



SKIN DISEASES IN CENTRAL ASIA AND UZBEKISTAN: FOLK TREATMENT METHODS, DERMATOLOGICAL CULTURE, AND REASONS FOR SECONDARY USE OF DERMATOLOGY SERVICES

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Abstract:Background: In Central Asia and Uzbekistan, skin diseases are not only prevalent but also heavily stigmatized. Patients often turn to traditional treatments rather than seek medical advice, resulting in delayed diagnosis and complications.

Objectives: This study aims to document the types and prevalence of skin diseases, analyze traditional treatment methods, and assess socio-cultural attitudes affecting healthcare-seeking behavior in Uzbekistan.

Methods: The analysis is based on original observations, regional data from dermatological practice, and qualitative evaluation of community practices in Uzbekistan. The study includes a descriptive review of folk remedies, patient attitudes, and infrastructure gaps in dermatological care.

Results: Vitiligo, psoriasis, eczema, atopic dermatitis, and leishmaniasis are among the most common dermatological conditions in Uzbekistan. Traditional practices, such as religious rituals and use of unconventional substances (e.g., cow eyes, grave soil, soot), remain widespread. Many patients consult dermatologists only after traditional remedies fail. Fear of stigma and misinformation from unqualified healers contribute to the underutilization of professional dermatological services.

Conclusion: There is an urgent need for public education, modernization of dermatological services, regulation of traditional practices, and improved doctor–patient communication. Integrating culturally sensitive approaches with evidence-based care may enhance service uptake and patient outcomes.

Keywords: Dermatology, Uzbekistan, traditional medicine, patient behavior, vitiligo, psoriasis, stigma, healthcare access

Introduction

In Central Asia and Uzbekistan, skin diseases are perceived with excessive seriousness—not in terms of treatment, but in terms of societal stigma. People avoid social interaction, marriage, or even friendship with individuals suffering from skin conditions. Patients with visible



dermatological problems may even be rejected from employment in state institutions. This stigma often leads to concealment rather than proper treatment.

Furthermore, patients frequently seek help from traditional healers, mullahs, or elders before turning to dermatologists. As a result, skin conditions often become chronic or complicated by the time they reach professional care. The visible nature of dermatological diseases, combined with social perceptions and myths, leads to a gap between patients and modern dermatological services. There is a pressing need to improve medical culture and public understanding of skin health.

Methods

This study is based on original clinical observations, regional data collected in Uzbekistan, and qualitative assessment of folk practices and patient behavior in both rural and urban areas. Information was obtained from patient interviews, medical records, and field notes taken by the author during clinical work in the Navoi and Tashkent regions. Traditional treatment examples were compiled from documented community practices and local cultural insights.

Results

The most common skin diseases in Uzbekistan include vitiligo, psoriasis, eczema, atopic dermatitis, angioneurotic edema, leishmaniasis, and pyodermas. Vitiligo and psoriasis were found to be especially prevalent in the Tashkent region, particularly Bustonlik and Parkent districts.

- Psoriasis prevalence:
- Central Asia: ~0.86%
- Uzbekistan: ~0.9%
- Vitiligo prevalence in Uzbekistan: 0.2% to 1%
- Highest in Bukhara region: 1.2%
- Samarkand region: 0.8%

Folk treatments remain widespread. For instance:

- Urticaria: treated using bran fed to a donkey from the patient's palms.
- Psoriasis: treated by mullahs using religious recitations and barley.
- Warts: believed to result from the evil eye and treated with grave soil.
- Neurodermatitis: lesions rubbed with brick until bleeding.
- Myiasis: warm cow dung used to draw larvae from skin.

These methods are unregulated and potentially harmful. Psychological trust in traditional healers outweighs confidence in dermatologists, particularly when modern practitioners do not address cultural or emotional concerns.



Discussion

The study highlights a substantial gap between dermatological needs and actual healthcare utilization in Uzbekistan. Many patients distrust modern medicine due to myths—e.g., that ointments drive disease deeper into the skin—or fear of being formally registered in a dermatological clinic.

Public dermatological services are also limited by outdated equipment, lack of trained specialists, and insufficient outreach. In contrast, private clinics offer advanced technologies but remain inaccessible to large segments of the population. There is little to no oversight of traditional healers, who continue to propagate pseudoscientific and unproven methods.

The underdeveloped dermatological culture is compounded by social shame and misinformation. Training healthcare providers in communication and patient psychology is vital to reversing these trends.

Conclusion

Skin diseases in Central Asia and Uzbekistan represent a complex intersection of medicine, culture, and societal beliefs. Improving dermatological outcomes requires:

1. Public education and awareness campaigns.
2. Regulation and oversight of traditional healers.
3. Psychological training for dermatologists.
4. Investment in modern dermatology infrastructure.
5. Cultural integration of modern and traditional perspectives to build public trust.

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