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Anamed: how it all began...

A contribution to solve the problem of health care provision in developing countries

One night as a medical coworker, 1988, in Zaire

Three times I am waked up that night: Tata Mvungi, (father Hirt), it's high time to save my wife, get finally started... Since 2pm the man knows that his wife has problems with the afterbirth, which can lead to death within a short time. The nearest hospital is 55 km away. Why didn't you take her to the hospital right away in the afternoon, I reproach my African brother. You could be there by now. Now, in the middle of the night, the only doctor in the hospital for about 250 000 people will be too tired to be able to get up. In addition, I had to sign off my driver, I myself have a bout of malaria; it is raining which means that I will be stuck in the mud for hours or days, depending on how long the rain continues. The state doesn't pay the road workers anymore. Last Sunday I warned the population that I wouldn't undertake any transports to the hospital anymore if they don't repair the roads voluntarily. Nobody moved. Undernourished people are difficult to win for teamwork. To make a long story short: I do not drive but I'm accused: it's just your fault if my wife dies!
This is our situation here, and I'm surely not alone in Africa: a modern health care system hardly functioning because of lack of infrastructure, no staff, no money for medicines and no dispensaries. But the story continues. Two days later, I can't believe my eyes, I meet that very woman on her way to work on her farm! How is that possible, I ask her and myself? Her answer: You know, we just went to a traditional midwife who collected some herbs in the forest.
I am quite astonished. Chemically we have tried everything what our modern system offers as medicine! Are there herbs which are more effective? And if so, why haven't we been told about them? I get the answer: You know, you white people account this witchcraft!

Antipathy and prejudices.

Is it possible to show more plainly how antipathy burdens the relationship between modern and traditional medicine? During colonial times African medicine has been entirely devalued without any self-doubt by the colonial authorities, it was called traditional, meaning old fashioned compared to the western that is modern medicine. By the way: Henry Stanley has not only explored the Kongo in 1877, but additionally he razed 28 sizable villages to the ground. It is easily understood that the heavy-handed conquerers also caused distrust in the strange methods in the medical area. Up to today for example in Kenya or Ivory Coast traditional healers are not allowed to practice.
Thirty years ago WHO suggested the appreciation and integration of traditional cures into the health system of the respective countries. Any success? Maybe there are a few African Universities or nurse's training schools where the effect of European camomile or peppermint is taught, but the implementation of the more effective local plants just causes a laugh. Kongo (former Zaire) exported tons of medicinal plants to Europe, but the local farmer or nurse didn't know their area of application. Imported products are more valued than local products: according to the quantity of imported medicines the prestige of the local churches rises together with the popularity of the respective confession.
And this story indicates something else: the fear which dominates in the relationship between nurses, healers and patients. Let's name just a few of the particular weaknesses.
A healer, an illiterate who takes his knowledge and experiences to the grave and who has no or only

a minimal idea about the correct dosage of his products or their conservation. The nurse who wants to be payed even if the patient doesn't get healthy or even dies (something which Africans don't want to understand), and who doesn't want to contact the ancestors although they are the origin of disease and healing according to the local believes. And there is the patient with a headache who gets an injection of river water and milk powder in his forehead from a charlatan. He also consults the magician, afterwards a herbalist and eventually or at the same time he sees a nurse but without telling anybody about the competitors.
Certainly there is the fear of our – the white people – own, fear of a medicine without books, of the lacking package insert which the creator of the medicinal plants forgot to grow along with the plant. When the soldiers of Alexander the Great used branches of the oleander bush to roast meat they died of it: surely rather the devil has been held responsible for that than the the own ignorance about African toxic or medicinal plants! **Ignorance leads to waste of one's own possibilities.**
But if a country is stuck in such a dramatic economical crisis like Africa's countries, so that far too many people die of the most common diseases, then ignorance becomes waste of knowledge which could have saved lives.

Is it allowed to just ignore local medicines?

