

## Personal View

In a recent issue of the *Reader's Digest* there was an article about the success of efforts, sponsored by the World Health Organisation, of enrolling practitioners of traditional medicine to provide Third World countries with some sort of modern health care. The underprivileged people of the Third World cannot afford Western medical services. As a compromise, the argument goes, give the witch doctor a training in modern medicine. He will provide basic medical care and send the seriously ill to hospital. My experience does not bear out this success story.

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I was born in a Sri Lankan village in a family of eight. We were not the poorest but in my early days lived on the brink of starvation. I graduated at Colombo University, and worked for two decades in Africa, so when discussing Third World countries I know what I am talking about.

Hunger and starvation are not the whole story. Even in dire poverty there are people around you to demand their share of your mite. They want to have you in their power, impose a set of dark superstitions on you, and populate the world around you with evil spirits. As if life were not difficult enough, you are given a set of rules of what you must or must not do in which phase of moon, so complicated that only the village sage can tell you how to get through the maze. The evil spirits have to be propitiated. Even a starving dog has its fleas and the witch doctor is not the least vicious of them.

In the West the doctor is the spiritual descendant of monks, who, in the Middle Ages, nurtured the fledgling sciences of botany and whose herbal medicines did what they could to cure disease and alleviate pain. The patient turns to him with hope and confidence in his hour of need. But there is nothing benign about the witch doctor. In his own setting he is an awe-inspiring figure, lord of life and death, who can cure you if he so decides, but can also inflict fever and pain on you if you disobey him or arouse his anger.

His actions are mumbo-jumbo, which even he does not understand. He is not even a herbalist in the Western sense. He does score some successes, for example, when the condition is imaginary, as in most snake bites. The snake may not be poisonous or may not have injected the poison. The fear alone makes the victim sweat and tremble. The witch doctor dances around the patient rattling pebbles in a calabash and effects a miraculous cure. Heaven help the patient who is actually poisoned. He continues to be ill and is brought in the next day for further ministrations. I have watched a witch doctor bore a hole in the skull of a victim of snake bite and pour a vile brew into it. The patient is tortured in his dying and the fear instilled around him only maintains the witch doctor's power in the society.

The witch doctor, like any faith healer, may be helpful when he uses the placebo effect. Fear tends to suppress the natural defence mechanisms of the body. Any act aimed at allaying fears, reassuring the patient of supernatural powers acting on his behalf, allows the natural healing processes to work. Conversely, when the witch doctor instils fear, there is enough malnutrition and enough microbes around him to finish the job. When the medicine man actually attempts treatment with his odious medicine or surgery, often of appalling cruelty, he may only shorten the patient's life. The herbs he uses are likely to be toxic,

the wound he inflicts are simply wounds, and the taboos he imposes are inane. I remember the day when my brother-in-law came home ill with tuberculosis. The Ayurvedic doctor gave him a nauseating physic and bade him not to drink any water. In two days he became delirious with thirst but he was lucky for they took him to a Western doctor, who saved his life.

Practitioners of traditional medicine are implacable enemies of progress: they know that progress means the end of their power and they do what they can to impede it. African witch doctors who are taught elementary medicine do exactly what the WHO perhaps expects of them. The patients are ministered to until they are moribund and then sent to the hospital to die. So that in communities where traditional medicine thrives, being sent to a hospital is virtually a death sentence.

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My thoughts go back to when I was just past 17. My father lay dying. The Vederala had prescribed 16 herbs that had to be boiled into a decoction. I searched around the countryside with the help of the villagers but managed to collect only six of them. I went back to the doctor to find that he could identify only three, again with different names. I doubt whether he knew anything much about what he prescribed.

I have no doubt that the indigenous medical practices in Third World countries are mostly a fraud on the innocent malnourished and poor people. Could their practices be turned into anything useful by providing them with a training in modern medicine? The WHO need not try hard to do this. In Africa and in many countries in Asia it is quite common nowadays to see witch doctors with their little boxes of antibiotics, corticosteroids, etc, plying their trade. In the Lusaka market witch doctors prescribe black and red capsules (Penbritin) stolen from the Government hospital at a kwacha each. In the 1960s an Ayurvedic doctor in Sri Lanka sold a magic powder for treating asthma—prednisolone tablets powdered and mixed with starch at a rupee a dose. This is certainly a cheap method of providing modern medicine for the impoverished people of the Third World!

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My recommendation to the WHO if they care to listen is this. Do not have any dealings with the traditional medicine men. All help should be given to train medical auxiliaries in Third World countries to provide basic scientific medical care, but they should not be recruited from the ranks of witch doctors. It is dangerous to combine modern medicine with the latter's brand of quackery.

At one time I taught the young men and women who came with O levels in English and chemistry to the Ceylon Medical College for a two-year training in modern medicine and went out to provide a powerful and efficient health service in the villages of Sri Lanka. Later this training was stopped to please (among others) the Ayurvedic doctors, with dire consequences for the country's health services.

NADARAJA BATHIRUNATHAN

Manchester