Traditional Medical Institutions in Turkestan Rule

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Abstract:
In this article, traditional healing institutions and their activities in the Turkestan region are explored. Beyond hospitals, the analysis extends to public baths, caravanserais, hakims' homes, medical shops in bustling markets, and other therapeutic centers. The discussion encompasses the observance of healing practices in baths adorned with the sanctity of Muslim traditions, emphasizing the involvement of medical staff and the financial support for medical sites.

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Introduction
The main treatment facilities in the Turkestan region are hospitals built by the state, and their activities are financed from the foundation's assets. Before the conquest of Turkestan by the Russian Empire, the health and treatment of the people were the direct responsibility of the government and the head of the state. This situation is part of state management, and the sources also say that "it is the duty of Islamic rulers, rulers, and country managers to take care of people."[15]. It can be seen from this that protecting people's health and protecting them from various health-damaging threats was one of the tasks of the regular state. Because in the middle ages, in a production system based on manual labor, the prosperity of the state depended on the population and health, and by the end of the middle ages, the demand for the state's manpower and military power would also increase. Such factors have caused the state to always keep in mind the issue of public health.

By the end of the Middle Ages, treatment facilities in Turkestan can be conventionally divided into three groups: hospitals, baths where treatment procedures are carried out, and, as an exception, healers'
Hospitals have existed in Turkestan since ancient times, and it is known that there were centers where patients were treated in the presence of “atashkadas” mentioned in Avesta [4:64]. In the middle Ages, it became a tradition to build a hospital, and governors and heads of state paid great attention to the construction of various scientific centers and monuments in their territory. For example, according to the documents of 1046–1068, Ibrahim Tamgach Khan, who was the governor of Samarkand in the middle of 1066, opened a new hospital (Darul-shafaqa) on Rrivdod St. [22:35]. This tradition continued until the establishment of the colonial system. Even in the 18th and 19th centuries, hospitals operated under the patronage of state officials or their endowments. One of these institutions is the Dorush-shisho hospital, which was built in Registan Square in Bukhara. The building of the hospital was one story and had the appearance of a madrasa [20:13].

In the 19th century, most hospitals were attached to madrasas, and the mudarris organized theoretical training for students and practical training in treating patients in hospitals. That is, theoretical knowledge and practical training are continued side by side. It is worth mentioning that in the period of the last khans, waqf properties gained great importance in financial matters. Most of the social facilities were supported by waqf funds, and the distribution of funds was also based on certain rules. In the hospital, it was decided to provide students with food from the income of the foundation, and most importantly, the patients were also given separate food [2:108, 243]. In the documents of the foundation that distributes the expenses of the hospitals, the holders of positions such as firewood or heating of the institution are also mentioned, and if we take into account that special funds were allocated to them, it can be said that these institutions functioned around the clock based on the four seasons of the year and the fact that the mudarris and future hakims lived there. This hospital was in operation until the 20th century. It later ceased operations due to the government’s attitude towards the national health system and education. Meals and other social support for inpatients or hospital staff show that in the national medical system, it is a regular practice to provide benefits and meet the needs of the staff in medical institutions.

In the Khiva Khanate, the Ark complex was also a center that served as a hospital. The difference is that the old Ark served as a maternity hospital for Khan’s family and women and a hospital for high-ranking people. According to the rules in the khanate, the wife of a khan or a nobleman must come to the Old Ark and give birth [6:10]. Dietary meals and all conditions are created in separate rooms for high-ranking patients treated here. The operation of a separate hospital for high-ranking families in Khiva would, firstly, prevent unnecessary talk about the khan’s family and high-ranking people suffering from any disease, and secondly, allow them to create the necessary conditions for themselves.

Hospitals used by state officials and residents were opened and operated in Kokand, Tashkent, and other regions. For example, at the time when the Tashkent principality was separated from the Kokand Khanate, a hospital was established on the coast of Kaikovus. After Beklik began to conduct independent politics, this hospital was mainly directed at the treatment of generals [1:35]. The hospital worked in this order until Beklik was re-integrated into the Kokand Khanate.

As a rule, prominent hakims of the time worked in most of the hospitals and, at the same time, taught the secrets of medicine to students. For example, according to the waqf condition, at the Darush-shifa mentioned above, the most powerful hakims of the emirate should be a mudarris [2:247]. Usually,
these hospitals have special rooms for patients to be treated while lying down, pharmacies, bathrooms, kitchens, etc. [20:18]. It can be seen that almost everything related to treatment is embodied in hospitals with high income or state importance. Because it requires certain expenses, it was not found in full form in small hospitals or private institutions established in hakims’ homes.

