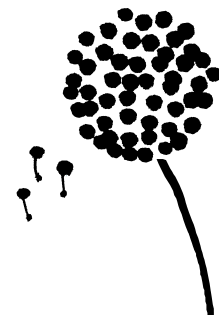


Footsteps

No.48 SEPTEMBER 2001

TRADITIONAL MEDICINES



TEARFUND



Photo: Dr. Hans-Martin Hirt

definition of traditional medicine. However, there is a huge variety of methods used to treat diseases. These methods are based on personal experience or on knowledge shared over many generations. Although there might be some good evidence from scientific research for the effectiveness of traditional medicines, people use traditional methods mainly because of their own experience based on their own observations. This is, in fact, the only common feature of all the different methods of disease treatment that we call *traditional medicine*.

To help our understanding, it may be useful to divide traditional medicine into three distinct groups:

■ **Popular medicine** From childhood, people use medicinal plants to treat ill health and diseases, often with great effectiveness. In eastern DR Congo, mothers from the Bashi people, for example, give two or three drops of squeezed leaves of *Tetrademia riparia* for their babies to drink in the case of abdominal cramps. To treat fever, people search for leaves of the tree *Vernonia amygdalina* (commonly known as 'bitter

Traditional and modern medicine: the need for co-operation

by Markus Müller and Innocent Balagizi

We opened a seminar about traditional medicine in Asmara, Eritrea with the question, 'Do any of you have some experience with traditional medicine?' There was a complete, even hostile, silence in the room. Finally some participants said, 'We are Christians. We have nothing to do with it.'

We then presented a *Datura stramonium* plant that we had picked just in front of the training centre, and explained how we use it in hospitals in Congo. Suddenly the audience came back to life again. Everybody knew this plant. We learned that it was used in the families of the participants for many ailments, ranging from toothache to abscesses and abdominal cramps. In the end, we talked for over an hour just about the uses of this plant!

Such a strong reaction to traditional medicine is found frequently in many parts of the world. In Uganda, a patient told me, 'We all use it but we do not like to talk about it, at least not in front of a missionary doctor.'

What is traditional medicine?

Part of the problem is that this is a complicated subject. There is no one, clear

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Footsteps

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Footsteps is a quarterly paper, linking health and development workers worldwide. Tearfund, publisher of *Footsteps*, hopes that it will provide the stimulus of new ideas and enthusiasm. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in our communities.

Footsteps is free of charge to individuals working to promote health and development. It is available in English, French, Portuguese and Spanish. Donations are welcomed.

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Examples of herbal medicines

These are some of the medicines used in Nebobongo Hospital, DR Congo...

Health problem	Latin name of plant	Plant part and preparation
nematode worm infection	<i>Carica papaya</i>	seeds (raw or dried)
infected wounds	<i>Carica papaya</i>	unripe fruit
amoebic dysentery, asthma	<i>Euphorbia hirta</i>	whole plant for tea
bronchitis	<i>Eucalyptus globulus</i>	leaves for tincture
constipation	<i>Cassia occidentalis</i>	leaves for tea
rheumatic pain	<i>Capsicum frutescens</i>	powdered fruit for ointment
burns	<i>Aloe ferox</i>	the gel of the leaves
sleep disorders	<i>Passiflora edulis</i>	dried leaves for tea
malaria	<i>Artemisia annua</i>	dried leaves for tea
nausea	<i>Zingiber officinale</i>	fresh rhizome

leaves') and to treat intestinal worms, the leaves of the small herb *Celosia trigyna* are used.

There are two things common to these treatments:

- They are provided and used by the patients or their family members.
- They are free of charge.

Observations about the use of these plants are exchanged freely between families and there are no secrets about their use.

Some medicinal plants are also used as food, others are only used medicinally.

■ The medicine of the traditional healers

For special health problems that are difficult to treat, patients seek help from people who practise modern or traditional medicine.

Traditional healers are often specialists. Traditional birth attendants can be found in nearly every village. Other traditional healers are bone-setters or specialists in mental or chronic diseases. Often the work of the healers is not limited to physical health problems. Social and religious problems like conflicts between people, or conflicts between man and demons or gods, are often seen as the cause of diseases, and so the treatment involves religious or social procedures.

Contrary to popular medicine, the treatment procedures of the healers are secret and cannot be discussed openly. They can only be transferred from generation to generation within the family of a healer and the healers must be paid for their work. The price of the treatment often depends on the social status of the patient. Payment is often made with goods such as chickens or goats.

In Christian circles, traditional healers are generally held in suspicion or even feared, because they may work with spiritual powers that are in conflict with Christian belief – but there are also healers like traditional birth attendants and herbalists who are well integrated in church communities.



Planting Artemisia annua var anamed in Adol, South Sudan: a community approach.

Photo: Dr Markus Müller

■ **Conceptual systems of traditional medicine** There are also holistic systems of traditional medicine that are based not only on observation-based knowledge, but also on well-documented theories of the causes of ill health. *Ayurveda* in India, *unani* in Arab countries or Chinese traditional medicine are important examples of such systems.

Medicinal plants in primary healthcare

In many countries in the Tropics, people have little access to modern medicine. In the remote areas of NE DR Congo where we work, there is virtually no infrastructure for the transport of imported medicines, even if the majority of patients could afford them.

Given this background, we wondered if the local production of medicines from medicinal plants could be helpful. We started by using some well-known plants to treat common medical problems for which literature about dosage, effectiveness and side effects was available. Later we planted a garden of medicinal plants and, with the permission of the regional health authorities, we produced and used some herbal medicines when imported medicines were not available (see examples in the table on page 2). Most of these drugs were appreciated by patients and, as a result, several medicinal gardens were established, with tremendous community participation.

In the past few years, DR Congo has suffered very hard times. Some health centres have been completely looted. In such cases the local production of herbal medicines still continued and has enabled these centres to offer their services once again.

A forum of traditional and modern medicine

We have also encouraged a forum for traditional healers, medical doctors and nurses, health service administrators and political authorities. Here we discuss health problems, and the contributions to healthcare made by both traditional and modern medicine. Some points have been very sensitive. Medical doctors were sceptical about the effectiveness and possible side effects of traditional

medicine, and questioned the ethics underlying this form of treatment.

The traditional healers had learnt, through experience, to be cautious, and did not want to have their treatment procedures investigated without the protection of their knowledge being guaranteed. To the surprise of the medical staff, they too complained about the poor ethical standards of modern medicine.

In particular, our work with *Artemisia annua* (from which a new group of highly effective anti-malarials was derived – see page 12) has helped encourage the full participation of all parties in this forum. In working together, we learned a lot from each other. We are convinced that, by improving co-operation between traditional and modern medicine, we shall make a significantly better contribution to healthcare than either could do alone.



Photo: Geoff Crawford, Tearfund

In many countries, people have little access to modern medicine.

Markus Müller is a medical doctor and worked for many years in DR Congo. He is now based at the German Institute of Medical Mission, PO Box 1307, D-72003 Tübingen, Germany.

