O‘ZBEKISTON RESPUBLIKASI FANLAR AKADEMIYASI
TARIX INSTITUTI HUZURIDAGI ILMIY DARAJALAR BERUVCHI
DSc.02/30.12.2019.Tar.56.01 RAQAMLI ILMIY KENGASH
TARIX INSTITUTI

XURSHID SIROJIDDINOVICH JUMANAZAROV

TURKISTONDA MILLIY TIB AN’ANALARI VA TIBBIYOT TARIXI (XIX ASR OXIRI – XX ASR BOSHLARI)

07.00.01 – O‘zbekiston tarixi,
07.00.07 – Etnografiya, etnologiya va antropologiya

TARIX FANLARI DOKTORI (DSc) DISSERTATSIYASI AVTOREFERATI

Toshkent, 2024

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Оглавление автореферата докторской диссертации

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Azamat Ziyo
Ilmiy darajalar beruvchi Ilmiy Kengash raisi, tarix fanlari doktori, akademik

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KIRISH (doktorlik dissertatsiyasi (DSc) annotatsiyasi)

Dissertatsiya mavzusining dolzarbligi va zarurati. Jahon mamlakatlari tomonidan olib borilayotgan tibbiy siyosatning insoniyat genofondiga ta’siri hamda rivojlangan davlatlarning tibbiy sohaga siyosiy-iqtisodiy qurol sifatida qarashi insoniyat uchun global bo‘lgan muammolardan biriga aylanmoqda. Ayniqsa, tarixan Turkiston o‘lkasiga bevosita daxldor bo‘lgan mamlakatlarda bu kabi muammolarning kelib chiqishida umumiy bo‘lgan jihatlar kuzatilib, bular asosan, mintaqaning 19 – 20 yuzyilliklarda mustamlakachi davlatga qaramlik davrini boshidan kechirganligi va mazkur davrda milliy tibbiyot tizimining tanazzuli hamda hukmron davlat tomonidan olib borilgan tibbiy siyosatning oqibatlari bilan uzviy bog‘liqligida namoyon bo‘ladi. Ayni shu jihatdan mazkur masalalarning tarixiy ahamiyati bugungi kunda ham dolzarbligini ko‘rsatmoqda.

Zamonaviy dunyoda xorijdagi ilmiy tadqiqot markazlari tomonidan yaqin o‘tmishda turli xalqlarning milliy tib tizimiga xos bo‘lgan an’analari, aholining salomatlik madaniyatiga doir qarashlari hamda zamonaviy tibbiyotning joriy etilishi bilan bog‘liq jarayonlar keng o‘rganilmoqda. Xususan, Turkiston o‘lkasida milliy tib va uning an’anaviy ko‘rinishlari, tabiblik kasbi hamda bu kasbga xos bo‘lgan urf-odatlar, turkistonliklarning salomatlikka doir etnohududiy xususiyatlari kabi sohalar asosiy yo‘nalishlar sifatida ilmiy izlanishlarga asos bo‘lmoqda. Bundan tashqari, mintaqada mustamlaka tizimi o‘rnatilgandan so‘ng ijtimoiy munosabatlardagi o‘zgarishlar, jumladan, aholi salomatligini saqlash, tibbiyot joriy etilishi bilan bog‘liq vaziyat va mustamlaka hukumatining olib borgan tibbiy siyosati oqibatlari tadqiq qilinmoqda. Shuningdek, milliy tib an’analarining yutuq va kamchiliklari, mustamlaka tibbiyotini joriy etishdan ko‘zlagan maqsadlari, hukumatning milliy tibga bo‘lgan munosabati va aholining salomatlik bilan bog‘liq empirik bilimlari kabi masalalarni xolis o‘rganish o‘zining dolzarbligini saqlab qolmoqda.

Mustaqillik yillarida o‘zbek xalqining qadimiy o‘tmishini o‘rganish, ayniqsa mustamlaka sirtmog‘ida qolgan davr tarixiga har tomonlama, haqqoniy baho berishga bo‘lgan intilish kuchaydi. Turkiston o‘lkasining siyosiy, ijtimoiy va iqtisodiy holatini turfa xil manbalar asosida tadqiq qilish asnosida mustamlaka davrida aholi sog‘lig‘ini saqlash siyosati, salomatlikka doir qarashlarning o‘zgarib borishi va bunda milliy tib vakillari hamda ziyolilarning o‘rni kabi jihatlarni xolisona, milliy manfaatlar nuqtai-nazaridan o‘rganish dolzarblik kasb etmoqda. Zero, “milliy tarixni milliy ruh bilan yaratish kerak. Aks holda, uning tarbiyaviy ta’siri bo‘lmaydi. Biz yoshlarimizni tarixdan saboq olish, xulosa chiqarishga o‘rgatishimiz, ularni tarix ilmi, tarixiy tafakkur bilan qurollantirishimiz zarur”[1]. Rossiya imperiyasi bosqini arafasida Turkistondagi tibbiy an’analarning ahamiyati, sog‘liqni saqlash masalalari, o‘lkaga mustamlaka tibbiyotining kirib kelishi va uni targ‘ib qiluvchi kuchlar faoliyati, milliy kadrlarni yaratish muammolari, tibbiy xizmatni yo‘lga qo‘yishdagi biryoqlama siyosat kabi boshqa jarayonlarni o‘rganish tadqiqotning dolzarbligini belgilaydi.

O‘zbekiston Respublikasi Prezidentining 2022-yil 28-yanvardagi PF-60-son “2022 – 2026-yillarga mo‘ljallangan Yangi O‘zbekistonning taraqqiyot strategiyasi

[1] O‘zbekiston Respublikasi Prezidenti Sh.M. Mirziyoyevning 2021-yil 19-yanvarda “Jamiyat hayotining tanasi iqtisodiyot bo‘lsa, uning joni va ruhi ma’naviyatdir” nomli nutqi // https://president.uz/uz/lists/view/4089.

to‘g‘risida”gi Farmoni, 2021-yil 26-martdagi PQ-5040-son “Ma’naviy-ma’rifiy ishlar tizimini tubdan takomillashtirish chora-tadbirlari to‘g‘risida”, 2022-yil 15-yanvardagi PQ-4668-son “O‘zbekiston Respublikasida xalq tabobatini rivojlantirishga doir qo‘shimcha chora-tadbirlar to‘g‘risida”gi Qaror va sohaga oid boshqa me’yoriy-huquqiy hujjatlarda belgilangan vazifalarni amalga oshirishda ushbu tadqiqot muayyan darajada xizmat qiladi.

Tadqiqotning respublika fan va texnologiyalari rivojlanishining ustuvor yo‘nalishlariga mosligi. Tadqiqot respublika fan va texnologiyalari rivojlanishining I. “Axborotlashgan jamiyat va demokratik davlatni ijtimoiy, huquqiy, iqtisodiy, madaniy, ma’naviy-ma’rifiy rivojlantirishda innovatsion g‘oyalar tizimini shakllantirish va ularni amalga oshirish yo‘llari” ustuvor yo‘nalishi doirasida bajarilgan.

Dissertatsiya mavzusi bo‘yicha xorijiy ilmiy-tadqiqotlar sharhi[2]. Turkistonda milliy tib tizimi va tibbiy an’analarning mintaqaviy jihatlari, o‘lkaga mustamlaka tibbiyotining kirib kelishi va joriylanishi bilan bog‘liq jarayonlarga bag‘ishlangan izlanishlar dunyoning turli yetakchi ilmiy tadqiqot markazlari va universitetlarida olib borilmoqda. Xususan, Kolumbiya universiteti (Nyu-York, AQSh), Milliy sog‘liqni saqlash instituti (Vashington, AQSh), Yevropa, Rossiya va Yevroosiyo tadqiqotlari instituti (Karlton, Ottava Kanada), Lyudvig Maksimilians universiteti (Myunxen, Germaniya), Maks Planka (Bavariya, Germaniya), Sharq tillari va sivilizatsiyalari instituti (Parij, Fransiya), Avstriya Fanlar akademiyasining Markaziy Yevroosiyoda islomni o‘rganish qo‘mitasi (Vena, Avstriya), Mahalliy maxsus xizmatlar tarixini o‘rganish jamiyati, Oltay davlat pedagogika universiteti (Oltay, Rossiya), Ch. Valixonov nomidagi Tarix va etnologiya instituti (Olmaota, Qozog‘iston), “Qirg‘iziston-Rossiya slavyan univesiteti” davlat oliy kasb-hunar ta’limi muassasasi (Bishkek, Qirg‘iziston) shular jumlasidandir.

Jahonda olib borilgan tadqiqotlar natijasida Turkiston o‘lkasida tibbiyot tarixi va an’analari masalasiga doir quyidagi ilmiy natijalar olingan: Turkistonda tibbiyotning joriy etilishi tarixi hamda Rossiya imperiyasining tibbiy siyosatini amalga oshirishida shifokorlardan hukumatning mintaqadagi maxsus vakillari sifatida foydalanganligi asoslangan Kolumbiya universiteti (Nyu-York, AQSh); Turkistonda kuzatiladigan o‘lkaga xos yuqumli kasalliklar va epidemiyalarni oldini olishga qaratilgan chora-tadbirlarning hukumat tomonidan izchil tashkil qilinmasligi tibbiy turg‘unlikdan tashqari iqtisodiy tanazzulga sabab bo‘lganligi dalillangan Milliy sog‘liqni saqlash instituti (Vashington, AQSh); 1892-yilda Toshkentda tarqalgan yuqumli kasallik mohiyatan mustamlaka imperiyasining etnik siyosatini ochib bergani, ruslar turkistonlik aholidan qanchalik alohidalashuvni xohlasada, tibbiy to‘fonlar ularni ma’lum maqsad yo‘lida birlashishga majbur qilishi asoslangan Yevropa, Rossiya va Yevroosiyo tadqiqotlari instituti (Karlton, Ottava Kanada); Rossiya imperiyasida shifokorlarni chekka hududlarga ishga yuborishdan ko‘zlangan ustuvor maqsad milliy aholi toifasining sog‘lig‘ini saqlash emas, balki harbiylar va ko‘chib

[2] Dissertatsiya bo‘yicha xorijiy ilmiy tadqiqotlar sharhi sites.columbia.edu; https://www.ncbi.nlm.nih.gov; https: carleton.ca; https://www.mp.de; http://www.inalco.fr; https://www.oeaw.ac.at/sice; https://gose.geschichte.uni-muenchen.de; https:// old.altspu.ru; https://iie.kz; https://www.krsu.edu.kg va boshqa manbalar asosida tayyorlandi.

kelgan yevropalik aholi qatlamiga xavf tug‘diruvchi manbalarni nazorat qilish hamda imperiyaning mustamlakachilik siyosatini mustahkamlash ekanligi asoslangan Lyudvig Maksimilians universiteti (Myunxen, Germaniya); Rossiya imperiyasi davrida Turkistonda sog‘liqni saqlash tizimining ahvoli: milliy tib tizimi, tabiblar faoliyatining saqlanib qolishi hamda mustamlaka hukumatining ularga qarshi siyosat yuritmaganligi va buning sababi sifatida Imperiya hukumatida Turkiston bo‘ylab tibbiyotni to‘la joriy etish imkoniyatining yo‘qligi dalillangan Maks Planka (Bavariya, Germaniya); har qanday siyosiy tizim tibbiyotni qurol sifatida ishlatishi mumkinligi, bu hodisa aynan Turkistonda mustamlakachilik siyosatini yuritish asnosida Rossiya imperiyasi tomonidan amalga oshirilganligi va uning natijasida milliy tib an’analarining tanazzulga qarab ketganligi aniqlangan Sharq tillari va sivilizatsiyalari instituti (Parij, Fransiya); 18-yuzyillik oxirida Turkistonda yuqumli kasalliklarning tarqalishi va hukumatning bunga qarshi harbiylar yordamida qat’iy choralar ko‘rishi, aholi esa, olib borilayotgan tibbiy siyosatni to‘la anglab yetmasligi natijasida turli xil xalq qo‘zg‘olonlariga sabab bo‘lganligi asoslangan Avstriya Fanlar akademiyasining Markaziy Yevroosiyoda islomni o‘rganish qo‘mitasi (Vena, Avstriya); Turkistonda barcha davlat idoralari kabi tibbiy muassasalar ham, avvalo, shaharning ruslar yashaydigan qismida tashkil qilinganligi va o‘lkada butun boshli tibbiy tizim harbiylar qo‘li bilan boshqarilganligi hamda buning siyosiy sabablari dalillangan Oltay davlat pedagogika universiteti (Oltay, Rossiya); Turkiston o‘lkasida mustamlaka hukumati o‘zining tibbiy siyosatini g‘oyaviy jihatdan mustahkamlash maqsadida ayollar va bolalar uchun bir muddat bepul tibbiy xizmatni joriy etganligi asoslangan Ch. Valixonov nomidagi Tarix va etnologiya instituti (Olmaota, Qozog‘iston), Rossiya imperiyasining Turkistonda olib borgan ijtimoiy siyosati, jumladan, tibbiy soha uchun ham muntazam ravishda davlatning kam mablag‘ ajratib borishi natijasida imperiya tugagunga qadar tibbiy tizim mablag‘ tomondan qiyinchiliklarga duch kelgani dalillangan “Qirg‘iziston-Rossiya slavyan univesiteti” davlat oliy kasb-hunar ta’limi muassasasi (Bishkek, Qirg‘iziston).

Jahonda Turkiston o‘lkasining Rossiya imperiyasiga qaramlik davrida tibbiyot va salomatlik masalari bilan bog‘liq quyidagi tadqiqotlar olib borilmoqda: o‘lkada istiqomat qiluvchi turli aholi toifasining ovqatlanish ratsioni va uning salomatlikka ta’siri; Turkiston o‘lkasida shifobaxsh dorivorlarni yetishtirish va savdo munosabatlarida bu mahsulotlarning tutgan o‘rni masalasi; Turkiston general-gubernatorligi va yarim vassal maqomidagi amirlik, xonlik aholisining ijtimoiy-iqtisodiy hayotida o‘zaro o‘xshashliklar va o‘ziga xos bo‘lgan jihatlarni o‘rganish.

Muammoning o‘rganilganlik darajasi. Turkistonda tib an’analari va tibbiyot tarixiga doir ilmiy tadqiqotlarni davriy jihatdan quyidagi guruhlarga bo‘lib o‘rganish mumkin: 1. 19-yuzyillik oxiri – 20-yuzyillikning 20-yillariga qadar yaratilgan adabiyotlar; 2. 1917 – 1991-yillarda yaratilgan adabiyotlar; 3. 1991-yildan keyingi tadqiqotlar.

Tadqiqotning tarixshunosligi shuni ko‘rsatadiki, Turkiston o‘lkasida milliy tib an’analari va tibbiyot tarixiga doir ilmiy izlanishlar, tibbiyot, tarix, manbashunoslik, jamiyatshunoslik, huquqshunoslik fanlari nuqtai-nazaridan o‘rganilgan bo‘lsa-da, asosiy e’tibor o‘lkada faoliyat yuritgan shifokorlar, hududga xos kasalliklarning

xususiyatlari, ayrim mahalliy davolash usullari hamda milliy tibga oid bo‘lgan asarlar tahlili asosida amalga oshirilgan. Mavzuning tarixshunosligi mazkur dissertatsiyaning 1 bobida batafsil bayon etilgan.

Tadqiqotning respublika fan va texnologiyalari rivojlanishining ustuvor yo‘nalishlariga mosligi. Dissertatsiya Volksvagen fondining “Daryoning ijtimoiy hayoti: Norin-Sirdaryoning ekologik tarixi, ijtimoiy dunyoqarashi va nizolarni boshqarish” nomli xalqaro ilmiy loyihasi va O‘zbekiston Fanlar akademiyasi Tarix institutining ilmiy tadqiqot ishlari rejasi hamda OT-A1-127-“O‘zbeklarning zamonaviy etnoekologik madaniyati” (2017–2018)” nomli amaliy loyihalari doirasida bajarilgan.

Tadqiqotning maqsadi 19-yuzyillik oxiri – 20-yuzyillik boshlarida Turkiston o‘lkasida milliy tibga xos an’analar hamda mustamlaka hukumatining tibbiy siyosati va uning oqibatlari masalasini tarixiy-etnologik jihatdan ochib berishdan iborat.

Tadqiqotning vazifalari:

Turkistonda sog‘liqni saqlash an’analarining hududiy va umummintaqaviy xususiyatlarini tarixiy-etnografik jihatdan ochib berish;

Hududda faoliyat yuritgan tabiblar va ularning faoliyatiga doir an’analarni etnografik materiallar asosida tahlil qilish;

Turkiston general-gubernatorligining tibbiyot sohasidagi siyosatidan ko‘zlangan maqsadlarni ko‘rsatib berish;

Turkistonda general-gubernatorlik tomonidan mintaqada olib borilgan tibbiy kadrlar siyosatini tahlil qilish;

Tibbiy sohadagi moliyaviy siyosat va tibbiy muassasalarni tashkil qilish masalasini tadqiq etish;

Milliy tib an’analari va mustamlaka tibbiyotini joriy etishdagi vaziyatni etnografik ma’lumotlar asosida o‘rganish;

Hukumatning milliy sog‘liqni saqlash tizimiga nisbatan munosabatini va tabiblar faoliyatiga bo‘lgan qarashlarini tarixiy-etnografik tahlillar asosida ochib berish;

Turkistonlik ziyolilarning tibbiy tizimga bo‘lgan qarashlarini tahlil qilish.

Tadqiqotning ob’ekti sifatida 19-yuzyillik oxiri va 20-yuzyillik boshlarida Turkiston o‘lkasida milliy tib an’analari va uning mintaqaviy xususiyatlari hamda mustamlaka hukumatining tibbiy siyosati tarixi olingan.

Tadqiqotning predmetini Turkistonda milliy tib ilmi va uning an’anaviy ko‘rinishlari, etnohududiy xususiyatlari, o‘lkada mustamlaka hukumati tomonidan yangi tizimni boshqarilish siyosati va unda diniy, etnik va siyosiy omillarning tutgan o‘rni hamda an’anaviy va zamonaviy tibbiy qarashlarning o‘zaro qorishuvi kabi muammolarni tahlil qilish tashkil etadi.

Tadqiqotning usullari. Tadqiqot jarayonida strukturaviy, tizimli va tizimli-funksional tahlil, muammoli, dinamik tahlil, statistik-qiyosiy solishtirish, xronologik usullaridan foydalanilgan.

Tadqiqotning ilmiy yangiligi quyidagilardan iborat:

19-yuzyillikda Turkistonda sog‘liqni saqlash ishlari, asosan, shifoxonalar (*jamoat shifoxonalari va maxsus kasalxonalar*), sog‘lomlashtirish sihatgohlari

(*hammomlar, qum va tuz konlari, shifobaxsh buloqlar*) va xususiy davolash maskanlarida (*tabib uyi, guzar va bozorlardagi maxsus joylar*) hakimlar, sartabiblar tomonidan amalga oshirilganligi dalillangan;

Rossiya imperiyasi bosqiniga qadar Turkistonda tozalik, ozodagarchilikni ta'minlash uchun mahalla yoki guzar oqsoqoli, shuningdek, muhtasib mas'ul bo'lganligi, bosqindan so'ng esa, boshqaruv harbiylarga o'tib, yuqoridagi kabi vazifalar hududlardagi bosh shifokorlar hamda tibbiy politsiyaga yuklatilganligi aniqlangan;

Turkistonda tibbiy sohadan Rossiya imperiyasi strategik maqsadda foydalanib, shifoxonalar asosan, "yangi shahar"larda barpo etilganligi, milliy mutaxassislar tayyorlanmaganligi, xususiy dorixonalar ochishda cheklovlar o'rnatilganligi (*Rossiya universitetini tamomlash sharti*) asoslangan;

Mustamlaka tibbiyotining milliy tib an'analariga ta'siri aholining salomatlik madaniyatidagi o'zgarishlarida (*dorivorlarning halolligini unutilishi, tabiblar faoliyati va ularga haq to'lash usullarining o'zgarishi*), an'anaviy davolash usullarining (*mistik davolash hamda parhez, kimod va qortiq qilish)* rad etilishida hamda soha vakillari (*tabiblar, dorigarlar, attorlar*) faoliyatining cheklanishida aks etishi ko'rsatib berilgan;

20-yuzyillik boshlarida ijtimoiy hayotda tibbiyotdan foydalanish imkoniyatining cheklanganligi bois aholi orasida tizimli muammolar (*yuqumli kasalliklar va epidemiyalar, bolalar o'limi, birinchi tibbiy xizmat yetishmasligi*) yechilmay qolayotganligi hamda milliy tib asosiy xizmat turi sifatida saqlanishi dalillangan;

Xalq orasida tabib sifatida tanilgan turkistonlik ziyolilar sohaning ichki muammo va kamchiliklarini bartaraf etish, yangi tib tizimini yaratish (*Mirzo Siroj Mahdum, Mahmud Yayfoniy, Hamza Hakimzoda Niyoziy*), milliy tib tizimini Yevropa tibbiyoti bilan uyg'unlashtirish (*Ahmad Donish, Abdurauf Fitrat*), kadrlar tayyorlashni takomillashtirish (*Mahmudxo'ja Behbudiy, Sadriddin Ayniy*), tibbiy dunyoqarashni o'zgartirish (*Abdulla Qodiriy, Hoji Muin, Abdulla Avloniy*) borasidagi masalalarni kun tartibiga olib chiqqanligi tarixiy manbalar asosida aniqlangan.

Tadqiqotning amaliy natijalari quyidagilardan iborat:

Turkistonda tibbiy an'analarning o'ziga xosligi va rivojlanish tarixiga doir asarlar, arxiv hujjatlari, statistik to'plam va hisobotlardan tashqari, milliy ziyolilarning sog'liqni saqlashga doir qarashlari, o'rganilgan davr milliy matbuotida mazkur masalaga oid e'lon qilingan nashrlar ilmiy iste'molga kiritilib, ular asosida o'lkada an'anaviy va zamonaviy tibbiyot tarixi, uning jamiyat hayotida tutgan o'rni kabi masalalar ochib berilgan;

19-yuzyillik ikkinchi yarmi – 20-yuzyillik boshlari milliy va zamonaviy tibbiyot tarixiga oid ilmiy xulosalar zamonaviy fan tarmoqlari (tarix, tibbiyot, etnologiya, tibbiy antropologiya, madaniyatshunoslik) yo'nalishlaridagi izlanishlarga asoslangan va arxiv hujjatlari, tibbiy va tarixiy manbalar, shuningdek Turkiston davriy matbuotidagi 30 ga yaqin maqolalar aniqlanib, ilmiy muomalaga kiritilgan.

Tadqiqot natijalarining ishonchliligi dissertatsiyada tarix fanida tan olingan yondashuv va usullarning qo'llanilgani, katta hajmdagi arxiv hujjatlari, matbuot

materiallari va ilmiy adabiyotlardan foydalanilgani, xulosa, taklif va tavsiyalarning amaliyotda joriy etilgani, olingan natijalarning vakolatli tuzilmalar tomonidan tasdiqlangani bilan izohlanadi.

Tadqiqot natijalarining ilmiy va amaliy ahamiyati. Tadqiqot natijalarining ilmiy ahamiyati Turkistonda milliy tibbiy tizim va uning tarkibiy tuzilishi, sohaga doir an'anaviy tajribalar hamda zamonaviy tibbiyotning kirib kelish tarixi hamda uni joriy etishdagi muammo va yutuqlar, hukumatning bu borada olib borgan siyosatiga doir tarixiy-etnologik bilimlarni ommalashtirish tibbiy antropologiya yo'nalishi doirasida ilmiy izlanishlar taraqqiyotiga xizmat qilishi bilan izohlanadi.

Tadqiqot natijalarining amaliy ahamiyati Turkistonda tibbiyot tarixi hamda yuzyilliklar davomida shakllangan tibbiy an'analarning xususiyatlarini o'rganishda, tarixiy bilimlarni rivojlantirishda, sohaga oid muzeylardagi mavjud ekspozitsiyalarni tarixiy ma'lumotlar bilan boyitish va yangilashda, shuningdek, oliy o'quv yurtlarida tibbiy kadrlar tayyorlash va darsliklar, o'quv qo'llanmalar hamda qo'shimcha adabiyotlar tayyorlash borasida davlat dasturlarini bajarishga xizmat qilishi bilan belgilanadi.

Tadqiqot natijalarining joriy qilinishi. Turkistonda tibbiy tizim tarixi va an'analariga oid ishlab chiqilgan ilmiy xulosalar va takliflar asosida:

19-yuzyillikda Turkistonda sog'liqni saqlash ishlari, asosan, shifoxonalar (*jamoat shifoxonalari va maxsus kasalxonalar*), sog'lomlashtirish sihatgohlari (*hammomlar, qum va tuz konlari, shifobaxsh buloqlar*) va xususiy davolash maskanlarida (*tabib uyi, guzar va bozorlardagi maxsus joylar*) hakimlar, sartabiblar tomonidan amalga oshirilganligi haqidagi xulosalardan OT-A1-127 raqamli "O'zbeklarning zamonaviy etnoekologik madaniyati" mavzusidagi amaliy loyihada foydalanilgan (Fanlar akademiyasining 2022-yil 1-martdagi 3/1255-495-son ma'lumotnomasi). Ilmiy natijalarning qo'llanilishi milliy sog'liqni saqlash tizimi hamda uning etnohududiy o'ziga xoslik kasb etishi kabi omillarni tarixiy, etnologik manbalar asosida yoritib berishga xizmat qiladi;

Rossiya imperiyasi bosqiniga qadar Turkistonda tozalik, ozodagarchilikni ta'minlash uchun mahalla yoki guzar oqsoqoli, shuningdek, muhtasib mas'ul bo'lganligi, bosqindan so'ng esa, boshqaruv harbiylarga o'tib, yuqoridagi kabi vazifalar hududlardagi bosh shifokorlar hamda tibbiy politsiyaga yuklatilganligi haqidagi xulosalardan XIX-asr oxiri – XX-asr boshlarida Turkistonda tibbiyot va xalq tabobati" nomli jamoaviy monografiyani yozishda foydalanilgan (Fanlar akademiyasining 2022-yil 1-martdagi 3/1255-495-son ma'lumotnomasi). Natijalarning joriy qilinishi Turkistondagi an'anaviy tibbiy tizim hamda uning tuzilmalari, sohaga doir tibbiy an'analarning o'ziga xos xususiyatlarini o'rganish uchun keng imkoniyat yaratgan;

Turkistonda tibbiy sohadan Rossiya imperiyasi strategik maqsadda foydalanib, shifoxonalar asosan, "yangi shahar"larda barpo etilganligi, milliy mutaxassislar tayyorlanmaganligi, xususiy dorixonalar ochishda cheklovlar o'rnatilganligi (*Rossiya universitetini tamomlash sharti*) kabi ilmiy xulosalardan "O'zbekiston tarixi" telekanalidagi ko'rsatuvlarni tayyorlashda foydalanilgan (O'zbekiston Milliy teleradiokompaniyasining 2022-yil 28-yanvardagi 02-06-189-son ma'lumotnomasi).

Bu materiallar ushbu ko‘rsatuvlar mazmunini mukammallashtirishga, ilmiy dalillar bilan boyitishga xizmat qilgan.

Mustamlaka tibbiyotining milliy tib an’analariga ta’siri aholini salomatlik madaniyatidagi o‘zgarishlarda (*dorivorlarning halolligini unutilishi, tabiblar faoliyati va ularga haq to‘lash usullarining o‘zgarishi*), an’anaviy davolash usullarining (*mistik davolash hamda parhez, kimod va qortiq qilish)* rad etilishida hamda soha vakillari (*tabiblar, dorigarlar, attorlar*) faoliyatining cheklanishida aks etishi kabi jihatlaridagi xulosalardan OT-A1-127 raqamli “O‘zbeklarning zamonaviy etnoekologik madaniyati” mavzusidagi amaliy loyihada foydalanilgan (Fanlar akademiyasining 2022-yil 1-martdagi 3/1255-495-son ma’lumotnomasi). Ilmiy natijalarning qo‘llanilishi 19-20 yuzyillikda aholining salomatlik madaniyati hamda an’anaviy davo usullarining mintaqaviy xususiyatlari hamda umumiy shakllari kabi omillarni tarixiy, etnologik manbalar asosida yoritishga xizmat qiladi;

20-yuzyillik boshlarida ijtimoiy hayotda tibbiyotdan foydalanish imkoniyatining cheklanganligi bois aholi orasida tizimli muammmolar (*yuqumli kasalliklar va epidemiyalar, bolalar o‘limi, birinchi tibbiy xizmat yetishmasligi*) yechilmay qolayotgani hamda milliy tib asosiy xizmat turi sifatida saqlanishi haqidagi xulosalardan “XIX asr oxiri – XX asr boshlarida Turkistonda tibbiyot va xalq tabobati” nomli jamoaviy monografiyani yozishda foydalanilgan (Fanlar akademiyasining 2022-yil 1-martdagi 3/1255-495-son ma’lumotnomasi). Bu xulosalar Turkistonda mustamlaka tibbiy siyosatini olib borishdan ko‘zlangan maqsad hamda hukumatning milliy tibbiy tizimga nisbatan salbiy munosabatda bo‘lish sabablarini o‘rganish imkoniyatini bergan;

Xalq orasida tabib sifatida tanilgan turkistonlik ziyolilar sohaning ichki muammo va kamchiliklarini bartaraf etish, yangi tib tizimini yaratish (*Mirzo Siroj Mahdum, Mahmud Yayfoniy, Hamza Hakimzoda Niyoziy*), milliy tib tizimini Yevropa tibbiyoti bilan uyg‘unlashtirish (*Ahmad Donish, Abdurauf Fitrat*), kadrlar tayyorlashni takomillashtirish (*Mahmudxo‘ja Behbudiy, Sadriddin Ayniy*), tibbiy dunyoqarashni o‘zgartirish (*Abdulla Qodiriy, Hoji Muin, Abdulla Avloniy*) borasidagi masalalarni kun tartibiga olib chiqqanligi kabi ilmiy xulosalardan “O‘zbekiston tarixi” telekanalidagi ko‘rsatuvlarni tayyorlashda foydalanilgan (O‘zbekiston Milliy teleradiokompaniyasining 2022-yil 28-yanvardagi 02-06-189-son ma’lumotnomasi). Bu materiallar ushbu ko‘rsatuvlar mazmunini mukammallashtirishga, ilmiy dalillar bilan boyitishga xizmat qilgan.

Tadqiqot natijalarining aprobatsiyasi. Tadqiqot natijalari 12 ta ilmiy anjumanda, jumladan, 7 ta xalqaro va 5 ta respublika ilmiy amaliy anjumanlarida muhokamadan o‘tgan.

Tadqiqot natijalarining e’lon qilinishi. Dissertatsiya mavzusi bo‘yicha jami 22 ta ilmiy ish chop etilgan, shundan 1 ta monografiya, Oliy Attestasiya Komissiyasining doktorlik dissertatsiyalari asosiy natijalarini chop etish tavsiya etilgan ilmiy nashrlarda 17 ta maqola, shu jumladan, 4 ta xorijiy jurnallarda ilmiy maqolalar nashr etilgan.

Dissertassiyaning tuzilishi va hajmi. Tadqiqot kirish, to‘rtta bob, xulosa, foydalanilgan manbalar va adabiyotlar ro‘yxati hamda ilovalardan iborat. Dissertatsiyaning tadqiqot qismi 247 betni tashkil etadi.

