

## Herbs, superstition and psychiatry all inextricably interwoven...

### Shima Gyoh muses on the place of traditional medicine in today's health mix

I do not know of any African government that has defined a satisfactory role for traditional medicine in the modern healthcare of its people. Scientific medicine is usually associated with the ways of their former colonial rulers, and traditional medicine benefits from the patriotic love of being an indigenous culture that must not be discarded in favour of a foreign one. The majority of our people are poor, and they have no choice but to patronise the medical care they can afford – accessible financially, physically, and in addition, user friendly – their familiar traditional medical practitioner.

What is traditional medicine, and who are its practitioners? I am old enough to remember it in its purest form, for I grew up in a traditional setting in the early 1940s, in a village that had almost negligible contact with foreigners. It was a combination of herbs, superstition, and psychiatry all inextricably interwoven. The practitioners were usually elderly people, and material gain was not a priority. They enjoyed the respect and fame the practice gave them, and remained basically farmers. They were secretive in their practice, passing on their skills to only formal initiates. There was little reliance on gathering clinical evidence, but much tapping of knowledge of, and participation from, the spiritual world. Faith, therefore, played a prominent part in the healing process. Failure could always be explained by the strong forces of evil that needed the invoking of the stronger counterforces of good. Nevertheless, many believed that some of their herbs might contain powerful active ingredients awaiting scientific discovery if sufficient research were undertaken.

Recently, some younger people have taken up the practice of traditional medicine as a profession, setting up clinics and hospitals and developing pharmacies by bottling herbal extracts. The majority practising in the middle belt of Nigeria add modern preparations to their 'traditional' mixtures, such as antibiotics and analgesics, but this is not disclosed to the patients.

Our urban settings have, in recent times, acquired another group who assume the prefix of 'doctor' and openly advertise themselves and their services. They claim miraculous cures in conditions of strong emotional distress where orthodox medicine does not offer ready-made or easy solutions, such as childlessness, sexual impotence, cancer, and AIDS. Using long medi-

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cal words such as 'staphylococcus', they give an impression of familiarity with scientific medicine and confuse their potential, less-informed victims. They mix orthodox drugs with their herbal nostrums; profit is a high priority.

Hanging between these and scientific medicine are the group referred to as alternative or complementary medicine – homoeopathy, osteopathy, naturopathy, chiropractic, hypnosis, acupuncture, diet-based therapies, etc.; herbalism is often included – there are no sharp boundaries in the practice; orthodox medical practice includes hypnosis and acupuncture. They show off their veneer of scientific foundations but are unable to scale the ultimate scientific clinical ordeal: the randomised controlled double-blind trials.

The colonial era started in an Africa with a low life expectancy, possibly lower than 30 years, with no alternative to traditional medicine. One of the most ghastly annual killers was smallpox. I have witnessed the campaign to get our people to bring their sick to 'orthodox' hospitals, for early diagnosis and treatment, in order to avoid preventable deaths from such things as malarial fever, severe sepsis, and perforated peptic ulcers.

Scientific (orthodox) medicine has not been satisfactorily set up in our countries because of the neglect of building a firm foundation for the service, better known as Primary Health Care (PHC). When the people began to respond to these calls, the pressure on orthodox medical facilities soon exceeded their capacities. Policy makers now suddenly remembered that traditional medicine had served us for years, and should now be 'recognised' to play an equal role with scientific medicine!

The solution lies in having a system that is not haphazard. Primary Health Care as defined at Alma Ata in 1978 is a worthy foundation on which to build and it is good to see the 2009 World Health Report from WHO saying 'Primary Health Care Now More than Ever!' In the subconscious mind of people in developing countries, primary healthcare is inferior medicine, the choice for when you do not have anything better. It is incumbent on us to teach that 'Primary' simply means the first port of call.

We need to put PHC on a separate platform where traditional medical outlets and all clinics, including the orthodox run by graduate doctors, can operate side by side so the public will have an equal opportunity to use either. Whatever the regulatory bodies do, the public, by their choice, will finally determine which of them prospers. Perhaps they both will, provided the bureaucracy of government 'recognition' doesn't strangle traditional medicine in the way it has stifled orthodox services!