Innocent Balagizi is a biologist working in Bukavu, DR Congo, with special emphasis on traditional medicinal plants. His address is BP 388, Cyangugu, Rwanda.

EDITORIAL

Traditional medicine is a subject that touches everyone, since we are all interested in our own health. All of us are likely to have experienced some kind of traditional medicine from childhood onwards. Herbal remedies form part of our cultures, but such knowledge is often rapidly being lost. Modern medicine has most of the answers to health problems, but is not always available or affordable. In addition, many countries experience considerable difficulties in obtaining medical supplies.

In the Bible in Revelation 22:1-2, we read that God has provided the leaves of the tree of life for the healing of the nations. So far only 1% of the world's forest plant species have been screened for their chemicals. Many more are likely to have healing properties. The biodiversity of our world that we considered in *Footsteps* 47 has many more secrets to discover, unless we are careless of our inheritance.

An estimated 80% of the world's population still depend on traditional medicines for their health security. Many modern drugs are made from natural sources, often impossible to manufacture synthetically. A quarter of all drugs sold in the United States, for example, come from plants.

Encouraging the use of traditional medicines is far from straightforward and we need careful consideration and discussion to ensure that only the beneficial aspects are used with safety. However, very little research has been carried out into the effectiveness and safety of their use. Always first consult qualified medical expertise. We hope we have provided enough information to encourage both wisdom and caution. The value of traditional medicines was encouraged by the World Health Organisation back in 1987 when it was stated that 'Member states should: involve traditional healers in community based healthcare, support research into traditionally used healing plants and develop an exchange with other countries in the field of traditional medicine.'

Our contributors have all had many years of experience in this area and have much to teach us.

Isabel Carter



Data from *Conserving Indigenous Knowledge* – a study commissioned by the United Nations Development Programme

Medicinal gardens

Cultivating medicinal plants ensures that they are preserved for your own use and for future generations. Many **fruits** provide medicine as well as food. These include banana, pineapple, mulberry, passion fruit and pawpaw (papaya). **Food plants** that also provide medicine include onion, garlic, groundnut, cabbage, chilli, coffee, pumpkin, sunflower, sweet potato, rice, maize, ginger, black pepper and sesame (*Sesamum indicum*).

Other plants are grown just for their medicinal qualities and are essential in a medicinal garden. The range of plants will vary according to country but may include African marigold (*Tagetes erecta*), tephrosia (*Tephrosia vogelii*), vinca (*Vinca rosea*), thorn apple (*Datura stramonium*), annato tree, (*Bixa orellana*), tithonia (*Tithonia diversifolia*) and African malve (*Hibiscus sabdariffa*). Make sure that over-enthusiastic collection does not mean these plants die out in the wild.

Contour hedges

Before you plant medicinal plants, plant hedges along the contour lines to prevent soil erosion, fertilise the soil, and provide shade. The lines should be 2–4 metres apart on sloping ground and 5 metres apart on level ground. Useful species include...

- lemon grass (*Cymbopogon citratus*), a medicinal plant
- leucaena (*Leucaena leucocephala*) a legume which improves soil fertility
- *Cassia spectabilis* which grows readily from metre-long cuttings
- pigeon pea (*Cajanus cajan*)



Photo: Dr Markus Müller

- moringa (*Moringa oleifera*) which produces edible leaves and beans which are rich in protein, vitamins and minerals.

Every year at the start of the rainy season, trim the hedges back to a height of about one metre, and work the leaves into the soil.

Trees

Plant fruit trees round the edges or alongside the garden. Depending on the soil, climate and altitude, include mango, tamarind, orange, papaya, guava and avocado trees. All these fruits are rich in vitamins A and C.

Plant neem trees if the climate allows. They have many medicinal, insecticidal and other properties. They grow well, even in dry climates.

Planting methods

If possible, make two gardens – a **demonstration garden** and a **production garden**. For the production garden, it is useful to establish a nursery to propagate seeds and small cuttings. It is better to sow in alternate lines or to mix up the various medicinal plants, as they would grow in the wild. In this way the plants provide shade for each other, and it is possible to reap a harvest in the dry season as well.

Learn from experience whether the plants grow best in full sun or in the shade, and whether they need a lot of water or a little. Observe carefully where they seem to flourish in the wild.

Set aside a small area as a demonstration garden.



Photo: Isabel Carter, Tearfund

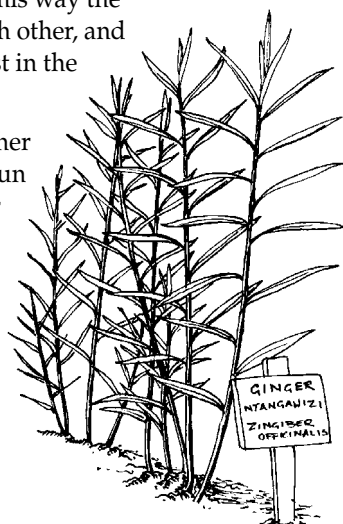
Orange trees are good sources of vitamins A and C.

Demonstration garden

Set aside a small area as a demonstration garden which you can use for teaching purposes with medical staff, traditional healers, school children and teachers. Plant examples of each plant known to be used in traditional medicine. Place this garden near the road – for example near the entrance to a clinic or hospital – so everyone who passes can see it.

Label your plants

In the demonstration garden, give each plant a label, on which you write both the local name, the scientific name and its uses. Old iron sheets and plastic buckets can be cut up to make useful permanent labels. Write with a permanent marker. The scientific name is important, as visitors from another country – or maybe even from the next village – may call plants by quite different local names.



Information provided by Dr Keith Lindsey and Dr Hans-Martin Hirt of Anamed, Schafweide 77, 71364 Winnenden, Germany.



Rain harvesters

Information in *Footsteps* has helped people build ferro-cement tanks for rainwater. However, many people need to know how they can avoid mosquitoes breeding in these tanks. Here are some practical steps I have developed to make a dome shaped cover...

- Measure the diameter of the top of the tank and add 3–4cm.
- Cut a piece of string to exactly half this length.
- Mark a centre point on level ground and move the string around this point to mark a circle on the ground.
- Dig away some of the soil and press down firmly to form a gentle hollow.
- Cover the soil with paper or sacking.
- Lay 1/4 inch (6mm) metal wire across the circle in both directions about 6–10cm apart and tie together.
- Also, if available, lay chicken wire or mesh on top.



Photo: Dickson Tenywa

- Cover with a firm cement and sand mortar (one part cement to three parts sand) so the cover is 2–3cm thick.
- Cover with damp sacking and leave to harden for several days.

If a small opening is required in the lid, first place a basin or tin between the wires before applying the mortar. Make a cover using mosquito netting or a tight-fitting basin.

You can also use this method to make a flat cover – simply make the cover on flat ground. However, a dome shaped cover is stronger.

