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HEALING AND MEDICINE: POPULAR HEALING PRACTICES IN MIDDLE EASTERN CULTURES

Despite widespread Western misconceptions about technological "backwardness" in the Middle Eastern world, the Middle East is home to thoroughly modern, high-tech, Western-based biomedicine, often delivered in gleaming private hospitals and medical centers throughout the region. Technologies such as coronary bypass surgery, organ transplantation services, and the latest forms of in vitro fertilization are widely available in urban centers. Thus middle- to upper-class Middle Eastern patients can avail themselves of medical diagnosis and treatment services in cities such as Jiddah, Saudi Arabia; Cairo, Egypt; Tehran, Iran; or Beirut, Lebanon, with expectations that the services rendered will be on a par with those offered in the best medical centers in the West.

Bearing this medical modernity in mind, it is also important to acknowledge that popular healing traditions still exist in the Middle East, providing a less expensive alternative to biomedicine among rural populations and the urban underclass, as well as a spiritual connection to Islam and to earlier literate medical traditions in the region. The Middle East is home to a rich medical history and is one of the few regions of the world in which written materials concerning health-related ideologies, practices, and professional standards date back literally five thousand years. Many of these records provide an exquisitely detailed account of the medical systems and accompanying ideologies that gained hegemony in this region through the millennia, as well as the cultural and socioeconomic milieus in which they existed (Gran, 1979; Inhorn Millar and Lane, 1988). Furthermore, these records from the past show that popular healing practices found throughout Middle Eastern countries are deeply embedded in three ancient healing traditions—pharaonic (Egyptian), *yunani* (Hellenic), and prophetic (Islamic)—all of which gained ascendancy before the rise of Western biomedicine in the region during the nineteenth-century colonial period (Adib, 2004; Inhorn, 1994a). Indeed, biomedicine can be thought of as a historical newcomer to this region of the world. It is not surprising, therefore, that previous traditions live on—not as organized medical systems per se, but rather as numerous syncretic healing philosophies characterized by a multifaceted array of etiological, diagnostic, and therapeutic beliefs and practices regarding the nature of health and illness and the treatment of various forms of sickness.

HISTORY OF PROPHETIC (ISLAMIC) MEDICINE

It is these popular healing traditions and their connection to Islam that represent the substance of this brief essay. Although pharaonic medicine and later *yunani* medicine were extremely important literate medical traditions in this region of the world, this essay begins with a brief history of prophetic (Islamic) medicine, which arose during the period following the Prophet Muḥammad's death in 632 CE and which still represents an extremely influential healing tradition throughout the region.

Historically prophetic medicine constituted a quasi-medical "religious medicine" based exclusively (at least putatively) on passages in the Islamic Scriptures (Dols, 1984). After the Prophet's death, Muslim believers, such as Al-Suyuṭī in his *Tibb-ul-Nabbi* (Medicine of the Prophet), collected everything the Prophet was reported to have said about hygiene, alcohol consumption, circumcision, menstruation, breast-feeding, sanitation, and various diseases and then institutionalized these sayings into a form of medical practice (Gran, 1979).

According to medical historians, however, prophetic medicine was actually a syncretic blend of biblical Jewish medicine as contained in the *Book of Leviticus*; Persian medicine as taught in the famous medical school of Gondeshapur, which was attended by several of the Prophet's relatives; nomadic Bedouin medicine as practiced in Arabia (particularly in Medina and Mecca) during the Prophet's lifetime; and Hippocratic-Galenic *yunani* medicine from Greece. Furthermore, as Manfred Ullman (1978) has argued, many of the *ḥadīth* (sayings and traditions of the prophet Muḥammad), upon which prophetic medicine was supposedly based, were actually inauthentic, prescribing pre-Islamic folk practices that were later reinterpreted using concepts from *yunani* medicine.

Nonetheless, prophetic medicine acquired great significance during later Islamic history and, in some cases, came to counter and supersede the then powerful *yunani* medical system, which was suspected as being a science of heathen origin. Prophetic medicine was also popular with the people, for it incorporated traditional concepts and practices from Arab folk medicine, such as the writing of religious sayings in curative amulets, belief in the evil eye, and the practice of cupping (application of heated cups on the skin), all of which continue to be widely practiced in many parts of the Middle East in the early twenty-first century.