DISSERTATSIYANING ASOSIY MAZMUNI

Kirish qismida dissertatsiya mavzusining dolzarbligi va zarurati asoslanib, tadqiqotning O‘zbekiston fan va texnologiyalar taraqqiyotining ustuvor yo‘nalishlariga mosligi ko‘rsatilgan, xorijiy ilmiy tadqiqotlar sharhi, muammoning o‘rganilganlik darajasi, tadqiqotning dissertatsiya bajarilgan Oliy ta’lim muassasasi ilmiy-tadqiqot ishlari rejalari bilan bog‘liqligi ochib berilgan, tadqiqotning maqsadi, vazifalari, obyekti va predmeti, ilmiy tadqiqot usullari ko‘rsatilgan, ishning ilmiy yangiligi, olingan natijalarni amaliyotga joriy qilish, nashr etilgan ishlar va dissertatsiya tuzilishi bo‘yicha ma’lumotlar berib o‘tilgan.

Dissertatsiyaning “**Mavzuning ilmiy nazariy asoslari hamda manbashunoslik va tarixshunoslik tahlili**” deb nomlangan birinchi bobida masalani o‘rganishga doir ilmiy nazariy qarashlar bayon qilingan va mavzu bo‘yicha manbalar tadqiq qilinib, tarixshunoslik nuqtai-nazaridan tahlil etilgan. Mazkur bobning ***“Mavzuga doir ilmiy nazariy qarashlar”*** deb nomli 1-paragrafida tib tarixini o‘rganishga oid qarashlar tahlil qilingan. XX asrning 70-yillarida tarix fanida ham ijtimoiy va madaniy sohadagi tadqiqotlar yangi bosqichga ko‘tarildi va ijtimoiy tarix doirasida tibbiyot tarixini ham tadqiq qilish boshlandi. Tib tarixini o‘rganuvchi olimlar uni bir qancha sohalarga va davrlarga bo‘lib tasnif qilishgan. Bularni ichida keng qo‘llaniladigani norvegiyalik olim Anne Kveim Liening[3] qarashi bo‘lib, u tibbiyot tarixini uch xil: tibbiyotning ijtimoiy tarixi; madaniy tarixi; ilmiy tarixi ko‘rinishida tasniflaydi. Ammo so‘nggi yillarda sohani tarixiy va madaniy antropologiya yo‘nalishida o‘rganish kun tartibiga chiqdi. Jumaladan, sohani muhojirlar hayoti orqali, mintaqaviy makonga borib o‘rganish hamda bir mamlakat tarkibidagi etnik guruhlarni o‘rganish shular jumlasidandir. Shuningdek, keyingi yillarda hukmron davlatlar o‘z mustamlakalarida tibbiyotni boshqaruv quroli yoki strategik yo‘nalish sifatida foydalangani masalasi nuqtai-nazaridan tadqiq qilish vujuga keldi. Ushbu tadiqoqtda milliy tib an’analari - tarixiy antropologik, mustamlaka tizimi olib kelgan tibbiyot tarixi esa siyosiy vosita (instrumentalizm) sifatida tahlil qilingan.

Tibbiyotni mustamlakachilik vositasi sifatida o‘rganish: o‘tgan yuzyillikning 60-80-yillarida tibbiyotni mustamlaka quroli sifatida tadqiq qilish, uni imkoniyatlaridan mustamlakachi davlatlar strategik maqsadda foydalanganiga oid nazariyalar ilgari surildi. 20-yuzyillikning 80-yillarida tarixchilar qaram hududlardagi islohotlarni mustamlakachi davlatlar tilidan o‘rganishni chetga surib, masalani pastki nuqtadan: qaram hududlardagi siyosat, boshqaruv shaklini o‘rganishdan boshlashdi. Natijada, mustamlaka tibbiyoti repressiv kuch, “imperiya quroli”[4], milliy aholini manipulyatsiya obyektiga aylantirgan nazorat usuli sifatida baholandi. Tibbiyotni boshqaruv quroli sifatida talqin qilgan tadqiqotchilar quyidagilarga e’tibor qaratgan:

[3] Lie A. New perspectives in medical history // New Norwegian journal. 2008. № 25. – P. 157-68.
[4] Headrick D. The tools of Empire: technology and European imperialism in the XIX century. – Oxford: Oxford University press, 1981. – 221-p.

a) mustamlakalarda tibbiyotni yo‘lga qo‘yishdan ko‘zlangan maqsad*:* ilk tadqiqotlarda “mustamlakachi davlat o‘z hududlariga yangi tibbiy qarashlarni olib kirgan islohotchi”, degan fikr ustunlik qilgan bo‘lsa, 20-yuzyillikning 90-yillaridan bu qarash inkor etildi. Ya’ni, hokimiyat bu ishni o‘lka aholisining salomatligini asrash uchun emas, balki o‘z odamlarining xavfsizligi uchun amalga oshirgan[5], deyildi. Jumladan, Turkiston o‘lkasida ham ilk tibbiy muassasalar 1868-yilda ochilgan harbiy ko‘chma kasalxona bo‘lib, u 1870-yilda turg‘un kasalxonaga aylantirilgan[6]. 19-yuzyillikning 80-yillarida tashkil qilingan jamoat shifoxonalari ham shaharning ruslar yashaydigan qismida joylashgan edi. Turkistonliklar yashaydigan “Eski shahar”da tashkil qilingan jamoat shifoxonalari, dorixonalar ham rus shifokorlari va xodimlarga qulay nuqtalarda va “yangi shahar” qismiga yaqin joylarda tashkil qilingan.

b) Mustamlakalarda tibbiyotdan foydalanish qoidalari: mustamlakachi davlat qo‘l ostidagi hududlarda tibbiy xizmatni ma’lum qolipga solib, qaram aholini yangi tartibga bo‘ysunishga va shu orqali, boshqaruvni osonlashtirishga harakat qilgan. Aksariyat mustamlakalarda tibbiy tizim harbiy qoidalar asosida boshqarilgan. Bemor muassasaga maxsus ruxsatnoma orqali kelishi, u yerga navbat bilan kirishi kabi tartiblarga bo‘ysunishi kerak edi. Bu murakkab ketma-ketlik orqali mustamlaka hukumati o‘lka aholising tanasini manipulyatsiya qilish darajasiga borgan[7]. Jumladan, Turkiston o‘lkasidagi harbiy kasalxonalarga harbiylar, xizmatchilar to‘g‘ridan-to‘g‘ri, boshqa bemorlar politsiya so‘roviga ko‘ra qabul qilingan.

v) mustamlakada ishlagan quyi (*sanitar, tarjimon*) tibbiyot vakillarining faoliyati tahlili: 20-yuzyillikning 60-yillariga qadar mustamlakalardagi tibbiy vaziyat bosh shifokorlarning hisoboti, xotiralari, statistik ma’lumotlarga tayanib o‘rganilgan. Shifokorlarning asarlari asosida hukumat o‘z tibbiyoti tarixini zafarli ruhda – hududiy kasalliklar, epidemiyalar ustidan g‘alaba qozongan kuch sifatida taqdim etgan[8]. Turkistondagi tibbiy holat ham g‘arb davlatlariga qaram o‘lkalardan farq qilmasdi. Jumladan, shifokorlarni asarlarida o‘lkadagi og‘ir tibbiy vaziyatni o‘nglashda mustamlaka davlatning ilg‘or yutuqlari zarurligi keltirib o‘tilgan[9]. Lekin quyi bo‘g‘indagi shifokorlarning yozishmalari, arizalari, chop etilgan xabar va arxiv hujjatlarini o‘rganish natijasida mustamlaka tibbiyotining ahvoli, hukumatning kadrlar tayyorlash va muassasalarni tashkil qilishdagi sustkashliklar tahlil qilindi[10].

Shuningdek, hukumat tibbiyotdan strategik maqsadni ham ko‘zladi va unga iqtisodiy foyda olish vositasi deb qaradi. Milliy aholiga bir muddat bepul xizmatni joriy etish orqali turkistonliklarni bu tizimga o‘rgatish va mijozlar soni oshishi bilan xizmatni qayta pullik qilib, xarajatlarni qoplash maqsad qilingan. O‘lkadagi giyohlar,

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[5] Arnold D. Colonizing the body: state medicine and epidemic disease in XIX -century India. – Berkeley: University of California press, 1993. – 159-199-pg.

[6] Добросмыслов А. Ташкент в прошлом и настоящем. – Ташкент, 1912. – 326-327-стр.

[7] Vaughan M. Curing their ills: Colonial power and African illness. – Stanford: Stanford University, 1991. – 55-pg.

[8] Афанасьева А. “Инструмент империи”- медицина в европейской колониальной истории // Диалог со временем. Альманах интеллектуальной истории. – Вып. 69. – 2019. – С. 299.

[9] Кушелевский В. Материалы для медицинской географии и санитарного описания Ферганской долины. –Том 2. – Новый Маргилан, 1891; Колосов Г. О народном врачевании сартов и киргиз Туркестана. – СПб. 1903; Шварц А. 25-летие первой мужской лечебницы в туземной части Ташкента. – Ташкент, 1911.

[10] O‘zbekiston milliy arxivi (O‘z MA). I-717-jamg‘arma, 1-yig‘majild, 35-ro‘yxat. 163-varaq; MA. I-3-jamg‘arma, 1-ro‘yxat, 567-yig‘majild, 374-375-varaq; O‘z MA. I-1-jamg‘arma, 7-ro‘yxat, 379-yig‘majild, 53-varaq.

ma’danlarni shifobaxsh xususiyatlarini o‘rganish orqali esa uni chetga sotib, foyda olish ko‘zlangan edi.

Qisqasi, 20-yuzyillikning 60-yillariga qadar masalani faqat shifokorlar o‘rganib, ularning qarashlari natijasida tibbiyot tarixi yaratilgan bo‘lsa, 60-yillardan keyin vaziyat tubdan o‘zgardi. Shundan boshlab, masalani boshqa soha vakillari o‘z nazariyalari va qarashlari asosida o‘rganishi kuchayib bordi. Tibbiyot tarixini tarixchilar va antropologlar tomondan o‘rganilishi asosida o‘zgarmas deb qabul qilingan g‘oyalar, qarashlar qayta ko‘rib chiqildi, yangi nazariyalar yuzaga keldi.

Birinchi bobning ***“Turkistonda milliy tib va tibbiyot tarixiga oid manbalar tahlili”*** deb nomlangan ikkinchi paragrafida mavzuga oid manbalar quyidagi guruhlarga ajratib tadqiq qilindi. *a) tib tarixiga oid qo‘lyozma manbalar:* “Navodirul vaqoe”[11] asarida salomatlik madaniyatiga doir qarashlar: sog‘lom turmush tarziga rioya etish, salomatlikni asrashi borasidagi tadbirlar tilga olingan. “Xorazm navozandalari”da esa xonlikdagi yuqori martabali vakillarga mo‘ljallangan muassasa hamda a’yonlarning salomatligiga oid ma’lumotlar qayd etilgan[12]. “Qonuni Bositiy”[13]da tabiblikni o‘rganish, kasbning sulolaviy ahamiyati, farzandni tabib qilib tarbiyalashga doir ma’lumotlar berilgan. “Mujarraboti Mahmudiy”[14]da davolashdan oldingi tadbirlar, davo usuli, dorilarga oid bilimlar keltirilgan. Manbalar tahlili orqali aytish mumkinki, Turkistonda milliy tib asrlar davomida yangilanib, tajribalarga asoslangan ilmlar bilan boyitilib, yashab kelgan.

b) arxiv hujjatlari: O‘zbekiston Milliy arxividagi “Turkiston general-gubernatori mahkamasi”, Sirdaryo, Samarqand, Farg‘ona viloyatlari boshqarmasi, “Buxoro amiri qushbegisi boshqarmasi” kabi jamg‘armalardagi hujjatlarda[15] masalaning hukumat darajasida nazoratda ushlanishi, tibbiy jarayonlar general-gubernatorning roziligi bilan amalga oshirilishini ko‘rish mumkin. “Toshkent shahar mahkamasi”[16] jamg‘armasida aholining turmush tarzi, mashg‘uloti, iqlimni tib bilan mutanosibligi borasida hisobotlar mavjud. “Qo‘qon xonlari arxivi”[17]da sohani davlat tomonidan moliyalashtirilishi, dori tayyorlash va dorivorlarni xazinadan berilishi qayd etilgan. Tabiblarga “hakimboshi” yetakchilik qilishi borasida ma’lumotlar mavjud.

v) qonun va statistik to‘plamlar: Turkiston o‘lkasini boshqarish to‘g‘risidagi Nizom[18]da mustamlakachi hukumatning tibbiy tizimni tashkil qilish va boshqarishga doir ma’lumotlar aks etgan. F. Girs va K. Palen o‘z hisobotlarida[19] tibbiy

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[11] Аҳмад Дониш. Наводирул вақое. – Тошкент: Фан, 1964. – 421-бет.

[12] Бобожон Тарроҳ Азизов – ходим. Хоразм навозандалари. – Тошкент: Ғофур Ғулом, 1994. – 96-бет.

[13] Bositxon ibn Zohidxon Shoshiy. Qonuni Bositiy. Fanlar akademiyasi Sharqshunoslik instituti. Sharq qo‘lyozmalar jamg‘armasi. 8921-raqamli hujjat.

[14] Mahmud Hakim Yayfoniy. Mujarraborti Mahmudiy. Qo‘qon adabiyot muzeyi xazinasi. 70-raqamli qo‘lyozma.

[15] O‘z MA. I-1-jamg‘arma. “Turkiston general gubernatori mahkamasi”, I-3-jamg‘arma. “Rossiyaning Buxorodagi siyosiy agentligi”, I-17-jamg‘arma. “Sirdaryo viloyati boshqarmasi”, I-18-jamg‘arma. “Samarqand viloyati boshqarmasi”, I-19-jamg‘arma. “Farg‘ona viloyati boshqarmasi”, I-36-jamg‘arma. “Toshkent shahar boshlig‘i boshqarmasi”, I-125-jamg‘arma. “Buxoro amirligi qushbegisi boshqarmasi” hujjatlari.

[16] O‘z MA. I-37-jamg‘arma. 1-ro‘yxat, 196-yig‘majild. “Toshkent shahar mahkamasi” hujjatlari.

[17] O‘z MA. I-1043-jamg‘arma. 1-ro‘yxat. 629-652- yig‘majild. Qo‘qon xonlari arxivi.

[18] Положение об управлении Туркестанского края. – Ташкент, 1906 г. – 11-стр.

[19] Отчёт о состояния Туркестанского края, составленный Сенатором Тайного Советника Ф. Гирсом, командированным для ревизий края Высочайшему повелению. I часть. Администрация. – СПБ, 1883. – 463 стр.; Отчёт по ревизии Туркестанского края, произведённой по Высочайшему повелению сенатором гофмейстером графом К. Паленом. Переселенческое дело в Туркестане. – СПб, 1910. – 430-стр.

muassasalarning kamligi, kadrlar yetishmasligi hamda hukumatning milliy aholining hududlarida xizmatni joriy qilishdagi sustkashligi, sohaga ajratilayotgan pulni hukmron tabaqa ehtiyojlariga ajratilgan mablag‘lar bilan o‘zaro taqqoslagan. Farg‘ona viloyati to‘plamida viloyatdagi tibbiy muassasalarning moddiy holati, moliyaviy manbasi, boshqaruv shakli hamda kadrlar faoliyatiga doir ma’lumotlar keltirilgan[20]. Samarqand viloyati to‘plamida esa Anzobda[21] kasallik geografiyasi kengaygach hukumat 3 ta tumanda tibbiy punkt ochishga majbur bo‘lgani qayd etilgan. Sirdaryo viloyati to‘plamida ham milliy tibdagi atamalarning ma’nolari, tarqalgan kasalliklar, Toshkent harbiy turg‘un kasalxonasi borasidagi ma’lumotlar aks etgan[22].

g) xotiralar, safarnomalar[23]. N. Muravyev, Ye. Meyendorflar tabiblarni jamiyatda tutgan o‘rni, turkistonliklar haqiqiy tabibni tashxis qo‘yish usuli orqali ham ajratib olishini keltirgan. Y. Skaylerning safar qaydlarida ham tabiblarning tashxis qo‘yish usullari qayd etilgan. Bozorlardagi dori rastalari, tabiblarga Yevropada ishlatiladigan dorivorlar ma’lum ekanligini keltirilgan. H. Vamberining qaydlarida turkistonliklarning salomatlik madaniyatida hammomlarning tutgan o‘rni, hammomlarda davolash ishlarini tashkil qilishga doir ma’lumotlar aks etgan. H. Lansdelda Toshkentdagi kasalxonani tarkibiy qismi va boshqaruvga oid ma’lumot mavjud. A. Makinning ta’kidlashicha, Turkistonda Buxoro madrasalarini tugatgan tabiblar obro‘li va bilimli sanalgan. O. Olufsonda milliy tabiblar va sartaroshlar faoliyati hamda o‘lkaga xos kasalliklarga doir ma’lumotlarni qayd etgan.

d) davriy matbuot: Mustamlaka tibbiyotini ustunligi borasida “Туркестанские ведомости”, “Туркестанский курер”, “Окраина”, “Turkiston viloyatining gazeti” kabilarda ma’lumot berilgan[24]. “Oyna”, “Sadoi Farg‘ona”, “Samarqand”, “Tarjimon”, “Sadoi Turkiston”, “Tujjor”[25] va boshqa jurnal va gazetalarda esa hududdagi tibbiy ahvol, tizimning ehtiyojlarni qondirolmayotgani kabi masalalarga urg‘u berilgan. Milliy matbuotda o‘lkada tarqalgan yuqumli kasalliklar va ulardan milliy aholining ko‘proq zarar ko‘rgani[26], kasalliklarni bartaraf qilish yo‘llari[27] farzandlarni shifokor qilishga undovchi chaqiriqlar[28] uchraydi.

Uchinchi paragraf ***“Mavzuning tarixshunosligi”*** deb nomlanib, adabiyotlar quyidagicha tahlil qilindi: *a) 19-yuzyillik oxiri–20-yuzyillikning 20-yillariga qadar*

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[20] Обзор Ферганской области за 1890 год. – Новый Маргелан, 1893. – 96-стр.

[21] Афрамович К. Рисовые поля и лихорадки / Справочной книжке Самаркандской области за 1902 год. – Самарканд, 1902. – 163-стр.

[22] Сборник материалов для статистики Сырдарьинской области. –Ташкент, 1904. – 378-399 стр.

[23] Мейендорф Е. Путешествие из Оренбурга в Бухару. – Москва, 1975. – 150-стр; Shuyler E. Turkistan: Notes of a journey in Russian Turkistan, Kokand, Bukhara and Kuldja. Vol. I. – New York, 1876. – 463-p.; Вамбери Г. Очерки и картины восточных нравов. – СПб., 1877. – 350-стр; Lansdell H. Russian Central Asia includin Kuldja, Bokhara, Khiva and Merv. Vol II. – London, 1885. – 722-p.; Meakin A. In Russian Turkestan a garden of Asia and its people. – London, 1903. – 345p Olufsen O. The Emir of Bokhara and his country. – Copenhagen, 1911. – 612-p.

[24] *Qarang*: Туркестанские ведомости. 1872-yil, 1-son; 1883-yil, 42-son; 1888-yil, 8 va 10-son; 1903-yil, 53 va 75-76-son; 1912-yil, 208-son; 1913-yil, 113-son; Туркестанский курьер. 1909-yil, 172-173-174-son; Окраина. 1895-yil, 61-73-son; Turkiston viloyatining gazeti. 1897-yil, 12-son; 1899-yil, 12-son; 1910-yil, 4-son; 1916-yil, 62-son.

[25] *Qarang:* Samarqand. 1913-yil, 30-avgust; Sadoi Turkiston. 1914-yil, 24-iyun; Tujjor. 1907-yil, 28-avgust, 25-sentabr; Mehnatkashlar tovushi. 1921-yil, 239-son; Mehnatkashlar o‘qi. 1918-yil, 4-son; Turkiston. 1922-yil, 14-dekabr, 1923-yil, 24-dekabr.

[26] “Tarjimon” gazetasi, 1883-yil, 10-aprel; 1884-yil, 25-dekabr; 1885-yil, 17-yanvar; 1888-yil, 8-fevral, 5-sentabr; 1889-yil, 31-iyul, 8-sentabr; 1890-yil, 18-mart, 8-iyun, 17-iyun, 1912-yil 2-fevral; 1916-yil 8-mart sonlari.

[27] “Sadoi Farg‘ona” gazetasi, 1914-yil, 29-iyun, 17-iyul, 21-iyul, 3-sentabr sonlari.

[28] “Oyna” jurnali, 1913-yil, 5-son; 1914-yil, 33, 48-sonlari.

yaratilgan adabiyotlar. Bu adabiyotlarda Rossiya imperiyasining Turkistonga mustamlaka tibbiyotini olib kirishi, milliy tibbiy qarashlar haqida ma'lumotlar berilgan. V. Kushelevskiy, G. Kolosov, A. Shishov, D. Logofetlarning asarlarida[29] Turkistonga yangi tizimni olib kirish natijasida erishilgan o'zgarishlar qayd etilib, dorivorlar, davolash bilan shug'ullanuvchi boshqa kasb egalari, ish qurollari sanab o'tilgan[30]. I. Krauze, V. Lipskiy, N. Monteverde, N. Ostroumovlar mistik, empirik tibning hududiy xususiyatlari, o'lkaning nabotot va hayvonot olamiga e'tibor qaratgan[31]. O'lka vakillaridan Abdurauf Fitrat, Hoji Muin, Vadud Mahmud[32] milliy tibning yutuq va kamchiligi, xalqning salomatlik madaniyatiga oid holatlarni qayd etishgan. Bu davrda yaratilgan asarlarning aksariyati tavsifiy bo'lib, mustamlakachi hukumatning sa'yi-harakati evaziga Turkiston o'lkasida aholi uchun zarur tibbiy ehtiyojlar qondirilganiga doir g'oya(*milliy ziyolilardan tashqari*) ustunlik qiladi.

b) 1917–1991-yillarda yaratilgan adabiyotlar. Bu davrda masalaga qarash ikki xil bo'ldi. Birinchisi, o'tgan davrga ijobiy qarash: bu Turkistonda faoliyat yuritgan shifokorlar, ularning mehnatiga bo'lgan munosabatda aks etadi. N. Yuldashev, B. Palkin, M. Mahmudov, M. Sharipovlarning asarlarida shifokorlarning mehnat qiyinchiliklarini yengishi, sohadagi kamchiliklarni bartaraf etishdagi jasorati, xizmat maydoni kengligiga qaramay burchlarini sodiqlik bilan bajarganligi ta'kidlangan[33]. Y. Gendlina, V. Romashko, Y. Tadjiyev, N. Sokolova, A. Xusanbayevalar mustamlaka tibbiyotini o'lkaga kelishi yangi taraqqiyot davrining boshlanishi, tizimda ijobiy o'zgarishlarning ko'zga tashlanishi deb baholaganlar[34].

Davrga nisbatan salbiy munosabatning shakllanishiga sovet hukumatining turkistonliklar hayotida haqiqiy tub burilish o'zlari tufayli yuz berganligini ko'rsatishga uringani sabab bo'ldi. Jumladan, M. Aliyev, B. Lunin, V. Galiyevlar 1917-yildan oldin shifokorlarning kamligi, muassasalar ahvoli, aholining qamrov darajasini keyingi davr bilan solishtirish orqali tizimda bir necha baravar sakrash

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[29] Кушелевский В. Материалы медицинской географии и санитарного описания Ферганской области... – 295-стр; Колосов Г. О народном врачевании сартов и киргизов Туркестана. – Спб., 1903. 3-92 стр; Шишов А. Сарты. Ч. I. // Сборник материалов для статистики Сыръ-Дарьинской области. – Ташкент: 1904. – 1-492-стр; Логофет Д. Бухарское ханство под русским протекторатом. Т. 2. – Спб. 1911. – 357-стр.

[30]Лыкошин Н. Сартарашъ (туземный брадобрей и цирюльникъ) // ТВ. – 1903. №75; Рык Б. Бухарские хирурги // ТВ. 1903. №53; Диваев А. Баксы // ТВ. 1908. №160; М. Г. Сартовская медицина // ТВ. 1912. №208.

[31]Краузе И. Заметки о медицинских и некоторых промышленных растениях в Средней Азии // Русский Туркестан. Вып. II. – Москва, 1872. – С. 262–273; Липский В. Флора Средней Азии, Русского Туркестана и ханств Бухары и Хивы. Ч. I. – Спб. 1902. – 244-стр; Монтеверде Н., Гаммерман А. Туркестанская коллекция лекарственных продуктов Музея Главного Ботанического Сада // Изв. Главн. ботан. сада. Т. 26. Вып. IV. – Л., 1927. – С. 291–358; Остроумов Н. Сарты. Этнографические материалы. – Ташкент, 1896. – 286-стр.

[32] Абдурауф Фитрат. Нажот йўли. – Тошкент: Sharq, 2002. – 217 бет.; O'sha muallif. Хинд сайёҳи баёноти / Танланган асарлар. – Тошкент: Маънавият, 2000. – 156-бет.; Hoji Muin. Tibb va hifzus-sihhatda rioyatsizligimiz // Oyna. 1914-yil 7-iyul, 33-son. Vadud Mahmud. Turkistonda mayxo'rlik // Turkiston. 1923 yil 24 dekabr.

[33] Юлдашев Н. О состоянии здравоохранения в бухарском ханстве во второй половине XIX и в начале XX века // Медицинский журнал Узбекистана (МЖУ). 1959. №4. – С. 62-67; Палкин Б. Медицинская служба Сыр-Дарьинской линии в середине XIX века // Советское здравоохранение (СЗ). 1965. №1. – С. 54-58.; Махмудов М. Первые женщины-врачи в дореволюционном Туркестане // СЗ. 1988. №8. – С. 68-70.

[34] Гендлина Ю. Некоторые вопросы здравоохранения в Туркестанском крае в «Справочной книжке Самаркандской области» // Здравоохранение Таджикистана (ЗТ). 1975. №5. – С. 43-47; Таджиев Я. Состояние медицинской помощи населению Средней Азии в до революционного периода // ЗТ. 1970. №6. – С. 46-50. Хусанбаева А. Из истории земской медицины в Узбекистане // Материалы научной конференции ТашМИ. Том 26. Вып. 6. – Ташкент: Медицина, 1969. – С. 26-28.

bo‘lganligiga e’tibor qaratishgan[35]. Y. Gendlina, H. Hikmatullayevlar xastaliklarni xalqona davolash usullari, mintaqadagi turli etnoslarning davolash bilan bog‘liq an’analari va 19-yuzyillikda faoliyat yuritgan shoir Xoziq misolida milliy tibda shaxs faoliyati masalasiga to‘xtalganlar[36].

d) 1991-yildan keyin yaratilgan adabiyotlar. Milliy adabiyotlar: Mustaqillikning ilk davrida yaratilgan tadqiqotlarda o‘lka aholisining ozodagarchilik holatini yomonligi, mustamlaka tibbiyoti natijasida aholining epidemiya va boshqa kasalliklardan forig‘ bo‘lgani haqidagi qarashlar ustunlik qiladi. M. G‘oyibov, M. Mahmudov, Sh. Yuldashevalar Turkistonda ishlagan shifokorlar misolida hukumatni tibbiy islohotchi sifatida ko‘rsatadi[37]. Shuningdek, A. Qodirov, B. Lunin, N. Kamalovalarning ishlarida ruslar tibbiyotni o‘lka aholisining manfaatlari sababli joriy etganligi qayd etiladi[38]. So‘nggi yillarda masalaga tarixchi, tibbiyot xodimlari, sotsiologlarning qarashlari natijasida talqinlar va tibbiyotni joriylash borasidagi yangi nazariyalar yuzaga keldi. Bu borada D. Asadov, A. Qosimov, G. Qurbonovalarning tadqiqot ishlarini qayd etish lozim[39]. Tarixchilar tomonidan yangi arxiv hujjatlari muomalaga kiritildi, manbalar tadqiq etildi. Jumladan, S. Shodmonova, G. Mo‘minova, M. Isakova, A. Tog‘ayevalarning izlanishlarini ta’kidlash joiz[40]. S. Shodmonova Turkiston general-gubernatorligida tibbiyotni ahvoli va shifokorlarning faoliyati borasida izlanishlarni amalga oshirib, qimmatli ma’lumotlarni muomalaga kiritgan[41]. G. Mo‘minova 1865-1917-yillarda tibbiy holat, tabiblar faoliyati, xizmatning ahvolini o‘rgangan[42]. N. Shirinova, A. Badalov,

[35]Лунин Б. Научные общества Туркестана и их прогрессивная деятельность. – Ташкент: АН УзССР, 1962. – 344-стр; Галиев В. Медицинская деятельност ссыльных революционеров в Казахстане (второй половина XX века). – Алма-Ата: Казахстан, 1982. – 160-стр; Алиев М. Роль русских врачей в развитии здравоохранения в Ферганской долине // СЗ. 1986. №9. – С. 73-75.

[36] Қодиров А. Об узбекской народной медицине // Сборник научных трудов “Министерство здравоохранения Уз ССР ТашМИ”. Том XX. – Тошкент, 1961. – С. 15-22; Гендлина Ю. О медицинских школах и медицинских знаниях Средней Азии в эпоху феодализма // ЗТ. 1974. №6. – С. 49-51.; Абдуллаев А. Народная медицина Хорезма // СЗ. 1977. №5. – С. 82-85; Ҳикматуллаев Ҳ. Шоир Хозиқнинг тиббий асарлари ва табиблиги ҳақида // Ўзбек тили ва адабиёти. 1969. №3. – Б. 50-52.

[37] Ғойибов М. ва бошқ. Хива табобати. – Тошкент: Абу Али ибн Сино, 1995. – 56-бет; Усмонов Ш. Илк шифо масканлари // Фан ва турмуш. 1998. №6. – Б. 28-29.; Махмудов М. История медицина и здравоохранения Туркестана, Бухары и Хорезма (1865-1924 г.г.). – Тараз: ТарМПИ, 2015. – 342 стр.

[38] Лунин Б. Бу хотира бўлиб қолади // Халқ ва демократия. 1992. №11-12. – Б. 48-54.; Камалова Н. Тошкентдаги илк шифхона қачон очилган // aniq.uz/yangiliklar/toshkentdagi-ilk-shifoxona-qachon-ochilgan.

[39] Асадов Д. ва бошқ. Маҳмуд Ҳаким Яйфоний-Ҳўқандий XX аср Шарқ табобатининг шифокор олими // O‘TJ. 2012. №5. – Б.96-99.; Асадов Д., Касымов А. Этика Абу Бакр ар-Рази и современная медицина // O‘TJ. 2006. №3. – Б.139-141.; Kurbanova G. Professional development history of sanitary-hygiene works in the end of XIX and the beginning of XX century // Theoretical&Applied Science. 2020. №4. – P.1009-1013.

[40] Исакова М. Туркистон ўлкасида аёл-врачларнинг фаолияти // O‘tmishga nazar. 2019. №1. – Б. 32-37; Тангиров О. XIX охирлари – XX асрнинг бошларида Тошкент “эски шаҳар”да тиббий хизмат масаласига доир // Материалы международная конференция “Современные научные решения актуалных проблем”. – Ростов-на-Дону, 2020. – С. 27-30.; Назиров М. XIX-XX аср бошларида Қўқондаги халқ табобати ва замонавий соғлиқни сақлаш тизимининг шаклланиши ҳақида // O‘TJ. 2013. №6. – Б. 125-128.

