Traditional Health Systems and Public Policy

Proceedings of an International Workshop, Ottawa, Canada, 2–4 March 1994

Edited by Anwar Islam and Rosina Wiltshire
Traditional Health Systems and Public Policy

Proceedings of an International Workshop, Ottawa, Canada, 2–4 March 1994

Edited by Anwar Islam and Rosina Wiltshire

INTERNATIONAL DEVELOPMENT RESEARCH CENTRE
Ottawa • Cairo • Dakar • Johannesberg • Montevideo • Nairobi • New Delhi • Singapore
# CONTENTS

## FOREWORD

-------------------

## WORKSHOP REPORT

- Preamble .............................................. 1
- Goals and Objectives ................................ 2
- Session 1: Workshop Opening ....................... 3
- Session 2: Traditional Health Systems — Issues and Concerns ............. 6
- Session 3: Health Systems — Traditional/Western Dichotomy .............. 10
- Session 4: Gender and Indigenous Knowledge Issues ....................... 15
- Session 5: Traditional Health Systems in Different Cultures ............ 19
- Session 6: Research and Policy ................................ 23
- Session 7: Future Directions ............................. 29
- Summary and Conclusions .................................. 31

## TRADITIONAL HEALTH SYSTEMS — ISSUES AND CONCERNS

- Law and Traditional Medicine in Kenya .......................... 33
  * Arthur Okoth-Owiro*
- Traditional Knowledge and Gender: the Caribbean Experience .......... 58
  * Jeanette Bell*
- Models of Health Care Pluralism ............................... 62
  * David E. Young*
- Understanding Traditional Health Care Systems: A Sociological Perspective .......... 71
  * Anwar Islam*

## HEALTH SYSTEMS — TRADITIONAL/WESTERN DICHOTOMY

- Traditional Health Systems and the Conventional System in Uganda .... 86
  * S. Amooti-Kyomya*
- Developmental Therapeutics Program at the Division of Cancer Treatment: A Short Description .......... 91
  * Gordon M. Craig*
- Traditional Health Care and Public Policy: Recent Trend ............... 96
  * Gerard C. Bodekar*

## GENDER AND INDIGENOUS KNOWLEDGE ISSUES

- Traditional Health Systems: Challenges in the Philippines ............. 110
  * Ma. Chona L. Segismundo*
TRADITIONAL HEALTH SYSTEMS IN DIFFERENT CULTURES
   Ayurveda — Fundamentally Based on the Study of Substances ................. 115
      P.K. Warner
   The Unani System and Traditional Health Systems in Bangladesh ............ 121
      Hakim Azizul Islam
   The Indigenous Health System of the Peruvian Amazon ..................... 129
      Juan Reategui S.

RESEARCH AND POLICY
   Traditional Health Systems and Primary Health Care .................... 131
      Vanaja Ramprasad
   WHO's Policy and Activities on Traditional Medicine .................... 139
      Xiaorui Zhang
   Traditional Health Systems: National Policy Issues and Directions ........ 143
      Hakim Mohammed Said
   Quranic Concepts for Eliminating Negative Emotions: Another Aspect of the Healing Effect of the Quran ......................... 148
      Ahmed Elkadi
   Traditional Health Services in the Middle East: Spiritual Aspects of Healing and their Scientific Bases ......................... 168
      Ahmed Elkadi

LIST OF PARTICIPANTS ..................................................... 175
HEALTH SYSTEMS - TRADITIONAL/WESTERN DICHTOMY

Traditional Health Systems And The Conventional System in Uganda

S. Amooti-Kyomya
Uganda National Council for Science and Technology

Introduction

Historically, traditional health system and the use of traditional plant materials may be deemed to have started soon after the appearance of mankind. Biblical writings are rich in reference to the use of various medicinal plants, for example opium and papyrus. The thrust behind the search for herbal or plant substances could be the concept that these substances could improve or maintain the existing functional activities of an organism, chiefly man and his domestic animals. All societies at one time or another require medicine-man for physical and psychological needs. The herbal-medicine-man have been the source of information of traditional healing systems, which have been passed on from generation to generation as folklore.

