

Table Of Content

Journal Cover	2
Author[s] Statement	3
Editorial Team	4
Article information	5
Check this article update (crossmark)	5
Check this article impact	5
Cite this article	5
Title page	6
Article Title	6
Author information	6
Abstract	6
Article content	7

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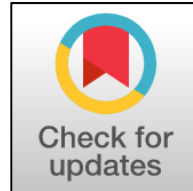
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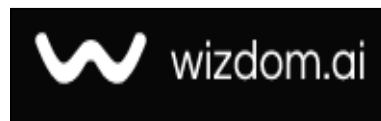
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Tashkent, Bukhara and Khorezm republics, epidemics, and fight against them

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Abstract

The article concludes that the outbreak of epidemics is a major factor in the poor living conditions of the population. In human history, epidemics are a real catastrophe for the population, which is based on the fact that wars, natural conditions, coastal and famine-stricken factors are its companions. History tells about the "Justinianova chuma" spread throughout the Eastern Roman Empire, the "Black Death" epidemic in Europe, and the Spanish flu after the First World War. The population of Central Asia has been suffering from epidemics since ancient times due to hot climatic conditions and other factors. Turkistan is one of the main sources of the cholera and malaria epidemic, and in 1881 it was mentioned in New Marghilan and in 1898 in Tashkent.

Health care in Turkestan, Bukhara and Khorezm is accompanied by sanitary and epidemic work, but the difficult historical conditions, particularly political, socioeconomic problems, poor living conditions and civil war. It is also noted that droughts caused by natural disasters and, as a consequence, famine have spread epidemics. Frequent medical and sanitary measures to fight epidemics sociation units. The Turkestan ASSR Public Health Commission operated the Department of Medical Education and Sanitation, and the staff of the department was propagandizing the fight against the epidemic.

Based on the results of the study, it is concluded that in each state, the most important factor in preventing epidemics is to improve living conditions and to increase public health education.

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Introductions

Mankind has been severely affected by various outbreaks in various historical periods. The word "epidemic" is derived from the Greek word for general illness. The earliest information on it is from the III millennium BC. According to the Greek historian Fukidid, the crisis of Greek culture was caused by an epidemic in Athens in 435-430 BC.

The 551-580-year-old epidemic called Justinianova chuma originated in the Eastern Roman Empire, spread throughout the Middle East and killed nearly 100 million people. In 1346-1353, more than 50 million people were killed in the "Black Death" epidemic in Europe. About 550 million people die from the Spanish flu epidemic after World War I. The people of Central Asia have also suffered from epidemics since ancient times. The cholera is very common, especially in hot climates. For example, for the Turkestan region, malaria is one of the most disastrous and often recurrent epidemics. In 1881 in New Margilan and in 1894 in Tashkent district there was an outbreak of malaria which killed 35% of population in Toytepa. The whole family died of this disease.

Great attention is paid to hygiene in public hygiene and has been carrying out anti-epidemic activities since ancient times.

Main part

In the Turkestan, Bukhara and Khorezm republics, health promotion activities were carried out in conjunction with sanitary and epidemic work. The difficult historical conditions in that period were characterized by the prevailing political and socio-economic problems in the country, the extremely poor living conditions of the population, the civil war, the drought caused by natural disasters and the resulting famine.

In order to prevent the spread of infectious diseases and epidemics among the population, the Soviet state adopted the decrees "On typhoid fever", "On anti-epidemic measures", "On establishing a special commission to improve the sanitary situation in the Republic."

In the fight against epidemics in Turkestan, the establishment of healthcare was of paramount importance. In 1918 the Turkestan Regions were established as well, and they were tasked with establishing local health services, preventive and sanitary activities, and preventing and combating epidemics. Arrangements were also made to establish a military-sanitary department in Turkestan.

Turkestan has taken measures to improve the sanitation of the city in the ASSR. For the first time in Tashkent, the position of sanitary inspector was introduced, with the task of overseeing city sanitation. The inspector carried out general sanitary, industrial and sanitary inspection. In the city of Bukhara, a position of sanitary inspector was introduced to strengthen sanitary control, to undertake measures to improve the conditions and control over the provision of housing and clean drinking water, to carry out sanitary statistics, to prevent various epidemics in urban and rural areas. participation in the development of construction plans, the development of sanitation rules, the provision of health education among the population, and the registration of birth and death rates such as work tasks.

The unfavorable socio-political situation in the Central Asian republics during this period and the economic insecurity prevented the widespread organization of healthcare. Poor sanitation, poor and dirty streets in the city, trash dumping, lack of drinking water, and access to various open water reservoirs have led to the spread of various infectious diseases and epidemics. For example, the information from the former Bukhara city health worker states: "... all urban residents consume water from open pools. The water in the pools is not replaced every few days and the hands and feet are dipped in water. There are also toilets near the city's ditches".

Especially in the cities, the garbage dumps accumulate various germs and disperse poisonous air. There were no garbage dumps in the cities at that time. Consequently, the intended health care performance has not been achieved. As a result, the sanitary condition of cities has deteriorated and there have been frequent outbreaks of various outbreaks in rural areas. Cities have become the center of an outbreak of smallpox and malaria.

Frequent medical and sanitary detachments were set up to fight the epidemics. In late 1920, a 19-member anti-epidemic detachment was sent to Turkestan. The detachment was mainly involved in anti-smoking activities. In 1920 a medical and sanitary unit was sent to Andijan district.