[41] Шодмонова С. Туркистонда тиббиёт ходимлари ва уларнинг фаолияти (XIX аср охири – XX аср бошлари). – Тошкент: Nurafshon business, 2019. – 208-бет. O‘sha muallif. Медицина и население Туркестана: традиции и новации (конец XIX – начало XX вв.) // Историческая этнология. 2017. №1. – С. 119-139.

[42] Мўминова Г. Ўзбекистонда соғлиқни сақлаш тизими тарихи (1917-1991 йиллар). – Тошкент: Yangi nashr, 2015. – 336-бет; O‘sha muallif. Туркистонда тиббий хизматни йўлга қўйилиши // Ижтимоий фикр. 2010. №4. – Б. 129-131; Muminova G., Ubaidullayeva Sh. The issue of traditional medicine and women doctors in Turkestan // Multidisciplinary peer reviewed journal. 2020. №12. – P. 471-473.

R. Patxiddinovlar[43] manbalarning tib tarixini o‘rganishdagi o‘rni, mustamlaka tibbiyotini joriy qilish masalalarini ochib bergan.

Mustaqillikni ilk yillarida yaratilgan tadqiqotlar sovet davri andozalari asosida amalga oshirilgan bo‘lsa, 2010-yillardan keyingi tadqiqotlarda masalani milliy manfaatlar nuqtai-nazaridan tahlilga tortish ustuvorlik kasb etgan.

Xorijiy tadqiqotlar. Qozog‘istonda yaratilgan tadqiqotlarda ikki xillik ko‘zga tashlanadi: birinchisi, imperiya hukumatini qoloq o‘lkaga tibbiyotni olib kelgan islohotchi sifatida talqin qilish bo‘lsa[44], ikkinchisi imperiya hukumatining tibbiy siyosati, milliy tibning tarixi hamda sog‘liqni saqlashda tutgan o‘rni borasidagi qarashlardir[45]. Ushbu tadqiqotlarda Turkiston xalqlarining milliy tib bilimlariga to‘xtalib o‘tilmagan va imperiyaning tibbiy masalalardan ko‘zlagan maqsadi, ko‘proq ruslar yashaydigan hududlarni qamrab olish siyosati ilmiy tahlilga tortilmagan. Tojikistonlik olimlarning izlanishlarida general-gubernatorlik va unga chegaradosh hududlardagi tibbiy ahvol, tog‘li va tekislikda yashovchi aholining tibbiy an’analari yoritilgan va ikki mintaqaning xizmat bilan qamrab olinishi, unda Rossiya imperiyasinig islohotlari muhim o‘rin tutishi borasidagi g‘oyalar saqlanib qolgan[46]. Qirg‘izistonda olib borilgan tadqiqotlarda chekka hududlarda milliy tibning saqlanish omillari yoritilgan. G. Junushaliyeva rus amaldorlarining shifokorlarni milliy aholiga yordam ko‘rsatishga qarshiligi, aholining tibbiyotga ishonchsizlik sabablari, G. Saadabayeva ko‘chmanchi qirg‘izlarning foydalanadigan dorivorlar haqida, O. Kasimov yuqumli kasalliklar tarqalganda imperiya hukumati yevropaliklar uchun xizmatni joriylash yo‘lidan borganiga urg‘u bergan[47]. Tadqiqotlar salmog‘i kam bo‘lsada Turkiston o‘lkasida Rossiya imperiyasining tibbiy siyosatini haqqoniy baholashga bo‘lgan urinish qirg‘iz tarixchilari ichida ko‘proq ko‘zga tashlanadi.

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[43] Ширинова Н. XIX аср охири XX аср бошларида тиббиёт ва халқ табобатига оид тошбосма асарлар // O‘tmishga nazar. 2019. №1. – Б. 125-129.; Бадалов А. Фарғона областида соғлиқни сақлаш тизими ва ундаги ўзгаришлар: тарихий таҳлил (XIX аср охири – XX аср бошлари): тар. фан. бўйича PhD диссертацияси. – Андижон, 2023. – Б. 151; Патхиддинов Р. XIX аср охири - XX аср бошларида Туркистонда соғлиқни сақлаш тизими: анъанавийлик // НамДУ илмий ахборотномаси. 2020. №4. – Б. 161-164.

[44] Шалекенов У. Медицинское обслуживание на юге Казахстана во второй половине XIX- начале XX века // Вестник КазНПУ. 2020. №4. – С. 24-46. https://articlekz.com/article/11343; Джунисбаев А. Из истории становления системы здравоохранения в советском Туркестане (1917-1919 гг.). // e-history.kz/ru/history-of-kazakhstan; Динашева Л., и др. Лечебные учреждения города Туркестана и оказание медицинских услуг в конце XIX – в начале XX века // Отан тарихы. 2022. №1. – С. 69-77.

[45] Ларина Е. “Надо Жир Тенгри молиться– он травы дает” траволечение у казахов // Сборник научных статей “Этнокультурные процессы в прошлом и настоящем”. – Москва, 2012. – С. 213-220; Жумагалиева К. и др. История традиционной медицины казахского народа // Известия СНЦ РАН. 2020. №2. – С. 117-126.

[46] Дехконов Н. Народная медицина и ветеринария полуоседлого населения Кураминского, Туркестанского Хребтов и Шуркуля // Наука и новые технологии. 2009. №7. – С. 158-162; Ахмедов А. и др. Особенности развития здравоохранения Таджикистана в период присоединения Средней Азии к царской России // Вестник АМН Таджикистана. 2016. №2. – С. 61-73; Ахмедов А. и др. Обобщение опыта здравоохранения в различных административных регионах Бухарского эмирата и его влияние на состояние здоровья населения того периода // Вестник АМН Таджикистана. 2017. №2. – С. 87-93.

[47] Джунушалиева Г. Культурная политика государства в Кыргызстане: этапы и пути реализации: вторая половина XIX в. - конец 30-х гг. XX в.: дисс. для кан. ист. наук. – Бишкек, 2005. – 168 стр; Саадабаева Г. История становления здравоохранения на территории Кыргызстана // Медицина Кыргызистана. 2013. №2. – С. 97-100; Касымов О. и др. Исторические аспекты медико-санитарного обслуживания Туркестанский походов // Медицина Кыргизистана. 2012. №8. – С. 62-66.

Rossiyada yaratilgan tadqiqotlarning birinchi qismida tibbiy tizimni guberniyalarda joriy etilishiga e'tibor qaratilgan[48]. Ushbu tadqiqotlar imperiyaning boshqa hududlari bilan Turkistondagi tizim o'rtasidagi tafovutni taqqoslash imkonini beradi. Tadqiqotlarning ikkinchi qismi masalaga mo'tadil qaraydi. V. Ogudin attorlarni sog'liqni saqlashda tutgan o'rni hamda dorivor xom-ashyolar savdosi masalasi, milliy tibga xos urf-odatlarni etnologik asosda tahlil qilgan[49].

Olima Sofi Homan[50] qarashlarida Rossiya imperiyasining tibbiyotdan o'lkani boshqarishda va ijtimoiy masalalarni tartibga solishda qurol sifatida foydalanganligi urg'ulanadi. Kassandra Mari[51] Turkistonda tibbiyotning hukmron qatlam uchun yo'naltirilgani va imperiyani mustamlaka siyosatini ushbu soha orqali tahlil qilgan. Xulosa sifatida aytish mumkinki, Turkistonda tibbiyot tarixi va an'analariga doir tadqiqotlarning aksariyati shifokorlarning tizimda tutgan o'rni hamda o'lkaga xos yuqumli kassalliklarga bag'ishlangan. Turkistonliklar foydalangan milliy tibning qiymatiga baho berishda esa tabiblar faoliyati orqali munosabat bildirilgan va bu fikrlar ko'p hollarda salbiy ko'rinishda aks etgan.

Dissertatsiyaning **"Rossiya imperiyasi bosqiniga qadar Turkistonda tibbiy an'analar"** deb nomlangan ikkinchi bobida o'lkada milliy tib an'analari, sohaning mintaqaviy xususiyatlari hamda tabiblarning faoliyati aks etgan.

Ikkinchi bobning ***"Turkiston o'lkasida aholi salomatligini saqlash tizimi"*** deb nomlangan birinchi paragrafida sog'liqni saqlash muassasalari hamda mintaqaviy davolash xususiyatlari tahlil qilingan. Turkistondagi davolash muassasalarini birinchisi davlat shifoxonalar edi. Shunday muassasalardan biri Buxoroning Registon maydonidagi "Dorush-shifo" kasalxonasi edi[52]. XIX asrda aksariyat kasalxonalar madrasalar qoshida bo'lib, mudarrislar talabalarni nazariy o'qitish bilan birga, kasalxonadagi bemorlarni davolash orqali amaliy mashg'ulotlarni ham tashkil qilgan. Talabalar va bemorlar vaqf daromadi hisobidan oziq-ovqat bilan ta'minlangan[53]. Xiva xonligida ham shifoxonalar umumiy va alohida oliynasab oilalar, harbiylarga mo'ljallangan bo'lib, Ollohqulixon davrida yarador navkar Xivadagi "Dorush-shifo"da davolanishga yuborilgan va sog'ayib ketishi uchun yuz tilla ajratilgan[54]. Qo'qon, Toshkentda ham davlat amaldorlari hamda aholi foydalanadigan shifoxonalar faoliyat yuritgan. Jumladan, shaharning Kaykovus arig'i sohilida sarkardalarni davolaydigan shifoxona bo'lgan[55] va bu yerda bemorlar uchun xonalar, dorixona, hammom, oshxona va boshqa xonalar tashkil qilingan.

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[48] Ташбекова И. Государственная политика Российской империи в социальной сфере: вторая половина XIX – начало XX: автореф для дисс. д.ю.н. – Москва, 2012. – 52 стр; Суворов В. Медицинская помощь как фактор культурного и политического влияния в оценках отечественной публицистики рубежа XIX – начала XX века // Бюллетень медицинских Интернет-конференций. 2017. №3. – С. 646-647.

[49] Огудин В. Народная медицина Средней Азии и Казахстана. – Москва: Ганга, 2021. – 538 стр; O'sha muallif. Атторы – аптекары народной медицины мусулманского востока // ЭО. 2001. №2. – С. 112-130.

[50] Hohman S. pouvoir et sante en Ouzbekistan. – Paris: Petra, 2014. – 321 pp.; O'sha muallif. La médecine moderne au Turkestan russe: un outil au service de la politique coloniale // Cahiers d'Asie centrale. 2009. №17/18. – P. 351.

[51] Cassandra Marie Cavanaugh. Backwardness and biology: medicine and power in Russian and Soviet Central Asia. 1868-1934: Dissertation for Phd degree. – New York: Columbia University, 2001. – 412-p.

[52] Ўролов А. Ўтмишдаги даволаш ва шифобахш муассасалар. – Тошкент: Фан, 1990 – 13-бет.

[53] Абдусаттор Жуманазар. Бухоро таълим тизими тарихи. – Тошкент: Akademnashr, 2007. – 108, 243-бетлар.

[54] Муҳаммадризо Эрниёзбек ўғли Огаҳий. Риёзу-д-давла. Нашрга тайёрловчи А. Ўрозбоев. – Тошкент: Quvonchbek mashhur, 2020. – 226-бет.

[55] Абдужаббор Муҳаммад Собир ўғли. Асрлар ошган табобат. –Тошкент: Davr press, 2007. – 35-бет.

Hammomlar. Turkistonda hammomlar aholi salomatligini asrash va kasallikdan saqlanishda muhim ahamiyat kasb etgan. Hammomlarda erkaklar va ayollar uchun alohida ishchilar bo‘lgan. Jumladan, *xodim*– uqalovchi, *xaltador*- tanani kirdan tozalovchi, *bibixalfa*- xotin-qizlarning kasallarini davolovchilar. Shuningdek, ayrim maxsus hammomlarda giyohdan choy tayyorlovchilar, surtma dori, damlama sotuvchi dorigarlar hamda sartaroshlar xizmati yo‘lga qo‘yilgan[56]. Uqalovchi mijozning yoshi, kasallik turini hisobga olib, muolajada qatiq, asal hamda parranda, ot, tuya yog‘idan foydalangan. Xaltador va boshqa yordamchilar badanni tozalash ishlari bilan shug‘ullangan. Hammomlar ko‘proq erkaklar boradigan maskan hisoblangan. Faqat Anushaxon hammomiga qullar kiritilmagan[57]. Buning sababini hammomning nufuz va obro‘ga egaligi, qullarning jamiyatdagi mavqei bilan izohlash mumkin. Ayollar masalasida aytish joizki, farzand ko‘rgan xotin chillasi chiqishi bilan qaynonasi va qarindoshlari bilan hammomga kelgan. U giyohlardan tayyorlangan dori-darmonlar bilan muolaja qilingan va obdon cho‘miltirilib, “chilla”dan chiqarilgan[58].

Tabiblarning bemorgohlari. Tabiblar aholini ehtiyojlaridan va imkoniyatdan kelib chiqib o‘z uylarida hamda aholi gavjum guzar, bozorlarda faoliyat olib borgan. Aksariyat tabiblar bozorlarda joylashgan o‘z “do‘kon”larida bemorlarni muolaja qilgan. Masalan, Buxoroda davolovchilarni bozorlarda maxsus qatori bo‘lgan[59] va bu “do‘kon”lar gavjum nuqtalarida joylashgan. Toshkentda Moshtabib bemorlarni “tabib ko‘cha”dagi, Ahmadxo‘ja hakim esa Hasanboy mavzesidagi dala hovlisida davolashi[60] bilan nom chiqargan. Xiva xonligidagi bu “moslashtirilgan dorixonalar” deb atalgan va xalq orasida esa “charchi saroyi” deb nomlanib, ular yopiq bozor – timlarda joylashgan[61].

Mintaqaga xos umumiy davolash usullari aholini taomlanishi, parhez saqlashi, umumiy davo usullarida namoyon bo‘ladi. a) Parhez. Turkistonda keng tarqalgan usul bo‘lib, tabiblar kasalning tabiatiga qarab parhez buyurgan. Aholi ham parhez davolashning boshlang‘ich nuqtasi deb qarashgan. Shifokorlar davolashda parhez buyurmaganda turkistonliklar ularni nodonlikda ayblashgan. Shifokor G. Kolosov “murojat qilgan umumiy 1500 ta bemordan atigi o‘ntachasi parhez haqida so‘ramadi. Qolgani muolajalar buyurilgandan so‘ng, nima yeyish yoki nima ichish mumkinligi haqida so‘rashdi”, degan[62]. b) Qon olish. Bahor va kuzda qon oldirish musulmonda sunnat hisoblangan[63]. Tabiblardan tashqari sartaroshlar ham zuluk bilan qon olgan va zulukni zaharsiz, xavfsizligiga e’tibor qaratishgan. Hududlarda zuluk qo‘yuvchi tabiblar uyushib mahalla, ko‘chada yashagan[64]. Yana, xalq orasida qon oluvchi-nashtarchi tabiblar faoliyat yuritgan. Qortiq bilan qon olishda qortiqchi qoramol

[56] Крестяковский В. В гостях у эмира Бухарского. – СПб., 1887. – 127.
[57] Ғойибов М. ва бошқ. Хива табобати. –Тошкент: Абу Али ибн Сино, 1995. – 21 бет
[58] Халқ табобатида табиий гиёҳлардан фойдаланиш усуллари / Ўзбекистон худудида табиий фанлар йуналишидаги илмий тадқиқот ва экспедициялар (XIX аср -XX аср бошлари). Масъул муҳаррир Д. Зияева. – Тошкент: Akademnashr, 2019. – 290 бет.
[59] Olufsen O. The Emir of Bokhara and his country. – Copenhagen: William Heinemann, 1911. – 449-p.
[60] Vazirlar Mahkamasi huzuridagi “Qatag‘on qurbonlari xotirasi” davlat muzeyi joriy arxivi. KK.7025-raqamli hujjat.
[61] Умид Бекмуҳаммад. Хива хонлиги даврида дорихоналар, косметология ва ҳаким-сартарошлар // Маърифат саодати. 2018 йил, 2 феврал.
[62] Колосов Г. О народном врачевании у сартов и киргизов Туркестана. – СПб., 1903. – 62-стр.
[63] Шайх Муҳаммад Содиқ Муҳаммад Юсуф. Тиб ва дам. 18 жуз. – Тошкент: Hilol nashr, 2016. – 112-бет.
[64] Сухарева О. Квартальная община позднефеодального города Бухары. – Москва: Наука, 1976. – 171-стр.

shoxidan tayyorlangan anjom yordamida qonni so‘rib olgan. Ba’zan, tabiblar zuluk qo‘yilgandan so‘ng, o‘sha joyga qortiq qo‘yib, zulukning tishidan qolgan zaharni chiqargan. d) Uqalash usuli hammom xodimlari va siniqchi tabiblar tomonidan qo‘llanilgan. Siniqchilar singan joy terisini asliga keltirish hamda tanadagi ezilish, siqilish kabilarni davolashda ishlatishgan. e) Kimod usuli. Bunda tariq, tuz, kepak, qum kabi quruq narsalar xaltaga solinib, tosh, g‘isht va kesaklar shundayligicha qizdirilib badanga bosilgan[65]. Yana issiq qum yoki tibbiy tandirda cho‘g‘ hili tanaga singdirilgan. Obzan[66] giyohli suv to‘ldirilgan idishga kasal a’zoni solishdir. Obzan shifobaxsh suv, loy, qum bilan amalga oshirilgan[67].

Davolashning mintaqaviy jihatlarini yuzaga kelishiga quyidagilar ta’sir etgan. *Tabiiy muhit omili*. Insonlar kasallikning yuzaga kelishining tabiat bilan bog‘liq ekanligiga ishongan. Tabiiy muhitning xususiyati o‘sha yerga xos o‘simlik va hayvonot turlarida aks etadi. Ayrim hududlarda ba’zi dorilar ta’sir qilsa, boshqa yerda bu darajada kuchini ko‘rsatmagan. Chunki, aholi o‘zini o‘rab turgan tabiatning foydali va zararli jihatlariga ko‘nikkan, dorivorlarning salbiy ta’siriga qarshi tanasida himoya omili shakllangan. Tog‘ va tog‘oldi aholisi davolashda buloq, tuzli g‘or, ko‘l va ma’danlarning xususiyatlaridan, tekislik aholisi issiq qum, tuproqdan foydalangan[68].

Tabiblar faoliyatiga oid omil. Qo‘qon xonligida tabiblar nam iqlim tufayli kelib chiqadigan nafas yo‘li hastaliklarni davolashda mohir bo‘lishgan. Xiva tabiblari yaralarni giyohlar bilan davolashga, boshdan qon olishga katta ahamiyat berishgan[69]. Bundan tashqari, musiqa yordamida asab xastaliklarini davolagan. Buxoro tabiblari rishtani davolash uchun Devonbegi Labihovuzi atrofida qo‘nim topgan[70]. Bundan ko‘rinadiki, tabiblar ham hududga xos kasallik va giyohlarning xususiyatlaridan kelib chiqib tasniflangan.

Jamoaviy qoidalar omili. Jamoat qoidalariga ko‘ra qabriston “nopok” hisoblanib, uni o‘rni 40 yildan so‘ng buzilgan va dastlab poliz ekinlari ekilgan. Birinchi hosili yig‘ishtirib olinmagan[71] va keyingi yildan dehqonchilik qilish, bino qurish mumkin bo‘lgan. Qassoblar sog‘lom, tetik mollarni so‘yishi, qonni chiqarib tashlashi, harom qilingan qismlarni ajratish[72] belgilangan. Hukumat bozor, karvonsaroy kabi binolarda havo aylanishini, mahsulotlarni rastalarga ajratishi, karvonsaroylar va musofirxonalarda tabib uylarini, yuvinishga sharoit yaratib, kasalliklarni oldini olish choralarini ko‘rgan.

Ikkinchi bobning ***“Tabiblar faoliyatiga doir an’analar”*** nomli 2-paragrafda tabiblik kasbini egallash usullari va ularning tasnifi keltirilgan. XIX asrda Turkiston o‘lkasining barcha hududlarida tabiblik nasldan-naslga o‘tgan. Turkiston o‘lkasida tabiblik nega sulolaviy xususiyat kasb etdi? Tabiblikni madrasalarda o‘rganish iqtisodiy ta’minotni hamda vaqtni talab qilgan bo‘lsa, ikkinchi tomondan, aksariyat

[65] Боситхон ибн Зоҳидхон Шоший. Қонуни Боситий. – Тошкент: Янги аср авлоди, 2003. – 648-654-бетлар.
[66] Ўролов А. Ванна муолажаси Европадан олинганми? // Moziydan sado. 2022. №2. – Б. 39.
[67] Muallif qaydlari. Samarqand viloyati, Kattaqo‘rg‘on shahri Damariq mahallasi. 2016 yil.
[68] Сакирич П. Заметка о Хазрет-Аюбских минеральных источниках // ТВ. – 1882 год. №30.
[69] Путишествие в Туркмению и Хиву в 1819 и 1820 годах... – 138-стр.
[70] Садриддин Айний. Эсдаликлар. 7-жилд. – Тошкент: Тошкент, 1966. – 232-бет.
[71] Хўжахонов И. Фарғона водийси қишлоқ аҳолиси анъанавий турар жойларининг этноҳудудий хусусиятлари (XIX аср охири – XX аср бошлари): т.ф.н учун дисс. – Тошкент, 2007. – 129-бет.
[72] Патхиддинов Р. XIX аср охири-XX аср бошларида Туркистонда соғлиқни сақлаш тизими... – Б. 163.

tajribali tabiblarning o‘z davo usuli va dorisi bo‘lgan. Tabiblikni oilada egallagan farzand-shogirdiga ustoz-ota guvohlar oldida fotiha bergan[73]. Bu jarayon marosim shaklida bo‘lib, unda ustoz ramziy ma’noda pand-nasihat qilgan. Shogird ustozdan nasihatlarni qabul qilganini qasamyod qilib tasdiqlagan. Marosimni amaliy tomonini ko‘radigan bo‘lsak, an’anaga ko‘ra tabiblikni kasb qilishni istagan kishi guvohlar ishtirokida uchta kasalni muvaffaqiyatli davolab, o‘z mahoratini ko‘rsatishi zarur edi[74]. Shundan so‘ng, talabgor tabiblik maqomiga ega bo‘lib, davolash bilan shug‘ullangan. Tabiblikni o‘rganishning ikkinchi turi madrasada o‘qish edi. Madrasada tashxis qo‘yish, giyohlardan dori tayyorlash usuli o‘rgatilgan. Turkistonda madrasa bitiruvchilarining barchasi tibdan xabardor edi va xalq orasida Buxoroda o‘qiganlar ko‘proq bilimli degan qarash bo‘lib, ularning obro‘si, xizmat haqqi baland edi[75].

Tabiblarning davolash usullaridan kelib chiqib, uch guruhga ajratish mumkin: birinchisi – sehr jodu, afsun bilan davolovchilar, ikkinchisi – diniy oyatlarni o‘qib davolovchilar va uchinchisi – tajribaga tayanib, amaliy davolovchilar. Birinchi guruh xalq orasida: baxshi, folbin, azayimxon, sadqoqchi, duoxon, parixon nomlari bilan ataladi. Ikkinchi guruh tumor berish, bemorga dam solish, qog‘oz parchasiga yozib berish bilan shug‘ullangan. Uchinchi guruh tabiblari quyidagicha tasniflanadi:

Siniqchi. Ular *shikastaband, soluvchi[76], usta* nomlari bilan yuritilgan. Siniqchi suyakning sinishi, darz ketishi, chiqishi va etning lat yeyishi kabilarni davolagan. Ular jarohatga qarab tuxum sarig‘i yoki gilmoya surib, gips ko‘rinishidagi o‘ram bilan bog‘lagan. Bundan tashqari, terak, tolning novdasini singan joyga ketma-ket quvursimon qilib terib, qimirlamaydigan qilib qotirilgan. Siniqchilardan tashqari, *siloqchi* nomli uqalovchi ham bo‘lgan va pay cho‘zilishi, et ezilishida uqalash muolajasini qo‘llagan.

Jarrohlar. Jarrohlik ishi *amal, dastkori* deb ham atalgan. Turkiston o‘lkasida faoliyat yuritgan jarrohlar tish, qon olish, xatna qilish, rishtani olish bilan shug‘ullangan. Yengil jarrohlik amaliyoti bilan sartaroshlar ham shug‘ullangan. Sartaroshlar xalq tomonidan e’zozlanib, *usta* deb atalgan. Temirchilar ham ustaxonasida tish olgan. Agar temirchining o‘zi bu ish bilan shug‘ullanmasa, ukasi yoki yaqini bu amaliyotni bajargan. Bundan tashqari, homiladorlar, qattiq qo‘rqqan o‘spirin, o‘smirlar ustaxonadagi suvdan dori o‘rnida ichgan[77].

Dorigarlar, attorlar. Bu davrda dorilar bemorlarga ikki usulda tarqatilgan: birinchisi, turg‘un holda, ikkinchisi, ko‘chma shaklda. Ko‘chma dori tarqatish attorlarga xos bolib, xo‘jalik buyumlarini sotish bilan birga aholini dorivor giyohlar bilan ta’minlashgan. Ayrim tabiblarni alohida dori sotadigan attor tanishlari bo‘lgan va u mijozga yaqin attordan kerakli dorivorlarni olib kelishni buyurgan[78]. Dorigar, attor va tabib yaqin munosabatda bo‘lgan. Sababi, tabib uzoqdagi mijozlar bilan attorlar orqali aloqa qilgan va tabibning dorisiga egalik qilish attorga ham reklama vazifasini

[73] Muallif qaydlari. Toshkent shahri, Yunusobod tumani 9-mavze. 2016 yil.
[74]Қодиров А. Ўзбекистон тиббиёти. – Тошкент: Абу Али ибн Сино, 2004. – 33-бет.
[75] Meakin A. In Russian Turkestan a garden of Asia and its people. – London: George Allen, 1903. – 167-p.
[76] Muallif qaydlari. Buxoro viloyati Qorako‘l tumani Sayyod qishlog‘i. 2017 yil.
[77] Muallif qaydlari. Toshkent shahar, Mirzo Ulug‘bek tumani Yuzrabot mahallasi, 2023-yil.
[78] Ремпел Л. Далёкое и близкое: страницы жизни, быта, строительного дела, ремесла и искусства Старой Бухары. – Ташкент, 1892. – 54-стр.

o‘tagan. Shuningdek, ayrim dorilarni ishlatish uchun tabib tavsiyasi zarur edi. Tabib ham attorlarning chetdan keltirilgan dorilariga ehtiyoj sezgan.

Ko‘z tabiblari. Ular *kahhol* deb ham atalgan. 16-yuzyillikka oid qozilik hujjatlarida Samarqanddagi ko‘z tabiblarining muolajasi haqida ma’lumot berilgan[79] bo‘lsa, 19-yuzyillikda Farg‘onada ishlagan shifokor vodiyda kataraktani muvaffaqiyatli davolagan hakim va uning tibbiy anjomlari haqida to‘xtalib o‘tgan[80]. Toshkentda yashagan Afg‘on tabib 13 yoshli qizning ko‘zini giyohlar bilan 30 kunda davolagan[81]. Shuningdek, Chodakda yashagan tabiba ayol ko‘ziga oq tushgan kishilarni nayqamish orqali, jarrohlik yo‘li bilan tuzatgan[82]. Aholi ko‘z shamollashi kabi kasalliklarni davolashda ko‘k choy bilan yuvish va qovoqlarga bo‘yoqlar surish usulini qo‘llagan. Bundan tashqari iliq sut, surma, choy shamasi va tomchi doridan foydalanilgan[83].

Doyalar, ayollar tabibasi. Turkistonda ayollar kasalligini davolovchi va ularga farzand ko‘rishda ko‘maklashuvchi tabibalar, doyalar faoliyat yuritgan. Ayollar doyalarga befarzandlikdan, tug‘ilajak bolasini jinsini bilish, o‘g‘il ko‘rish uchun murojat qilgan. Doyalar jinsni bilishdan ko‘ra ayollarda uchraydigan kasalliklarni davolashga urg‘u qaratgan. Doyalar befarzand ayollarni uqalash, termik usullar bilan davolagan[84]. Befarzand ayollar o‘choqqa solingan[85] yoki issiq hammomga, tandirga tushgan, issiq g‘isht, guvala bilan[86] muolaja qilingan.

“Rossiya imperiyasining Turkistondagi tibbiyot siyosati” nomli uchinchi bobda tibbiy siyosat huquqiy, moliyaviy va muassasalar faoliyati misolida ochib berilgan. ***“Turkiston general-gubernatorligi tibbiyot siyosatining maqsadi, huquqiy asosi va tuzilmasi”*** nomli 1-paragrafda Rossiya imperiyasi o‘ziga tegishli bo‘lgan barcha mustamlakalarida boshqaruvning hamma tarmog‘ini harbiy qoidalar asosida tasarruf etishi yoritilgan. Turkiston o‘lkasida tibbiy siyosatning huquqiy asosi imperiya miqyosidagi tibbiyotga oid qonunlarga hamda “O‘lkani boshqarish to‘g‘risidagi Nizom”ga tayangan. Keyingi davrda unga ayrim qo‘shimchalar kiritilgan bo‘lsada, tibbiyotning tuzilma va vazifalari o‘zgarishsiz qoldi. Tibbiyotni boshqarish masalasi 1865-yilgi muvaqqat Nizomda[87] va 1886-yilgi shaklida[88] yoki Nizomga boshqa qo‘shimchalar kiritilganda ham alohida tartiblanib, markaziy va hududiy tuzilmalarning tarkibi qat’iy belgilandi. Hududlarda tibbiy soha viloyat harbiy gubernatori nazoratida bo‘lib, quyi boshqaruv tuman harbiy-tibbiy nozirida edi. Tuman harbiy-tibbiy noziri bir vaqtning o‘zida Turkiston general-gubernatori va harbiy bo‘lim bosh tibbiyot noziriga bo‘ysungan. Tumanlar va viloyatning yirik shaharlarida nazorat okrug shifokorlari va o‘rta tibbiyot xodimlariga yuklatildi[89].

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[79]Усмонов Ш. Илк шифо масканлари // Фан ва турмуш. 1998. №6. – Б. 28.

[80] Кушелевский В. Материалы медицинской географии и санитарного описания... – 262–264-стр.

[81]Икром Мавлон. Олдингдан оққан сув // Ўзбекистон адабиёти ва санъати. 1984 йил, 13 июль.

[82]Баҳромзода Ў. Чодак (қишлоқ тарихидан лавҳалар). – Наманган: Наманган, 2000. – 53-бет.

[83] Olufsen O. The Emir of Bokhara and his country. – Copenhagen: William Heinemann, 1911. – 445-pg.

[84] Саадабаева Г. История становления здравоохранения на территории Кыргызстана... – С. 97.

