Epidemics and Pandemics in Kashmir – What is Different Today?

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ABSTRACT

The ongoing COVID-19 pandemic has killed millions of people across the globe. The virus has afflicted thousands in Kashmir valley and at the time of compiling this paper, over two thousand people have died. A not too dissimilar scenario existed during the late 19th and early 20th Century, when beleaguered by the triple whammy of illiteracy, poverty and ignorance, thousands of our ancestors were swept away at regular intervals by epidemics of communicable diseases like cholera and smallpox. This article compares the social structure and public health scenario in the valley during these two eras. Reduction in illiteracy and poverty levels over the last 150 years have led to astounding improvements in healthcare indices but the dual concept of *dawa* (medicine) and *dua* (prayer) is as viable today in this *Sufi-land* as it was then. However, despite the extraordinary progress in education, pockets of ignorance still persist, which need to be tackled proactively with emphasis on imparting education as a tool to acquiring knowledge in order to distinguish fact from fiction, as commanded by the Almighty.

Keywords: Pandemic, Vaccination, Superstition, Prayer, Medicine.

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause in Wuhan, China, which turned out to be due to a virus referred to as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). The illness, which was named as COVID-19, became an epidemic, spread across the globe and was designated as a pandemic on 11 March 2020. It infected 189 million humans worldwide inflicting wide-ranging hardship, suffering and grief. More than 4 million have perished due to it and the number is still rising. Regardless of the country or continent, healthcare systems reached a breaking point and there is hardly anyone who didn't lose a near or dear one. Because of the ability of the virus to modify its genetic profile the disease returned several times in different guises.

The devastating effects of the pandemic were also felt in Asia. Amongst the countries of the Subcontinent India fared the worst. By August 2021 thirty-one

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million were infected and the official figures suggest that more than 400,000 died. The images of human misery, suffering and death in Indian cities and suburbs due to Delta variant of the virus invoked fright and alarm all over the world.

The already traumatised Kashmir Valley also had its share of agony due to the deadly Corona virus. By August 2021, more than 400,000 people were infected and over 4000 have died in Jammu & Kashmir (excluding Ladakh). The worst periods were in May and June 2021 when the Indian Delta variant invaded in the valley. Even though the graph has troughed to a large extent, the uncertainty about the future course of the illness persists.

Nineteenth and Early Twentieth Century Kashmir

It is a sad fact that our history is inundated with distressing episodes of suffering and loss of life and property brought on by natural calamities in the form of floods, famines and quakes, fearsome onslaughts by warriors and marauders from outside and vicious attacks by powerful pathogens in the form of epidemics, which wiped off large sections of our population at periodic intervals. Europeans who arrived in the valley during the nineteenth and early twentieth century to teach and preach, or heal and preach, or as civil servants, recorded their perceptions and experiences which provide us glimpses of that era, in particular the challenges posed by various epidemics.

Cholera — known to Kashmiris as *Wobaah*, was a major killer not only in Kashmir but throughout the world. Of the seven cholera pandemics over the last 200 years, five originated from India and killed hundreds of thousands in the subcontinent alone.[1] Beginning from 1824, Cholera visited the valley ten times during the nineteenth century.[2] The Gazetteer of Kashmir and Ladakh recorded *'no less than 23000 deaths . . . in the city of Srinagar alone'* in 1842.[3] The Christian missionary William Elmslie, who was the first doctor to practise allopathy at Srinagar, recorded in his diary on 20 June 1867, *'Cholera has broken out in the city. . . my deep sorrow at the sad news that I hourly receive of deaths in the city. . .'*[4]

Shepherd portrayed Srinagar as the *'City of Dreadful Death'* during the 1892 epidemic and described the scenario along the banks of River Jehlum as follows, '*The ghats were deserted, the shops were closed, barges loaded and empty stood by the banks as though forgotten. Only now and again from within the owning of a barge came the low moan of suffering, or the wails of mourners, rising sometimes to a hideous shriek, could be heard from some house ashore.*'[5] Lawrence narrated

a painful account of that outbreak in the following words: '*Men telling me how they had lost all members of their family would break into hysterical laughter and I have never seen such utter despair and helplessness as I saw in 1892.'*[6]

