



## EPIDEMICS IN KASHMIR- A HISTORICAL PERSPECTIVE

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**ABSTRACT**

**Introduction:-** Kashmir has been home for various outbreaks and epidemics for decades and centuries. These diseases were problematic for the people and an issue of seriousness for the State as they inflicted a huge loss to the human resource which in turn would lead to economic loss in the State. Environmental conditions played an important role in the causation and spread of diseases. Though many of the health conditions like Goiter, kangri burns, osteomalacia etc have been endemic in Kashmir but few diseases like small pox and cholera have resulted in devastation and extensive epidemics.

**KEYWORDS :** Epidemics, Kashmir, Small pox, Cholera

**INTRODUCTION**

Jammu and Kashmir covers the northern most extremity of India and lies between latitudes 32°. 17' to 36°.58' north and longitudes 73°. 26' to 80°.26' east. The climate of the State is thus sub-tropical.

Kashmir has been home for various outbreaks and epidemics for decades and centuries. These diseases were problematic for people and an issue of seriousness for the State as they inflicted a huge loss to the human resource which in turn would lead to economic loss in the State.<sup>1</sup> Though some of the epidemics may have emerged indigenously but majority have been imported from places like Punjab and Rawalpindi.

Political capriciousness and frequent famines have played their part in spread of the diseases. Trade, pilgrimage and movement of population across various parts of country resulted in influx of communicable diseases like cholera and small pox to Kashmir.

Environmental conditions played an important role in the causation and spread of diseases. Local geographical conditions are sometimes held responsible for disease causation. The cold climate was considered by various foreigners like Irene Petrie, Tyndale Biscoe, and William Elmslie for bad hygienic conditions of people in this region. Due to climatic conditions, people in this region refrained from washing and bathing in spite of having plenty water at their disposal. Filthy habits and insanitary conditions were held responsible for causing various diseases. The diseases erupted in such insanitary conditions in epidemic form a number of times and decimated large number of masses.<sup>1</sup> During nineteenth and twentieth century towns in the Jammu and Kashmir State were not well planned giving rise to the insanitary conditions.

The role of socio cultural factors in spread of the diseases cannot be denied. Cholera was viewed as divine manifestation from god by many Hindus of the valley and worship of divinities was considered the remedy. Muslims too looked for divine interventions and believed that cholera could be averted if the tank of Makhdum Sahib (a shrine in Srinagar) remained filled with water. Whenever the epidemic broke out in any part of the region people flocked in huge numbers to fill the tank with water. The water was sometimes brought from the pilgrims of infected villages and this water was used by all pilgrims as a preservative from cholera. Hindus ascribed small pox to goddess "Sitala" while Muslims considered "shutel-beid" responsible for this disease.<sup>1</sup>

Though many of the health conditions like Goiter, kangri burns, osteomalacia etc. have been endemic in Kashmir but few diseases have resulted in devastation and extensive epidemics. Some of them are discussed below.

**Cholera**

In common language it was known as haiza, derived from the Arabic word hachaizia.<sup>2</sup> For the first time, cholera was reported to have occurred in Kashmir in 1598.<sup>3</sup> In nineteenth century cholera epidemic occurred about ten times in the State i.e. in 1824, 1844, 1852, 1858, 1867, 1872, 1875-76, 1879, 1888, and in 1892. The cholera of 1892 which was most devastating among all which was imported from Punjab along with Gilgit Transport. The total number of deaths occurring both in Srinagar city and in Mofussil towns of Kashmir by this cholera was 11, 712.<sup>1</sup>

Geographical factors like warm temperature during summer, prolonged dry spells and moisture are some of the important factors which favour the outbreaks of cholera. The riverine environment which was significant in Kashmir, contributed to a greater extent towards Cholera outbreaks. Most of the localities were lined the Jhelum river for a length of about 5 kilometres and the town extended less than a kilometre, with Habba Kadal locality as most densely populated area, with the river as the main source of drinking water. Dr. William Elmslie, who arrived in Kashmir as a medical missionary, wrote about the outbreak of cholera in this riverine locality of Habba Kadal in 1867, "On 20th June, cholera has broken out in the city and worst was in Habba Kadal.<sup>4</sup> Also during epidemics the people usually ate unripe fruits and vegetables and so diseases could be easily induced in them. During times of cholera epidemics in Kashmir, people suffered much because of this habit of eating unripe edibles.<sup>1</sup>

**PLAGUE**

Plague in Kashmir has its traces in 17<sup>th</sup> century. Nawab Mautamad Khan, one of the paymasters in Jehangri's Army, says in Ikbal Namah that plague raged in a severe form in Kashmir. The first ever reported outbreak of plague in Kashmir occurred between November 1903 to August 1904, costing thousands of lives.<sup>3</sup> Large pneumonic Plague outbreaks have occurred in Kashmir during the year 1910-11 which accounted for about 1,400 deaths. Kashmir with an elevation of about 5,000 feet and climatic condition being cold could be a reason for spread of pneumonic Plague. Teague and Barber, as a result of their investigations in Manchuria, believe that the essential conditions for a rapid spread of pneumonic plague are a low temperature with considerable humidity, thus permitting droplets containing plague bacilli to remain

suspended in the air a longer time and at the same time preserving them against the destructive influence of warmth and drying.<sup>6</sup>

### Small pox

Year 1891-92 was reported as lamentable year for the State as various epidemics of small Pox erupted in the State this year causing great casualties. Disease appeared at various occasions in epidemic form in 1892, 1902, 1910, 1912, 1913, 1915, 1916, 1919, 1920, 1923, 1932, 1936-37, 1939-40. In 1934 scattered cases of small pox were reported from Bijbehara and Pulwama. The disease was also reported from Skardu proper and its suburbs. It appeared in Anantnag in 1936.<sup>1</sup>

### Respiratory tract infections(RTIs)

Many outbreaks of RTIs have been witnessed throughout the history of Kashmir. An epidemic of Measles broke out at Sopur during the month of April of 1891 but fortunately it was brought under control and it did not spread to other regions.<sup>1</sup>Influenza has had a huge impact on morbidity and mortality of Kashmir. The first reported epidemic of Influenza occurred in 1892. After that it was said to have occurred in virulent form in 1918. During this year the disease occurred twice in Kashmir province resulting in about 15000 deaths.<sup>1</sup>Although being endemic with a seasonal pattern of occurrence, many new strains have emerged over past few decades. The latest outbreak of swine flu (H1N1) occurred in 2015 resulting in more than 200 cases and 19 deaths throughout Kashmir.

### Hepatitis and other diseases

Historically Kashmir has been home to recurrent outbreaks of Hepatitis, most commonly Hepatitis A and E. Hepatitis E was discovered when a massive waterborne outbreak of jaundice took place, which had hit Gulmarg region in November 1978, and was classified as an "epidemic non-A, non-B hepatitis"

This epidemic spread over 200 villages with 600,000 inhabitants and amounted to 20,083 individuals with jaundice and 600 fatalities in a seven-week period. Following this outbreak, a decade went by with no epidemics occurring within the population. However, in November of 2007, a second wave of epidemics was recorded.<sup>7</sup>

One of the first disease outbreaks investigated post earthquake outbreak 2005 was rotavirus gastroenteritis in Kashmir, which accounted for about 1783 ADD cases in Tangdar, an area of 65000 residents.<sup>8</sup>

### CONCLUSION

Kashmir has been through many phases of epidemics throughout history. Diseases like cholera, small pox and plague have occurred frequently resulting in huge loss of human lives and a receded economy. Environmental, social and cultural factors have played a serious role in determining the natural history of the epidemics.

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