

# **Improving Traditional-Conventional Medicine Collaboration: Perspectives from Cameroonian Traditional Practitioners**

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## **ABSTRACT**

The World Health Organization recognizes traditional medicine as a vital health-care resource in developing countries and has encouraged governments to adopt policies to officially acknowledge and regulate the practice of traditional medicine. However, in many countries, including Cameroon, policy makers are reluctant to accept traditional medicine, and there is a critical lack of cooperation between conventional and traditional medicine practitioners. As a result, traditional practitioners with vague knowledge of anatomy and divergent diagnostic methods handle hospital-diagnosed cases, while charlatans peddle fake medicines, putting the lives of the poorest Cameroonians at risk. The fact that patients use conventional and traditional health-care simultaneously calls for an improved dialogue between practitioners of both medicines. An inspection of the traditional practitioners' views reveals that they are aware of the many weaknesses of their practice and are eager to collaborate with the conventional medicine sector for their eventual inclusion into the national public health strategy.

*Keywords: Cameroon, traditional medicine, collaboration, charlatanism*

## **1. INTRODUCTION: TRADITIONAL MEDICINE IN THE AGE OF MODERN MEDICINE**

For economic reasons as well as personal preferences, Cameroonians of all ranks and backgrounds use traditional medicine, often simultaneously with conventional care. Traditional healers in Cameroon are guardians of a cultural tradition, but they also provide affordable health-care to the poorest segment of the population. For this reason, it is acknowledged that Cameroon needs an improved and standardized traditional medicine that is regulated by the Ministry of Public Health.

Unfortunately, incorporating traditional medicine into mainstream medicine is not a national priority. Moreover, decades of disregard from the Government have created mistrust between the practitioners of conventional medicine and those of traditional medicine. Advocates of conventional medicine argue that traditional medicine is fraught with problems of imprecise dosage, poor diagnosis, charlatanism, exaggerated claims of abilities, and inadequate knowledge of anatomy, hygiene, and disease transmission, all of which put their

patients' health and lives at risk. Traditional practitioners, meanwhile, believe that conventional medicine practitioners and research scientists seek merely to condemn their art or to steal their secrets.

Despite their infamous suspicion and lack of cooperation, traditional healers share many of their critics' concerns. Many readily admit their limitations, are eager to improve their medicine, and are cooperating significantly with practitioners of conventional medicine.

This paper presents the traditional healers' own assessment of their strengths, shortcomings, and needs. It exposes both the resentment they feel toward conventional medicine and the public health sector and the many ways in which they already cooperate. It is an attempt to show where traditional and conventional medicine meet, where they diverge, and how the relationship between modern and traditional medicine might be improved.

## 2. LITERATURE REVIEW

### 2.1 TRADITIONAL MEDICINE SURVIVES IN CAMEROON

Since colonial times, Western medicine was the only formally accepted medicine in Cameroon; all traditional medicine practices were categorically condemned as witchcraft or sorcery and banned (WHO, 1990). Yet, the practice of traditional medicine has survived clandestinely in Cameroon. One of the main reasons Cameroonians still favor traditional medicine is economic: They turn to traditional medicine because they cannot afford pharmaceuticals or conventional medical care (Lantum 1978: 78). A 2002 report from the Ministry of Public Health confirms that the economic crisis and the failure of the social security system have created an intensive return to traditional health services. Today, 7% of the average household health budget goes to traditional medicines. Nearly twice as many people from poor households rely on traditional medicine as do people from rich households (*Strategie Sectorielle de Sante*, 2002: 32–49).