Dickson Tenywa
The Rain Harvesters Technicians
 PO Box 15131, Kibuye
 Uganda

Nutritional biscuits

I am a nurse and also run a group for small children. We teach them how to work and about the word of God. To gain their trust, at the end of the meeting we give them sweets that we make ourselves, or biscuits that we buy. These biscuits are expensive. We already have some ingredients like soya, flour, sugar. Do readers have recipes for making biscuits so that we can reduce our expenses?

Muanda Mimi Antoine
 BP 277, Boma, Bas Congo
 DR Congo

Cattle disease

I am a health worker and use my spare time to help both peasant farmers and the large Bororo (cattle grazers) that live here in Kouhouat in the west of Cameroon.

Recently a cattleman came to me with this problem. There is a disease that is attacking cows. First the cow begins chewing its mouth seriously, the second day it starts to produce a lot of saliva and stops eating for several days. After a week the legs develop a problem and the cow will be unable to move for the next three weeks. It rests in the shade.

If it is a female with a calf, the quantity of milk will drop and then the milk will

(Left) One of the Rain Harvesters' domed covers.

(Right) Some of the members of APICAM in Cameroon, with their bees.

turn bloody. The calf will die if it is less than two months old. If the cow is pregnant, it will just deliver a stillbirth.

The cattlemen call it *mborro*. It spreads through infected pasture. I suspect this must be either a bacterial or viral infection. Does this occur in other countries? Does any one know the scientific name of this disease and where and how we can get either a vaccine or drug to treat this? At present there is no treatment and if one cow contracts this infection, then all the other cows in the herd will catch it.

Ngah Edward
 CITEF Farmers
 c/o BBH Box 9, Nso, NWP
 Cameroon

DR D E GOODMAN (CHRISTIAN VETERINARY MISSIONS) REPLIES:

The health condition you describe fits the description of foot and mouth disease. It should be confirmed by appropriate tests through the Government veterinary authorities as soon as possible. There is a vaccine available which may help to limit its spread. The disease is very contagious and animals should not be moved to other areas. Consider whether animals brought in from outside the area could be the original source of infection.

Christian Veterinary Missions provide a consultation service to give information on unknown infections in animals. They can send a form for farmers to fill in to enable CVM to answer their queries. Their address is: CVM, PO Box 166, Turbeville, SC 29162, USA E-mail: comvetdrdeg@ftc-i.net

Beekeeping in Cameroon

We were pleased to discover *Pas à Pas*. We are members of the Apiarists of Cameroon (APICAM). We are a very active organisation formed 14 years ago and are keen to share our knowledge of beekeeping with *Footsteps* readers.

Ruben Ngwe
 BP 14814, Yaoundé
 Cameroon



Working with traditional medicines

by René Gayana Simbard

CASE STUDY

The Pan-African Institute of Community Health (IPASC) in DR Congo has several departments including training, research, healthcare, mother and childcare and consultation.



Photo: Anamed

Using local plants with medicinal properties can reduce the costs of healthcare.

Most of the communities where we work are poor and people often lack money for healthcare. In recent years we have noticed an increase in the number of people dying from common illnesses, which are easy to treat with medicines. We therefore investigated how we could make use of local plants with medicinal properties to reduce the costs of healthcare.

Practical emphasis

To take up this challenge, IPASC set up a research project for traditional medicine. IPASC has always included lessons on traditional medicine in their teaching but until recently it did not emphasise the practical aspects. It has taken nearly two years for this dream to become reality. IPASC aims to identify local plants with

medicinal properties, to prepare drugs from them, to examine patients and, after consultation, provide them with treatment. As a result, we have used traditional medicines to treat malaria, typhoid, amoebic dysentery, intestinal worms, coughs, gastritis, ear infections, rheumatism, impotence and many other conditions. All the treatments are first tried and tested. (Of course, for more serious symptoms, we try to find the underlying cause if we can.)

We have worked closely with Anamed in South-Kivu, with CRMS (Multi-Disciplinary Research Centre for Development) at Bunia and the Plant Therapy Centre in Bunia, as well as with many traditional healers.

Some of the problems

We have found several difficulties:

- Some patients stop their treatment as soon as they feel a little better and we no longer see them at the centre. This makes it difficult to know how effective the treatment was.
- When a patient feels better, they often refuse to be examined or have their condition monitored by our laboratory.
- Patients are very reluctant to pay for herbal treatments even if we just ask for a very small sum.

René Gayana Simbard is the representative for traditional medicine at Nyankunde, IPASC, PO Box 21285, Nairobi, Kenya. E-mail: ipasc@maf.org

Update Alternative treatment for TB

An alternative treatment is now available for people suffering from tuberculosis. This involves taking far fewer pills than the current treatment of 16 pills a day. The World Health Organisation (WHO) say the new treatment reduces the number of tablets to as few as 3 or 4 each day taken for the first 2 months, with just 2 each day for a further 4–6 months. The treatment is also more effective in preventing the spread of drug-resistant forms of TB.

The new treatment (known as FDC or *fixed-dose combinations*) uses combination tablets that contain up to four different drugs. It is based on the current recommended DOTS treatment introduced by WHO in the mid 1990s. FDC also lowers the cost of treatment.

There are about eight million new TB cases a year and at least two million people die because of TB each year worldwide. Eighty percent of TB patients are found in Asia and Africa.

At present, TB patients need to take up to 16 pills a day for at least 2 months, and then up to 9 pills a day for a further 4–6 months, in order to recover fully. Many patients fail to complete their course once they feel better, with the result that they are not cured and drug resistance spreads.

Dr Spinaci of WHO comments, 'This pioneering work with fixed-dose combinations could also be developed for use in the treatment of other infectious diseases such as malaria and HIV/AIDS.'

Production of medicines

The preparation of a medicine from a plant that contains a beneficial chemical varies according to the chemical and the plant. Sometimes the chemical is extracted from the leaves by the use of boiling water. Sometimes the roots are dug up and ground. The most basic and common process for producing medicines is to use liquid and heat.

Here is a list of some of the varied **processes** that can be used. Pages 8 and 9 then contain examples of how these processes are used to produce medicines from just **seven common plants**. There are, of course, hundreds of beneficial plants that can be used. We have just selected a few which are widely known and have been tested, tried and researched scientifically.

Cold water extracts

This is used for ingredients that are destroyed by heat. Leaves should be cut into small pieces. Roots should be pounded. Soak ingredients overnight in cold water. Use within one day.

Tea (or brew)

Pour one litre of boiling water over a handful of herbs. Leave to stand and after 15–20 minutes filter through a clean cloth. Use within one day.



Decoction

Boil one handful of herbs in one litre of water for 20 minutes. Filter through a clean cloth. Use within one day.

Syrup

If the herbs taste too bitter, a syrup can be made. After preparing a tea or decoction, filter the liquid and add one cup of sugar to one cup of the liquid. Heat gently if necessary to dissolve the sugar. Use within three days.

