

The Role of Hijazi Merchants and Migrants in Transmitting Therapeutic and Medical Practices to East Africa during the Islamic Era

Dr. Ahlem OUAKRINE ¹, Dr. Aïcha GHENDOUZ ²

¹ Contemporary History of Sub-Saharan Africa

¹ University of Algiers 2 Abou El Kacem Saâdallah

Email: ahelam658@gmail.com

² Specialization in Medieval History

² University of Djilali Bounaama, Khemis Miliana, Algeria

Email: ghendouz.aicha@univ-dbkm.dz

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Abstract:

This study examines the role of Hijazi merchants and migrants in transmitting medical knowledge, therapeutic practices, and methods of healing to East Africa during the Islamic era. It situates this process within the commercial networks, migration flows, and maritime contacts that linked the Hijaz to the African coast. The study seeks to identify the contributions of these groups to the circulation of medical experience, therapeutic preparations, and knowledge of medicinal herbs and plants. It also identifies the channels through which this knowledge moved and the factors that supported its diffusion. The importance of the study lies in highlighting the medical and health-related dimension of Islamic civilizational interaction, which extended beyond religious, commercial, and cultural exchange. The research adopts a historical-analytical method and draws on historical and geographical sources, travel accounts, and works on medicine and healing. It also uses a descriptive approach to analyze forms of therapeutic exchange. The findings indicate that Hijazi merchants and migrants served as important intermediaries in the transmission of certain forms of therapeutic knowledge. This knowledge interacted with local East African experience and produced blended medical practices that reflected the wider cultural exchange between the Islamic world and African societies.

Keywords:

Therapeutic methods; healing; Islamic medicine; medical knowledge; East Africa; Hijaz; civilizational exchange; Islamic era.

Introduction:

Relations between the Hijaz and East Africa expanded during the Islamic era under the influence of geographical, economic, religious, and cultural factors. The Red Sea and the Indian Ocean connected Hijazi ports and commercial centers with the coastal regions of East Africa. Trade, migration, settlement, pilgrimage, and the movement of scholars and religious teachers created extensive networks of exchange. These networks carried not only goods and commodities but also ideas, skills, and knowledge from many areas of life, including methods of treatment and healing.

Within this context, Hijazi merchants and migrants played an important role in cultural contact between the two regions. Their direct interaction with local communities enabled the transmission of therapeutic practices and knowledge relating to medicinal herbs, plants, popular remedies, prevention, and treatment. The settlement of some Hijazi migrants in East African coastal centers also strengthened patterns of social and cultural interaction. This setting allowed newcomers and local populations to exchange medical experience, while Islamic medical knowledge became intertwined with African healing traditions.

This subject is important because it highlights an aspect of interaction between the Hijaz and East Africa that has received less attention than commercial, religious, and political relations. It also reveals how human mobility and trade supported the circulation of health knowledge. Medical knowledge did not move in one direction. It developed through interaction, mutual exchange, and adaptation to the environmental and social conditions of the receiving communities.

Accordingly, the study addresses the following central question: To what extent did Hijazi merchants and migrants contribute to the transmission of therapeutic methods to East Africa during the Islamic era, and what was the nature and local impact of this process?

This central problem gives rise to several subsidiary questions:

What characterized the movement of Hijazi merchants and migrants toward East Africa during the Islamic era, and what were their principal channels of communication?

What were the main forms of medical knowledge, therapeutic practice, and healing that moved from the Hijaz to East Africa?

How did this exchange affect the development of health and therapeutic practices in East African societies?

To answer these questions, the study examines the role of Hijazi merchants and migrants in the circulation of medical knowledge. It analyzes the mechanisms of transmission and traces interaction with local medical experience. It also highlights the civilizational dimension of relations between the Hijaz and East Africa. In doing so, it shows that Islamic-era networks of trade and migration were spaces for exchanging knowledge and experience, not merely channels of economic and human mobility.

The study adopts a historical-analytical method. It surveys, analyzes, critiques, and compares accounts in historical and geographical sources, travel literature, and works related to medicine and healing. This approach identifies the kinds of medical knowledge in circulation and the means by which they moved. The descriptive method is also used to identify forms of therapeutic exchange. Where appropriate, a comparative approach is employed to compare Hijazi practices with their East African counterparts and to provide a deeper understanding of interaction and reciprocal influence.

1. Routes and Centers of Merchant and Migrant Movement

1.1. Massawa (Badi'):

This port developed as a result of Arab migrations to the Red Sea coast. The migrants formed Muslim communities that contributed to commercial and political prosperity in relations with the Christian

Nubian kingdoms. Badi' was among the most important African ports linking East Africa with Hijazi migrants, many of whom had left their homeland under pressure or in search of safety and stability.¹ It later became one of the main routes used by Hijazi tribes searching for gold and gold dust between the Red Sea hills and the Nile cataracts.¹

The port supplied ships with water and served as an outlet for Abyssinian trade into the Red Sea.² During the reign of 'Abd al-Malik ibn Marwan, the Umayyad state extended its authority over the port in 73 AH/702 CE. This development led to an increase in Muslim migration from the Hijaz.³