A second reason for traditional medicine's survival and continued popularity is one of heritage and custom. Healers understand the social problems and cultural experience of their communities: "They use this knowledge in their diagnosis to better treat the invalids, to whom they are very close. If a sick person tells [the healer] that he was beaten all night in his bed, the indigenous healer will understand him and help him chase away the spirits." (Lantum 1978: 79)

Traditional medicine in Africa typically views sickness as the failure of complex social and spiritual relationships, and begins diagnosis with an examination of both human and supernatural interactions (Pearce 2000: 4–5). Unlike conventional doctors, who are expected to restore their patients' physical health only, traditional practitioners are also responsible for re-establishing

social and emotional equilibrium based on traditional community rules and relationships.

## 2.2 GLOBAL RENEWAL OF TRADITIONAL MEDICINE

Over the past several decades, support for traditional medicine has dramatically increased worldwide. In the Alma Ata Primary Health Care Delivery Declaration of 1978, which called for “health for all by the year 2000,” the World Health Organisation (WHO) acknowledged the importance of traditional medicine in providing primary health care and encouraged countries to develop official policies on traditional medicine (Saleh 1993: 21–22). The WHO General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine (2000) provide a strategy for assessing the safety and the efficacy of traditional medicine.

The HIV/AIDS pandemic has also forced public health officials throughout the developing world to reconsider their attitude towards traditional medicine. It is recognized that traditional healers may be instrumental in preventing the spread of the virus as well as caring for the sick, particularly in rural areas with few conventional medical facilities or practitioners. There’s also the possibility that medicinal plants may actually hold the key to fighting the virus. Indeed, *in vitro* studies of the alkaloid michellamine B, isolated from the indigenous Cameroonian plant *Ancistrocladus korupensis*, showed that the compound is active against two strains of the HIV virus, although it is at present far too toxic to be used as a therapy (Cragg and Boyd 1996: 128–132).

## 2.3 RESISTANCE TO THE REINTEGRATION OF TRADITIONAL MEDICINE

Socioeconomic realities and a shifting policy emphasis from international organizations have started finally to bring traditional medicine out of the shadows. However, integrating alternative medicine into a national health-care program is not easy. In many countries, there is still resistance to officially accepting traditional medicine. In large part, this resistance stems from the primary philosophical distinctions between conventional medicine, which is based on the results of experiments and views illness as the result of pathological agents, and traditional medicine, which accepts that disease can have supernatural causes (Sofowora 1996: 52–53). While the Western-trained medical practitioner may recognize the chemical importance of an herb’s active ingredients, he or she may dismiss or underestimate the comprehensive effect of the mystical aspects of traditional medicine.

Skepticism on the part of the conventional doctor or scientific researcher is reinforced by the widespread and well-founded conception that modern

traditional practitioners are increasingly charlatans, or fakes. In Cameroon, the head of the AIDS-Cameroon Program seemed doubtful about the possibility of collaboration with traditional practitioners, declaring that the majority of healers are unreliable: “Out of 100, you might only have five who a really good traditional doctors... The rest might be fake, going around saying they can cure AIDS. We need to work on this before we can embark on any sort of collaboration”, (Tzortzis 2003). Paradoxically, this criticism supports one of the main arguments in favor of officially accepting traditional medicine: It would provide a viable authority to regulate and discipline traditional healers.

Another problem with integrating traditional and conventional medicine, however, is resistance on the part of the traditional practitioners themselves. Healers consider their knowledge of plants and medicines to be inherently secretive, because it is a gift from the ancestors and perfected through years of apprenticeship and training. Having suffered to learn their art, they are reluctant to hand any information over to an “uninitiated” researcher, even if the sharing might benefit themselves or their communities. In Ethiopia, a carefully designed toxicity study of a traditional AIDS remedy had to be stopped because the traditional practitioner wouldn’t let the medicine out of his sight, even though he’d been told that all benefits of a successful experiment would go to him (WHO 1990: 37).

