

Chapter 1.3.5

THE INTERFACE BETWEEN ORTHODOX AND TRADITIONAL HEALTH PRACTICE

Chris Ellis

Family physician, South Africa

Introduction

Rural areas are mostly characterised by poor resources, inefficient transport systems and populations that still retain their individual cultures. Health-seeking behaviour is therefore affected by these conditions. When a rural patient becomes ill, the pathway that they take (called 'pattern of resort') usually follows the same route in most parts of the world - obviously depending on the availability of resources and clinics.

The patient usually consults the female members of the household with the grandmother or mother being the holder of the indigenous health knowledge of the family. If they are not available, a recognised female (or occasionally a male) elder in the village or community is consulted. Home remedies or local herbal remedies are then given to the patient. In some Asian and African countries up to 80% of the population relies on these traditional medicines for their primary health care needs. If further treatment is required, help is sought from a traditional healer or a local government clinic or pharmacy if available. Availability very much governs use.

One of the principles of traditional health practices is not only to treat the illness but also to restore the balance of health and perform suitable ceremonies and rituals to restore harmony with nature and the environment. These practices also address spiritual and cultural dimensions of health as well as sacrifices, purification or cleansing rituals for the appeasement of spirits or for the removal of pollutants, curses or spells.

In recent years, with the increasing introduction of the modern media into rural areas, many Western-orientated ideas, cultures and knowledge have been integrated with indigenous health knowledge.

Herbal medicine use

- In rural areas local plants, shrubs and barks are used for medicinal purposes – and occasionally animal and human tissues are also used. The local herbalists often gather the herbs themselves and know how to use them. In urban areas the plants and herbs may be brought a long distance into the market and their use may not be well known or misused.
- Herbs may have active therapeutic agents, may be inert and act as a placebo or may have toxic effects such as hepatotoxicity or nephrotoxicity.
- Emetics, purgatives, analgesics and ointments/salves are some of the commonest uses. Herbs are administered as mixtures, teas, infusions, pills and enemas.
- Shamans may also use plants, such as mushrooms and cacti, for their hallucinogenic properties (mostly due to phenol alkaloids) in both healing and sacred ceremonies.
- The collecting of herbs is now done on such a scale that some flora face extinction.

Traditional healers and shamans

Traditional healers or shamans are widespread throughout the world but are usually more prominent and have greater standing in rural areas. The term 'witchdoctor' was used generically in the past, often in a pejorative manner by the West, along with a condescending attitude to traditional beliefs, which were labeled as superstition.

There is a great variety of traditional healers who may be divided into herbalists or diviners/clairvoyants but there are also traditional birth attendants and bone setters as well as faith healers. Faith healers often combine the principles of the major world religions with animistic or traditional beliefs and form sub-cultures of religious and healing beliefs.

Some healers use scarifications, cautery or cutting over the effected parts on the basis of letting out evil spirits or poison. Needling and acupuncture are also widespread. The use of emetics and purgatives is also widespread and sanctioned on the belief of removal of poison, internal snakes or equivalent creatures or spirits, or the healing of 'internal sores'. Other traditional healers use ventriloquism, ecstatic trances, throw bones or use local divining traditions. A wide variety of protective devices and charms are also used.

Some of the theories behind their powers are as follows:

- They are an hereditarily acquired gift or trait, often running in families.
- Many traditional healers have a calling or vocation.
- In the theory of depth psychology it is proposed that some persons have an aptitude or can acquire and develop a heightened perceptual awareness and are able to connect on a transcendental or extra-sensory level. This can also be enhanced by neurolinguistic programming. Persons who go into traditional healing schools to train to be healers may acquire these attributes from isolation and meditation.
- There may be a higher incidence of schizophrenic type/dissociative disorders in this healer population.
- There are also many charlatans;

Practical point

You can use two power questions to find out about a patient's health beliefs and culture:

- "Have you seen the traditional healer?"
- "What did he/she say was the matter or cause of your illness?"

