

CONFERENCE PAPER

Waqf, Health, and Education in Iran and the Ottoman Empire


Abstract

A review of credible academic sources and historical documents reveals that *waqf* served as a fundamental socio-economic mechanism that facilitated the establishment, funding, and sustainability of hospitals and medical schools in Iran and the Ottoman Empire. While both empires used *waqf* to create self-sufficient and sustainable healthcare infrastructure, significant differences exist in the scale of the institutions and the roles of key patrons. The Ottoman system, exemplified by the grand Süleymaniye Complex and the prominent involvement of court women as *waqf* patrons, highlights a more centralized and bureaucratic approach. In contrast, Iranian examples from the Ilkhanate (1256-1356 C.E.) period to the Qajar (1796-1925 C.E.) era reflect remarkable initiatives that were often less centralized, driven by powerful viziers and individual benefactors. This study underscores that *waqf* was not merely a charitable act, but a dynamic and vital institution for social and scientific advancement. It ensured the continuity of medical services and educational activities, independent of the political and economic fluctuations of governments.

Key words: *Waqf*, History of Medicine, Medical Education, Iran, Ottoman Empire

Received: 15 Aug 2025; Accepted: 4 Sep 2025; Online published: 7 Oct 2025
Research on History of Medicine/ 2025 Oct; 14(Suppl. 1): S91-S94.

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Mehrdad Karimi (Ph.D.)^{1,2} 
Seyed Abbas Hasheminejad
(Ph.D. Candidate)²
Hamed Ahansazan (Ph.D.
Candidate)²

1- Department of Traditional Medicine,
School of Persian Medicine, Tehran Uni-
versity of Medical Sciences, Tehran, Iran
2- Department of History of Medicine,
School of Persian Medicine, Tehran Uni-
versity of Medical Science, Tehran, Iran

Correspondence:

Mehrdad, Karimi
Department of Traditional Medicine,
School of Persian Medicine, Tehran
University of Medical Sciences, Tehran,
Iran; Department of History of Medicine,
School of Persian Medicine, Tehran Uni-
versity of Medical Science, Tehran, Iran

e-mail: mehrdadkarimi@yahoo.com

Citation:

Karimi, M., Hasheminejad, S.A.,
Ahansazan, H., 2025. *Waqf*, Health,
and Education in Iran and the Otto-
man Empire. *Res Hist Med*, 14(Sup-
pl. 1), pp. S91-S94. doi: 10.30476/
rhm.2025.51271.



Introduction

The concept of *waqf* is one of the most prominent traditions in Islam and is deeply embedded in Islamic civilization. *waqf* means “to hold the principal and release its benefits”. In this context, the ownership of the property or asset is permanently preserved, and the income generated is used for the purpose designated by the endower (*waqif*) (Montazer Ghaem, Hosseini, and Azimi, 2012). This tradition serves as an economic and social institution that plays a vital role in promoting justice and alleviating deprivation. Healthcare and medical education have been some of the most significant areas where *waqf* has flourished (Fazlallah Hamadani, 1977). Initially, funding for hospitals in the early Islamic period came directly from state treasuries, as demonstrated by rulers like Walid ibn Abd al-Malik from the Umayyad dynasty and Harun al-Rashid from the Abbasid dynasty. However, this approach faced a major challenge: instability. With the death of a ruler or a shift in government, budget allocations often ceased, resulting in the closure of these essential institutions (Montazer Ghaem, Hosseini, and Azimi, 2012). In response to this challenge, Muslims quickly recognized the need for a more sustainable mechanism to ensure the continuity of hospital operations. The *waqf* institution provided this solution. This research aims to compare how this vital institution manifested and operated in two significant cultural domains: Iran and the Ottoman Empire.

Materials and Methods

This research employed a historical-analytical and comparative approach to examine the role of the *waqf* institution in the two civilizations of Iran and the Ottoman Empire. Using this method, data concerning *waqf* institutions related to hospital construction and medical education were collected from library sources and credible academic documents. Data was subsequently analyzed and compared.

Results

The Role of *Waqf* in Iran

The *waqf* in healthcare has deep roots in Iran, becoming more significant with the advent and spread of Islam. Examples from the 10th century, such as the Amru Leith Safari (d. 925 C.E.) hospital in Zarand, Kerman, illustrate the connection between *waqf* and hospital funding. However, the most notable example in the history of Iranian medicine is the Rab'-e Rashidi complex in Tabriz, constructed by Khwaja Rashiduddin Fazlullah Hamadani (1251-1318 C.E.) during the Ilkhanate period. This complex included an advanced hospital that operated as a comprehensive medical and educational ecosystem (Fazlallah Hamadani, 1977).

In later periods, especially during the Qajar era, the role of individual benefactors in healthcare remained significant. A prominent example from this time is the Najmieh Hospital in Tehran, which was founded and endowed by Najm al-Saltaneh (1854-1932 C.E.), a Qajar princess and the mother of Dr. Mohammad Mosaddegh (the 30th Prime Minister of Iran from 1951 to 1953). Najm al-Saltaneh not only covered the construction costs but also personally supervised the building process and dedicated half of the hospital's beds for treating underprivileged patients (Sayedzadeh Motlagh, 2011). This approach, when contrasted with the centralized Ottoman system, appears to reflect a more decentralized model based on individual and familial generosity.

