

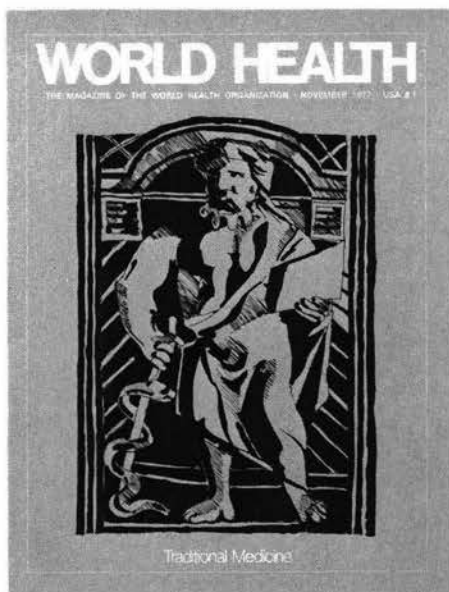
# WORLD HEALTH

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Traditional Medicine





Cover: Aesculapius, God of Medicine.  
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*World Health*, WHO,  
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# The staff of Aesculapius

BY DR HALFDAN MAHLER

*Director-General of the World Health Organization*



If we had to justify the inclusion of traditional medicine within the compass of the World Health Organization, we need look no further than the opposite page. The emblem of WHO superimposes on the globe the staff of Aesculapius, ancient god of medicine, entwined by a snake. The god's serpents were said to lick the wounds and lesions of the sick in their sleep and thus to heal them.

For far too long, traditional systems of medicine and "modern" medicine have gone their separate ways in mutual antipathy. Yet are not their goals identical—to improve the health of mankind and thereby the quality of life? Only the blinkered mind would assume that each has nothing to learn from the other.

Unfortunately that divergence between the two systems of medicine has almost exactly paralleled the division of the world between the *rich* and the *poor*. Too often the privileged and well-to-do, living in large towns and cities, enjoy access to all the complex technology and lifesaving apparatus of modern medicine. Tens of millions of people have no such access; for them the traditional healer, the herbalist and the traditional birth attendant are the only agents of health care to whom they can turn. Not only are most of the rural areas of developing countries without a single qualified physician, but on the average they do not have more than one auxiliary health worker for 10,000 persons. In some parts of the world, even when modern medical care *is* available, the majority actually prefer the traditional healer, whom they know and trust.

But the political winds of change that have been sweeping the world in recent decades have been matched by winds of change in community health: a newly awakened global social conscience requires that the health gap between rich and poor within countries and between countries should be narrowed and ulti-

mately eliminated. The neglected 80 per cent of the world's population have their rights too; they too have an equal claim to health care, to protection from the killer diseases of childhood, to primary health care for mothers and children, to treatment for those ills that mankind has long ago learnt to control if not to cure.

Two years ago we in WHO pledged ourselves to an ambitious target: to provide health for all by the year 2000. This ambitious goal is, quite simply, beyond the scope of the present health care systems and personnel trained in modern medicine. With but 23 years to go, and since it is unlikely that the least developed countries can even dream of having enough of the orthodox type of personnel, it is clear that unorthodox solutions must be sought. The training of health auxiliaries, traditional midwives and healers may seem very disagreeable to some policy makers, but if the solution is the right one to help people, we should have the courage to insist that this is the best policy in the long run, and is by no means an expedient acceptance of an inferior solution.

This is why WHO has proposed that the great numbers of traditional healers who practise today in virtually every country of the world should not be overlooked. For the most part they are already living in those remote communities, intimately involved with the life there, conscious of their neighbours' needs and trusted by them. Many such healers have already undergone elaborate training in ancient systems of medicine that had evolved reliable methods of treatment and patterns of medication long before modern medicine came along. Other healers have had their skills handed down through the generations—the distillation of a surprising degree of practical knowledge, skills and wisdom about the physical, mental and psychological ills of mankind.

