POUR OU CONTRE
LA
MEDECINE TRADITIONNELLE
AU CAMEROUN

THE PROS AND CONS
OF
TRADITIONAL MEDICINE
IN
CAMEROON

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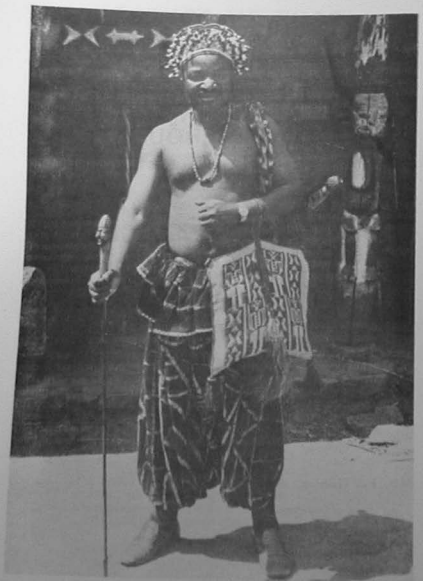

Professor Daniel LANTUM
As a Tai Traditional Chieftain

PREFACE

The major case for the promotion and development of Traditional Medicine in Africa today is no longer the sentimental issue of cultural revival but one of giving a useful thing its proper value and putting it to proper use. But, as even useful things still lose their rating in a competitive world, despite their absolute utility, it becomes necessary that even they also should from time to time be the subject of revalorization with a critical perspective in order that those aspects which are no longer acceptable to the people of the time could be improved or discarded for the good of the things themselves. This is therefore the function of this book, namely, to examine traditional medicine critically and condemn whatever is objectionable in it, as well as to identify what is good and wholesome in it and recommend it. Furthermore, this book tries to chart the course which Traditional Medicine will need to trace in order to survive the difficult times of the future as well as fulfill greater roles in the African world of tomorrow which will be dominated by a scientific and technological culture.

As the thirst for literature in the field of Traditional Medicine is insatiable, it is my humble hope that this booklet will stimulate other Africans to express themselves on the subject and thus promote the profession.

In the chapters which follow, I have tried to make it clear that despite the academic curiosity that it may satisfy, this work is not principally a work of art for art's sake, but a prescription for the practitioners of traditional medicine itself. It is therefore my prayer that they should receive it as their handbook and use it for autocriticism and self-development.

I am grateful to my first year students of UCHS (CUSS) "tronc commun" of the 1977–78 academic year, for the interest they showed in traditional medicine and for their objective evaluations of it. They have contributed to the nucleus of this work.

I have to thank the Secretariat of the Public Health Unit, namely, Mr. John Luanje, Miss Rose Moneze and Mme Tambe for their constant support in giving form to my dreams and scrawls.

DAN N. LANTUM
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SECTION 1

INTRODUCTION

The recent world invention of the Primary Health Care[1] approach to the delivery of health care is living evidence of a new sensitivity of the World Health Organisation leaders to the sufferings and indignities experienced by millions of mankind, especially in the third world countries. This sensitivity responds more particularly to the stimulus provided by the neglected rural poor people and those of the deprived urban and periurban societies or communities who are not distant from modern health care systems but who cannot for some reason get adequate care. The Primary Health Care (PHC) approach endorses the full liberty of either nations, individual leaders or collectivities to depart from conventional approaches, as much as possible, in seeking new ways of promoting and developing their healthful resources which are better optimised by the complex interaction of all development sectors within the framework of integrated planning strategies for human progress and production.

This sensitivity and action which appears new in our time does not lack similarities in human history, for as history tends to repeat itself, we are, in fact, passing through a public health experience which is well recounted for Europe in the revolutionary period called the Enlightenment. According to Rosen (1958):

> *"The 80 years from 1750 to 1830 form a pivotal period in the evolution of public health. The peculiar interest of these decades derives from the creation during this period of the foundation for the sanitary movement of the nineteenth century"...*
>
> *"The intellectual and emotional atmosphere as well as the attitudes associated with it, are ultimately referrable to the cultural and economic movements of the eighteenth century [not dissimilar to our epoch as experienced in the Cameroon Five Year Socio-Economic and Cultural Development Plans 1971–76, 1976–81, etc[2]]. Characteristic of the period therefore was an eager didactic impulse to make known the results of science and medicine to the public, and in line with this trend, efforts were made to enlighten the people in matters of health and hygiene. (George Rosen, A History of Public Health, 1958, pp. 131–191).*[3]

The universal public health liberalism of P.H.C. philosophy therefore permits us in Cameroon to lay aside those official health policies and practices which are obstructive to the full harnessing and exploitation of healthful resources for our public health action. We can no longer pay a deaf ear to traditional or cultural medicine, a health resource of which Dr. Roney of Stanford

University once observed that it probably consumed the greater portion of the health dollar in rural districts of former West Cameroon[4]. Of the same resource, Dr. L.P. Aujoulat also had this to say:

> *«Une médecine indigène existait avant l'arrivée des européens en Afrique Noire ; aujourd'hui encore elle poursuit plus ou moins clandestinement son action... Il est dommage qu'elle ait été réduite à l'état de médecine hérétique, impitoyablement poursuivie pour ses erreurs ou ses accidents, guère honorée par ses victoires. Ainsi vont retomber dans le néant des connaissances cliniques et thérapeutiques dont la médecine universelle aurait pu faire son profits.»*[5]

Translation:

> *"A form of indigenous medicine existed in Black Africa before the coming of Europeans; today it still carries on functioning but more or less in hiding... It is unfortunate that it has been reduced to the state of heretical medicine, pitilessly harrassed for its errors or its accidents, but hardly ever honoured for its victories. Thus finally it will collapse to nothing, while its body of clinical knowledge and therapeutics should have profited universal medicine".*

This book, "Pros and Cons of Traditional Medicine", affords us an auto-analysis of African cultural medicine in a frank and objective manner, and thus attempts to perfect this instrument or resource for health development in our time. That moment, when people become introspective and worried about their own progress, and in consequence begin to study critically the tools for shaping this progress, is the one that ushers in true progress. "Pros and Cons for Traditional Medicine" therefore sets the base lines and guiding principles for planned progress in integrated conventional public health and traditional medicine practice in Cameroon.

Evidently, the stimulus to the writing of this book is the spirit and the will to develop, and to develop in the real sense of the word. Much as one would like to appreciate the input of foreign medicine and external assistance in this domain, it is only when the recipients, whose life and fate are the target for change, take up the gauntlet that true development and permanent change will be realised. For, true development consists, not in the incomprehensible and imported glitter and gloss that strike the mind of the recipient with wonder and mystery, but in the capacity of those recipient peoples to absorb new knowledge and fresh ideas, internalize them, and generate new motivations for action to solve their own problems more efficiently without remaining dependent on external resources indefinitely.

It is high time that the Cameroon traditional medicine-men took their place in the front lines of development. They have been hiding away too long and wasting their potential. They must now be prepared to prove the worth of their claims; they must improve on their old techniques while basing their inspiration on the ancient and authentic sources of the knowledge and wisdom

of the ancestors; they must learn new ways; they must now absorb the universal principles of science and technology to improve their productivity and efficiency; they must now team up openly with all sectors of development inside and outside their normal frontiers in order to contribute to the welfare of all mankind, and especially of the poor village people who do not enjoy any other form of health services.

The faith of the people in traditional medicine cannot and must not be abused; a warning must be issued to those who have nothing genuine to offer that they may not venture into what we may style "unworthy experimentation" on human life. For as much as the people are expressing their interest in what is good, genuine and efficacious in our traditional medicine, so also are they loathe and vehement against whatever is suspicious, false or even harmful, inefficacious and unworthy within the domain of the practices that pass in the name of traditional medicine today. The Cameroon people want only the truth, namely, that which cures, that which is safe, that which is accessible to them openly.

This book issues a challenge to all traditional medicine-men of Cameroon, and aims as well as preparing them for the greater tomorrow, when recognition will be given them and greater responsibility reared upon their shoulders. This book is therefore no idle literature, but a prescription for timely action by all men of good will for cultural medicine.

To many, the subject of traditional medicine is still a myth, and it will so remain for many generations if little is written about it. But, what is "traditional medicine"? Putting it simply, traditional medicine is all the positive effort of traditional genius in any human setting to promote the *health and welfare* of a people and thus ensure their survival and their progress. The World Health Organisation has recently defined it as follows:

> *"Traditional medicine is the totality of the knowledge and practices, explicable or otherwise, for diagnosing, preventing or eliminating any [human] disequilibrium, be it physical, mental or social, and which is based exclusively on the experiences lived, observed, and transmitted from generation to generation, either by word of mouth or through writing"* (author's translation).[8]

What occupies our concern primarily at this moment is the fact that despite the phenomenal explosion of knowledge and technology during the last two centuries, traditional medicine of Africa has remained rather stagnant in spite of its avowed value (and quite often indispensable worth) to human families and societies in many countries. The reason, of course, is not had to find. As no system of medicine exists and functions in a hostile climate, no one would have expected African traditional medicine to blossom in the setting of the cross-cultural conflict and confusion created by colonialism, which not only suppressed traditional medicine but also introduced socio-political systems which were exclusively favourable to the foreign style of medicine, which had also been imported to substitute for the cultural medicine of the colonial peoples.

Perhaps what is strange is that with the African access to power after independence, the changeover and the recognition of what was their own possession, useful and beautiful in its own right, is taking two decades and more in some countries to execute. Hence, Cameroon can be justifiably proud to be moving rapidly in the right direction.