As some patients are reluctant to tell you that they have seen a traditional healer, I often go straight to the second question and ask "what did the traditional healer say?" making the assumption for them. I also do this with children and ask the mother straight away "what did you put in the enema?" rather than ask "did you give the child an enema?" as they may be reluctant to admit this.

Cultural and mythical explanations of illnesses (*traditional indigenous illness aetiologies*)

Explanations of illness and causational models can take several forms.

1. Worldwide one of the most common explanations for illness is bewitchment which is a generic term with several diffuse concepts. Sorcery, on the other hand, appears to be a more conscious act and has more specific objectives in the form of curses, hexes or spells. The results of both, in a medical context, is that the patient believes, or has been informed, that someone has cast a spell or a curse on them or has poisoned their food or drink. Patients may believe that poison has been placed inside a woman or that the sorcerer or malevolent agent has used various other avenues to convey harm to the patient.
2. Familiars or familiar spirits are mythical creatures who are said to assist sorcerers in the practice of magic. They can be animals (cats, owls, snakes, panthers and other animals) or be in human or humanoid forms. Bewitchment can be carried by a third person who may not know that he or she is the carrier of the bewitchment. In the main, witches are thought to be female and sorcerers are male.
3. Tracts are of two main types. Firstly there may be tracts on the ground where poison or harmful medicines have been placed and the person steps over the tracts and contracts the illness. Secondly some indigenous people believe that when moving, both men and women leave something of themselves behind as a track. This tract may be visible or invisible and can be followed by spirits or sorcerers.
4. Spirit possession can be by chance, or by a foreign person, or a spirit, or a family relative who died away from the home and who has not had the appropriate burial rituals performed.

5. Ancestral displeasure can cause illness or misfortune when family rituals or sacrifices have not been performed or taboos have been crossed. Belief in illness being caused by the removal of protection by the ancestors or forefathers is common in many cultures. Normal rituals or ceremonies are carried out by families both for anniversaries, integration procedures as well as to appease ancestors if ancestral displeasure is thought to be the cause of the misfortune. 'Ancestor worship' is a misnomer. The process is that of connection and family integration.
6. Pollution can occur when taboos are crossed or contravened. Taboos can be involved with states such as bereavement, pregnancy, after childbirth or when a man has found that he has slept with a menstruating women.–Pollution can also occur after handling a corpse or committing rape or a murder.

These cultural or mythical phenomena can cause illnesses such as hysteria or dissociative states - as well as anxiety and depression.

It is important to note that almost any illness - such as diabetes, sterility, epilepsy to sicknesses in children - can be believed by the patients to be caused by these cultural phenomena. They can also be used as an excuse or attempted diversion from other causes such as alcohol and substance abuse or absenteeism from work. Obviously trauma, infection and biomedical conditions are mostly recognised within the Western medical technological model but many of the expressions of distress in a community can be presented in ways that are specific to the area, culture or ethnic group. This can be a collective phenomenon especially in times of conflict, economic depression or political change.

There are also culture-bound or culture-specific syndromes that can be:

- variants of disorders already known in Western medicine;
- unique conditions to the specific culture, with no direct counterpart;
- conditions where culture influences the expression of the disease or mental illness.

Often the most difficult to assess are the relatively rare but unique culture-bound conditions as they are usually spiritually and socially constructed and do not follow the normal categorisation patterns of Western medicine. On further enquiry many of these cases are found to be due to conflict in families, interpersonal conflicts or problems at work as well as disagreements over money, resources or possessions.

The interface between orthodox medicine and traditional medicine

Worldwide there are steps being taken for the regulation, registration and integration of traditional healers into the Western health systems.

Practical point

From our experience, traditional healers are more open to co-operation than the hospital and clinic doctors. When we meet with them, there are far more traditional healers than doctors. So make it as easy as possible for the doctors to attend and use your most persuasive voice.