The Role of *Waqf* in the Ottoman Empire

The *waqf* system in the Ottoman Empire evolved significantly, becoming a vital organiza-



tional and bureaucratic mechanism. This institution often took the form of large urban complexes known as *Külliye*. These complexes served multiple functions in a single location and typically included a mosque, a medical school (*Dar al-Tibb*), a hospital (*Dar al-Shifa*), baths, public kitchens, and caravanserais (Gunergun, Otker, and Ebrahimnejad, 2015). A distinctive and noteworthy aspect of the Ottoman *waqf* system was the central role of court women as patrons and founders of *waqfs*. Referred to as “*rulers behind the curtain*,” these women wielded considerable political influence and utilized favorable economic conditions to maintain a significant presence in charitable and endowment activities (Shavandi, Kamranifar, and Barani, 2020). This highlights a unique aspect of the Ottoman *waqf* system, which was not only involved by ministers but also powerful court women who had a systemic and extensive influence on the funding and management of public institutions. For these women, *waqf* served as a means to expand social and religious influence, thereby contributing to the development of the empire’s public infrastructure (Shavandi, Kamranifar, and Barani, 2020).

Moreover, the services offered in Ottoman *waqf* hospitals were notably advanced in terms of specialization. For example, in Edirne was located the *Dar al-Shifa* of Bayezid II (1447-1512 C.E.), who was the *sultan* (King) of the Ottoman Empire from 1481 to 1512. This hospital included a section specially dedicated to music therapy for mentally ill patients. This illustrates not only the high level of compassion and medical advancement at that time but also the foresight of Ottoman endowers in addressing the diverse needs of society. The existence of endowments for treating injured birds, such as storks (*Ghurabkhaneh-ye Lak-lakan*), further emphasizes the remarkable breadth and scope of this tradition in the Ottoman Empire (Gunergun, Otker, and Ebrahimnejad, 2015).

Discussion and Conclusion

Similarities

The present research indicates that, despite their political and cultural differences, the institution of *waqf* in both Iran and the Ottoman Empire exhibited fundamental similarities. The establishment of *waqf*-funded educational systems began during Seljuk rule, creating a lasting model of religious philanthropy that connected diverse territories under their authority (Gunergun, Otker, and Ebrahimnejad, 2015). In both civilizations, *waqf* served as a stable and self-sustaining financial mechanism for public institutions, allowing them to remain unaffected by the political fluctuations and economic vulnerabilities of governments (Montazer Ghaem, Hosseini, and Azimi, 2012). As a result, hospitals and medical schools were able to operate continuously and provide free services to various segments of society. The primary motivations of the endowers in both regions were similar, stemming from religious teachings and the desire to attain otherworldly rewards, along with the aspiration for their names and legacies to endure in society. These motivations fostered a widespread culture of philanthropy in which individuals from all walks of life—ranging from sultans and viziers to ordinary benefactors—contributed to the development of essential infrastructure.

Differences

The main differences between the Ottoman and Iranian *waqf* systems are primarily related to institutional scale and centralization. The Ottoman *waqf* system was more organized and centralized than its Iranian counterpart, featuring large and multifunctional urban complexes known as *Külliye*. Ottoman *waqf* deeds provided detailed specifications regarding the structure and management of these institutions, indicating a more bureaucratic and systematic ap-



proach (Gunergun, Otker, and Ebrahimnejad, 2015). In contrast, Iranian examples tended to focus on individual initiatives and the influence of viziers or local benefactors. While these individuals were significant, their operations were not as uniform or centralized throughout the empire as those in the Ottoman system.

A notable difference also lies in the role of women as patrons of *waqf*. The court women were the main drivers of *waqf* development at the imperial level. This not only highlights the unique position of Ottoman court women but also suggests that *waqf* in the Ottoman Empire was intertwined with the structure of court power and influence.

Conclusion

In conclusion, it can be stated that the *waqf* institution played a vital and undeniable role in the formation and sustainability of health and medical education in both Iranian and Ottoman civilizations. By providing financial independence, *waqf* enabled the delivery of free services to the general public and ensured the continuity of medical knowledge for centuries. While the fundamental principles and motivations of *waqf* were similar in both regions, the methods of implementation and the driving social and political forces created different patterns. In the Ottoman Empire, *waqf* operated in a centralized manner with extensive support from the court, particularly from court women. In contrast, in Iran, it was more reliant on the initiatives of ministers and individual benefactors.

Authors' Contribution

Mehrdad Karimi: Conceptualization, Writing, Investigation, Methodology, Supervision; Seyed Abbas Hasheminejad: Writing, Conceptualization, Methodology; Hamed Ahansazan: Writing- Review and Editing, Conceptualizing: All authors read and approved the final version of the work.

Funding

None.

Conflict of Interest

The authors declared no conflicts of interest with respect to the research, authorship, and/or publication of this article.

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