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Traditional and Modern Medicine in the Context of Globalization

According to Dr. Erick Gbodossou, President of the NGO Promotion of Traditional Medicine (PROMETRA), traditional medicine—be it African, Asian or Aztec—can be defined as a system of knowledge, old wisdom, a specific set of practices ensuring the balance of the human being and harmony with the environment. It is the cultural heritage of native populations who practice it.

During the workshop organized by traditional healers at the XIIIth International HIV/AIDS Conference in Durban, South Africa in July 2000, the issue of the legal recognition and the legal status of this ancestral form of healing was once again discussed. The healers underlined the important role that they play in the preservation and rehabilitation of their fellow citizens's health, with at least 75 percent of the African population using their services. In addition, traditional healers play an important role in the treatment of sexually transmitted diseases (STDs) and help to control opportunistic diseases in HIV/AIDS patients. Finally, they are seriously involved in the search for antivirals; some claim to have successfully used plant extracts in the treatment of HIV/AIDS patients. The absence of protection for and recognition of their traditional skills by WIPO (the World Intellectual Property Organization) contributes to their sense of grievance—modern researchers have patents and generally enjoy protection of their intellectual property and invention rights.

These concerns are at the heart of the current debate. What are the advantages of traditional medicine in its current form at this time of globalization? Also, what are the conditions required for traditional medicine in Africa to play a competitive role in the context of globalization? The answers to these questions require a comparative examination of the specific characteristics of this form of medicine and healing with modern medicine, the study of relevant measures to promote its modernization and cooperation with modern medicine, and finally the iden-

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tification of ways and means to interact with the globalization process.

Traditional medicine and modern medicine

In the African context, three fundamental facts separate these two forms of medicine:

- The African concept of health and disease
- The diagnostic procedure
- The therapeutic approach.

The African concept of health and disease

Considerable research and several studies have been carried out on health and diseases in Africa. The following paragraph represents the ideas contained in the publication that was supervised by the Ivorian anthropologist, Pr. Harris Memel-Fôté, entitled *Representation of Health and Diseases among Ivoirians* (1988).

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The representations of health and diseases as written are global and deal with the physical, moral, social, cosmic and religious dimensions. Health is physical, moral, social, and cultural well-being. It can be identified as the strength or the resistance of the body, the peace and joy of the soul, the peace and joy between communities, as well as the security and harmony between societies and nature. Disease is an ill-being perceived as a body suffering, a state of general regression affecting the body, the soul, society, and various lives in nature. These concepts determine the causes of sickness and death. They are caused by various agents: human types agents (enemies, ancestors, witches, spirits, and God), physical agents (sun, dust, rain, and food).

The diagnostic procedure

According to traditional healers, the affliction motivating the consultation is not separable from the global background of the individual and the disease harming him or her. To be more precise, one can distinguish two diagnostic procedures: the first is metaphysical and requires the appropriate means and tools. The second is a somatic diagnostic concerning the physical illness or psychosomatic whose symptoms can be known after an apprenticeship with a master. It must be emphasized here that a disease freed from its spiritual connections through the appropriate procedure can then be treated with traditional or modern medication. However, a disease which is not separated from its spiritual links can conceivably lead to death despite the treatment.

The therapeutic approach

According to Father Cécé Kolié a professor of cultural anthropology at the ICAO, African therapy considers the three dimensions of the life of a patient: physical, social and spiritual.

Physical dimension: Empirical treatment of somatic lesions, or depending on the case, treatments associated with protection rites for the reinforcement of a vital principle. Reconciliation, peace, correct social life with the nuclear and extended family and those who have a positive influence on one.

Spiritual and social dimension: Confession, purification and consecration rites to God, the spirits and the ancestors. When considering the diagnostic and therapeutic procedures and the current practices of traditional healers, one can say

that traditional medicine is characterized by a lack of precision of the somatic diagnosis and the wide range of therapeutic indications for a given medicine; the lack of stringency of the posologies governed by a rigid empiricism, as well as poor hygienic conditions; the lack of knowledge by healers on the limits of their own abilities; and the immaterial aspects of its practice which open the way to witchcraft and quackery.

Modern medicine

Modern medicine is mainly centered on the human being. Its diagnostic and therapeutic approaches align with Cartesian rationality. Moreover, modern medicine is always updated and advances through scientific research. From its origins till today, it has been based on a materialistic and objective vision of man, natural phenomena and the universe. It started with the mastering of the human anatomy, that is, the objective knowledge of the physical and organic components of man. It progressed towards pathologic anatomy, which is the knowledge of cells, tissues, and body parts alterations caused by pathogenic agents capable of bringing about death. Scientific research then led to the study of movements, organ functions, and constituent systems of the human organism, which brought about physiology and the physiopathology of afflictions. With the discovery of auscultation and the stethoscope, clinical semiology evolved to the classification of afflictions and then the segmentation of medical branches into digestive, pleuropulmonary, cardiovascular, endocrinal, osteoarticular and genito-urinary pathologies. The concern for proficiency led to specialization. At all levels, modern medicine is an evolving medicine that is open to knowledge and progress through continuous research.

