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National Identity and Invented Tradition: The Rehabilitation of Traditional Medicine in Post-Soviet Uzbekistan

Sophie Hohmann

ABSTRACT
This paper will show how Uzbekistan's Soviet heritage and new political, social and economic conditions following its independence are giving birth to “alternative” forms of medical practice. The emergence of a new category of formally trained physicians who are also traditional healers deserves special attention, and will be approached in a holistic way as a result of local traditions, beliefs, and cultural as well as social representations. In addition, since 1999, the Uzbek government has been attempting to institutionalize traditional medicine, primarily through the re-appropriation of ancient principles inherited from Avicenna (Ibn Sina), in a comprehensive strategy to reconstruct national identity. Only registered public health physicians with a family heritage or training in traditional medicine (tabib) are authorized to practice traditional medicine in allopathic institutions and are officially recognized as “physician-tabib”.

Keywords • Uzbekistan • Traditional Medicine • Physicians-tabib • Biomedicine • Identity • Invented Tradition

Introduction
More than fifteen years after the fall of the Soviet Union, the Central Asian republic of Uzbekistan is an interesting research laboratory for

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studying the evolution of “traditions”. Having been condemned or ignored for years during the Soviet era, some traditions have now emerged in new or different forms. Currently, people’s collective memories are being used to legitimize governments though the recognition of a body of local traditions that draw their substance from long-forgotten beliefs. These may be the object of a religious revival with an ideological vocation, as is the case with Tengrism\textsuperscript{1} in Kyrgyzstan, Kazakhstan and Tatarstan, or with Zoroastrianism in Tajikistan to name but a few striking examples. These ideological movements appear to be important instruments in the post-Soviet renewal of identity, where they are also conceptualized as so-called “ethnic” religions at the service of a national construction based on a prestigious past. In Uzbekistan, this desire to re-appropriate a past that the authorities perceive as prestigious has taken on a different form, such as the institutionalized cult of Tamerlane,\textsuperscript{2} or the famous physician/philosopher Avicenna, who both Tajikistan and Uzbekistan claim as their own. In this context, traditional medicine has become a social issue and part of the construction process of Uzbek identity.

This paper attempts to shed light on the phenomenon by taking traditional medicine in Uzbekistan as an observation point, and especially a category of institutionalized healers, the physicians-
tabib,\textsuperscript{3} as viewed through the career of a certain Umid,\textsuperscript{4} a physician-
tabib in Tashkent. These traditional practitioners provide food for thought on the subject of tradition, the creation of neo-traditions, and how such a body of tradition is perceived by the communities. Traditional medicine forms a good basis as a condition for social adhesion to the process of inventing or re-inventing tradition. However, it should be stressed that the ideological currents behind the rehabilitation of the heroic figure of Tamerlane (which incidentally provides an indirect claim to ties with Genghis Khan), and of traditional medicine, do not have the same resonance for the population because they do not have the same

\textsuperscript{2} Timur i-Leng or Tamerlane established his Timurid empire in the 14\textsuperscript{th} century, but it fell apart rapidly after his death in 1405. His son Shah Rukh succeeded him but dissent in the various branches of the family continued. Nevertheless, the Timurids succeeded in promoting an important cultural renaissance movement. The end of the empire was marked by the arrival of the Shaybanid Uzbeks in the 16\textsuperscript{th} century.
\textsuperscript{3} The physician-
tabib is a medical university graduate with the additional knowledge of a tabib, whether acquired, inherited or revealed. These physicians can decide if they want to ratify their tabib knowledge in the oriental medicine department of the University.
\textsuperscript{4} Some names have been changed to preserve respondents’ anonymity.
significance in the community’s cultural memory. This leads us to reflect on the meaning of belief and the multiple ways of believing, which, ultimately, leads us to consider the importance of imagination in discussing tradition. In certain cases, the current process of reformulating tradition is carried out in a changing context in which events intervene to guide the implementation of beliefs, a form of symbolic obedience.

Moreover, the emergence of traditional practitioners in Uzbekistan has occurred in a specific political context in which the Uzbek government is attempting to institutionalize traditional medicine by mobilizing an entire corpus of traditions and representations with strong identity significance at a time when the public health system is struggling to keep up with its Soviet past. An analysis of the relationship between these medical actors, the government and the people will enable us to identify continuities with the past, which are not easily discernable where the social role of traditional medicine is concerned, and the way it functioned despite Uzbekistan’s integration into the Soviet sphere of influence.

**Hobsbawm’s “Invented Traditions”**

The main purpose of this work is to find out whether rehabilitated traditional medicine, forms part of Eric Hobsbawm’s concept of “invented traditions”, or if on the contrary, it is truly an ancient body of traditions that has been revisited and adapted to political and historic circumstances. As Hobsbawm says in his introduction to “The Invention of Tradition”:

“[...] the strength and adaptability of genuine traditions is not to be confused with the ‘invention of tradition’. Where the old ways are alive, tradition need be neither revived nor invented.”

Uzbekistan, like other former Soviet countries, is interesting in that it allows us to use the concept of invented tradition to consider an alternative possibility that would not consider the traditional medicine currently promoted in Uzbekistan as recently invented. Indeed this form of medicine has always existed, unlike other traditions that have been entirely reinvented. However, it is quite possible that these authentic,
rather than invented, traditions, to use Hobsbawm’s concept, have been subjected to a thorough reworking. Indeed, from our observations and interviews, it appears that the revival and adaptation of these traditions is the consequence of the changes that occurred after the collapse of the USSR,9 which gave rise to various attempts at re-appropriation or invention processes, depending on the circumstances of the countries concerned. The common denominator is doubtless the Soviet experience, which continues to guide the rhetoric of the “new” leaders of the now-free states. We may reflect on the impact of the totalitarian experience on the exploitation and nature of a “new” tradition, the meaning conferred on it by the people or the ideologues who experienced totalitarianism compared with other countries and regimes which have not had the same experiences.