Cholera continued to torment the valley in early twentieth century. The official number who succumbed to the disease from 1911 to 1921 was 18064. The 1919 cholera epidemic which broke out in Kulgam, was apparently the *'severest ever experienced in Kashmir.'*[7] The Annual Administration Report (AAR) from the office of the Director of Medical Services noted that following the *"Kumb Fair"* at Hardwar in 1938 cholera epidemic started at Jammu which then spread to Kashmir.[8]

Small Pox *(shutel)* was another major killer. Before the introduction of vaccination practically every child contracted small pox and 50% of children died of this illness and other causes.[9] The disease caused widespread facial disfiguration; many became blind. 16405 deaths were reported during the decade 1911-1921.[10] The valley was apparently free from plague *(taawoon)* until the close of 19th century but the illness overwhelmed the valley in 1903 after a patient coming from Rawalpindi died in Uri following which the disease continued in sporadic form till 1937.[11]

To add to the misery, the Influenza (Spanish Flue/Bombay Fever) Pandemic of 1918 which killed 50 million people worldwide also came to Kashmir. The virus, known as the H1N1 Virus killed 15000 people in Jammu and Kashmir and at least 1000 succumbed to the illness in Srinagar.[12] Other life-threatening infections such as, measles, dysentery, parasitic infestations, leprosy and three Ts — tuberculosis, typhoid and typhus were also rampant and added to the overall suffering and the number of dead. It is, therefore, no surprise that in 1892 census the adult life expectancy from birth was only 19-21 years in Kashmir compared to 44-48 years in the UK, and nearly half of the children died during birth. Of those who survived, a third died during the first year.[13]

***Dawa* (Medicine) and *Dua* (Supplication)**

The well-known Kashmiri historian Dr Ishaq Khan stated that, *'epidemics give us an idea of how people were steeped in superstition and how the ignorant masses were terribly scared'*.[14] With sickness and death at every doorstep it was natural for people of the valley to be scared but their problems were compounded by illiteracy, ignorance and indigency. They drank unclean water and lived in

overcrowded and congested alleyways with no sanitary facilities. Within the social structure there were customs and superstitions, some of which have disappeared over time. Many of these were unfounded explanations regarding various illness. For instance, small pox was thought to be due to the ill-effect of an imaginary wicked old female named *Shutel Beid* (pox-lady). To counteract her spell the family would slaughter and cook a hen — alias *Shutel-kuker* (pox-hen), and offer it to the needy. The advent of small pox vaccination killed the lady and saved the hen. Similarly, the cause of diarrhoea in children was thought to be due to *schir-dhane dullen* (dislocation of testicles) and the child was treated with gentle testicular massage.

Kashmiris may have been superstitious but as far as disease treatment is concerned, they were certainly not neglectful. At the very onset of an illness they would seek specialist professional opinion from a *hakīm*, who would prescribe and dispense herbal remedies usually in the form of a *sharbat* (mixture of herbal extracts). He would also advise about *parhaiz* — which foods and drinks were to be avoided. The likelihood of recovery, however, depended upon the patient's own immunological defences.

With regard to disease prevention the natives and their treating physicians (*hakims)* living within the secluded valley, would not have been aware about life-changing medical discoveries that were being reported thousands of miles away, such as John Snow's epic finding that mixing of sewage water with drinking water was the cause of cholera epidemics, or Edward Jenner's postulation that vaccination by cow-pox pus can prevent small pox, or Joseph Lister's experiments with carbolic acid for antisepsis. To learn and understand about these scientific breakthroughs they needed education and the British missionary teachers and clinicians were the first to bring knowledge to them through literacy, and by application of knowledge to practice of Medicine in the valley.