By the sixteenth-century, cults of popular Islamic mystics, known as *ʿufis* or marabouts, began to proliferate in the countries of North Africa. As Peter Gran (1979) points out, the *ʿufi* cults and their shrines flourished in countries such as Egypt because they catered to the spiritual, psychological, and political needs of the lower classes as well as to their medical complaints. Cults also offered medical specialization; for example, some dealt specifically with the ailments of women, whereas others specialized in psychiatric problems, which were usually attributed to spirit possession.

SAINT VENERATION AND HEALING PILGRIMAGES

Prophetic and *ʿufi* healing traditions continue to flourish in many parts of the Middle East, particularly in the countries of North Africa. Thousands of Muslim pilgrims make *ziyarat*, or visits, to saints' shrines, some large, some small, dotting the urban and rural landscapes of countries like Morocco, Tunisia, and Egypt but also in Middle Eastern countries outside the Arab world, including Turkey and Iran. Most of these shrines contain the tombs of dead saints, and some, especially the relatively famous ones, host magnificent mosque-tomb complexes. Most of these shrines are associated in some way with a dead "pious one" (Eickelman, 1998), either a *sayyid* (a descendant of the prophet Muhammad); a renowned cleric regarded as pious for the quality of his learning; a founder or descendant of a founder of a *ʿufi* religious brotherhood; or a holy person, male or female, known for exceptional religiosity and the demonstrated ability during his or her lifetime to perform miracles. For the masses of rural and urban poor people who visit these sites as pilgrims—given that healing pilgrimage of this sort tends to be a class-based phenomenon in the Middle East these dead saints are believed to radiate *barakah*, a living form of beneficial power associated with divine blessing, grace, or holiness that is transferable to their descendants, followers, and visitors (Biegan, 1990).

Even though saint worship has always been frowned upon as *shirk*, or polytheism, by more scripturally minded, orthodox Muslims (Doumato, 2000), belief in the miraculous *barakah* of saints, the formation of cults involved in the veneration of such saints, and the subsequent movement of thousands of miracle-seeking pilgrims to and from saints' shrines are considered to be among the major hallmarks of North African Islam.

WOMEN, PILGRIMAGE, AND HEALING

From their beginnings in the tenth century, these cults were involved in healing, especially among the poor and among women. In the early twenty-first century, the poor, and poor women in particular, continue to worship dead, miracle-working saints whose tombs, if relatively accessible, they may visit on a regular basis. Indeed, it is women—not men—who are most actively involved in saint veneration and who are, therefore, the primary participants in the salvation-oriented *ziyarat* to local and regional saints' tombs. The essentially "female character" of local pilgrimage in the Middle East (Betteridge, 1983)—and men's accompanying embarrassment and even disdain regarding this activity—has been noted by a number of scholars working in various regions of the Middle East (Crapanzano, 1973; Doumato, 2000; Dwyer, 1978; Mernissi, 1977; Tapper, 1990).

For women in the Middle East, healing as well as the solution of other difficult life problems is a primary impetus for *ziyarat* to saints' shrines. Such healing furthermore may be multifaceted. On the one hand, belief in *barakah* and the abilities of *barakah*-bestowing dead saints to perform miraculous cures, including the restoration of fecundity to the infertile (Inhorn, 1994a), brings hope to those whose health problems seem intractable or who have failed to find relief in other therapeutic venues. In addition, the activities of the pilgrimage itself—including the respite from everyday routine; the exhilaration of travel to a spiritually "magnetic" center (Preston, 1992); the cathartic effects of unburdening one's "private heartaches" (Tapper, 1990) on a nonjudgmental but responsive holy one who can be requested to act on one's behalf; the ability to be part of a sympathetic, experienced community of female sufferers

who often congregate at these shrines (Mernissi, 1977); and the ministrations of the living, *barakah*-bestowing *shaikhs* who often attend to these shrines and who pray and write healing amulets for suffering pilgrims—are part and parcel of the healing process. Thus even if miraculous cures do not eventuate, the pilgrimage itself may bring relief and psychological relaxation as well as spiritual renewal through contact with divinity.