The question of how to properly compensate traditional practitioners for their medical and botanical knowledge is a sensitive one: “The main contributing factor [for poor cooperation between traditional and conventional medical practitioners] has been lack of confidence, since the [traditional medical practitioners] are seldom legally protected. There are very few laws, if any, that address the issue of traditional medical systems in totalis. Merely recognizing the existence of TMPs is not sufficient. Laws and regulations to empower and protect them have to be enacted. These legal rights would allow the TMPs to benefit from adequate compensation for their knowledge” (OAU/STRC/DEPA/KIPO 1997: 8).

How a researcher approaches healers and what he or she offers can be key to gaining their confidence and the desired information. Modern healers operating in an urbanizing society expect to be rewarded for their cooperation, especially since they recognize its increased popularity in Western cultures. They tend to believe that their knowledge will be sold to pharmacies or immediately be converted into a profitable drug, from which they will not benefit. In instances such as the exploitation of Cameroon’s *Prunus africana*, this has not been far from the truth (Hall et al. 2000). As a result, they may choose not to cooperate, or they may demand sums that seem excessive to research scientists, who may consider the information to be universally beneficial, or who do not expect to profit monetarily from the information themselves.

## 2.4 TOWARDS IMPROVED COLLABORATION

Despite the difficulties mentioned above, the impediments to conventional-traditional medicine integration are not insurmountable. In fact, “some of the approaches to health care taken by Western and traditional healers often show fundamental similarities” (Daly and Limbach 1996: 48–60). Many traditional practitioners have a sophisticated conception of disease, while many Western-trained practitioners are able to adapt to other conceptions of health and disease. This offers hope that, as long as the interest in traditional medicine continues, cooperation between the two sectors is likely to improve. A sensitive approach and a full respect for the spiritual and cultural aspects of traditional medicine are necessary if traditional practitioners are to fully collaborate in a national health-care strategy. Solicitation of the healers’ opinions and concerns may be an early step in that direction.

## 3. METHODOLOGY

For this study, 17 traditional practitioners from the capital city of Yaounde and its outskirts were interviewed. Because urban traditional healers build their reputation from word of mouth, the first traditional healers selected were those recommended in conversation by residents of Yaounde. Heads or members of healers’ associations were particularly sought out, because it was assumed that they would be most active in advocating for traditional medicine and best prepared to articulate the grievances of traditional healers as a group. Seven subjects were executive members of at least one Cameroonian traditional healer’s association (although at least one of these associations had a membership of only one). Most interviewees referred the author to another healer or another healers’ association. Roughly half of the healers with were selected from the city proper in this manner.

During the month of December the author worked in collaboration with an ethnobotanist at the Centre de Recherches en Plantes Medicinales et Medicine Traditionnelle (CRPMT) to contact some of the more isolated, rural healers on the outskirts of Yaounde, who have had less contact with conventional scientists and minimal knowledge of public health policy.

The traditional practitioners surveyed hailed from six of the ten provinces of Cameroon and ranged in age from 30 to over 80 years old. The subjects used a number of terms to describe themselves, including traditional practitioner (*tradipraticien*), healer (*guerisseur*), herbalist (*herboriste*), doctor of traditional medicine, indigenous healer, traditional therapist (*tradithérapeute*), and naturopathist (*natuorpathe*). Each has his or her own slightly variant definition for these terms. For the purposes of this paper, the two most commonly used titles, traditional practitioner and healer, will be used interchangeably. All of the subjects’ names have been changed to protect their anonymity.

Interviews lasted approximately one- to one-and-a-half hours and took place in the healer's home, which was usually also his place of work. Because healers are notoriously reluctant to divulge what they consider to be secret information about their profession, it was emphasized that the author sought opinions only (not plant names or medicine contents). The questionnaire touched upon a number of diverse subjects, including the healer's background (how the subject was initiated), details of his current practice (what are his or her specializations and weaknesses, how medicines are measured and stored, where plants are collected), what training programs or seminars he or she has attended, and how the healer believes that the Cameroonian Government, scientific researchers, and conventional medicine practitioners view traditional medicine. In the analysis that follows, qualitative research methodology was used to select major themes from the interviews, in the area of the healers' views of their own strengths and limitations, the distinctions they make between charlatans and genuine healers, and their interactions with and opinions about conventional medicine practitioners and the public health system.