By the turn of the 19th century, there was stagnation in the medical field, as in other social fields, in Turkey. In particular, the number of medical institutions is disproportionate to the population, and as a result of the fact that their financing issues are not the same as before, the population is more likely to turn to hakims for treatment rather than to hospitals built by the state.

Bathrooms.

In Eastern countries, including Turkestan, baths have long been known as places for treating patients. The great Ibn Sina, in his book "The Canon of Medicine," dwells on the virtues of the bath, and its benefits are that it improves sleep, cleanses the body, and prevents fatigue [3:53–55]. He wrote and recommended the use of baths in the treatment of most diseases. Alisher Navoi also built his "Shifoiyar" and "Safoiyar" hospitals next to the bathhouse [20:15]. Because the practice of health care is based on personal cleanliness, on the other hand, the population also accepted baths as a place of healing. The society's attitude toward the bathhouse is clearly shown in the following statement by Herman Vambery: "In the East, if they want to show the superiority of a city, they first start by writing about its baths. On the contrary, if they want to make the city a bad horseman, they spread rumors about its dirt" [7: 98–104]. It can be seen that the sanitary condition of the area, the cleanliness of the population, and the activity of the baths, which were considered places for the treatment of certain diseases, determined the rating of the city in today's language.

If we look at the history of baths in Turkestan, their organization and operation are similar to those of hospitals. In most cities, organized baths are built near or adjacent to hospitals. Usually, this amount is covered by the state, as activities such as ensuring the operation of the baths and maintaining their regular cleanliness and heating require a lot of money. The construction of baths was also usually carried out on the initiative of state leaders. One of such baths, Anusha Khan's bath, is one of the famous places in Khiva and was built during the reign of Abulgazi Bahadir Khan, that is, in 1657 [9:21].

In the 18th and 19th centuries, there were changes in the activity of baths. They also passed into the hands of certain people and became a source of income. For example, in the work “Tarixi jadidaiy Tashkent”, it is noted that baths in Tashkent were private and were named after the owner, and the author mentioned the names of five such private baths [19:38]. In 1884, 11 baths were operating. In Margilon, too, the baths were dedicated to madrasas built by individuals. For example, it can be seen in the sources that a bathhouse was built near the Khishtin madrasa in the Grand Bazaar, and that madrasa was dedicated to him [13:88]. Baths have an important place in the social life of the city of Samarkand. The total number of baths in the "old city" was 7, and in the new city it was 4 [17:18]. The reason for such changes is the need of the population, and there was also an issue of trust in ground services. So, in Turkestan during that period, baths also performed the function of "medical institutions," protecting the health of the population.

If you pay attention to the construction of the baths and the location of the rooms in Turkestan, you can see the treatment-oriented and specialized construction. In the baths, there are open rooms with a large
shower where massages and treatments are carried out. This treatment also had its own procedure for taking measures. Based on the client's wishes and the suitability of the treatments for his body, he accepted the treatment measures in a row.

Who operated the baths and who were the healers? It should be noted that there was no special medical staff in the baths. Because the main method of treatment in baths is based on practical actions. Based on this, several experienced massage therapists and other assistants served in each bath [21:290]. In particular, “hodim” who was masseurs, and “haltador” who was cleaners of the body, “bibihalfa”, those who treat women with various ailments, worked in the bathhouse.

Taking into account factors such as the age of the client and whether he is sick or not, the massage therapist widely used poultry fat, yogurt, honey, and horse and camel fat in the massage. The activities of masseurs in baths show that they have knowledge at the level of being able to diagnose such issues as human temperament, skin sensitivity, and the condition of internal organs and to prescribe treatment based on this. Haltador and other assistants were busier cleaning the body than treating it.

So, in addition to hakims and judges, there were also people who, although they did not claim to be hakims, took care of people's health based on their profession. Given the scarcity of hakims and few medical facilities in society, public health in Turkestan has been maintained at the expense of bathhouses and similar health centers and their staff.