Furthermore as Fatima Mernissi (1977) has noted, Middle Eastern women's pilgrimages to holy sanctuaries are "power operations," means by which subaltern women can seek control over their sexuality, fertility, health, and general well-being in societies that tend to be decidedly patriarchal (Inhorn, 1996). Pilgrimages to saints' tombs allow women to reaffirm, if only temporarily, control over their lives and their personal well-being through actions that are autonomous from men. Typically, *ziyarat* to the mosque-tombs of blessed saints are journeys that women make alone, allowing them the opportunity to demonstrate their agency and independence. Even though women's *ziyarat* often require money from husbands and, in most cases, permission to travel by husbands or other family members, the pilgrimage typically remains an exclusively female activity, with shrines often serving as protected "female turf" (Betteridge, 1983).

Although women are barred in many ways from formal public ritual practice, including participation in Friday communal prayers at mosques, many of the popular healing rituals and pilgrimages practiced in the Middle East are nonetheless carried out by women within the framework of the Islamic ritual cycle. In many cases, pilgrimages and healing rituals are undertaken during the exact hour of the Friday communal noon prayer—the most important one in the Islamic weekly cycle of thirty-five prayers. This syncretic association of healing practice with Islamic prayer ritual is extremely significant, even though it is disdained by religiously literate orthodox Muslims.

ISLAM AND POPULAR HEALING

In the Middle East in the early twenty-first century, opposition to popular healing rituals does not come mainly from biomedical quarters. Islamic religious leaders and groups are increasingly spreading the word that popular healing practices, especially those that involve saint worship, are a form of *shirk*, or polytheism, which is *?aram*, or forbidden in the religion. Whereas biomedicine is viewed for the most part as being *?alal*, or compatible with Islamic doctrine, many alternative healing practices are considered *?aram* by religiously literate Muslims and conservative Islamists (so-called fundamentalists), who see these practices as being "against God," "against the religion," or "like believing in something besides God." This religious argument is becoming increasingly apparent as a result of the contemporary Islamic revival in many parts of the Middle East and, according to Eleanor Abdella Doumato (2000), has severely restricted women's healing practices in Saudi Arabia, regarded as the home of Islam and the site of the annual Islamic pilgrimage, or *?ajj*.

Yet despite official Islamic opposition, popular healing practices continue unabated, attesting to their power and importance in the minds of ordinary Muslims. Under the rubric of *wa?fat baladi* (traditional remedies) or *it ?ibb il-?arabi* (Arabic medicine), popular healing in the Middle East comes in many forms other than saint veneration. Given the incredible diversity of the region, the Middle East is home to a rich armamentarium of popular healing practices delivered by multiple types of healers. In Egypt, for example, there are four major categories of traditional healers, including *dayat* (lay midwives), who deliver babies and provide many types of "ethnogynecological" care to lower-class women patients (Inhorn, 1994a); *?a??arin* (herbalists), who work with a rich ethnopharmacopeia of herbal and mineral substances and are often skilled ethnobotanists in their own right; *munaggimin* (spiritist healers), who are known for specializing in diagnostic clairvoyance and the treatment of the more difficult, socially mediated causes of ill health (e.g., infertility, impotence), including angered spirits and the sorcery acts of enemies; and *shuyukh bil-baraka* (blessed *shaikhs*), who are typically, but not necessarily, associated with *?ufi* orders and who bestow their own inherited or acquired *barakah* on patients through faith healing (i.e., laying on of hands, reading of the Qur'an, writing healing amulets with religious inscriptions, and praying over the afflicted). In the neighboring countries of the Arab Gulf and Levant (Lebanon, Syria, Palestine, Jordan), *?ukama ?arabi* (Arabic doctors) may provide a variety of herbal, spiritual, and other physical remedies for difficult afflictions, such as male infertility and impotence, sometimes operating out of their own clinics and charging high prices for their services.

