat, it has now become integral to the daily life. The demarcation between spiritual, material and earthly sphere does not seems to be clear. This has made spiritual healing a part of the day to day life of the people. Reciting from the holy Quran, making invocations, praying to the invisible, seeking treatment from religious healers and so on are daily affairs and can be termed as 'a part of being well.'

The unification of spirit with earthly matter in everyday practices connects directly to the conceptualisation of illness within the local idiom. Illness or disease can be said to be a manifestation of a spirit world that 'looks upon a person' such as by having 'nazar' (evil eye) or by the influence of Jinn (spirits) or oopri hawa (wind entering body). Mental fatigue, emotional upset and muddledness are all interpreted as signs of disquiet in spirit. Moreover this concept of spiritual influence is by no means opposed to the biomedical domain; rather it exists along-side it, either coming before or going alongside Western medical attention. It remains in popular use because it provides a clear and coherent explanation of events that would otherwise be considered out of the ordinary As per Seema Alavi religion has been the key concept in Indo Muslim medicine. This creates a situation where spiritual practices and healing practices are closely knit with each other..[52]

Role of Healers: Pirs, Maulvis, and Local Practitioners

In this system healers occupy an important position in social hierarchy mediating the worlds of matter and spirit. Generally speaking we can group the kinds of healers in Mewat in to three kinds.

Pir are regarded as the master of the spirit having baraka which is said to be the divine blessing for closeness to Allah. The authority ofpir arises from the fame and parenthood as well as from the possession of magical powers. The pir offers help and protection to the entire family and society for everything-whether medical problem or any other material problem.

A maulvi's status comes largely from "institutionalized" Islamic theology/Qur'anic knowledge.Their domain is that of diagnostic knowledge and problem solving by consulting divine text. In this situation, a knowledge and expertise in healing is likely in proportion to one's skill in healing. This last grouping contains what can be broadly labeled "village healers".

They have neither the theological or medical knowledge, nor the schooling. However, through years of experience they have developed the informal skills of healing, and since they have never gained an "institutional degree" nor certificate, they command an "institution-like authority" by knowing the area, as well as effectiveness.

The relationship between healer and client goes beyond a provider of a service. It is one of the construction of meaning in which uncertain or painful experiences are given an understandable structure. In doing so, suffering can be given a greater sense and be more manageable. Work on Islamic healing shows that healers in this sphere work as intermediaries mediating divine/unseen sources of treatment in a format that is actionable and strengthens belief as well as remedy.

[52] Seema Alavi, Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition, 1600–1900 (New Delhi: Permanent Black, 2008), 15–18

Qur'anic Recitation and Ritual Healing

Amongst various other practices to cure diseases, reading out verses from the holy book has its significance. Certain verses are believed to carry their own healing properties, and fight those illnesses which have been inflicted by unseen or mysterious powers and spirits, like ill-effects from the evil eye, and possessions.

The practice often involves reading some verses to the sick person with or without using 'dum' (blowing of breath over the sick person). Sometimes the verses are read over a pot of water and later either drunk or applied to the sick body. It is not the process of reading verses alone, which effects the cure, but the sacred nature of the Quran itself. And the repetition of the verses, where expectations, hopes and faith are regenerated with each reading.

In almost all of the literature on the traditions of healing in Islam the recitation of the Qur'an is included, especially in the case of spiritually caused illness. That such a practice is still performed in Mewat today is evidence of the enduring existence of such epistemological bases.

Taweez, Dum, and Protective Objects

Material objects are also used to mediate these forces of defense and healing within the spiritual realm of Mewat. Taweez are a very common example of these objects: usually words from the Qu'ran (or some other holy formula) are written on paper, then the paper is folded or put in a packet.

This object can be worn on a person's body or kept in their home in order to offer protection. Dum, in contrast, involves the recitation of selected verses then the breath of the person reciting is blown on a person, object, or liquid, in order to charge this object/substance with the protective/healing force of the recited verse. If the substance being treated is a liquid, the person drinks it. If an object is being treated, the object retains its powers of defense and healing.