A book like "Pros and Cons of Traditional Medicine" must play a useful part in the dialogue on the revalorization of African culture in general and traditional medicine in particular. As such discussions would profit from a balanced viewpoint, the book must also go on, as its name suggests, to explore what the population considers positive or negative about traditional medicine. Clearly, in such a context, the author of this work does not necessarily have to agree with all the opinions collected in the survey herein reported. One is not surprised, therefore, that the author of this work explored a highly critical population group, namely 120 medical and health technician students of the University Centre for Health Sciences for the major contents. The two questions put to them were as follows:

1. Why do many of our people, when sick, prefer to be treated by traditional medicine-men?

2. What do you consider to be desirable changes in the system of traditional medicine as currently practised in our communities?

Dear reader, I recommend to you this booklet "Pros and Cons of Traditional Medicine" to read and to reflect.

Dan. N. Lantum.

SECTION II

THE FACTORS THAT MAKE THE MASSES OR THE POPULATION LOVE TO GO TO TRADITIONAL HEALERS FOR THEIR TREATMENT

1. In remote areas which are quite distant from health centres and towns, sick people can only be attended by traditional healers.

2. Certain diseases are easily or better treated by traditional healers, e.g. epilepsy, yellow fever and madness.

3. The poor who can't afford to pay for drugs in the pharmacies or in the hospitals prefer traditional healers. Some of these healers don't even ask for money or any other kind of payment.

4. The lack of sufficient western-trained doctors favours the love for traditional doctors.

5. Traditional healers are very efficient and are accepted in most regions of the country.

6. The traditional healer understands fully the socio-cultural problems of his society. He uses this knowledge in diagnosing his patients' illnesses or health problems. He is very close to the thinking of the people he deals with, e.g. If a patient complains that he has been beaten by spirits at night, the traditional healer will understand him better and help to drive away the evil spirits.

7. The traditional healers use very simple instruments when treating their patients, e.g. horns of animals, calabash, hoe, sticks, etc. These don't frighten the patients like injections or an X-ray machine.

8. With the traditional healer, there is plain dialogue and effective communication between the healer and patient. In his diagnosis, the traditional healer uses simple terms and he speaks in the language the patient perfectly understands and speaks.

9. There are no such lengthy procedures as having to examine the eyes, urine, pulse, etc. before administering drugs.

10. The indigenous people sometimes have blind confidence in traditional doctors. Most of the time, the patient and the healer are from the same tribe. In such cases, there is contact without any complex.

11. At times, the traditional healer is very understanding since he might know the families, beliefs, ideas and perhaps feuds existing among his patients.

12. Traditional doctors in all aspects are generally less demanding than western-trained doctors.

13. There is some general belief that traditional medicine must be better and more efficient since traditional medicine preceded modern scientific medicine.

14. For consultation, little time is lost (unlike in the hospitals where you might have to stand in line). Prescriptions are simple with no surgical operations.

15. Sometimes, traditional healers treat on credit or might demand payment in kind, e.g. hens, cocks, goats, salt, palm wine, etc.

16. Traditional doctors are numerous and well-distributed throughout the country. In this way, the native doctor is more accessible to the rural populations than modern doctors.

17. People might like to go to a particular native doctor because of his fame or because they are tormented by certain diseases that he treats very well.

18. During the period of treatment, the patients are lodged and fed free of charge.

19. Traditional healers give drugs in bulk so that patients can continue to use them in the future.

20. Traditional healers can give protective charms and talismans. They can foretell the future and clarify a doubtful past. They can trace the causes of diseases back to the time of the ancestors.

21. The traditional healers treat the disease and the individual as a whole. They follow the patient's family and their total environments.

22. Most of their diagnoses are automatic. The treatment of certain diseases is instantaneous and automatic.

23. Traditional healers treat their patients like their own children. Their hospitality cannot be obtained in modern health centres.

24. The lack of sufficient health education makes the masses believe strongly in traditional medicine.

25. The traditional doctor gives emotional and psychological aid to his patients. The patients find in him a good companion for conversation.

26. Unlike modern doctors with their fields of specialisation, most traditional healers are versed in the treatment of a wide range of diseases. In this way, the patient firmly believes in the healer's capacity as a true doctor.

27. Most of the masses are illiterate and believe in witch-craft, magic and mystery. They have trust in wearing charms.

SECTION III

ANALYSIS OF OPINIONS FAVOURING TRADITIONAL MEDICINE

Although we have recorded only 27 factors for question N° 1, there were, in fact, 544 opinions, several of which coincided. The frequency of coincidence could serve to give weight to the particular opinions, and, in a way, suggest the most favourable aspects of traditional medicine which should be recommended or praised.