As suggested by this great variety of popular healers, ethnomedical beliefs about the causes of ill health and its

treatment are multifaceted and complex in the Middle East, defying easy categorization. Nonetheless, etiological beliefs about illness range from naturalistic (physical) to personalistic (social), to supernatural (spiritual), as is also common in many other parts of the world. To take one example from the Middle East, Egyptian ethnomedical beliefs about the causes of infertility range from humidity to sorcery and include the possibilities of an open back, a shock, a polluting entrance, an angered spirit-sister under the ground, and the ultimate cause, which is always God's will. To counter these various etiological possibilities, lower-class infertile women often undertake relentless "quests for conception," in which they engage simultaneously in arduous ethnomedical and biomedical therapeutic rituals (Inhorn, 1994a). Ethnomedical therapies for female infertility in Egypt include vaginal suppositories with various herbal and mineral substances; cupping on the lower back; vapor sitz baths; cauterization of the skin with a heated rod; sewing of the skin of the lower back; wearing a belt and padlock; countershocking the infertile woman who has been shocked; sorcery nullification; spirit appeasement; and elaborate rituals for a culture-bound syndrome known in Egypt as *mushahara* or *kabsa*, which is thought to be the major cause of infertility in women. In short, the ethnomedical treatments for infertility alone in one Middle Eastern country are amazingly diverse and complex, suggesting the richness of popular healing beliefs and practices in this part of the world.

EXAMPLES OF POPULAR HEALING PRACTICES

Although it is important to emphasize the rich diversity of popular healing practices in the Middle East, a number of main types of healing practices stand out as particularly relevant and representative of the region. For this reason, they provide notable examples.

Cupping and cautery

The practices of cupping and cautery were the most common healing methods employed in pre-Islamic times, according to medical historians (Ullman, 1978). However, with the coming of Islam to the region, the prophet Muḥammad is said to have forbidden cauterization as a pre-Islamic, Bedouin practice of heathen origin (Doumato, 2000; Ullman, 1978). Despite this prophetic denouncement, both cupping and cautery are found widely throughout the Middle Eastern region in the early twenty-first century. Cautery is reportedly practiced in Morocco, Sudan, Yemen, Jordan, Saudi Arabia, and among Palestinian Bedouins in Israel. Although cupping has been reported for other parts of the Middle East as well, it is described much more frequently than cautery in reports on Egypt.

Cupping (*kasr* or *kaḥṣat hawaʿ*?) involves two objects—one to be lit (usually a piece of cloth dipped in a flammable liquid, a candle, or a corncob), and one to be used as a sort of suction cup (usually a glass jar, a pottery vessel, a mortar, or a cup). When the vessel is placed over the flame, it extinguishes the flame and causes vapor to rise. Adhered like a suction cup to the patient's skin, the healing vessel is said to "grab," "suck," or "collect" excess cold moisture inside the body, or to "gather" parts of the body that have become divided (e.g., the muscles in an "open" back). Given its perceived efficacy in the treatment of rheumatic, muscular, and gynecological complaints, cupping is widely performed by both lay cupping (*kasr* or *kaḥṣat hawaʿ*?) persons and ethnomedical healers such as midwives in countries such as Egypt.

Cautery (*kawi*, *kayy*, *makwa*, *ʿadid*) involves placing a heated metal object, usually a nail or a small rod much like a branding iron, on the patient's skin. The procedure is painful, burning the skin and leaving a permanent scar. Cautery may be used directly on the site of a patient's bodily complaint (e.g., lower back, arm or leg joints), or it may be used on other sites of the body to "tighten" relaxed nerves and muscles. For this reason, cautery is thought to be extremely useful for male infertility and impotence, both of which may be attributed to "weak nerves" in the back (Inhorn, 1994a). In Saudi Arabia, cautery has also been used historically as a favored technique to chase malevolent spirits causing emotional or physical illness out of the body, including spirits causing madness (Doumato, 2000).

Amulets and evil eye

As with cupping and cautery, the use of prophylactic and curative amulets dates to pre-Islamic Arabic folk medicine; however, the use of amulets was not denounced by the prophet Muḥammad and was eventually incorporated into prophetic medicine. In the early twenty-first century, amulets are widely used throughout the Middle East for three

primary purposes: (1) to prevent the deleterious envy (evil eye) that can destroy objects and lead to illness; (2) to nullify acts of sorcery, which are also thought to cause illnesses such as impotence; and (3) on a more mundane level, to treat physical complaints, ranging from headaches to fever.