These are practices to manifest a physical, spiritual force to be utilized during every day actions. Wearing a taweez, a feeling of protection envelops an individual at all times, that regardless of what is going on, the wearer is protected. This is practiced by all Muslims and has the ability to protect against various things, such as jinn and the evil eye. Abdullah al-Tayyar concluded the same.[53].

Ritual Acts: Prayer, Offerings, and Faith Based Practices

These ritual acts which involves the offerings of prayer, goods or objects or the vowing of a mannat (a commitment to do something for a vow) is central to the Mewat healing system. They are done with the belief and prayer that if a person does these acts the Creator of the universe will assist him in a time of trouble. The prayers, alone or together in a congregation help give one emotional, psychic and spiritual support. The prayer can be a form of expressed complaint against the Creator or the self in order to reconcile it to suffering by submission to the Divine power. Offerings to shrines is an act of love and in order to strengthen faith and gratitude to God while the vowing of a mannat suggests an exchange agreement.

Rituals are not one-dimensional in practice. They confirm belief, initiates the involvement process and transforms an illness experience from passive reception to active participation. Significant to making the experience with rituals perceived as positive is the belief in rituals themselves. Healing in Mewat thus becomes not the removal of symptoms but the assignment of meaning to the experience and pain of illness by faith, rituals and group participation.

Narratives of Illness and Suffering

The use of faith based healing methods in Mewat is different to that in Delhi in one significant way, choice and ease of use in day-to-day life. The relative abundance of mosques and madrasas, along with the poor accessibility of formal biomedical health services, means that in Mewat people are often likely to use forms of spiritual healing first when it comes to an illness. This does not mean they shun biomedical facilities completely; the sequencing

[53] Abdullah al-Tayyar and Sami al-Mubarak, The Jinn, Magic and the Evil Eye (Riyadh: Darussalam, 2005), 33–36

is altered so that mild illnesses can be treated with a trip to the maulvi before one visits a doctor or goes to the hospital if the problem is more severe.

I visited the house of a maulvi right beside the mosque in town during the field work. Since he was retired he used his house as a consulting place. When I went inside several women were sitting with their children on their knees, waiting to see the maulvi. After the women left, I asked the maulvi why they had been there and the maulvi replied that they come to see him to get jhada and to get taweez prepared in order to treat common aliments such as stomachaches and fevers, which their children frequently suffer from.

In reply to why they had not taken him to a hospital, the maulvi stated that he felt that these methods of healing work better with children than biomedical treatments and also said that he has been performing these practices for his entire life, as has his family.

When asked about the method of jhad phoonk, the maulvi replied that verses from the Quaran are recited, however, the treatment is not one that requires special training in that anyone who has knowledge of the verses can do so. With the case of taweez, the verses are written onto paper which is sealed inside some sort of protective layer and is kept or worn.

The intriguing aspect here was that the maulvi said that treatment through faith was the best form of treatment and the doctors were not needed in curing diseases. I found this to be a strange statement because from the information I had gathered, the maulvi himself had recently been hospitalized for an illness. I asked him as to why this had happened, and he said 'it was the will of God' for him to become ill and the 'gift' that he possessed was 'to only assist others' and 'not to work on himself'.

From the conversation it can be ascertained about the practices of and beliefs in spiritual healing in Mewat. It is also seen that faith based methods of treatment are still an alternative chosen by the villagers as well as the justification behind it.

In the main Bada Masjid (which is extremely commonly called Jama Masjid as well, and this is the one I went to) I heard that this mosque was very commonly heard of and was home to many Maulvi ji that claimed to know jhad phoonk, that is healing by chants and prayers. After a long while of wondering the numerous narrow lanes of this place, asking a many few people for direction, I was lead to a young man that had healing practices. The young man was only 27 years old and to be honest I could not help but be surprised.