This paper aims to provide information about the ways these traditions become “hybridized” and the types of government that accompany them. The concept of invented tradition is interesting in that it obliges one to think about tradition itself and its limitations in relation to numerous parameters that appear to converge on a new desire for authenticity, which, in turn, leads to the creation of a new body of traditions. However, the Central Asian countries, first colonized by Russia and then after integration into the Soviet Union in the 1920s, were subjected to rapid transformations that attempted to destroy traditional models but failed to eradicate all local traditions, especially if they formed a system of belief that was sufficiently important for populations to keep them alive in their cultural or religious memories. Of course, with respect to certain traditions, such as Tengrism and Zoroastrianism that really had long disappeared from the region, the “renewal” was based entirely on new concepts that were far removed from “authentic” tradition. Like the societies studied by Eric Hobsbawm and Terence Ranger, Central Asian societies certainly need new models, and consequently, produce new traditions. Nevertheless, where traditional medicine is concerned, it appears that they used ancient traditions as a base on which to paste other schemes produced by the authorities, the intellectual elite and the ideologists. Nevertheless, these schemas are used, outwardly at least, by traditional healers. The instrumentalization of this political fabrication as well as the narrative forms10 used in

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10 On the fabrication of facts, news and the role of the collective conscience and processes that influence public opinion (by using emotive and intellectual representations that allow the construction of legends) see Marc Bloch, Réflexions d’un historien sur les fausses nouvelles de la guerre (Paris: Allia (First edition 1921), 2007).
government discourse enables traditional healers to maintain a certain social order.

Finally, this paper opens a window for approaching the nature of political power and of the Soviet regime that followed the Russian colonial empire. Medicine appears as an interesting tool to monitor the policies started by the tsarist authorities, and then followed by the Soviets. However, I doubt that this is a proper tool for questioning the colonial nature of these political regimes. Indeed, biomedicine is used by the authorities and shaped according to the local context and the local situations in which it evolves. This use of medicine for political purposes is also found in numerous colonial countries, and is well documented. One must remember that the colonization process occurred at the same time as the development of the Pasteurian germ theory of diseases, which followed the advances made by sanitarians in Europe and in North America. The social, economic and environmental aspects of diseases are largely shadowed by their biological explanation, which offers a justification for the intervention methods of colonial authorities. Any political regime may pretend to use medicine as a political tool. However, its success depends on the ability of the authorities to convey meaning and to show its importance in the process of legitimizing the political system.

In this respect, the Soviet period appears as a special case, for which the colonial nature of the domination can be discussed endlessly. Several researchers have tried to discuss this issue, with strong disagreements. Some, like Paula Michaels, identify the Soviet Union as a “modern colonial empire”; others like Francine Hirsch and Douglas Northrop, as an “empire of nations”, others as an “affirmative action empire” (Terry Martin). These debates reveal the ambiguities and the contradictions, which underline this field of research. The approach that I followed here, focuses on a “new” interpretation of traditional medicine, and is an attempt to contribute to this complex debate. My position is based on theoretical work initiated by Claude Lefort on the nature of power in the Soviet Union. The main question he proposed was to determine whether a fully incorporated political power (characterized as “full space” by Claude Lefort), such as the Soviet Union, may still qualify as a colonial power.

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“Tabibism” vs. Public Health

This research is based on a series of interviews with traditional healers and physicians-tabib carried out in Tashkent, Uzbekistan, between April and July 2004. Our survey was limited to the so-called “rational” medical practices, namely those which have a naturalistic explanation of disease as opposed to a personalistic etiological system. The medical systems of the so-called “Great Tradition” integrate alternative medicines (as opposed to biomedicine), which are essentially based on the naturalistic etiological system, without reference to the personalistic system. Of course numerous cognitive differences distinguish biomedicine from traditional medicine, whether Chinese or Aryuvedic medicine and their derivatives (as, for instance, the principles of vital energy, the individual’s position in relation to the cosmos, forms of treatment etc.). Nevertheless, in terms of analytical models, a relationship exists and is not incompatible, whereas a relationship with practices such as shamanism and other divinatory techniques requires a very different approach. Nevertheless, the sacred and its relationship to health may be raised in our results since the sacred aspect of the “event”, and the “evil” of disease, are omnipresent in local perception. However, we will endeavour to remain on the fringe of this relationship and detach our research from the supernatural, which is an object of study in itself.

The meaning of the word “tabib” is very heterogeneous and shows that various therapeutic systems or ways of managing illness may be interwoven, and that religious and therapeutic functions can be compatible. Physicians-tabib are an extension of this duality for they are specific actors in the health system as both qualified physicians from the Institute of medicine, possessing a scientific and theoretical approach, which the tabib does not have. They combine knowledge of general medicine with alternative knowledge, and explain the latter simply as a divine gift, a prophecy, or a dream. The methods of the physician-tabib we met consisted in measuring the organic balance of fluids and determining whether or not the patient’s balance was disturbed by means of an ultrasound apparatus, by taking the pulse, and by iridological and tongue diagnosis, in order to prescribe appropriate treatment for purifying the organism, balancing the vital forces and strengthening immunity.

