

# CONFERENCE PAPER

## Shamanic – Magic Medicine in Opposition to Mazdayasnian Medicine in Ancient Persia

### Abstract

The shamanic–magic medicine in pre-Islamic Iran was an independent system with deep ethnic roots that, rather than being absorbed into the Mazdayasnian framework, interacted with it only peripherally and to a limited extent. Such interaction was mostly evident in the use of certain plants and select rituals, while its intellectual structure and worldview remained distinct. Based on historical records, ethnographic data, and Pahlavi texts, it identifies structural and philosophical differences and similarities between the two systems. Findings indicate that, despite ideological distinctions, shamanic–magic medicine influenced Mazdayasnian medicine in areas such as herbal therapy and certain rituals. Archaeological evidence from Panjikent to the Caspian littoral supports the notion of limited coexistence. Scholarly views diverge: the dominant position sees shamanic–magic practices as a parallel, often opposed tradition, while a minority emphasizes partial functional overlap and shared heritage. This research sheds light on the dynamics of interaction and conflict between these two traditions in the localized contexts of ancient Persia.

**Key words:** Ancient Persia, Persian Medicine, History of Medicine, Magic Medicine, Avesta

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## Introduction

Medicine in pre Islamic Iran was multilayered, with the dominant Mazdayasnian system existing alongside local and ritual healing traditions (Boyce, 1979, pp. 143–145). Among the most prominent of these was the shamanic–magic medicine of eastern and northern Iranian peoples, rooted in spirit oriented beliefs and trance rituals (Zhirmunsky, and Ploskikh, 1982, p. 77). Pahlavi and Islamic sources refer to “sorcerers” (mōgān) and “enchanters” functioning in parallel with *mōbeds* (Narshakhi, 1939, p. 56). The fundamental divergence lay in their conception of disease and treatment, yet certain shamanic elements were reinterpreted within the Zoroastrian framework (Anklesaria, 1956, p. 92). Scholars diverge on this relationship: the dominant view (Boyce, 1979, p. 144; Kellens, 1974, p. 211) treats shamanic–magic medicine as a parallel and often oppositional tradition, whereas a minority (Bahar, 1994, p. 85; Panaino, 2009, p. 57) emphasizes partial overlap, shared ritual elements, and possible common heritage. The combined use of ethnographic data and archaeological findings facilitates the reconstruction of the interaction and conflict patterns between these two systems (Roux, 1984, p. 233). This study addresses their philosophical and methodological contrasts, areas of mutual influence, and evidence of coexistence in peripheral regions.

## Materials and Methods

This historical analytical research employed an interdisciplinary approach, to collect data from main sources, including ancient Pahlavi and Islamic texts (Vendidad, Bundahishn, *Tārīkh i Bukhārā*), archaeological findings from eastern and northern Iran, and twentieth-century ethnographic studies on shamanic groups. Texts were coded via qualitative content analysis, while archaeological and ethnographic evidence were assessed using comparative methods. This combined methodology allows for a multifaceted reconstruction of the intellectual, ritual, and therapeutic landscapes in which these two medical traditions operated.

## Results

### The Position of Shamanic–Magic Medicine in Ancient Persia

Shamanic–magic medicine in ancient Persia held a strong presence in eastern and northern territories, Sogdiana, Khwarazm, Bactria, Hyrcania, and Caspian regions, where steppe ecologies and tribal cosmologies favored ritual rather than humoral healing. Illness was framed as soul loss, spirit attack, or cosmic imbalance, treated through negotiated ritual rather than theological moralization.

Material and textual evidence is notable: Panjikent murals (7<sup>th</sup>–8<sup>th</sup> centuries CE) depict animal mask headdresses, flowing robes, and frame drums in dance like stances. Similar iconography appears in Khwarazm and Ajrni Dara. Talismanic plaques, fumigatory tools, and amulets from Mazandaran and Gorgan attest to integrated herbal–ritual practice. Narshakhi’s *Tārīkh i Bukhārā* records villagers consulting trance specialists for maladies and divination (Narshakhi 1939, pp. 56, 134-136).

Techniques included drumming, chanting, herbal fumigation with *Peganum harmala* or *Ferula assa foetida*, and occasional psychoactives such as *Cannabis sativa*. Movements and gestures were mimetic symbols of cosmic order (Boyce 1979, p. 143; Zhirmunsky, and Ploskikh, 1982, pp. 121-125). Knowledge transmission remained oral, clan-based,



and validated by healing efficacy rather than priestly sanction.

