

THE ROLE OF BIMARISTAN AS A UNIQUE INSTITUTION IN THE HISTORY OF STIGMATIZATION PREVENTION

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Annotation.

This article is dedicated to the work of Persian-Tajik doctors in the Middle Ages in bimaristans, which were not just hospitals but entire complexes of institutions, including clinics, pharmacies, and medical training institutions. They were truly groundbreaking in the history of medicine.

The bimaristan's uniqueness lay not only in its high level of medical care but also in its principles of humane treatment of patients, regardless of their social status, religion, or mental state.

Bimaristans can be considered one of the first institutions specifically dedicated to the prevention of stigmatization and discrimination.

Keywords: history of science, bimaristan, Persian-Tajik doctors of the Middle Ages, prevention of stigmatization

Bimariistan was a medieval medical institution that went far beyond being just a hospital. It was a comprehensive center that combined medical care, social support, and scientific research. What made it unique was its holistic approach to patient care, which focused not only on physical health but also on mental well-being. This aspect makes bimaristan an important precedent in the history of stigma prevention. It was a complex facility that combined medical care, social support, and educational activities. Not only did it provide shelter for those suffering from physical ailments, but it also offered innovative approaches to mental health issues.

A distinctive feature of bimaristan was its commitment to integrating patients into society. After recovery, patients were often helped to find employment or receive vocational training to enable them to lead fulfilling lives.

The legacy of the bimaristans of the Middle Ages has had a significant impact on the development of medicine and psychiatry in subsequent centuries. Their principles of humanism, scientific approach, and social integration remain relevant today, emphasizing the importance of respecting individuals with mental health issues and combating ignorance and prejudice.

Bimaristan is a historical fact, an example of how medicine can be not only a science, but also an art of care and compassion.

One of the key features of the bimaristan was its openness to all those in need, regardless of their religion, ethnicity, or social status.

Doctors, nurses, pharmacists, and other employees of the bimaristan came from different cultures and regions, bringing with them their unique knowledge and skills. This multicultural composition contributed to a broader understanding of diseases

and their treatment, as well as an atmosphere of tolerance and mutual respect.

Persian-Tajik doctors made invaluable contributions to the development of bimaristans, turning them into centers of medical education, research and humanitarian assistance. Their activities were based on a combination of ancient heritage, their own empirical observations and deep philosophical reflections.

An analysis of the works of Persian-Tajik doctors of the Middle Ages revealed interesting practices that doctors used in bimaristan to eliminate and reduce stigmatization.

The activities of Persian-Tajik doctors in bimaristan left a deep mark on the history of medicine. Their innovative approaches, humanistic principles and contributions to scientific knowledge became the foundation for the further development of medical science and practice throughout the world. Scientific research and development in the field of medicine was actively carried out in bimaristans. Here the works of ancient authors such as Hippocrates and Galen were translated and studied, and their own medical theories and practices were developed. The multicultural environment of the bimaristan facilitated the exchange of knowledge between different medical traditions, leading to new discoveries and improvements in the treatment of disease.

Abu Bakr ar-Razi, being the chief physician of Bimaristan, was one of the first to develop a specialized department for the mentally ill. He realized that mental disorders, be they melancholy, mania or other forms of insanity, require a special, humane approach. This contrasted sharply with the widespread practice of incarcerating the mentally ill or excluding them from society.

An important feature of bimaristan under the leadership of Abu Bakr ar-Razi was the specialization of branches. There were departments for internal medicine, surgery,

ophthalmology and psychiatry. Moreover, the latter was treated with special attention, considering that mental health is an integral part of a person's overall well-being.

Abu Bakr al-Razi paid great attention to creating a calm and favorable environment, believing that this was an important factor in recovery.

In the mental health unit, patients were supervised by experienced doctors and trained nurses. Treatment included drug therapy based on herbs and other natural substances, as well as psychological methods such as music, storytelling and occupational therapy.

Recognizing the differences in patient needs, Abu Bakr al-Razi carefully observed the behavior of patients, recorded their symptoms, and monitored their response to various treatments. His approach was based on the principles of observation, analysis and experiment, making him a pioneer in the field of psychiatry.

While Abu Bakr al-Razi was a great innovative practitioner, Abu Ali ibn Sina (Avicenna) in his writings, especially in the Canon of Medicine, laid the theoretical and administrative foundation for what bimaristan should be. His contribution can be called systemic bioethics in action.

Doctors were guided by the principles of Abu Ali ibn Sina (Avicenna) for diagnosis, pharmacology and surgery. In The Canon of Medicine, Abu Ali ibn Sina described in detail the ethical and professional code of the physician (Adab at-Tabib), which was to be embodied within the walls of the bimaristan:

Impartiality and mercy.

- Strict confidentiality.
- Ability to support and inspire hope.
- Continuous self-education.

Bimaristan was not just a building, but an organic element of the city, influencing and being influenced by the

environment. Abu Ali ibn Sina noted in his recommendations for choosing a location taking into account the wind rose in order to ensure a constant flow of fresh air and minimize the spread of disease.

Clean water entering bimaristan had to undergo multi-level purification, which automatically improved the quality of water in the city. The sewerage system, thoughtfully integrated into the city network, prevented the spread of infections and maintained overall sanitary conditions. Even the layout of the bimaristan, with its courtyards and gardens, served not only for aesthetic pleasure, but also for air circulation and the creation of a favorable microclimate.