What was the procedure for using the baths, and how were the treatments performed? The use of the baths was carried out on the basis of certain fees, and this amount was mainly used for the maintenance of the building, while the funds of the high-income baths were provided in the form of waqf for the expenses of other areas. In particular, the income from the bath built in Kokand with Khudoyar Khan's funds was donated to the mosque [10]. So, bathrooms are classified according to their location and size. Its price was affordable. Because, taking into account the role of baths in maintaining public health, a low price has been set for the population. The issue of price and revenue is regularly monitored. In particular, only in Samarkand, the price of a bath is a small amount of money, and lightness is introduced before holidays and other similar important events. At this time, Samarkand residents and even foreign visitors to the city were allowed to use the bath for free [7:98–104]. After the introduction of medicine in the territory of Turkestan, the health of the population and attention to their personal hygiene and maternity issues were usually entrusted to the centralized hospital, outpatient clinic, and sanitary police. When a new order was established during the Khanate period, some of these needs were fulfilled by public baths.

Who could use the bathhouse? It was traditionally a place for men. Only slaves were not allowed to enter Anusha Khan's bath [9:21]. In another source, it is said that "bathrooms were mainly a place for men, and it was considered impolite for women to go there" [11:151]. The fact that slaves were not allowed in Anusha Khan's bathhouse can be explained by the great influence and prestige of this place and the status of slaves in society. During this period, the rooms of the baths were specialized only in terms of service areas. Residents used all the same rooms without receiving special services in separate rooms depending on their class. It was considered that the arrival of slaves in the units would damage the reputation of the establishment.

If you look at the general structure and work of the bathrooms in Turkestan, it is worth noting that in most cases, facilities for men have been created. However, in the sources, it is noted that women also went to the bathhouse on a certain day of the week or from the point of view of the order of performing certain rituals, and they also considered it a place of purification. For example, among
Turkestan women, a woman who recently had a baby came to the bathhouse with her mother-in-law and other close relatives after coming out of the house. After being treated with medicines made from cannabis based on the pictures, he was bathed and taken out of the “chilla” [21:290]. Therefore, women saw the bathhouse not for physical purification but as a place for performing various rituals related to sex and childbirth, as well as a place for both physical and mental recovery. From this, it can be concluded that if there is a ceremony for women in the bath, then they also used the bath, and as mentioned above, the activities of the “bibihalifa” also show that women used the bath as a place of healing. During this period, it was possible to impose some restrictions on the population based on caste, but it was difficult to impose specific restrictions on treatment, purification, and other issues based on gender. Because there are few private bathrooms in people's houses and because purification in the bathroom has reached the level of a separate tradition, it was impossible to exclude women from this process.

The baths had specific treatment rooms, and visitors used this service depending on their health complaints. For example, the famous Anusha Khan bathhouse in Khiva had a separate massage room, where, in addition to these treatments, there was also the possibility of shaving teeth and drawing blood [9:21]. It is noteworthy that special herbs were sold in this bathhouse, and teas made from these herbs cleansed the body from various diseases. Herbal infusions and bath air have been shown to relieve pain by making the body sweat.

Therefore, before the introduction of medicine to the country, Turkestan has used to treat some personal ailments and colds by means of baths, and specialists who knew special treatment methods worked here. During this period, baths specialized in the treatment of various physical diseases rather than keeping the human body clean. For this reason, the state paid special attention to the construction of bathhouses in all cities and their operation. It is true that the baths could not perform the function of a hospital, but even so, they had a special place among the population as a place of healing.

Hakims’ houses and their streets.

The next among the treatment masks were the hakim’s patient reception points, houses. Naturally, not all hakims work in hospitals. By the 18th century in Turkestan, most of the hakims worked independently, or, in other words, the percentage of personnel working privately in the field was high. For this reason, famous healers received patients in crowded places or in their homes, where they were easy to find.

If we interpret the houses of hakims as a place of healing, it is known that the disease does not choose time or place, so people’s need for a hakim appeared at any part of the day. In such a situation, the best way is to seek a hakim at home. At that time, hakims specialized in the treatment of certain diseases. For example, there were massage therapists, skin disease practitioners, blood collectors, joint healers, dental healers, and other specialized physicians [12:160]. As a result of the regular reception of the sick in his house, the neighbourhood or street where the hakim lived was named after him. Because of several hakims of the same specialty living in the same neighbourhood or street, "hakim streets" or separate “guzar”s appeared. In particular, in Bukhara, Registan was divided into 19 neighbourhoods, and it included Guzars named "shikastabandon" and "tabiban" [O. Suxareva, 136]. Or in Tashkent, Moshtabib was famous among the people for receiving patients in his yard on "Tabib ko`cha" [1:8]. As mentioned above, the organization of such treatment places by hakims is related to their private activity; on the other hand, it is caused by the quick treatment of some patients (sprained, broken, or...
bitten by poisonous insects) or a certain professional procedure in the treatment of diseases. Because of requirements such as the presence of necessary equipment belonging to the hakim, which cannot be found in others, the storage of medicines in certain conditions, and the use of special items for the preparation of medicine, the hakims equipped treatment rooms in the form of a small hospital, even in their own homes.