In these meetings I emphasise:

- that we are not in competition and that our services are complementary, but that some serious illnesses may be delayed if they are not referred appropriately and timeously;
- that we would like them to encourage the patients to continue taking the medications that we have prescribed such as for diabetes, hypertension, epilepsy, ARVs and TB treatment;
- that we understand that patients may wish to leave hospital to perform traditional ceremonies or request management of a traditional nature and encourage traditional healers to communicate with us and share the care of such patients with us; and
- that we will advise them of any toxic effects of local herbs that we have treated.

In these meetings it is best to use an interpreter or counsellor who has credibility with the specific community.

It is reasonable to assume that the most genuine traditional healers attend these meetings and it has been suggested that each hospital or clinic establish a panel of reputable traditional healers to invite for consultations and referrals. This all takes time and is the beginning of building bridges and trust.

Practice pearls

Key Issues

- It is helpful to know local customs, health beliefs and the healers that are important to the patient.
- Also be aware of
 - ❖ local history and traditions
 - ❖ local medicinal herb use
 - ❖ ways of communicating with traditional healers
 - ❖ types of traditional healers in the area.
- Have a knowledge of
 - ❖ causational and cultural explanations of illnesses in the community
 - ❖ Local culture-bound syndromes and conditions

Lessons learned

- Failure to go beyond the presenting somatic symptom and find the real reasons for the encounter and their explanations
- Patient may express themselves idiomatically or via local or historical knowledge and therefore the doctor may not be aware of, or understand, the full context or importance of the illness.
- Some patients are reluctant to tell the doctor about their health beliefs.
- Lack of communication with local traditional healers leads to misinterpretation of information and confusion and may be followed by poor adherence patterns.
- Any illness or accident, however trivial they may seem to the examining doctor, can be attributed by the patient to supernatural forces.
- Beliefs can vary from valley to valley and the same named condition can have different interpretations and be given different explanations.
- The personal beliefs and interpretations of the individual patient is the most important one, even if it differs from the doctor's or the group's beliefs.
- Exploring patient's beliefs and negotiating medical agendas with these perceptions and beliefs is a lifelong art.

What to do

- Keep an open mind.
- Make sure your therapeutic agenda is in harmony with the patient's reason for encounter.
- Ask your attendants and staff about local customs and beliefs.
- Visit homes.
- Meet regularly with traditional healers.

What not to do

- Do not assume anything.
- Do not forget to obtain collateral information about the patient's condition from relatives or staff.
- Do not expect quick results. Some changes take generations but we can sow the seeds now (called priming medical education).

Conclusion

Traditional health practices come under the broad rubric of alternative or complementary medicine. They are based on home remedies, herbal medicine, local folklore and consulting with traditional healers. There is a body of indigenous health knowledge and beliefs in each rural community. Advice and treatment is usually given by elder females in the family in most cultures. Local herbs may be known and used for treating various illnesses. It is useful for the doctors in the local clinic and hospital to know the commonly used herbs and their possible toxic effects.

There are many traditional healers and shamans especially in rural areas and they have a variety of ways of managing patients. They may be herbalists but, in the main, the majority treats the mythical, cultural, and spiritual aspects of illness. They address the explanations and causes of illness within the cultural belief system of a community.

Traditional medical practices are mostly unregulated and vary widely from community to community. Regulating traditional health practices is therefore difficult due to the variations of traditional remedies and the categories of healers. We often have to balance our medical obligations with culturally diverse practices when beliefs, traditions or remedies may harm or endanger a patient.

Western health care which operates from rural clinics and hospitals is now formulating methods of working together with traditional healers as complementary practitioners as well as ways of communicating and integrating them into evolving health systems.

The management of minor health problems within the home situation by female elders in rural areas helps relieve the burden and numbers now experienced in primary health clinics. Programmes for further education in disease prevention and health education for home health workers and traditional healers will encourage safe health practices as well as acknowledge conventional indigenous health knowledge.

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12A-05 Chartered Square Building
152 North Sathon Road
Silom, Bangrak
Bangkok 10500
THAILAND



manager@wonca.net

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