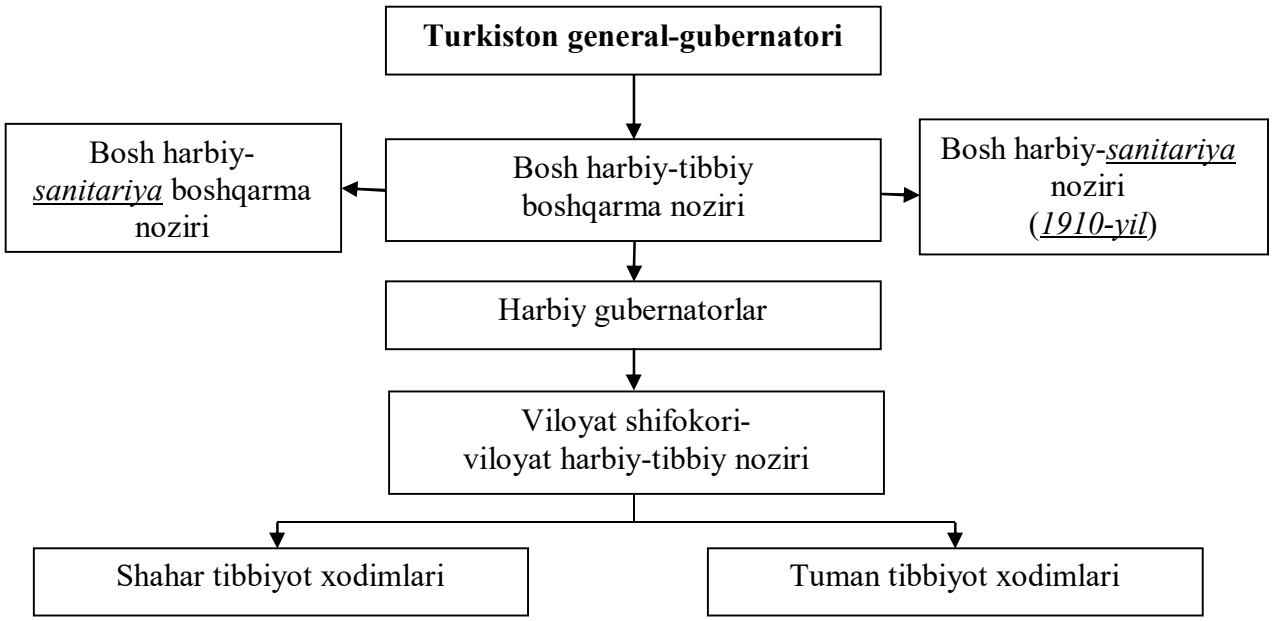
[85] Muallif qaydlari. Jizzax viloyati, Forish tumani Garasha qishlog‘i. 2023-yil.

[86] Muallif qaydlari. Samarqand viloyati, Kattaqo‘rg‘on shahri Haydarchaman mahallasi. 2018-yil.

[87] Собрание узаконений и распоряжений, издаваемое при Правительствующем Сенате. – Спб. 1863-1917, 1-отдель, 7-дело, 1865 г.

[88] Высочайше утвержденное Положение об управлении Туркестанского края. 12 июня 1886 года... № 3814.

[89] Обзор Ферганской области за 1891 год... – 57-стр; Справочная книжка Самарк. обл. на 1901 год... – 70-стр.



1-rasm. Turkiston o‘lkasida tibbiy boshqaruv va nazorat.

Ushbu bobning ***“Tibbiyot mutaxassislarini tayyorlash”*** deb nomlangan ikkinchi paragrafida masala uch yo‘nalishda tahlil qilindi:

Hukumatning ayol mutaxassislarga nisbatan munosabati. Hukumat ayol shifokorlarga turkistonliklarni mustamlakachi hukumatga nisbatan dunyoqarashini o‘zgartirishni yuklagan edi. Shu tufayli Turkistonga ixtiyoriy kelish istagini bildirgan shifokor ayollarga yo‘l kira, o‘lkada kamida uch yil xizmat qilish majburiyatini yuklagan holda mablag‘ berilgan[90]. Ammo Turkistonda ayol doktorlar imperiyani boshqa guberniyalaridan farqli o‘laroq davlat xizmatchisi sifatida tan olinmadi hamda nafaqa kabi imtiyozlar qo‘llanilmadi[91]. Bor imtiyoz o‘lkaga kelish va ketishda beriladigan mablag‘ hamda maoshdan iborat edi. Shu sababli, ayol shifokorlar milliy xotin-qizlardan kadrlarni tayyorlashni so‘rab hukumatga murojaat qilishgan. Bu iltimosning yana bir sababi ayollarga ham erkaklar kabi katta hudud va qo‘shimcha vazifalar yuklanganida edi.

Hukumatning erkak mutaxassislarga nisbatan munosabati. Imperiyaning markaziy qismlaridan o‘lkaga keladigan shifokorlarga (harbiy shifokor) kamida uch yillik ish taklif qilingan va bu markaziy hududlardagi to‘rt yillik mehnat tajribasiga tenglashtirilgan[92]. Besh va undan ko‘p yil xizmat qilganlarning lavozimi, maoshi oshirilib, farzandlarini o‘qitishda imtiyozlar berilgan. Bu imtiyozlar shuni ko‘rsatadiki, kadrlarni o‘lkaga jalb qilishning boshqa imkoniyati bo‘lmagan. Boshqaruv harbiylar qo‘lida bo‘lgani uchun shifokorlarga berilgan imtiyozlar ham harbiylarga xos edi.

Kadrlar taqchilligi. Hukumat joriy qilgan imtiyozlaridan kelib chiqib aytish mumkinki, Turkiston o‘lkasiga bitta shifokorni olib kelish ma’lum xarajatni talab qilgan. 1867-yildan har bir hududda bosh shifokor, davolovchi shifokor va 2 ta feldsher o‘rni bo‘lsada, bu joylar 1878-yilgacha bo‘sh turgan[93]. Natijada, ayrim rahbar

[90] Махмудов М. История медицини и здровоохранения Туркестана, Бухары и Хорезма... – 205-стр.
[91] Бадалов А. Фарғона областида соғлиқни сақлаш тизими ва ундаги ўзгаришлар: тарихий таҳлил... – Б. 22.
[92] O‘z MA. I-3-jamg‘arma. 2-ro‘yxat, 407-yig‘majild, 10-varaq.
[93] Hohman S. La medecine moderne au Turkestan russe: unoutil au service de la politique colonial... – P. 322.

shifokorlar kadrlar taqchilligi sababidan tabib, sartaroshlarni shifoxonaga jalb qilgan[94]. Kadrlar soniga nazar solinsa, 1907-yilda Turkiston o‘lkasida umumiy 247 ta shifokor ishlagan[95]. Bu davrda umumimperiya bo‘yicha 25927 ta shifokor bor edi[96]. Turkistondagi shifokorlarni katta qismi shaharda faoliyat yuritgani uchun, markazdan uzoq hududlarda kadrlar taqchilligi kuzatilgan. 1914-yilda boshlangan I jahon urushi Turkistondagi tibbiy holatni yanada keskinlashtirdi va xodimlarni safarbar qilinishi katta bo‘shliqlarni yuzaga keltirdi va 1916-yili bu yerda ellikdan ortiq[97] shifokori va kam sonli feldsherlar qoldi.

Milliy mutaxassis tayyorlash masalasi. Turkistonda mutaxassis tayyorlaydigan muassasa tashkil qilinmagan. Ish hajmining ko‘pligi, qo‘shimcha vazifalarning yuklatilishi hisobiga qiynalgan shifokorlar milliy kadrlarni tayyorlash borasida hukumatga murojaatlar qilishsada natija bermadi. Masalan, 1873-yili tibbiy kurs ochish taklifi[98] general-gubernatorlik tomonidan rad etilgan. 1896-yilgi doyalar maktabi loyihasining foyda keltirishiga Kengash ishonmadi. 1907-yilgi feldsherlik maktabi g‘oyasini ham “Toshkentda bino yo‘qligi va yangisini qurish xarajat talab qiladi” - deb rad etildi[99]. Turkistonda faqatgina dorixonalar qoshida mutaxassislar tayyorlash yo‘lga qo‘yilgan va 1916-yilda Toshkentda 10 kishi o‘qigan. O‘qish haftada 2 marta va 7 oygacha davom etgan. Ta’lim bitta tinglovchi uchun har oyda 20 va yetti oyga 140 rublni tashkil qilgani[100].

Uchinchi bobning navbatdagi paragrafi ***“Tibbiyot sohasini moliyalashtirish”*** deb nomlangan. Turkistonda tibbiyot 2 ko‘rinishda ta’minlangan: harbiy muassasalar Harbiy vazirlik byudjetidan; jamoat muassasalari esa davlat byudjeti va xayriya mablag‘laridan moliyalashtirilgan. Ajratilgan mablag‘lar quyidagicha sarflangan: muassasalar ta’minoti, dori-darmonlar, shifokorlarni jalb qilish va maosh uchun.

Hukumat qaroriga ko‘ra jamoat shifoxonalarining ta’minoti shifoxona joylashgan shahar/tuman mablag‘lari hisobidan bo‘lgan[101]. Ammo byudjetning kamligi, boshqa tuzilmalarning ham bu mablag‘larga qaramligi sabab, tibbiyotga oz ulush tekkan. Hududiy mablag‘larning 0.6% tibbiyot uchun ajratilgan[102]. Hukumatning xarajatlarni qoplash masalasidagi adolatsizligidan soha vakillari ham norozilik bildira boshlashdi. Jumladan, shifokor Nazarov, hokimiyat milliy aholidan yiliga 200 000 rublgacha pul yig‘ib olsada, aholini tibbiy ehtiyojlari uchun sarflashni xohlamaydi, eng zarur ehtiyojlarni qondirishga ham 15-20 ming rubl miqdorida pul berishni istamaydi[103], deb qayd etgan. General-gubernatorlik tuman kasalxonasiga umumiy ehtiyoj uchun yiliga 1,6 ming rubl ajratgan. Shundan, dori-darmon, bog‘lov ashyolarini olishga 300 rubl; bemorning kunlik xarajatiga 30 tiyin; idora ishi va kutubxonaga 70

[94] Махмудов М. История медицина и здравоохранения Туркестана, Бухары и Хорезма... – 228 стр.
[95] Центральная Азия в составе Российской империи. С. Абашин и др. – Москва: Нов.лит, 2008. – 156-15 стр.
[96] Doxiliy xabarlar (Tabiblarning adadi) // Samarqand gazetasi. 1913 yil, 30 avgust.
[97] Туркестанские ведомости. 1916 год, №30.
[98] O‘z MA. I-717-jamg‘arma. 1-ro‘yxat, 35-yig‘majild, 163-varaq.
[99] O‘z MA. I-717-jamg‘arma. 1-ro‘yxat, 35-yig‘majild, 164-varaq.
[100] Исмоилова Ж. XIX асрнинг иккинчи ярми – XX аср бошларида Тошкентнинг “янги шаҳар” қисми тарихи. – Тошкент: Fan va texnologiya, 2004. – 133-бет.
[101] ПСЗРИ-3. Т. 15. – СПб. 1899. №11767. – 370-стр.
[102] Пален К. Отчет ревизии Туркестанского края. Земское хозяйство. – Санкт-Петербург, 1910. – 68 стр.
[103] Назаров. Туземная часть, город Ташкента. Отношенне ее населения к русской медицине... №17.

rubl; uy ijarasiga 300 rubl, xizmatchi yollashga 240 rubl[104] ajratilgan. 19-yuzyillikning 80-yillarida ayollar-bolalar kasalxonalaridagi bepul xizmat xarajatlarini go‘yoki davlat o‘z gardaniga olganligini bildirsada, aslida bu mablag‘lar aholining to‘lovlaridan olingan. Bu xarajatlarni qoplash qimmatga tushgan. Natijada, 1906-yili tibbiyot pullik bo‘ldi va tekin xizmat faqat kambag‘allarga berildi[105]. 19-yuzyillikning 80-yillariga qadar tizimni moliyalashtirish harbiy soha mablag‘laridan ta’minlangan bo‘lsa, keyin mintaqaviy to‘lovlari, davlat byudjeti va xayriya mablag‘laridan bo‘ldi. Mablag‘larning ehtiyojdan kelib chiqib sarflanmasligi shahar va qishloqlarda tibbiy xizmatni tabaqalashtirdi. I jahon urushida imperiyaning ishtiroki esa vaziyatni yanada og‘irlashtirib, Turkiston general-gubernatorligida tibbiyotni moliyaviy yo‘qotishlar bilan ham yashashiga olib keldi.

Mazkur bobning 4-paragrafi ***“Tibbiy xizmat muassasalari”*** deb nomlanib, shifoxonalarning holati, xizmat qamrovi hamda dorixonalarni tashkil qilish jarayonlari o‘rganilgan. Turkistonda ilk mustamlaka shifoxonalari harbiy ko‘chma va turg‘un kasalxonalar edi. Ko‘chma shifoxona 1868-yili ochilgan va 1870-yili turg‘un kasalxonaga aylantiriladi. 1883-yildan jamoat shifoxonalari hududlar bo‘ylab: Toshkent, 1886-yil[106] Samarqand va Xo‘jand, 1887-yil[107] Farg‘onada ochilgan. O‘lkadagi tibbiy muassasalar general-gubernatorning tasdig‘i asosida ochilgan va nazorat viloyat harbiy gubernatoriga topshirilgan. Bunday tartib tufayli yangi muassasalarni ishga tushirish qiyin kechgan. Masalan, 1886-yili Toshkentda kasalxona ochish uchun general-gubernatordan ruxsat so‘ralgan bo‘lsada, bu masala orqaga surilib, 1891-yilda[108] ruxsat beriladi. Hukumat shifoxonalarning ehtiyojini qondirolmasligini hisobga olib, xususiy muassasalarga ruxsat berdi. Bunday kasalxona 1908-yili Toshkentda ochilgan va 1911-yili 48 ta shifokorning 30 tasi xususiy muassasada ishlagan[109]. Milliy aholi esa o‘z mablag‘lari hisobidan shifoxonalar qurishga intilgan. Afsuski, hukumat turkistonliklarni o‘z pullariga qurayotgan muassasalarini ham qo‘llab-quvvatlamadi. Toshkentda kasalxona uchun turkistonlik boy yer xayriya qilgan va qurilishga 38000 rubl yig‘ilgan. Biroq bu mablag‘dan shahar boshlig‘ining uyiga jihoz olingan, ajratilgan yerda politsiya mahkamasi qurilgan[110]. Yoki, 1870-yil To‘ytepada aholi kasalxona qurib, jihozlar keltiradi. Ammo hukumat bosh shifokor tayinlamadi va kasalxona uzoq vaqt ishlamaydi[111].

Muassasalardagi *tibbiy xizmat masalasini* ko‘rib chiqadigan bo‘lsak, bu borada ham vaziyat shifoxonalarni holatidan ortiq emasdi. 1881-yili Turkiston o‘lkasida aholi 2,300,000 kishi bo‘lib, ulardan 18500 tasi muassasalarga murojaat qilgan. Bu ko‘rsatkich umumiy aholining 1 foizini ham tashkil qilmagan[112]. Chunki, aksariyat muasasalar aturkistonliklar uchun uzoq masofada joylashgan edi. Tibbiy xizmatning nooqilona tashkil qilingani epidemiyalar davrida namoyon bo‘ldi. Epidemiyalar

[104] Ахмедов А и др. Особенности развития здравоохранения Таджикистана... – С. 64.
[105] Свод законов Российской Империи. Том XIII. Врачебный устав. – Санкт-Петербург, 1913. – 234-стр.
[106] O‘z MA. I-1-jamg‘arma. 10-ro‘yxat, 2067-yig‘majild, 4-varaq.
[107] O‘z MA. I-19-jamg‘arma. 1-ro‘yxat, 36654-yig‘majild, 19-varaq.
[108] Шодмонова С. Туркистонда замонавий тиббиётнинг ибтидоси / www.uzanalytics.com/tarix/7171.
[109] O‘z MA. I-17-jamg‘arma. 1-ro‘yxat, 38010-yig‘majild, 30-32 varaq.
[110] Қодиров А. Ўзбекистон тиббиёти. – Тошкент: Абу Али ибн Сино, 2004. – 91-бет.
[111] Рустамова Х. ва бошқ. Тиббиёт тарихи. – Тошкент: O‘zkitobsavdo, 2020. – 165-бет.
[112] Отчет о состоянии Туркестанского края, составленный Сенатором... – С. 161.

davrida hukumat shaharda ta’sir choralarini ko‘rgan. Shahar atrofi va qishloqlarda kasallik keng tarqalgandagina ambulatoriya ochishga ruxsat berilgan[113]. Statistikaga ko‘ra yuqumli kasalliklarga chalinganlar orasida rus va boshqa yevropaliklar ko‘proq tuzalgan. Hukumat buning sababini ular kasallikning ilk belgisi kuzatilgandayoq murojaat qilishi bilan izohlagan[114]. Bu tabiiy edi, chunki, milliy aholi uchun o‘z vaqtida arava va boshqa ulovda bemorni yangi shaharga olib kelish qiyinchilik tug‘dirgan.

Turkistonda dorixona ochish va dorishunoslik faoliyati “Dorixona ochish tartib-qoidalari to‘g‘risidagi Nizom” asosida tartibga solingan[115]. Unga ko‘ra, yangi dorixona ochishda aholi soni hamda dorixonaga uch yil davomida kelib tushgan yillik doriko‘rsatmalar va qayta murojaatlar inobatga olingan. Poytaxt va markaziy guberniyalarda yangi dorixona ochishga 10 000 kishiga 15 000 ta doriko‘rsatmalar to‘g‘ri kelganda ruxsat berilgan[116]. Kichik shahar, posyolka, qishloqlarda masofadan kelib chiqib ruxsat berilgan. 1873-yili bu qoidalarga o‘zgarishlar kiritiladi[117]. Xususan, doriko‘rsatmalar hisobi, aholi soni va masofaga qo‘yilgan talablar qisqartirildi. Shundan so‘ng, xususiy dorixonalar soni oshdi. Ochilgan dorixonalar ham Turkiston o‘lkasining rossiyaliklar istiqomat qiluvchi qismida edi. “Eski shahar” aholisi uchun ochilgan dorixonalarning joyi ham “yangi shahar” chegarasidan uzoqqa ketmadi. Aksar dorixonalar shifokorlarni ish joyi, yashash manzili atrofida ochildi, boshqalari temiryo‘l bekatlari yaqinida tashkil qilindi[118]. Hududdagi aholi soni va dorixonalarni o‘zaro teng masofada bo‘lishi kabi Nizom talablari inobatga olinmadi.

“Rossiya imperiyasini Turkistondagi tibbiyot siyosatining oqibatlari” deb nomlangan to‘rtinchi bobda mustamlaka tibbiyotini joriylashdagi muammo va to‘siqlar, hukumatning milliy tibga nisbatan munosabati hamda milliy ziyolilarni tibbiy qarashlar aks etgan. ***“Tibbiyot siyosatini amalga oshirishdagi ijtimoiy holat”*** deb nomlangan birinchi paragrafda holat quyidagi omillarga ko‘ra tahlil qilingan:

a) Hukumatning tibbiy xizmatni tashkil qilishda yuzaga kelgan muammolar: *Mustamlaka tibbiyotini tabaqalashgan tarzda joriy etilgani*. Mustamlaka tibbiyoti harbiylar, hukumat a’zolari va ko‘chib kelganlarga xizmat qildi. Nafaqat siyosiy, balki o‘zining tibbiy xavfsizligi maqsadida hududlarni “yangi” va “eski” qismlarga ajratilishi ham vaziyatni taranglashtirdi. Hukumat tibbiyotdagi bir tomonlama siyosati oqibatida chechakka qarshi emlanishi rus bolalariga majburiy, turkistonlik bolalarga ixtiyoriy bo‘ldi[119]. Natijada, turkistonlik bolalar orasida o‘lim soni yuqoriligicha qoldi. Turkistonda mustamlaka tibbiyotini nazorat qilgan harbiy okrug, Bosh harbiy-tibbiy boshqarmaning majburiyatlari amaldorlari, harbiylarni ehtiyojlariga qaratildi.

Tibbiy xizmat uchun belgilangan narx. 1883-yilgacha harbiy turg‘un kasalxonalarning narxi 15 tiyinni tashkil qilgan bo‘lsa, 1886-yildan ayollar va

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[113] Афрамович К. Рисовые поля и лихорадки... – 163-стр.
[114] Обзор Ферганской области за 1892 год. – Новый Маргелан, 1894. – 90-стр.
[115] Бадалов А. Фарғона вилоятида дорихоналарнинг ташкил этилиши ва фаолияти тарихидан (XIX аср охири – XX аср бошлари) // Ilmiy xabarnoma. 2022. №1. – Б. 54.
[116] Қличев О. Бухородаги дорихоналар фаолияти ва тарихи хусусида ёзишмалар // O‘zMU xabarlari. 2012. №3. – Б. 25.
[117] Жолобова Г. Проблемы правового обеспечения частного и общественного интересов в сфере коммерческой фармацевтической деятельности в России 1881 – 1912 гг. // Политика и общество. 2013. №10. – С. 1243.
[118] O‘z MA. I-3-jamg‘arma. 2-ro‘yxat, 125 a-yig‘majild, 19 б-varaq.
[119] Патхиддинов Р. Фарғона вилоятида чечак касаллиги // O‘tmishga nazar. 2022. №1. – Б. 93

bolalardan tashqari qolganlarga 20 tiyin, 1905-yildan 20 tiyin etib belgilangan[120]. Biroz vaqt o‘tgach xizmat barcha uchun pullik bo‘ldi. Bu moddiy yetishmovchilik bilan izohlansada aslida tekin xizmat o‘z vazifasini o‘tab bo‘ldi, deb qaraldi. Lekin bu holat tibbiyotga nisbatan hali to‘la ishonch hosil qilib, yoppasiga yangi tizimga o‘tishga ikkilanayotgan o‘lka aholisini og‘ir holatga tushirgan. Belgilangan narxni aholining moddiy imkoniyati ko‘tarmagan.

Tibbiy muassasalarni joylashuvi, faoliyati. Shifoxonalarning ko‘pi vaqtincha tashkil qilishga yaraydigan binoga joylashtirildi va o‘sha yerda qolib ketdi hamda ilk davrda berilgan jihozlari bilan ishlashda davom etgan. Oqibatda hukumat orqaga qadam tashladi: jamoat shifoxonalari 1900-yilda jihoz kamligi, o‘rinlarni yetishmasligi sababli kasalxona talablariga javob bermagach quyi muassasa- ambulatoriyaga aylantirilgan. Farg‘ona viloyatining 1913-yilgi hisobotida qo‘shimcha oltita muassasa qurilishi “qishloq aholisiga yordam ko‘rsatishni sezilarli darajada yaxshiladi”[121] deyilgan. Albatta, bu farg‘onaliklarni yaxshi tibbiy xizmat olishga sabab bo‘lgan. Lekin bu holat 1913-yilda ham muassasalar qurish kamyob hodisaligini ko‘rsatadi.

b) Mustamlakachi - mustamlaka o‘rtasidagi ijtimoiy, madaniy, diniy tafovut: *Til muammosi*. Aholini qiynagan masala til bilmaslik va shifokor bilan muloqot qilolmaslik edi. Turkistonliklar shifokor qabuliga kelganda tomir urishini tekshirish uchun beixtiyor qo‘lni uzatgan va ishoralar bilan tushuntirishga harakat qilgan[122]. Bemor va shifokor o‘zaro so‘zlashmagani sababli berilgan dorilarni noto‘g‘ri qabul qilish, amal qilinadigan qoidalarga bilmasdan bo‘ysunmaslik holatlari yuz bergan.

*Tabiblar faoliyatining saqlanib qolinishi*ga doir jihatlar. Tabiblarni erkin faoliyat yuritishining *birinchi omili,* Rossiya imperiyasi tugatilgunga qadar o‘lka xizmat bilan to‘liq qamrab olinmagan va muassasalar ham kadrlar bilan ta’minlanmagan edi. *Ikkinchisi,* mustamlaka tibbiyoti yuqumli kasalliklar bilan o‘ralashib qoldi. Lekin aholi ko‘p duch keladigan hastaliklarni davolash tabiblarga va turkistonliklarning o‘ziga qoldi. *Uchinchisi,* tabiblar ayrim davolash usullari bo‘yicha shifokorlardan mohir edi. Singan va chiqqan suyaklarni davolash va jarrohliklar borasidagi mahoratini shifokorlar ham alohida qayd etish mumkin. Tabiblar “Afg‘on yarasi”, “pashshaxo‘rda” kabi teri kasalni davolashda mohir bo‘lgan[123].

*Harbiy kiyim va tibbiy jihozlar*ga bo‘lgan munosabat. Shifokorlar ish vaqtida harbiy kiyimda bo‘lgan. Aholi ularning kiyimlaridan, tibbiy anjomlardan cho‘chib munosabatda bo‘lgan. Sababi, Turkistonni bosib olishda harbiy kiyimdagi askarlarning shafqatsizlarcha harakatini ko‘rgan milliy aholi shu kiyimdagi barcha shaxslarga qo‘rquv bilan qaragan. Shifokorlarni egnidagi kiyim aholida, ular ham harbiy degan tasavvurni hosil qilgan. Shifokor aslida harbiy tizimdan chiqqani va sohaga bo‘lgan hurmat yuzasidan ular bu kiyimdan voz kechmagan. Bundan tashqari, yangi tibbiy jihozlar bemorlarda ortiqcha shubhalanishiga sabab bo‘lgan hamda tabiblik qurollari aholini yangi jihozlarchalik cho‘chitmagan[124].

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[120] Шодмонова С. Медицина и население Туркестана: традиции и новации... – С. 128.
[121] Статистический Обзор Ферганской области за 1913. – Новый Маргелан, 1916. – 124-стр
[122]Tabibga muhtojlik // Sadoi Farg‘ona. 1914 yil, 55-son.
[123] Shuyler E. Turkistan: Notes of a journey in Russian Turkistan, Kokand, Bukhara and Kuldja... – 148-149-p.
[124] Лыкошин Н. Сартараш (туземный брадобрей и цирюльникъ) // ТВ. 1903 год, №75.

Diniy omil. Diniy qoidalarni sog‘liqni saqlash masalasiga ta’siri ayollarda ko‘proq kuzatildi. Turkistonlik ayollar nomahram kishilarga ko‘rinmagan va bu holat xotin-qizlar salomatligini saqlashda turli qiyinchiliklarni keltirib chiqargan. “Toshkent shahrinining sartiya zaifalari kasal bo‘lganlarida shaharning ruslar yashaydigan tomondagi kasalxonaga bormaganlar. Buning sababi u yerdagi jarrohlarning erkak ekanligidandir”[125] deb ta’kidlanadi. Musulmon ayollarning ro‘mol ostida ham shaharning yangi qismiga borishdan iymanishi[126] sababli, 1885-yil Samarqandda shifoxona eski shaharda ochilgan. Din bilan bog‘liq boshqa masalalar ham bo‘lsada, lekin ayollarni shifokorlardan qochishi darajasida muhim emasdi.

Shifokorlar va turkistonliklarning o‘zaro munosabati. Shifokorlarning ma’naviy qiyofasi bot-bot ko‘tarilgan va aholi bilan shifokorlar o‘rtasida tafovut kattaligi, ular musulmon mijozlariga yaxshi qaramasligi oqibatida, turkistonlik ayollar shifoxonaga borishdan bezib qolgani qayd etilgan[127]. Chunki, shifokorlar ham o‘zlarini hukumatning bir bo‘lagi deb bilishgan va aholidan baland turishlarini his qilgan. Shifokorlarning kamligi, mijozlarning ko‘pligi ham ularda turli “injiqliklarni” yuzaga keltirgan. Shifokorlar o‘lka xalqlari hayotiga kirib borishsada, o‘z hayotiga ularni kirishiga yo‘l qo‘ymagan. Lekin o‘lkada shifokorlarga nisbatan kuch ishlatar holatlar bo‘lmagan. Misol uchun, “Vabo isyoni” kuni shifokor eski shaharga ketayotganda olomon uning aravasini o‘tkazib yuborishga chog‘lanib, yo‘lni ochish uchun ikkiga ajralgan[128], yoki ikkinchi shifokor to‘polonda olomon ichida qolsada zarar ko‘rmaganini aytadi[129]. To‘g‘ri, ayrim hollarda shifokorlarga ishonchsizlik, dori-darmonlarni qoralash[130], jamoat shifoxonalariga nisbatan biryoqlama munosabat kuzatilgan. Lekin bu ayrim turkistonliklarning o‘z yaqinlari orasidagi targ‘iboti edi.

To‘rtinchi bobning ***“Rus hukumatining milliy tibbiy an’analarga munosabati”*** deb nomlangan ikkinchi paragrafida hukumatning tibbiy an’analarga va tabiblik faoliyatiga bo‘lgan munosabati ochib berilgan.

Milliy tibga bo‘lgan munosabat. General-gubernatorlik tibbiyotning mustamlakani boshqarish quroli sifatida foydalanar ekan, shifokorlarga tabiblarning faoliyati, dorishunoslik bilimlari va hududga xos kasalliklarni davolash usullarini kuzatishni topshirgan[131]. Shifokorlar tib yutuqlarini o‘zlashtirsalarda bu tajribalari va an’analari ilmiy tibbiyot sifatida qayd etmadi. Chunki, bu qarash imperiya tomonidan ilgari surilayotgan zamonaviy sivilizatsiyani Turkistonga faqat mustamlaka hukumati olib keldi, degan g‘oyalarga zid edi. Shuningdek, farmasevtlar o‘lkadagi dorivor o‘simliklarning shifobaxsh xususiyatlarini o‘rganishdi. Bundan maqsad, giyohlarning noyob turlarini yetishtirish orqali iqtisodiy foyda olish edi. Bu ishlarning tashabbuskori xususiy dorixonachi I. Krauze bo‘ldi[132].

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[125] Shahar shifoxonasi // Turkiston viloyatining gazeti. 1916 yil, 62-son.
[126] Назарьян Р. Женщины-врачи в Туркестанском крае. // Новости Узбекистана. 2018 год, 4 январ.
[127] Qachong‘acha // Mehnatkashlar tovushi. 1921 yil, 239-son.
[128] O‘z MA. I-1-jamg‘arma. 31-ro‘yxat, 30-yig‘majild, 173-varaq.
[129] Sahadeo J. Epidemic and Empire: ethnicity, class, and “civilization” in the 1892 Tashkent Cholera Riot // Slavic Review. 2005. №1. – P. 131.
[130] Muallif qaydlari. Toshkent shahri, Yunusobod tumani 9-mavze. 2016-yil.
[131] Рык Б. Бухарские хирурги // ТВ. 1903 год, №53.; Лыкошин Н. Сартараш // ТВ. 1903 год, №75.
[132] Описание фармакопостических веществ, встречающихся в Средний Азии. Магистр фармации Р. Пальм из Ташкента // Туркестанский сборник. Том 53. 1871. – С. 227.

Ma'muriyatning tabiblar faoliyatiga munosabati. Shifokorlar tabiblarni o‘zlariga raqobatchi va tibbiyotni targ‘ib qilish, joriylashda to‘g‘anoq bo‘lgan shaxslar sifatida bilib, ularga qarshi pinhona kurash olib bordi. Faqat, bu kurash XX asrning boshlarigacha sust holatda kechdi. Chunki, shifokorlar o‘zlarini kamligi hamda tabiblar ta'qiqqa uchrasa aholini tibbiy ehtiyojlarini na o‘zlari, na yangi tizimning moddiy-texnik negizi ko‘tara olmasligini bilishardi. Jumaladan, Marg‘ilonda uyezd shifokorining attor Muhammad Ali Jabborovni dori-darmonlarini olib qo‘yishi munozaraga sabab bo‘ladi va ular tabiblik, attorlikni ta'qiqlashni so‘rab hukumatga murojaat qilishadi. Ammo uyezd rahbari 200 minglik aholiga tabiblarsiz yordam ko‘rsatish imkoni yo‘qligini qayd etadi. Tabiblarning shifokorlar faoliyatiga nisbatan munosabatiga oid ma'lumot kam. Ayrim tabiblarning asarlarida faqat mustamlaka tibbiyoti haqidagi qarashlar qayd etilgan. Hukumat ham tabiblarning munosabati va shifokorlar bilan hamkorligi masalasiga katta e'tibor qaratmagan. Chunki, hukumatga shifokor-tabiblarning o‘zaro munosabati emas, turkistonliklarning tibbiyotga ishonch bildirishi muhim edi.