He welcomed me to his home where he had prepared a room for my needs, which looked very much like his office/ consultation room. He clarified that because there are young children in his home, the part of his home where he uses as his work place and consultation center has to be separated from the rest of his house. In the room he had many objects which indicate the level of his seriousness about the profession. The room contains many certificates of what looks like governmental award and another that looked like an award for having used to facilitate a solution to some problem. In addition there were many police certificates on the wall. It also contains countless books and registers, and files containing his previous clients' files over the past years. Despite its size the room was that of a room that must have received many people who believed their problem was not a natural one

Because I was curious as to why he was practicing such line of work at such an young age I asked him for his secret. His reply to me was that it is inherited through the family. His father was the chief Maulvi and he was made to see all practices since such an early age. He then began to assist him in rituals and work with individual cases.

He narrated two brief case stories that he attended. One of my favorite ones is this man who had traveled all the way from Jaipur as his house was haunted by some spirit. Maulvi ji then explained to me that before declaring that a house is actually haunted he tends to carry out some tests and/or rituals so as to see if the matter is supernatural or not. For this particular case, he had asked this man to put a coconut in the house and recite some divine verses. The hypothesis is that if the coconut kept inside blackens then.

And it's said to be a sign that there may be some type of evil presence or spiritual turmoil going on in the house. When I was speaking with him, I also questioned him about what one is usually supposed to do in cases where

someone is believed to be possessed by a jinn. When I inquired about that, he stated that constant prayer should be taking place during such a period and that the recital of the Hanuman Chalisa (which is a Hindu devotional hymn devoted to the Hindu deity Hanuman), has been found to be useful in alleviating these types of occurrences. The person who is under possession should continue to pray throughout the days, have a regimen of when to recite the prayer, and according to him, continue to wear white (which signifies purity or tranquility) and pray until the disturbance passes.

Simultaneously, he admits that every person who seeks help from him may not have genuinely supernatural causes behind their suffering. He mentions a particular case where a young girl falsely declared she was possessed by a jinn to trick her family. Her explanation was that her family disapproved of her desire for a love marriage and, hence, she chose to portray herself as a possessed victim to evoke some emotion or manipulate her family in some way. He reiterates that these events prove that stories about evil spirits, jinn possession and healing can sometimes be used by the people for some personal benefits.

These narratives that he shares demonstrate one important element of these practices. This element is the mixture of beliefs, hopes, fears and the pressures of the social community in which an individual exists. So many people approach spiritual healers because they feel that there is no other hope left, or because their personal struggles and emotional needs are expressed through the language of spirits, the evil eye and spiritual disturbances. But by the same token, the stories shared by the practitioners show that not all events are narrated in the same way, and human needs, desires and family quarrels also play some role in creating these experiences.

Comparative Reflection: Delhi and Mewat Healing Landscapes

If one follows the patterns of healing in Mewat and in contrast Delhi, it will be clear that the dichotomy of rural versus urban is much more complex. It can be seen as a continuum in which there exists a different yet simultaneously intermingling method of learning and applying healing methods. Mewat itself becomes an area where healing concepts are understood primarily through the local cultural knowledge and epistemology. Healing in Delhi on the other hand is believed to exist in a more formal ritualistic method due to the existing religious establishments and requirement of more spiritual power. It becomes clear how flexible these methods of healing are as they traverse different areas and adapt themselves to both the social and the institutional environments.

So even though there are varied contexts and different modalities of ritual performance, the beliefs about nazar, jinn and so on are themselves stable. It is evident, therefore how the beliefs about causality are equally stable despite varying means of healing. We see therefore no contradiction but rather diverse ritual performances keeping a system of beliefs stable, where a comparative perspective shows healing as something multilayered and happening at the same time as, and guided by local, regional and urban levels where certain concrete ideas have to be held in balance by flexible rituals.