## 4. RESULTS

### 4.1 PART I: HEALERS' CLAIMS REGARDING THEIR STRENGTHS AND SHORT-COMINGS

The subjects were eager to discuss the problems plaguing the profession of traditional medicine today. Many volunteered statements about what they perceive to be the most serious practical difficulties with operating in traditional medicine in the era of modern medicine. Interestingly, many of these problems matched the concerns of the conventional medicine practitioners and of the general Cameroonian public.

*Improper Dosages:* The toxicity of some medicinal plants and their potential to do harm is a common complaint among those who would like traditional medicine to be standardized. It's commonly believed that traditional practitioners either don't know the strength of their own medicines or don't bother to tailor doses to the size or body weight of the patients.

All healers interviewed acknowledge that plants can be toxic, but none doubt their own prescriptions. Most learnt to concoct medicines by observation and practice, just as good cooks perfect their repertoire by helping their elders add a pinch of this and a bundle of that. Brenda, a healer who specializes only in hemorrhoids, mixes oil from one seed and ashes from a second plant to make the remedy she learnt from her father. "I don't measure, but I know by the consistency of the cream, [whether the proportions are right]. The dosage strength depends on the length of the suffering. If the person has been suffering a long time, I give more cream. If the patient has suffered only a short time, the dose is smaller."

Precision of a traditional practitioner's doses also evolves from rudimentary experimentation during his years of practice, often at the expense of the patient or the healer's own family or animals. Dr. Bernard runs a pharmacy of traditional medicines, where members of his healers' association can sell their traditional remedies, packaged and labelled. How does he decide which medicines are acceptable to be sold in his pharmacy? "You can't give a patient a medicine you or your family hasn't used. To sell his medicine in [my] pharmacy, the traditional practitioner must try it on a patient in front of me. Then I can see if it is too much or not. If it's a purgative, [the tradipractitioner] gives it to the patient and says, 'Take this quantity, it will wash your bowels.' If it's too much, it will cause dehydration. Or if it's a vomit drug, you give it to the patient to see how he vomits. Or you test it yourself. That's quite an important stage."

Several healers admitted that proper dosage of medicines can be a problem, and a few have taken to labelling their medicines or writing out a "prescription" to help patients remember their instructions. Nonetheless, most traditional practitioners believe that the occurrence of unwanted side effects is the fault of the patient. "If there's a problem of dosage, you've wrongly taken the medicine," says a female healer named Alice. "I'll know because I know what the side effects are: nausea, vertigo. I measure by looking. Your dose is not same as mine."

Ernest, a thirty-year-old traditional practitioner, tailors his doses to match the age of the patient and the number of years he or she been sick. While he was at work, however, a patient was seen returning with a medicine that he claimed hadn't been effective. "Did you do it as I told you?" asked the healer in a severe tone, repeating the instructions he had given. "Well, that's why it didn't work." The patient shamefacedly apologized and went away with a new bottle.

The possibility of overdose from traditional medicines is probably less of a concern than many critics of traditional medicine think, because the concentration of the active ingredient in a decoction is usually far less than that in a pharmaceutical product (Soforowa 1996: 85). Nonetheless, treating one's patients as guinea pigs is obviously not an ideal way to perfect one's remedies, and without written information, it's easy for recipes to alter or for mistakes to be learned over generations. Written information about their remedies as well as measuring tools, a machine for encapsulating dried medicines, and uniform containers for liquid solutions might improve their practice and reduce the chance of negative side effects.