We will examine this phenomenon in greater detail through the career of Umid, one of the physician-tabibs I interviewed on repeated occasions in Tashkent. He provides a relevant example of the special physician-tabib universe in which the medical practices of two different systems cohabitat.

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12 Diagnosis carried out by examination of the patient’s irises.
13 Diagnosis carried out by examination of the patient’s tongue.
Umid was born in Tashkent in 1952. He studied at the Central Asian Institute of Paediatrics in Tashkent and then from 1980 spent nearly ten years in the surgery department of the Sechenov Moscow Medical Academy where he became kandidat nauk and defended his PhD thesis in 1993. He became interested in traditional medicine in 1988, while he was working in the department of surgery at the N. I. Pirogov First Institute of Medicine in Moscow, because as a surgeon he observed that patients often had allergic reactions to medication. He therefore developed a drug-free method of treatment that was largely based on reflexotherapy, and used an electrical pulse machine called “Asian doctor”, which closely resembles a machine developed in the 1940s by a German physician called Reinold Voll, as well as acupuncture, electrotherapy (galvanic currents), manual therapy and phytotherapy. The medicinal plants used in Umid’s treatment were made up by certain tabib from his own network and/or sold by a pharmaceutical company called Dori-Darmon, which has the monopoly of pharmaceutical products in Uzbekistan.

Like most of the tabib I met, Umid believes that pathological phenomena in living organisms are really quantitative variations of corresponding physiological phenomena. This theory of the relationship between normality and pathology as explained by Henry Sigerist in his Introduction to Medicine in 1932, does not qualitatively oppose illness to health and the belief that it is scientifically possible to re-establish normality is such that it cancels out the pathology. The tabib illustrates Georges Canguilhem’s observation that semantically, pathology could be said to be “departing from the normal not so much by a or dys as by hyper or hypo.”

Umid showed us several notes dated 1990 from Moscow’s Hospital No. 15 and the N. I. Pirogov Institute’s department of surgery, in which

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14 This 9-volt portable machine is 20 cm x 1.5 cm wide. A low electrical discharge acts on the blood plasma. A consultation without treatment costs 700 soums. In the spring of 2004, US$1 was worth approximately 1,000 soums at the official rate and more (1,200 soums) on the black market. The average monthly wage ranges between US$15 and US$40.

15 Chinese medicine was officially accepted by the Soviet Union in the 1970s and was taught in the Oriental medicine departments of the Soviet Republics.

16 Traditional and experimental medicine often uses electrical machines for therapeutic ends. Low-voltage electrical impulses stimulate connective tissue to activate blood nutrition or soothe pain. Electrotherapy consists of either galvano-therapy, diathermy, therapy with alternative electrical currents with selective stimulation, and high frequency therapy. The best-known method is Dr Voll’s electro-acupuncture (EAV~), resulting from the study of energy thesis and traditional Chinese acupuncture. Here the action of the needles is replaced by magnetic waves pulsating via a transmitter which is connected to a monitor designed by Dr Voll.

17 Tabib we met at the Biochemical and Botanical Institutes in Tashkent.

they agreed in principle to the introduction of his “non-traditional” medicine. Umid’s methods were recognized by the medical authorities of those establishments as being beneficial and therefore could be added to the treatments available in the Moscow health system and that of the Russian Soviet Federative Socialist Republic (RSFSR) as a whole. The introduction of these so-called “non-traditional” practices and their acceptance in the public health system, were confirmed by the department of theoretical issues of the Russian Academy of Science on 16 November 1994 which officially accepted Umid’s working methods “based on concepts inherited from Avicenna”. The department of neurology of the advanced medical training faculty established a chair of “non-traditional” medicine and neurology at the Russian State Medical University that integrated Umid’s therapeutic method into official medical practices.

Umid’s practices and reputation spread throughout the Soviet Union, and Russia in particular, but he returned to Tashkent in 1994 following problems with drug traffickers. He had worked with drug addicts to help them quit by means of his reflexology-based methods but this led to threats from drug dealers, which obliged him to stop. Back in Uzbekistan, he continued to work with his colleagues from the Moscow Medical Academy. He was also in demand with local industrialists who used his services to improve the health of workers during the construction of the hydroelectric power plant in Kodinsk in Siberia, where the worker’s 18-hour working day required an excellent status of health. According to several Russian and Uzbek newspaper cuttings that Umid showed me, his practices were beneficial to the workers’ health and he was in regular demand on worksites and in certain kolkhoz, including one in Tchirtchik near Tashkent. Umid appears to have acquired a serious reputation in drug-free treatments and reflexology-based therapies.  

Physicians-tabib: A New Category of Health Professionals?

Umid describes himself as physician-surgeon and a tabib. He explains his dual role by affiliation since his mother was a bakshi and his maternal

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19 The term “non-traditional” (netraditsionnaia meditsina) is used to describe what we could call traditional medicine, and is often used by public health professionals in opposition to conventional, i.e. traditional or classical medicine. Thus the term traditional is confusing since Western bio-medical publications often describe their own practices as “traditional” and call others “alternative”.