Epic literature preserves echoes of such healing. In the *Shahnameh*, episodes use plant-based “magic” cures: Bang as a trance-inducing or anesthetic in Rudabeh’s childbirth; aromatic smokes to repel malevolent forces in battles or for reviving heroes; and ritual speeches functioning as verbal charms. These episodes parallel shamanic prescriptions, combining pharmacology, symbolic enactment, and invocation, to restore health or strength to figures like Rostam or Bijan (Ferdowsi, 2006, p.179). Such motifs suggest cultural memory of ritual magical healing reframed within heroic narrative.

Interaction with Mazdayasnan medicine was chiefly pharmacological: highly aromatic plants with apotropaic value entered Zoroastrian healing without their animistic context. Zoroastrian law texts condemned spirit trance as Ahrimanic (Darmesteter, 1980, p. 102), ensuring doctrinal distance while limited rural overlap persisted.

**Mazdayasnan Medicine and Its Confrontation with Shamanic – Magic - Medicine**

Mazdayasnan medicine, documented in the *Vendidad*, *Bundahishn*, and later Pahlavi compilations, was integrated into the Zoroastrian cosmology, interpreting illness as an intrusion of druj (evil) or an imbalance among bodily elements. Its therapeutic repertoire included herbal pharmacology, minor surgical interventions, mineral remedies, and ritual purification (*pādyāb*, *nirang*) framed by theological principles (Anklesaria, 1956, pp. 221–223).

Conflict stemmed from opposing ontologies: shamans engaged with spirits; Mazdayasnanians deemed them wholly malevolent. Religious law censured ecstatic trance (Darmesteter, 1980, p. 102), privileging liturgical control. Nonetheless, occasional cross adoption of herbs or purification symbolism occurred. By the late Sasanian period, Mazdayasnan medicine dominated urban and temple centered contexts, while shamanic–magic medicine persisted in frontier and tribal milieus as a culturally distinct, medically potent system.

While certain shamanic plant uses and ritual gestures were selectively absorbed, often rephrased with invocations to Ahura Mazda or the Amesha Spentas, the official doctrine condemned direct spirit contact, trance states, and magical rites as Ahrimanic. This ideological boundary reinforced competition for influence in peripheral communities. Historical accounts (Narshakhi 1939, p. 56) reveal that in some regions both *mōbeds* and shamans practiced in parallel, negotiating patients’ loyalties through differing interpretations of the same ailments. Thus, confrontation manifested both as a theological polemic and as competition in practical healing (Table 1).

**Table 1:** Structural and Philosophical Comparison between Mazdayasnan Medicine and Shamanic–Magic Medicine in Ancient Iran

Comparison Area	Mazdayasnan Medicine	Shamanic–Magic Medicine
<i>Worldview and Cause of Disease</i>	Based on the dualism of Ahura Mazda/Ahriman; illness seen as the attack of demons or as a result of failing to observe religious duties	<i>Disease results from evil spirits, enemy sorcery, or imbalance between humans and the spirit world</i>
<i>Treatment Methods</i>	Purification rituals, Avestan prayers, prescription of herbal remedies, use of pure objects/places	<i>Spiritual journeys (trance), invocation or expulsion of spirits, magical incantations, ritual use of plants and smoke</i>



<i>Social Status of the Healer</i>	Mobeds and Āthraivan priests with formal religious training; official position in the religious–political structure	<i>Shamans or tribal sorcerers; authority derived from personal experience, lineage, or perceived connection with supernatural powers</i>
<i>Interaction with the Other System</i>	Predominantly denies and ideologically opposes magic, aiming to remove it from the official sphere	<i>In borderland or intercultural areas, certain elements were absorbed into Mazdayasnian medicine</i>
Archaeological/ Textual Evidence	Vendidad, Pahlavi literature, passages on purity/impurity and sacred healing; finds from fire places	<i>Panjikent murals, ritual objects, remnants of shamanism in cemeteries of northern and eastern Iran</i>

### Conclusion

This study shows that shamanic–magic medicine and Mazdayasnian medicine, despite shared use of medicinal plants and the integration of ritual in therapy, had fundamentally distinct philosophical roots and operational frameworks. Limited coexistence in peripheral zones allowed for selective transfer of knowledge, yet rigid ideological demarcation prevented systemic merging. Historical, ethnographic, and archaeological evidence indicate that the two systems functioned concurrently and in parallel, interacting only within domains amenable to religious reinterpretation. Such patterns shaped local society: in rural enclaves, shamanic practitioners sustained community identity and continuity of oral traditions; in urban or temple-centered contexts, Mazdayasnian healers reinforced state religion and centralized authority. The resulting cultural dynamic was not merely medical but also political—codifying who could legitimately heal, under what rituals, and with which cosmological justifications. By synthesizing textual data with material culture, this study underscores the complexity of relations between an officially sanctioned religious medical system and indigenous, spirit oriented healing traditions, contributing to a deeper understanding of the socio religious history of medicine in ancient Persia.

### Funding

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### Conflict of Interest

None.

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