To‘rtinchi paragraf ***"Turkiston ziyolilarining tibbiyot masalalariga oid qarashlari"*** deb nomlangan. *Ahmad Donish* 19-yuzyillikda an'anaviy davolash usullari o‘rniga tibbiyotni joriy etishning zaruriyati hamda milliy tibni isloh qilish yo‘llari borasida takliflarini bildirgan[133]. A. Donish masalani umumdavlat miqyosida tahlil qilib, sog‘liqni saqlash sohasidagi islohotlarni milliy tib to‘la ko‘tarolmasligini anglagan. Olim tibbiy islohot davlatga bog‘liqligidan kelib chiqib, mintaqa, mamlakat miqyosida islohotlar loyihasini yaratgan. Uning xulosalari asosida aytish mumkinki, tibbiyotdan xabardor bo‘lgan ziyolilar masalani eng quyi qismi- tibbiyotni milliy tib ustiga qurish kabi jo‘n qarash bilan emas, davlatning imkoniyati, islohotni jamiyat uchun zarurligi kabilardan xulosa qilgan.

O‘lkada ozodalik holati, tabiblar faoliyati va sog‘liqni saqlash borasida g‘oyalarini ilgari surgan olim *Abdurauf Fitrat* edi. A. Fitrat milliy kadrlarni yaratish bilangina masalaga yechim topish mumkinligini qayd etadi. Buning sababini "arzimagan pulga Yevropadan bu yerga tajribali shifokor kelmaydi"[134], deb izohlagan. A. Fitrat milliy kadrlarni tayyorlash uchun Yevropa mamlakatlariga borib o‘qish zarurligi va bu xarajatlarni vaqf mulklaridan qoplashni taklif qilgan. A. Fitrat millatning xulq-atvori va salomatlik madaniyatining mintaqaviy jihatlarini sog‘liqni saqlash tizimini shakllanishiga ta'sir o‘tkazishini qayd etgan.

Sadriddin Ayniyning tibga oid fikrlarini ikkiga ajratish mumkin: u milliy tibda davolash bilan shug‘ullanuvchi boshqa kasb egalarining mahoratini alohida urg‘ulagan va ularning ishini mufassal bayon etgan. Jumladan, Turkiston o‘lkasida keng tarqalgan rishta va boshqa yuqumli kasalliklarni davolashda sartaroshlarning tajribalarini qayd etadi[135]. Ikkinchi tomondan, tabiblar faoliyatiga tanqidiy qaraydi va soxta tabiblarni qoralaydi. A. Donish, A. Fitratning qarashlari milliy tibni umumxalq uchun tizimli isloh qilishga qaratilgan bo‘lsa, S. Ayniy sohaning ijro etuvchi vakillari-tabiblar va shifokorlarning xizmat ko‘rsatishini tahlil qilingan.

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[133] Аҳмад Дониш. Наводирул вақое.– Тошкент: Фан, 1964. – 415 бет.
[134] Абдурауф Фитрат. Хинд сайёҳи баёноти... – 134-бет.
[135] Садриддин Айний. Эсдаликлар. 7-жилд. – Тошкент: Тошкент, 1966. – 232-234 бетлар.

Turkistonda tibbiyotni joriy etish va milliy tibni isloh qilish masalasida g‘oyaviy jihatdan Abdurauf Fitratga yaqin fikrda bo‘lgan ziyolilardan biri *Hoji Muin* edi. U milliy tibning ojiz nuqtalarini o‘lkada yuz berayotgan epidemiyalar va ularni bartaraf etishdagi kamchiliklar misolida ochib bergan. Shuningdek, zamonaviy sohalar mikrobiologiya, dietologiya qoidalari islom dini bilan bog‘lanib hududiy o‘ziga xoslik kasb etishini ta’kidlaydi. Olim aholini tibbiy qoidalarga amal qilmasligi va islohotlarni yetarli bo‘lmayotganini kamchilik sifatida ko‘rsatgan.

Birinchilardan bo‘lib mustamlaka tibbiy tizimining kamchiliklarini ko‘rsatgan shaxs *Abdulla Qodiriy* edi. U Turkistondagi aholini qiynab kelayotgan kasalliklar va hukumatning bunga munosabatini tahlil qilgan. Abdulla Qodiriy Turkiston general-gubernatorligining aholi salomatligiga munosabati va shifokorlarning faoliyatiga tanqidiy yondashgan.

Mahmudxo‘ja Behbudiy til bilmaslik malakali tibbiy xizmatdan foydalanish imkoniyatlarini kamaytirayotgani qayd etgan[136]. Aholini til muammosidan qutqarish va tizimni milliylashtirishning to‘g‘ri yo‘li milliy kadrlarni ko‘paytirishda deb bilgan va “tezlik bilan Rusiya maktablarig‘a va o‘ris bo‘ladur desangiz, Farangistong‘a bola yuborib, do‘qtir qildiring”[137] deya targ‘ib qiladi. M. Behbudiy ham milliy aholini sog‘lig‘ini saqlashga oid kamchiliklarini va tibbiy siyosat mohiyatini shifokorlar faoliyati, tibbiyotni tabaqalashgan holda xizmat ko‘rsatishi misolida ochib bergan.

Muhammad Aminxo‘ja Muqimiy ayrim xastaliklarni davosini topilmasligiga faqat tibbiy tizim emas, balki boshqa holatlar ham ta’sir o‘tkazayotganini keltirib o‘tgan. Olim, aholini bu kabi yuqumli va og‘ir asoratlar qoldiruvchi xastaliklarga chalinishiga ularning qashshoq yashashi, kasbi, hududning iqlimi, ovqatlanish ratsioni hamda tibbiy yordamning yetishmasligi kabi sabablari bor, deydi[138].

Tibbiyot vakillaridan *Mirzo Siroj Mahdum* xalqning salomatlik madaniyati borasida qator jihatlarni tahlil qilgan va insonlarni o‘z sog‘lig‘iga nisbatan fikrni o‘zgartirish bosh masala ekanligini ta’kidlaydi[139].

Maxmud Hakim Yayfoniy e’tiborini davo usullari va dorilarning nomi hamda mohiyatini milliy aholiga tushuntirishga qaratgan[140]. U yangi dorilarni nomi va qanday dardga davo ekanligini milliy tilda qayd etib borgan. Ziyolilarning aksariyati Yevropa mamlakatlarini ko‘rgan va u yerdagi yangi ilmiy tibbiyotdan xabardor edilar. Ziyolilarning qarashlari zamirida davlatning fuqarolar salomatligiga doir siyosatini o‘zgartirish yotardi. Ziyolilar va tabiblarning milliy tib borasidagi fikrlarini umumlashtirsak, Rossiya imperiyasi davrida eng katta muammo tibbiy kadrlarni tayyorlash bo‘lgani va shu yo‘li bilangina o‘lkadagi ehtiyojni qondirish mumkinligi qayd etilgan.

[136] Маҳмудхўжа Беҳбудий. Танланган асарлар. – Тошкент: Маънавият, 1999. – 200 бет.
[137] Mushmirzo. Otingni sot, to‘nungni sot, do‘qtur bo‘l // Oyna. 1913 yil, 5-son. – B. 117.
[138] Муқимий. Насрий мактублар. Асарлар тўплами. II-том. – Тошкент: ЎзССР нашриёти, 1960. – 124-бет.
[139] Mirzo Siroj Hakim. Hifz-us-sihat // Buxoroyi sharif. 1912 yil, 7 va 16 may sonlari.
[140] Mahmud Hakim Yayfoniy “Mujarraborti Maxmudiy”. Qo‘qon adabiyot muzeyidagi 70-raqamli qo‘lyozma.

XULOSA

1. Turkistondagi milliy tibbiyot g‘oyaviy jihatdan o‘rta asrlarda yaratilgan mizoj ta’limotiga asoslangan. Kasallikni davolashda ushbu mizoj ta’limotiga ko‘ra bemorning jismoniy holati, jinsi, yoshi, hatto yashash joyi, kasbidan kelib chiqqan holda yondashilgan. Milliy tib shu jihatdan Yevropa davlatlarida yuzaga kelgan standart davolash usullaridan farq qilgan.

2. Turkistonda davolash muassasalari sifatida kasalxonlar, tabiblarning uylari va ular bemor qabul qiladigan nuqtalar bor edi. Tabiblar odatda aholi ko‘p yig‘iladigan, topish oson bo‘lgan joylarda o‘z bemorgohlarini ochgan. Shuningdek, yana davolash muassasasi hammomlar bo‘lib, u yerga borgan kishilar uqalash muolajasini olishi, giyohli damlamalar orqali sog‘lig‘ini tiklagan. Bundan tashqari sartaroshlar va temirchilarni “tibbiy” faoliyati tufayli sartaroshxonalar va temirchilik ustaxonalari ham aholi davo istab boradigan manzillar sirasiga kirgan.

3. Tabiblarni kasb sirlarini egallashi an’anaviy ustoz-shogirdlik tizimga asoslangan. Ko‘p hollarda kasb sirlari otadan o‘g‘ilga o‘tgan va buning natijasida sulolaviy tabiblar faoliyat yuritishgan. Turkistonda tabiblar tayyorlashga ixtisoslashgan muassasalar kam bo‘lsada, barcha madrasalarda turli fanlar qatori talabalarga tib ilmi va dorishunoslikka oid bilimlar ham o‘qitilgan. Talabalar madrasalarda maxsus amaliyot asosida giyohlarni terish bilan shug‘ullanishgan va ularni foydali qismlarga hamda zaharli-zararsiz kabi turkumlarga ajratib borishgan.

4. Tabiblar davolash usuli, g‘oyaviy yo‘nalishi hamda kasbiy jihozlariga ko‘ra mistik hamda empirik tabiblar shaklida tasniflangan. Empirik tabiblar ham o‘z navbatida faoliyat turi va davolash sohasiga ko‘ra siniqchi, attor, dastakori, doya, ilgir, chekchi kabi turlarga bo‘lingan. Davolash ishlari bilan sartaroshlar yoki ayrim hududlarda temirchilar ham shug‘ullanishgan. Sartaroshlar asosan kichik jarrohlik amaliyotini o‘tish bilan nom qozongan.

5. Rossiya imperiyasining yurishlaridan so‘ng Turkistonda yangi tibbiy muassasalar barpo etildi. Faqat, bu tuzilmalar harbiylar, ko‘chib kelgan ruslar va amaldorlar uchun mo‘ljallangan bo‘lib, turkistonliklarning tibbiy yordam olishi maxsus yo‘llanma so‘ralishi, yashash joyidan uzoqligi va narxning qimmatligi sababli cheklangan. Mustamlaka hukumatining yangi tizimni joriy etishdan ko‘zlagan maqsadi yuqorida tilga olingan toifalar hamda ularning oila a’zolari uchun birlamchi sharoitlarni yaratish bo‘lgan.

6. Turkiston general-gubernatorligida tibbiy tizimni boshqarish harbiylar qo‘lida bo‘lib, bunday boshqaruv umumimperiya bo‘ylab o‘rnatilgan edi. Boshqaruv to‘la vertikal holatda tashkil qilingan va asosiy masalalar general-gubernatorlikning rasmiy roziligi bilan amalga oshirilgan. Hududlarda ham shifokorlar va tibbiy muassasalar faoliyati, kadrlarni tayinlash, moliyaviy masalalarning barchasi viloyat gubernatorlari nazoratida bo‘lgan.

7. Turkiston general-gubernatorligida mustamlaka tibbiyoti mutlaq ustunlik qilmadi. Chunki, kadrlar muammosi va mablag‘ yetishmasligi katta muammo bo‘ldi. Markazdan kelgan ayol shifokorlarning davlat xizmatchisi sifatida tan olinmasligi, tizimni umumo‘lka bo‘ylab isloh qilish uchun mablag‘ning yetmasligi tabiblar faoliyatini saqlanishiga olib keldi. Turkiston general-gubernatorligi tabiblar faoliyatini

va umuman milliy tib an’analarini rasman cheklamagan bo‘lsada xayrixohlik ham bildirmaganlar. Chunki, milliy tibni cheklash yoki bekor qilish natijasida yuzaga keladigan ehtiyojni mustamlaka tibbiyoti ko‘tara olmasdi.

8. Turkiston general-gubernatorligi shifokorlar taqchilligi davrida ham milliy kadrlar yetishtirishni amalga oshirmagan. Chunki, hukumat markazdan olib keladigan kadrlardan o‘z siyosatini targ‘ib qiluvchi va aholini siyosatga nisbatan xayrixohligini ta’minlovchi “josus” sifatida foydalanishni ko‘zlagan edi. Masalani ikkinchi tomoni, milliy kadrlarni yetishib chiqishi aholini hukumatga nisbatan qaramligini yo‘qolishiga va ong ostida mustamlakachi hukumat sabab shifokor yordamini olish mumkinligi kabi tushunchalarni unutilib ketishiga sabab bo‘lardi.

9. Tibbiyotni moliyaviy ta’minoti mahalliy to‘lovlardan edi. Bundan tashqari general-gubernatorlik g‘aznasi hamda harbiy vazirlik byudjet mablag‘lari hisobidan ham foydalanilgan. Lekin ularning kam ajratmalari ta’minot uchun yetmagan. Mintaqaviy mablag‘larini ajratish ko‘p hollarda quyi ma’muriy hududlarni iqtisodiy jihatdan qiyinchiliklarga duchor qilgan. Ikkinchi tomondan tibbiyotga ajratilgan mablag‘lar umumiy tushumning 10-12 % foiz oralig‘ida bo‘lib, taqsimotda kam foiz ajratiladigan sohalar qatoriga kirgan.

10. Hukumat tibbiy muassasalarni tashkil qilishda hududning va yevropaliklar yashaydigan qismiga e’tibor qaratdi. O‘lka aholisi uchun mo‘ljallangan muassasalar ambulatoriya shaklida bo‘lib, bu ham barcha joyni qamrab olmadi va chekka hududlarda yuqumli kasalliklar tarqalganda qabul puktlarini ochish bilangina cheklangan. Natijada aholini turg‘un davolanish uchun imkoniyat yaratilmagan. 20-yuzyillik boshlarida tibbiy muassasalarning ko‘pi tashkil qilingan vaqtdagi manba va imkoniyatlari bilan qolib ketdi. Aholini vaqt o‘tishi bilan tibbiy yordamga bo‘lgan ehtiyoji ushbu muassasalarning quvvati va imkoniyatlari yetmay qoldi.

11. Tabiblar va aholini shifokorlarga bo‘lgan munosabati masalasida aytish mumkinki, madaniyat vakili bo‘lgan shifokorlar, uning davolash usullari, dori vositalari aholida qiziqish uyg‘otgan va ularga nisbatan xayrixoh munosabatda bo‘lgan. Tabiblarning asarlari yoki xotiralarida shifokorlar faoliyatiga nisbatan salbiy jihatlarni bo‘rttirib ko‘rsatish yoki ularni tanqid qilish kabi holatlar uchramaydi. Lekin o‘lkada shifokorlarning o‘rni mustahkamlanib borgani sari ularning tabiblarga bo‘lgan salbiy munosabati yaqqqolroq ko‘zga tashlanadi.

12. Ziyolilar va tabiblarni milliy tibni isloh qilishga doir chiqishlarini ham mustamlaka hukumati e’tibordan chetda qoldirmadi. Kerakli o‘rinda ziyolilarning fikrlarini dastak qilgan holda, undan milliy tibni obro‘sizlantirish uchun foydalandi. Lekin ziyolilar mustamlakachi hukumatni tibbiy siyosatini emas, balki rivojlangan davlatlar tajribalarini joriy etishni nazarda tutgan. Turkistondagi hukumat yangilanayotgan sohalarning barchasini egasi sifatida markazga o‘zini qo‘ydi va tibbiyot ham ularning dasturi bilangina o‘zgarishi mumkinligi borasidagi g‘oyalarni ilgari surdi. Lekin 19-yuzyillik oxiri – 20-yuzyillik boshlarida dunyo miqyosida mavjud tibbiy yutuqlarni umumiy hajmini inobatga olsak, Rossiya imperiyasi Turkistonga uning kichik qisminigina olib keldi va u ham cheklangan toifa vakillari uchun edi.

13. Rossiya imperiyasining tibbiyotni joriy etishda yaratgan tizimi va uning g‘oyalari keyinchalik ham ju’ziy o‘zgarishlar bilan saqlanib qoldi. Bu tibbiy siyosatning ayrim asoratlari 20-yuzyillikda ham sohaning tuzalmas illatiga aylangan. Umuman, mustamlaka hukumati tomonidan yaratilgan tizim qobig‘idan chiqib ketish barcha qaram davlatlar uchun katta qiyinchiliklar tug‘dirgan. Ozod bo‘lgan mustamlaka davlatlar barcha sohalarni isloh qilsada tibbiyotda o‘zlarini mustaqil tizimini yaratishga qiynalgan, ba’zilari yaratolmagan. Chunki, mustaqillikka erishgan davlatlar qisqa vaqt ichida tibbiyot tizimini qayta isloh qilish kerak bo‘ladi. Lekin muammo shundaki bu soha vakillarining barchasi va boshqaruvdagi kadrlar ham mustamlaka tuzumi davrida esini tanigan va o‘sha tizimda o‘qigan. Turkiston o‘lkasida tibbiy tizimni joriy etish yuzasidan paydo bo‘lgan kamchiliklar yoki yuritgan xato siyosatning oqibatlari keyingi davrlarda ham saqlanib qoldi.

Tadqiqot natijasida quyidagi **taklif va tavsiyalar** ishlab chiqildi:

1. Turkiston general-gubrnatorligi, Buxoro amirligi hamda Xiva xonligida milliy tib hamda uning etnohududiy xususiyatlari borasida ilmiy izlanish olib borish.
2. Turkistonda yangi tibbiy tizimni joriy etilishi va uni radiusini kengayish bosqichlarini yillar kesimida xaritasini yaratish va bosqichma-bosqich qadimgi davrga qadar kengaytirish, shuningdek, eng muhim rivojlanish bosqichlarni ko‘rsatadigan vizual xarita yaratish;
3. Turkiston o‘lkasida tibbiyot tarixi va an’analariga doir ziyolilarning matbuotda chiqishlari, arxiv hujjatlari to‘plamlarini e’lon qilish.
4. Turkiston o‘lkasida milliy tib an’analari va uning saqlanib qolishiga hamda tibbiy bilimlar tariqqiyotiga bag‘ishlangan xujjatli filmlar yaratish hamda Turkistonda tibbiyot tarixi bilan bog‘liq darslik va o‘quv qo‘llanmalarni yaratishda tadqiqotdan olingan ilmiy natijalardan foydalanish, shuningdek, tibbiyot oliygohlarida alohida kurs sifatida o‘qishni tashkil etish, hujjatli, badiiy filmlar yaratishdan iborat.

SCIENTIFIC COUNSIL AWARDING SCIENTIFIC DEGREES DSc.02/30.12.2019.Tar.56.01 AT THE INSTITUTE OF HISTORY, UZBEKISTAN ACADEMY OF SCIENCES

THE INSTITUTE OF HISTORY

KHURSHID SIROJIDDINOVICH JUMANAZAROV

NATIONAL MEDICINAL TRADITIONS OF TURKESTAN AND HISTORY OF MEDICINE (LATE XIX CENTURY - EARLY XX CENTURY)

07.00.01 – History of Uzbekistan,
07.00.07 – Ethnography, ethnology and anthropology

ABSTRACT OF DOCTORAL (DSc) DISSERTATION ON HISTORICAL SCIENCES

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The doctoral dissertation can be reviewed in the Fundamental Library of the Academy of Sciences of the Republic of Uzbekistan (Registered number № ____). (Address: 100170, Tashkent, Ziyolilar Street, 13. Tel.: (99871) 262-74-58; Fax: (99871) 262-34-41).

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INTRODUCTION (annotation of the dissertation of doctor)

The relevance and necessity of the dissertation topic. The impact of the medical policies implemented by various countries on the human gene pool, along with the view of developed nations on the medical sector as a politico-economic tool, has become a global issue. This problem is particularly evident in countries historically linked to the Turkestan region, where commonalities are observed in the origins of these issues and the primary factor is that the region experienced a period of colonial dependence during the 19th and 20th centuries, during which the national healthcare system deteriorated, and the consequences of the dominant state's medical policies were interconnected. In this respect, the historical significance of these issues shows their relevance even today.

In recent times, a multitude of scientific institutes and research centers across the globe have conducted extensive research on the national medical systems and customs of diverse peoples, perspectives on the health culture of the populace, and the mechanisms surrounding the arrival of modern medicine. For instance, Turkestan's scientific research is mostly based on national medicine and its traditional forms, the medical profession and its traditions, and the ethno-regional health traits of the populace. Research is also being done on the ways that social relations changed in the nation after the colonial system was established, including issues with public health, the circumstances surrounding the introduction of medicine, and the reasons behind and effects of the colonial government's medical policy. Furthermore, an objective examination of topics like the successes and failures of national medical traditions, the objectives of colonial medicine, the government's stance on national medicine, and the general public's empirical understanding of health matters is still pertinent.

In the years of independence, the desire to study the ancient past of the Uzbek people, especially the history of the colonial era, and to make a comprehensive and truthful assessment increased. In the process of researching the political, social, and economic situation of Turkestan based on various sources, aspects such as the policy of population healthcare during the colonial period, changes in views on health, and the role of national medical representatives and intellectuals in this context are being objectively examined from the point of view of national interests, not from a colonial point of view, which is gaining relevance. After all, "national history should be created with a national spirit. Otherwise, it will not have an educational effect. We need to teach our youth to learn from history, draw conclusions, and arm them with historical knowledge and thought"[1]. On the eve of the invasion of Turkestan by the Russian Empire, the importance of medical traditions, health issues, the introduction of medicine into the country, and the activities of the forces that promote it, as well as the problems of creating national personnel and the one-sidedness of establishing medical services, determine the relevance of the research.

The study contributes to some extend to the implementation of tasks outlined in various regulatory legal documents, such as the President of the Republic of Uzbekistan's Decree No. PB-60 of January 28, 2022, titled 'On the development

[1]President of the Republic of Uzbekistan Sh.M. Mirziyoyev's speech on January 19, 2021 entitled "If the body of society's life is economy, then its soul and spirit is spirituality". president.uz/uz/lists/view/4089.

strategy of New Uzbekistan for 2022-2026,' Decision No. PB-5040 of March 26, 2021, focusing on 'measures to fundamentally improve the system of spiritual and educational affairs,' PB-3968 of October 12, 2018, concerning 'measures to regulate the field of folk medicine in the Republic of Uzbekistan,' and PB-4668 of April 10, 2020, addressing 'additional measures for the development of folk medicine in the Republic of Uzbekistan,' among other relevant regulatory legal documents pertaining to the field.

Compliance of the study with priority areas for the development of science and technologies of the Republic of Uzbekistan. The study is conducted in accordance with the republican science and technology development priority direction, which is I. "Formation of a system of innovative ideas and ways of their implementation in the social, legal, economic, cultural, spiritual, and educational development of the information society and democratic state."

Review of foreign research on the topic of the dissertation[2]. Research on the national medical system and regional medical traditions, as well as the introduction and implementation of colonial medicine in Turkestan, is being conducted in various leading scientific research centers and universities worldwide. Notably, institutions such as Columbia University (New York, USA), the National Institute of Health (Washington, USA), the Institute of European, Russian, and Eurasian Studies (Carleton, Ottawa, Canada), Ludwig Maximilians University (Munich, Germany), Max Planck (Bavaria, Germany), the Oriental Languages and Civilizations Institute (Paris, France), the Committee for the Study of Islam in Central Eurasia of the Austrian Academy of Sciences (Vienna, Austria), the Society for the Study of the History of Local Special Services, Altai State Pedagogical University (Altai, Russia), the Ch. Valikhonov Institute of History and Ethnology (Almaty, Kazakhstan), and the State Higher Vocational Educational Institution "Kyrgyzstan-Russian Slavic University" (Bishkek, Kyrgyzstan) are examples.

As a result of research conducted globally, the following academic findings have been obtained regarding the history and traditions of medicine in the region of Turkestan: The history of the introduction of medicine in Turkestan and the use of doctors as special representatives of the government in the implementation of the medical policy of the Russian Empire is conducted by Columbia University (New York, USA); the National Institute of Health (Washington, USA) has proved that the absence of a consistently organized approach to measures aimed at preventing infectious diseases and epidemics in Turkestan by the government resulted not only in medical stagnation but also in an economic recession. The outbreak of the plague in Tashkent in 1892 revealed the ethnic policy of the colonial empire and European, Russian, and Eurasian research institutions (Carleton, Ottawa, Canada) have demonstrated that the Russians, who did not desire closer ties with the Turkestan population, were compelled to unite them under the guise of medical emergencies; the primary purpose of sending doctors to work in remote areas of the Russian Empire was not to preserve the health of the national population but rather to control the sources of

[2]Dissertation foreign research review sites. columbia.edu; https://www.ncbi.nlm.nih.gov; https: carleton.ca; https://www.mp.de; http://www.inalco.fr; https://www.oeaw.ac.at/sice; https://gose.geschichte.uni-muenchen.de; https:// old.altspu.ru; https://iie.kz; https://www.krsu.edu.kg and other sources.

danger to the military and immigrant European population and to strengthen the colonial policy of the empire, as proved by Ludwig Maximilians University (Munich, Germany); the state of the healthcare system in Turkestan during the Russian Empire: the national medical system, the preservation of the work of tabibs, and the fact that the colonial government did not pursue a policy against them, and the reason for this was the lack of opportunity for the Empire government to fully introduce medicine throughout Turkestan, Max Planck (Bavaria, Germany); any political system can use medicine as a weapon. This phenomenon was carried out by the Russian Empire during the colonial policy in Turkestan, and as a result, national medical traditions went into decline, found by the Institute of Oriental Languages and Civilizations (Paris, France); at the end of the 18th century in Turkestan, the outbreak of infectious diseases and the government's response through military campaigns to enforce strict measures, coupled with the populace's incomplete understanding of the emerging medical policies, had been attributed to causing unrest among the people, as evidenced by the Center for the Study of Islam in Central Eurasia of the Austrian Academy of Sciences (Vienna, Austria); the medical institutions, like all state agencies, were first established in the Russian-populated part of the city and the entire medical system in the country was managed by the military, and political reasons for that have been proven by Altai State Pedagogical University (Altai, Russia); in the region of Turkestan, the reinforcement of its medical policy from a symbolic standpoint, including the provision of free medical services for women and children, has been proven by the Ch. Valikhonov Institute of History and Ethnology (Almaty, Kazakhstan); the social policy pursued by the Russian Empire in Turkestan, particularly in the medical sphere, characterized by the limited allocation of funds by the central government and the consequent challenges faced by the medical system until the empire's collapse, has been evidenced by the "Kyrgyz-Russian Slavic University" state higher vocational educational institution (Bishkek, Kyrgyzstan).

The following research studies are being conducted globally regarding the period of the Turkestan region's subordination to the Russian Empire: the dietary habits and their impact on the health of various ethnic groups residing in the region; the planting of herbs in regions and the role of these products in trade relations; and the investigation of similarities and differences in social life and economic opportunities among the populations of the Turkestan General-Governorate and semi-vassal amirate and khanate.

The degree of research of the problem. In Turkistan, it is possible to categorize scholarly research on traditional medicine and medical history into the following chronological groups: 1. Literature created until the end of the 19th century and up to the 1920s; 2. Literature created between 1917-1991; 3. Research conducted after 1991.

The historiography of research indicates that while scholarly investigations on the traditional medicine and medical history of Turkistan have been approached from various academic perspectives such as medicine, history, literary studies, sociology, and jurisprudence, the primary focus has been on the activities of doctors, the characteristics of region-specific diseases, certain local treatment methods, and the analysis of works related to traditional medicine. The historiography of the content is elaborated upon in detail in Chapter 1 of the dissertation.

The connection of the research with the plans of scientific research works. The dissertation is completed as part of practical projects for FA-A1-GO25, "Modern Uzbeks: historical and ethnological research" and "Uzbeks: history, culture, and traditions (from ancient times to the present)", which are part of the Institute of History of the Academy of Sciences of Uzbekistan's scientific research plan.

The purpose of the research is to reveal issues related to the national medical traditions and the medical policies of the colonial government and their consequences in Turkestan in the late 19th and early 20th centuries.

The functions of the research:

to reveal the regional and interregional characteristics of healthcare traditions in Turkestan from a historical and ethnographic perspective;

to examine the customs and practices of the tabibs who worked in the area based on ethnographic materials;

to highlight the objectives derived from the medical policies of the Turkistan General-Governorate;

to analyze the medical personnel policy implemented by the Turkistan General-Governorate in Turkistan;

to investigate the issue of financial policies in the medical field and the establishment of medical institutions;

to study of the situation regarding the introduction of national medical traditions and colonial medicine based on ethnographic data;

to examine the government's attitude towards the national healthcare system and the role of tabibs based on historical-ethnographic analyses;

to examine of Turkestan intellectuals' opinions regarding the healthcare system;

The history of national medical traditions and the medical policy of the colonial government in Turkestan at the end of the 19th century and the beginning of the 20th century has been taken as the **object of the research**.

The subject of the research encompasses the traditional medicine practices in Turkistan, including its organizational structure, ethno-cultural characteristics, the government's policy of managing the new system, and the interplay of religious, ethnic, and political factors, as well as the analysis of issues such as the interaction between traditional and modern medical beliefs.

Research methods. In the research process structural, systematic, and systematic-functional analyses, problem-oriented, dynamic analyses, statistical-comparative analysis, and chronological methods have been utilized.

The scientific novelty of the research is as follows:

It is proven that in the 19th century, healthcare activities in Turkestan were primarily carried out by hospitals (*public hospitals and specialized hospitals*), health resorts (baths, sand and salt mines, healing springs), and private treatment centres (*tabibs' houses, special places in bazaars and markets*) by hakims and sartatabibs;

it was determined that before the invasion of the Russian Empire, the responsibility for ensuring cleanliness and tidiness in Turkestan was held by the mahalla or guzar elders, and the muhtasib, and after the invasion, the management was transferred to the military, and the above tasks were assigned to the chief doctors and medical police in the regions;

It has been substantiated that the Russian Empire used the medical field in Turkestan for strategic purposes, the hospitals were built mainly in "new cities", national specialists were not trained, and restrictions were placed on opening private pharmacies (*a condition for graduating from a Russian university*);

it is demonstrated that influence of colonial medicine on the national medical traditions is reflected in the changes in the health culture of the population (*forgetting the halal condition of medicines, changes in the activities of tabibs and the methods of payment to them)*, traditional treatment methods *(such as mystical treatment and diet, kimod, and qortiq),* and the rejection and limitation of the activities of representatives of the field *(tabibs, herbalists, and attars)*;

in the beginning of the 20th century, due to the limited access to medicine in social life, it has been proven that systemic problems (*infectious diseases and epidemics, child mortality, lack of primary care*) remain unsolved among the population and national medicine is kept as the main type of service;

it has been substantiated according to historical sources, Turkestan intellectuals, who are popularly known as tabibs, brought to the agenda the issues of eliminating the internal problems and shortcomings of the field, creating a new medical system, harmonizing the national medical system with European medicine (*Ahmad Donish, Abdurauf Fitrat*), improving personnel training (*Mahmudkhoja Behbudi, Sadriddin Ayni*), and changing the medical outlook (*Abdulla Qodiriy, Khoji Muin, Abdulla Avloniy*);

The practical results of the study consists of:

In addition to works, archival documents, statistical collections, and reports detailing the distinctiveness and developmental history of medical traditions in Turkestan, the perspectives of national intellectuals on healthcare, and information published on this issue in the national press during the studied period, the data is utilized for scholarly purposes. This usage shed light on issues such as the history of traditional and modern medicine in the country and its significance in societal life.