Before the advent of the first European to Uganda, in the late eighteenth century, the people relied on traditional or native medicine for their health problems. At that time, according to oral history, traditional healer and herbalists were the only medical practitioners in Uganda. It is said that the people of Uganda believed that one would be ill as a result of either of a) the evil spirit of a witch-doctor, b) the spirit(s) of one's ancestors, c) an alien and patronal spirit, or d) the aggrieved spirits. To discover what was accountable for the illness, misfortune or death, the relatives consulted traditional healers. The relatives of the patient would narrate to the traditional healer the patient's life style in order to identify the cause of illness and to select the herbal medicine to be administered.

With the introduction of Christianity, in 1877, Western education and medicine came into being. This brought many changes in the lives of the people. Christian instructions and education made Ugandans abhor and abandon inter-alia the treatment of the sick by traditional methods. Traditional medicine enabled the people to guard against diseases to alleviate suffering from illness. Christian education and western medical science created a state of confusion in the minds of Ugandans. The concept of God the missionaries were preaching, was not the kind of God the Ugandan believed. Although many people accepted the scientific basis of some diseases, others still retained a belief in gods and spirits being responsible for many misfortunes and illness. Even today ill people shuttle between traditional practitioners and western health systems.
The colonial administration and Christian teaching did not recognize the importance of TM and its power to cure diseases. Campaigns were mounted both in churches and schools to discredit the work of traditional healers. The missionaries advised their converts not to use TM as they regarded them primitive, risky and devilish.

The Status of Traditional Medicine

Currently, there is a resurgence of interest in almost all parts of Uganda, not as a natural and lower cost alternative to western drugs but as an effective health care system which westerners seem to accept. For instance, a Roman Catholic Priest, Rev. Father Anatoli Waswa of a religious organization has got involved in the administration of the medicine which traditional practitioners use and believe that these medicines possess supernatural powers. He has clinics in many districts of the country, and receive huge patients. Traditional healers/herbalists and their medicines, largely in the form of herbal powders, liquids, dry barks of trees, raw and dry roots are now available and widely used in many places of the country. In Uganda, and indeed in many other countries of Africa, traditional healers were labelled "witch-doctors". But now there appears to be a growing realization, not only in Uganda but the world all over, that traditional and western medicines can work side by side. The World Health Organization in its 1990-1993 work program states that it is necessary to put TM on scientific basis. According to a local newspaper "The People", this is occurring in several countries. Many countries are trying to regulate traditional healers. In Zimbabwe for example, the Minister of Health presides over both modern and traditional sectors. While there are 11,000 workers in the western health systems, National Association of Traditional Healers, Zimbabwe, has 24,000 qualified members.

In contrast, Uganda has continued to have a disdain of traditional healers. Western trained doctors are under the Ministry of Health while traditional healers are under the Ministry of Women in Development, Culture and Youth. The Government of Uganda, however, has expressed interest in recognizing traditional health systems and medicine. To this effect, the Natural Chemotherapeutics Research Laboratory, under the Ministry of Health, was set up chiefly to address the development and harnessing Uganda's natural products with the therapeutic potentials so that these could be made available for use in national health services. The laboratory has undertaken an ethnomedico-botanical survey aiming at facilitating the laboratory to interact with traditional healers to gather information, and in turn will form a basis for cooperation and for conducting joint research.
The survey team has recorded a total of 180 recipes or preparations for the treatment of various diseases. These preparations are expected to treat malaria, cough, whooping cough, tuberculosis, asthma, abdominal pain, peptic ulcers, difficult labour, epilepsy, clearing of fallopian tubes etc. Many traditional healers practices TM as a cultural heritage. Spirit seems to occupy an important place in the minds of both healers and patients.

