

Which doctor?

Babu-Edi, an unassuming middle-aged African wearing a green fez, matching pants and a bright patterned shirt, is President of the Matadi Healers' Association.

The Association which elected him has 152 members, a 14-member council, and like most such organizations is concerned with the betterment of its members and the maintenance of high professional standards. The difference between this and other medical societies is that these are not "doctors" in the Western sense of the word, they are what the West has mis-named "medicine men" or "witch doctors".

Matadi is a steamy port city of some 100,000 inhabitants in Zaire, and Babu-Edi is just one of thousands of healers in this West African nation who constitute a powerful health resource that is believed in and resorted to daily by Africans, but is not officially recognized by the state. He has his counterparts in every African country, and indeed in every country in the Third World. Collectively the healers practice what is referred to by international agencies like the World Health Organization as "traditional medicine".

Only recently have international organizations begun to realize the potential of traditional medicine in the Third World, and some of them are now taking steps to determine whether this valuable resource could not be better utilized. The IDRC has been a leader in this field, beginning with studies of the role of traditional midwives in Thailand as far back as 1972.

The WHO has now set up a Working Group on Traditional Medicine to foster such utilization, to explore its merits in the light of modern science so as to maximize useful practices and discourage harmful ones, and to promote its integration with modern scientific medicine.

Zaire is one of the leading countries in Africa in the new interest in traditional medicine. "You can consider Zaire as a little laboratory for all of Africa in this field," Gilles Bibeau, a Canadian anthropologist who headed an IDRC-supported research project there for the Zaire government, told me when I visited the country in 1977. And that is how I came to meet Babu-Edi and some of his colleagues. To do so, I travelled by Land Rover to Matadi.

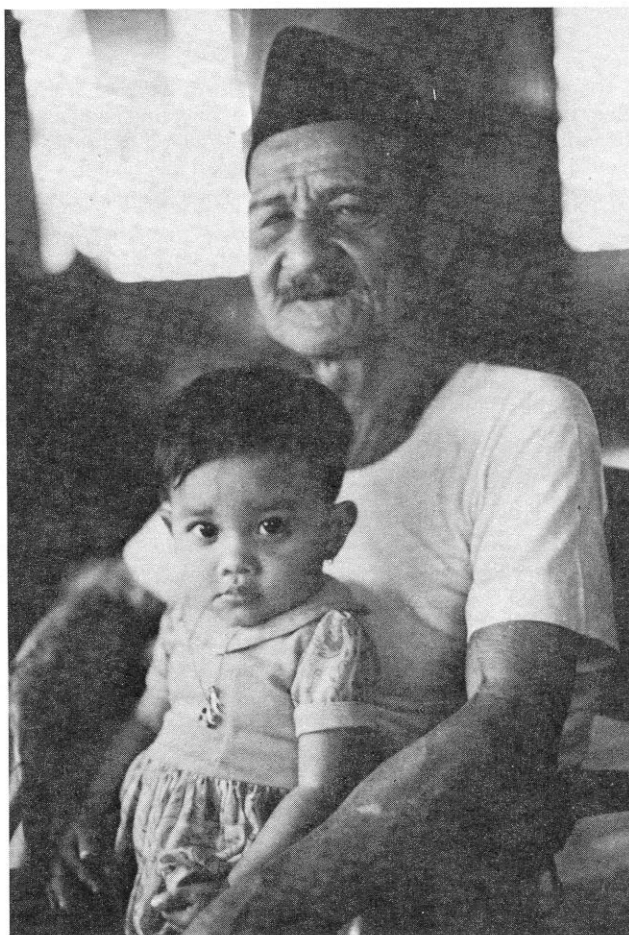
In Zairean cities like this — and in smaller towns and villages throughout the country — the healers constitute a network of health "professionals" in whom the ordinary people believe implicitly. It is a network, however, that official bodies have until recently ignored and the medical profession has shunned. Yet in the whole of Zaire, which has a population of 25 million, there are only 1,100 medical doctors — 400 of them practicing in the capital city alone.

This lack of medical personnel is one of the chief reasons the Zairean government — like others — is re-evaluating traditional medicine. Cost is another: developing countries by definition are poor and do not have the resources necessary to recruit large armies of health professionals.

Zaire is attacking the problem through a study on how the healers operate, who they are, what plants they use in their herbal remedies, and what sort of success they have. Six hundred healers and 4,000 patients were involved in the study, whose final phase was completed late last year. A report written by the study group recommends how the government could integrate traditional medicine with modern medicine in the country's health services. This is the first national research program on traditional medicine in an African country.