Scientific conclusions during the second half of the 19th century to the beginning of the 20th century have been drawn from research conducted in various fields of modern science (history, medicine, ethnology, medical anthropology, and cultural studies) and archival documents, medical and historical sources, as well as approximately 30 articles published in the Turkestan periodical press have been found and disseminated for scholarly purposes.

The reliability of the research results is explained by the fact that the approaches and methods recognized in the science of history were used in the dissertation, a large amount of archival documents, press materials, and scientific literature were used, conclusions, proposals, and recommendations were implemented in practice, and the obtained results were confirmed by competent structures.

Scientific and practical significance of research results. The scientific significance of the research results is the popularization of historical and ethnological knowledge about the national medical system and its structural structure in Turkestan, traditional experiences in the field, the history of the introduction of modern medicine and the problems and achievements in its introduction, the government’s policy in this

regard, and the path of medical anthropology, which are explained by serving the development of scientific research.

The practical significance of the research results lies in the examination of the medical history of Turkestan and the evolution of medical traditions over centuries. This contributes to the development of historical knowledge and enriches existing museum exhibitions related to the field with historical information. Additionally, the findings are valuable for the training of medical personnel and the development of textbooks in higher educational institutions, as well as fulfilling state programs aimed at preparing training manuals and supplementary literature for educational purposes.

Implementation of the research results. Based on scientific conclusions and proposals developed regarding the history and traditions of the medical system in Turkistan:

The conclusions that healthcare activities in Turkestan during the 19th century were primarily carried out in hospitals (*public hospitals and specialized hospitals*), health resorts (*baths, sand and salt mines,* healing *springs*), and private treatment centres (*tabibs' homes, special locations in bazaars and markets*) by hakims and sartatabibs have been utilized in the practical project OT-A1-127, titled "Modern ethno ecological culture of the Uzbeks" (Certificate No. 3/1255-495 issued by the Academy of Sciences on March 1, 2022). The application of these scientific results contributes to elucidating the factors that shape the national healthcare system and its ethno regional characteristics based on historical and ethnological sources;

The conclusions that before the Russian empire's invasion, the responsibility for ensuring cleanliness and tidiness in Turkestan was held by the mahalla or guzar elders, and the muhtasib, and after the invasion, the management was transferred to the military, and the above tasks were assigned to the chief doctors and medical police in the regions, have been used in writing the collective monograph titled "Medicine and folk medicine in Turkestan at the end of the 19th century – early 20th century" (Certificate No. 3/1255-495 issued by the Academy of Sciences on March 1, 2022). The implementation of these findings has provided extensive opportunities to study the traditional medical system in Turkestan, its structures, and the unique characteristics of medical traditions in the field;

The scientific conclusions, such as the Russian Empire used the medical field in Turkestan for strategic purposes, the hospitals were built mainly in "new cities", national specialists were not trained, and restrictions were placed on opening private pharmacies (*a condition for graduating from a Russian university*), have been utilized in preparing programs on the "O'zbekiston tarixi" channel (Certificate No. 02-06-189 issued by the Uzbekistan National Television and Radio Company on January 28, 2022). These materials have contributed to enriching the content and substantiating the episodes with scholarly evidence;

The scientific conclusions, such as the impact of modern medicine on national medical traditions in influencing changes in public health culture (*forgetting of the halal of herbs, changes in tabibs practices and payment methods*), rejection of traditional healing methods (*including mystical healing, diet, kimod and qortiq*), and the role of field representatives (*tabibs, herbalists, attars*) in shaping their activities, have been utilized in the practical project OT-A1-127, titled "Modern ethno ecological

culture of the Uzbeks" (Certificate No. 3/1255-495 issued by the Academy of Sciences on March 1, 2022). The application of these scientific results contributes to elucidating the regional characteristics and overall forms of public health culture and traditional therapeutic methods in the 19th and 20th centuries based on historical and ethnological sources;

In the beginning of the 20th century, the conclusions drawn from the limited access to medicine in social life, it has been proven that systemic problems (*infectious diseases and epidemics, child mortality, lack of primary care*) remain unsolved among the population and national medicine is kept as the main type of servicehave been utilized to write the collective monograph titled "Medicine and folk medicine in Turkestan at the end of the 19th century-early 20th century" (Certificate No. 3/1255-495 issued by the Academy of Sciences on March 1, 2022). These conclusions have also highlighted the preservation of national medical traditions as a fundamental type of healthcare service in Turkestan and served the purpose of understanding the imperial medical policies in Turkestan and exploring the reasons behind the government's negative attitude towards national medical systems;

The scholarly conclusions regarding the challenges and advancements in the field of prominent Turkestan intellectuals, who are popularly known as tabibs, brought to the agenda the issues of eliminating the internal problems and shortcomings of the field, creating a new medical system, harmonizing the national medical system with European medicine (Ahmad Donish, Abdurauf Fitrat), improving personnel training (Mahmudkhoja Behbudi, Sadriddin Ayni), and changing the medical outlook (Abdulla Qodiriy, Khoji Muin, Abdulla Avloniy) – have been used in preparing episodes programs on the "O‘zbekiston tarixi" channel (Certificate No. 02-06-189 issued by the Uzbekistan National Television and Radio Company on January 28, 2022). These materials have contributed to enriching the content and substantiating the episodes with scholarly evidence.

Approbation of the research results. The research results are discussed at 12 scientific conferences, including 7 international and 5 national scientific conferences.

Publication of research results. A total of 22 scientific works, including 1 monograph and 17 articles in scientific publications that the Higher Attestation Commission of the Republic of Uzbekistan recommended for publication of the main results of doctoral dissertations, including 4 in foreign journals, are published on the topic of the dissertation.

The structure and scope of the dissertation. The research encompasses an introduction, four chapters, a conclusion, a list of utilized sources and literature, as well as appendices. The research section of the dissertation comprises 247 pages.

THE MAIN CONTENT OF THE DISSERTATION

In the introduction, part of the dissertation the relevance and necessity of the dissertation topic is proved, demonstrating its alignment with the priority directions of scientific and technological progress in Uzbekistan. It provides an overview of foreign scholarly research, assesses the level of problem analysis, and highlights the relevance of the research to the scientific-research activities of the institution where the dissertation was carried out. The aim of the dissertation, objectives, object, and subject

as well as the scientific research methods are shown, the scientific novelty of the research, the practical application of the obtained results, information on published works, and the structure of the dissertation are given.

In the first chapter of the dissertation, entitled **"Scientific theoretical foundations of the topic and analysis of source studies and historiography",** the scientific theoretical views on the study of the issue is described, sources on the topic is researched, and the problem is analyzed from the point of view of historiography. In the first paragraph of this chapter, entitled ***"Scientific theoretical views on the subject"*** perspectives related to the study of the history of medicine is analyzed. In the 1970s of the XX century, research in the field of history rose to a new level in both social and cultural domains, initiating the exploration of the history of medicine within the framework of the development of social history. Scholars studying the history of medicine classified it into several fields and periods. Among them, the most widely used is the view of the Norwegian scientist Anne Kveim Lie[3] who classified the history of medicine in three different approaches: social history of medicine, cultural history of medicine, and scientific history of medicine. However, in recent years, the study of this field according to historical and cultural anthropology has become prior of the day. Particularly, studying the field by the life of immigrants, going to regional centers, and studying the ethnic groups within the country are among them. Furthermore, in recent years, there has emerged a trend to investigate how ruling states have used medicine as a tool of governance or a strategic direction within their colonies. This research examines national medical traditions from a historical anthropological perspective, while the history of medicine introduced by the colonial system is analyzed as a political instrument (instrumentalism).

Studying medicine as a means of colonialism: In the 1960s and 1980s of the last century, theories were put forward about the study of medicine as a tool of colonialism – the use of its capabilities by the colonial countries for the strategic purpose of the countries under their control. In the 80s of the XX century, historians put aside the study of reforms in the dependent territories from the language of the colonial countries and began to study the issue from the bottom point: the form of politics and administration conducted in the dependent territories. Colonial medicine, as a result of studies repressive force, "weapon of empire"[4], was evaluated as a method of control that turned the national population into an object of manipulation. Researchers who interpreted the medicine as a governance weapon paid attention to the following cases:

a) the goal of medical establishment in the colonies*:* in the first studies, the opinion that "the colonial state was a reformer who brought new medical views to their territories" prevailed, but this view was refused in the 90s of the XX century. That is, the authorities implemented this initiative not to protect the health of the country's population but for the safety of its own people[5]. In particular, the first medical institution in Turkestan was a military mobile hospital, opened in 1868, which was

[3] Lie A. New perspectives in medical history // New Norwegian journal. 2008. №.25. – P. 157-68.
[4] Headrick D. The tools of Empire: technology and European imperialism in the XIX century. – Oxford: Oxford University press, 1981. – P. 221.
[5] Arnold D. Colonizing the body: state medicine and epidemic disease in XIX -century India. – Berkeley: University of California press, 1993. – 159-199-pg.

transformed into a permanent hospital in 1870[6]. The public hospitals established in the 80s of the XIX century were also located in the part of the city where Russian lived in. In the "old city" where Turkestan people lived, public hospitals and pharmacies were also established only in the places close to the "new city" that were convenient for Russian doctors and employees.

b) rules for the use of medicine in the colonies: the colonial state tried to put the medical service in a certain order in the territories under its control, make the dependent population follow the new order, and through this, try to make their management easy. In most colonies, the medical system was governed by military regulations. Patients had to come to the medical institution through certain licence and they had to abide by some rules like standing in a queue. Through this complex order, the colonial government reached the level of manipulating the body of the country's population[7]. In particular, soldiers and civil servants were admitted directly to military hospitals in Turkestan, and other patients were admitted according to the request of the police.

v) analysis of the activity of lower (sanitary, translator) medical representatives who worked in the colony: until the 60s of the XX century, the medical situation in the colonies was studied based on the reports of the chief doctors, memories, statistical data. Based on the works of doctors, the government presented the history of its medicine in a triumphant spirit – as a force that won over regional diseases and epidemics[8]. The medical condition in Turkestan was similar to that of western countries. In particular, in the works of doctors, the need for advanced achievements of the colonial state in improving the serious medical conditions in the country was mentioned[9]. However, as a result of the study of the correspondence, applications, published reports, and archival documents of the lower-level doctors, the state of colonial medicine, the government's indolence in personnel training, and the organization of institutions are analyzed[10].

Additionally, the government also pursued strategic objectives in the field of medicine, viewing it as a means to gain economic benefits. By initially offering free medical services to the local population, the aim was to accustom Turkestanis to the system. As the number of clients increased, the services were to be monetized to recoup expenses. Furthermore, the exploration of the medicinal properties of local herbs and minerals was intended to generate profit through their export. Until the 60s of the XX century, only doctors studied the issue, and the history of medicine was formed as a result of their views, but after the 1960s, the situation changed radically. From this period, the study of the issue by representatives of other fields on the basis of their own theories and views became stronger. Based on the study of the history of medicine by

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[6] Добросмыслов А. Ташкент в прошлом и настоящем. – Ташкент, 1912. – 326-327-стр.

[7] Vaughan M. Curing their ills: Colonial power and African illness. – Stanford: Stanford University, 1991. – 55-pg.

[8] Афанасьева А. "Инструмент империи"- медицина в европейской колониальной истории // Диалог со временем. Альманах интеллектуальной истории. – Вып. 69. – 2019. – С. 299.

[9] Кушелевский В. Материалы для медицинской географии и санитарного описания Ферганской долины. –Том 2. – Новый Маргилан, 1891; Колосов Г. О народном врачевании сартов и киргиз Туркестана. – СПб. 1903; Лыкошин Н. Сартараш (туземный брадобрей и цирюльникъ) // Туркестанский ведомости (ТВ). 1903 год, №75; Шварц А. 25-летие первой мужской лечебницы в туземной части Ташкента. – Ташкент, 1911.

[10] National achieve of Uzbekistan (UzNA). I-717-jamg'arma, 1-file, 35-list. 163-page; MA. I-3-jamg'arma, 1-list, 567-file, 374-375-page; UzNA. I-1-jamg'arma, 7-list, 379-file, 53-page.

historians and anthropologists, the ideas and views that were accepted as unchangeable were revised, and new theories were created.

In the second paragraph, entitled ***"Analysis of sources related to national medicine and history of medicine in Turkestan"*** of the first chapter, sources related to the topic are classified into the following groups and investigated:

a) *manuscript sources related to the history of medicine*: in "Navodirul vaqoe"[11] the views on the culture of health, observance of a healthy lifestyle, activities related to health care were mentioned. In "Xorazm navozandalari"[12], the information about the institution for high-ranking representatives of the khanate and the health of the nobles were written. "Qonuni Bositiy"[13] provided information on studying medicine, the dynastic importance of the profession, and raising a child to be a doctor. "Mujarraboti Mahmudi"[14] provided information on pre-treatment measures, treatment methods, and drugs. Through the analysis of these sources, it can be said that the existing medicine and its traditions in Turkistan have been renewed for centuries and enriched with knowledge based on experiences.

b) *archival documents*: in the documents of the National Archives of Uzbekistan, such as the "Court of the Governor General of Turkistan", the Administration of the Syrdarya, Samarkand, and Fergana Regions, and foundations, for example "Administration of the Emir of Bukhara, and the Qushbegy Administration", it was noted that[15] issue was kept under control at the government level and medical procedures were carried out with the consent of the Governor General. The "Tashkent City Council"[16] fund contains reports on the lifestyle of the population, the type of training, and the correlation between the climate and medical traditions. In the collection of "Archives of the Khans of Kokand"[17], it was noted that the field was financed by the state, the preparation of medicine and the necessary medicines were given from the treasure. There is also information that "khakimboshi" was the leader of the tabibs.

c) *law and statistical collections*: The regulations on the Administration of the Turkestan region[18] contained information on the organization and management of the medical system of the colonial government. In the reports[19] of F. Girs and K. Palen, it was analyzed that the shortage of medical institutions, lack of personnel, and inefficiency in providing services within the territories of the national population by the government were compared with the funds allocated to meet the needs of the ruling

[11] Аҳмад Дониш. Наводирул вақое. – Тошкент: Фан, 1964. – 421-бет.
[12] Бобожон Тарроҳ Азизов -ходим. Хоразм навозандалари. – Тошкент: Ғофур Ғулом, 1994. – 96-бет.
[13] Bositkhon ibn Zohidkhon Shoshiy. Qonuni Bositiy. Academy of Sciences of Uzbekistan. Institute of Oriental Studies. Eastern manuscripts collection. Document number 8921.
[14] Mahmud Hakim Yayfoni. "Mujarraborti Mahmudiy". Kokand literary museum archive. Manuscript number 70.
[15] NA Uz. I-fond 1. "Turkestan general-governorate court"; Fond I-3. "Russian political agency in Bukhara"; I-fond 17. "Administration of Sirdaryo region"; I-fond 18. "Administration of Samarqand region"; fond I-19. "Administration of Fergana region"; I-fond 36. "Administration of Tashkent"; I-fond 125. "The Governor of Bukhara emirate".
[16] NA Uz. I-fond 37, register 1, gathering 196. "Tashkent city court" documents.
[17] NA Uz. I-fond 1043, register 1. Documents 629-652. "The archive of khans of Kokand" document.
[18] Положение об управлении Туркестанского края. – Ташкент, 1906 г. – 11-стр.
[19] Отчёт о состояния Туркестанского края, составленный Сенатором Тайного Советника Ф. Гирсом, командированным для ревизий края Высочайшему повелению. I часть. Администрация. – СПБ, 1883. – 463 стр.; Отчёт по ревизии Туркестанского края, произведённой по Высочайшему повелению сенатором гофмейстером графом К. Паленом. Переселенческое дело в Туркестане. – СПб, 1910. – 430-стр.

class, revealing a discrepancy. In the aggregate report of Fergana Region, the material condition, financial sources, management structure, and personnel activities of medical institutions in the region were presented[20]. Meanwhile, in the aggregate report of Samarqand Region, it was noted that in Anzob, due to the wide geography of diseases, the government was compelled to open three additional medical points[21]. Additionally, in the aggregate report of Sirdaryo region, the meanings of terms in national medicine, prevalent diseases, and information regarding Tashkent military hospital were reflected[22].

d) Memories, historical travels[23]: The notes of H. Vamberi reflected the role of baths in the health culture of Turkestan people and provided information on the organization of treatment in baths. E. Skyler's travel notes also recorded the methods of diagnosis of tabibs. It was mentioned that the medicines used in Europe were known to the medicine sellers in the markets. H. Lansdell's travelogue contains information on hospital composition and medical management in Tashkent. In the memories of O. Olufsen, the information about the activities of national tabibs and barbers and diseases specific to the country was mentioned. According to A. Makin, tabibs who graduated from Bukhara madrasas in Turkestan were considered to be reputable and knowledgeable. N. Muravyev, Ye. Meyendorffs mentioned the role of tabibs in the society, and Turkestan people distinguished a real tabib by his method of diagnosis.

e) *Periodical press*: Information about the advantages of colonial medicine was given in such newspapers[24] as "Туркестанские ведомости", "Туркестанский курер", "Окраина" and "Turkiston viloyatining gazeti". In "Oyna", "Sadoi Fergana", "Samarkand", "Tarjimon", "Sadoi Turkiston", "Tujjor"[25], and other magazines and newspapers, the medical situation in the region and the medical system's inability to meet the needs were emphasized. When the infectious diseases spread in the region, the national population suffered more from them[26], the ways to eliminate the diseases[27] and challenges to make children become tabibs[28] were given in the national press.

The third paragraph is called ***"Historygraphy of the subject"*** and the literature is analyzed as follows: *a) Literature created at the end of the 19th century – up to the*

[20] Обзор Ферганской области за 1890 год. – Новый Маргелан, 1893. – 96-стр.

[21] Афрамович К. Рисовые поля и лихорадки / Справочной книжке Самаркандской области за 1902 год. – Самарканд, 1902. – 163-стр.

[22] Сборник материалов для статистики Сырдарьинской области. – Ташкент, 1904. – 378-399 стр.

[23] Вамбери Г. Очерки и картины восточных нравов. – СПб. 1877. – 350-стр.; Shuyler E. Turkistan: Notes of a journey in Russian Turkistan, Kokand, Bukhara and Kuldja. Vol. I. – New York: Scriber Armstron, 1876. – 463-pg.; Lansdell H. Russian Central Asia includin Kuldja, Bokhara, Khiva and Merv. Vol II. – London: Sampson Low, 1885. – 722-pg.; Olufsen O. The Emir of Bokhara and his country. – Copenhagen: William Heinemann, 1911. – 612-pg.; Meakin A. In Russian Turkestan a garden of Asia and its people. – London: George Allen, 1903. – 345-pg.; Путишествие в Туркмению и Хиву в 1819 и 1820 годах, гвардейского генерального штаба капитана Николая Муравьева, посланного в сии страны для перегаворов. Част II. – Москва, 1822. – 144-стр.; Мейендорф Е. Путешествие из Оренбурга в Бухару. – Москва: Наука, 1975. – 150-стр.

[24] *See*: "Туркестанские ведомости". 1872, №1; 1883, №42; 1888, №8 and №10; 1903, №53 and №75-76; 1912, №208; 1913, №113; "Туркестанский курьер". 1909, №172-174; "Окраина". 1895, №61-73; "Turkiston viloyatining gazeti". 1897, №12; 1899, №12; 1910, №4; 1916, №62.

[25] *See: "*Samarqand". August 30, 1913; "Sadoi Turkiston". June 24, 1914; "Tujjor". August 28, September 25, 1907; "Mehnatkashlar o'qi". 1921, №.239; "Mehnatkashlar". 1918, №4; "Turkiston". Dec. 14, 1922. Dec.24, 1923.

[26] "Tarjimon", April 10, 1883; December 25, 1884; January 17, 1885; February 8, September 5, 1888; July 31, September 8, 1889; March 18, 1890; June 8, June 17, 1912; March 8, 1916.

[27] "Sadoi Farg'ona". June 29, July 17, July 21, September 3, 1914.

[28] "Oyna". 1913, №5; №. 33, 48 of 1914.

20s of the 20th century. In this literature, the introduction of colonial medicine in Turkestan by the Russian Empire, and information about national medical views was given. In the works of V. Kushelevskii, G. Kolosov, A. Shishov, and D. Logofet[29], the changes achieved as a result of the introduction of a new system to Turkestan are noted, as well as the tabibs, other professions engaged in treatment, and work tools, are listed[30]. I. Krauze, V. Lipsky, N. Monteverde, and N. Ostroumov paid attention to the regional features of mystical and empirical medicine and the flora and fauna of the country[31]. Among the representatives of the country, A. Fitrat, Haji Muin, and Wadud Mahmud[32] noted regarding achievements and shortcomings of national medicine and the health culture of the people. Most of the works created during this period were descriptive, and in the works (except for the national intellectuals), the idea that the necessary medical needs of the population in the Turkestan region met due to the efforts of the colonial government prevails dominated.

f) Literature created in 1917–1991. During this period, there were two views on the issue. The first was a positive view of to the past; this was reflected in the attitude towards the doctors who worked in Turkestan and their work. In the works of N. Yuldashev, B. Palkin, M. Makhmudov, and M. Sharipov, doctors who worked in Turkestan overcame the difficulties of work, their courage in eliminating the shortcomings in the field, and the fact that they faithfully performed their duties despite the vastness of their service area[33]. Yu. Gendlina, V. Romashko, Y. Tadjiyev, N. Sokolova, A. Khusanbayeva, and others evaluated the arrival of colonial medicine in the country as the beginning of a new period of development and positive changes in the system[34].

The formation of a negative attitude towards the period was caused by the attempt of the Soviet government to show that the real radical change in the lives of Turkestan people was caused by themselves. For example, M. Aliyev, B. Lunin, and V. Galiyev drew attention to the fact that before 1917, there were a few jumps in the

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[29] Кушелевский В. Материалы медицинской географии и санитарного описания Ферганской области... – 295-стр; Колосов Г. О народном врачевании сартов... 3-92-стр; Шишов А. Сарты. Ч. I. // Сборник материалов для статистики Сыръ-Дарьинской области. – Ташкент: 1904. – 1-492-стр; Логофет Д. Бухарское ханство под русским протекторатом. Т. 2. – Спб., 1911. – 357-стр.

[30] Лыкошин Н. Сартарашъ // ТВ. – 1903. №75; Рык Б. Бухарские хирурги // ТВ. 1903. №53; Диваев А. Баксы // ТВ. 1908. №160; М. Г. Сартовская медицина // ТВ. 1912. №208.

[31] Краузе И. Заметки о медицинских и некоторых промышленных растениях в Средней Азии // Русский Туркестан. Вып. II. – Москва, 1872. – С. 262–273; Липский В. Флора Средней Азии, Русского Туркестана и ханств Бухары и Хивы. Ч. I. – Спб., 1902. – 244-стр.; Монтеверде Н., Гаммерман А. Туркестанская коллекция лекарственных продуктов Музея Главного Ботанического Сада // Изв. Главн. ботан. сада. Т. 26. Вып. IV. – Л., 1927. – С. 291–358; Остроумов Н. Сарты. Этнографические материалы. – Ташкент, 1896. – 286-стр.

[32] Абдурауф Фитрат. Нажот йўли. – Тошкент: Sharq, 2002. – 217 бет.; That author. Хинд сайёҳи баёноти / Танланган асарлар. – Тошкент: Маънавият, 2000. – 156-бет.; Hoji Muin. Tibb va hifzus-sihhatda rioyatsizligimiz // Oyna. 1914-yil 7-iyul, 33-son. Vadud Mahmud. Turkistonda mayxo‘rlik // Turkiston. 1923 yil 24 dekabr.

[33] Юлдашев Н. О состоянии здравоохранения в бухарском ханстве во второй половине XIX и в начале XX века // Медицинский журнал Узбекистана (МЖУ). 1959. №4. – С. 62-67; Палкин Б. Медицинская служба Сыр-Дарьинской линии в середине XIX века // Советское здравоохранение (СЗ). 1965. №1. – С. 54-58; Махмудов М. Первые женщины-врачи в дореволюционном Туркестане // СЗ. 1988. №8. – С. 68-70.

[34] Гендлина Ю. Некоторые вопросы здравоохранения в Туркестанском крае в “Справочной книжке Самаркандской области” // Здравоохранение Таджикистана (ЗТ). 1975. №5. – С. 43-47; Таджиев Я. Состояние медицинской помощи населению Средней Азии в до революционного периода // ЗТ. 1970. №6. – С. 46-50; Хусанбаева А. Из истории земской медицины в Узбекистане // Материалы научной конференции ТашМИ. Том 26. Вып. 6. – Ташкент: Медицина, 1969. – С. 26-28.

system by comparing the lack of doctors, condition of institutions, and the level of coverage of the population with the later period[35]. Yu. Gendlina and H. Hikmatullayev touched on the issue of folk treatment of diseases, the traditions of different ethnic groups in the region related to fractures, and the activity of the national initiator on the example of the poet Khaziq, who worked in the 19th century[36].

g) Literature created after 1991. National literature: in the research created in the early period of independence, the views that the poor state of sanitation of the country's population and they were freed from epidemics and other diseases as a result of colonial medicine dominated. M. Goyibov, M. Mahmudov, and Sh. Yuldasheva showed the government as a medical reformer by the example of doctors who worked in Turkestan[37]. Also, in the works of A. Kadyrov, B. Lunin, and N. Kamalova, it was noted that the Russians introduced medicine because of the interests of the country's population[38]. In recent years, as a result of the views of historians, medical workers, and sociologists, interpretations and theories have emerged. In this regard, it is necessary to note the research works of D. Asadov, A. Kasimov, G. Qurbonova [39]. New archival documents were put into circulation by historians, and sources were researched. In particular, the research of S. Shadmanova, G. Mominova, M. Isakova, and A. Togayeva should be highlighted[40]. S. Shadmanova carried out research on the condition of medicine and the activities of doctors in the General-Governor of Turkestan and provided valuable information on these issues[41]. In 1865–1917, G. Mominova researched the medical condition, the work of tabibs [42]. The role of the

[35] Лунин Б. Научные общества Туркестана и их прогрессивная деятельность. – Ташкент: АН УзССР, 1962. – 344-стр.; Галиев В. Медицинская деятельност ссыльных революционеров в Казахстане (второй половина XX века). – Алма-Ата: Казахстан, 1982. – 160-стр.; Алиев М. Роль русских врачей в развитии здравоохранения в Ферганской долине // СЗ. 1986. №9. – С. 73-75.

[36] Қодиров А. Об узбекской народной медицине // Сборник научных трудов "Министерство здравоохранения Уз ССР ТашМИ". Том XX. – Тошкент, 1961. – С. 15-22; Гендлина Ю. О медицинских школах и медицинских знаниях Средней Азии в эпоху феодализма // ЗТ. 1974. №6. – С. 49-51; Абдуллаев А. Народная медицина Хорезма // СЗ. 1977. №5. – С. 82-85. Ҳикматуллаев Ҳ. Шоир Хозиқнинг тиббий асарлари ва табиблиги ҳақида // Ўзбек тили ва адабиёти. 1969. №3. – Б. 50-52.

[37] Ғойибов М. and other. Хива табобати. – Тошкент: Абу Али ибн Сино, 1995. – 56-бет; Усмонов Ш. Илк шифо масканлари // Фан ва турмуш. 1998. №6. – Б. 28-29; Махмудов М. История медицина и здравоохранения Туркестана, Бухары и Хорезма (1865-1924 г.г.). – Тараз: ТарМПИ, 2015. – 342 стр.

[38] Лунин Б. Бу хотира бўлиб қолади // Халқ ва демократия. 1992. №11-12. – Б. 48-54.; Камалова Н. Тошкентдаги илк шифхона қачон очилган // aniq.uz/yangiliklar/toshkentdagi-ilk-shifoxona-qachon-ochilgan.

[39] Асадов Д. and other. Маҳмуд Ҳаким Яйфоний-Ҳўқандий XX аср Шарқ табобатининг шифокор олими // O'zbekiston tibbiyot jurnali(O'TJ). 2012. №5. –Б. 96-99.; Асадов Д. и др. А. Этика Абу Бакр ар-Рази и современная медицина // O'TJ. 2006. №3. – Б.139-141; Kurbanova G. Professional development history of sanitary-hygiene works in the end of XIX and the beginning of XX century // Theoretical&Applied Science. 2020. №4. – P. 1009-1013.

[40]Исакова М. Туркистон ўлкасида аёл-врачларнинг фаолияти // O'tmishga nazar. 2019. №1. – Б. 32-37; Тангиров О. XIX охирлари – XX асрнинг бошларида Тошкент "эски шаҳар"да тиббий хизмат масаласига доир // Материалы международная конференция "Современные научные решения актуалных проблем". – Ростов-на-Дону, 2020. – С. 27-30.; Назиров М. XIX-XX аср бошларида Қўқондаги халқ табобати ва замонавий соғлиқни сақлаш тизимининг шаклланиши ҳақида // O'TJ. 2013. №6. – Б. 125-128.

[41]Шодмонова С. Туркистонда тиббиёт ходимлари ва уларнинг фаолияти (XIX аср охири – XX аср бошлари). – Тошкент: Nurafshon business, 2019. – 208-бет. That author. Медицина и население Туркестана: традиции и новации (конец XIX – начало XX вв.) // Историческая этнология. 2017. №1. – С. 119-139.

[42]Мўминова Г. Ўзбекистонда соғлиқни сақлаш тизими тарихи (1917-1991 йиллар). – Тошкент: Yangi nashr, 2015. – 336-бет; That author. Туркистонда тиббий хизматни йўлга қўйилиши // Ижтимоий фикр. 2010. №4. – Б. 129-131.; Muminova G., Ubaidullayeva Sh. The issue of traditional medicine and women doctors in Turkestan // Multidisciplinary peer reviewed journal. 2020. №12. – P. 471-473.

study of the history of medicine and the issues of the introduction of colonial medicine were revealed by N. Shirinova, A. Badalov, and R. Pathiddinov[43].

While researches were conducted on the basis of the models in the Soviet-era during the early years of independence, since 2010, it has become increasingly crucial to examine the matter from the perspective of national benefits.

