

**EDITORIAL****THE CONTENTIOUS INTERFACE BETWEEN MODERN  
AND TRADITIONAL MEDICINE PRACTICES**

In June 3-7, 1985, the Commonwealth Science Secretariat in London convened a scientific seminar in Harare, Zimbabwe where research papers on tropical medicinal and aromatic plants were presented. Participants were drawn from several countries in Africa, Caribbean and Asia. The proceedings of this seminar are published as CSC Technical Publication Series No. 235 CSC (87) RNR-11, and are available from Commonwealth Secretariat, Malborough House, London. Traditional healers from Zimbabwe were invited to the seminar as observers. Their patron, a sociology professor from the University of Zimbabwe, addressed the participants and claimed to be a spirit medium capable of communicating with ancestral spirits. The professor argued strongly in favour of allowing traditional healers to practice in government hospitals alongside modern doctors. He accused the Zimbabwean government of renegeing on an earlier promise, given just before the country attained independence from Britain, an accusation denied by the Minister for Health. It was however clear to many of us that the Minister's rebuttal was less than candid.

The issue of whether traditional healers should be allowed to practice alongside modern doctors has become an embarrassment to many African countries. Just as in Zimbabwe, these governments are unable to take a definitive decision due to political consideration and the far-reaching implications that would ensue. Traditional medicine in Africa is intricately intertwined with other cultural practices, many of which were discredited by the colonial governments. This in turn elicited a backlash and provided a rallying point with political undertones in defense of "our medicine". In many African countries, traditional medicine is practised along modern (orthodox) medicine with patients traversing the interface freely. There are no superiority battles and a harmonious relationship of "live and let live" is the rule than exception. Still, the question regarding functional relationship between the two groups of health practitioners is brought up for consideration from time to time.

Take for example the case of HIV/AIDS infected person. A modern doctor will base his/her diagnosis of the disease on clinical symptoms such as persistent diarrhoea, persistent fever and weight loss greater than 10% baseline, and confirm the tentative diagnosis with laboratory tests such as Elisa, Western Blot, CD4 count and viral load. The doctor will then treat the patient using well documented standard treatment guidelines (STG). In contrast, the traditional healer will diagnose the same condition on intuitive and "practical experience" of oneself or others and follow this with treatment using herbal dosage regimen only known to himself/herself. The traditional healer is not answerable to any independent authority and there is no way of monitoring the success or failure of the treatment intervention. It is then debatable whether the two groups of practitioners can work together given the fact that the traditional practitioner does not consider himself inferior to his western-medicine trained counterpart. Whereas the modern doctor does not mind being criticized, the traditional practitioner will have none of it. For example, in the East Africa notably Kenya and Tanzania, any probing question is met with a rude rejoinder blurted out in Swahili, "*Una maswali mengi. Kwani wewe ni polisi?*" meaning, "*You have too many questions. Are you a policeman?*" The example given regarding HIV/AIDS patient would apply to other conditions such as hypertension, diabetes, cancer, impotence, et cetera. A modern doctor that claims to cure certain types of cancer, impotence, polio and other such conditions, will be subjected to intense skepticism. Yet, this is not so for traditional practitioners who often operate under a banner, "the impossible we do at once, miracles take a little longer."

There is a misconception that traditional medicine is unique to developing countries of Africa, Asia and South America. This is certainly not true. Traditional medicine, often referred to as "alternative medicine", is widely used in developed countries even though not widely publicised. And just like in Africa, the practitioners of alternative medicine in developed countries do not entertain probing questions because it is not based on well documented scientific evidence. Besides, it is important to point out that many of those who consult traditional medicine practitioners do so as a form of protest because of unfulfilled expectations from modern medicines. Equally important is the need to emphasize that in both modern and traditional medicine practices, the common denominator is the patient well-being and this then must be the point of convergence.

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