David Spurgeon

An old man and his grandchild — nothing could be further from the conventional Western image of the "witch doctor", but that's what he is. More accurately, he's a traditional healer, known in Sumatra as a "dukun". He is one of several interviewed by David Spurgeon in Asia and Africa. In this article Spurgeon describes some of those encounters, and explains how the art of traditional healing has suddenly, albeit belatedly, acquired an aura of respectability in international circles.



Photos: D. Spurgeon

Babu-Edi's office is contained in his small house in a residential area of Matadi. It is reached by a stony path that runs alongside a ditch which is crossed by means of a steel frame of a truck that serves as a bridge. Babu-Edi is an herbalist, but he also practices spiritualism which he learned from his grandfather, who was also a healer. He is methodical, and keeps records of his patients in a big ledger: their names, addresses and other details, and their presenting symptoms (under the heading *Motif*). Once he has taken down these details, he sometimes retires to his small office and determines the diagnosis by divination.

Babu-Edi tries to tell his patients what has caused their illness. He considers this important so that he can cure it. The patient's way of life is considered important in this respect, but it is not considered the only cause of illness. He also gives the patients general advice regarding their way of life as well as medicines and specific prescriptions, and he is well regarded by his community because of his gift of healing.

Butoyi Chibashimba is 29 and darkly pretty. She is unmarried, and lives with her nine-year-old daughter in a small house in suburban Matadi. She makes her living by healing the sick with a power that she believes comes from God.

I met three of her patients one warm night in November 1977 as I sat outside her house watching the neighbourhood children play noisily as Butoyi's rituals and incantations went on inside. All three had first been disappointed by the failure of Western medicine to cure their ills.

One was a woman in her 20s who had continuing stomach and chest pains after her first child. She first went to the modern hospitals for relief, but it did her no good. The pains continued. Finally she heard of Butoyi, and came to her. Butoyi gave her medicine to drink and massaged her body — and the pains disappeared. "It's the first time", said the woman, "I ever went to a healer who healed".

The second patient was an accountant in his 30s, a tense, rather belligerent man who suffered from migraine headaches. His visits to medical doctors had likewise failed to bring him relief. This was the first time he had resorted to a healer — but she had listened to him and given him medicine, and already he was feeling better.

And then there was a young father in his 30s, soft-spoken and with a gentle smile, who was not himself a patient, but whose baby, he was convinced, had been cured of a deadly anemia in an almost miraculous way that even the doctors couldn't understand.

Sabiaku Grandmaitre, another healer, lives in a tiny dark house hidden away in one of the many small alleyways in central Matadi, a house that is almost cave-like in its blackness.

Sabiaku told us he first tries to determine whether the symptoms the patient is presenting are those of his real disease. Depending on this, he might, for example, treat a headache either by massage or by an incision in the skin (which healers in Africa use in place of an injection). Some healers, he said, have a power of touch that will cure a patient's headache. This power can also be passed on by training. A third method of treating the headache might be to use eye drops.

First, however, he looks for the cause of the headache by talking to the patient about it. He may inspect the nose to see if there is a physical cause, for example, enlarged blood vessels, which he would then treat by emptying the vessels through inducing a nose bleed. He will ask about the patient's digestion, and if he sleeps well — and finally if all these indications are negative he will ask if the patient is "tranquil in spirit".

In other words, the healer looks not only for physical causes of a malady that in the great majority of cases is emotionally-caused, but for emotional and spiritual causes as well.

This in fact is one of the healer's strong points: he views his patient's life as whole, not as a collection of pieces. Though some healers, like some Western medical practitioners, are specialists, few are narrowly confined to one specialty, and all are part of a common culture. They live with the people they treat, and in most cases they know a lot about their patients and their families, and their treatment takes account of such factors.



Dukun: he has been a healer — like his father before him — for 38 of his 50 years, he specializes in fractures and massages, and sometimes works up to 15 hours a day.

Most, if not all, developing countries have their own systems of traditional medicine. Among the people of North Sumatra, Indonesia, who number about seven million, traditional medicine continues to be the major form of treatment. In Zaire the healers are known as *guérisseurs*, here they are called *dukuns*.

At North Sumatra University, Dr. Hasjim Effendy, the head of the department of physiology in the medical school, told me: "All Indonesians have had contact one way or another with dukuns. Fifty percent of Indonesians use dukuns."

Born in Medan, Dr. Effendy himself was treated by dukuns as a boy, and he tries hard to be objective when considering their traditional medicine in the light of his scientific training. "I want to verify the results by medical techniques," he told me. "Then I'd say the results are OK".

For the previous year, Dr. Effendy had been working with his colleagues on a survey of traditional healers sponsored by the IDRC. The objective is to determine the role the dukuns play in delivering health care in order to provide policy-makers with a basis on which to shape national policies concerning the healers and to determine the feasibility of upgrading their practice for use in a national health scheme.