*Poor diagnosis:* Another problem frequently cited by critics of traditional medicine is the poor diagnostic methods of traditional practitioners. Traditional diagnosis doesn't use the stethoscope, thermometer, and blood tests of conventional medical treatment. Traditional practitioners rely mainly on their "vision" to discern the person's illness and its probable causes. Some healers ask the patient questions about his or her symptoms, others simply tell the patient what he or she has, based on the healer's particular method of diagnosis. (Diagnostic tools may be a bowl of water, cowries, seeds, leather fetishes, mirrors, or candles.) When the ailment is mystical—for example, a spell cast by

a witch or sorcerer, or difficulties in luck, marriage, or career—ritual diagnosis is a fundamental part of the traditional healing process.

The fact is, however, that witchcraft and sorcery cases are rarely separate from physical illnesses. Patients who require a spiritual cleansing or curse lifted usually present with symptoms of identifiable diseases, such as malaria, typhoid, fevers, blocked fallopian tubes, or “madness,” which also must be treated. Moreover, since many patients come to urban traditional practitioners with a diagnosis from the hospital, the traditional practitioner should have the same concept of the physical ailment as does the conventional practitioner.

Unfortunately, this is rarely the case. In speaking with traditional practitioners about the causes of disease, it appears that many problems are considered to originate from the stomach or to be caused by “worms,” a vague word that seems to describe everything from parasites to infertility to mystical ailments. This vagueness of terminology does not necessarily mean, however, that traditional practitioners don’t know what they’re treating. Thomas, the Secretary General for an association of traditional practitioners, explains that “African traditional medicine is based on the specific way of diagnosing which is passed from generation to generation. It’s not the same as a conventional one, but he knows what he’s treating. It’s only after patients come back from the hospital for treatment, and return to the hospital for confirmation (yes, there’s lots of interchange between public hospitals and traditional practitioners) that the traditional practitioner knows he’s been treating jaundice, not hepatitis, for example.” Thus, the traditional practitioner may know what quite well what he’s treating, even if he doesn’t call it by its conventional name.

Nonetheless, because many patients visit both conventional and traditional medicine practitioners, many traditional practitioners believe that a better understanding of conventional medical terminology and some lessons in basic anatomy would clear confusion and help improve their practice and the safety of their patients.

For example, a healer named Alice had been training to be a conventional nurse, but she was chosen instead to be a healer. Currently, she handles mainly mystical disease cases, which she treats in a state of trance. However, she believes that her conventional medical training gives her an enormous advantage over other traditional practitioners who have no knowledge of anatomy or hygiene. “They have problems,” she says, “They’re working in the dark. I know how to touch someone. With the training I’ve had, I can’t do just anything I want to a patient. I’ve studied general medicine. That’s what gives me an advantage in my work...”

*Charlatanism:* The problem of charlatanism, or fraudulent healers, is of great concern to all traditional practitioners, as it damages the reputation of traditional medicine. Unlike in the village setting, where the local medicine men are known to all, in the urban environment, there are hundreds of traditional practitioners competing for clients.

Furthermore, because there are no diplomas or professional qualifications required for becoming a traditional practitioner, anyone can claim to be a healer

and start recruiting patients. Patients who are visiting traditional practitioners for the first time, out of desperation, poverty, or curiosity, have no way of verifying the traditional practitioner's credentials and can easily be duped by the charlatans who infiltrate the profession.

However, the traditional practitioners themselves have very clear-cut criteria for recognizing a charlatan. Their overwhelming opinion is that skilled healing speaks for itself. Therefore, a signboard or plaque in front of the house is a sure sign of a dubious healer, of someone who has to advertise his skills because he knows they are less than proficient. "It's easy to put up a plaque," laughs Ernest, "You can have some fake who can cure, say, 5% of his patients, and [even he] still manages to succeed from time to time. But if he doesn't treat at least 50% of his patients, he can't claim that he's a healer." All of the subjects received their patients through word of mouth and testimony of their patients' relatives and friends who have suffered similar illnesses and been successfully treated.