Rural vs Urban Healing Contexts

Healing in rural Mewat is therefore understood within a very structured set of norms, values and belief systems that provide an organized structure to account for illness and the treatment thereof. A body is never afflicted alone. An afflicted person has kinship, kindred within the community, and other worldly entities that are all linked with the afflicted. Healing attempts to rebalance the relationships between an afflicted person, her body, her social body and her spirit. The rural setting helps facilitate continuous engagement with these forms of healing because of the relationships of familiarity and trust established over a period of time between the patient and healer, thereby strengthening her faith in the efficacy of the cure, and leading to repetitive encounters. Moreover, the notion of prevention versus cure has been lost because healing occurs in an unending process which is an aspect of life.

Healing practice, on the other hand takes place in another set of social arena in Delhi urban space. Regarding belief practice, they do share common aspects but healing practice of the city demonstrates more volatile and interactive social arena. Indo Islamic healing practices have always successfully adapted to the new situation while remaining the basic principle.[54].

[54] Seema Alavi, Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition, 1600–1900 (New Delhi: Permanent Black, 2008), 102–105.

Differences in Ritual Scale and Participation

These are the features of rituals found in rural villages of Mewat. Rituals are local and private and are bodily. In villages, rituals are done in the house, in proximity to the houses of ritualistic patients, with family and the community as well, giving the ritual specialist the scope to observe the patient with a better view, repeat rituals and that too is the constant living of practices of rituals.

That is not the case with the urban religious places such as Nizamuddin Dargah and Feroz Shah Kotla where masses are gathered for religious guidance and assistance in times of all kinds of crisis and pain. The ritual is performed in group for large number of participants and the greater the number of individuals, the more spiritual energy is believed to be generated, and the success of the ritual is perceived to be stronger.

One of the most significant differences in these locations lies in the absence of anonymity. A degree of anonymity can be found in urban settings and individuals may feel freer to describe individual suffering in these spaces without the potential for social ramification. In contrast, within the village social sphere, which infiltrates the individuals lives, individual accounts become inherently tied to the other individual histories and communal stories. Thus, in village environments proximity and repetition heal the individual story, whereas anonymity and the proliferation of public narratives provide solace in the city.

Changing Forms of Belief in Urban Spaces

Along with the accommodation of dominant ideology, urban space also actively reproduces new forms of ideology. For example in Delhi the convergence of various peoples and practices reproduces the various understandings andritual practicesof the common knowledge of the illness dictated by divine order.

The belief in the mediated reality of spiritual illness can thus stay constant, but its forms can vary. This might be witnessed at Feroz Shah Kotla where, in written appeals to Jinn, Jinn are directly confronted by a people who ask them to return stolen property, in contrast with rural traditions, which might involve the use of Talismans and recitation of the Quran.

None of these instances are proof of waning belief, but of its fluidity. People cherry pick and mix elements from various practices to form their unique healing rituals tailored to their personal circumstances. Islamic perspectives on healing offer corroborating arguments, suggesting that the rituals linked to jinn, the evil eye, and spiritual illness were dynamic and capable of transformation in changing social settings.

Continuity of Faith Across Spaces

Despite this, connections between healing landscapes of Mewat and Delhi still exist. These links arise from common understandings of the source of illness and ways of healing. The movement of people between Mewat and Delhi is not a sign of distrust of the practices taking place in Mewat but rather of the expansion of these practices into a new social landscape.

For example, visits to religious places in Delhi should not be interpreted as a replacement to what is happening in Mewat, but as additions to it. Stories of successful healings occur within Mewat, and people are encouraged to journey to Delhi as practices continue and travel within Mewat and beliefs spread through conversation and travel. The longevity of these beliefs implies that they supplement rather than replace existing ways of conceptualizing sickness. 'Faith-based' models of suffering are still important to understandings and understandings of suffering in rural and urban environments alike.