Tincture

Tinctures contain alcohol which helps to preserve the herbal extracts. Use good quality medicinal alcohol. Usually 100g of herbal mixture is mixed with one litre of an alcohol and water mixture (45–70% alcohol). The mixture is not heated but poured into a bottle and allowed to stand in a warm place for a week before filtering. The higher the alcohol content, the longer the tincture can be kept. With 20% alcohol, it should keep for two years; 40% or more alcohol content means that it will keep for five years.

Ointment

Ointments use pure vegetable oil and wax. Good quality palm oil made from freshly gathered and processed oil palm kernels is very suitable. You can also use olive oil, groundnut oil or shea butter oil.

Dry the leaves and pound them into a fine powder. Mix one cup of this powder with nine cups of oil. Heat the mixture in a water bath made from two pots. The larger outer pot is one quarter filled with

Warning!

There are risks and side effects in using medicinal plants. Every herb, as well as every chemical substance, may have a range of effects; the main effect may be positive for one patient, negative for another and even dangerous for a third. For example, a plant that is good for low blood pressure, may kill a person with high blood pressure. In addition, the quantity of active ingredient in a plant can vary according to the variety, the season or the age of the plant. For this reason we cannot be held responsible for any results of using these herbal recipes. All we can do is encourage you to be careful and observant.

Keep careful notes and records of all herbs, quantities, treatments and effects. Learn from your own experience, and keep in close contact with other practitioners, so that you also learn from their knowledge and experiences.

When in doubt, seek help.

water and placed on the stove. The oil and plant material are placed in a smaller inner pot with a lid. Make very sure that water from the outer pot cannot enter the inner pot. Let the water come to the boil and simmer for 60 minutes.

Do not try and do this without using a water bath, as overheating spoils the oil. Filter the oil through a cotton cloth while it is still hot. Add one cup of warmed, clean wax (use beeswax, commercial wax or candles) while the oil is still hot, and stir for one minute.



Adapted from the book *Natural Medicine in the Tropics*, reviewed on Page 14.

Natural remedies

Here are just a few examples of the detailed recipes available in Anamed's book *Natural Medicine in the Tropics* (see page 14).

Some of the plants described here are also **toxic** (poisonous), and may cause serious reactions if you change the recipe, or use the plants inappropriately. A number of the symptoms and diseases mentioned, such as cough and diabetes, may reveal serious underlying conditions. Whenever possible, people should first consult a health worker or doctor.

We strongly recommend the use of accurate weighing scales. If these are not available, dry the leaves and then remove all stems by rubbing over mosquito wire. 5g of dried leaves is approximately equivalent to the amount that will fit, firmly pressed, into a plastic 35mm film canister. Please monitor the effectiveness of your treatment by using microscopes and other equipment available in health centres.

Ginger

OTHER NAMES *Zingiber officinale*

TO TREAT Travel sickness and nausea

PREPARATION Ginger powder is produced by washing, drying, pounding and sieving the rhizome (underground root).

DOSE Take 1 level teaspoon of powder 30 minutes before travelling. To avoid nausea, take 1/2 teaspoon of powder 3 times a day.

TO TREAT Bacillary dysentery

DOSE Take 45g of fresh ginger in portions during the day.

TO TREAT Coughs, bronchitis and rheumatism

PREPARATION Make a tincture with 25g of freshly chopped ginger and 100ml of alcohol 70%. Leave for a week and filter.

DOSE Take 10–20 drops of the tincture 3–4 times daily. Also use as an antiseptic for small wounds.

TO TREAT Rheumatism

PREPARATION Make ginger oil by heating 10g of chopped ginger in 50g of vegetable oil for 1 hour in a water bath. Strain and cool.

DOSE Apply to painful areas.



Guava

OTHER NAMES *Psidium guajava*

TO TREAT Diarrhoea and amoebic dysentery

PREPARATION Use a handful of leaves to make a decoction with 1 litre of water. Filter, add 4 tablespoons of honey or 2 heaped tablespoons of sugar and 1 level teaspoon of salt.

DOSE Drink within 1 day.

TO TREAT Diabetes and cough

PREPARATION As above but omit the honey and salt.

DOSE Drink within 1 day.



Papaya

OTHER NAMES Pawpaw, *Carica papaya*

TO TREAT Intestinal worms

PREPARATION To obtain latex, wash a large unripe fruit still attached to the plant, make several vertical cuts 1mm deep in the skin and collect the drops of white sap in a clean spoon or cup. The knife and spoon used must be stainless steel, as traces of rust destroy the active chemical, papaine. Be careful to keep the latex out of the eyes.

DOSE For adults, take 4 teaspoons of fresh latex in the morning before eating. Repeat 1 week later. For babies of 6 months to 1 year give 1/2 teaspoon, for 1–3 years give 1 teaspoon, 4–6 years 2 teaspoons and 7–13 years 3 teaspoons.

TO TREAT Dirty wounds – to clean them

DOSE Add a few drops of latex to cool, boiled water.

TO TREAT Indigestion

DOSE Add 1 or 2 drops of latex to your food or chew 3 pawpaw seeds.

TO TREAT Amoebic dysentery

DOSE Chew a teaspoon of fresh pawpaw seeds 3 times a day for 7 days for light cases. For serious cases, give 1 tablespoon of ground seeds 3 times a day for 7 days.

TO TREAT Open boils, infected wounds and burns

DOSE Wash and cut an unripe pawpaw. With a clean stainless steel knife, cut a slice as thick as a child's little finger. Lay over the wound and secure with a bandage. Leave for 4 hours; though if it causes pain, remove earlier. Repeat 4 times a day until all the infected pus has disappeared. In between these treatments, cover the wound with a honey and sugar mixture.



Neem

OTHER NAMES *Azadirachta indica*



TOTREAT Malaria

PREPARATION Make 1 litre of tea with 5g dried leaves or 40 fresh single, small leaves (not whole bunches).

DOSE Drink 1 litre of tea during the day.

TOTREAT Sleeping sickness

DOSE In addition to the recommended medical drugs, drink 1 litre of tea each day.

TOTREAT Head lice

PREPARATION Make a tincture with 10g dried neem leaves and 100ml alcohol and leave for 7 days.

DOSE Use the tincture as a hair lotion 3 times a day for 5 days. Or pound some neem seeds into a paste. Wash the hair each evening and then rub about 1 teaspoon of the paste into the hair and leave until the next evening. Repeat as necessary.

TOTREAT Skin problems such as acne, fungal infections, psoriasis, scabies and eczema

PREPARATION Make an ointment with 10g of neem oil and 100g of ointment (recipe on p7) or make a tincture using 20g dried leaves and 100g alcohol 70% and leave to soak for a week.

DOSE Apply ointment or mix 1 teaspoon of the tincture with 1 teaspoon of vegetable oil and rub into affected areas.

TOTREAT Infected burns

PREPARATION Make a decoction with a handful of fresh leaves in 1 litre of water. Filter while still very hot to avoid contamination and cool.

DOSE Use to wash the infected burn. Keep the patient under a mosquito net to avoid new infection.