1.2. The Port of al-'Allaqi: Al-'Allaqi was an open and spacious land. A prospector received a share of what he extracted, as did the ruler of al-'Allaqi, who belonged to Banu Hanifa of the Rabi'a tribe.⁴ Al-'Allaqi extended into a barren desert but was connected to the lands of the Beja.⁵ From the Hijaz, the route reached al-'Allaqi and 'Aydhab in Egypt and the Beja country, then Abyssinia, the lands of the Habasha, and the Sudan. It continued to the farthest and southern parts of the land of the Zanj and ultimately reached Sofala.⁶ Al-Muhallabi stated that "the distance between the port of al-'Allaqi and 'Aydhab is short, and anyone present in al-'Allaqi is within the territory of the Beja tribes."⁷

The gold mines of al-'Allaqi were located near Aswan, where merchants gathered.⁸ Nubians traded in the town of al-'Allaqi, which was ruled by members of Banu Rabi'a, and obtained gold and other minerals there.⁹ When Rabi'a gained control of the gold mines, their wealth increased.¹⁰ Emeralds were also mined at a place called al-Khariba. Four types were identified: al-murr, al-bahri, al-maghribi, and al-asamm, the last being the least valuable.¹¹ Islam consequently spread among the Beja as migration

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- Ahmad Shalabi, *Encyclopedia of Islamic History: Islam and the Islamic States in Sub-Saharan Africa from the Advent of Islam to the Present* (Cairo: Alexandria General Authority, 1st ed., 1990), pp. 106-110.
 - Muhammad Ghaytas, *The UNESCO Campaign and New Perspectives on the History of Nubia* (Alexandria: Dar al-Ma'rifa al-Jami'iyya, 1st ed., 1987), p. 114.
 - Bahnasawi Muhammad Ahmad Muhammad 'Ali, "Foreign Trade in Abyssinia during the Solomonic Dynasty, 669-948 AH/1270-1543 CE," *Journal of the Egyptian Society for Historical Studies*, no. 4 (2014), p. 324.
 - Rajab Muhammad 'Abd al-Halim, *Arabism and Islam in East Africa from the Rise of Islam to the Arrival of the Portuguese* (Dar al-Nahda al-'Arabiyya, Cairo University and University of Bahrain, 1st ed., 1999), p. 45.
 - Shihab al-Din Abu 'Abd Allah Yaqt al-Hamawi (d. 626 AH/1229 CE), *Dictionary of Countries*, vol. 5 (Beirut: Dar Sadir, 1st ed., 1977), p. 4.
 - Abu al-Qasim al-Istakhri (d. 346 AH/957 CE), *Routes and Kingdoms* (Beirut: Dar Sadir, 1st ed., 2004), p. 16.
 - Abu al-Hasan al-Mas'udi (d. 346 AH/957 CE), *Meadows of Gold and Mines of Gems*, vol. 2, ed. Kamal Hasan Mar'i (Beirut: al-Maktaba al-'Asriyya, 1st ed., 2005), p. 86.
 - Al-Hasan ibn Ahmad al-Muhallabi (d. 352 AH/963 CE), *The 'Azizi Book of Routes and Kingdoms* (Damascus: al-Talwin Publishing and Distribution, 1st ed., 2006), p. 36.
 - Al-Istakhri, previously cited source, p. 17.
 - Al-Mas'udi, previously cited source, vol. 2, p. 20.
 - Al-Maqrizi, *The Treatises of al-Maqrizi* (Cairo: Dar al-Hadith, 1st ed., 1998), p. 37.
 - Al-Mas'udi, previously cited source, pp. 18-19.

increased among Hijazi tribes allied with Rabi'a.¹ The Beja controlled these mineral resources and traded with neighboring tribes and peoples.²

1.3. The Port of 'Aydhab: The port of 'Aydhab³ faced the ports and tribal territories of the Hijaz.⁴ It lay in a flat mining region without mountains,⁵ west of the Red Sea. It was inhabited by Banu Yunus and groups from the Fazara tribe.⁶ Al-Maqrizi confirms that Banu Yunus, a branch of Rabi'a, took control of 'Aydhab after arriving from al-Yamama.⁷ This presence may date to the pre-Islamic period. The port therefore became the principal route followed by several Hijazi tribes as they moved toward the Nile cataracts.⁸

Travelers crossed from this port to Jeddah in the Hijaz and returned by the same route.⁹ On the return journey, they entered Beja territory in eastern Sudan.¹⁰ The Beja also inhabited the port. Its affairs were administered by two governors: one represented the Beja, while the other was appointed by the ruler of Egypt.¹¹ The two governors divided the port's commercial revenues.¹²

1.4. The Port of Suakin: Suakin¹³ is located on the western shore of the Red Sea. Hijazi merchants settled there,¹⁴ while other traders arrived by ship and caravan from Southwest Asia, West Africa, and

- Taqi al-Din al-Maqrizi (d. 845 AH/1442 CE), *An Account of the Peoples of the Sudan*, microfilm manuscript, Bibliothèque nationale de France, 1947, fol. 136.

- Al-Mas'udi, previously cited source, p. 20.

- 'Aydhab had been one of the principal Beja ports since the Pharaonic period, when gold and emerald deposits were exploited in the port's mines. For further details, see Asma' Musa 'Abd Allah Sa'd, "Red Sea Ports and Their Commercial and Political Importance during the Islamic Eras: The Port of Badi' as a Case Study," *Al-Qulzum Journal for Historical and Civilizational Studies*, no. 4 (2021), p. 100.