Movement, Migration, and Healing Networks

We can understand the relationship between Mewat and Delhi as a transnational network of healing. This networks of practices can be sustained and reproduced through acts of travel, namely through migration and pilgrimages, which facilitate the movement of knowledge and practices across a variety of borders. Travel to places such as the Nizamuddin Dargah or Feroz Shah Kotla, is not just act of traveling to another place, but joining a community, seeking for something bigger that can promote broader healing. We can see similar

networks through migration: traveling of peoples who carry their world of knowledge in a different context. Healing practice is never fixed or circumscribed geographically, but is instead an interaction of people, place, and systems of belief; practice is always relational, and always ambulatory, shaped in relation to one another.

In this chapter I have tried to situate practices of healing in the context of Mewat's broader spirituality and culture, moving beyond biomedicine in search for explanations for ill health. Beliefs in the phenomenon of nazar, of jinn and oopri hawa, practices of spiritual healing, ritual protection and pilgrimage all signify that healing practice is a part of people's lived realities and is a practice grounded in belief. Healing practice is not an isolated phenomena; rather, it is integrated into a moving cultural field that stretches from rural contexts to urban religious centers such as Nizamuddin Dargah and Feroz Shah Kotla.

Meanwhile the comparative perspective which has been constructed by this chapter highlights both change and continuity across healing practice; although the forms of ritual and size of involvement fluctuate the forms of explanation are constant. This may imply that not ritual act per se healing is to be understood as a processual cultural undertaking, in which sufferers will bargain with experience of pain and anxiety.This chapter is thus to be understood as the first building block for the argument, giving a frame on which the understanding of, and the interaction with, field-level discourse and the people's experiences in the following chapters could be initiated.

CONCLUSION

Through the paper, the concept of healing has not only been considered in terms of biomedical or clinical treatment but as a more intricate process that exists within a broader cultural, social, and spiritual context. By transcending the barriers set by a narrow biomedical approach, the paper has analyzed the ways in which people understand their disease and suffering and the different approaches used to resolve such problems in light of their beliefs. Through combining the insights of theories with concrete experience within a particular region, it has shown that healing in India is an active process.

As per an overall scope, the research work started by putting healing into a much broader perspective. In various cultures at different points in time, disease had never been considered solely from a biological standpoint. Rather, there have always been interpretations of disease from a moral, an emotional, and even a cosmological point of view where not only the physical aspects of disease were explained, but meanings, causes, and consequences of the same were also ascertained. The first chapter set the stage for all of this by stressing on the point that in India, like anywhere else in the world, healing was never seen as a process involving just medicine. There was always something intangible involved, be it prayers, rituals, or trips to holy places.

The plurality of approaches becomes especially relevant when examined in an Indian perspective. Various schools of thought, like those of Ayurveda and Unani medicine, as well as other folk remedies, shrine-based practices, and spiritual methods, have existed side by side for years. Unlike the linear theory of evolution, where old methods become obsolete due to new approaches, these different schools of thought coexist, sometimes overlapping and affecting each other. Disease, in this case, is not seen only as a biological dysfunction, but a disturbance in various aspects of human life.

One important aspect of Chapter One is that the connection between religion and healing has been highlighted in this context. The significance of religious locations like shrines, dargahs, and temples is two-fold as apart from providing a platform for worshiping, they also serve as places for healing. They enable one to express his/her fears, resolve any personal issues, and achieve a sense of peace of mind. Such an activity does not just happen for the fun of it; rather, the intention behind it is always something particular.

One of the important aspects of these belief systems is that they include entities and forces that are invisible to the naked eye, for example, jinn. It would be erroneous to dismiss such beliefs as mere superstitions, because these ideas exist within certain logical systems, through which people try to explain certain unexplainable phenomena. From this perspective, illnesses might result from problems with the unseen world and therefore require more than merely a physical cure. This way, people can find explanations for their problems in a meaningful way.

With this theoretical background, we proceed to discuss the second chapter, which examines the importance of Delhi from the point of view of its historical and cultural significance. As one of the oldest cities in India that saw much action throughout its long history as an administrative, cultural, and socio-economic center, Delhi has become an important center for various religious and socio-cultural phenomena. An especially significant contribution towards the development of religious culture was made by Sufi communities during the reign of the Sultanate.