Aloe

OTHER NAMES *Aloe vera*, *Aloe ferox*, *Aloe arborescens*



TOTREAT Burns

PREPARATION Cut and wash one leaf. Sterilise a knife in boiling water and cut away the ends and sides of the leaf, then cut through the middle to leave a large surface from the inside of the leaf.

DOSE Rub the juicy side all over the burn. Repeat 4 times a day.

TOTREAT Wounds and ulcers

DOSE Again, rub the juicy side over the ulcer 4 times a day, but also use the pawpaw treatment described above.

Passion fruit

OTHER NAMES *Passiflora edulis*



TOTREAT Sleeplessness, anxiety and spasms (cramps)

PREPARATION Make a tincture from 10g of dried young leaves in 100ml of alcohol.

DOSE Use 30 drops 1–3 times daily.

TOTREAT Asthma and as a sedative (also for the previous conditions)

PREPARATION Make a decoction by boiling 1 large handful of young leaves in 1 litre of water.

DOSE Drink 1 litre of the decoction during the day.

TOTREAT Sleeplessness

PREPARATION Make a decoction by boiling 1 handful of young leaves in just 1 cup of water for 10 minutes.

DOSE Drink each evening.

Sweet Annie

OTHER NAMES Sweet wormwood, *Artemisia annua*



TOTREAT Malaria

PREPARATION Pour 1 litre of boiling water over 5g of dried leaves or 25g of fresh leaves.

DOSE Divide tea into 4 equal amounts and drink at 6 hourly intervals. Some sugar or honey may be needed to sweeten the tea. Make each day for 7 days. Never give to pregnant women and only use with young children under medical supervision.

TOTREAT Coughs, colds and sinus problems

PREPARATION Inhale the vapour from hot artemisia tea for 10 minutes, 3 times a day.

Photos: Anamed

Please note

Anamed's recipes are intended to encourage good relationships between patients and medical health staff. They may help increase the range of treatments available in hospitals, health centres or home. But please be careful.

Always seek qualified medical help for serious health conditions. Herbal treatments can also **never** replace the benefits of vaccination.

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Anamed

'Natural medicine'

by Dr Hans-Martin Hirt and Dr Keith Lindsey



When Europeans first arrived in Africa, Asia and the Americas and witnessed practices such as ritual sacrifice and ancestor worship, they quickly labelled these as primitive. Instead, they introduced the people to European customs, culture and religion. However, we now recognise that there is much to learn from these traditional cultures. In rejecting some dangerous practices, many other beneficial practices were ignored.

A desperate situation

Today, western chemical and pharmaceutical firms are rushing to patent the production of medicines from tropical plants such as the neem and shea butter trees, periwinkle and many other plants. The healing properties of many of these plants is now proven by recent scientific research, but they have been used in traditional recipes for many centuries.

The situation in many tropical countries is now quite desperate. The rising price of medical drugs, modern patenting laws and the fall in value of local currencies mean that medical centres sometimes cannot afford even the most basic drugs. At the same time, local knowledge and skills about herbal remedies are being

rapidly lost. Many communities are being left with no health expertise at all.

Co-operation between all concerned in providing healthcare – both traditional healers and medical staff – is therefore extremely important for the well-being of local people.

Getting together

Anamed is a small, Christian initiative in Germany. They have considerable experience in providing seminars on 'natural medicine'. These seminars usually last for one week with about 30 people, some of whom are trained in modern medical practice such as doctors, nurses and primary healthcare workers, and some of whom are traditional healers.

Anamed describes *natural medicine* as combining the advantages of the medicine of the South with those of the medicine of the North.

Good, traditional herbal medicine is accessible, uses locally available plants, is relatively cheap (and can sometimes be paid for in chickens instead of money) and is very personal. Modern medicine, on the other hand, emphasises the importance of cleanliness and hygiene, and accurate measurement and dosages. So each party has a lot to learn from the other!

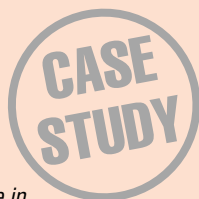
Today there is still often deep suspicion and mistrust between traditional healers and hospital workers. We understand both parties. From the point of view of doctors and missionaries, healers instil fear, put curses on people, do ridiculous things like 'removing false teeth', or cause terrible mutilations, thereby often killing people. From the view of the healer, on the other hand, doctors exploit their patients, have no understanding of cultural beliefs and behaviour and do not reveal their knowledge about how to prevent diseases. Many healers believe that doctors do not try to bring good health to the region, but rather seek to make lots of money by treating a high number of 'their' former patients.

Mutual respect

During the seminars, an important first step is arranging for the healers and doctors to eat the same meals together, and to sleep in the same houses! The second step is to enable mutual respect to develop by allowing them to recognise that each has successes and failures in their treatments. The third

A change of heart

A Methodist bishop in DR Congo used to forbid the hospitals in his diocese to use medicinal plants. Many nurses wanted to use these plants, as they were familiar with their use, but the bishop was frightened of witchcraft, and was determined only to use modern, western medicine in his diocese. When we met him personally, we presented him with the Anamed poster of 60 medicinal plants that grow in his country, and the book *Natural Medicine in the Tropics* which describes how to prepare and use medicines from these plants. He immediately asked if he could treat his own diseases using the recipes in the book. We pointed out to him that this was contrary to his beliefs. He said that such well produced materials in full-colour were certainly not traditional, but modern and scientific, and therefore totally acceptable!



step is then to begin sharing some of their knowledge with each other.

On the last day of our seminars, we discuss how to organise future co-operation. The medical workers elect one person to be their representative, and the healers do the same. These two representatives meet every month, or more often when problems arise. They act as the formal channel of communication between the groups. Here are examples of situations that may well arise:

■ *On the morning round, the doctor discovers a cancer patient has been given deep, bleeding and infected cuts during the night by a healer who stole into the hospital! As a result, the doctor calls the medical representative, who speaks with the representative of the healers. In this way, any repetition of this problem is avoided.*

■ *A diabetic patient is unable to buy insulin and seeks help in the hospital. Working through their representatives, a healer known for his success in treating diabetes is found. The hospital offers its laboratory facilities for this healer to examine, free of charge, the success or failure of his herbal treatment!*

Many churches accuse the healers of practising witchcraft. In our seminars we always take enough time to discuss this very important issue. It is, however, certainly the case that if a healer has ready access to all the plants he needs, the temptation to use witchcraft will be much less. Establishing a medicinal garden to provide a constant supply of herbs is vital.

The benefits of the seminars

We find that bringing together traditional and medical healers has the following positive results...

■ The general population is better informed, as local health committees choose representatives to attend the seminars, who report back to the people. People are better protected from bad and dangerous practices. For example, one source of HIV/AIDS and hepatitis B infection in DR Congo is from some 40,000 untrained healers who give

Production of medicinal oils during one of Anamed's 'natural medicine' seminars.