Foreign studies. In the researches conducted in Kazakhstan there observed two types: the first is to interpret the imperial government as a reformer who brought medicine to the backward country based on existing literature and studied documents[44]; the second is views on the medical policy of the imperial government and the history of national medicine and its role in maintaining public health[45]. In these studies, the national medical knowledge of the peoples of Turkestan were not touched upon, and the medical goals of the empire and the policy of covering the areas with more Russians were not subjected to scientific analysis. In the research of Tajik scientists, the medical condition of the General Governor and its bordering areas, the medical knowledge of the people living in the mountains and the plains, and the ideas about the coverage of the two regions by medical services and the important place of the medical reforms of the Russian Empire have been preserved[46]. The factors influencing the preservation of medical knowledge in remote areas are highlighted in the research conducted in Kyrgyzstan. G. Junushaliyeva focused on the resistance of Russian officials to doctors providing assistance to the national population, reasons on the population's lack of trust in medicine, G. Saadabayeva focused on medical herbs used in the medicine of nomadic Kyrgyz, and O. Kasimov focused on the introduction of services for Europeans when infectious diseases spread[47]. Although the weight of the research is small, the attempt to objectively assess the medical policy of the Russian Empire in the Turkestan region is more noticeable among Kyrgyz historians.

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[43] Ширинова Н. XIX аср охири XX аср бошларида тиббиёт ва халқ табобатига оид тошбосма асарлар // O'tmishga nazar. 2019. №1. – Б. 125-129; Бадалов А. Фарғона областида соғлиқни сақлаш тизими ва ундаги ўзгаришлар: тарихий таҳлил (XIX аср охири – XX аср бошлари): тар. фан. бўйича PhD диссертацияси. – Андижон, 2023. – Б. 151; Патхиддинов Р. XIX аср охири - XX аср бошларида Туркистонда соғлиқни сақлаш тизими: анъанавийлик // НамДУ илмий ахборотномаси. 2020. №4. – Б. 161-164.

[44] Шалекенов У. Медицинское обслуживание на юге Казахстана во второй половине XIX- начале XX века // Вестник КазНПУ. 2020. №4. – С. 24-46. https://articlekz.com/article/11343.; Джунисбаев А. Из истории становления системы здравоохранения в советском Туркестане (1917-1919 гг.). // e-history.kz/ru/history-of-kazakhstan /show.; Динашева Л., и др. Лечебные учреждения города Туркестана и оказание медицинских услуг в конце XIX – в начале XX века // Отан тарихы. 2022. №1. – С. 69-77

[45] Ларина Е. "Надо Жир Тенгри молиться– он травы дает" траволечение у казахов // Сборник научных статей "Этнокультурные процессы в прошлом и настоящем". – Москва, 2012. – С. 213-220; Жумагалиева К. и др. История традиционной медицины казахского народа // Известия СНЦ РАН. 2020. №2. – С. 117-126.

[46] Дехконов Н. Народная медицина и ветеринария полуоседлого населения Кураминского, Туркестанского Хребтов и Шуркуля // Наука и новые технологии. 2009. №7. – С. 158-162; Ахмедов А. и др. Особенности развития здравоохранения Таджикистана в период присоединения Средней Азии к царской России // Вестник АМН Таджикистана. 2016. №2. – С. 61-73.; Ахмедов А. и др. Обобщение опыта здравоохранения в различных административных регионах Бухарского эмирата и его влияние на состояние здоровья населения того периода // Вестник АМН Таджикистана. 2017. №2. – С. 87-93.

[47] Джунушалиева Г. Культурная политика государства в Кыргызстане: этапы и пути реализации: вторая половина XIX в. - конец 30-х гг. XX в.: дисс. для к.и.н. – Бишкек, 2005. – 168 стр.; Саадабаева Г. История становления здравоохранения на территории Кыргызстана // Медицина Кыргызистана. 2013. №2. – С. 97-100; Касымов О. и др. Исторические аспекты медико-санитарного обслуживания Туркестанский походов // Медицина Кыргизистана. 2012. №8. – С. 62-66.

The first part of the researches created in Russia focused on the implementation of the medical system in the provinces[48]. These studies make it possible to compare the differences between the systems in Turkestan and other regions of the empire. The second part of the studies take a moderate view of the issue. V. Ogudin analyzed the role of attars in health care, the issue of trade in medicinal raw materials, and traditions specific to national medicine on an ethnological basis[49].

According to the scientist Sophie Homan[50], the Russian empire used medicine as a weapon in governing the country and regulating social issues. Kassandra Marie[51] analyzed the focus of medicine for the ruling class in Turkestan and the colonial policy of the empire through this area. In conclusion, it can be said that most of the studies on the history and medicine in Turkestan are devoted to the role of doctors in the system and infectious diseases specific to the country. When assessing the value of the national medicine used by Turkestan people, reactions were expressed through the work of tabibs, and these opinions are often negative.

In the second chapter of the dissertation entitled **"Medical traditions in Turkistan until the conquest by the Russian empire",** traditions of national medicine, regional characteristics of it in Turkistan as well as the activities of tabibs are reflected upon. In the first paragraph of the second chapter entitled ***"The system of healthcare in the Turkistan region"*,** the characteristics of healthcare facilities and regional treatment methods are analyzed. The first treatment facilities in Turkestan were state *hospitals.* One of such institutions was Darush-shifo[52]. In the XIX century, most hospitals were attached to madrasas, and mudarris organized practical training for students through theoretical training and treatment of hospital patients. Students and patiens were provided with food at the expense of the income of the vaqf[53]. During the Khiva Khanate, hospitals were dedicated to general and certain noble families, militaries, and during the reign of Allahkulikhan, a wounded servant was sent to the Doru-sh-shifa in Khiva for treatment, and a hundred gold coins were allocated for his recovery[54]. Hospitals used by the state officials and population operated in Kokand and Tashkent. In particular, there was a hospital for the treatment of generals on the shore of the Kaikovus stream in the city[55] and there rooms for patients, a pharmacy, a bathroom, a kitchen, and other rooms were established.

Bathrooms. In Turkestan, baths became important for protecting public health and preventing disease. In the bathrooms, there were separate workers for men and women. For example, *an employee* was a masseur, *a bag holder (xaltador) was* a

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[48] Ташбекова И. Государственная политика Российской империи в социальной сфере: вторая половина XIX – начало XX: автореф для дисс. д.ю.н. – Москва, 2012. – 52 стр.; Суворов В. Медицинская помощь как фактор культурного и политического влияния в оценках отечественной публицистики рубежа XIX – начала XX века // Бюллетень медицинских Интернет-конференций. 2017. №3. – С. 646-647.

[49] Огудин В. Народная медицина Средней Азии и Казахстана. – Москва: Ганга, 2021. – 538 стр.;That author. Атторы – аптекары народной медицины мусулманского востока // ЭО. 2001. №2. – С. 112-130.

[50] Hohman S. pouvoir et sante en Ouzbekistan. – Paris: Petra, 2014. – 321 pp.; That author. La médecine moderne au Turkestan russe: un outil au service de la politique coloniale // Cahiers d'Asie centrale. 2009. №17/18. – P. 351.

[51] Cassandra Marie Cavanaugh. Backwardness and biology: medicine and power in Russian and Soviet Central Asia. 1868-1934: dissertation for Phd degree. – New York: Columbia University, 2001. – 412-p.

[52] Ўролов А. Ўтмишдаги даволаш ва шифобахш муассасалар. – Тошкент: Фан, 1990 – 13-бет.

[53] Абдусаттор Жуманазар. Бухоро таълим тизими тарихи. – Тошкент: Akademnashr, 2007. – 108, 243-бетлар.

[54] Муҳаммадризо Эрниёзбек ўғли Огаҳий. Риёзу-д-давла. – Тошкент: Quvonchbek mashhur, 2020. – 226-бет.

[55] Абдужаббор Муҳаммад Собир ўғли. Асрлар ошган табобат. –Тошкент: Davr press, 2007. – 35-бет.

person who cleaned the body; a *bibihalfa was someone who treated* women and the sick. Also, in some special baths, there were those who prepared herbal tea and sold ointments and medicinal tinctures to customers. The services of pharmacists and barbers were established[56]. Taking into account the age of the client and the type of illness, the massage therapist used yogurt, honey, poultry, horse, and camel oil during the process. The porter and other assistants were engaged in cleaning the body. There were more bathrooms. It was considered a place where men go. Only slaves were not allowed in Anusha Khan's bath[57]. The reason for this can be explained by the influence and prestige of the bathhouse and the status of slaves in society. It is necessary to say regaring women, the wife who gave birth to a child came to the bathroom with her mother-in-law and other relatives as soon as the chilla came out. She was being treated with medicines prepared from the herbs based on the rituals, and was bathed in complete and taken out of the "chilla"[58].

Tabibs' hospitals. Tabibs worked for the needs of the population, and based on the opportunity, they worked in their own houses and in crowded markets. Most tabibs treated patients in their "shops", located in the bazaars. For example, Bukhara had a special line of tabibs in the bazaars[59], and these "shops" were located in busy areas of the bazaar. In Tashkent, Moshtabib was popular by treating patients in the "Tabib street" and Ahmadkhoja Hakim was popular in his summer house where located in Hasanboy district[60]. In the Khiva Khanate, these were called "customized pharmacies", and among the people, they were called "charchi palaces". They were usually located in closed bazaars, or tims[61].

General treatment methods specific to the region are manifested in the population's diet and general treatment methods. a) Diet. It was a common method in Turkestan, and tabibs prescribed a diet according to the nature of the patient. People also considered diet as the starting point of treatment. In their treatment, Turkestan people accused doctors of ignorance when they did not order a diet. Doctor G. Kolosov noted the following: "Out of a total of 1,500 patients, only ten patients did not ask about diet. The rest were asked about what to eat or drink after the treatments"[62]. b) Taking blood. Blood taking in Spring and Autumn were considered Sunnah in Islam[63]. Barbers also took blood from leech except for tabibs. The tabibs focused on the safety of the leech. There were leech tabibs in the regions, and they lived together in the neighborhood, and on the street[64]. Also, tabibs who took blood worked among people. When taking blood with a blood draw, the guard or drawer drew blood using a device made of a cattle horn. Sometimes, after the leech was placed, the tabibs put a poultice in that place to remove the harmful effects of the leech and the poison left by the leech's

[56] Крестяковский В. В гостях у эмира Бухарского. – СПб., 1887. – 127.
[57] Ғойибов М. ва бошқ. Хива табобати. –Тошкент: Абу Али ибн Сино, 1995. – 21 бет.
[58] Халқ табобатида табиий гиёҳлардан фойдаланиш усуллари / Ўзбекистон худудида табиий фанлар йуналишидаги илмий тадқиқот ва экспедициялар. – Тошкент: Akademnashr, 2019. – 290 бет.
[59] Olufsen O. The Emir of Bokhara and his country. – Copenhagen: William Heinemann, 1911. – 449-p.
[60] Archive of the "Memory of Victims of Repression" under the Council of Ministers. Document number KK.7025.
[61] Умид Бекмуҳаммад. Хива хонлиги даврида дорихоналар, косметология ва ҳаким-сартарошлар // Маърифат саодати. 2018 йил, 2 феврал.
[62] Колосов Г. О народном врачевании у сартов и киргизов Туркестана. – СПб., 1903. – 62-стр.
[63] Шайх Муҳаммад Содиқ Муҳаммад Юсуф. Тиб ва дам. 18 жуз. – Тошкент: Hilol nashr, 2016. – 112-бет.
[64] Сухарева О. Квартальная община позднефеодального города Бухары. – Москва: Наука, 1976. – 171-стр.

tooth. c) The massage method was used by bathhouse staff and fracture tabibs. Fracture tabibs used it to restore the fractured area and treat bruises and sprains in the body. d) "Kimod" method. In this method, dry or hot things – millet, salt, bran, and sand were put in a bag; stones, bricks, and pieces were heated and pressed on the body[65]. Also, hot sand or coal in a medical oven was absorbed into the body. "Obzan"[66] was to place the diseased part of the body in a pot filled with herbal water. "Obzan" was done by healing with water, mud, and sand[67].

The following factors influenced the emergence of regional aspects of treatment: *Natural environment factor*. Humans believed that emerging diseases were related to nature. The character of the natural environment is reflected in the plant and animal species specific to that place. In some regions, there is such a feeling that some drugs work here but do not show the same strength in other places. Because, the population is used to the beneficial and harmful aspects of the surrounding nature, a protective factor has been formed in the body against the negative effects of medicines. The inhabitants of the mountains and highlands used the properties of springs, salt caves, lakes, and mines, and the inhabitants of the plains used hot sand and earth[68].

A factor related to the activity of tabibs. In the Kokand Khanate, tabibs were skilled in the treatment of respiratory diseases caused by the humid climate. The tabibs of Khiva were experts in treating wounds with drugs, and they attached great importance to taking blood from the head[69]. In addition, with the help of music, it was used to treat nervous diseases. Bukhara tabibs settled around the Devonbegi, Labihovuz to treat "rishta" [70]. From this, it can be seen that tabibs also classified diseases and herbs based on the characteristics specific to the region.

The factor of collective rules. According to the rules of the community, the cemetery land was considered "unclean," and its place was destroyed after forty years. It was first planted with rapeseed. The first harvest was not harvested[71], and from the next year on, it was possible to cultivate and build a building. Butchers were strictly required to slaughter healthy, fresh animals, remove the blood, and separate the unclean parts[72]. The government had taken measures to take into account the air circulation in buildings such as bazaars and caravanserais, to divide products into stalls, to organize tabibs' houses at the places of caravanserais and travelers, to create conditions for bathing, and to prevent diseases.

In the second paragraph of the second chapter entitled ***"Traditions regarding tabibs' activities"***, methods of acquiring the tabib profession and their classification are presented. In the XX century, medicine was passed down from generation to generation in all regions of Turkestan. Why did medicine become dynastic in Turkestan? Studying medicine in madrasahs required financial resources and time, on

[65] Боситхон ибн Зоҳидхон Шоший. Қонуни Боситий. – Тошкент: Янги аср авлоди, 2003. – 648-654-бетлар.
[66] Ўролов А. Ванна муолажаси Европадан олинганми? // Moziydan sado. 2022. №2. – Б. 39.
[67] Author's notes. Damariq neighborhood, Kattakurgan city, Samarkand region. 2016.
[68] Сакирич П. Заметка о Хазрет-Аюбских минеральных источниках // ТВ. – 1882 год. №30.
[69] Путишествие в Туркмению и Хиву в 1819 и 1820 годах... – 138-стр.
[70] Садриддин Айний. Эсдаликлар. 7-жилд. – Тошкент: Тошкент, 1966. – 232-бет.
[71] Хўжахонов И. Фарғона водийси қишлоқ аҳолиси анъанавий турар жойларининг этноҳудудий хусусиятлари (XIX аср охири – XX аср бошлари): т.ф.н учун дисс. – Тошкент, 2007. – 129-бет.
[72]Патхиддинов Р. XIX аср охири-XX аср бошларида Туркистонда соғлиқни сақлаш тизими... – Б. 163.

the other hand, most experienced tabibs had their own methods of treatment and medicine. The master-father blessed the child-student who acquired medicine in the family in front of the witnesses[73]. This process was a ritual in the form of the teacher being symbolically admonished. The disciple confirmed with an oath that he had accepted the teacher's advice. If we look at the practical side of the ceremony, according to tradition, a person who wants to become a doctor must show his skills by successfully treating three sick people in the presence of witnesses[74]. After that, the applicant received the status of a doctor and was engaged in the treatment of patients. The second type of learning the medicine was studying in a madrasah. In madrasahs, students were taught methods of diagnosis and preparation of drugs from herbs. All madrasah graduates in Turkestan were familiar with the field of medicine, and there was a view among population that those educated in Bukhara had more knowledge in this regard and the prestige and salary of those who graduated from the madrasah were higher than those of others[75]. Based on the treatment methods of tabibs, they can be divided into three groups: the first those who heal with magic; the second those who heal by reciting religious verses; and the third those who rely on experience and practice. The first group was popularly known by the names: "baxshi", "folbin", "azaymxon", "sadoqchi", "duoxon", and "parixon". The second group was engaged in giving amulets, resting the patient, and writing them down on a piece of paper. Tabibs in the third group were classified as follows:

Bone-setters. They were held by the names "*shikastaband", "soluvchi*[76]*",* and *masters.* Bone-setters treated bone fractures, sprains, dislocations, and lacerations. They used the egg yolk or "gilmoya", "taktakach to cover depending on the wounds. In addition, a branch of poplar or willow was cut into a tubular shape in a row at the broken place and fixed so that it did not move. In addition to the bone-setters, there was also a masseur, also known as a "siloqchi", who used massaging procedures for stretching tendons and crushing meat.

Surgeons. Surgical work was also called "*amal"* or *"dastkori"*. Surgeons in Turkestan were engaged in tooth surgery, blood taking, circumcision, and removing rishta. Barbers were also engaged in light surgery. Barbers were respected by the people and called "*usta"*. Blacksmiths also took teeth in their workshops. If the blacksmith himself did not engage in this job, his brother or relative performed this practice. In addition, pregnant women, teenagers who were very scared drank water as a medicine in the workshop[77].

Pharmacists, attars. During this period, drugs were distributed in two ways: the first in a stationary state, and the second in a mobile form. Mobile drug distribution was typical of attars and they provided population with herbs while they were selling economic tools. Some tabibs were acquaintances of an attar who sold special medicines, and he ordered the client to bring the necessary medicines from a nearby

[73] Author's notes. Ninth microdistrict, Yunusobod district, Tashkent city. 2016.
[74] Қодиров А. Ўзбекистон тиббиёти. – Тошкент: Абу Али ибн Сино, 2004. – 33-бет.
[75] Meakin A. In Russian Turkestan a garden of Asia and its people. – London: George Allen, 1903. – 167-p.
[76] Author's notes. Sayyod village, Qorakoʻl district, Bukhara region. 2017.
[77] Author's notes. Yuzrabot neighborhood, Mirzo Ulugbek district, Tashkent city. 2023.

attar[78]. Pharmacists and attars had a close relationship with tabibs. The reason was that a well-known tabib communicated with distant clients through attars and the possession of the tabib's medicine served as an advertisement for the attar. Furthermore, a tabib's recommendation was necessary for the use of certain drugs. Tabibs also needed attars' drugs which were brought from abroad.

Eye tabibs. They were called *Kahhol.* In the XVI century in the judicial documents, information was given about the treatment of eye tabibs in Samarkand, and in the XIX century, a doctor who worked in Ferghana[79] spoke about a hakim who successfully treated[80] *cataracts* in the valley and his medical equipment. An Afghan doctor who lived in Tashkent treated the eyes of a thirteen-year-old girl with drugs for thirty days[81]. Also, a female tabib who lived in Chodak healed people with white eyes by using a needle and by surgery[82]. Residents used the method of washing with green tea and applying special paint to eyelids in the treatment of diseases such as eye colds[83]. In addition, warm milk, antimony, tea candles, and drops were also used.

Midwives and tabibs of women. In Turkestan, there were tabibs and midwives who treated diseases specific to women and helped childbirth. Women came to tabibs and midwives because of childlessness, some of them to find out the gender of their unborn child or to have a boy. Midwives focused more on the treatment of diseases that occur in women than on knowing the gender of the child. Midwives healed using massage childless women as well as using thermal methods[84]. Childless women were put in a furnace[85] or put in a hot bath or oven, treated with a hot brick, or adobe[86].

In the third chapter entitled **"The medical policy of the Russian empire in Turkistan"** medical policy was revealed by the examples of legal, financial aspects, and institutional activities. In the first paragraph entitled ***"The purpose, legal basis, and structure of the medical policy of the Turkistan general-governorate",*** it is outlined that in all territories under the the Russian empire, administration was directed across all sectors under military regulations. The legal basis of medical policy in the Turkestan was based on the empire-wide medical laws and "The regulations on the administration of the country". Although some additions were made to it in the later period, the structure and tasks of medicine remained unchanged. The issue of medical management was regulated separately in the temporary Regulation of 1865[87] and in the form of 1886[88], or when other changes and additions were made to the Regulation, and the composition of central and regional structures was strictly defined. In the regions, the medical field was under the control of the regional military governor, and the lower

[78] Рempel Л. Далёкое и близкое: страницы жизни, быта, строительного дела, ремесла и искусства Старой Бухары. – Ташкент, 1892. – 54-стр.
[79] Усмонов Ш. Илк шифо масканлари // Фан ва турмуш. 1998. №6. – Б. 28.
[80] Кушелевский В. Материалы медицинской географии и санитарного описания... – 262–264-стр.
[81] Икром Мавлон. Олдингдан оққан сув // Ўзбекистон адабиёти ва санъати. 1984 йил, 13 июль.
[82] Баҳромзода Ў. Чодак (қишлоқ тарихидан лавҳалар). – Наманган: Наманган, 2000. – 53-бет.
[83] Olufsen O. The Emir of Bokhara and his country. – Copenhagen: William Heinemann, 1911. – 445-pg
[84] Саадабаева Г. История становления здравоохранения на территории Кыргызстана... – С. 97.
[85] Author's notes. Garasha village, Forish district, Jizzakh region. 2023.
[86] Author's notes. Haydarchaman neighborhood, Kattakurgan city, Samarkand region. 2018.
[87] Собрание узаконений и распоряжений, издаваемое при Правительствующем Сенате. – Спб. 1863-1917, 1-отдель, 7-дело, 1865 г.
[88] Высочайше утвержденное Положение об управлении Туркестанского края. 12 июня 1886 года… №3814.

management was under the district military-medical inspector. At the same time, the district military medical inspector obeyed the governor-general of Turkestan and the chief medical inspector of the military department. In the districts and some large cities of the region, the control of the field was entrusted to the district tabibs and secondary medical workers[89].

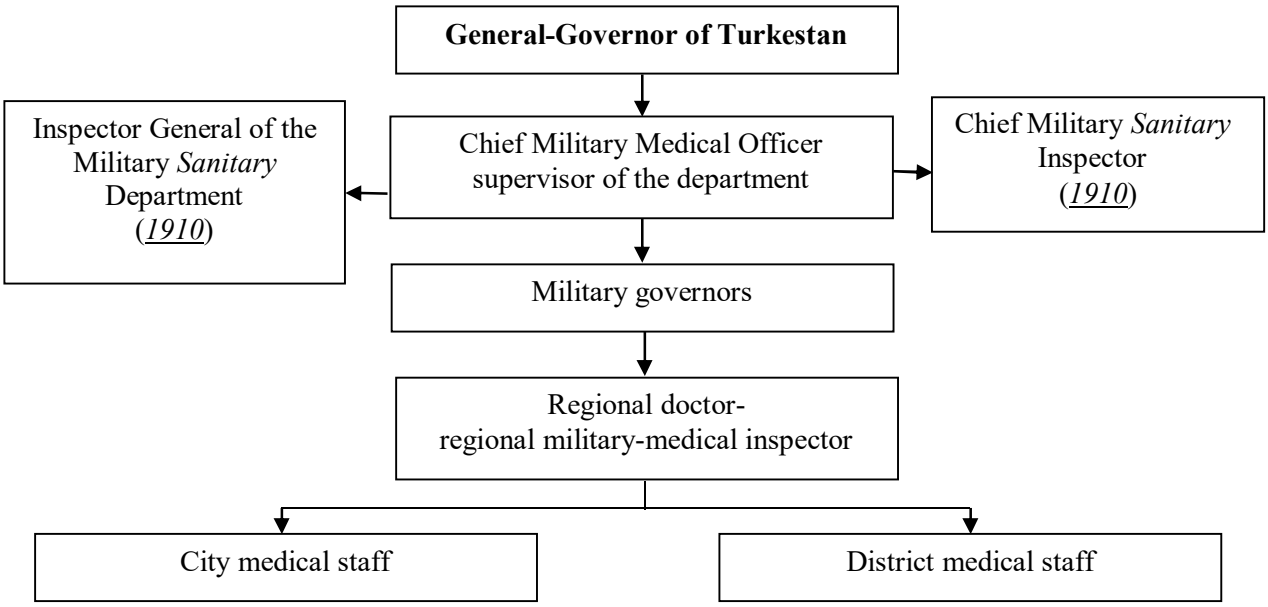

Figure 1. Medical management and control in Turkestan.

In the second paragraph of this section entitled ***"Training of medical specialists"*** the issue is analysed from three perspectives. *The government's attitude towards female personnel*. The government allocated funds to female doctors to change the attitude of Turkistan people towards the government. Consequently, a one-time payment was provided to female doctors who expressed a desire to visit Turkistan, contingent upon a mandatory commitment to serve in the country for a minimum of three years[90]. But in Turkestan, unlike other provinces of the empire, female doctors were not recognized as civil servants, and benefits such as pensions were not used[91]. All benefit consisted of money for arrival and departure and a salary for a working day. For this reason, female doctors appealed to the government to train personnel fram national females. Another reason was that female doctors were assigned a larger area and additional duties than men.

The government's attitude towards male personnel. Doctors coming to the country from the central parts of the empire (military doctors) were offered at least three years of work, which was equivalent to four years of work experience in the central regions[92]. Those who served for five years or more had been given higher positions and salaries, as well as privileges in the education of their children. These benefits show that there was no other opportunity to attract personnel to the country. Since the management of medicine was in the hands of the military, the privileges given to doctors were also typical of the military.

[89] Обзор Ферганской области за 1891 год... – 57-стр; Справочная книжка Самарк. обл. на 1901 год... – 70-стр.
[90] Махмудов М. История медицини и здровоохранения Туркестана, Бухары и Хорезма... – 205-стр.
[91] Бадалов А. Фарғона областида соғлиқни сақлаш тизими ва ундаги ўзгаришлар: тарихий таҳлил... – Б. 22.
[92] NA Uz. I-fond 3. Register 2, gathering 407, page 10.

Staff shortage. Based on the benefits introduced by the government, it can be said that bringing one doctor to Turkestan required a certain amount of money. Due to the limited financial resources of the government, it was not possible to attract personnel, and as a result, there was a shortage of specialists in the country, which became a "chronic disease". For example, since 1867, each region had a chief physician, an attending physician, and two paramedics, but these places were empty until 1878[93]. As a result, some leading doctors attracted tabibs and barbers to the hospital due to the shortage of personnel[94]. If we look at the number of personnel, in 1907, a total of 247 doctors worked in Turkestan[95]. During this period, there were 25,927 doctors throughout the empire[96]. Most of the doctors in Turkestan worked in the city, and as a result there was a shortage of medical personnel in the regions far from the center. World War I, which began in 1914, further aggravated the medical situation in Turkestan, and the mobilization of personnel created large vacancy. In 1916, there were over fifty[97] doctors and a small number of nurses left there.

The issue of training national personnel. There was no institution for training medical personnel in Turkestan. The doctors, who were suffering due to the large amount of work and additional tasks, appealed to the government about the training of national personnel, but it failed. For example, in 1873, the proposal to open[98] a medical course was rejected by the General Governor. In 1896, the board did not believe that the nurse school project would be profitable. The idea of a paramedic school in 1907 was also rejected because of "there was no building in Tashkent, and building a new one required money"[99]. In Turkestan, training of specialists was started only under pharmacies, and in 1916, 10 people studied in Tashkent. The study lasted two times a week and up to seven months. Education cost 20 rubles per month for one listener and 140 rubles for seven months[100].

The next paragraph of the third chapter is entitled ***"Financing of the medical field".*** Medicine in Turkestan was financed in two ways: military institutions were financed from the budget of the Military Ministry, and public institutions were financed from the state budget and donation finance. Allocated funds were used for facility maintenance, medicines, doctors' recruitment, and salaries.

Public hospitals were funded by the funds of the city or district, where they located, based on the law of the government[101]. But due to the low budget and the dependence of other structures on these funds, medicine received a small share. 0.6% of regional funds were allocated for medicine[102]. Representatives of the industry also began to protest against the unfairness of the government on the issue of reimbursement

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[93] Hohman S. La medecine moderne au Turkestan russe: unoutil au service de la politique colonial... – P. 322.
[94] Махмудов М. История медицина и здравоохранения Туркестана, Бухары и Хорезма... – 228 стр.
[95] Центральная Азия в составе Российской империи / С. Абашин, Д. Арапов, Н. Бекмаханова и др. – Москва: Новое литературное обозрение, 2008. – 156-15-стр.
[96] Foreign News (Number of tabibs) // Samarkand. August 30, 1913.
[97]Туркестанские ведомости. 1916 год, №30.
[98] NA Uz. I-fond 717. Register 1, gathering 35, page 163.
[99] NA Uz. I- fond 717. Register 1, gathering 35, page 164.
[100] Исмоилова Ж. XIX асрнинг иккинчи ярми – XX аср бошларида Тошкентнинг "янги шаҳар" қисми тарихи. – Тошкент: Fan va texnologiya, 2004. – 133-бет.
[101]ПСЗРИ-3. Т. 15. – СПб. 1899. №11767. – 370-стр.
[102] Пален К. Отчет ревизии Туркестанского края. Земское хозяйство. – Санкт-Петербург, 1910. – 68 стр.

of expenses. For example, Dr. Nazarov noted that the authorities collect up to 200,000 rubles a year from the national population, but they don't want to spend it on medical needs, and they don't want to give money in the amount of 15-20 thousand rubles to meet the most necessary needs[103]. The Governor General allocated 1.6 thousand rubles per year to the district hospital for general needs. 300 rubles for the purchase of these funds-medicines and bandages; 30 pennies per day for the patient; 70 rubles for office work and library; 300 rubles for the paramedic's house rent; 240 rubles for the hiring of servants[104]. In the 80s of the 19th century, free medical services were established in women's and children's hospitals in Turkestan. Although it was claimed that the government had covered the cost of the free service, in reality, these funds had been collected from the payments collected from the population. Covering these expenses cost expensively. As a result, in 1906, medicine became paid, and free service was given only to the poor[105]. Until the 80s of the 19th century, the financing of the system was provided by the funds of the military sector; after the 80s, regional payments, amount of the state budget, and charitable funds were also directed. In urban and rural areas, the non-utilization of allocated funds contributed to the stratification of medical services. The participation of the empire in World War I made the situation even worse and caused the medicine in the Turkestan Governorate to live with heavy financial losses.

In the fourth paragraph of this chapter, entitled ***"Medical service institutions",*** the condition of hospitals, service coverage, and the processes of organizing pharmacies are studied. The first colonial hospitals in Turkestan were military mobile and stationary hospitals. A military mobile hospital was opened in 1868, and it was converted into a permanent hospital in 1870. Since 1883, public hospitals had been opened in the regions. For example, dispensaries were opened in Tashkent in 1883, in Samarkand and Khojand in 1886[106], and in Fergana in 1887[107]. Medical institutions in the country were opened based on the approval of the governor-general, and the organization of work was entrusted to the military governor of the region. Due to this centralized arrangement, it was difficult to launch new institutions. For example, in 1886, permission was requested from the governor-general to open a hospital in Tashkent, but this issue was postponed, and permission was granted in 1891[108]. The government allowed private institutions, considering that hospitals could not meet the need. This kind of hospital was opened in Tashkent in 1908, and in 1911, 30 out of 48 doctors worked in the public institution[109]. The national population tried to build hospitals at their own expense due to population demands. Unfortunately, the government did not support the Turkestan people and the institutions. A rich Turkestan landowner in Tashkent donated land for a hospital, and 38,000 rubles were collected for its construction. However, furniture was purchased for the governor's house from

[103] Назаров. Туземная часть, город Ташкента. Отношенне ее населения к русской медицине... №17.
[104] Ахмедов А и др. Особенности развития здравоохранения Таджикистана... – С. 64.
[105] Свод законов Российской Империи. Том XIII. Врачебный устав. – Санкт-Петербург, 1913. – 234-стр.
[106] NA Uz. I-fond 1. Register 10, gathering 2067, page 4.
[107] NA Uz. I-fond 19. Register 1, gathering 36654, page 19.
[108] Шодмонова С. Туркистонда замонавий тиббиётнинг ибтидоси / www.uzanalytics.com/tarix/7171.
[109] NA Uz. I-fond 17. Register 1, gathering 38010, pages 30-32.

these funds, and a police station was built on the donated land[110]. In 1870, the Tuytepa population built a hospital and brought equipment. But this hospital did not work for a long time as the government had not appointed a doctor[111].