As time passed, the tombs of these saints began to function as dargahs, and continued to bear their spiritual essence and power. The dargahs became important sources of healing, dealing with various problems, from physical, psychological, to social. Praying, making offerings, chanting, and making petitions became the core of the process of healing. Although people came with particular motives in mind, their experience was influenced by the general surrounding, especially in terms of being surrounded by other people present.

Spatial positioning of dargahs also emphasizes their connection with urban life processes. Instead of residing away from city centers, such places are usually found in bustling parts of cities, thus combining the economic and social dimension. The presence of traders, service providers, shops around such dargahs emphasizes how such places become a focal point for multiple connections and interactions between economic and religious aspects. In other words, the process of healing becomes an inherent part of daily urban life.

The second main aspect of this approach is its relevance in contemporary life. Indeed, although modern medical services can be accessed in any big city, people from all walks of life, whether they are educated or illiterate come to dargahs for cures. This implies that some psycho-emotional needs are being catered for through spiritual means which remain absent in the biomedical sector.

The research was continued with a study of Mewat where ideology and practices related to religious healing are intertwined with the social organisation. The model conceptualized by the family, culture and syncretism of the Meo society provides a frame of understanding their perspective of illness.

Crucial to local models of explanation are expressions such as 'nazar', 'jinn', 'oopri hawa'. Local models refer to this terminology when biomedical explanations are inadequate to explain events, including unusual behavior, mental health conditions, physical weakness for which there is no observable cause. Because these events are not understood as randomly occurring, they are explained by attributing them to entities, interpersonal interaction, spirituality etc.

The notion of protection also manifests itself through healing rituals in the region of Mewat, which include praying and consulting religious leaders, in addition to relying on the protection provided by amulets. The effectiveness of such practices is not to be questioned by people who adhere to them, providing not only some relief but also giving people a feeling of control over their dire situations. It should be noted that all these practices form a crucial part of social life, contributing to the maintenance of social relationships and collective participation.

It is interesting how the region of Mewat relates to Delhi. Such connections become obvious when one sees how people living in rural Mewat go to urban shrines in order to join a network of power relations that exist there. Successful healing stories serve as a key motivating factor here.

On the other hand, there are also distinctions between healing methods used in Mewat and those practiced in Delhi. Healing is generally done in small and tight-knit communities in Mewat, while in Delhi, it is performed in broader settings. Nonetheless, the principle behind all of them is identical. Disease is viewed as something that is not only physical but also spiritual.The findings from the present dissertation, therefore, point to the need for a more integrative approach toward the study of healing. While reducing the examination of this topic to the Western biomedical approach is bound to result in a misrepresentation of the diversity of knowledge systems used by people, there is an evident need to broaden our perspective so as to recognize their multiplicity.

This way of approaching the topic also addresses issues related to tradition and modernity, which were initially thought to be incompatible. On the contrary, however, the research has proven that both systems are interconnected and influence each other in a myriad of ways.Moreover, the study also sheds light on certain

drawbacks that are associated with the biomedical model of healthcare practice. While contemporary medicine has done remarkably well in treating physical illnesses, it fails to cater to the psychological and spiritual aspect of the pain that patients suffer. In contrast to this, rituals offer people a chance for venting their feelings and offering them a sense of consolation.

To conclude, the above-mentioned research proves that healing is an essential and multi-dimensional process that takes place on an individual level as well as on a collective level. It cannot be fully explained using exclusively technical and biomedical approaches, but it should be looked into from the perspective of culture, society, and ideology. Through the combination of theory and practical evidence gathered during historical and ethnographic study of Delhi and Mewat, it becomes clear that non-biomedical explanations of illness remain highly relevant today. In other words, taking into consideration such a multidimensional approach helps to understand illness and healing better.

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