(presentation of table N° 1)

TABLE 1:

FREQUENCY DISTRIBUTION OF OPINIONS FOR EACH FACTOR

Factor	Frequency of opinions	Percentage
1	41	7.54
2	51	9.38
3	82	15.07
4	7	1.29
5	13	2.29
6	90	16.54
7	14	2.57
8	17	3.13
9	7	1.29
10	32	5.88
11	9	1.65
12	22	0.37
13	10	1.84
14	21	3.86
15	5	0.92
16	24	4.41
17	19	3.49
18	4	0.74
19	3	0.55
20	14	2.57
21	16	2.94
22	11	2.02
23	7	1.29

24	9	1.65
25	5	0.92
26	3	0.55
27	28	5.15
Total:	544	100%

Table 1 shows the frequencies of opinions for each factor which makes the masses of the population go to traditional medicine-men for their treatment. The opinion range is *2 to 90*, the total opinions were *544*, the mean average was *20.148*, and the top 8 opinions were factors 6, 3, 2, 1, 10, 27, 16, and 14 in the descending order of frequency magnitude. These top 8 had more opinions than the mean average. They were the following:

F. 6. The traditional healer understands fully the socio-cultural problems of his society. He uses this knowledge in diagnosing his patients' illnesses or health problems. He is close to the thinking of the people he deals with, e.g. If a patient complains that he has been beaten by evil spirits at night, the traditional healer will understand him better and help to drive away the evil spirits.
(90 opinions)

F. 3. The poor who can't afford to pay for drugs in the pharmacies or in the hospitals prefer traditional healers. Some of these healers don't even ask for money or any other kind of payment.
(82 opinions)

F. 2. Certain diseases are easily or better treated by traditional healers, e.g. epilepsy, yellow fever, and madness.
(51 opinions)

F. 1. In remote areas which are quite distant from health centres and towns, sick people can only be attended to by traditional healers.
(41 opinions)

F. 10. The indegenous people sometimes have blind confidence in traditional healers. Most of the time, the patient and the healer are from the same tribe. In such cases, there is contact without any complex.
(32 opinions)

F. 27. Most of the masses are illiterate and believe in witch–craft, magic and mystery. They have trust in wearing charms.
(28 opinions)

F. 16. Traditional doctors are numerous and well-distributed throughout the country. In this way, the native doctor is more accessible to the rural populations than modern doctors.
(24 opinions)

F. 14. For consultation, little time is lost (unlike in the hospitals where you might have to stand in a line). Prescriptions are simple, with no surgical operations.
(21 opinions)

SECTION IV

DISCUSSION

It is remarkable that the factor with the highest coincidence of opinions was *the good understanding of the socio-cultural problems of the society*. This implies several things, the following being the ones that I can quickly recall:

a) that social sciences, such as sociology, psychology, anthropology and theology need to be taught as essential parts of the medical curriculum;

b) that foreign or foreign-trained doctors need to be taught the sociology and culture of the people among whom they are assigned to practise medicine;

c) that certain diseases with socio-cultural bases for their etiology can only be understood in the cultural context and treated best by the masters of the cultures which generate these diseases;

d) that since every human community has its own culture, traditional medicine born of that culture will live as long as that culture lives.

The second factor underscores *poverty* as a major cause for patronising traditional healers. This coincides very well with the following epitomé of King (1966):

"The main determinant of the pattern of medical care in developing countries is poverty, rather than a warm climate. Poverty directly determines the pattern of medical care; it is not easy to provide medical care of any kind when the money available per head may be only a fortieth of that available to an industrial nation".[7]

This implies that modern or western medicine as practised in the developing countries is medicine for the rich and therefore, ipso factor, largely excludes the poor masses from its full usage. Traditional medicinal systems of practice make provision for those who cannot pay but who need to be treated. All human beings have a right to life and good health.

The third factor brings out the widely accepted claim that in the Cameroon communities traditional medicine has consistently, through the years, provided acceptable cures or improvements for people sick of epilepsy, yellow fever (Jaundice) and overt mental diseases. Perhaps Cameroon stands a chance of contributing some technical knowledge of the treatment of these diseases to

universal medicine for the good of mankind. This calls for careful research and scientific evaluation of techniques and methods of case diagnosis, management and treatment, and long term follow-up.

The other factors (1, 10, 27, 16 and 14) have been coincidentally identified and listed as the principles to be considered in organising primary health care WHO Tech. Rep. Series N° 3).

These favourable opinions volunteered by young people who know very little about both modern and traditional medicine but are consumers of both, indicate that there are a great number of good aspects of the profession which could only be discovered by intensive and persistent research for the next few decades. This is the task and the challenge for researchers and the funding agents who have interest in this field of human development in Africa.

SECTION V

THE ASPECTS WHICH ONE WOULD LIKE TO SEE CHANGED IN ORDER TO IMPROVE TRADITIONAL MEDICINE

1. There should be a practical and precise study of the after-effects of each drug on the patient treated.

2. There should be reinforcement of antiseptic measures in their treatment so as to avoid cases of tetanus.

3. Books should be published and statistical results established on the cure-rate and efficacy of each remedy used.

4. Healers should try to do away with the idea of associating a magical cause to every disease. Such an attitude tears families asunder and creates a gulf between true friends. Natural causes exist quite often for many diseases.

5. There should be good collaboration between traditional and modern scientific medicine in order to fight against diseases and maintain human health.

6. A school for the training of traditional healers should be opened so that the profession becomes accessible to whoever wants to become a native doctor or traditional healer.