Provided they are willing, such traditional healers and local midwives can, at a very moderate expense, be trained to the level where they can provide adequate and acceptable health care under suitable supervision. Such training might

include personal hygiene, mother and child care (including family planning), nutritional guidance, immunization against the major infectious diseases, elementary treatment of all age groups for the common diseases and injury, and a basic understanding of sanitation and environmental hygiene. They can at the same time be weaned away from any practices that might pose possible risks for their patients.

The age-old arts of the herbalists too must be tapped. Many of the plants familiar to the "wise-woman" or the "witch-doctor" really do have the healing powers that tradition attaches to them; the pharmacopoeia of modern medicine would be poorer if one removed from it all the preparations, chemicals and compounds whose origins lie in herbs, funguses, flowers, fruits and roots.

Let us not be in any doubt: modern medicine has a great deal still to learn from the collector of herbs. And already a number of Ministries of Health, in the developing countries especially, are carefully analysing the potions and decoctions used by traditional healers to determine whether their active ingredients have healing powers that "science" has overlooked. Whatever the outcome of such scientific testing, there is no doubt that the judicious use of such herbs, flowers and other plants for palliative purposes in primary health care can make a major contribution towards reducing a developing country's drug bill.

The present issue of *World Health* illustrates just a few of the aspects of traditional medicine in different parts of the world, and indicates the contribution that its practitioners could make towards better health care, and primary health care in particular—an aspect to be highlighted at the WHO conference on primary health care scheduled for 1978 at Alma Ata in the Soviet Union.

Given goodwill on both sides, such an army of healers, traditional birth attendants and herbalists can help to make our goal of health care for all by the year 2000 attainable.

# Malaysia's bomohs

*"To treat a mentally-ill young woman, the healer staged a kind of theatrical performance in which her closest relatives and fellow-villagers each had a role to play"*

BY JÜRGEN DAUTH



"The sky suddenly went dark and the jungle fell silent", a Portuguese seaman wrote nearly 200 years ago, describing his first encounter with a Malayan *bomoh*. The magic of these spiritual healers may not run to such extremes but, all the same, the people of the Malacca peninsula ascribe supernatural powers to the bomohs which are still being demonstrated to this day, according to popular belief. Didn't a bomoh cause the hitherto incessant monsoon rains to stop for a day at the request of the Ruler of Sarawak? Didn't another invoke blazing sunshine for the open-air boxing match of Mohammed Ali (formerly Cassius Clay) some three years ago, while rain poured down in torrents all round the stadium? The Malaysians are convinced that these things happened.

However, Professor Paul Chen of the Medical Faculty of the University of Malaya foresees a more important sphere of influence for the traditional medicine men. In his view the bomohs have always had an essential role to play in the nation's health care, and he is convinced that magic ritual and the psychotherapeutic understanding derived from it by the Malaysian medicine man, as well as his subtle knowledge of the healing powers of Nature, represent important contributions to medical science. Certainly Malaysia will need its bomohs for some time to come, since at present only 2,350 modern physicians supply health care to the 12 million Malaysians while there are 20,000 practising bomohs offering their services.

Whether they are Malays, Indians or Chinese, whether Moslems, Hindus, Buddhists or Christians, all of them remain to this day firmly rooted in the belief in spirits, their influence on the



Above: A Malaysian bomoh prepares a herbal offering to ward off evil spirits.

Right: A basis of practical knowledge underlies the spiritual healer's rulings on when to eat certain fruits or when they are forbidden—taboo.

(Photos WHO/J. Dauth)

soul and their lifegiving power known as *semanganat*. They have not the least doubt that illness is caused by evil spirits. And only the bomoh has mastered their tongue, can overcome them or can conjure up guardian spirits to take their place.

The medical treatment undertaken by the bomoh invariably revolves around a ritual exorcism. The bomoh hands out amulets against the "evil eye" or prescribes magic spells which are based on astrological lines and may be written on paper, the leaf of a plant or on leather hide. Texts and magic symbols may be taken from the Koran in the case of Moslems, while the Chinese Buddhists and Taoists swear by the traditions of their homelands, and the Christians content themselves with reciting the Lord's Prayer backwards.