The vast majority of inhabitants were devout Muslims with unshakeable belief in *Amr-i-Khuda* (will of the Almighty). Because of past influences of many notable Sufi saints who made Kashmir their place of abode, the concept of a *murshid* (preceptor) and a *mureed* (disciple), and the spiritual relationship between the two, which encapsulates the Sufi thought process, was firmly rooted in the religious spectrum of the valley. The equivalent Kashmiri word for *murshid* is *pīr*, which is actually a Persian word meaning old, and in most cases a *pīr* would be an old man. Working as a *pīr* was considered a virtuous profession. In 1895

the number of *pirs* in Kashmir valley was 4,005 and including their family members the total *pīr* population was 15,712.[15] However, with the spread of education, their numbers declined progressively. For sickness, besides *dawa* (medicine), our forefathers relied heavily on *dua* (supplication to Allah for help and forgiveness), for which they sought the services of a *pīr* — and thus the proverb*, 'Pir ne bod, yaqeen bod* (It is not the greatness of a *pīr* that matters, but the belief of the individual in the *pīr*).

Whenever a person became sick, the combination of *dawa* and *dua* would come into action straightaway. That was true of Kashmir then and that is true today. As highlighted elsewhere, the missionaries were unable *'to comprehend the mechanics of the interface between dawa and dua in this Sufi-land because of the visitors' insistence on the definition of right and wrong as perceived by them and them alone'.*[16] Yet credit is due to them for developing the Western concept of allopathic medicine in the valley during the second half of the nineteenth and early twentieth centuries, which saved thousands of lives during their time and thereafter.

Agenda for Change

The British missionaries initiated the change, the reigning Maharaja accepted it and reciprocated, and those who followed continued with the agenda. The essential driver of intellectual transformation was education and Kashmiris followed vigorously the Almighty Allah's directives *'Read in the name of your Lord who created you'* (The Holy Quran 96:01), '*And say, my Lord, increase me in knowledge. . .*' (The Holy Quran 20:114). Education made them knowledgeable as they shunned fiction and applied scientifically proven facts to everyday life.

Access to clean drinking water and immunisation were the two most important measures that changed the public health scenario. With the exception of safe water, no other modality has had such a major effect on mortality reduction and population growth,**[17]** and WHO estimates that 2–3 million lives are saved each year by current immunisation programmes. Like everywhere else, in Kashmir too the availability of clean drinking water and improvement in sanitation were instrumental in controlling waterborne diseases. The uptake of vaccination was slow to begin with but as the populace got immunised the epidemics were brought under control. In parallel, numerous advances took place in science, Medicine, technology and other fields. As an example, in my own line of work (surgery) we

moved from a barber's *nistar* (incision) to pin-point robotics and it won't be long before human surgeons are replaced by humanoids.[18]

Over the last hundred years like the rest of the world the healthcare scenario in the valley has also changed. Today we have a range of primary, secondary and tertiary care, general and specialist, healthcare public institutions scattered all over the valley and in recent years there has been an exponential growth in the number of private sector clinics and hospitals. Our phenomenal accomplishments in disease prevention and treatment is reflected in recent (2012-2016) census data which shows the life expectancy at birth for Jammu & Kashmir as 73.5 years (71.5 for males, 76.2 for females) — second highest amongst all the states in India.[19] Our figures are even higher than the individual averages for some sub-continental countries.

Science in Action

The human race perhaps became too boastful about its own achievements, as arrogance superseded wisdom. We disregarded the divine directive of more than 1400 years ago: ". . . *do not walk pridefully upon the earth. Surely Allah does not like whoever is self-deluded and boastful."* (The Holy Quran 31:18). The acclaimed philosopher and poet of the East Dr. Allama Iqbal was able to perceive the prevailing scenario and warned about it in his poetical collection *Jawab-i-shikwa* (reply to the complaint):

غافل آداب سے سُکانِ زمیں کیسے ہیں
شوخ و گُستاخ یہ پستی کے مکیں کیسے ہیں
اس قدر شوخ کہ اللہ سے بھی برہم ہے
تھا جو مسجودِ ملائک، یہ وہی آدم ہے

How little do these beings of earth the laws of conduct know;
How coarse and insolent they are, these men who live below.
So great their insolence indeed, they dare even God upbraid!
Is this the man to whom their bow the Angels had once made?