Amulets often consist of small pieces of paper, sometimes folded, upon which indecipherable formulas or religious verses have been inscribed by a *shaikh bil-barakah* or quasi-religious male healer. Healers often provide special instructions on how the written amulet is to be utilized (e.g., in bath water, in drinking water, worn next to the body, slept on, stepped over, or burned with incense, which in and of itself is deemed protective against harmful forces). Amulets may also be store-bought, such as small charms made of gold, silver, or other metals, or they may be made of brightly colored pieces of cloth, sometimes adorned with shiny metallic coins.

Throughout the Middle East the most pervasive amulet is the so-called hand of Fatima, a down-turned, stylized, five-fingered hand often made of silver or blue pottery (or both) and often incorporating Qur'anic verses or representations of a human eye. Middle Eastern citizens may adorn their most prized possessions (e.g., homes, automobiles) with the hand of Fatima to ward off the deleterious effects of envy. Wearing a hand of Fatima as a piece of jewelry is thought to prevent human harm and illness.

Belief in the power of the envious glance to cause harm is widespread throughout the Middle East, a region considered one of the "core areas" where evil eye beliefs are found (although they are also found in other parts of the world) (Dundes, 1992; Maloney, 1976). The "evil of an envier" is mentioned directly in the Qur'an, but the belief in evil eye predates Islam, appearing in both the Bible and in Sumerian texts as early as five thousand years ago (Dundes, 1992).

In the early twenty-first century in the Middle East, there are two recurrent features of evil eye belief and practice that are relevant to a discussion of health and healing. First, children—and particularly more highly valued male children—are believed to be one of the main targets of the evil eye, with their sickness, injury, and even death constituting possible outcomes. Thus, in many settings in the Middle East, belief in the evil eye serves as a primary explanatory model for infant and child morbidity and mortality (Harfouche, 1992). For this reason amulets often adorn the clothing of infants and young children.

Second, given these beliefs concerning child health, it is not surprising that women—and particularly reproductively troubled women incapable of fulfilling their motherhood expectations and desires—are deemed particularly likely to cast the evil eye on children for the simple reason that women deprived of children cannot help but to envy them. Furthermore infertile women are considered to be dangerous to fertile women, especially those who are pregnant, who have demonstrated their reproductive success repeatedly, or who have finally achieved a coveted pregnancy through technological means such as in vitro fertilization.

Spirit possession and the *zar* cult

Women who are reproductively troubled and who may be blamed for the evil eye seek refuge in the *zar* cult in some parts of the Middle East. The *zar* is a women's spirit possession cult, found primarily in Egypt, Sudan, and the Arab Gulf or the regions closest to East Africa, where the *zar* cult probably originated. According to Doumato (2000), in the late nineteenth century and early twentieth century the *zar* cult could be found virtually everywhere in the Arabic-speaking world and was integrated into the lives of women of all social classes.

In the early twenty-first century the *zar* is found primarily among the socially marginalized, who seek refuge in a healing fellowship with others who are similarly afflicted. For example, in Arabic-speaking northern Sudan, where *zar* is actively practiced, infertile women suffering from poor self-images are the primary members of the *zar* cult. Through the *zar* they find a social etiology for their suffering (i.e., harmful spirits), a sense of community solidarity with other similarly afflicted women, and a way to press for demands (e.g., new clothing, jewelry, feasts) through the idiom of spirit possession and the invocation of these spirits through joyful music and dance. Indeed *zar* has been described by some scholars as a proto-feminist challenge to women's objectification and subordination (Boddy, 1989), a way to challenge authority and compensate for exclusion from formal religion in the Muslim world (Doumato, 2000).

Although women's *zar* cults have been suppressed in some Middle Eastern societies by conservative religious forces, the *zar* is experiencing a revival in parts of the Arab Gulf, particularly among socially isolated tribal communities (Doumato, 2000). Furthermore beliefs in harmful spirits and spirit possession are found across the Middle Eastern region, from Morocco to Iran. In Egypt, for example, a class of spiritist healers known as *munaggimin*, who may be either male or female, specialize in diagnostic clairvoyance and the treatment of angered spirits. They do so either as "possessed" individuals, who use their own spirits to diagnose and treat other spirit-troubled individuals, or as skillful agents of spirit invocation, who make the wishes of others' spirits known, then appease those spirits through communal *zar* rituals or private rituals of animal sacrifice and the provision of gifts to the spirit world.