- Al-Maqrizi, *An Account of the Peoples of the Sudan*, previously cited source, p. 136.

- Abu al-Qasim Ibn Hawqal (d. 367 AH/978 CE), *The Configuration of the Earth* (Beirut: Dar Maktabat al-Hayat, 1996), p. 30.

- Abu 'Ubayd Allah al-Bakri (d. 487 AH/1094 CE), *Routes and Kingdoms*, vol. 2, ed. and intro. Adrian van Leeuwen and André Ferré (Dar al-'Arab lil-Kitab and National Foundation for Research and Translation, 1st ed., 1992), p. 619.

- Al-Maqrizi, *A Description and Account of the Arab Tribes in the Land of Egypt* (Paris: Leiden Library, 1st ed., 1847), p. 27.

- Ilaf 'Asim Mustafa al-Qaysi, "Karimi Trade in Mamluk Egypt, 1260-1517," PhD dissertation in modern history, Ibn Rushd College of Education, University of Baghdad, 1427 AH/2006 CE, p. 93.

- Taqi al-Din al-Maqrizi, *A Description and Account*, previously cited source, p. 224.

- Al-Maqrizi, *An Account of the Peoples of the Sudan*, previously cited source, fol. 19.

- Al-Maqrizi, *Exhortations and Reflections through the Description of Districts and Monuments*, vol. 1, ed. Muhammad Zaynhum and Madiha al-Sharqawi (Egypt: Madbouly Press, 1st ed., 1997), p. 232.

- Al-Sharif al-Idrisi (d. 560 AH/1165 CE), *The Book of Pleasant Journeys into Faraway Lands*, vol. 1 (Cairo: Religious Culture Library, 2002), pp. 125-126.

- Its former name was Najran. Before it came under the authority of Hijazi tribes, it belonged to the kingdom of the Balawiyyin, a branch of the Arab Bali tribe. For further details, see al-Fakki al-Tahir, *The History and Origins of the Arabs in Sudan*, vol. 1, ed. 'Umar Fadl Allah (Sudan: Dar al-Musawwarat, 1st ed., 2015), p. 46.

- It is reported that, during the early phases of migration to Suakin, Hijazi groups descended from four Companions of the Prophet settled there. For further details, see Muhammad Salih Dirar, *The History of Suakin and the Red Sea* (Khartoum: al-Dar al-Sudaniyya lil-Kutub, 1st ed., 1981), pp. 42-47.

central East Africa.¹ Geographers described it as a Nubian town and port on the Red Sea in northern Sudan. Its coast was known for pearl fisheries and trade in ivory and frankincense.² Suakin was also one of the commercial centers of the Karimi merchants. A commercial official recorded the goods entering and leaving the port.³

The emergence of Suakin was closely linked to the commercial and mining activities of Hijazi tribal migrants who settled and developed it.⁴ Some accounts hold that it was opened by Muslim migrants from the Hijaz and then remained a destination for successive migrations along the Darb al-Arba' in route and into the Nile Valley. The port became increasingly prosperous as it received more migrants. After the marked decline of 'Aydhab, it served as an outlet for different migratory movements and was later designated to receive migrants from the Hijaz.⁵

2. Diseases and Medical Knowledge Transmitted to East Africa

2.1. The Spread of Waterborne Epidemics: East Africa⁶ was affected by several waterborne epidemics because of geographical and climatic conditions. Hijazi migrants responded by using their knowledge and experience to reduce the risk of infection.

Climate change and contaminated drinking water contributed to the spread of such diseases in the kingdoms of Kordofan.⁷ The traveler al-Tunisi, who reached Darfur,⁸ devoted an entire chapter to "The

- Bahnasawi Muhammad Ahmad Muhammad 'Ali, previously cited reference, p. 322.

- 'Abd al-Hakim al-'Afifi, *Encyclopedia of 1,000 Islamic Cities* (Beirut: Alexandria Library, 1st ed., 2000), p. 289.

- 'Atiyya al-Qusi, "New Perspectives on Karimi Trade Based on Geniza Documents," *Egyptian Historical Review*, no. 22 (1975), pp. 17-18.

- Yusuf Fadl Hasan, *Introduction to the History of the Islamic Kingdoms of the Eastern Sudan, 1450-1821* (Sudatech Ltd., 4th ed., 2003), p. 16.

- Husayn Majdi Salih, "Commercial, Human, and Religious Contacts on the Red Sea Coasts and at Suakin and Their Role in the Pilgrimage Journey to the Hijaz up to the Modern Era," *Journal of the Institute of African Research and Studies* (2019), p. 10.

- East Africa: A distinction should be made between East Africa and the East African coast. The former is broader, while the latter forms a complementary part of it. The coast constitutes a single geographical unit that includes the stretch between Barawa and Mogadishu in Somalia, known as the Benadir, and the coast facing Zanzibar and extending to northern Mombasa, known as Mrima, a term meaning "coast." For further details, see Hamad Muhammad bin Saray, *Civilizational Relations between the Arabian Peninsula and the East African Coast from the Third Century BCE to the Seventh Century CE*, Events Book Series (United Arab Emirates: Center for Studies and Documentation, 1st ed., 2009), p. 83.