20 Information gathered during repeated interviews with Umid in June and July 2004.

21 The bakshi is often described as an Islamicized shaman. He is a syncretism of the northern nomads and the southern sedentary population, and blends the shamanism of Turkic-Mongolian Asia with the Islam of the Arab-Persian world. However, there are different kinds of bakshi depending on the ethno-geographic distribution, and some may
grandfather was a doctor (lekär’). As a child, he watched his mother heal, but in addition to the knowledge acquired from his mother and grandfather, he claims to have the gift of premonition (ekstrasens)22 which enables him to cure his patients more effectively and which confers a certain legitimacy to his title of tselitel’ (seer-healer). Here is a true blend of different kinds of knowledge, which, to judge by Umid, are quite un-segmented. Umid believes that empirical and theoretical knowledge are complementary; knowledge is transmitted and raises the issue of a “reassessment of the evolution of modern medicine” which traps individuals in treatments without any room for alternative ones, for instance those transmitted by Avicenna in his canon of medical texts.

However, Umid does have trouble defining himself as a healthcare professional. On the one hand, he condemns tabib and healers generally who have no medical qualifications and perform medical acts with no anatomical training. On the other hand, he does not entirely reject the category to which, as physician-tabib, he belongs. He supports the practices of the tabib who, in his eyes, are not physicians but deal with illness by means of a gift or instinct that he fully recognizes. The result is an interesting overlap of different methods and a difficulty in drawing a line between the functions of the various practitioners and their characteristics. Self-presentation may also result in bias because of government pressure concerning all activities that it considers “obscurantist” or “deviant”. I will later look at the recent movement to officialize certain traditional medical practices as well as the underlying issues in terms of implementing a strong national policy.

Knowledge may also be acquired by apprenticeship. Physicians-tabib have the unusual role of transmitting the body of knowledge they received by revelation or which they inherited from their families, to other healers, which in this case means to physicians. We cannot express an opinion on the precise motivations of the students and physicians wishing to practice traditional medicine. As a physician-tabib, Umid, as Director of the Manual Therapy Centre in Tashkent, had acquired a genuine legitimacy in numerous regions of the RSFSR and Central Asia prior to the fall of the Soviet Union because of his dual qualifications; his academic medical knowledge from Moscow University and his inherited knowledge of traditional medicine. However knowledge is obtained, it requires a period of apprenticeship. After Uzbekistan’s independence, a

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be related to divine healers (central Asian shamans), or to bards, minstrels or both. See Pierre Centlivres and Micheline Centlivres-Dumont, “Un chaman musulman,” in Et si on parlait d’Afghanistan? (Paris: MSH, 1988) pp. 149-151. In this study we will describe the bakhshi as a seer and a traditional healer, which are more appropriate signifiers in Uzbekistan and less controversial.

22 Ekstrasens are healers with a special bio-energy and extraordinary powers. They may be found throughout the former Soviet Union.
system was put in place integrating Umid’s methods, and physicians of all ages with solid theoretical and practical medical qualifications, could receive a few months training in Umid’s techniques, procedures and secrets at the Manual Therapy Centre. The authorities considered Umid’s practices to be complementary to public health practices and not in conflict with them, unlike certain “divinatory therapies”. A course for 5-6 people lasts for one month and cost 43,000 soums per month (approximately US$40). Physicians must then practice for five years in a government establishment before obtaining the traditional medical licence (Umid’s method) and practice independently or open their own surgery.

Umid also trains tabib with no prior training in anatomy or physiology, in the hope of inculcating the necessary foundations in anatomy required for manual therapy. Officially, however, such tabib are not allowed to practice, and Umid explained that this training gave them greater credibility in their own mahalla networks since it improved both their diagnoses of patients and their treatments. Umid also trained the non-physician tabib who were to take part in the major project of the Tashkent Academy of Traditional Medicine. According to the Academy’s President Mr. Khamraev, tabib with traditional healing gifts require training in anatomy and physiology in order to work in the Academy. The vast building is being renovated and a range of consulting and manual therapy rooms are being set up for the tabib, as well as bathrooms for Avicenna’s capillary therapy and a cafeteria which will offer concoctions of medicinal plants.

Are Traditional Therapies a Lasting Feature?
The erosion of the health system, which began in the 1970s, continued into Uzbekistan’s independence and has grown increasingly complex. The institutional void as well as the economic and social disturbances resulting from the collapse of an entire system of government required - but did not receive - efficient state management. Against that background the population grew wary of the public health system and its response to illness, its lack of means (physicians, treatments and vaccines) and poor distribution of health care professionals in the face of regional

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23 A word of Arabic origin meaning “the place where one puts one’s things”. The social and administrative community recognized by the government. An organized neighbourhood family or clientelistic network of socialization and group solidarity. An official mahalla which consists of between 2,000 and 4,000 persons, may well consist of several non-official mahallas that are too small to be recognized.

24 We will go into the Academy of Traditional Medicine in greater detail when we discuss the current process of legitimizing traditional medicine in Uzbekistan.

25 A visit to the Academy of Traditional Medicine and interview with the President of this Academy on July 8, 2004.
epidemiological issues. Thus tabib and other healers filled the void created by the political and socioeconomic context. However, tabib had always been consulted, whether separately or in addition to physicians, and it would be interesting to research the possible correlations between the erosion of the public health system and the frequency with which the tabib were consulted. Our sample, which was not representative of the population, does not allow for a judgement, but did provide us with access to “exemplary” phenomena at the micro-level, which open up avenues for more detailed research. It appears from interviews with both healers and patients, that the generational factor of the patient is an important variable in whether or not he/she resorts to the services of a tabib. But another variable is also very influential: the community and the influence it has on individuals requiring medical treatment. The way a community “assigns” the representations of an individual’s illness has to be taken into account, for each society has its own rules for transforming these signs into symptoms.

