Medicine: alternative, complementary or competitive?

Some thoughts on other ways of doing things

ABSTRACT – Alternative medicine depends on which side of the fence one is sitting. In an African setting 'modern medicine' is often treated as competitive or complementary to traditional medicine. Differences in views as to what is health, and what causes disease can result in altered treatment objectives. Health needs to be seen in a wider context, and management with patient participation, rather than 'imposed treatment', is called for. Although we need to be open to new ideas, these need to be critically assessed if we are to do no harm to our patients. For patients to take part in the decision-making process they need adequate information. We need to improve our communication skills, and to understand that a pathophysiological explanation of illness does not answer the basic question which we all ask when ill – 'Why me?' In this respect we can do well to learn from traditional healers who try to treat the whole patient and not just the disease.

Alternative medicine

Do you sit there in your consulting room and wonder if your patients may be considering an alternative to your diagnosis and treatment? If perhaps they may want a 'second opinion', or worse still may wish to try some herbal remedy of doubtful efficacy and unknown side effects? I sit here in mine and know that nearly all my patients have come to me after trying 'traditional medicine' and that they will probably continue to do so together with my prescription. And I ask myself 'Why?'

The other side

When I came to Africa I came with all my own ideas and culture, to find that what I came with was 'alternative medicine'! Here the native or traditional doctor always has a reason for every illness, or disaster; a reason with which the patient can identify. Whereas it was accepted that injections, the hallmark of 'Western medicine', had a place in the treatment of fever and acute disease, in other cases traditional medicine alone could work. I did my ward round in the morning, the traditional doctor did his in the evening.

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What is good health?

Health is a difficult term to define. We all have our own ideas as to what constitutes good health, and no doubt this is different for each one of us. It depends on so many factors both physical and psychological; an interplay of hopes and aspirations which are coloured by one's upbringing and social circumstances. We know what it is to be 'ill', but we may not appreciate good health till we lose it.

'Health for all by the year 2000' is a dangerous slogan. It gives the impression that good health is a right, and not a blessing; that it can be legislated for, or given by the state. This gives rise to false expectations, and the idea of a 'pill for every ill'. It causes confusion when such a cure is not available and may result in alternatives which promise 'instant health' being taken at face value with no critical evaluation. Access to health care, to receive the best management for 'ill health' is a different matter. We need to ensure that patients as well as politicians understand the difference.

Medical education sets out to teach that the doctor knows best; that there is a scientific basis for disease, diagnosis and treatment, and that the patient as an end user should be grateful and accept unquestioningly what he or she is told. We tend to be paternalistic, and react negatively when our attitude is questioned. We forget that much of the scientific basis of disease has been proved to be wrong; that yesterday's treatments would never pass today's drug trials, and that no doubt today's cures will be tomorrow's court cases. In addition, our explanation for the disease process may be pathologically correct, but it does not answer that all important question 'Why me?'

Ill health

Being ill may be felt in a positive or a negative way. An acute fever, for example, is readily recognised as an illness which needs urgent action. It is often due to infection with its corresponding specific treatment: antibiotic, antiprotozoal, antipyretic. Patients recognise the disease because they have experienced or seen it before, know that it is curable, and are therefore prepared to see a doctor and accept treatment. The slow institution of organ failure, however, may have no well-defined onset, and is often felt only as an absence of good health. Not only is diagnosis more

difficult, but control rather than 'cure' is the order of the day. This is more difficult for the patient to accept, especially if the treatment is of slow onset or has undesirable side effects. Often a change in lifestyle is required, but in a culture which has lost the idea of self-discipline, of there being a force greater than oneself, this is often difficult to implement. In a traditional setting this is not so, and family values, and the place of the ancestors in the community life, are still very strong.

Traditional medicine

Traditional medicine has many branches, not unlike its European counterparts. It also has, with the advent of urbanisation, its charlatans. In the village setting the traditional doctor was/is a respected member of the community who usually had a good knowledge of medical symptoms and signs, together with an armamentarium of herbal remedies. The profession was a closely guarded one, and handed down from one generation to the next. Although many of the herbs obviously have medicinal properties, which are only now being investigated and quantified, they were often administered with a ritual which reinforced their efficacy by treating the psychological as well as the physical aspect of the disease. Jaundice, in particular, is considered to be better treated by traditional than by 'modern' medicine with extracts of tree bark and plants, malaria is treated with 'fever grass' which has a lemon flavour, and cutaneous fungal infections with leaves which certainly have antimycotic action.