If we consider *the issue of medical service* in institutions, the situation was no better than in hospitals. In 1881, the population of Turkestan was 2,300,000 people, 18,500 of whom applied to medical institutions. This indicator did not even make up 1 percent of the total population[112]. The reason for that certain institutions located far from turkistani. The bad organization and narrow scope of the medical service were demonstrated during the epidemics. Despite the risk of spreading epidemics, the government took measures only in the city. In suburbs and villages, ambulatory was allowed, when epidemics spread out[113]. According to statistics, among those injected against infectious diseases, Russians and other Europeans recovered more. The government explained that the reason for this was that they applied as soon as the first sign of the disease was observed[114]. It was natural because it was difficult for national population to bring the patient on time from the old city and villages to the new city in a cart and in other vehicles.

In Turkestan, opening a pharmacy and pharmacology activities were regulated on the basis of the Regulation on "Procedures for opening a pharmacy"[115]. According to it, when opening a new pharmacy, the number of residents and the annual prescriptions and appeals received by the pharmacy over the past three years were taken into account. In particular, permits were granted to establish new pharmacies when there were 10,000 to 15,000 prescriptions accurately in the capital and central provinces[116]. In small cities, towns, and villages, it was allowed based on the distance between pharmacies. In 1873, changes were made to these rules[117]. In particular, the prescription count, population, and distance requirements were reduced. After that, the number of private pharmacies increased. The pharmacies also located in a part of the Turkestan region inhabited by Russians. The location of pharmacies opened for residents of the "old city" was not far from the borders of the "new city". Most pharmacies were opened around the places where doctors work and live; others were established near railway stations[118]. The requirements of the regulation, such as the number of residents in the area and pharmacies were at an equal distance from each other, were not taken into account.

In the fourth chapter, entitled **"The consequences of the Russian empire's medical policy in Turkistan",** the problems and obstacles in the introduction of colonial medicine, the attitude of the government towards national medicine, and the

[110] Қодиров А. Ўзбекистон тиббиёти. – Тошкент: Абу Али ибн Сино, 2004. – 91-бет.
[111] Рустамова Х. ва бошқ. Тиббиёт тарихи. – Тошкент: O'zkitobsavdo, 2020. – 165-бет.
[112] Отчет о состоянии Туркестанского края, составленный Сенатором Тайного Советника Ф. Гирсом... – С. 161.
[113] Афрамович К. Рисовые поля и лихорадки... – 163-стр.
[114] Обзор Ферганской области за 1892 год. – Новый Маргелан, 1894. – 90-стр.
[115] Бадалов А. Фарғона вилоятида дорихоналарнинг ташкил этилиши ва фаолияти тарихидан (XIX аср охири – XX аср бошлари) // Ilmiy xabarnoma. 2022. №1. – Б. 54.
[116] Қличев О. Бухородаги дорихоналар фаолияти ва тарихи хусусида ёзишмалар // O'zMU xabarlari. 2012. №3. – Б. 25.
[117] Жолобова Г. Проблемы правового обеспечения частного и общественного интересов в сфере коммерческой фармацевтической деятельности в России 1881 – 1912 гг. // Политика и общество. 2013. №10. – С. 1243.
[118] NA Uz. I-fond 3. Register 2, gathering-a 125, page 19.

medical views of the national intellectuals are reflected. The first paragraph entitled ***"Social condition in the medical policy"*** the issue is analyzed based on the following factors: a) Problems that had arisen in the organization of medical services by the government: *Introduction of medical services of the colonial in a stratified manner*. The medical system of the colonial served the military, members of the government, and immigrants. The division of regions into "new" and "old" parts for the purpose of maintaining not only its political security but also its health made the situation tense. As a result of the one-sided policy of the government in the field of medicine, vaccination against smallpox was mandatory for Russian children and voluntary for Turkestan children[119]. Consequently, the death rate among Turkestan children remained high. The duties of the General military-medical department, the military district that controlled medicine in Turkestan, were focused on the needs of Russian officials and soldiers.

The price set for medical services. Until 1883, the price of military hospitals was 15 tyins, and in 1886, it was set to 20 tyins, except for women and children, and 20 tyins since 1905[120]. After a while, the service became fee-based for everyone. Although this was explained by the material shortage, it was considered that the free service had completed its task. But this situation put the people of the country in a difficult situation, who were hesitating to switch to the new system. Population could not afford price set for medical services.

Location and activity of medical institutions. Most of the hospitals were placed in a temporary building which was suitable for organization, and then they remained there, and continued to work with the equipment provided in the first period. As a result, the government took a step back: public hospitals were converted to low institutions - outpatients in 1900 when they did not meet the needs of hospitals due to a lack of equipment and beds. A 1913 report of the Fergana region[121] stated that the construction of six additional medical facilities "significantly improved the provision of medical care to the rural population". Of course, this was the reason for the people of Fergana to receive good medical services, however, it shows that there were gaps in the field in1913.

b) Social, cultural, and religious difference between the colonizer and the colony: *language problem*. The problem that tormented the population was not knowing the language and not being able to communicate with the doctors. When the Turkestan people came to the doctor's appointment, they involuntarily extended their hand to check the pulse and tried to explain with gestures[122]. Due to the lack of communication between the patient and the doctor, there had been cases of wrongly taking the prescribed drugs and not obeying the rules.

Aspects related to the preservation of tabibs' activities. The first reason for the free activity of tabibs was that before the end of the Russian empire, the country was not fully covered by medical services and the institutions were not fully staffed.

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[119] Патхиддинов Р. Фарғона вилоятида чечак касаллиги // O'tmishga nazar. 2022. №1. – Б. 93.

[120] Шодмонова С. Медицина и население Туркестана: традиции и новации... – С. 128; NA Uz. I-fond 17. Register 1, gathering 1956, page 4.

[121] Статистический Обзор Ферганской области за 1913. – Новый Маргелан, 1916. – 124-стр.

[122] Tabibga muhtojlik // Sadoi Farg'ona. 1914, №55.

Second, medicine became entangled with infectious diseases. But the treatment of the diseases faced by the population was left to the tabibs and the people themselves. *Third,* some tabibs were more skilled than the doctors in the methods of treatment. The tabibs also noted their skills in the treatment of broken and dislocated bones and surgeries. Tabibs were skilled in the treatment of skin diseases such as "Afg'on yarasi" and "pashshaxo'rda"[123].

Attitudes towards *military clothing and medical equipment.* Doctors wore military clothes during the working hours. People in the country were afraid of doctors' clothes and medical equipment. The reason was that the national population, who saw the brutal actions of soldiers in military uniforms during the occupation of Turkestan, looked at all persons in this uniform with fear. The doctors' clothes also made the national population to think them as soldiers. Due to the fact that the doctor originally came the military system and their respect for the profession, it did not allow to them give up this uniform. New medical equipment caused excessive suspicion among patients, and tabibs' medical equipment did not frighten the population as much as new one[124].

Religious factor. The effect of religious rules on health care was observed more in women. Turkestan women were not seen by strangers, and this situation caused various difficulties in maintaining women's health. It was claimed that "When the poor people of Tashkent were sick, they did not go to the hospital on the Russian side of the city. The reason for this was that the surgeons were men there"[125]. In 1885, Samarkand was forced to open a new hospital in the old city, and the reason for this was explained by Muslim women's belief in going to the new part of the city even under the headscarf[126]. Although there were other issues related to religious beliefs, they were not as relevant as women's avoidance of doctors.

Interaction between doctors and Turkestan people. It was noted that the spiritual image of doctors had been greatly improved, and Turkestan women were tired of going to the hospital due to the large gap between the population and doctors because they did not treat their Muslim clients well[127]. Because doctors also considered themselves a part of the government, and felt that they were higher than the population. The lack of doctors and the large number of clients created various "whims" in them. Although the doctors entered the lives of the people of the country, they did not allow them to enter their lives. But there were no cases of violence against doctors in the country. For example, on the day of the "Cholera rebellion", when a doctor was on his way to the old city, the crowd tried to let his cart pass and parted to open the way[128] or second medical staff said that he was not harmed[129], even though he remained within the crowd. It is true that in some cases there was distrust of doctors, condemnation of

[123] Shuyler E. Turkistan: Notes of a journey in Russian Turkistan, Kokand, Bukhara and Kuldja... – 148-149-pg.
[124] Лыкошин Н. Сартараш (туземный брадобрей и цирюльникъ) // ТВ. 1903 год, №75.
[125] Shahar shifoxonasi // Turkiston viloyatining gazeti. 1916, №62.
[126] Назарьян Р. Женщины-врачи в Туркестанском крае // Новости Узбекистана. 2018 год, 4 январ.
[127] Qachong'acha // Mehnatkashlar tovushi. 1921, №239.
[128] NA Uz. I-fond 1. Register 31, gathering 30, page 173.
[129] Sahadeo J. Epidemic and Empire: ethnicity, class, and "civilization" in the 1892 Tashkent Cholera Riot // Slavic Review. 2005. №1. – P. 131.

medicines[130], and a one-sided attitude towards public hospitals. But this attitude was propagated by some Turkestan people among their relatives.

In the second paragraph entitled "***The Russian Government's attitude towards national medicine",*** of the fourth chapter, the attitude of the government toward medical traditions and medical practice are revealed. *Attitude towards national medicine.* While using medicine as a colonial control tool, the Governor-General assigned doctors to observe the activities of tabibs, their knowledge of medicine, and the methods of treatment of diseases specific to the region[131]. Doctors did not record these experiences and traditions as scientific medicine even if they mastered medical achievements. This view contradicted the ideas promoted by the empire that only the colonial government brought modern civilization to Turkestan. Moreover, pharmacists studied the healing properties of medicinal plants in the country separately. The purpose of this was to get economic benefits from growing more unique types of herbs. Pharmacist I. Krauze was one of the people who took the initiative in this regard[132].

The attitude of the administration towards the work of tabibs. The doctors saw the tabibs as their competitors and obstacles in the promotion and introduction of medicine, and battled against the tabibs secretly. Only this battle took place in a slow rate until the beginning of the 20th century. Because the doctors knew that they were few and that if tabibs were banned, neither they nor the material and technical basis of the new system would be able to meet the medical needs of the population. For example, in Margilan, the district doctor's taking away Attor Muhammad Ali Jabbarov's medicines caused controversy, and they were appealing to the government to ban the practice of medicine and attar. But the district colonel noted that it was not possible to provide assistance to a population of 200,000 without tabibs. There is not much information about the attitude of tabibs towards the work of doctors. In the works of some tabibs, only views about colonial medicine were recorded. The government also did not pay much attention to the issue of the attitude of tabibs and cooperation with doctors. Because it was important for the government-not the interaction of tabibs and doctors, but the trust of Turkestan people in medicine.

The fourth paragraph is entitled *"**Views of Turkestan intellectuals on medical issues,**"* and the views of intellectuals on medical reforms are given in. *Ahmad Donish* made suggestions about the need to introduce medicine instead of the traditional treatment methods of the 19th century and ways to reform national medicine[133]. A. Donish analyzed the issue at the national level and realized that the reforms in the field of health care could not be carried out by the whole nation. Based on the fact that medical reform depends on the state, the scientist created a project of reforms at the regional and national levels. On the basis of his conclusions, it can be said that the intellectuals who were aware of medicine had concluded the issue from the lowest part of the issue-medicine based on national medicine-but from the opportunity of the state and the necessity of the reform for society.

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[130] Author's notes. Ninth microdistrict, Yunusobod district, Tashkent city. 2016.

[131] Рык Б. Бухарские хирурги // ТВ. 1903 год, №53; Лыкошин Н. Сартараш // ТВ. 1903 год, №75.

[132] Описание фармакопостических веществ, встречающихся в Средний Азии. Магистр фармации Р. Пальм из Ташкента // Туркестанский сборник. Том 53. 1871. – С. 227.

[133] Аҳмад Дониш. Наводирул вақое.– Тошкент: Фан, 1964. – 415 бет.

Abdurauf Fitrat was a scientist who put forward his ideas about the state of cleanliness, the work of tabibs, and health care in the country. A. Fitrat noted that a solution to the problem could be found only by creating national personnel. He explained that the reason for this was that "an experienced doctor from Europe would not come here for a small amount of money"[134]. A. Fitrat suggested the need for national personnel to study in European countries for training and to cover these expenses from the foundation's assets. A. Fitrat noted that regional aspects of the nation's behavior and health culture influence the formation of the health care system.

Sadriddin Ayni's opinions on medicine can be divided into two categories: he emphasized the skills of other professionals involved in the treatment of national diseases and described their work in detail. In particular, he noted that the experiences of barbers in the treatment of "rishta" and other infectious diseases, which were widespread in Turkestan[135]. On the other hand, he was critical of the work of tabibs and condemned fake tabibs. The views of A. Donish and A. Fitrat were aimed at the systematic reform of national medicine for the whole nation, while the views of S. Ayni analyzed the service provided by the executive representatives of the field-tabibs and doctors.

Haji Muin was one of the intellectuals who was ideologically close to A. Fitrat on the issue of introducing medicine in Turkestan and reforming national medicine. He revealed the weak points of national medicine by giving the example of the epidemics occurring in the country and the deficiencies in their eradication. Also, it was emphasized that the rules of modern fields of microbiology and dietetics acquired regional specificity due to their connection with the religion of Islam. The scientist pointed to the fact that the population did not follow medical regulations and that the reforms were insufficient.

Abdulla Qadiri was one of the first people to point out the shortcomings of the colonial medical system. He analyzed the diseases afflicting the population of Turkestan and the government's response to them. Abdulla Qadiri was more critical of attitude towards population healthcare of the general governor of Turkestan and works of doctors.

Mahmudkhoja Behbudi noted that a lack of knowledge of the language would reduce the possibilities of using qualified medical services[136]. He believed that the right way to save the population from the language problem and to nationalize the system was to increase the national staff and "quickly send a child to Russian schools, and if you want to become a Russian, send a child to Farangistan and make him a doctor".[137] M. Behbudi also revealed the shortcomings of the health care of the national population and the nature of the medical policy, taking the example of the tabibs' work and the differentiated service of medicine.

Muhammad Aminkhoja Muqimi mentioned that not only the medical system but also other circumstances affect not finding a cure for some diseases. The scientist said that there were reasons why people got sick with such infectious and serious

[134] Абдурауф Фитрат. Хинд сайёҳи баёноти... – 134-бет.
[135] Садриддин Айний. Эсдаликлар. 7-жилд. – Тошкент: Тошкент, 1966. – 232-234 бетлар.
[136] Маҳмудхўжа Беҳбудий. Танланган асарлар. – Тошкент: Маънавият, 1999. – 200 бет.
[137] Mushmirzo. Otingni sot, to'nungni sot, do'qtur bo'l // Oyna. 1913, №5. – P. 117.

complications, such as their poor living conditions, profession, and climate of the region, food ration, and lack of medical care[138].

Mirza Siroj Makhdum, one of the representatives of medicine, analyzed a number of aspects of the health culture of the people and emphasized that changing people's opinions about their health was the main issue[139].

Mahmud Hakim Yaifani paid more attention to explaining to the national population about the names of pills and cure methods[140]. He documented the names of the new pills and how they addressed specific ailments in the national language. Most of the intellectuals had seen European countries and were aware of the new scientific medicine there. At the heart of the views of intellectuals was the desire to change the state's policy on the health of citizens. Summarizing the opinions of intellectuals and tabibs regarding national medicine, it was noted that the biggest problem during the Russian Empire was the training of medical personnel and that the medical needs of the country could be met only through the training of national personnel.

CONCLUSION

1. National medicine in Turkestan is ideologically based on the doctrine of "mizoj", which was created in the Middle Ages. According to this doctrine, the treatment of the disease was approached based on the patient's physical condition, gender, age, even place of residence, and profession. Based on these, national medicine differed from the standard methods of treatment in European countries.

2. In Turkestan, there were hospitals, tabibs' houses, and points where they received patients and functioned as medical institutions. Tabibs usually opened their clinics in places where people gathered a lot and were easy to find. Also, the treatment facilities were baths, where people going there received massage treatments and recovered their health through herbal infusions. In addition, due to the "medical" activity of barbers and blacksmiths, barbershops and blacksmith workshops were among the places where people sought treatment.

3. The acquisition of the secrets of the profession of tabibs was based on the traditional teacher-apprenticeship system. In many cases, the secrets of the profession were passed down from father to son, resulting in dynastic tabibs. Although there were few institutions specializing in the training of tabibs in Turkestan, all madrasahs taught students medicine and pharmacology, along with various subjects. Students in madrassahs were engaged in picking herbs based on special practices and separated them into useful parts and categories such as poisonous and harmless.

4. Tabibs were classified as mystical and empirical tabibs based on their method of treatment, ideological orientation, and professional equipment. Empirical tabibs, in turn, were divided into types such as bone-setter, attar, dastakori, midwives, "ilgir", and "chekchi" according to the type of activity and the field of treatment. Barbers or blacksmiths in some regions were also engaged in treatment. Barbers were mostly known for performing minor surgeries.

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[138] Муқимий. Насрий мактублар. Асарлар тўплами. II-том.
[139] Mirzo Siroj Hakim. Hifz-us-sihat // Buxoroyi sharif. 1912, 7 and 16 may.
[140] Mahmud Hakim Yayfoni. "Mujarraborti Maxmudiy" Kokand literary museum archive. Manuscript number 70.

5. Following the expansion of the Russian empire into Turkestan, new medical facilities were established. However, these institutions were primarily intended for military personnel, Russian settlers, and officials, which restricted access to medical care for Turkestanis due to the asking certain guide, distance from residential areas and the high cost. The colonial government aimed to implement the new system to address the aforementioned groups and create initial conditions for their families.

6. In the General-Governorate of Turkestan, the management of the medical system was under military control, as such governance was implemented across the entire empire. The administration was organized in a fully vertical structure, and key issues were carried out in accordance with the official approval of the General-Governorate. Medical activities, including the operation of physicians and medical facilities, appointment of personnel, and financial matters, were all supervised by provincial governors within their respective regions.

7. Colonial medicine did not dominate in the General Governor of Turkestan. Because the problem of personnel and lack of funds were a big problem. Female doctors coming from the center were not regarded as civil servants and the lack of funds for nationwide reform of the system led to the retention of tabibs' work. Although the General Governor of Turkestan did not officially limit the activities of tabibs or national medical traditions in general, they did not show sympathy either. The reason was that colonial medicine could not cope with the need arising as a result of limiting or abolishing national medicine.

8. During the period of military control in the General-Governorate of Turkestan, the training of indigenous medical personnel was not prioritized. This was because the government preferred to use personnel brought from the center who could implement policies aligned with their political agenda and ensure their loyalty to the state over local loyalty. On the other hand, the reluctance to train local personnel stemmed from concerns that the empowerment of indigenous doctors could potentially strengthen local opposition to the government and undermine the authority of colonial.

9. The financing of healthcare relied heavily on local taxes. In addition, it was used the treasury of the General-Governorate and budgetary allocations of military ministry. However, these sources were often inadequate for adequate provision. The allocation of regional funds often strained economically weaker districts. On the other hand, healthcare received approximately 10-12% of the total budget, falling short in distribution to areas needing less percentage.

10. The government focused on establishing medical facilities based on the region's population and areas inhabited by Europeans. Facilities intended for the general population were structured as outpatient clinics, but these did not suffice, and access points were limited in remote areas, when spread epidemics. Consequently, opportunities for local treatment were not created. In the early 20th century, despite the proliferation of medical facilities, they were left behind in terms of resources and capabilities compared to the increasing need for medical assistance due to the passage of time.

11. Regarding the issues of tabibs and attitude of population towards dostors, it is said that culturally embedded physicians, their treatment methods and medicinal tools caused to curiosity among population and population attituted a somewhat distant

rapport with them. Instances where tabibs express negative aspects of doctors' activities or criticize doctors are less likely to occur in their works or memoirs. However, it became clear that as doctors' roles strengthened within the country, their negative attitudes towards tabibs were more visible.

12. The colonial government did not completely dismiss the initiatives of intellectuals and physicians aimed at reforming national medicine. In necessary instances, it sought their opinions and utilized them to bring down the national medicine. However, intellectuals viewed the colonial government not as an arbiter of medical policy, but as an entity focused on adopting experiences from developed states. The government in Turkestan positioned itself centrally as the proprietor of all developing fields and anticipated goals regarding the potential for medicine to change in tandem with their plans. Nevertheless, considering the global scope of medical achievements in the late 19th to early 20th centuries, the Russian Empire claimed a small part for itself in Turkestan, reserved for the representatives of these newly evolving sectors.

13. The system established by the Russian empire for the implementation of medicine and its objectives persisted with partial changes. Some aspects of this medical policy continued to be attributed to the unchanging nature of the field in the 20th century. Overall, the system created by colonial governments posed significant challenges for all states. Even liberated states, despite efforts to reform all sectors, including medicine, found it challenging to create their independent systems, with some unable to do so. This is because states achieving independence need to quickly overhaul their medical systems. However, the issue persists that all representatives in the field and administrators were familiar with the colonial system and were educated within that system. In Turkestan, the difficulties arising from establishing the medical system or pursuing erroneous policies were also retained in subsequent eras

As a result of the study, the following **proposals and recommendations** were created:

1. Conducting scientific research on national medicine and its ethno-regional characteristics in General Governor of Turkestan, Bukhara emirate, and Khiva khanate.

2. Creating a map of the introduction of a new medical system in Turkestan and the stages of its radius expansion over the years and gradually extending it to ancient times, as well as creating a visual map showing the most important development stages;

3. Publishing articles and collections of archival documents related to the history and traditions of medicine in the Turkistan region in the press.

4. Utilizing research findings to create scholarly documentaries focusing on the preservation of national medical traditions and their advancement, as well as producing documentary films dedicated to the progress of medical sciences in Turkistan, alongside the development of textbooks and educational materials on the history of medicine. Additionally, establishing separate courses in medical universities dedicated to the subject, along with the creation of documentary and artistic films on the topic.

НАУЧНЫЙ СОВЕТ DSc 02/30.12.2019. Tar.56.01. ПО ПРИСУЖДЕНИЮ УЧЁНЫХ СТЕПЕНЕЙ ПРИ ИНСТИТУТЕ ИСТОРИИ АКАДЕМИИ НАУК РЕСПУБЛИКИ УЗБЕКИСТАН

ИНСТИТУТ ИСТОРИИ

ХУРШИД СИРОЖИДДИНОВИЧ ЖУМАНАЗАРОВ

НАЦИОНАЛЬНОЕ МЕДИЦИНСКИЕ ТРАДИЦИИ И ИСТОРИЯ МЕДИЦИНЫ ТУРКЕСТАНА (КОНЕЦ XIX - НАЧАЛО XX ВВ.)

07.00.01 – История Узбекистана
07.00.07 – Этнография, этнология и антропология

АВТОРЕФЕРАТ ДИССЕРТАЦИИ ДОКТОРА (DSc)
ПО ИСТОРИЧЕСКИМ НАУКАМ

Ташкент, 2024

Тема диссертации доктора наук (DSc) зарегистрирована Высшей аттестационной комиссией Республики Узбекистан за B2023.2.DSc/Tar172

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Защита диссертации состоится **7 августа 2024** г. В **14:00** часов на заседании Научного совета DSc 02/30.12.2019. Tar.56.01. по присуждению ученых степеней при Институте истории Академии наук Республики Узбекистан (Адрес: 100047, г. Ташкент, ул. Шахрисабз тор 5, город Ташкент. Здание Института истории, 8 этаж, конференц-зал. Тел.: (99871) 233-54-70; факс: (99871) 233-39-91: e-mail: info@fati.uz Институт истории АН РУз).

С диссертацией можно ознакомиться в Фундаментальной библиотеке Академии наук Республики Узбекистан (зарегистрирована за №___). (Адрес: 100170, город Ташкент, улица Зиёлилар, 13. Тел.: (99871) 262-74-58, факс: (99871) 262-34-41).

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ВВЕДЕНИЕ (аннотация докторской диссертации (DSc))

Цель исследования является раскрыть национальные медицинские традиции и вопросы, связанные с медицинской политикой колониального правительства в конце XIX – начале XX века на территории Туркестана с историко-этнологической точки зрения.

Объектом исследованием является национальные врачебные традиции Туркестана, его региональные особенности, а также история врачебной политики колониального правительства Туркестана в конце XIX – начале XX веков.

Предметом исследования являются национальные медицинские традиции в Туркестане и их структурная форма, этнотерриториальные особенности, политика управления новой системой колониального правительства в стране и роль в ней религиозных, этнических и политических факторов, а также смешение традиционных и современные медицинские взгляды на анализ подобных проблем.

Научная новизна исследования включается в следующем:

Доказано, что здравоохранение в Туркестане проводилось хакимами (*лекари*), сартабибами (*главные лекари*) в XIX веке осуществлялось преимущественно в больницах (*общественные больницы и специальные больницы*), санаториях (*бани, песчаные и соляные шахты, целебные источники*) и частных лечебных учреждениях (*дома врачей, специальные места на рынке*);

Определено, что до вторжения в Российскую империю за обеспечение чистоты и порядка в Туркестане отвечали махаллинский или гузарский староста (аксакалы) и мухтасиб, а после вторжения управление было передано военным, а вышеуказанные задачи были возложены на главных врачей и медицинской полиции на местах;

Обосновано, что в Туркестане Российская империя использовала медицинскую сферу в стратегических целях, исходя из этого, больницы строились преимущественно в «новых городах», специалисты из национальных кадров не готовились, вводились ограничения на открытие частных аптек (*условие окончания Российских университетов*);

Показано, что влияние колониальной медицины на национальные медицинские традиции отражается в изменении культуры здоровья населения (*в забытые халлялных лекарств, изменение деятельности лекарей и способов оплаты их труда*), в отказе от традиционных методов лечения (*мистическое лечение, диета, химиотерапия и др.*) и отражаются в неприятии и ограничении деятельности представителей данной области (*лекарей, фармацевтов, парфюмеров*);

Доказано, что в начале XX века из-за ограниченности доступа медицины в общественную жизнь системные проблемы среди населения оставались нерешенными (*инфекционные заболевания и эпидемии, детская смертность, отсутствие первичной медицинской помощи*) а национальная медицина сохраняется как основной вид услуги;

На основе исторических источников определено, что известные как лекари в народе Туркестанские интеллектуалы вынесли на повестку дня вопросы об устранении внутренних проблем и о недостатках в отрасли, о создании новой медицинской системе (*Мирзо Сиродж Махдум, Махмуд Яйфани, Хамза Хакимзада Ниязи*), гармонизировать национальную медицинскую систему с европейской медициной (*Ахмад Дониш, Абдурауф Фитрат*), совершенствования системы подготовки кадров (*Махмудходжа Бехбуди, Садриддин Айний*), о изменении медицинской мировоззрении (Абдулла Кадири, Хаджи Муин, Абдулла Авлони).

Внедрение результатов исследования. На основе разработанных научных выводов и предложений по истории медицинская система в Туркестане:

Выводы, которые были сделаны о здравоохранение в Туркестане в XIX веке которые осуществлялось преимущественно в больницах (*общественные больницы и специальные больницы*), санаториях (*бани, песчаные и соляные шахты, целебные источники*) и частных лечебных учреждениях (*дома врачей, специальные места на рынке*) хакимами, сартабибами были использованы в практическом проекте по теме «Современная этноэкологическая культура узбеков» № ОТ-А1-127 (регистрационный номер 3/1255-495 Академии наук от 1 марта 2022). Применение научных результатов служит освещению таких факторов, как национальная система здравоохранения и ее этнорегиональная идентичность, основанная на исторических и этнологических источниках;

Были использованы выводы о том, что до вторжения Российской империи за обеспечение чистоты и порядка в Туркестане отвечали махаллинские или гузарские старосты (аксакалы), а также мухтасиб, а после вторжения управление было передано военным, а вышеуказанные задачи выполняли главные врачи областей и медицинская полиция при написании коллективной монографии «Медицина и народная медицина в Туркестане в конце 19 – начале 20-столетии» (№ 3/1255-495 Академии наук 1 марта 2022 года). Реализация результатов создала широкую возможность изучения традиционной медицинской системы Туркестана и ее структур, особенностей медицинских традиций в данной области;

Использовано выводы о пользовании медицинской сфере в стратегических целях со стороны Российском империи в Туркестане, больниц в основном строились в «новых городах», национальные специалисты не готовились, вводились ограничения на открытие частных аптек (с условием окончания российского университета) при подготовке передач телеканала «История Узбекистана» (Справка Национальной телерадиокомпании Узбекистана от 28 января 2022 года № 02-06-189). Эти материалы послужили усовершенствованию содержания этих передач и обогащению их научными данными.

Выводы о влияние колониальной медицины на национальные медицинские традиции отражается в изменении культуры здоровья населения (*забвение халлялности лекарств, изменение деятельности врачей и способов оплаты их труда*), традиционных методов лечения (*мистическое лечение, диета и химиотерапия*) и в таких аспектах, как ограничение деятельности представителей данной области (*медиков, фармацевтов, парфюмеров*) были

использованы в практическом проекте по теме «Современная этноэкологическая культура Узбеки» под номером ОТ-А1-127 (от 1 марта 2022 г. номер Академии наук 3/1255-495). Применение научных результатов служит освещению истории региональных особенностей и общих форм культуры здоровья и традиционных методов лечения населения в XIX-XX веках на основе исторических и этнологических источников;

Заключении о том что из-за ограниченности доступа медицины в общественную жизнь системные проблемы среди населения в начале XX века оставались нерешенными (*инфекционные заболевания и эпидемии, детская смертность, отсутствие первичной медицинской помощи*), а национальная медицина сохранялась как основной вид службы в конце XIX - XX вв. был использован при написании коллективной монографии "Медицина и народная медицина в Туркестане в начале века" (справка № 3/1255-495 Академии наук от 1 марта 2022). Эти выводы дали возможность изучить цели колониальной медицинской политики в Туркестане и причины негативного отношения правительства к национальной медицинской системе;

Научные выводы о мнений Туркестанских интеллектуалов, известные в народе как врачи, как устранит внутренние проблемы и недостатки в отрасли, создать новую медицинскую систему (*Мирзо Сиродж Махдум, Махмуд Яифани, Хамза Хакимзада Ниязи*), гармонизировать национальную медицинскую систему с европейской медициной (*Ахмад Дониш, Абдурауф Фитрат*), улучшения подготовки кадров (*Махмудходжа Бехбуди, Садриддин Айний*), изменения медицинской мировоззрении (*Абдулла Кадири, Хаджи Муин, Абдулла Авлони*) которые были поставлены на повестку дня были использованы при подготовке программ на телеканале «История Узбекистана» (О Справка Национальной телерадиокомпании Узбекистана от 28 января 2022 года № 02-06-189). Эти материалы послужили усовершенствованию содержания этих передач и обогащению их научными данными.

Структура и объем диссертации. Исследование состоит из введения, четырех глав, заключения, списка источников и литературы и приложений. Исследовательская часть диссертации составляет 247 страниц.

E’LON QILINGAN ISHLAR RO‘YXATI
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