Advantages of the two systems

Western (modern) medicine

- Hygienic
- Scientific and internationally accepted
- The medical practitioner has a lot of training and understands the body and disease
- A full medical examination is given, with laboratory tests
- Uses accurate dosages
- Medicines last a long time
- Plants are identified by their scientific names
- The government controls standards of medical practice
- A large number of patients can be treated, for example during epidemics

Traditional, herbal medicine

- It uses locally available plants
- There is no dangerous waste requiring safe disposal
- No problems of foreign exchange for expensive drugs or delays at customs
- Usually cheap for the patient
- Creates employment in the medicinal garden and the preparation of medicines
- Money paid for treatment stays in the local economy
- Encourages self reliance
- The healer speaks the same language as the people
- Sometimes the only medical help available

injections using unsterilised syringes. Trained healers and traditional midwives can provide better treatment without spreading HIV/AIDS.

- Medical staff learn the value and effects of medicinal plants, and begin to use them for treatment.
- Traditional healers learn how to use accurate doses, to preserve their products better, and the importance of hygiene.
- Traditional midwives are no longer forced to practise illegally but, after training, provide better maternity and baby care.

■ The environment is improved as indigenous plants that are used medicinally gain economic value, and will therefore be protected.

Encouraging good practice

We encourage 'traditional healers' to practise natural medicine. This means they agree NEVER to:

- give injections
- make tattoos
- practise cuttings (in the hope of releasing the pain or bad spirits)



Photo: Anamed

TRADITIONAL MEDICINE

- remove so-called 'false teeth' from children (The new teeth of young children who suffer malnutrition shine through the gum. Some believe the 'old' tooth must be removed.)
- practise any form of surgery
- use any form of witchcraft
- carry out abortions
- use excrement
- give enemas.

Instead, we encourage them to:

- provide preventive care for their community
- educate people in preventive healthcare

- use medicinal teas
- use safe recipes to produce medicines like ointments and oils
- establish a garden of medicinal and nutritious plants
- specialise in treating one disease.

Medical workers can increase the scope of their work significantly by establishing a medicinal garden and preparing and using medicines from the plants.

Here in Anamed, we are convinced that natural medicine combines the advantages of both systems. In countries which value the use of traditional herbs, the Ministry of Health can achieve far more, even on a limited health budget.

Dr Hans-Martin Hirt has many years' experience in rural DR Congo. He and Keith Lindsey have a commitment to empowering and enabling people in their local communities through the exchange of knowledge. Anamed invite readers of Footsteps to do the same.

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Please note that Anamed are unable to either identify or carry out scientific analysis on medicinal plants for Footsteps readers. They are also unable to provide free literature or funding.

Malaria: a new solution

Malaria is a serious and growing problem world-wide, with about 2.5 million people dying as a result of malaria each year. The malaria parasites increasingly develop resistance to the well-known malaria drugs. New drugs are being developed, but these are often extremely expensive and not easily obtained. However, traditional medicine seems to be providing new hope.

The plant *Artemisia annua* (wormwood) is the oldest known anti-malarial treatment, having been used in China for over 2,000 years. It contains the drug artemisinin.

Artemisinin clears malaria parasites from the blood more quickly than any

other drugs and works well against *Plasmodium falciparum* parasites that are resistant to other drugs.

Artemisinin production

Artemisinin is now available as commercially produced products, which cost between \$3 to \$20 per treatment. If demand rises, prices are likely to fall further.

Artemisinin drugs must be given for at least five, preferably seven days, if used on their own. Shorter courses are useful if combined with other anti-malarial drugs. This 'combination therapy' is a good way forward for preventing multi-drug resistance in the future.

Artemisinins have not been found to have any serious side effects after thousands of treatments.

Artemisia annua var anamed growing in Bukavu, DR Congo.

Drug resistance

The WHO has asked that artemisinin and other drugs obtained from *Artemisia annua* are used only to **treat** malaria, not as a **preventative** medicine. They also recommend that it is used together with other anti-malarial drugs to prevent resistance.

The Anamed hybrid

Anamed have also developed a particular variety of *Artemisia annua* that has a consistently high concentration of artemisinin. This hybrid grows up to two metres high with many leaves. If quantities are grown in a medicinal garden and processed carefully and accurately, *Artemisia annua var anamed* can help a hospital to have cheap and effective malaria treatment.

The seeds of artemisia are very small and sensitive and need a great deal of care. Anamed can provide seed of this variety with full instructions (see page 14). Though expensive, this could prove an invaluable investment. Once well established, cuttings can be taken from the plants for easy distribution throughout an area.

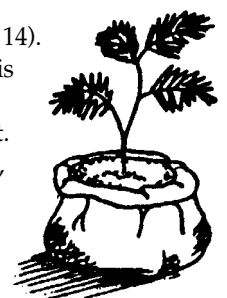


Photo: Anamed

Discussion questions

Traditional medicine is a term that does not just simply refer to herbal cures for illnesses. It also touches on all kinds of healing approaches. In this issue we have focused on the enormous benefits available in using tried and tested herbal remedies. However, the boundary between herbal cures and more spiritual influences is not clear. Christians have often avoided **all** aspects of traditional medicine for fear of negative spiritual influences.



While few would question the benefits of herbal treatments, there are indeed spiritual powers exercised by some healers with which Christians should not be involved. In addition, each culture may know of different practices. How can we raise the discussion of these issues in a way that helps people to be honest? How can Christians be wise in their approach? Here are some discussion questions that may help people find the right way forward in their culture.

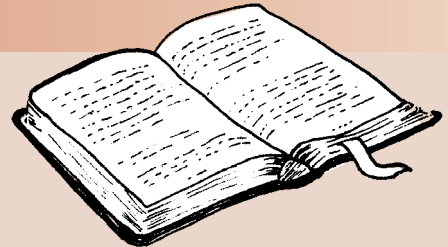
- 1** In Africa, nearly 80% of the population live in rural areas and depend on the services of traditional healers. But often little is done by health workers and doctors to work with traditional healers. Why is this?
- 2** WHO guidelines encourage co-operation with herbalists and traditional midwives. How is this being approached in your local health centre?
- 3** Words such as *witch doctor*, *medicine man*, *diviner*, *herbalist*, *priest*, *shaman* and *prophet* are used to describe a range of traditional healers. Discuss the terms used in your area. Which terms describe spiritual influences which Christians should avoid?

- 4** Traditional healers often consider not just the physical symptoms of disease but also the patient's mind, soul and body. What advantages and disadvantages are there in this approach?
- 5** People who are not Christians often think that illness or misfortune is caused by both seen and unseen forces, such as ancestors, spirits, elders or neighbours. How can Christians challenge this approach in a helpful way?
- 6** What should Christian healthworkers do if local healers consider the spiritual significance of their herbal remedies more important than their medicinal properties?

BIBLE STUDY

Traditional medicines: gifts from God

by Eva Ombaka



From the very beginning, we read in Genesis 1:29 how God placed plants in our lives. He gave us seed-bearing plants and trees that bear fruit for our use as food. And so in every place; wet or dry, land or sea, appropriate plants grow (Isaiah 41:19).