Interviews carried out with tabib, physicians and the local population, enabled us to find continuities with previous periods, which we confirmed with the observations of tabib and physicians, as well as patients. The resistance to the body of traditions proved to be both very strong and real, not so much because these medical beliefs and practices persist, but because of society’s global perceptions about the array of traditional practices which have been perpetuated through the collective Uzbek memory while being modified by temporal changes. Nevertheless, the government deems these practices to be “obscurantist” and dangerous and they are increasingly subject to strict controls, whereas the same government is appropriating certain other traditional healing practices in order to reinforce its identity and legitimacy. We shall look at the basis of the recent legalization process of some forms of traditional medicine.

Towards Recognition of Traditional Medicine? The Political Exploitation of Tradition

The Soviet secularization process and its attempt to merge its peoples into a single homo sovieticus, failed to eradicate religion in Central Asia. Islam survived Soviet pressure by other means (such as “parallel” Islam), and currently the body of practices related to Islamic belief or beliefs prior to the arrival of Islam in the region have again been mobilized by collective memory as well as by the Uzbek policy on national identity. However, in this case only those elements that fit in to the government’s
identity strategy are chosen, namely those that can be used as a basis for the construction of the nation-state.\textsuperscript{26}

In 1999, a presidential decree (\textit{ukaz}) followed by a decision (\textit{prikaz})\textsuperscript{27} emanating from the Uzbek Ministry of Health legalized the use of traditional medical by endorsing the Ibn Sina (Avicenna) Foundation.\textsuperscript{28} The decree authorized the establishment of institutions specialized in diagnoses and treatments based on Avicenna’s medical principles. Avicenna’s heritage is regularly promoted in Uzbekistan and all decisions relating to this sphere of medicine have to claim some direct relationship with the famous physician-philosopher’s medical practices. At the same time a scientific traditional medicine course on “alternative treatments” was established together with the Ibn Sina foundation, largely based on Avicenna’s scientific teachings. This alternative medicine course is offered to specialists with a medical degree. Interestingly, in the official text the adjective “popular” (as in “popular” medicine) is placed in brackets. Popular medical practices are discussed, but remain the preserve of specialized physicians.

\textit{Tabib} are not mentioned in the 2002 text emanating from the Tashkent Institute of Advanced Medical Education. Only qualified physicians are entitled to practice in these institutions. Qualified physicians can also be \textit{tabib} and work through these structures, though their ties with traditional medicine are looser because of their academic

\textsuperscript{27} “Prikaz MinZdrava Respubliki Uzbekistan No. 261 ‘O voprosakh organizatsii i deiatel’nosti mezhdunarodnogo fonda Ibn Sino’ [On matters of organization and the activities of the International Ibn Sina Foundation], April 23, 1999, which followed the \textit{ukaz} presidential decree dated 6 January 1999 No. 2171 “O podderzhke mezhdunarodnogo fonda Ibn Sino” [On support for the International Ibn Sina Foundation]. This laid down plans for the following: the establishment of regional subsidiaries [\textit{oblast’}] and an entire network that included a pharmacy, a geriatric centre, and a general hospital in each region, the development of scientific programs and research on Oriental medicine that would highlight Avicenna’s heritage, the organization of conferences and congresses on Avicenna’s scientific and spiritual heritage. In 2001, a manual therapy centre [\textit{Manual’naia terapiia}] was also established within this framework at the Tashkent Institute for Advanced Medical Education.

\textsuperscript{28} The Ibn Sina foundation was established in 1999 with local NGO status and its stated aims are to promote Avicenna’s scientific heritage in Uzbekistan and abroad, with representatives in Egypt, Canada, Russia, Kyrgyzstan, Iran, and France. Ashirbek, the foundation’s chairman and a cardiologist by training, endeavoured to find funds for subsidiaries in the various regions of the Republic. The foundation has a library, a computer centre and a centre for drug addicts. It has a committee of advisors consisting of 12 NGOs working on these issues and has developed a program for combating drug addiction and AIDS. It also works with schools and associations, \textit{mahalla}, \textit{Soglom axlod Uchun}, and \textit{Kamolot} for setting up a range of preventative measures for societal problems and emerging diseases. Interview with Ashirbek in Tashkent on July 15, 2004. See the following website <www.avicenna.uz> (May 13, 2010).
medical training. The physician-tabibs I interviewed defined themselves as physicians with a tabib gift or physicians who decided to become tabib (by training at the Oriental medicine department of the University). Tabib without a medical degree cannot practice but are welcomed at these institutions to share their knowledge and receive training, especially in anatomy. Physicians wishing to become tabib can also be trained there and are free to practice after five years' practice in public institutions. A 1989 decision by the Soviet Union's Ministry of Health, which dealt with the institutionalization of traditional medicine, was taken up by the Uzbekistan Council of Ministers in a law dated March 9, 1989.

