EDITORIAL

A story is told of a tourist who visited an unnamed African country and was infected by a jigger. On his return to his home country he noticed a swelling in the big toe accompanied by intense itch. He consulted his family doctor who in turn referred him to a consultant. The consultant was baffled and referred the patient to a specialist on tropical medicine. Neither the family doctor, the consultant nor the specialist had ever seen a jigger. The specialist diagnosed it as a fast growing tumor and recommended amputation of the toe. However before he was admitted to hospital the distraught jigger host narrated his ordeal to an African student in the neighbourhood. The student instantly recognized the "tumor" as a jigger and unceremoniously removed it with a safety pin. On being informed about this development, the family doctor sarcastically remarked that the African student had learnt his medicine from the school of life, the hard way. Ironically the family doctor was inadvertently making an important observation. There exist an alternative, parallel process through which people can learn medicine. The school of life does not operate through time schedules such as semesters as is the case with current medical schools. Learning starts early in childhood and continues throughout life. It is practical and need-driven. For example, people living in malaria endemic areas learn to recognize symptoms of malaria early in life. They may not understand the aetiology of the disease and some even think it can be contracted by drinking dirty water. Other diseases that are easy to recognize include measles, scabies and dermatomycoses (mashillingi). It is worth noting that no doctor (traditional or orthodox) can diagnose headache or stomachache and only the patient is capable of self-diagnosis.

The school of life has produced many practitioners. Notable among them is the cadre we refer to as traditional midwives. They have limited knowledge of physiology, biochemistry and anatomy but there is nothing to suggest that obstetricians from our medical schools perform better in natural births. Perhaps this is a reminder to us that caesarian section, so common today, was never envisaged during God's creation. Over 90% of African doctors with degrees from medical schools are proud products of traditional midwives. No wonder, one is unlikely to hear of an African doctor referring to them in derogatory terms. Some of the techniques used by traditional midwives may seem unorthodox. For example, if the expectant mother refuses to "push" during final stages of labour, she is repeatedly slapped and admonished with such phrases as "why are you trying to kill *our* baby. Do you not realize you could be giving birth to a king?" The competence of traditional midwives can only compare with that of bonesetters who operate without the benefit of X-ray radiography.

Traditional herbalists also acquire knowledge from the school of life. Unfortunately, many now prefer to take a shortcut and rarely go through apprenticeship, as was the case a few years ago. Many medical doctors have established good working relationship with traditional healers even though it is difficult to understand how an orthodox doctor whose tool of trade is the stethoscope can have meaningful relationship with a traditional healer who uses horoscopy and palmistry to diagnose disease. Surprisingly, the same medical practitioners find it difficult to share information on disease conditions and treatment with his brother, the pharmacist. More recently attempt has been made to bridge the gap between African traditional practitioners and the orthodox medical practitioners. It has even been suggested that traditional healers should be allowed to operate alongside the medical doctors in public hospitals. China and India are often cited as examples where this has been successful. In the few African countries where this has been tried, the results have been disastrous. Tanzania and Zimbabwe present such examples. Recently the idea was officially mooted in Kenya but the reaction from Kenya Medical Association was at best lukewarm. Chinese and Ayuverdic (Indian) medicine date back to several centuries and comparison with African traditional medicine maybe inappropriate. The earliest record of medicinal herbs was in China by Emperor Shen Nung in 2800 BC. There is compelling argument why health practitioners who have gained their medical knowledge through different modules should not be integrated. If the family doctor referred to earlier in this editorial had correctly diagnosed jigger infestation, it is almost certain he would have recommended surgery (in theatre) under general or local anesthesia. The jigger expert (student) would consider this superfluous. A traditional healer who claims to cure HIV/AIDS, diabetes, impotence and cancer should be left alone to pursue his/her motto, *"the impossible we do at once, miracles take a little longer"*. And if he/she decides to treat the mentally ill by beating drums or offering burnt sacrifices to gods and ancestral spirits, he/she would simply be reminding us of biblical times. The flipside of this argument is that medical practitioners must continue observing the relevant rules and regulations that govern their practice.

Editor-in Chief