- Ignatius Palme, *Travels in Kordofan, 1837-1839*, trans. Arbab Musa Bakhit (Sudan: Dar al-Musawwarat, 1st ed., 2019), pp. 133-134.

- Darfur: Musa Ahmad Kamara described Darfur as a large oasis in the southeastern part of the Great Desert. He noted its abundant minerals, its Arab and African population, the use of Arabic, and the Islamic faith of its inhabitants. For further details, see Ahmad Musa Kamara, *Flowers of the Gardens in the History of the Two Sudans: A Record of the Peoples of West Africa in History, Genealogy, and Anthropology*, intro., ed., and annot. Nasir al-Din Sa'iduni and Mu'awiya Sa'iduni (Kuwait: 'Abd al-'Aziz Saud al-Babtain Foundation for Poetic Creativity, 1st ed., 2010), p. 223.

Diseases, Foods, and Health of the Sudan." He made the important observation that people who left or migrated from their homeland could become ill because of the change in air and climate.¹

The Islamic Tiraz kingdoms² also experienced diseases caused by contaminated water.³ A honey-based drink known as tadj was prepared as a remedy. Another medicine combined spices such as pepper, frankincense, senna, cloves, and nutmeg.⁴ The health practices followed by the tribes of Darfur included eating nutritious foods, such as honey and pigeon fried in clarified butter, to strengthen immunity.⁵

2.2. Smallpox and Plague: Smallpox appeared in hot and humid environments when winds carried infectious material from affected places to other areas. It spread particularly in spring. Sources report its presence in the kingdoms of Kordofan,⁶ whose climate historians and travelers described as unhealthy. Local communities nevertheless treated it with measured doses of 'araqi and marisa.⁷

When the epidemic reached the Sultanate of Sennar with newcomers,⁸ the Sennar authorities took the decisive step of inspecting merchants and their caravans. Anyone found to be infected was placed in quarantine.⁹ The kingdom was rich in medicinal plants.¹⁰ It is therefore highly probable that Hijazi tribes used these plants to prepare remedies for this and other diseases. Hijazi tribes in Darfur feared smallpox because it was contagious and could devastate an entire tribe if it spread.¹¹

- Muhammad ibn 'Umar al-Tunisi (d. 1271 AH/1855 CE), *Sharpening Minds through an Account of the Lands of the Arabs and the Sudan*, studied by Khalil Muhammad 'Asakir and Muhammad Mustafa Mas'ad (Cairo: Egyptian Book Authority, 1st ed., 1965), pp. 131-135.

- The Islamic Tiraz kingdoms: Collective Muslim migrations reached Abyssinia and were followed by further waves driven by several motives, foremost among them the spread of Islam, the expansion of trade, and the search for a better life. For further details, see Sulayman ibn Sa'id al-Kayumi, *The Scholarly Movement in Zanzibar and the East African Coast during the Second Half of the Nineteenth Century* (Amman, Jordan: Omani Society for Writers and Literati, 1st ed., 2020), p. 32.

- Taqi al-Din al-Maqrizi, *An Account of the Peoples of the Sudan*, previously cited source, pp. 20-30.

- Zahir Riyad, *The Colonization of Africa* (Cairo: National House for Printing and Publishing, 1st ed., 1965), p. 16.

- Muhammad ibn 'Umar al-Tunisi, previously cited source, pp. 260-261.

- The kingdoms of Kordofan: The plains along the southern Kordofan Mountains were settled by many migrant Muslim Arab tribes alongside local African communities that had taken refuge in the mountains. For further details, see J. Spencer Trimingham, *Islam in the Sudan*, trans. Fu'ad Muhammad 'Akkud (Supreme Council of Antiquities Press, 1st ed., n.d.), p. 41.

- Ignatius Palme, previously cited reference, p. 131.

- The Sultanate of Sennar: Available evidence confirms that Arab tribes settled in the region and ended Christian rule, whether this was achieved by the Qawasma Arabs alone or with the assistance of the Funj. The present study is chiefly concerned with the role of Hijazi tribes in establishing this kingdom under conditions in which migrant Hijazi groups sought safety, stability, and improved living conditions. For further details, see Muhammad Muhammad Amin, "The Arabs and the Islamic Mission in Somalia during the Islamic Middle Ages," *Al-Darah Journal*, vol. 10, no. 2 (1984), pp. 203-208.

- Jay Spaulding, *The Heroic Age in Sennar*, trans. Ahmad al-Mu'tasim al-Shaykh (Khartoum: National Library of Sudan, 1st ed., 2010), p. 127; Nasim Muqar, *Foreign Travelers in Sudan* (Cairo: Center for Sudanese Studies, 1st ed., 1995), p. 127.

- Nasim Muqar, previously cited reference, p. 23.

- Muhammad ibn 'Umar al-Tunisi, previously cited source, p. 137.

As for plague, Mecca experienced an outbreak in 440 AH/1048 CE that killed many residents and visitors.¹ The plague was also considered one of the factors that encouraged migration toward East Africa. Its first reported appearance near the borders of Nubia occurred during the Ayyubid period.²

When the people of Sennar faced this deadly infectious disease, they adopted the same health measures used against smallpox.³ They also turned to jurists and scholars and asked them to pray for divine relief from the crisis.