A second sign of a charlatan is excessive fees for services. The traditional practitioners who were initiated by parents or grandparents were usually taught that money and healing should not be connected. For example, Dr. Bernard was taught that, "There are certain treatments that you shouldn't charge for. You do it for free. Convulsion in children... a bad tooth, you have to extract it for free. There are other treatments for which people have to bring a fowl... If you charge money, you will lose the science. It will not be effective."

An authentic traditional practitioner is obliged to treat a sick person whether or not she can pay. However, in the traditional system, the patient reciprocates by giving whatever he can to show his gratitude. Most healers say that their patients come back to express their appreciation with gifts, and the healers receive much more from this than they would if they charged more money. Ernest claims to live entirely "from the recognition of my patients... If someone brings me food, I'll eat it. If someone gives me money, I'll buy myself some clothes, shoes... If you're in traditional medicine for the money, you'd better become a bandit."

Another indication of a charlatan is dependence on magic tricks during consultation. Because the ritual side of traditional medicine involves a certain amount of mystery and supernatural intervention, this clue can be difficult for a patient to discern, particularly if it is his or her first experience outside of conventional medicine. Some of the deceptions mentioned include feigning to pull pins and needles out of a person's arm, using sleight-of-hand tricks or containers with double lids to make objects "disappear," using recording devices to produce mysterious voices of the "ancestors," and creating a vacuum with one's fingers to stop the flow of water from a punctured tin can. Unfortunately, not all tricks are quite so harmless. Laurent reports that, "I've even seen one... grind up ashes and add some salt, and give it as a remedy. You give 5000cfa [\$10], another patient gives 5000cfa. At the end, the "healer" has 50,000cfa [\$100]. But it's only ashes! There are some charlatans who can even kill you."

*Self-limitations of treatment:* A common complaint about traditional medicine is that healers claim they can treat everything. Certainly, healers are

not particularly modest about their abilities. “To tell the truth, since I’ve been working, I haven’t had a case where people come back to say that it didn’t work,” said one healer. “I have a 90% success rate in my cases,” boasted another. On closer inspection, however, it seems that this astonishing success rate is bolstered by the healers’ clear consciousness of their own limitations. Traditional practitioners are particularly reluctant to damage their reputation—or worse, to be accused of sorcery—by having a patient die under their care. Thus, if a healer believes that a case is hopeless or beyond his abilities, he sends him away or to the hospital. “There are many maladies that I can’t treat,” said Alice, the woman who studied nursing, “I just look at a person, and I know if I can treat him or not. If I can’t, I send him away. But when I send someone away, I know he has a slim chance of living [much longer]. He himself knows, when I look at him, that it’s finished.”

Most healers recognize that hospital diagnosis and drugs can render treatment more successful, even for diseases they consider common and relatively easy to treat, such as malaria and other fevers. Laurence handles difficult spiritual afflictions but sends many of his “simpler” cases, such as severe malaria or amoebiasis, to the hospital. “We have indigenous remedies for these, too, but the hospital drugs are more efficient,” he says. Eight healers specified the illnesses that they know they cannot handle and that they send to the hospital. Top among these is HIV/AIDS; however, many say that they are able to make the patient feel better by treating the symptoms of opportunistic infections such as thrush, diarrhea, fever, and poor appetite.

## 4.2 PART II: TRADITIONAL AND CONVENTIONAL MEDICINE MEET AND DIVERGE

Most traditional practitioners in the urban environment have some contact with conventional medicine practitioners and facilities. Some have direct communication with a particular medical practitioner, others routinely refer certain cases to hospitals, and many receive patients who come to them from the hospital, either because they are dissatisfied with the conventional treatment or because they cannot afford the prescribed medicine. The use of hospitals by healers and their patients is one way in which the urban environment is spontaneously altering traditional medicine and influencing the healers’ opinions about their role in Cameroonian society.