The bomoh may put a medium into a trance in order to arrive at a diagnosis or he lets the illness declare itself from the mouth of a hypnotised patient. Incantatory music on an instrument called a *gamelan*, dances and burnt offerings—in which the hair or finger-nails of the patient play a major role—complete the ritual.

The enlightened student of medicine may loftily dismiss all this ceremonial as so much charlatanry, but that would be too hasty a judgment. Because on closer study black magic is seen as only a superficial framework to prepare the patient for the real medical treatment. It is precisely in this that Professor Chen sees the special advantage that the bomohs have over the modern doctor.





In Malaysia—as in most countries of the world—the doctor hardly has the time to concern himself about the psychic origins of many illnesses, and the top-heavy doctor-patient relationship, generally speaking, permits only a scientific approach. Yet for a long time scientific medicine has acknowledged that on its own it is incapable of getting to the root of sickness.

The bomoh, on the other hand, says Professor Chen, lives in the village where he has inherited his skills from his forefathers, and where he is a respected and trusted person. He is personally acquainted with every one of his fellow-villagers and knows what goes on behind the scenes. He can make use of the knowledge that a healthy body needs a healthy spirit in a way that few doctors can. So long as belief in spirits is a fact of life, it is useless to inveigh against magic ritual. In any case, superstition is far from being confined only to developing countries—it maintains a clandestine hold even among the crews of moon-bound spaceships.

On the East coast of Malaysia I watched an exorcism of evil spirits carried out on a well-born but mentally disturbed young woman. The bomoh had staged a kind of theatrical production in which the woman's closest relatives and her fellow-villagers each had roles to play. It was noteworthy that the actors in this little play had to demonstrate warm affection for the patient. Embraces, friendly gestures and tender caresses were much in evidence. The play took on an increasingly frenetic character with dance-like movements, until those taking part fell into a trance and finally reached total physical exhaustion. The coaxing of the evil spirit which had caused the illness with an offering of food until it could be caught in a container and packed off on a "journey without return" down the river was merely a ritual appendage. The young woman was now considered to be cured. I heard that the bomoh had passed the whole of the previous day before the ceremony in the house of her family so as to "get in touch with the spirit". Only in its outward appearance does this treatment differ from what is accepted in the industrialized world as group therapy under expensive psychiatrists.

The bomoh also works extensively with taboos which are invested with magic powers. Certain foods are forbidden, the physical stresses on the patient are limited or specific rituals are used to soothe his nerves. This too is a very practical means—among simple people who know little of modern hygiene, ap-

propriate diets or physiology—for exerting a favourable influence on the course of an illness.

The modern practice of medicine in Malaysia makes use of the bomoh as an assistant at childbirth, for instance, often in collaboration with a state-trained midwife. And nobody would wish to deny that the psychological attitude of the mother-to-be has great influence on the course of a "natural" childbirth. Individual bomohs are also entrusted with carrying out mass immunization and help the doctors with such tasks as smallpox vaccination.

As regards operations, the bomoh limits himself to ritual bleeding. According to local belief, blood is the bearer of the life force and must not be overburdened. Thus opening an artery may be prescribed for headaches and vertigo; either the skin is pierced or leeches are applied. The bomoh obtains antiseptic preparations from extracts of plants or from the poison sacs of certain sea-fish. Painkilling potions can be distilled from the areka-nut, better known as the betelnut. The right dose of poison taken from one particular fish can sufficiently lower

the blood-pressure to make "bleeding" unnecessary.

The tropical vegetation and tropical fauna, with their rich variety of forms, are the sources of the bomoh's pharmacopoeia, and stocking it is based upon the knowledge handed down over the centuries that for every poison in nature there is a natural antidote.

The sap of the mangrove trees serves as a remedy for bowel and stomach disorders, causing vomiting which purges the intestines. The betel-nut is prescribed for parasitic worms, and the dried roots of the pomegranate can strengthen this action. Pineapple juice is a remedy for indigestion and overeating. Skin eruptions, often originating from poisonous plants or insect bites, can be cleared up by the application of tea-oil.