According to available documents, these laws did not permit traditional healers to practice without medical degrees. There is an interesting comparison with Kazakhstan where Korean healers are very active in manual therapy, electro therapy and acupuncture. In 1994, they established a Soo-Jok Academy of Korean Medicine there, and private clinics in 2000 under an agreement with both the Kazakh and the South-Korean governments. As is the case in Uzbekistan, only qualified physicians with degrees from the Almaty State Institute of Advanced Medical Education are authorized to practice this type of medicine. In Dushanbe, Tajikistan, there has been an Institute of Traditional Medicine since 1997. It depends on the Tajikistan Ministry of Health and has a medical staff of a dozen qualified physicians. This institute has close ties with the departments of medicine and traditional medicine at the Dushanbe Academy of Science, as well as with other centres and institutes of traditional medicine. These include centres in Saint Petersburg and Moscow, as well as close relations with China, India, Iran and France concerning new methods. Since the law of December 9, 2004 governing traditional medicine, the Dushanbe institute has offered 5-year diplomas in traditional medicine to physicians and to certain healers such as tabib without medical qualifications. In this case, the healers obtain their diploma after being examined on a 6-month anatomy course.

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29 Decree No. 18-11 by the Soviet Ministry of Health dated 2 August 1989, “Ob ispol’zovanii metodov traditsionnoi v lechenii i reabilitacii” [On the use of traditional practices in treatment, cures and recovery].
30 A Korean hand and foot acupuncture technique.
32 This institute is run by a Pamiri Tajik woman who is a trained phytotherapist, and, among other things, has an exceptional gift for identifying medicinal plants. She claims to have acquired this gift from her grandmother who trained in the Pamir mountains where she was born. Interviews carried out with Z. Bahramova, Director of the Traditional Medicine Institute, in Dushanbe, June 2007 and with Professeur Nuraliev, Director of the Department of Science and Traditional Medicine in Dushanbe.
33 A total of 12 persons have obtained medical licenses since 2004.
In Uzbekistan two qualified physicians-tabib are setting up centres for traditional medicine: H. Dadaev’s Manual Therapy Centre, and K. Khamraev’s Academy of Traditional Medicine. Dadaev explained to us that he had to draw up a list of non-physician tabib and register them with the authorities.\(^{34}\) Where religion is concerned, a similar situation has existed since 1999, the date of the first wave of terrorist attacks on Tashkent. Muslim spiritual organizations have to provide lists of followers and whether they practice official Islam or not (Sufism, for instance) and give these lists to the authorities. This proves the government’s firm intention to control so-called “obscurantist” activities, and closely resembles former Soviet policy. Just as in medicine only Avicenna-type medical practices are authorized, so there is an interesting parallel with the attitude of the authorities towards Islam, and its distinction between the standard, official form, and traditional Islam, whose practices are considered to be infused with obscure beliefs, such as shamanism or Zoroastrianism, that escape government control.

What we see, therefore, is a national desire to re-appropriate a piece of history and put aside, if not eradicate, elements that recall the Soviet era. Yet at the same time there is a transfer of referents, which remains anchored in Soviet-style operating methods. There are shifts in representation but the operating methods endure; there are changes in form but the ideological content remains the same in that it reveals almost unchanged Soviet operating structures and reasoning. Independence favoured a search for a national memory, a religious identity (through “re-Islamicization”) and a cultural identity (through the re-appropriation of historical figures). In the former Soviet Union, the reconstruction of symbolic sites is “the obvious sign of a desire to erase the traces of an undesirable past and create a new artificial memory, able to offer substitute values to an identity.”\(^{35}\) The process of recreating an identity generated by the country’s independence was expressed by the search for, and exploitation of, identity markers such as religion, tradition, and pre-revolutionary history. The tabib we met used the history of their country rather than its traditions to justify the return to their practice. Despite the erosion of religion and traditional practice during the Soviet era, both survived by sliding into private space, as was the case for instance with Sufism, which allowed Islam to endure. The tabib use Avicenna’s principles\(^ {36}\) in a quasi-dogmatic way, quote only him

\(^{34}\) Interview with Umid in Tashkent on July 6, 2004.


\(^{36}\) Avicenna frequently appeared in Soviet medical journals well before the 1980s, for instance in Meditsinskii zhurnal Uzbekistana, Sovetskoe zdravoohranenie, Sovetskoe zdravoohranenie Uzbekistana. This requires further analysis, since the emblematic, heroic,
and query major medical advances such as antibiotics, which they claim
damage the balance of fluids. They are convinced that all diseases can be
cured without resorting to drugs and that all treatment should now be
based on medicinal plants. They also refer to the rich Central Asian
pharmacopoeia and the unique nature of medicinal plants in the regions
of Pamir, Tian-Shan and the Altai.

The Uzbek authorities official approval of the creation of the
Academy of Traditional Medicine illustrates this process. The academy’s
official vocation (like that of the Ibn Sina foundation) is to promote
Avicenna’s scientific principles and develop programmes for teaching
traditional medicine. This academy was officially due to open in 2004.37
Its founder and president K. Khamraev, a chemist by profession, began
his career in 1996 as a practicing physician-tabib and in 2000 bought a
building in the district of Yunus-Abad to set up his academy. Khamraev
developed a range of plant-based medicines (“Osio” treatments, meaning
Asian in Uzbek) which he claims cure numerous diseases including
hepatitis A, B, and C, goitres, anaemia, chronic bronchitis, etc. The
academy publishes a review called Shark Tabobati (Oriental medicine)
which, according to Khamraev, has close contacts with countries in
which traditional medicine is officially practiced, such as China, Japan,
Vietnam, South Korea, India, Nepal and Russia. The academy aims to
promote traditional medicine within the public health system, develop
therapies based on the ancient manuscripts of Eastern tabib and
Avicenna’s canon, set up a training institute to train specialists in this
type of medicine and compile an encyclopaedia of traditional Uzbek
medicine.38