If we consider that the names of the streets or alleys where hakims live are the result of the long-term residence of the owners of this profession, it is clear that the occurrence of such toponymies even in the 19th century indicates that medicine was in a dynastic form.

Healers also worked in crowded places where people gathered and were easy to find. By the 19th century, in most cases, the main "place of work" of healers was markets and city streets. Most healers received patients and treated them in their "shops," located in the bazaars. For example, the shops of healers who operated in Bukhara were located in the most populated points of the market [5:19]. Mirzo Siroj Makhdum, a scientist who is familiar with national medicine, discovers a special method of treatment for rishta disease, which is common among Bukhara people. He opens his clinic from the locksmith stall of the market so that more people can use this service [14:32]. He healed more than a hundred people during his career. The remarkable thing was that, while mostly healers were engaged in treatment in the bazaars, Mirza Siroj Makhdum was not a healer but a highly qualified hakim. The reason why the hakim was also placed in the market for the purpose of treatment is that this place has become a place where people get treatment for their illnesses for centuries. To recall the population from the place of study to another point required good competition, a lot of work, and a long time. Considering this factor, it can be said that Mirza Siroj Makhdum obeyed the existing regulations regarding the place where he communicates with the sick. Later, not only hakims but also national cadres who were knowledgeable about medicine offered their services in or near the market for a certain period of time.

The same situation is observed in Khiva, and for many years, the markets have served as hospitals and pharmacies for the population [9:28]. A participant in the military campaigns in the occupation of Turkestan, M. Galkin, says that healers deal mainly with the markets. Here, each hakim has a special shop, and in these shops, the hakim can diagnose the patient, extract teeth, extract bones, treat fractures, and sell medicines that cure diseases. In addition, healers sold all kinds of medicated salts, rodenticides, mercury, and even special prayers to patients in the market. These shops were also known as "custom pharmacies." Among the people, such shops are called "charchi saryoi," and they are usually located in the closed bazaar [8:132].

The Moshtabib dynasty, which has been operating in Tashkent for several centuries, is also recorded in the sources as being engaged in trade besides medicine in the market [1:12]. It has even been suggested that one of the factors in the emergence of the term "moshtabib" is that the representatives of the dynasty were engaged in the sale of mash in the market for a living and became hakim-moshtabib.

In Kokand, bazaars were also the main center for the sale of drugs, where it was easy to find the necessary cannabis or other healing compounds. By the 19th century, the population of the Khanate used to buy necessary medicines from the central markets. For example, when Mohammad Hakim Khan To’ra, who lived at that time, fell ill, his servants brought medicines from the market several times [22:10].

Based on the needs of the population and the number of clients, hakims have established their own small, specialized centers in areas other than markets. During this period, hakims and pharmacies were
established in order to provide services to tourists and visiting merchants at large caravanserais [20:21]. There was a special room for hakims in the caravansary [16:54], and they helped the guests from far and near when they got sick. Often, the healers were not always busy there and visited the caravanserai only when called upon. However, the owners of caravanserais and hotels have always established a connection with a hakim close to them because there may be a need for treatment here.

One of the reasons why hakims go out to the markets and corridors and organize small treatment units in special places for independent activities, on the one hand, is the small number of hospitals and the lack of vacancies in those institutions. On the other hand, it happened later, due to various political and economic reasons, because of a decrease in the state's attention to hospitals. In addition, the large population and the inability of the existing hospitals to meet the needs led to the emergence of various private medical institutions.

**Conclusion**

In conclusion, it can be said that during this period, the treatment facilities typical of the national medical system in the Turkestan region were divided into two parts. The first were public hospitals and baths funded by the government or waqf property, and the second were medical institutions that arose because of the independent practice of hakims. The provision of institutions of the first type was moderate and managed based on certain procedures and rules. Hakims' houses and treatment points in crowded places appeared because of social demand, and their profit depended on the hakim's popularity, education, and purchasing power. It should be said that the number of public hospitals and baths was small, and these institutions were established mainly in cities or in special places (for example, a sewerage system was needed for the construction of baths and a sewage system with the possibility of discharging the used water). And the healing points of the healers were organized in places with a larger population and easy-to-find people coming from far away.

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