2.3. Fever and Joint Pain: The treatment of fever relied heavily on traditional Arab medicine. The Shayqiyya tribes in the Beja country used sesame oil to treat fever.⁴ Fever also spread in the kingdoms of Taqali and al-Musabba'at. It was treated with suitable foods, such as moringa, and with medicinal remedies available in the local environment.⁵

One recognized form was malignant black fever, which caused darkening of the skin, persistent pain, and elevated body temperature.⁶ The remedies used by migrant Arab tribes relied principally on plants and herbs to ease the pain. They prepared drinks from tamarind, boiled barley, cinnamon, or ginger. In Kilwa, fever was treated with lemon leaves.⁷

The treatment of joint pain in the Islamic kingdoms of East Africa combined Arab-Islamic and African traditions.

Among the diseases known in Darfur, al-Tunisi mentions gout, a painful joint condition also called the disease of kings. A Bedouin described its treatment as follows: a large quantity of cow's ghee was heated over a fire, and the patient placed his feet in it until he felt the ghee's warmth spreading through his body. He was then covered and remained in bed until morning, when he would awaken feeling vigorous and active.⁸

Knee swelling was another condition reported among the people of Darfur.⁹ Treatment among the Bishari Beja was highly traditional and relied primarily on herbs derived from Arab practices.¹⁰ The Shayqiyya also used oils, tree bark or roots, and plant seeds. To treat colds that affected the knees or the

- 'Abd al-'Aziz ibn Rashid al-Sunaydi, "Obstacles to Civilizational Progress in Mecca from the Third to the Fifth Century AH," *'Usur Journal*, vol. 16, no. 2 (2017), pp. 98-99.

- Ahmad Mukhtar al-'Abbadi, *Ayyubid and Mamluk History* (Alexandria: University Youth Foundation, 1st ed., 1992), pp. 194-263.

- Jay Spaulding, previously cited reference, p. 127.

- Siham 'Abd al-Baqi Muhammad, "Patterns of Home Remedies and Folk Healers in the Shayqiyya Community of Northern Sudan: A Field Study in Cultural Anthropology," *Journal of African Studies*, no. 44 (2018), pp. 125-129.

- Ignatius Palme, previously cited reference, p. 131.

- Muhammad 'Abd al-Rahim, *A Lecture on Arabism in Sudan* (Khartoum: Commercial Press, 1st ed., n.d.), p. 11.

- Al-Sirr Sayyid Ahmad al-'Iraqi, "The Arab Emirates on the East African Coast in the Middle Ages," unpublished master's thesis, Alexandria Library, 1994, p. 16.

- Muhammad ibn 'Umar al-Tunisi, previously cited source, p. 278.

- Muhammad ibn 'Umar al-Tunisi, same source, pp. 267-277.

- Nivin Faris Fayi' Rizq, 'Abd al-Rahim Tammam Abu Kuraysha, et al., "Ecological Characteristics and Their Effect on Women's Practice of Folk Medicine in Bedouin Communities: A Field Study among the Beja Tribes in Egypt and Sudan," *Aswan University Journal of Human Sciences*, vol. 2, no. 2 (2022), pp. 112-118.

entire body, they mixed honey with cinnamon, ginger, lemon, and black seed. The mixture was either consumed or applied to painful areas.¹ Massage with castor or olive oil was also common among Arab communities.

2.4. Eye Diseases, Tuberculosis, and Other Illnesses: Arabs devoted attention to different kinds of eye kohl and to ophthalmic surgery, for which they used specialized instruments. Hijazi practitioners in Jeddah excelled in medicine and traded in remedies from abroad for the treatment of eye diseases.² Hijazi tribes in Upper Egypt also had direct contact with the Fatimids, who were known for ophthalmologists who sat along the roads and applied kohl and medicines to people's eyes.³ It is therefore likely that Banu al-Kanz,⁴ who maintained close relations with them, adopted their methods of eye treatment. Together with their own experience, they disseminated these methods in the African kingdoms where they settled. One prominent ophthalmologist was Sadid al-Din ibn Ruqayqa, Abu al-Thana' Mahmud ibn 'Amir al-Shaybani, from Banu Shayban, a branch of Rabi'a. Born in 564 AH/1168 CE, he was skilled in eye surgery and distinguished by his use of iron instruments, particularly to couch and remove cataracts.⁵

Knowledge of eye treatment passed to later generations in the Kingdom of Darfur. Darfuri practitioners performed surgical procedures on the eyes⁶ and consulted Arabic medical books that had reached them.⁷

It should also be noted that the people of Sofala treated ophthalmia by eating flies.⁸ This remedy does not appear to have resulted from Arab influence. Yet Arab merchants and navigators clearly contributed to the transmission of knowledge and sciences, including traditional Islamic medicine. This raises a question that remains open: what contribution did the Arab navigator Ahmad ibn Majid, who reached Sofala, make to medical knowledge?

Tuberculosis is an infectious disease. Sources indicate that it was uncommon in Darfur during the Islamic era because of local knowledge of its treatment.⁹ The precise treatment, however, is unknown.