The study has concerned itself with 15 dukuns from each of five districts in the province in which Medan is situated, and investigates how the dukuns treat illness and their knowledge about and attitudes to health procedures. This is done by means of pre-tested questions and by observing the dukuns in their practice for about two months.

Dr. Effendy gave me some of his personal impressions, although the study had not been completed. "Sometimes," he said, "I am surprised by the efficacy of their treatments — but that has to be verified." He said the dukuns are very good at setting bone fractures and dislocations, and the healing process seems to progress faster than it does with modern medical methods. He planned to make a more scientific assessment to see if this was indeed the case, and if so, why.

The dukuns first re-set the fracture, then put healing herbs and bandages on the limb. But there are stories, he said, of their setting the fracture at a distance, without seeing the patient.

A patient who had been healed that way said he remained at his own home while the dukun, who was somewhere else, pressed on a certain bone he held. The patient felt pain and cried out — but the fracture was healed.

I asked Dr. Effendy what he thought about this. "I don't know," he said. "I can't say I believe it or I don't. It's hard to understand."

The first dukun I encountered was at a small gathering of houses near a muddy river amongst the palm trees some 20 miles outside Medan. He was a Muslim, and he lived in a small, traditional Malay wood house on stilts. Aged 50, he had learned his trade from his father, and had been practising as a healer for 38 years. But he had not always been a healer. Before the Japanese occupation he had worked as an electrician in Medan. When the Japanese came, he was cruelly treated, and fled. He lived first as a farmer, then found people coming to him for healing, expecting him to heal because his father had. He sees sometimes up to 15 patients a day, spending an average of an hour with each. He specialized in fractures and massage, and his patients come sometimes from afar — one recently had come from Jakarta.

The researchers from the university who accompanied me told me that people often prefer to have their bone fractures set by the dukuns rather than in hospital, because they may stay months in hospital. With the dukun's treatment, a bone may heal in 10 days to two weeks. This corroborated what Dr. Effendy had said.

The second dukun we visited was described as a witch-doctor. He looked old (he was 68), was toothless, bowlegged and slightly crippled, and he lived with a former patient whom he had cured of witchcraft and who, in gratitude, said he would henceforth be his son and had the old man come to live with him.

The dukun was dressed in a fez, T-shirt, and blue pants — he looked like a wizened old grandfather, and in fact soon began to play with his son's baby on his lap, a far cry from the usual Western image of the witch-doctor! He had had two patients to visit that morning, one, a child, with a dislocation of the leg, the other, a woman with three children and pregnant again, who was possessed by an evil spirit.

The dukun treated the dislocation with massage, and, with the help of a midwife, treated the hexed woman by pronouncing an incantation as the midwife chewed the leaf of a plant which was then spit upon the woman's stomach, chest and back. The family was counselled to repeat this prescription three times a day for several days, and the healer went on his way.

The closeness of the traditional healer to the lives of the people he deals with is one of the most important factors in his popularity and success. This seems to be true throughout the world. Western medicine emphasizes the individual; most rural peoples emphasize the family and the community — and so does traditional medicine.

Dr. R.H.O. Bannerman, secretary of the WHO's Working Group on Traditional Medicine, himself a Fellow of the Royal Society of Obstetrics and Gynaecology and a graduate of England's St. Bartholomews and Hammersmith Hospitals, told me he has always believed that success would never be achieved by trying to push the Western model of medicine on the Third World. A Ghanaian who practised for years in his country before joining WHO 10 years ago, Dr. Bannerman told me in an interview in his office in Geneva:

"My country had Western medicine for 100 years before it became independent, and 20 years afterwards it cannot claim more than 25 percent medical coverage of its people. It's highly unlikely we can provide coverage worldwide by the year 2000."

The WHO has adopted the slogan, "Health for All by 2000", and Dr. Bannerman says if it is to be achieved, a re-orientation in thinking is necessary.



Researcher from North Sumatra University interviews an old man they call a "witch doctor". He is one of 15 healers being studied in an attempt to find out more about the effectiveness of the dukuns.

"Instead of talking strictly in terms of health professionals and auxiliaries we have to talk of all available resources that would be mobilized for health care."

On the question of integration of the various types of health services, he says: "It's essentially a political question. If you leave it to the professions you have this constant bickering as to who co-ordinates whom." As people develop confidence and mutual trust in one another this kind of situation will "quietly fizzle out," he believes.

WHO officials themselves had difficulty coming to terms with the question of utilizing traditional medical practice, Dr. Bannerman admits. And one of his old medical colleagues wondered aloud how someone with Dr. Bannerman's background could write as he has on the subject. Dr. Bannerman's reply: "Experience. Facing reality."