7. Drugs should be administered following well-defined doses; thus the incidence of over-dose will be reduced to the minimum.

8. Traditional healers should form their own syndicates, organise conferences and symposia. This will help healers to exchange their views and promote the growth of traditional medicine as a whole. The participants will broaden their horizons in their noble profession.

9. Quackery and sorcery, which hinder the smooth-running of traditional medicine, should be completely stamped out.

10. Mystery and secrecy in traditional medicine should be reduced. The rituals should be modified or completely suppressed where they are proven to be unnecessary.

11. The traditional healers themselves should try to respect each other, understand each other and promote the idea of reciprocal help within

their profession. With this collaboration, competition, suspicion and spite will be stamped out.

12. Traditional healers should study the constitutive elements of their mixtures, as some of their mixtures are sometimes dangerous and fatal to the patient. The compositions and mixtures should be scrupulously analysed.

13. The healers should be able to preserve and identify their drugs. There is need for labelling of drugs.

14. Traditional healers should learn to be clean in all aspects. Some of these healers stink and discourage a lot of people. Some are even frightening.

15. Traditional healers should admit their ineffectiveness in the treatment of certain diseases. They should send such cases to the medical doctor, recognising the value of modern scientific medicine. There should be no treatment by trial and error on humans.

16. They should master psychotherapy and practise it in their treatment; they should also train more people in the psychological aspects of traditional medicine.

17. They should give prescriptions like scientific medical doctors.

18. Traditional healers should train their personnel so as to reduce their task and render it more efficient.

19. They should adopt objective methods in determining the causes of diseases.

20. They should specialise in the various domains of traditinal medicine.

21. Their diagnosis should be precise and well-defined.

22. The posology being applied should be precisely determined.

23. The requirements after treatment should not be exaggerated, e.g. 5 white hens, a black dog, 10 plates, etc.

24. The practice of traditional medicine should be separated from that of magic and sorcery. Magicians and other quacks should be thoroughly differentiated from true traditional healers.

25. The abusive and commercial spirit of certain healers should be discouraged.

26. Government should give financial aid for the purchase of suitable modern equipment. This will wipe out the wide use of rudimentary equipment which makes the practice inefficient.

27. Traditional healers should have a scientific knowledge of the decoctions from the leaves and plants used in their treatment.

28. The methods of the preparation of drugs should be written out and explained so as to ensure the continuity of traditional medicine.

29. The treatment procedures should be laid down in order to promulgate the cause of their profession.

30. Traditional medicine should be universal.

31. The harvesting of medicinal herbs and plants should be carefully done so as not to destroy the plants. (Use sharp knives, cutlasses, scissors, axe, etc.)

32. They should have a perfect knowledge of human anatomy, which is the basis of medicine in general.

33. The Administrative authorities should legally recognise competent healers. (Permits, licences, certificates, etc.)

34. They should establish methods which can help them know the symptoms, ways of treating such and such a diesease, and if possible, know the states and/or stages of the disease:

35. The Elite should change their negative and colonial mentality against traditional medicine and traditional healers.

36. Illiteracy among traditional healers should be completely wiped out. Traditional healers shoul l learn to read and write.

37. Traditional healers should stop causing harm to each other or to any person at all. and they should not revenge themselves on patients.

38. Traditional healers should have fixed healing homes instead of just moving about from one place to the other all over the country.

SECTION VI

ANALYSIS OF SUGGESTIONS TO IMPROVE TRADITIONAL MEDICINE

Although only 38 suggestions for improving traditional medicine have been listed in this report, there were, in fact 563 opinions, several of which were repeated by several individuals. The frequency with which each suggestion was repeated could serve as an indicator of priorities; and these, at least, should be urgently conveyed to the practitioners of traditional medicine in Cameroon.

TABLE 2:

FREQUENCY DISTRIBUTION OF OPINIONS FOR EACH SUGGESTION

Suggestion	Frequency of opinions	Percentage
1	16	2.84
2	5	0.89
3	15	2.66
4	18	3.12
5	50	8.88
6	23	4.09
7	70	12.43
8	18	3.12
9	70	12.43
10	50	8.88
11	8	1.42
12	21	3.73
13	6	1.07
14	32	5.68
15	23	4.08
16	1	0.18
17	2	0.36
18	8	1.42
19	2	0.36
20	2	0.36
21	28	4.97
22	14	2.49
23	4	0.71
24	11	1.95
25	7	1.24
26	11	1.95
27	2	0.36

28	2	
29	2	
30	5	0.36
31	5	0.36
32	3	0.89
33	3	0.89
34	2	0.53
35	5	0.53
36	4	0.36
37	6	0.89
38	9	0.71
		1.07
		1.60
Total:	563	
		100%

Table 2 shows the frequencies of opinions for each suggestion which can improve the practice of traditional medicine in Cameroon. The opinion range is *1 to 70*, the total opinions were *563*, the mean average was *14.8* and the top 10 suggestions were 7, 9, 5, 10, 14, 21, 15, 6, 1 and 3, in the descending order of frequency magnitude. Each of these top 10 had more than the mean average of the total opinions, and they are here reproduced for emphasis and commentary:

S 7. Traditional medicine (sic) drugs should be administered in well-defined doses; thus the incidence of over-dose will be reduced to the minimum. (70 opinions)

S 9. Quackery (Charlatanism – sic) and sorcery, which hinder the smooth-running of traditional medicine, should be completely stamped out. (70 opinions)

S 5. There should be good collaboration between traditional and modern scientific medicine in order to fight against diseases and maintain human health. (50 opinions)

S 10. Mystery and secrecy in traditional medicine should be reduced. The rituals should be modified or completely suppressed where they are proven to be unnecessary. (50 opinions)

S 14. Traditional healers should learn to be clean in all aspects. Some of these healers stink and discourage a lot of people. Some are even frightening. (32 opinions)

S 21. Their diagnosis should be precise and well-defined. (28 opinions)

S 15. Traditional healers should admit their ineffectiveness in the treatment of certain diseases. They should send such cases to the medical doctor (and to the better of their colleagues – sic), recognising the value of modern scientific medicine. There should be no treatment by trial and error on humans. (23 opinions)

S 6. A school for the training of traditional healers should be opened so that the profession becomes accessible to whoever wants to become a native doctor or traditional healer. (23 opinions)

S 1. There should be a practical and precise study of the after-effects of each drug on the patient treated. (16 opinions)

S 3. Books should be published and statistical results established on the cure-rate and efficacy of each remedy used. (15 opinions)

SECTION VII

DISCUSSION

One can reasonably assume that the respondents of this study were at least the clientele who have at one time or another consumed the services of traditional healers. The basis for this assumption is the thoroughly engaging nature and close understanding of the habits and behaviour of the traditional healers as well as the clear prescriptive nature of all the above suggestions, especially the top 10 listed. For a system of medicine to survive, it must be patronised seriously by the health providers themselves who are the traditional medicine-men; it must be purchasable by the capital owners who in this case should be the government, the heads of families and the sick people; and it must be acceptable to the consumers who in this instance are the public and the sick people. The above list of critical suggestions comes from consumers who can recommend the profession to the health buyers or capital owners. They must be taken very seriously by the traditional healers if they will continue in the future to sell their traditional medicine products which are here being called into question with unusually positive generosity by the potential consumers.

The top priority areas of change demanded by the public are:

1. Intensive study for correct determination of *drug dosages* for different ages and different conditions of the patient, and according to the strength of the medicaments. It is to be stressed that every drug is some form of a poison and must be administered with care, with respect for human life and with adequate education to make sure that the drug is taken safely and correctly according to directives.

2. **Charlatanism and Quackery** must be abolished to purify the profession. It is very gratifying that the Association of Traditional Doctors of Cameroon had the checking of charlatans as one of its reasons for organisation (Lantum, 1977).[8]

3. **Collaboration and Cooperation** between the two major systems of medicine must be encouraged to promote the greater welfare of mankind and rapid progress in the delivery of the entire health care system of our country.

4. **Mystery and Secrecy** could be reduced without loss of efficacy of traditional medicine practices. Good herbalists are not all that secret, and those who indulge in too much secrecy are usually quacks and magicians. Good practices of traditional medicine must be brought to light so that more people will enjoy this cultural heritage.

5. **Cleanliness** is part of goodliness, and if the traditional medicine-men are as holy as they often claim to be, they should learn to be clean like their God who gives them the healing powers. Poverty is not always the excuse, although it does contribute to the unclean surroundings of traditional medicine environments. Simple hygiene should be added to the training programme for traditional healers. This includes personal body hygiene and environmental sanitation. Much can be done in this area, and the results of treatment will be better still.

6. **Precision of diagnosis.** This is a call for study groups and seminars so that precise names will be developed for the various diseases and health problems which the traditional medicine-men already know how to treat correctly. In order to communicate clearly, we must develop a standard vocabulary for traditional medicine. It is on the basis of this that we can write books on traditional medicine, and develop a traditional medicine pharmacopoeia, as already done in India for the Yoga[9], Siddha[10], Unani and Ayuverda[11] and Homoeopathic[12] systems of indigenous medicine.

7. **Recognition of one's limitations** is the hallmark of honest practice. No one doctor can treat all diseases. He must know his limits and when and where to refer his difficult cases. This again shows a high sense of responsibility and the concern for the life of the clientele he serves. If traditional medicine is to be better trusted, it must borrow from universal science to improve its methods and techniques, as well as to valorise its drug content and the claims of proper cure. Science does not belong only to Europeans, it is the accumulated property of all mankind through the ages, and traditional practioners must also make a positive effort to contribute to world science by keeping good records of their observations of the workings of God and medicines through their own hands.