Is it allowed to replace them by foreign medicines, for advertising purposes and economical benefit of the European industry?
Answer: yes, apparently! Because from the first day of working in developing countries you are a prisoner of pressures. The German doctor should be as soon and as long as possible in the operating room; the nurse from Germany or another western country should channel as many patients as possible through the hospital, beside his or her supposed job he or she should additionally buy gas, repair cars, in short every expectation of a system should be met, a system we don't believe in completely any more.
On the premises that, if only everybody had access to drugs and cheap treatment he would be healthy, the colonies have been covered with a wide net of dispensaries e.g. distribution stations in the past. Advertising songs on the radio to advertise Aspirin, Chloramphenicol and Tetracycline tasting like chocolate, all this just nourished the hopes which we can meet neither financially nor personally nor organizationally today. Worse: the borders of the so called third world are even a bastion for the green movement which goes on in European pharmacies. Even well educated Africans wonder with unbelieving amazement to the fact that in Europe hundreds of different mixtures of herbal teas are offered.
Many expatriate health workers not only don't have time for traditional medicine but are even contrary to it. Does such a secret knowledge not give lots of possibilities to charlatans? How do healers standardize their drugs, how preserve them? (In tropical climate even peppermint tea from Germany tastes like straw after six months). Are the methods, of the traditional midwifes for example, not shockingly unhygienic (e.g. to put cow dung on the nave of a newborn baby for healing)? And the names of the plants diverge from one village to another.
There is another suspicion: is the interest of WHO in traditional medicine maybe a trick to keep people by the means of traditional medicine at a cheap and minimum health level by holding back the comforts of western medicine?

Traditional midwifes and a garden of medicinal plants

We risked it nevertheless: since the initially mentioned events each pregnant woman is allowed to bring along the traditional midwife of her village, who is present all along childbirth. Since two years we conduct courses for traditional midwifes: a garden of medicinal plants serves visitors for discussions; courses for (better: with, thanks to) healers take place regularly. We produce a growing part of our drugs with local means. What motivated us (and also the local church) to do so?

Medicinal plants are easily accessible, cheap or for free and even after revolutions still available. Their processing into drugs allows the money gained in the hospital ward to flow back as salary to the village (34% of the employable population in the Third World is unemployed!). Who lives in Africa knows to appreciate the following values: saving of hard currency, saving of cargo fees, reduction of dependency of customs regulations, fees and waiting times for months at the custom! Traditional cures call relatives and village community to their responsibility in the healing process. We also learn in religious respects from the intensive relationship between patient and healer. The healer is obliged to the ancestors. He cannot delegate his responsibility to a counseler. While the medical superintendent walls up in the hospital and afterwards spends his leisure time in his well fenced house, the healer is at the same level as the patient. Traditional medicine does not depend on the harassment of the World Bank, payment is by barter (circumcision of a boy costs a chicken for example). The healer acts according to the system, meaning he treats and prevents conditions which are seen as serious by the population: childlessness, joblessness, bad harvest. Why is the doctor only interested in the few worms in the belly? It's an open secret that a German citizen who takes about 800 tablets a year is not necessarily very healthy. Jeremia 46, 11 says: But you multiply remedies in vain; there is no healing for you. Maybe this is the reason why so many Europeans turn to alternative treatments which are rooted in African ideas. Health and Wellness are not expected by chemicals but by (re)integration into a harmonic community. Development aid starts with respect for the existing. There is no reason to play off western and southern medicine against each other. We have to remember that traditional medicine in Africa of the precolonial times was not less developed than that in Asia or China. The art of caesarean section, of suturing a vessel, of prophylaxis of infections was there and got lost only because it was not put into writing!

What can development workers do for its reactivation?

1. Native nursing staff becomes acquainted with the effect of medicinal plants already during their formation; even if there are no textbooks, simply by exchange of experiences, discussions with patients and healers.
2. In already existing health committees of the villages questions of therapies with plants can be discussed: this provides opportunity to bring up questions the committee didn't feel responsible for up to now (intoxications, family planning, and so on).
3. Invited by an European co-worker healers and traditional midwifes can get together for further training (e.g. hygiene) and exchange of experiences (e.g. about too risky therapies).
4. The development aid volunteer or missionary can release a native nurse to file all informations about medicinal plants. In addition he can procure literature either in Europe or in the local University.
5. Healer and traditional midwifes bring financial relief in health promotion by passing on learned preventive rules for free.
6. Measures to conserve nature will be accepted more easily pointing out that bush fires burn medicinal plants. Maybe even reforestation with vitamin producing trees succeeds almost for free? (arrange competitions: which village, which school has planted more vitamin trees per person?)
7. A small tube of ointment for treatment of athlete's foot costs in the capital a laborers salary of one month (6 €); many slums are laced with pharmacies. European development agencies should have the courage to employ anti-pharmacy-pharmacists, at least one person per region who helps the native group or organization to reduce external dependencies.

I believe we are still far from the postulation of pastor Citoyen Paluku from Zaire, especially in the domain of medication:
development should not be imposed on but has to develop from the innermost of the country. The real artists of development aid are the inhabitants themselves, who know their needs or became

aware of them. The applied techniques have to be simple, practical and economical. In other words, they have to be at the door of the population who has to understand them and derive the advantage out of it.

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