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- Siham 'Abd al-Baqi Muhammad, "Patterns of Home Remedies and Folk Healers in the Shayqiyya Community of Northern Sudan: A Field Study in Cultural Anthropology," *Journal of African Studies*, no. 44 (2018), pp. 125-129.
 - 'Ali al-Sayyid 'Ali Mahmud, "Jeddah as a Center of Global Trade in the Middle Ages," *Al-Darah Journal*, King 'Abd al-'Aziz Foundation, no. 4 (1424 AH), pp. 90-91.
 - Jihan Mamduh Ma'mun, *A Series from the Egyptian Eras: The Fatimid State in Egypt, 969-1171 CE*, intro. Qasim 'Abduh Qasim (Egypt: Nahdet Misr for Printing, 1st ed., 2009), p. 41.
 - Banu al-Kanz: The Emirate of Banu al-Kanz was formed through Hijazi Arab migrations. These migrants integrated with Nubians and Beja who had embraced Islam through Arab migration, particularly that of Banu Rabi'a. For further details, see al-Hamawi, previously cited source, p. 36.
 - Hayfa' Salih Salah al-Sa'idi, "Epidemics and Diseases in Egypt and the Levant during the Ayyubid and Mamluk Periods," master's thesis in Islamic history, College of Arts and Humanities, Taibah University, Saudi Arabia, 2012, p. 121.
 - Muhammad ibn 'Umar al-Tunisi, previously cited source, pp. 267-277.
 - 'Abd al-Jalil Musa Adam, "Qur'anic Schools in Darfur: A Study of Their Functions and Social Background," *African Studies*, no. 18 (1998), pp. 81-83.
 - Zakariyya ibn Muhammad ibn Mahmud al-Qazwini (d. 682 AH/1283 CE), *Monuments of the Lands and Accounts of Their Peoples* (Beirut: Dar Sadir, 1st ed., n.d.), p. 44.
 - Muhammad ibn 'Umar al-Tunisi, previously cited source, pp. 267-277.

Tuberculosis and tremor disorders also spread in the Comoro Islands. The latter were considered particularly serious, and Comorians treated some illnesses with rock crystal.¹

To treat headaches, the Beja inhaled black seed through the nose and tied it around the head.² Many Arab tribes also rubbed oil on the head. In Kordofan, small children's urinary ailments were treated with the fruit of the desert date tree, locally known as hajlij. Its leaves resemble those of the jujube, while its bitter fruit resembles dates.³ Among the most common childhood illnesses in Darfur were severe diarrhea, for which a treatment was known, jaundice, and a condition called abu lisan, possibly an inflammation or infection of the tongue or mouth.⁴ A water worm that entered the stomach was believed to cause sprue. It was treated with local remedies, including measured doses of 'araqi and marisa.⁵

3. Therapeutic Methods and the Transmission of Medical Experience

3.1. Treatment of Wounds and Bites: Before some Hijazi tribes migrated to East Africa, they used many traditional remedies for bites and stings. Treatment generally relied on medicinal herbs and customary practices. They also traded in aromatic plants used as medicinal ointments or to repel unpleasant odors and harmful insects, especially venomous and biting species. Many of the trees from which these aromatic substances were extracted grew in East Africa.⁶ The following discussion presents the principal therapeutic methods that moved with Hijazi migrants or developed after their settlement in these kingdoms. The available evidence remains limited, however, because sources provide little information about medicine and healing in this region during the Islamic period.

In the kingdoms of the Nile Valley Sudan, one common remedy for fly bites was a prepared ointment stored in a container and applied under a bandage until the pain subsided.⁷ The inhabitants benefited from the varied trees in their environment, some of which had natural properties useful in treating poisoning.⁸ An account by Hasan al-Wazzan al-Fasi also suggests that they were skilled in preparing medicines and even lethal poisons. The sale of poison was closely controlled, especially when the buyer came from outside the country.⁹

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- Batal Sha'ban Muhammad Ghurayyani, "The History and Civilization of the Comoro Islands during the First Six Centuries AH," *Journal of History and the Future*, no. 71 (2022), p. 221.
 - Siham 'Abd al-Baqi Muhammad, previously cited reference, pp. 125-129.
 - Nasim Muqar, previously cited reference, p. 26.
 - Muhammad ibn 'Umar al-Tunisi, previously cited source, pp. 131-135.
 - Ignatius Palme, previously cited reference, p. 131.
 - Robert Hoyland, *The History of the Arabs in Arabia from the Bronze Age to the Rise of Islam, 3200 BCE-630 CE*, trans. 'Adnan Hasan (Syria: Quds Publishing and Distribution, 2010), p. 135.
 - Al-Hamawi, previously cited source, p. 15.
 - Nasim Muqar, previously cited reference, pp. 24-25.
 - Muhammad Abu al-Hasan al-Wazzan (d. 980 AH/1572 CE), *Description of Africa*, ed. and rev. Muhammad Hajji and Muhammad al-Akhdar (Beirut: Dar al-Gharb al-Islami, 2nd ed., 1983), p. 180.