*Interchange between hospitals and healers:* The proximity to hospitals and availability of medical tests in the urban environment primarily serves as a sort of backup for the healer. “It must be said that traditional medicine has evolved a lot,” said Ernest, “I often send my patients to the hospital for this or that exam—to be sure that I know at what level he has this sickness. Usually, venereal diseases, diabetes, hypertension... and after the treatment, I send him back for the control, to see if I should add something or change something.”

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The exchange with the hospital can help make up for the tools and training that the healer usually lacks. A healer may not have a blood pressure monitor nor know how to use one, but he may easily know several plants that treat hypertension. Thus, a patient who comes to a healer with a diagnosis of hypertension from the hospital can receive effective care for less money and possibly greater comfort.

Many healers seem to think their connection with hospitals is unique, but in fact, more than half of the urban traditional practitioners spontaneously asserted that they send their patients to hospitals for diagnosis, tests, and/or a post-treatment “cross-check.” Several healers could also name specific conventional medical practitioners who refer patients to them.

The difficulty in this exchange is how to handle simultaneous treatments. As mentioned above, it is critical that traditional practitioners understand conventional terminology. It is also important that both patients and traditional practitioners understand that herbal remedies can react negatively with or alter the effects of conventional medicines. A few traditional practitioners insist that patients stop conventional treatment before they begin the traditional remedy, but most believe that the two systems of treatment can complement each other without complications. Unfortunately, it also seems that many patients do not tell their conventional practitioners that they are simultaneously using traditional medicines.

*Resentment toward conventional medicine practitioners:* Ironically, it is their very spirit of cooperation with conventional medicine that fuels the healers’ intense resentment toward those in the medical profession, the Ministry of Public Health, and the research scientists who study their plants. A few conventional medical practitioners in Cameroon openly support traditional medicine; some have even learned some traditional remedies themselves. But in general, healers feel that the conventional medical practitioners either ignore or disparage traditional medicine. Thomas puts it bluntly: “There is a superiority complex among the conventional doctors. They do not believe, or don’t want to, that traditional medicine has any real value.”

The creation of nongovernmental organizations (NGOs) is one way in which traditional practitioners are trying to gain greater recognition. Those who are most active in traditional practitioners’ associations are intensely angry about what they perceive as their official disenfranchisement from the domain of public health. Dr. Bernard is president of one such association. “Sometime along the pipeline,” he says, “we found ourselves in a sort of colonial oath, whereby anything that’s medicine must come from the West. And anything that’s African is not considered... The World Health Organization says 80% of the population is being treated by traditional doctors, but we have never seen 80% of the budget of the Ministry of Public Health given to traditional healers. It’s quite contradictory.”

Whatever they may lack in training and equipment, the healers consider themselves to be serious and competent health-care professionals. Francis, president of another healers’ association, says that, “The conventional doctors

think it is wrong for you to call [traditional practitioners] “doctors.” But whether you like it or not, the patients call them “doctor.” Because where you [the conventional medical practitioner] fail, and the healer succeeds, the patient recognizes that the healer is the “doctor.”...I came to you [the conventional medical practitioner], you gave me an ordinance of 20 medicines, and I’m still not feeling fine. Then the man you call a “native man” gave me his concoction of plants, and I’m feeling well. So I recognize *that* man as my ‘doctor.’”

Mainly, it is lack of funding for education, training, and seminars that vexes the traditional practitioners. Though their education level varies widely (some have not completed primary school, others have a university degree), the traditional practitioners have a deep thirst for knowledge and yearn for greater inclusion in and instruction from the public health sector. For the sake of the Cameroonian population, it is important that the Government and the public health system take advantage of this interest. Even a single, simple lesson can have a critical impact on a person’s practice, thus affecting the health of perhaps hundreds of patients a year.