FUTURE DIRECTIONS

As noted at the beginning of this essay, high-tech biomedical therapies such as in vitro fertilization exist simultaneously in the Middle East with popular healing practices such as the *zar* cult. Neither domain has been well studied by social scientists or historians. Healing, both new and old, is clearly a rich area for future scholarship, as suggested by the brief examples provided in this essay. Furthermore, such research is timely, given calls for an "Islamic alternative" to the hegemony of postcolonial Western biomedicine in the region. Although some contemporary Islamists are calling for a return to prophetic-Islamic medicine—with its promotion of dietary and lifestyle changes as well as faith healing through prayer, writing of religious amulets, laying on of hands, and recitation of holy verses from the Qurʾan (Adib, 2004)—it is important to remember that these are among the very practices that have been employed for centuries in popular healing rituals throughout the region. It is fair to conclude that Islam—at least in its more populist form—has always been a major influence on the healing practices, pilgrimages, and rituals that continue, unabated, among the poorer urban and rural communities in the Middle East in the early twenty-first century.

SEE ALSO

Islam; Pilgrimage, article on Muslim Pilgrimage.

BIBLIOGRAPHY

Adib, Salim M. "From the Biomedical Model to the Islamic Alternative: A Brief Overview of Medical Practices in the Contemporary Arab World." *Social Science and Medicine* 58 (2004): 697–702.

Bakker, Jogien. "The Rise of Female Healers in the Middle Atlas, Morocco." *Social Science and Medicine* 35 (1992): 1313–1320.

Betteridge, Anne H. "Muslim Women and Shrines in Shiraz." In *Mormons and Muslims*, edited by Spencer J. Palmer, pp. 127–138. Provo, Utah, 1983.

Betteridge, Anne H. "Specialists in Miraculous Action: Some Shrines in Shiraz." In *Sacred Journeys: The Anthropology of Pilgrimage*, edited by Alan Morinis, pp. 189–210. Westport, Conn., 1992.

Biegman, Nicolaas H. *Egypt: Moulids, Saints, Sufis*. London, 1990.

Boddy, Janice. *Wombs and Alien Spirits: Women, Men, and the Zar Cult in Northern Sudan*. Madison, Wis., 1989.

Crapanzano, Vincent. *The ʿamadsha: A Study of Moroccan Ethnopsychiatry*. Berkeley, Calif., 1973.

Dols, Michael W. *Medieval Islamic Medicine: Ibn Ridwan's Treatise "On the Prevention of Bodily Ills in Egypt"*. Berkeley, Calif., 1984.

Doumato, Eleanor Abdella. *Getting God's Ear: Women, Islam, and Healing in Saudi Arabia and the Gulf*. New York, 2000.

Dundes, Alan, ed. *The Evil Eye: A Casebook*. Madison, Wis., 1992.

Dwyer, Daisy Hilse. "Women, Sufism, and Decision-Making in Moroccan Islam." In *Women in the Muslim World*, edited by Lois Beck and Nikki Keddie, pp. 585–598. Cambridge, Mass., 1978.

Early, Evelyn A. *Baladi Women of Cairo: Playing with an Egg and a Stone*. Boulder, Colo., 1993.

Eickelman, Dale F. *Moroccan Islam: Traditions and Society in a Pilgrimage Center*. Austin, Tex., 1976.

Eickelman, Dale F. *The Middle East and Central Asia: An Anthropological Approach*. 3d ed. Upper Saddle River, N.J., 1998.

Eickelman, Dale F., and James Piscatori, eds. *Muslim Travellers: Pilgrimage, Migration, and the Religious Imagination*. Berkeley, Calif., 1990.

El-Hamamsy, Laila. *The Daya of Egypt: Survival in a Modernizing Society*. Pasadena, Calif., 1973.

El Messiri Nadim, Nawal. *Rural Health Care in Egypt*. Ottawa, 1980.

El Sendiony, M. F. "The Problem of Cultural Specificity of Mental Illness: The Egyptian Mental Disease and the Zar Ceremony." *Australian and New Zealand Journal of Psychiatry* 8 (1974): 103–107.