The Beja¹ gave a poisoned person green emerald to drink until the pain disappeared.² They were also known for enduring illness patiently in the hope of receiving a divine reward.³ Another remedy for poison was a mixture of black stone, milk, onion, and lemon placed on the bite. This preparation was often kept ready before a bite occurred.⁴ In the Kingdom of Kilwa, treatment involved rubbing plant roots and the leaves of certain trees on the affected area.⁵

3.2. Surgery and Field Treatment: Cupping was among the widespread surgical practices in East Africa and was believed to protect patients from paralysis and blood clots. Its spread accompanied increasing Arab migration. The practice had been known in Arabia before the Prophet's mission and became more widespread as Islam expanded in the region and commercial and cultural contacts grew between the Arabian Peninsula and East Africa. Africans performed cupping with a cow horn,⁶ perhaps because cups of the type used in later medicine were unavailable. One end of the horn was sealed so that air could not escape. Regions reached by Hijazi migrants adopted this treatment, especially the Nile Valley Sudan, Abyssinia, Mogadishu,⁷ and the Kingdom of Kilwa.⁸ There it was practiced within an Islamic framework. Practitioners also became skilled in setting fractures,⁹ while the tribes of Darfur developed expertise in treating different kinds of wounds.¹⁰

Another surgical practice known to Hijazi tribes in the Islamic Tiraz kingdoms was the treatment of eunuchs who had lost the ability to marry and reproduce. The historian al-'Umari indicates that the

- The Beja tribes: Hijazi migrations, including those of the Hijazi Rabi'a and Juhayna tribes, contributed to the emergence of a unified Islamic Beja kingdom from formerly dispersed tribes. The Beja became subject to a single Islamic authority that had a major impact on their general conditions and brought significant civilizational change in several areas. A study of African heritage reveals how treaties concluded with the Beja opened the way for migration and the spread of Islamic culture. For further details, see Nuha Hamadna Allah Mustafa Hasan, "Beja Military and Political Relations with Islamic Egypt, 21-576 AH/642-1171 CE," *Middle East Research Journal*, no. 36 (2015), p. 348.

- 'Ali al-Sayyid 'Ali Mahmud, previously cited reference, p. 74.

- Muhammad Salih Dirar, *The History of Eastern Sudan: The Beja Kingdoms, Their Tribes, and Their History* (Saudi Arabia: al-Tawba Library, 1st ed., 2012), p. 84.

- Siham 'Abd al-Baqi Muhammad, previously cited reference, pp. 130-131.

- Al-Sirr Sayyid Ahmad al-'Iraqi, previously cited reference, p. 96.

- Mira Muhammad 'Abd Allah Shaykh Muhammad, "Commercial Relations between Oman and East Africa during the Early Abbasid Period, 132-232 AH/749-846 CE," master's thesis, Department of History and Islamic Civilization, Omdurman Islamic University, 1999, p. 149.

- Mogadishu: The Islamic Kingdom of Mogadishu was located on the western coast of the Indian Ocean and bordered by water to the east and south. It was described as a large city situated between the Zanj and Abyssinia. Its location was among the best on the coast for ships to anchor. In the Middle Ages, it was known as Hamar, the Land of Gold. For further details, see Zaynab al-Tumi, *Arabism and Islam in East Africa* (Algeria: Dar al-Khalduniyya, 1st ed., 2021), p. 62.

- Kilwa: The Kingdom of Kilwa was sometimes called the land of the Zanj. It lay in the central part of eastern Africa. Some scholars date the arrival of Islam in the region to the second century AH/eighth century CE. The number of Muslim migrants subsequently increased, expanding Islamic missionary activity. For further details, see 'Abd al-Rahman 'Abd al-Karim al-Mallahi, *Hadramis in Mombasa and Dar es Salaam* (Republic of Yemen: Permanent Life Book Exhibition House and Dar Hadramawt, 1st ed., 2004), p. 25.

- Al-Sirr Sayyid Ahmad al-'Iraqi, previously cited reference, p. 16.

- Muhammad ibn 'Umar al-Tunisi, previously cited source, pp. 267-277.

people of the Emirate of Hadiya were especially skilled in medicine. Because the Emirate of Shewa¹ was close to Hadiya, its inhabitants adopted methods of treating castration injuries. The Christian king of Amhara eventually prohibited castration. Anyone who suffered severe pain or an infected wound was sent to Hadiya for treatment and recovery.² Migrant tribes acted in accordance with Islamic teachings that prohibited this practice, regardless of its social, cultural, or religious motives. Although Hijazi tribes possessed knowledge of medicines and treatment, the first Muslim migrants to Abyssinia also obtained local remedies and used them when they fell ill.³ In later centuries, their medical books influenced the names given to medicines in Africa, as was common in the Kingdom of Mogadishu.⁴

3.3. Psychological and Spiritual Treatment:

The arrival of Hijazi migrants in East Africa created another bridge for the transmission of medical knowledge and practice. This influence contributed to the development of systems of spiritual and psychological treatment in the region. Jurists in Qur'anic schools were known for providing medical care. One of their most common practices was Islamic ruqya, for which they accepted no payment. They treated spirit possession, infertility, and other conditions.⁵

Local African traditions were often combined with Hijazi Islamic influences. When a remedy was prescribed, African patients attributed healing power and symbolic spiritual importance to it. At other times, practitioners advised fasting, a healthy diet, bathing, and massage.⁶ The people of Darfur also used spiritual medicine, and an accomplished healer was known as a tababi.⁷ In the Kingdom of Sennar, a specialized healer called a kai treated conditions associated with magic, possession, and related afflictions.⁸

- The Emirate of Shewa: The Islamic Sultanate of Shewa occupied an important geographical position in the Ethiopian highlands. It stood in a fortified location surrounded by rugged mountains, with the Tekezé River to the right and the Nile Valley to the left. It later extended its influence over neighboring areas, particularly the Islamic territories to its east. For further details, see Dababsiya 'Abd al-Hafiz, "Muslim Migrations to Abyssinia and Their Civilizational Effects from the Prophetic Mission to the Fall of the Abbasid State," proceedings of the national conference Migration and Migrants in the Islamic Eras, University of 8 May 1945 Guelma, 23 April 2018, p. 11.