Herbal medicines are usually accompanied by scarification. The skin is scratched (often now with a razor) and a mixture of dried herbs is rubbed in. No doubt this acted as a counter-irritant rather like the mustard poultice. Scarification is usually effected over the affected part, thus reinforcing its action. In the case of cardiac disease it is done over the apex beat. Unfortunately it is also most probably responsible for the high incidence of staphylococcal endocarditis in Cameroon. A more worrying recent side effect is the possibility of transmission of both the hepatitis B and AIDS virus when the same blade is used on many people.

Psychological illnesses are the province *par excellence* of the traditional doctor who has the time, and the background knowledge of the patient to help him. All such illnesses have a cause, to be found in the actions of some other person, often a member of the family or from the spirit world. Ritual is undertaken to protect the patient or to chase away the wicked spirits as the case may be. The community and the patient seem to come to terms more easily with mental illness by being able to accept why it has occurred. Certainly for affective, as opposed to psychotic, disorders the native doctor lightens the psychiatrist's workload.

Osteopaths, some very skilled, are adept not only at manipulations, but more especially at treating fractures and other traumatic lesions. Their handiwork has to be seen to be believed. Payment for all such treatment is usually in the form of live produce (cocks, goats etc) and alcohol, and the pouring of libations or the killing of the animal often plays a part in the treatment scenario.

Recently, economic crisis has hit the country. This has had a profound effect on the population. Modern medicine has to be paid for – both the doctor/hospital visit, and the medication, in cash, and not in kind. This has put severe constraints on 'modern medicine', and many patients are now returning to traditional methods to treat disease. What we have seen, however, is not a return to true traditional herbal remedies, many of which have been lost, but to a quasi-modern herbal treatment, or 'natural' treatments of disease

I AM
the sum of all my parts,
the result of my background, culture,
and medical education,
which has taught me that I am right,
that I alone know best
for you, my patient.

YOU ARE
the object of
the expression of my skills.
My *raison d'être.*
When you question me, want to share
in decision making,
you threaten me.

I HAVE
to find the courage
to be open to new ideas
and humbly to test them.
Learn other ways to look at things.
Understand your hopes and aspirations,
accept your need to be made whole,
even if this exceeds my ability.

YOU HAVE
to see that alternatives
are also judged
as you judge me.
We all have rights, responsibilities,
need to learn our limitations.

WE NEED to talk
of mice and men.
Set up communication.
Find the common ground.
Live within our possibilities,
yet not lose the hope that tomorrow
will be better.

similar to what is occurring in Europe. Garlic and honey is the local flavour of the month for treating high blood pressure. Whilst it may have some action on the lipid profile, I have yet to be convinced of its antihypertensive effect.

Where do we stand?

When I examine my own reaction to traditional and alternative medicine I ask myself, 'Does it matter?' 'Should I be concerned about what else my patient is taking/doing?' 'Where does my responsibility end?' I think one has to be very pragmatic, and also very honest with oneself. In essence it comes down to the following: what kind of disease is it, and what can I do about it? How can I transmit the necessary information to patients so that they can make an informed decision as to what treatment/management strategy is best for them? Is the disease:

- one in which there is a definite medical cure,
- one with no known cure but which can be helped/controlled,
- a self-limiting disease which will get better regardless,
- one with no known cure,
- a psychosomatic illness?

In the first two cases it is incumbent on me to ensure that my communication skills are adequate to get my message across. In the other situations I need to make sure that the alternative treatment chosen by the patients is not going to cause any harm. This too is a responsibility that we have, together with the patient and the vendor of the alternative treatment. The first premise must be 'to do no harm'. After that, investigation can be undertaken to see if any good is also produced. There are many situations in which there is no cure so that anything that comforts is acceptable, placebo effect or not. Faith can cure, and we should not remove this hope in getting better against the odds.

Some years ago a traditional healer from Zaire was kicked on the chest. He attended the local hospital but not feeling any better decided to come overland to Yaounde, Cameroon. He earned his way by exercising his profession. When I saw him he had a traumatic aneurysm of the left common carotid and subclavian artery together with dissection of the aorta. Whilst in the ward on bed rest and beta-blockers he spent his evenings doing his 'consultations'. In one month he had amassed sufficient funds to pay for his medical evacuation to France. There, in spite of rupturing his aneurysm on the operating table, he had a successful graft inserted, and apart from a transient dysphonia all went well. According to the last postcard I had from him he is now practising very successfully in East Africa. He recognised the limitations of his ability, and the value of an alternative form of medicine. Is it too much to hope that we can try to do the same?

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