Portrait of a healer at work

During his visit to Zaire, writer Spurgeon was able to interview a number of healers, thanks to the help of the traditional medicine project researchers, and was even able to witness some of them at work. Here he describes one such encounter.

Butoyi spoke no English or French, so her replies had to be translated to me by the French-speaking researchers. At first she seemed a little ill at ease. She spoke a great deal about spirits presenting themselves to her, and when I asked how she had become a healer, she replied that she wanted to wait until the spirit answered.

After a moment or two, she left the table suddenly without warning and went to another room to fetch some books and papers. She put these on the table, then left again, leaving the researchers and myself alone. When she returned she was wearing a ring that I was told symbolized a "power" of healing, and she sat down with us again.

For a while she answered my questions, looking at me only occasionally. She had been a healer for four years, she said. She did not specialize in any particular disease. Her mother and father both had been *guérisseurs*. She seemed slightly disarmed by my question about whether it was unusual for a woman to be a healer, and replied that for her, the sex of the *guérisseur* was unimportant — in her case it was a gift from God since her birth.

Then quite unexpectedly she became agitated, shivered, and began to chant in a sing-song voice that had suddenly taken on a harsher, more authoritative tone. As this happened, she scribbled furiously on a pad of paper with a pen. I gathered from my companions that it was the "spirit" speaking and writing through her.

She continued like this for some time, continued to answer my questions, and then abruptly seemed to shake off the seizure, yawned, and looked as though she had awakened from sleep. We left soon afterward to return again when she was treating her patients.

Butoyi makes use of both herbal medicines and spiritual concepts in her treatments, and, like many African healers, borrows and adapts certain rituals from Western medicine. She does not go as far as some healers, who don a white laboratory coat to give an air of scientific authority to their ministrations, but she conducts her clinics in an atmosphere reminiscent of a Western doctor's office, complete with professional manner and scribbles on what could pass for a prescription pad.

The night I visited her "clinic" she sat at the same table at which I had interviewed her, as her patients sat in front of her one by one and she listened to their symptoms and then prescribed their medicines. Unlike the situation in a Western doctor's office, however, all the patients were present in the same room while the prescription process proceeded, except those who had already received their medicines and left.

The prescriptions were contained in old whisky, wine, coke or beer bottles, and sometimes mixed on the spot from liquids of various colours. Sometimes Butoyi gave instructions to the patient for mixing them at home. As she prescribed she scribbled on her pad or consulted a notebook.

But that was not the end of the patients' visit. After the prescription of drugs, each patient put on a red turban, and was placed in a chair for a quasi-religious ceremony. The healer and her daughter also wore turbans, and an aide put on a phonograph record of singing accompanied by a guitar.

It was pleasant, soothing music, designed, so I was told by my companions, to calm the patients. While it played (the same song over and over again), Butoyi and her daughter slowly moved around the room and in front of the patient in a kind of dance step, swinging red cloths rhythmically with their hands. As they did so they sang and Butoyi repeated incantations gradually with increasing speed. This was to liberate the patient's spirit so as to free him of disease. Eventually, at the end of the incantation, the patient retired from the chair, another patient took his place, and the process was repeated. It went on for hours in the lamp-lit room, children and adults sitting quietly on chairs or on the floor, waiting their turn, until all had been dealt with.

Butoyi's methods of treatment are not typical: there are many different varieties of healer and many different types of treatment. But they do illustrate the healer's very personal approach to his patient, and the attempt to deal with illness not only through the body, but also the mind and spirit. □

David Spurgeon is senior science writer for the IDRC, and is currently preparing a book on the subject of traditional medicine.

New President addresses Governors

The IDRC's Board of Governors held its three-day semi-annual meeting in Sri Lanka from March 16-18. It was an occasion for "firsts" — the first such meeting to be held in Sri Lanka; the first meeting under the Board's new Chairman, Maurice Strong, who took office last November; and the first meeting for new President Ivan Head, who officially joined the Centre just three days before the meeting.

Sri Lankan finance minister Ronnie de Mel addressed the governors at the opening of their policy session. While praising the IDRC's practical approach to development, he also warned against the dangers of falling prey to "expert's jargon" and the use of inappropriate technology.

"Science and scientists have helped developed countries to achieve accelerated rates of growth," he said. "However, the exultation that scientific discovery has produced in the West should not blind them to the fact that the application of science and its handmaiden technology in any society should be firmly grounded in the practical realities of that society."

Development, added Mr de Mel, was not a matter of economics, or of theories and slogans, it was the art of helping the people. Experts sometimes had a tendency to clothe their ideas in jargon, and to become obsessed with expensive and unnecessary gadgetry. To do so, he said, was to become irrelevant. "If they lose sight of the human element in the developing process, then they have lost sight of everything," he added.

Mr de Mel also praised the IDRC's practice of holding one meeting each