- Shihab al-Din al-'Umari (d. 750 AH/1349 CE), *Routes of Vision through the Kingdoms of the Great Cities*, vol. 4, ed. Hamza Ahmad 'Abbas (Cultural Foundation Publications, 1st ed., 2002), p. 95.

- 'Abd al-'Azim Ahmad 'Abd al-'Azim, "Migration from Mecca to Abyssinia in Early Islam: An Analytical Study in Civilizational Geography," *Arabs and Africa: A Shared Strategic Space Conference*, Future Studies Center, Assiut University, Alexandria, Egypt, 10-12 April 2007, pp. 23-24.

- Muhammad Husayn Mu'allim 'Ali, "Historical Manuscripts in Somalia: Presentation and Critique," *Twentieth International Conference on Arabic Manuscripts: Verification, Preservation, and Documentation*, organized by the International Universities Union in cooperation with the Gazi Husrev-beg Library, Sarajevo, Bosnia and Herzegovina, 6-8 December 2019, p. 3.

- 'Abd al-Jalil Musa Adam, previously cited reference, pp. 81-83.

- Editorial Board, *Africa, Our Continent*, no. 7 (2013), p. 1.

- Muhammad ibn 'Umar al-Tunisi, previously cited source, p. 281.

- Al-Shatir Busayli 'Abd al-Jalil, *Landmarks in the History of the Nile Valley Sudan* (Abu Fadil Press, 1st ed., 1955), p. 121.

Muslims in Kordofan refused to provide psychological and spiritual treatment to non-Muslims. This led many Christians and adherents of traditional religions to embrace Islam.¹ In Kilwa, only a teacher of Islam was authorized to treat patients.²

These practices followed the example of Arab physicians, who gave attention to mental health and recognized suggestion and forms of recreation, such as music, as therapeutic methods.³ The sources consulted for this study, however, provide little information about this form of treatment.

3.4. The Emergence of Bimaristans and Medical Institutions:

The sultans of the Islamic Kingdom of Kilwa maintained a symbolic relationship with the Abbasid Caliphate despite their political independence. They often expressed spiritual and cultural allegiance to it. They may therefore have been influenced by the medical and scientific development of Baghdad and other cities of the Islamic East. One sign of this Hijazi-Islamic influence was the establishment, for the first time in East African history, of mobile clinics by Sultan Abu al-Mawahib. Bimaristans also appeared. These institutions included a pharmacy and a library where some medical subjects were taught. The books were probably brought from the Islamic East, where the first schools of medical education in the Islamic era had emerged.⁴

East African societies also followed the wider Islamic world in using the title hakim, which at the time denoted a physician, because medicine was considered a branch of wisdom. Practitioners searched for effective remedies for diseases prevalent in their kingdoms. They used plant roots and leaves, while some physicians specialized in particular conditions.⁵ These developments may have been influenced by the maturation of the sciences during the early Abbasid period through migration and visiting scholars.⁶ Caliph Abu Ja'far al-Mansur is regarded as the founder of the Abbasid House of Wisdom. Under Caliph al-Ma'mun, it developed into a center for scientific research and intellectual production, in which medicine occupied an important place.⁷

Conclusion:

The study concludes that Hijazi merchants and migrants contributed to the transmission of medical knowledge and therapeutic practices to East Africa through networks of trade, migration, and maritime communication. This knowledge was not transferred in a fixed or passive form. It was adapted to the African environment and to local knowledge, producing interaction and integration between Islamic and

- Ibn 'Umar 'Ubayd Allah, "Observations on the Spread of Islam in Southern Kordofan," African Studies, no issue or publication date stated, p. 193.

- Al-Sirr Sayyid Ahmad al-'Iraqi, previously cited reference, p. 96.

- Muhammad Mahmud al-Hajj Qasim and Maha Sulayman Yunus, "Psychiatry in Arab-Islamic Civilization: A Historical Perspective," Arab Journal of Psychiatry, vol. 29, no. 2 (2018), p. 175.

- Mahmud al-Hajj Qasim Muhammad, Medical Education in Islamic Civilization (Iraq: Dar Mashki for Printing, Publishing, and Distribution, 1st ed., 2021), p. 14.

- Al-Sirr Sayyid Ahmad al-'Iraqi, previously cited reference, p. 96.

- Miftah Yunus al-Rabbasi, Educational Institutions in the Early Abbasid Period, 132-232 AH/749-846 CE (Misrata: 7 October University, 1st ed., 2009), p. 8.

- Mahmud al-Hajj Qasim Muhammad, previously cited reference, pp. 11-12.

indigenous therapeutic practices. The findings also show that health and medicine are important dimensions for understanding relations between the Hijaz and East Africa during the Islamic era.

Directions for Future Research:

Future research should compare therapeutic practices in the Hijaz with those found along the East African coast. It should also examine the role of ports and commercial towns in spreading medical knowledge. Further work could trace medicinal plants and popular medicine in Arabic and African sources and draw on archaeological and anthropological studies to reveal aspects not recorded in written sources.