And as we triumphed over old enemies such as infections and communicable diseases, new challenges emerged in the form of climate change, superbugs, new diseases and new infections such as Ebola and HIV, and here we are today fighting

a fierce battle against the COVID-19 virus. Over the last eighteen months the ghastly images of human pain and misery from the lands of the powerful and the rich, as well as from the poverty-stricken corners of the globe, with queues of bodies without souls waiting for their handover to the Creator, overwhelmed our television screens sending shivers across the human mind, and forcing it to reflect and ponder.

Whilst healthcare systems struggled to cope with the worsening pandemic, once again science came to our rescue. In record time scientists around the world utilised different platforms to develop vaccines against the disease and biopharmaceutical companies chipped in to ensure large-scale manufacturing and distribution of vaccines. A husband and wife team of Turkish German researchers were the first to use a novel mRNA technology for vaccine development and researchers at the University of Oxford used an adenovirus platform to develop another vaccine that prevents the development of severe disease and avoids hospitalisation. Other countries including China, India and Russia also developed their own brands. The news about the availability of vaccines was received with huge relief across the globe. The quest for the vaccine illustrated our Prophet's (PBUH) saying that, *"There is no disease that Allah has created, except that He also has created its treatment."* (Ṣaḥīḥ Bukhārī, Book 71, Hadith 582). We didn't have the knowhow about COVID-19 vaccine but when we applied knowledge to process and practice, solutions evolved.

Vaccine Hesitancy

It was disheartening to read in the news that in Kashmir Valley '*83% of healthcare workers avoid vaccine'* (The Hindu, 12 February 2021).[20] Vaccine hesitancy is understandable when one is dealing with the uneducated or the uninformed, but its preponderance amongst front line staff is surprising and brings into focus the true sense of education. Having said that resistance to vaccination is nothing new. In 1895 Eugene Foster stated, *"Millions of human lives, as I shall show, have been preserved by the fruits of Jenner's genius; yet today, thousands upon thousands of men, some intelligent though designing, some intelligent though deluded, the great mass of them fanatical and ignorant, decry vaccination as not only being of no service to humanity, but positively a nuisance injurious to health and life, while millions of our fellow men are utterly ignorant of, or indifferent to the matter"*.[21] It was no less a surprise to read that when small pox vaccination was introduced in British India in 1913, there was

stiff opposition to it from the au fait who described it as *'sacrilege', 'tantamount to partaking beef'*[22] (The Indian Express, 24 February 2021).

Kashmiris also opposed small pox vaccination. Ernest Neve, the Christian missionary who worked as a surgeon at Kashmir Mission Hospital at that time wrote, *'I often wish the opponents of vaccination could be present in our consulting room to see the melancholy procession, day by day, of those who have lost their sight from smallpox.'*[23] However, if one compares Kashmir valley of today with that of the early 20th century, it is clear that our literacy rates have gone up by leaps and bounds and there has been a significant shift of the population to middle and lower-middle income families. One would therefore expect a better understanding of therapies that have undergone robust clinical trials. A major reason for the hesitancy could be the spread of false information through social media and the Internet where rumours and myths can be propagated and made to appear as credible. Some of the myths circulating about the COVID-19 vaccines such as the following, are either incorrect or exaggerated.

The vaccine was rushed and therefore is not safe: The technological innovation in biomedical research has been occurring quietly for years. Therefore, the technical part of vaccine development does not take long. However, the time-consuming part is funding the bottlenecks, participant enrolment for clinical trials and setting up of expert panels. All of these steps were fast paced for the COVID-19 vaccine development. Moreover, safety and efficacy elements were tested rigorously.