Yes,. it is high time that traditional healers developed their own schools. Government should assist very urgently in this aspect of national development because it is in these schools that the profession will best develop for the greater welfare of mankind. There, drugs will be studied, experiments will be performed, books will be written and personnel will be trained to solve our thousands of health problems.

SECTION VIII

SOME PRACTICAL STEPS FOR THE INTEGRATION OF TRADITIONAL MEDICINE INTO SCIENTIFIC OR UNIVERSAL MEDICINE IN CAMEROON

As a logical follow-up of the very favourable resolutions and recommendations of the National Commission for the Study of Traditional Medicine in Cameroon in 1977, it appears now necessary and pertinent to engage our minds in the formulation of possible concrete and positive plans that would facilitate future government action in the domain of traditional medicine. In this kind of exercise, I am very much inspired by the laudable work being carried out by my learned colleague Dr. Koumare and Collaborators in the Mali Republic[17] which, like Cameroon, is having parallel problems of total health coverage through primary health care systems as well as the proper and logical harnessing of their rich traditional medicinal resources (healers, plants, culture) for health and human welfare.

The following steps need not be necessarily executed in the same order as listed. They are:

1. Creation and reinforcement of the Section or Service of Traditional Medicine within the Ministry of Health. This will translate current official toleration into official recognition.

2. Setting up of Provincial or Divisional committees of health experts whose function will be to identify initiated traditional healers, motivate them and evaluate their willingness to cooperate and work as members of the health team in their locality. A trial period of six months to one year could be given these healers, during which they will be covered by an *Attestation for Collaboration* which can be renewed as necessary. After effective collaboration has been established, they can be given permanent *Certificates of Proficiency*, stating their proven skills and role for cooperation in the village, district, or divisional health team. The continuous keeping of the proficiency certificate will depend on good conduct and professional behaviour established by yearly evaluation of the traditional healer's activities and cooperation.

3. Organisation of periodic refresher or retraining programmes for traditional healers and their planned and progressive integration into the health networks of the country as essential and responsible members of the health team or total community development organs.

4. Organisation of training centres where bright young people could be trained to full proficiency level in traditional medicine. The present system of

training through non-formal education and limited apprenticeships can be improved with better organisation.

5. Up-dating the curriculae of all Ministry of Health training schools for health personnel at all levels with the teaching of basic principles and practices of traditional medicine. This will help better understanding for collaboration, cooperation and integration.

6. Gradual establishment of pharmaceutical industries which will facilitate the rapid production and distribution of proven, safe and efficacious traditional remedies. The use of *simple machines*, at first, is very much to be encouraged, and gifts of simple hand machines can constitute valuable assistance to the healers.

7. Organisation of *learned* committees to collect the available knowledge of traditional remedies and to compile pharmacopoeias for local use by lay people and health personnel in French, English, and, if possible, in other national languages.

8. Encouragement of and assistance to the well-known traditional healers so that they can practise with fewer problems and with increased efficiency. Acceptance of their empirical preparations and their techniques for wider use would constitute some progress. This may sound risky to some people, but it is a calculated risk because some of these remedies have been well-used on human subjects for centuries with demonstrated good results and good margins of safety. Scientific evidence is the best, but medicine is both a science and an art, and empiricism is the basis of most life processes, beliefs and actions, especially most of what is accepted as valued cultural practices relating to food, alcohol, tobacco and beverage consumption.

9. The government should intensify and diversify research in traditional medicine to include: remedies in common usage; clinical diagnostic methods and techniques in traditional medicine; therapeutic methods; conception of life, health and disease; disease etiological complexes; the metaphysical aspects of traditional medicine including clairvoyance and divination; systematic laboratory studies – botanical identification, analysis, identification and synthesis of active pharmacological substances in traditional remedies and medicinal plants; sociological and ethno-cultural aspects of traditional medicine, etc. These are functions of the University, ONAREST, public hospitals all over the nation, and interested private agencies such as pharmaceutical companies functioning in the national territory. The Health Ministry should coordinate the activities in this area and seek ways of implementing the knowledge generated for public use in the national health care networks as soon as possible.

10. The first objective of this research should be to seek ways of developing and promoting traditional medicine rather than exploiting it for the enrichment of universal medicine. Preservation of validated health remedies in their pure or only slightly modified style should be encouraged. The government must take the initiative to open up pilot centres for such studies and remedy preservation.

11. Considering the problem of dosages, the traditional healer, just like the housewife, knows the correct proportions of his recipés, regardless of his lack of the knowledge of specific weight, volumetric and colorimetric measures. The traditional healers are usually very concerned about dosages for various ages of patients, their different sizes, and the gravity of the illness. This concern is shown by the various cup sizes for volumetric measurements, duration of boiling to prepare decoctions, use of specific solvents for certain decoctions, observation for colour change, testing the drug at various dilutions, mixing with oil or other compounds to play down or stimulate the power of certain pharmacological agents. That is also one reason why training of traditional healers is long. There is no doubt that operational research to improve methods and techniques of drug standardization is necessary and even imperative, but some concessions should be made in order to show respect for and confidence in the traditional healers. There is a great deal to gain from work in mutual confidence.