Abu Ali ibn Sina saw the relationship between the health of the townspeople and the functioning of bimaristan. He insisted on close cooperation between doctors and city authorities in matters of sanitation and hygiene. His approach anticipated modern public health concepts, emphasizing the importance of disease prevention and the creation of healthy urban environments. Bimaristan, in his understanding, was not only a place of treatment, but also a center for promoting a healthy lifestyle and sanitary culture.

His recommendations on location, hygiene, and water supply linked the hospital with the citywide sanitary policy. Thus, bimaristan became not just a place for treating the consequences, but also a center for promoting prevention and a healthy lifestyle for the entire population.

Persian-Tajik doctors were actively involved in teaching and training new personnel. Students underwent practical training in bimaristans under the guidance of experienced doctors, studying the theoretical foundations of medicine and acquiring practical skills. This approach contributed to the continuous development of medical knowledge and the preservation of healing traditions. Ismail al-Jurjani's ethics is a

systematic set of medical standards integrated directly into clinical practice.

Ismail al-Jurjani did not simply declare moral imperatives in his writings. It shows how these principles should be implemented in the daily work of a doctor. For example, when describing diseases and treatments, he emphasized the need for mercy, compassion and respect for the patient. The importance of confidentiality, respect for the patient's body and avoidance of harm - these postulates are clearly visible in all his medical advice.

His work "The Treasure of Khorezmshah" is an encyclopedia of medical knowledge, covering a wide range of topics, from anatomy and physiology to the diagnosis and treatment of various diseases. At the same time, Ismail al-Jurjani spoke about the spiritual component of the medical profession. He emphasizes the need for self-improvement, continuous learning, and honesty in relationships with colleagues and patients.

The works of Ismail al-Jurjani have served as a major source of medical knowledge for many centuries, and his ethical principles continue to inspire doctors around the world. Today, in an era of new medical technologies and complex moral dilemmas, the ethics of Ismail al-Jurjani remain relevant and important for the formation of a humane and responsible approach to medical practice.

Analysis of various historical sources shows that bimaristans had many forms and types.

From small hospitals designed for a few patients to large multifunctional complexes that included hospitals, pharmacies, libraries and even educational institutions for training medical personnel. This variability reflected the different needs of society and the available resources in different time periods and in different regions. The structure of bimaristans was also very diverse. Some were free-standing buildings, specially

designed for medical purposes, with clear separation of areas for different categories of patients and medical personnel. Others were located in converted buildings such as palaces, mosques or monasteries, adapting to existing architectural designs. An important element of most bimaristans were courtyards and gardens, intended for the relaxation and recovery of patients, helping to create a calm atmosphere for treatment. This allowed people to feel comfortable and not be afraid to ask for help.

In cities, bimaristans were large buildings equipped with everything necessary for treatment. At this time, they actively developed and flourished in cities such as Damascus, Cairo, Cordoba and Baghdad.

Understanding the importance of public health and the need to combat stigma, Persian-Tajik doctors working in bimaristans emphasized not only helping urban residents, but also caring for the sick among Bedouins, travelers, prisoners and other groups who are often neglected and may have lower life expectancy.

There were also mobile hospitals, which, for example, were sent to prisons to provide care to convicted and isolated people, often stigmatized by society.

Mobile hospitals were sent to rural areas, especially during epidemics, and accompanied troops on campaigns to treat the wounded. Bimaristans not only provided medical care, but also served as a shelter for the homeless, the poor and travelers, regardless of their ethnicity, again confirming that Persian-Tajik doctors of the Middle Ages were aware of the importance of preventing social stigmatization.

In medieval medical institutions, special attention was paid to the training of future medical specialists. Training in bimaristans took place in both theoretical and practical formats. Many hospitals held mandatory lectures in spacious halls where medical manuscripts were read. These texts, being rare,

were not usually the work of medical students and were read by a so-called “doctor reader.” After the reading, the chief physician or surgeon asked the students questions and gave answers to them. Practical on-the-job training was considered the most important aspect of training.

The culmination of the training was an examination to obtain a license to practice medicine. Candidates had to demonstrate their knowledge to the chief physician of the region, appointed by the government. The first stage of the examination consisted of writing a treatise on the topic on which the candidate wanted to receive a certificate. The treatise could be either an original study or a commentary on existing texts, including the works of Hippocrates, Galen, and, after the 11th century, Abu Ali ibn Sina and other authors.

Only licensed doctors worked in bimaristans, who were highly respected and received decent remuneration. This approach protected patients from scammers and healers.

Sound therapy was used in bimaristans and hospitals had full-time musicians. Abu Nasr al-Farabi wrote several treatises, such as "The Great Treatise on Music" and "The Book of Rhythms". In these works, he described how music therapy affects the “soul” of patients from “vulnerable” groups and how music helps restore mental strength and harmony in the body.

In conclusion, Bimaristan represents an outstanding example of an institution that has played an important role in preventing the stigmatization of mental illness. His humane approach to patients, scientific understanding of the nature of disease and emphasis on social adaptation were important steps in the fight against prejudice and discrimination. Studying the experience of bimaristan may still be useful today in developing strategies to reduce the stigma associated with mental disorders.

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