For example, the 14<sup>th</sup> Convention on Medicine in 2001 had as theme “Traditional medicine, national patrimony.” Many traditional healers were invited to attend. One semi-rural healer said that thanks to that conference, he learnt that it was absolutely necessary to use a new razor blade each time he performed a scarification or indigenous “vaccination.” Prior to that, he had reused the same knife blade whenever he cut into a patient’s body.

Many healers have been taught to recognize the symptoms of HIV/AIDS, such as skin lesions, chronic diarrhea, and recurring fever, and are able to help the patient feel better. “We have our own ‘tritherapy,’” said Ernest, “we can help a patient regain appetite, cure the opportunistic diseases, and increase the red blood cell count. If you can increase the red blood cells, the patient feels better. Because the virus attacks the antibodies in the red blood cells.” Two of the subjects were less sure of the symptoms, “I do not know if I treated AIDS or not. I treated a sick person.” While the majority of healers admitted that they themselves cannot cure AIDS, many said that among *other* healers, there is still a good deal of misinformation about the virus and how it is spread; some of these other healers believe they have cured AIDS by treating the opportunistic infections.

Dr. Bernard has also profited from a number of correspondence courses and seminars, both internationally and locally sponsored. With his training, he has also written a manual for traditional healers on basic hygiene, recognition of HIV/AIDS symptoms, and education on condom use. Dr. Bernard is trying to “train trainers” to help spread these simple lessons to traditional healers in rural communities, where the stigma about the disease is greatest and condom use is lowest. Dr. Bernard has repeatedly appealed to the Ministry of Public Health for assistance, but he currently has neither the funds nor the vehicle to carry out this work.

## 5. CONCLUSION

Both conventional and traditional practitioners agree that traditional medicine has a lot to learn from modern science and conventional medicine. The practice of traditional in the urban environment is evolving, influenced by the proximity and availability of health-care centers and pharmacies; by the influx of money-seeking charlatans; and by the number of patients who rely on traditional and conventional medicine simultaneously. All of these factors have caused urban traditional practitioners to be more aware of the limitations of their profession and of the need for a standard set of definitions or tests by which to evaluate the qualifications of a competent traditional practitioner and the efficacy and safety of his or her medicines.

At the same time, the traditional practitioners affirm that there are inherent differences in philosophy and training between traditional and conventional medicine, and that these distinctions make traditional medicine fundamentally a parallel medicine, not a substitute. Traditional practitioners need and desire basic education in anatomy, for instance, but they also believe that their own medicine has certain advantages over conventional medicine. For example, many healers believe that conventional medicine is too invasive and that hospitals are too quick to operate, while the foremost distinction of their own medicine is their holistic approach to health. To restore the patient to health, healers examine not only the physical symptoms, but also the person's physical and social environment and spiritual health.

Thus an important part of Cameroonian traditional medicine is the human touch and psychosocial insight that, in Western medicine, too, is important to the protection of complete health. Traditional healers would like greater respect and recognition from the public health sector for these strengths and contributions.

The fact is that Cameroonians as a whole seem reluctant to seek care when sick, and that public funding resources for health are inadequate or poorly allocated. Given that traditional practitioners are most often the only affordable health-care resource of the poor, educating and training traditional practitioners could be a valuable instrument in attaining the goals of health for all, particularly in areas where conventional health facilities and personnel are lacking. Exposure to and personal use of conventional medical care seems to have made urban traditional practitioners more aware of the boundaries of their practice. The common conception that conflicts with conventional medicine practitioners are a significant barrier to collaboration seems hollow. Most healers actively cooperate with the conventional medical sector and eagerly seek to improve their practice with conventional medicine lessons. A concerted effort on the part of the Government and NGOs to reach out to healers through regular seminars and training courses would have an immediate impact on the health and well being of Cameroonians without diminishing the unique aspects of traditional medicine. As one traditional practitioner said, "Traditional medicine

is part of our heritage—we do not want to lose it or simply trade it in for Western medicine. We want to keep what is African in traditional medicine. It is ours.”

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