The vaccine affects your DNA: The foreign genetic material used in the vaccine to stimulate an immune response does not enter the nucleus, the compartment where our DNA is found in cells. Hence there is no interaction between our DNA and the vaccine's genetic material.

The vaccine gives you the disease itself: None of the vaccines contain a live virus which means they cannot make you sick with COVID-19. Even Covaxin which uses a complete COVID-19 viral particle has been modified so that it cannot replicate in human cells. However, like the seasonal flu vaccine most vaccines cause mild side effects, which resolve in a few days. Allergic reactions to the vaccine may occur but these are very rare.

The vaccine can cause issues with fertility: There is no evidence to back this and that has been confirmed in a statement by the WHO.

I don't need the vaccine if I've already had COVID-19: It is not yet known how long after natural infection the protection lasts and therefore it is recommended to have the vaccine when offered.

The efficacy of the vaccines is doubtful because some have tested positive for the infection even after vaccination: No vaccines works instantly. COVID-19 vaccines teach our immune systems how to recognise and fight SARS-CoV-2 virus. After receiving the vaccine, it generally takes our body a few weeks to develop immunity against it. Therefore, a person can still get the disease just after receiving the vaccine. Importantly, an individual is not considered immune until a few weeks after the second dose of the vaccine. Moreover, vaccines cannot prevent the development of infection if a person is already infected at the time of vaccination.

The overall success of any vaccination program correlates with rates of vaccine uptake. The higher the number of vaccinated people in a population, the lower the number of susceptible individuals, and therefore less the chance for the virus to spread and mutate. Hence, logic dictates that if we have no definitive treatment for a disease, we must use every strategy at our disposal to prevent it. Therefore, taking the vaccine is the single most important step an individual can take to protect himself and the community at large.

Our Triumphs and Challenges

Kashmiris of 2021 are no longer the *'dumb driven cattle'* as described by Maharaja Hari Singh's foreign and political Minister, Sir Albion Banerjee in 1929.[24] Over the last one hundred years we followed to the letter our Prophet's (PBUH) saying that: '*Seeking knowledge is obligatory for every Muslim (men or women)',* and thereby we moved from darkness to light — which is the very motto of the University of Kashmir. The truth is that Kashmir Valley's response to the COVID-19 challenge has been better than many other areas of the globe. It was gratifying to watch our very own home-grown clinical workforce rising to the challenge of the pandemic in 2020-21 — hand in hand with the rest of the community. Those who survived were offered the most modern medical therapies and those who got a call from the Creator were treated with dignity and respect.

Notwithstanding the above, sadly, ignorance still prevails and that can be a precursor of arrogance. More than 700 years ago our very own Shah-i-Hamadan — Hazrat Mir Syed Ali Hamadani (RA), who introduced Islamic faith in the valley,

under whose patronage this seminar was organised, counselled us to stay away from a fool and an ignorant.[25]

اکابر دین گفته اند که عاقل باید که با پنج کس صحبت ندارد ــ اول احمق جاهل

(Religious scholars have stated that one should not have a discourse with five categories of people — firstly with a fool and an ignorant)

And the Kashmiri saying: *"Un kyah zaanih prun bateh!"* (Would a blind man know that the rice is white!), which I used to hear from my wise grandma from time to time, also points us in the same direction. It is, therefore, obligatory for our writers and broadcasters, clinicians, religious heads and imams, and the civil society to combat misinformation. The responsibility of combating ignorance amongst our youngsters through distillation of facts from bundle-loads of material that are bombarded continuously, and imparting them knowledge about our identity, history, heritage and culture, rests particularly with our scholars and teachers. As stated elsewhere, it is *'Kashmiri youngsters on whose shoulders rests the future destiny of this land.*[26]

Note:

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