Also, in August 1921, a Russian Helmentological Expedition in Bukhara was presented by K.I. Sent under the direction of the Scryabin. In 1922 a group of specialists arrived from the Moscow Tropical Institute.

On February 11, 1921, the Government of the Republic of Turkestan announced the Decision No. 31 "Ob obazazatelnom ospoprivivanii v republic". Measures were taken in all districts and regions to ensure the implementation of the resolution. A malaria commission was set up in the Amudarya region, which included health,

land and water personnel.

The Turkestan ASSR Health Ministry has also mobilized the country's Microbiology Laboratory to fight the epidemic. In this laboratory, vaccines for brush typhus, cholera, osp and diphtheria were prepared. The Microbiology Laboratory has also been working to educate the population on the outbreaks of various outbreaks and training staff for bacteria.

The Turkestan ASSR Public Health Commission operated the Department of Medical Education and Sanitation, and the staff of the department was propagandizing the fight against the epidemic. For example, 10,000 copies of cholera leaflets were prepared and distributed in the local language. Also, 3,000 copies of Dr. Sinitina's book "Typhoid" and 10 thousand copies of Dr. Torinowski's book "Cholera, typhus and diarrhea."

In Turkestan, sanitary education games will be organized. For example, in 1923, a House of Sanitary Education was established in Kokand, which promoted sanitary education throughout the Ferghana region. Sanitation staff distributed health programs to the regional health departments in the context of cholera outbreaks. The program also provided insights into sanitary disinfection. Also, a malaria outreach team was formed to combat malaria.

Discussions

In Turkestan, the district, regional administration and residential buildings were evacuated due to lack of treatment facilities in the areas where the outbreaks were spread. In 1920 training courses for pharmacists' assistants and nurses were organized. There were delivered lectures on infectious diseases in the old and new Tashkent city. A pamphlet on the basics of Soviet medicine, wormwood, and skin diseases was prepared and distributed among the population.

Also, the population of Bukhara and Khorezm republics carried out anti-epidemic medical campaigns and developed practical measures to improve the sanitation of cities. Medical staff gave lectures on the spread and prevention of disease and its spread. Medical staff welcomed the residents of the summer palace of the Emir of Bukhara Sitorai Mohi Hosa, and explained their understanding of various infectious diseases and epidemics. There were also exhibitions on various infectious diseases and distributed brochures on such topics as "Malaria" and "Cholera."

However, due to economic difficulties, sanitation education was not properly implemented. For example, there was a lack of printing facilities in the cities and villages of the PRC and the PRC to provide medical leaflets that contain information on various infectious diseases and their prevention, the nature of the epidemic, the use of clean drinking water and the isolation of patients. did not increase.

A special commission to coordinate anti-epidemic measures has been established in the country. The Commission included one representative from the Turkestan and Public Health Commissions, the Turkestan Sanitary Section, the Central Council of Health, Trade Union of Tashkent, the Central Council of the Economy, and the Interior Ministry. Commission members were tasked with developing a systemic plan to combat the epidemic. Thus, thanks to the joint efforts of Turkestan ISS and Turkfront Revvoovetsov, a single epidemiological statistical center was established.

Although the government of the Republic of Turkestan issued a directive on the vaccination of the population, it was not implemented. There was no shortage of medical personnel and medicines to carry out vaccination. In 1922, 293 people were registered in Chimboy and Shurakhon counties, of which 125 died. It is only registered with the physicians. However, if the registration and registration of patients were public, the number of infected and dead could have been much higher.

Results

Short-term courses on smallpox vaccination have been organized to increase awareness of the disease among the population. Anti-smallpox vaccine detachments were established in the cities and villages of Turkestan, which included five persons. Temporary treatment in hospitals with the spread of infectious diseases In 1921, 1471 patients with typhoid fever, 1443 with fever, 1596 with trachoma, 113 with cholera, and 38846 with malaria. The person was registered.

In Turkestan due to insufficient sanitary and epidemiological measures, as well as poor living standards of the population, various infectious diseases and epidemics spread throughout the country. This has necessitated the strengthening of the health care system of the republic, the increase in budget allocations, and the mobilization of additional medical expeditions. Taking into account the circumstances, on October 15, 1920 a medical epidemic detachment was sent from Moscow to Bukhara under the supervision of a doctor Sharikin.

In the early years of Soviet rule in almost all Central Asian cities, epidemic outbreaks were frequent and spread to many settlements. For example, in 1921, there were 29 cholera outbreaks in 29 settlements in Central Asia, with

3,315 registered cholera, and 1,179 or 35.6 percent died of cholera. The government of the USSR, in order to combat the epidemic, was killed by M. An emergency sanitation commission was set up under the chairmanship of Saidjanov, which allocated 1 billion rubles for their expenses.

Conclusion

In short, epidemics spread throughout the history have been a real disaster for mankind. As a result of the study of the epidemic spread, it can be concluded that this is primarily due to the deterioration of the living conditions of the population, the economic climate and famine caused by war and war. The Central Asian republics have historically been living in very difficult conditions, and their various settlements have become centers of epidemics. Actions on eradication of various communicable diseases and prevention of epidemics among the population in Turkestan ASSR, Bukhara and Khorezm republic were among the topical issues of the agenda. At the same time, the activities of medical units and expeditions to fight epidemics deserve special praise. In the fight against epidemics, sanitation education has been considered one of the key contributors, and some progress has been made.

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