Recently, the National Traditional Healers and Herbalists Association has attempted to establish a hospital at Mengo - Kampala, where traditional health care will be offered. This proposed hospital (with 20 beds) will operate with facilities worth of US$ 8.9 million. A research, jointly done by Mulago hospital, the AIDS support organization and a team of traditional healers, revealed that TM in some cases provides better results in the treatment of some symptoms of AIDS such as, herpes zoster, chronic diarrhoea, and weight loss having no significant side-effects.

The Conventional Health System in Uganda

Medical services in Uganda have undergone gradual development. Dr. Albert Cook, British missionary, set up the first clinic at Mengo in 1897. He was the first in the country to dispense modern medical services to Africans and the first to train African personnel in medical services. He also laid the foundation of the present Makerere Medical School. He also open Mulago Hospital, which later became the national teaching and referral hospital and served as a centre for investigation and treatment of venereal diseases. In 1924, the medical school for the training of native African Assistant Medical Officers began, from where the students obtained diplomas in medicine. In 1929 Dr. Rurfum, a bacteriologist started the school of laboratory technicians at Wandegeya, near Mulago Hospital. Later this became the school of Medical Laboratory Technology at Mulago which offers Makerere University diploma. In 1956, a Vector Control Division was established in the department of health, Makerere University. Other paramedical schools were established after independence as further needs emerged.

By the 1960's Uganda was considered to have one of the best conventional health systems in Africa. At that time, drugs were available free of costs, and there was no shortage of drugs at the government hospitals. During the reign of Amin, 1971-1979, all health facilities were critically affected. A large number of doctors both Ugandans and non-Ugandans had left the country. By 1974, the number of doctors in the country dropped from 978 to 574 and the number of pharmacists from 116 to 15 (Scheyer and Dunlop 1985:34). Supplies of drugs in government hospitals were drastically disrupted and patients' visits to government health facilities plummeted. It is assumed that many people resorted to traditional healers and to native medicines as hospital services became unaffordable. "A patients had to bribe hospital authorities
for treatments and to get drugs. Out of despair, people resorted to private practitioners or unlicensed pharmacists to save time and money (Kironde, 1985:65).

Studies done by the Uganda Red Cross (Kinuka et al., 1985; Odurken, 1988) indicated that people purchase drugs from a variety of sources at high prices and that misuse of drugs is widespread.

Public Policy

The Government of Uganda is currently in the process of developing a health policy and has emphasized primary health care. Notable progress has been made to increase awareness of mothers on immunization through education and community mobilization. This has resulted in about 80% infant immunization coverage against the six killer diseases (malaria, whooping cough, diarrhoea, tuberculosis, measles and diphtheria) and control of diarrhoea among children.

The health policy on TM has recently been recommended by a health review commission. The main recommendations included were:

1) The Ministry of Health should work closely with the traditional practitioners in order to achieve the objectives of health for all by the year 2000. They should be members of the health team in the community and be welcome to participate in primary health care;

2) Traditional healers should be encouraged to form a National Association through which the Ministry of Health should regulate and supervise their practices;

3) The Ministry of Health should arrange appropriate training programs for traditional practitioners such as Birth Attendants and Bone-setters;

4) Referral of patients between medical doctors and traditional healers should be established;

5) The Natural Chemotherapeutics Research Laboratory should be strengthened and carry out applied research on TM;

6) Land and money should be made available to grow medicinal plants and to preserve them;

7) Rewards/awards should be given to the traditional healer whose collection of medicinal plants is found to be of therapeutic value.
Conclusion

As observed in the health review commission's recommendations, submitted to the Government of Uganda, there is hope that a new relationship between the conventional medical professionals and traditional healers may be established. With cooperation of the two professionals, the services of traditional healers may be tapped, improved and utilized without prejudice. Unlike medical doctors, most traditional healers live with and share common customs and traditions of the people to be in a better position to evaluate social and cultural attitudes of the members of community, and can provide primary health care services.

References