Cooperation between traditional and modern medicine

In contrast to this dynamic Cartesian medicine, one must admit that from its nature, traditional medicine does not aim at progress. It is not open to innovation, renewal and the progressive modifications of its principles, means, and methods. Tradition keeps it static and inward-looking, subjected to the passivity of empiricism set rigidly by the elders and followed faithfully by apprentices. In spite of this, there is the need to acknowledge its merits. It has a global view of the disease

nested in African philosophy. One owes to it the global and multidimensional approach to health. Modern medicine capitalized on this value, and the WHO adopted it. As a result, areas like public health, epidemiology, and community health have been enhanced. In addition, the Codex enriched itself with pharmaceutical products derived from traditional pharmacopoeia.

However, cooperation between the two approaches is clearly necessary for cultural and economic reasons. In Côte d'Ivoire, the National Group for Reflection on Traditional Medicine, established on 28th May 1997 by the Ministry of Health, considered the matter in the context of cooperation, which could lead to the integration of traditional medicine into the national health system. Two options emerged.

First option: Does co-operation imply an integration of the professionals of both systems by combining, according to an appropriate methodology, the functioning of these two medical systems, which would mean a mere unification of the two where both are equally acceptable and respectable? The Chinese experience comes to mind, where the Ministry of Health, as well as the communal and regional offices of public health, create traditional medicine units within institutions dealing with modern medicine.

Second option: Is cooperation not to be based on an individualization of traditional medicine, the improvement of its organization, its functioning and the implementation of co-operation mechanisms and collaboration between the professionals of these two types of medicine?

Position of the group

The experiments carried out in Benin, Togo, and Mali identify the second option as being the realistic one. It focuses on formal cooperation between the two systems with an independent body of organized traditional healers, the access of traditional medicine to medical assistance programs, a full collaboration between both systems, and a unified health system comprising alternative medicine. This exists in some African countries such as Mali, Senegal, and South Africa and, on a larger scale, in WHO-collaborating health centers. Concretely, traditional and modern health practitioners work in their respective areas but collaborate in definite fields, especially at the level of care, research, and teaching. As a result:

At the health care level, traditional health practitioners and medical doctors can exchange patients according to the type of disease to be treated (chronic, psychosomatic, or psychiatric). There are some examples—in Dakar at a neuropsychiatric clinic and at the Malango Center in Fatick, Senegal, a focal point of both traditional and modern medicine. The Malango Center, located in the Sine region, is an experimental center for traditional medicine that is unique in the world and placed under the supervision of the non-government organization called PROMETRA (Promotion of Traditional Medicine).

At the research level, cooperation will be possible within a research institute for African pharmacopoeia on traditional medicine. An example: the Scientific Research Institute of Kinshasa (Democratic Republic of Congo) and in Bamako (Mali). Within this structure, joint projects will be worked out and implemented in order to facilitate a real dialogue between both types of researchers with the aim of achieving viable and workable results on a large scale.

At the educational level, a team made up of traditional practitioners and doctors can educate traditional healers. Example: teaching of the FAPEG Method (Self-Proficiency Training for Traditional Healers) in Dakar by PROMETRA. This method involves deeply traditional healers in the fight against STDs, HIV/AIDS and for the protection of maternal and child health. In schools of medicine and pharmacy, concepts of traditional medicine and pharmacopoeia could be passed on to students to prepare them for cooperation with traditional health practitioners.

Traditional medicine and globalization

To integrate and work with globalization, traditional medicine must reassess and open itself to the requirements of scientific rationality, convert itself in its diagnostic and therapeutic approach methods as well as in its deontology. It will thus ensure its influence, productivity, and progress as well as enhance its therapeutic efficiency and competitiveness. This requires the following:

- The use of modern medicine's diagnostic means and therapeutic control—namely, laboratory analysis, various diagnostic tests, conventional radiography and tomography, tomodensitometry (scanner), magnetic resonance, and all current and future medical techniques.
- Chemical and pharmacological study of medicines in order to determine their components, its active principles, its toxicity, and posology. This will lead to their commercialization nationally as well as internationally.
- An introduction in light and heavy pharmaceutical industries, which will give the medicines a rational galenic form for their conservation, use, and large-scale production.
- A training policy for traditional practitioners while giving them basic notions of hygiene, asepsis and antisepsis, anatomy, physiology, and pathology. The public authorities should be involved in (a) setting-up traditional medicine and traditional pharmacopoeia institutes for chemical, pharmacopoeia and clinical research; (b) setting-up the national organization of traditional health practitioners; (c) a regular evaluation of the abilities of these organizations through joint (both systems) bodies to ascertain the real impact of their action on people's health; (d) providing legal recognition of this type of medicine; (e) action at the WIPO level to protect traditional knowledge; and (f) the creation and upkeep of protected ethno-botanic gardens to perpetuate vegetal species used in African pharmacopoeia.