- *What does this mean in our daily lives and to life on earth?*

A body, which is well nourished, is also usually a healthy body. When we eat a balanced diet (Ezekiel 4:9) the food we eat can be seen as preventive healthcare. In addition, God gives us the use of plants and herbs for curative care, both physical (2 Kings 20:7; Psalm 51:7) and emotional (Psalm 45:8; Genesis 43:11).

- *Reflect on how people have used plants, seeds and herbs. What are the consequences of such use?*

Jesus' ministry included both spiritual healing (Matthew 9:2) and physical healing. He used divine power (Luke 5:17), faith (Luke 7:6-10; Luke 18:42), touch (Matthew 8:2-3) and even prepared products such as the mud and saliva used for healing in John 9:6-7.

There were also rituals associated with cleansing and healing both in the Old and the New Testament (Leviticus 14:49-57; John 17:12-19; Mark 8:22-25).

- *Consider the different healing methods that are available today and the rituals associated with them. Which would you, as a Christian, agree with and why?*

Read Philippians 1:9-10 and James 1:5

As we consider the use of traditional medicines, let us make choices through careful study and observation, asking God for wisdom to see clearly what treatments are best, pure and blameless.

Dr Eva Ombaka is a pharmacist and the Co-ordinator of the Ecumenical Pharmaceutical Network. She is based in Nairobi, Kenya. Her e-mail is ciss@net2000ke.com

Books Newsletters Training materials

Anamed publications

Natural Medicine in the Tropics

by Hirt and M'Pia (Second edition)

This is an excellent introduction and guide to the production and use of traditional medicines. It gives full and detailed instructions on how to use 65 medicinal plants to treat a wide variety of health concerns. The information on pages 7–9 was adapted from this book. Highly recommended. It is available in English (new 2nd edition, US \$19, 42DM), German (\$16, 35DM), French (\$16, 35DM), Ukrainian (\$13, 30DM) and Spanish (temporary edition \$30, 69DM) including surface postage.

Healing Plants in the Tropics

This is an excellent and informative poster with colour photographs of 60 medicinal plants and describes the diseases and complaints for which they may be useful. The poster costs US \$13 (30DM) and is available in English, French and German, or blank for teaching purposes.

Anamed Malaria Programme

The *Artemisia annua* var *anamed* Kit includes 1,200 seeds and full information about sowing, growing and harvesting this plant. It also has details of networking between participants in the Anamed Malaria Programme. It costs US \$93 (210DM). Please specify country of use as each pack is prepared individually.

A detailed list of all Anamed's publications can be seen on their website www.anamed.org. For all the above materials, please send payment in advance using either cheque or bank transfer. For payment from banks other than British or German, please add \$6 to cover bank fees. Write to:

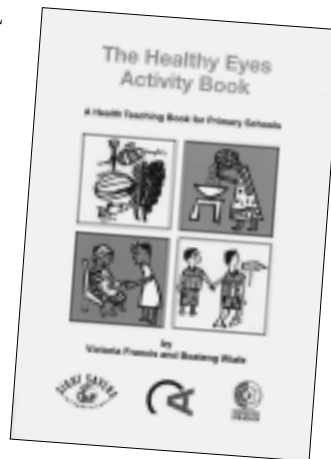
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71364 Winnenden, Germany
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The Healthy Eyes Activity Book

This is a health teaching book for primary school children which provides lots of exercises and activities for use in class. The 50 pages provide many ideas for lessons and source materials for photocopying to use with a class. The book provides information on good health for eyes, preventing blindness (especially through accidents) and understanding the causes of eye problems.

The book costs £3 including postage (five copies for £11) and is available from:

International Centre for Eye Health
Institute of Ophthalmology
11–43 Bath St
London
EC1V 9EL
UK

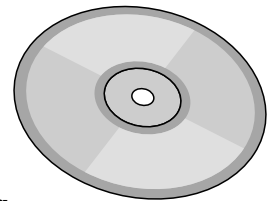


Fax: +44 20 720 3207
E-mail: eyeresource@ucl.ac.uk

Community Development CD-ROM Library

A new edition of this very useful CD-ROM library has just been published. This is Version 3.0 and contains the contents of over 1,150 books and newspapers relating to development. The *Footsteps* office has copies available for £10 (US \$15) each, including airmail postage. Some free copies are available for groups without access to foreign exchange. Please write to:

PO Box 200
Bridgnorth
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UK



Trees for Living

This newsletter is produced twice a year to encourage regional networking in agroforestry in southern Africa. It includes articles on various useful tree species, farmer discoveries and improving soil fertility. For more details write to the following address:

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Helpful weeds

Across east Africa, thousands of farmers are planting weeds in their maize fields. Though this sounds odd, the technique increases yields by giving the insect pests something else to eat instead of maize. 'It's better than pesticides, and a lot cheaper,' said Ziadin Khan. 'It has raised farm yields here near Mbita, Kenya by 60–70%.'

In east Africa, maize faces two major pests. The first is an insect called the stem borer. Most years, the larvae eat their way through a third of the region's maize. But Khan discovered that the borer prefers a local weed, napier grass. By planting napier grass in their fields, farmers can lure the stem borers away from the maize and into a trap, as the grass produces a sticky substance that kills the larvae of stem borer. (However, in areas of high rainfall, napier can become invasive.)

The second major pest is striga, a parasitic plant that wrecks \$10 billion worth of maize crops every year, threatening the livelihoods of 100 million Africans. Weeding striga is one of the most time-consuming activities for millions of African women farmers. Khan has found that another weed called desmodium seems to release a chemical that striga doesn't like. If farmers plant desmodium between rows of maize, striga won't grow.

Khan's ideas are spreading rapidly. The International Centre for Insect Physiology and Ecology in Nairobi, where Khan works, has just finished trials on more than two thousand farms.

Adapted by Fred Pearce from a report on sustainable agriculture by Jules Pretty in *New Scientist*, February 2001.

Traditional practices in childbirth



by Barbara Soung and Hang Sorya

Traditional healers are known as *Khru Khmer* in Cambodia. They learn their skills from old monks or older male relatives. They are nearly always male, though occasionally there are female *Khru Khmer*. Their female equivalents are the traditional midwives, who often learn some of their skills by watching the *Khru Khmer* at work.

In Cambodia when someone is sick, they call the *Khru Khmer* to treat the body and the spirit. For most Cambodians, all sickness is connected with the spirit – whether it is a mental problem or a broken bone. One of the ‘trademarks’ of the *Khru Khmer* is that they ‘blow’ on people. It is believed that a spirit possesses them, and when they blow onto a person the power of the spirit is manifest.

Much illness in animist societies is caused by fear, so people look first for spiritual healing in their own culture. Christians need to determine which practices are helpful and which are harmful. It is important to build on what people already believe (even if this is medically unhelpful), as only then can health staff begin to influence and improve the situation. This is true, not just in Cambodia, but also in other countries.