12. Further, to appreciate the potential role of traditional medicine in the national health care system, the government will need to intensify the development of the primary health care concept of health care delivery. There is a need to orient the entire nation towards this health care concept, and especially the health personnel who can constitute the major obstacle to change and adaptation if they feel that their industry is threatened and if they cannot find themselves playing an important role within its framework. For now, the concept of Primary Health Care offers the best framework for integrating traditional medicine into universal medicine for total population coverage in the shortest possible time.

SECTION IX

WHAT IS AN IDEAL DRUG AND WHAT ARE THE STANDARD STEPS FOR TEACHING THE USE OF DRUGS AND FOR PROCESSING A NEW DRUG IN ORDER TO CLASSIFY IT AS GOOD FOR HUMAN USE

A. AND IDEAL DRUG

An ideal medical remedy or drug should possess the following qualities:

1. It should be efficacious, that is, it must have a demonstrated effect for curing or improving a human disease condition.

2. It should be efficacious in small quantities or doses.

3. It should be easily available or accessible to the people.

4. It should have no side effects, or very few side effects when consumed even in large doses (Side effects include both immediate and long term).

5. It should be cheap to procure.

6. It should be administrable by the common routes; namely, consumption by mouth, through rubbing on the skin, through insertion through body orifices, through injection intramuscularly or intravenously. Preferably, it should be taken by mouth, or it should be easy to apply.

7. It should have a demonstrable antidote or other drug which can neutralize its effects if necessary.

8. It should keep well for a long time without loss of efficacy, degeneration or conversion into new and harmful chemical compounds.

9. Its action should be automatic or begin as soon as possible to improve the disease condition.

B. STANDARD PROCEDURE FOR TEACHING THE USE OF A DRUG TO SOMEONE IN TRADITIONAL MEDICINE

1. Identification of the drug already prepared. Learning of its name.

2. Identification of the crude ingredients for composing the drug. Learning the names of ingredients and the correct steps for composing the drugs. Where the different elements can be found, when and why. Age.

colour, scent, dryness, weight, taste, etc., are important characteristics. There are more.

3. Identification of the process of drug composition and necessary activation or tuning down for immediate usage, and the preparation for long term preservation or storage purposes. What factors lead to loss of power or degeneration? How long can the drug be used?

4. Observation and diagnosis of specific disease states or conditions for which the specific drug can be used.

5. Direct observation or witnessing of the administration of the specific drug, the dosage, and the regime associated with drug taking by the patient. What rites or ceremonies accompany the drug administration and why? What words must be pronounced?

6. Direct observation or witnessing of the cure or disease improvement process when the drug is administered and when a patient has failed to report for treatment (late reporting or refusal of therapy).

7. Trial of steps 1–6 by the learner with positive results similar to the master healer. This is done during the apprenticeship stage.

8. Formal initiation of the learner and conferment of Power to Practice.

During this learning process and afterwards the student or apprentice healer should seek to develop ways and knowledge which will help to make every drug approach the qualities of the ideal drug. This is *Operational Research* in traditional medicine, and this goes on all the time.

C. HOW CAN WE USE MODERN SCIENCE AND TECHNOLOGY TO IMPROVE TRADITIONAL MEDICINAL DRUGS ?

1. Use of analytical chemical methods and procedures to analyse the active chemical substances in the crude medicament.

2. Experimentation on laboratory animals such as mice to demonstrate the pharmacological properties of the crude medicament or the isolated chemical or pharmacological substances. Crude therapeutic dosage levels and regimes as well as side effects can be established at this level.

3. Experimentation on rabbits to determine pharmacological properties, dosage levels and side effects. The new drug is compared to known existing drugs for levels of efficacy.

4. Experimentation on dogs and eventually on primates such as monkeys and chimpanzees. Since these animals are very close to man, the standard doses applicable to them will be almost the same ones applicable to man.

5. Experimentation on human subjects. Usually starting with very small doses on volunteers or in disease cases where there is no other known remedy and where applicable. Eventually, level of efficacy is established, margin of safety is determined; dosages and regimes of therapy are then studied and finalized.

6. Even when the drug is declared fit for use, clinicians are encouraged to continue doing massive clinical trials and comparative studies in order to reduce side effects, lower cost of production, discover other alternative uses, and possible combination with other drugs, and to make the new drug approach the ideal drug as closely as possible.

CONCLUSION:

These guidelines are over-simplified, and indicate the general trends only. The intention of the author is to communicate to the lay reader and the traditional healers the broad principles along which traditional medicine is bound to develop during the next few decades and in the long run. For particular cases of drugs, more specific procedures will need to be developed and followed.

The cardinal principles of traditional medicine are:

a) The *respect for human* life. If a man is not a true lover of mankind and a respecter of human life, he should not be in the medical profession.

b) The traditional medicine man or the scientific doctor is *always a student, and remains a student of his profession* until he abandons it or dies while still functioning in the profession.

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