



IDRC FEATURE

INTERNATIONAL DEVELOPMENT RESEARCH CENTRE
Box 8500, Ottawa, Canada, K1G 3H9 • Telephone (613) 996-2321
• Cable: RECENTRE • Telex: 053-3753

Words: 1030 approx.

REHABILITATING TRADITIONAL MEDICINE IN ZAIRE

by JEAN-MARC FLEURY

The Zebola sickness began a long time ago with a woman called Madzika. Because she was very beautiful her friends talked about her a great deal, out of jealousy. Thus, one day, evil spirits heard her name and entered her body. They carried her under the waters of the great river Zaire. Three days later she emerged: her clothing was dry and in her mouth she carried medications given to her by the spirits. Through her mouth the spirits then explained how these medications were to be used.

This is the legend of how the Zebola rites, one of the great African therapeutic rites, began.

Today, Zebola sickness and treatment still exist. In Kinshasa, the capital of Zaire, people from all walks of life consult the Zebola healers, often because of psychological troubles or following a depression. As Ellen Corin, a psychologist participating in a research project on traditional medicine explains, most of the patients consulting Zebola healers have usually been unsuccessfully treated by western-style doctors or other healers. Most of them are women for whom the process of adaptation to urban life is particularly difficult. The Zebola treatment often succeeds in reconciling them with their environment and in restoring their self-confidence.

Far from the city, in the heart of the Zaire countryside, is the village of Mbindo Lala. The village chief and his wife are both healers and the village itself functions as a hospital where 35 to 50 patients live, often with members of their families. Most of them suffer from psychological disorders: a few are incurable and live here permanently. Mbindo Lala is a genuine therapeutic community where patients and family help one another and maintain a community spirit. The everyday village life led by the patients will ease their return to normal life.

.../...

In Zaire, the Zebola rites and village-hospitals are only two forms of traditional medicine. The importance the population attaches to these forms of health care is not new. The interest manifested by the government is, however, recent. In 1973, the Department of Public Health announced the creation of a national commission to study medicinal plants used by healers. Earlier, in 1968, a symposium on medicinal plants and african pharmacology had been organized in Dakar, followed, in 1975, by a second symposium organized in Cairo by the Scientific and Technical Research Council of the Organization of African Unity.

At the root of this renewed interest is the realization that a high percentage of the population, unable to obtain modern medical care or drugs, have recourse to traditional healers. Professor Mamadou Koumare, director of Mali's National Research Institute on Pharmacology and Traditional Medicine, estimates that 90 percent of the Malian population consults healers. Even those who can afford modern medical care will resort to traditional medicine, or will consult both.

It was also recognized that, in the short term, it would be impossible to provide modern medical care to the entire population, particularly in rural areas. The high cost of training personnel and of equipment is beyond the means of most developing countries. And finally, it appeared that traditional forms of treatment could be effective, at least in certain cases.

With the help of the International Development Research Centre of Canada, a vast research program was launched in Zaire, in 1975, with a view to integrating traditional healers in the country's global health care program. A census was first undertaken. During the past two years some 1250 healers have been interviewed, their specialities and the number of their patients noted.

The researchers from the Department of Traditional Medicine of Zaire's Institut de Recherche Scientifique then drew up complete files for half of these healers: the healer's diagnosis, his therapeutic procedures and his evaluation of the patient's progress were recorded. At the same time the researchers made their own diagnosis and observations on the patient's health. Patient follow-up has furnished them with detailed information about the actual workings of traditional medicine and enabled comparisons to be made with modern medicine.

According to Gilles Bibeau, a researcher participating in the IRS study, some knowledge of botany, chemistry, anatomy, psychology, psychiatry and sociology

enter into traditional medicine. All this knowledge is considered as a whole and is applied in a therapeutic practice that is much more global than that of western medicine. It does not, of course, ignore the organic and physical aspects of illness, but the approach stresses the social and psychological factors involved.

At the levels of diagnosis and treatment, african medicine considers the disease to be a complex phenomenon where physical, psychological and social factors are at work. It is believed that a cure can take place only if these aspects of the person are treated simultaneously.

In September 1976, the 26th session of the African Regional Committee of the World Health Organization met to discuss traditional medicine and its role in the development of health services in Africa. Participants from 40 countries here recommended that each country implement a dynamic policy aimed at rehabilitating traditional medicine. This rehabilitation, they said, must be accompanied by research programs on healer training, the extent of the healer's influence, and on medicinal plants.

The committee also proposed that a study be undertaken aimed at determining the appropriate mechanisms for integrating traditional healers in official health services, particularly in rural regions. They also advocated the analysis of medicinal plants as a starting point for the development of an authentically african pharmaceutical industry.

In Mali and Zaire, the recognition of the role of traditional medicine is not meant to downplay modern medicine. It seeks rather to promote cooperation between western trained doctors and traditional healers. For Professor Koumare, the two approaches are too different to be integrated. Governments, he says, must support two parallel systems that intermix-- if only by the frequent mixing of traditional and modern drugs in the patient's body-- but keep their particularities.

The development of these systems will be watched with interest, not only in Africa, but also in developed countries where medicine is now trying to rediscover the links between disease and the patient's environment, just as it has always been done in Mbindo Lala.

END