This querying of legitimacy reflects in part modern medicine’s
inability to cover all aspects of disease, including psychological and social
afflictions, and in part the current dominance of rational science and state
authority. The government’s ambiguous attitude by which the law is
expected to legitimize tradition, leads people to side with the many
nurses and physicians caught in the contradictions of their ancestral
heritage combined with scientific training. It is understandable that
physicians use medicinal plants to treat certain illnesses or that they

37 According to my sources, this academy had still not opened in 2007. The first congress
of traditional Uzbek medicine was held in October 2002. Officials from the Uzbek
Ministry of Health now deny the existence of this academy which, they claim, “does not
have a vocation to develop traditional medicine but uses this as a selling point for its
cures.” (interview in Tashkent on July 13, 2004).
38 See the article by D. O. Oyebola, “Professional Associations, Ethics and Discipline
87-92 and the discussion that follows.
experiment with local pharmacopoeias, and that ministers and government officials support research on traditional medicine, as was the case during the Soviet era. This new interpretation of a long-standing social issue appears to be more related to an ability to adapt to change rather than to filling the void left by the contradictions of the Soviet health system.

On theoretical grounds, one could assume that traditional medicine might recover some visibility every time a state fails and therefore opens a breach, or when a power ceases to be a “full place” and paves the way to a logic of democratization, leaving an “empty space” as described by Claude Lefort. However, in Central Asia it does not seem to be the case that political power disengaged; on the contrary, it remained very incorporated, the image given by the official rehabilitation of some forms of traditional medicine as well as of other national traditions, is in no way an argument in favour of a democratization process. The power remains a “full place”, and this instrumentalization by the political authorities of traditions which have a common meaning for the population is rather a sign of power consolidation in the former Soviet republics of Central Asia. However, this does not mean that the current regimes could get rid of these medical traditions. The concepts developed by Lefort seem to be pertinent arguments to raise more generally the question of the nature of power and of “atypical” (unknown before) system and domination in the Soviet Union. Let us remember that the Soviet regime was characterized by the overwhelming presence and domination of the party, which hampered any separation between political power, law, and knowledge. Power lay within the party’s body, which incarnates an historical function of a new type in the bureaucratic society. It is the agent of a complete penetration of the state in civil society. It is the milieu in which the state is changed into the society, and the society into the state.

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39 Examples of plant-based medicines distributed or sold by several tabib and physician-tabib we met at the Biochemical Institute. These medicines are packed in small plastic jars, produced and endorsed by the Institute’s biochemists. Observations and interviews carried out in Tashkent in June and July.


Therapies, Recomposed Identities and Staging Tradition

Independent Uzbekistan no longer has the means to provide its population with all the social benefits that were the corollary of the Soviet system. The fragmentation of the health services and the complexity of the administrative procedures are major obstacles to accessing the health system for an ill-informed population, which often lives far from any health centre. Distance is often dissuasive and combined with the loss of confidence in a worn-out paternalistic system that has ceased to be efficient or secure, exacerbate the dangers of the lack of medical assistance and delays in getting patients into care. The limits that were reached even in the Soviet era have had repercussions on the social situation: expensive medication resulting from the opening of borders and markets, inflation, unemployment, very low salaries and all the social and economic consequences these have on the individual and the community. Where medical treatment is concerned, family and community opinions are based on their own convictions and representations of their misfortunes and illnesses, and they tend to trust the vast and nebulous system of traditional beliefs and therapies. These systems are often interconnected and provide answers that fit in with people’s expectations, cosmogony and representations. The importance of this blend of beliefs lies in a complex movement for a search for identity, understanding of self and one’s origins. The institution of the mahalla, in its superficial re-appropriation of its role as social regulator and cultural player, lies at the heart of the “archaeological” process that is remodelling the historical and cultural roots of Uzbek society, the better to legitimize them.

The post-USSR phenomena often appear specifically to the foreign observer as a “re-Islamicization” process, or a “renewal” of tradition. Yet by analysing these phenomena in the broader context of continuity between the colonial era, the Soviet and the post-Soviet era, we can see how the socio-historic links between the various regimes and periods are somewhat perpetuated and reproduced, revealing a maieutic in long-term evolutions. In the chaotic context that resulted from the dismantling of the Soviet Union, the traditional medical system, divinatory or otherwise, formed an institutional response to society’s need to ensure its reproduction. The coexistence of several medical traditions in Uzbekistan doubtless means that each school of medical tradition will claim exclusivity of meaning in the face of modern medicine’s tendency to monopolize knowledge and identify with the Soviet system.

According to Eric Hobsbawm,43 invented traditions induce a new historicity and in that respect they respond to a break with the past by creating continuity. Hobsbawm summarizes the following conditions required for traditions to be described as invented: brutal social change,

43 Eric Hobsbawm, Terence Ranger (eds.), L’invention de la tradition, op. cit.
the emergence of a new elite and a new power that seeks to impose its own legitimacy and order. In Central Asia, as in most of the former Soviet countries, the elite has remained the same and is generated by the same party apparatus. Despite the changes resulting from the rapid collapse of the Soviet Union, the political order remains unchanged. The elite in power certainly seeks to impose its legitimacy, but does so by a massive transfer of Soviet representations to so-called national representations which, in fact, borrow everything they require to function from the Soviet system. The form has changed but not the content. Of course, as with invented tradition, the renaissance of traditions in Uzbekistan and their re-fabrication are accepted by the people if they correspond to a social demand for the recognition of a present situation and match a future project.