In rural areas, sexually transmitted diseases are very rare, yet even for these the bomoh has a cure. Against syphilis he may use the root of a certain leguminous plant which he calls "hantu" or spirit. The remedy for gonorrhoea sounds rather more drastic; a certain green beetle is made into a powder and added to the patient's food. Even more surprising for the scientist is the cure for toothache in children: a hair from the tail of an elephant. Against rheumatism, the Dayaks of Malaysian Borneo insist, the best remedy is tiger-fat.

For sure, religious motives are involved for declaring certain plants taboo and forbidding the combination of certain foods, but there can be no doubt that here too there is a basis of practical knowledge. Thus mangoes are not eaten with sugar, nor water-melons with honey nor heart of coconut-palm with shellfish or oysters. Such combinations are viewed as poisonous or at least highly indigestible. Beef, mutton, mangoes and pumpkins are to be avoided in cases of fever, eye diseases or gonorrhoea, while eggs and milk are recommended. On the other hand, eggs, dried fish and brown sugar are stricken from the menu in the case of bronchial troubles. And "the worm of night blindness" rises to the eyes if one eats only sweet potatoes or bananas. Vitamin A deficiency can be avoided by a special diet of fish, mutton or liver.

Many more examples could be given of the bomoh's pharmacopoeia. In Professor Chen's opinion it contains many hidden virtues which amount to the stored-up knowledge of an entire chemistry laboratory. Closer study of this could be of value to modern medicine, once one discounts the special links with the supernatural; yet this too may have its psychological advantages. ■



*Above: Before applying the healing power of his hands, the bomoh tells his patients to breathe deeply and then puts them into a trance.*

*Right: A healer shows off his totem—the source of his magic powers. So long as belief in spirits is a fact of life, it is useless to inveigh against magic ritual. After all, superstition is far from being confined only to developing countries; it is to be met with even among the crews of spaceships heading for the moon! (Photos WHO/J. Dauth)*





# Balance between man and nature

BY XAVIER LOZOYA



Among the countries forming that part of the American continent known as Mesoamerica, Mexico enjoys a special position thanks to the pre-Colombian cultures which once flourished on its territory. The wide variety of climates and soils found here meant that its inhabitants acquired a profound knowledge of medicinal plants and hence of medical science itself. The ancient Mexicans collected, catalogued and used these plants, integrating them into a vision of the universe whose basis was as much practical as religious. Although no precise documentation remains to us about the experimentation that must have been undertaken at that time, the information that has been handed down testifies to a broad understanding of the curative properties of Mexico's flora. The chronicles and manuscripts of that bygone age contain descriptions of flourishing botanical gardens and parks with rich collections of plants, as well as quite precise information about their use.

Ever since the fusion of cultures that followed the Spanish Conquest in the 16th century, Western medicine has tried to analyse the ancient medical wisdom, hoping to find among such cultural relics

temporary society mainly takes the form of an unequal distribution of resources, means that not all the population is able to benefit from health care. The result is that 40 per cent of Mexico's population today still has recourse to traditional medicine—the medicine of the poor—which is enshrouded in magic and mystery.

On the world scene, the study of herbal medicine in Mexico is of special interest because of three factors: its rich heritage of curative plants, the continued use of such plants among a large proportion of the population, and the wealth of available information—whether historic, archaeological, botanical or traditional. Moreover Mexico, as a developing country, is grappling with the reality of vast public health problems. The efforts made so far to introduce “Western” forms of



medical care are still far from meeting the demands of a fast-growing population. In the framework of such social, economic and historic realities, Mexican traditional medicine and the medicinal plants themselves are crucially important to the future development of national public health policies.

If we are to elevate the various combinations of treatments and drugs to the point where traditional medicine occupies the position it deserves, we have to re-examine and re-value popular medicine so as to bring it level with the modern scientific knowledge which now serves the health of many people. In order to undertake this laborious task, a complete analysis is needed of all information relating to medicinal plants, the way they are used and their characteristics. These studies will enable us to prove the advantages and benefits of the practical, empirical knowledge which has survived the passage of time. When submitted to rigorous scientific analysis, the results could give rise to a new type of research going far beyond the limits of chemical and pharmacological analysis, but not dissociating itself from the anthropological reality in which traditional medicine is so deeply rooted.

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