Gellner, Ernest. *Saints of the Atlas*. London, 1969.

Gran, Peter. "Medical Pluralism in Arab and Egyptian History: An Overview of Class Structures and Philosophies of the Main Phases." *Social Science and Medicine* 13B (1979): 339–348.

Greenwood, Bernard. "Perceiving Systems: Cold or Spirits? Choice and Ambiguity in Morocco's Pluralistic Medical System." *Social Science and Medicine* 15B (1981): 219–235.

Harfouche, Jamal Karam. "The Evil Eye and Infant Health in Lebanon." In *The Evil Eye: A Casebook*, edited by Alan Dundes, pp. 86–106. Madison, Wis., 1992.

Inhorn, Marcia C. *Quest for Conception: Gender, Infertility, and Egyptian Medical Traditions*. Philadelphia, 1994a.

Inhorn, Marcia C. "Kabsa (a.k.a. *Mushahara*) and Threatened Fertility in Egypt." *Social Science and Medicine* 39 (1994b): 487–505.

Inhorn, Marcia C. *Infertility and Patriarchy: The Cultural Politics of Gender and Family Life in Egypt*. Philadelphia, 1996.

Inhorn, Marcia C. "Sexuality, Masculinity, and Infertility in Egypt: Potent Troubles in the Marital and Medical Encounters." *Journal of Men's Studies* 10 (2002): 343–359.

Inhorn, Marcia C. *Local Babies, Global Science: Gender, Religion, and In Vitro Fertilization in Egypt*. New York, 2003.

Inhorn Millar, Marcia C., and Sandra D. Lane. "Ethno-Ophthalmology in the Egyptian Delta: An Historical Systems Approach to Ethnomedicine in the Middle East." *Social Science and Medicine* 26 (1988): 651–657.

Maloney, Clarence, ed. *The Evil Eye*. New York, 1976.

Mernissi, Fatima. "Women, Saints, and Sanctuaries." *Signs* 3 (1977): 101–112.

Morsy, Soheir A. *Gender, Sickness, and Healing in Rural Egypt: Ethnography in Historical Context*. Boulder, Colo.,

1993.

Myntti, Cynthia. "Hegemony and Healing in Rural North Yemen." *Social Science and Medicine* 27 (1988): 233–240.

Pillsbury, Barbara L. K. *Traditional Health Care in the Near East*. Washington, D.C., 1978.

Preston, James J. "Spiritual Magnetism: An Organizing Principle for the Study of Pilgrimage." In *Sacred Journeys: The Anthropology of Pilgrimage*, edited by Alan Morinis, pp. 31–46. Westport, Conn., 1992.

Rosenberg, Lior, Amiram Sagi, Nador Stahl, Baruch Greber, and Patrick Beni-Meir. "*Maqua* (Therapeutic Burn) as an Indicator of Underlying Disease." *Plastic and Reconstructive Surgery* 82 (1988): 277–280.

Safa, Kaveh. "Reading Saedi's *Ahl-e Hava*: Pattern and Significance in Spirit Possession Beliefs on the Southern Coasts of Iran." *Culture, Medicine, and Psychiatry* 12 (1988): 85–112.

Swagman, Charles F. Fija?. "Fright and Illness in Highland Yemen." *Social Science and Medicine* 28 (1989): 381–388.

Tapper, Nancy. "*Ziyaret*: Gender, Movement, and Exchange in a Turkish Community." In *Muslim Travellers: Pilgrimage, Migration, and the Religious Imagination*, edited by Dale F. Eickelman and James Piscatori, pp. 236–255. Berkeley, Calif., 1990.

Ullman, Manfred. *Islamic Medicine*. Edinburgh, Scotland, 1978.

Underwood, Peter, and Zdenka Underwood. "New Spells for Old: Expectations and Realities of Western Medicine in a Remote Tribal Society in Yemen, Arabia." In *Changing Disease Patterns and Human Behaviour*, edited by N. F. Stanley and R. A. Joske, pp. 271–297. London, 1980.

Walker, John. *Folk Medicine in Modern Egypt: Being Relevant Parts of the "Tibb al-Rukka" or Old Wives' Medicine*. London, 1934.

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