These government-arranged traditions allow the local population to identify with symbolic systems that have a shared meaning for them and their reference communities. However, people take into account those elements that correspond to their individual choices and can be inserted into a communitarian logic (a broader reference with which they identify). Individuals manufacture their own truths, which condition their constituent imagination. As Paul Veyne has remarked,

“It is better to recognize that all knowledge is interested, and that truths and interests are two different ways of saying the same thing, for practice is as practice does. We only wanted to distinguish between truth and interest in an attempt to explain the limitations of truth. We thought it was limited by the influence of interests. That was forgetting that the interests themselves are limited [...] that the restrictions are the same as those of the corresponding truths. They appear on the horizons that the fortunes of history assign to different programmes.”

Thus the willingness to believe ceases when collective memory no longer identifies with the belief, when there is a conflict between the individuals and the group. Similarly, the reconstitution of events that form a tradition must be carried out on the basis of concepts that are common to the group. Here we see the introduction of a new historicity: tradition is used in political discourse in an attempt to create continuity with the past and ensure the legitimacy of political power.

This process is part of the need to maintain a constant in the evolution of societies and, to use the words of Maurice Halbwachs, “Society has to live; when even the social institutions are profoundly transformed and especially when they are, the best way to let them take

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root is to spread them with every tradition one can get hold of.” To say, as Georges Balandier did, that tradition is partly linked to the vision of society as continuity and conformity, does not mean that the societies in which traditions thrive are immobile, or insensitive to change. What tradition produces is a universe of collective significance in which the daily experiences that plunge individuals and groups into chaos, are related to an immutable, necessary order that existed before the individuals themselves or the group. This universe that composes traditionalism is characterized by Max Weber, as having the “propensity to accept customary daily life and believe that it constitutes the norm for action.” But it is also the structural uncertainty of a changing society that “imposes” and reinforces the individual and collective need to believe in order to produce, under modern circumstances, the elements on which society will lean on and refer to. The question of meaning is central in societies where the assertion of personal autonomy requires an individual, subjective response to illness, suffering, and death. To achieve the effect of meaning it is necessary to have a collective sharing of meaning. The individually-constructed significance must be vouched for by others. There must be social confirmation.

Conclusion

Traditional medicine is not just a simple repetitive phenomenon. It reflects the dynamic readjustment of customs and values. The values to which society is most attached adapt to reality in a continuous process. Traditional medicine is also the result of a collective sharing of meaning and requires a collective validation of its significance. The professionalization of traditional medicine is an attempt to provide an answer in a multi-cultural therapy context.

As we have seen in Uzbekistan, the institutionalization of traditional medicine provides food for thought about the reality of such a process, driven by a desire to re-appropriate an identity. It excludes a broad swathe of traditional practitioners while trying to place them under state control to reduce their autonomy and what is believed to be their bad influence on people. However, thanks to the physicians-tabib we were able to glimpse a small area of the Uzbek political system as well as the interactions and correlations in the health system, because the physicians-tabib are at the heart of the government’s “rehabilitation” of tradition, and also synthesize the cohabitation of numerous practices, which ultimately, are the result of Sovietization. By attempting to unify and standardize societies and their socio-cultural representations, Soviet

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45 Halbwachs, La mémoire collective, p. 134.
power actually obliged them to preserve themselves. Both individuals and communities in Uzbekistan integrated Soviet society while maintaining a certain autonomy, and it is precisely that social autonomy which has reappeared since the end of the USSR - but for how long and in what form?

Officializing a limited sphere of traditional medicine is part of post-Soviet national construction, and the Uzbek heritage lies at the heart of this policy. The country is going through a partial rejection of Russian-Soviet culture. There was a resurgence of national culture after independence and an attempt to reinstate practices that had more or less gone underground. The Uzbek government has promoted this movement by mobilizing society around heroic and popular national figures, and endowing myths and legends with a political meaning. It has transformed heroes into historical figures, including the poet Alisher Navoi, the physician and philosopher, Avicenna, the philosophers and scientists al-Bukhari, Ulugh Bek, al-Biruni, al-Khorezmi while the main political figure is incarnated by Tamerlane, who embodies this reappropriation of the past. Uzbek national identity policy is also claiming a body of “tradition”, that includes Islam as well as beliefs prior to its arrival, but in this case it only selects those elements that may be integrated into an identity strategy underpinned by the construction of a nation state, but will not allow the population to veer away from the “traditionalization” process of its culture. As Paul Veyne stressed in his discussion of rhetoric in antiquity: in order to win, and therefore to convince, you have to start out with what people think, and the rhetoric used by the Uzbek government is certainly “the art of winning rather than that of being right.”

Lastly, in contemporary Uzbekistan, as in Soviet Uzbekistan, the government is ossified whereas society is changing. The social change that followed independence demanded choices in political management and reorganization, which in turn needed to be adapted to the health, social, and economic situation inherited from the USSR but which could not be reformed rapidly because of the reproduction of Soviet operating methods. The new problems that have arisen, such as the spread of epidemics, emerging diseases and the poverty of a large segment of the population, are not only the result of globalization but of the government’s considerable difficulty in departing from an ideological framework with which it continues to identify politically. The way out, represented by the creation of a nation-state and the adaptation of traditions, lies at the heart of the contradictions that are disrupting Uzbekistan. But this process, which is something of a government-controlled tug-of-war, has never lost sight of the persistence of preserved tradition, because tradition has reformulated itself in line with social change.