For *CORD* (Christian Outreach Relief and Development), weekly Bible studies with staff give a forum for discussion on such subjects. During training of traditional birth attendants, there were also discussions which opened people’s minds to the knowledge that there are alternatives. As *CORD* Christian staff develop relationships with local people, they can start to talk about release from fear through the Lord Jesus Christ.

Tea remedies

During pregnancy and childbirth the *Khru Khmer* are involved with protecting the mother and child. They tie

Discussion questions

- Many of the *Khru Khmer* practices are unhelpful or harmful. Is it better for health staff to look for the good practices and build on them, or tell people to avoid using them completely?
- How can educated people be released from their belief in the power of the *Khru Khmer*?
- What problems are *CORD* health staff likely to encounter?
- What similar health taboos and beliefs are practised in the culture where you are working?

cotton strings with long flattened metal rings around the waist of the pregnant woman. The string can be expanded as the pregnancy progresses. The *Khru Khmer* make a herbal tea for pregnant women to drink which helps makes the birth easy – supposedly by making the birth passage slippery. Many problems in pregnancy have ‘tea’ remedies and some healers show the relatives how to prepare it themselves.

After delivery many people believe the baby belongs to the spirit world for the first three days and only on the fourth day, if they live, is the baby part of the human world. The first three days are therefore a crucial time for protecting the child. The traditional midwife will prepare incense and fruit as an offering to the spirits on the fourth day.

Taboos

Following delivery, *Khmer* women are very fearful for their health, as traditionally there are many taboos connected with certain foods, working too hard, having sexual intercourse too soon after birth, carrying heavy things or being exposed to rain and wind. It is believed that if the woman breaks some of these taboos, there are no cures. She will suffer for the rest of her life or even die. This often means that if a mother has a problem after delivery, the family will look for the cause among the taboos, instead of taking the woman for medical help.

The need for education

The *Khru Khmer* believe that they have the answer for all illness and continue treating someone until they die. They need to know which illnesses they can cure and which need medical attention. They need to educate the people in this, too. Some educated people still believe in the power of the *Khru Khmer* but not in their traditional medicine. Others will buy the traditional medicines from shops without visiting the *Khru Khmer*.

Barbara Soung and Hang Sorya work in Pre Veng Province, Cambodia for CORD – a UK-based international Christian charity.

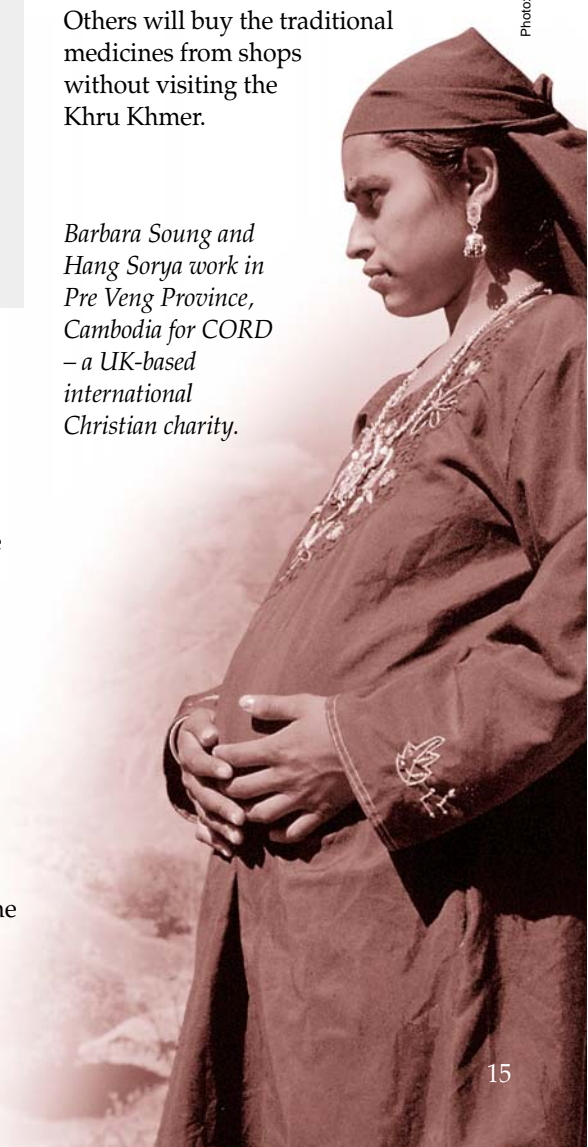


Photo: Geoff Crawford, Tearfund

Finding the real community leaders

by Robert Linthicum

To encourage change effectively within a community, you need to learn from the community about their situation. You also need to learn who the real leaders are. Often the elected leaders are not the people who make things happen in a community.

I believe there are four key people in every community around the world. I've given these people the names, *gate-keepers*, *care-takers*, *news-catchers*, and *brokers*. These are the people who really make communities function.

How do you learn about each community? As you talk with people, ask them about how long they have lived in the area, what changes they have seen in that time, what hopes they have and what problems and concerns there are. Then ask questions to discover the real leaders. When you keep getting the same names from different people, then you know you've probably found them.

The Gate-keepers

A community's gate-keeper is the person who decides whether or not someone gets through the 'gates' of the community and is accepted. To find the gate-keepers, ask who has recently moved into the area. How do people feel about them? Are they well liked or thought odd? Why do they feel this way? Their answer may well be: 'Because so and so told me this...' and then you've found your gate-keeper. These are influential people who effectively control how others feel about new people and new ideas.

The Care-takers

These are the people others turn to when they have problems. When I was walking through a slum in Chennai, all the children from one area seemed to be

playing outside one house. The person living there was probably the care-taker for that area – the 'Mama' or the 'shepherd' – always ready to listen, comfort or advise. Every community has one and they can be men or women. To find the care-taker, ask: 'If you had an emergency at 2am and none of your family were around, who would you go to for help?'

The News-catchers

These are the people who always know everything that is going on. When someone is ill, or dying or has lost their job, they always seem to be one of the first to hear. To find the news-catcher, you could ask: 'If a person was known to be causing unnecessary problems or arguments, who would people talk to in order to make sure that the message got through to them?'

The Brokers

A broker has connections with personal friends of key people in the government or international organisations who can get things done! To find the broker, ask who people would turn to for help to get things done. Who would they ask for

help when, for example, the water tap or power supply or telephone for their area was not working?

Find them!

Why is it so important to find these four types of people?

- Firstly, because these are the people with the necessary skills to organise the community to encourage change – whether this is for advocacy work, or any other development work.



- Secondly, because people in the community will first look to see if the most important people are participating or boycotting the effort. Then they will decide whether to join in themselves.

Seek out these key characters and build relationships with them. Remember, however, that their interests may not always be the same as yours or of the community. Seek to work with them and influence them. Through the understanding and support of these leaders, change will be much more likely.

Condensed from an article in Together Magazine, Issue 27, World Vision.

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