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Traditional Medicine in Modern Times

MACENTA, Guinea

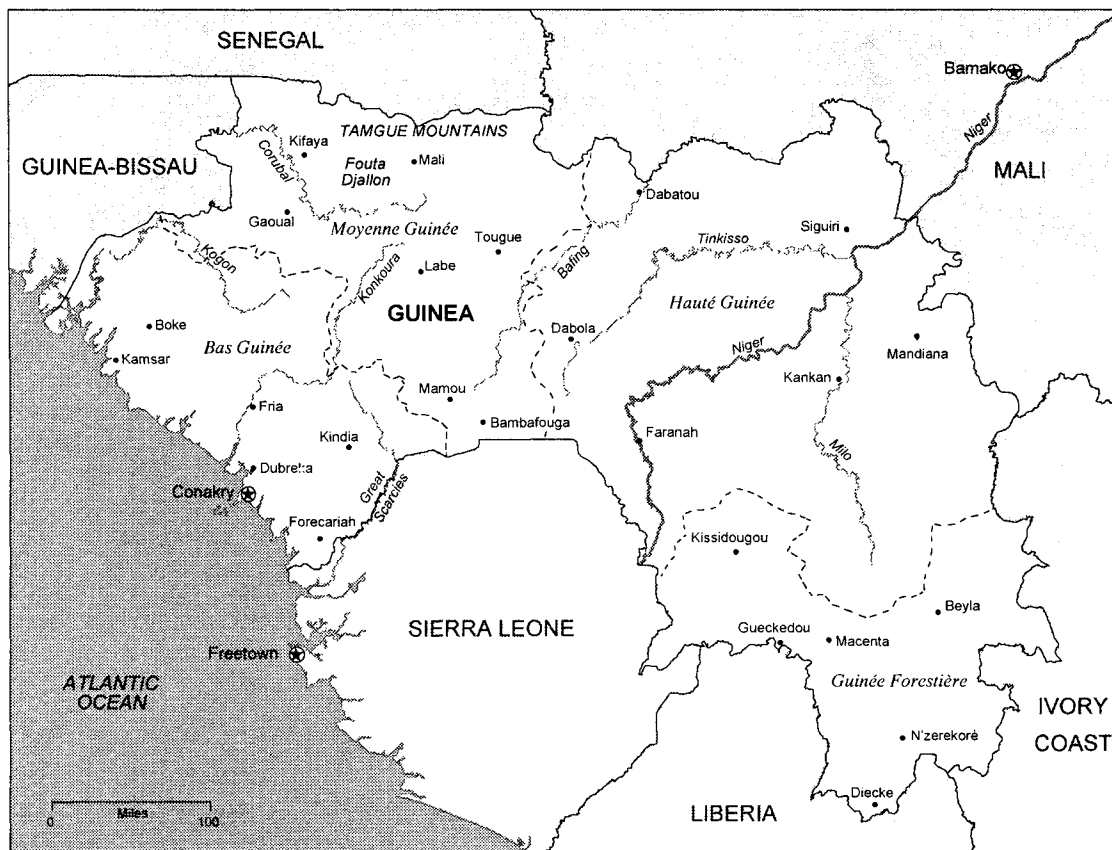
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By Randi Movich

To be first to enter the *forêt sacrée* (sacred forest) is an honor. As the initiate walks through the opening in the *raphia* (palm frond) fence, separating the sacred from profane, he enters into the place of passage. He is protected by the cool forest, in the shade of towering trees with buttressed trunks, amidst crawling vines and animal spirits. Here he makes the journey from boy to man. Spending two years in the forest, the initiate faces trials and tribulations of sacrifice, hardship, and pain. When he leaves the place of the forest spirits his scars of *tatoorage*, the body marks that identify him as a member of the clan, and circumcision serve as physical testimony that he has learned the beliefs and rituals of the tribe, the wisdom of the ancestors and the ways of the forest. Women and the non-initiated must not penetrate the secrets of this sacred place. Their punishment: women are poisoned and men begin initiation immediately. [Women conduct their own ritual-passage after all evidence of the men has vanished, traditionally a seven-year period.] The Guerzé elders have already chosen Pogba, the name given to the first to enter. He is chosen because he demonstrates qualities of courage, emotional reserve and leadership. These qualities will help him through the difficult months ahead that he will pass alone with the forest protector before the other initiates enter. Throughout his life he will be called upon to resolve difficult problems encountered by his community.

As I sit across the table from Dr. Pogba Gbanacé in a Conakry restaurant, his Guerzé ancestors' sacred forest is tucked far away in the southeastern corner of Guinea. However, his heart, spirit and intellect remain close to it. As the department head of Traditional Medicine within the Ministry of Health, he has been learning about forest medicines and traditional ways of healing for the past twenty years. Dr. Gbanacé's interest in traditional medicine came about unexpectedly. "I had recently graduated with the first class of medical doctors in Guinea. In 1967, the government was sending new doctors to head up the health departments in the interior prefectures. Shortly after my arrival in Macenta, I found myself in the hospital suffering from an extreme case of hemorrhoids. Two weeks had passed, and I had used every kind of appropriate pharmaceutical product available. Nothing worked. A man came to me and asked very humbly if I, a great doctor, could accept his assistance. I had no choice but to say yes. He said he knew a *vieux* (old man) who could help me with some special medicine. I was desperate and asked him to bring the *vieux* with him. The next day the old healer came with a pile of leaves and mixed them with water in a new *calabass* (gourd bowl). When he finished the preparation, he chanted some incantations and told me to drink the mixture three times a day for the next three days. At the beginning of the second day, I was healed. It was unbelievable."

But Dr. Gbanacé *did* believe, and he zealously began to record the plants and practices used by traditional healers. In fact, Dr. Gbanacé was just fulfilling one



element of his job. All the prefectorial health directors were supposed to be recording traditional health-care practices as well as establishing collaborative relationships with healers. This was the *politique* of the 1970's when Sékou Touré's nationalist regime was at its strongest, infecting every corner of the system including health care. Sékou Touré, Guinea's first president (1958-84), believed that a newly independent nation should be free of all colonial ties. In 1958, just as Guinea was about to secede from France, Sékou Touré told Charles de Gaulle that, "we prefer poverty in freedom to riches in slavery." France reacted with swift vengeance, sabotaging the infrastructure, burning files and canceling all investments. Guinea began to build from scratch, with the aid of the Soviet Union and other east-bloc countries. Touré's vision was a Guinea for Guineans; self-sufficiency and national dignity were the major ideological foundation.

In the early 1970's, at a health conference in Conakry, Sékou Touré was dismayed by a request from his health minister for more imported pharmaceuticals. He was upset because he had previously requested that the health ministry learn more about African medicine and work collaboratively with traditional healers. He scolded the minister with the following words. "We will never have at our disposition enough foreign currency if we must continually import medicines that can satisfy our needs; but if we value our flora, our fauna and our diverse natural resources from which we can take this or

that medication, it is certain that we can then satisfy all of our needs in pharmaceutical products because our cultural heritage and our natural resources are inexhaustible."¹

The health minister took Sékou Touré's words to heart and shuffled through the papers that lay on his desk. He was searching for a report he had seen the week before from Dr. Gbanacé on traditional medical practices in the Macenta prefecture. Although there should have been 30 reports, one from each prefecture, Dr. Gbanacé's was the only one. Virtually by default, the minister had found his new director for the Department of Traditional Medicine. It became Dr. Gbanacé's job to put politics into practice — to bring traditional medicine to modern times.

In the area of collaboration with traditional healers and the discovery of new pharmaceuticals from plants, the medical revolution took an initial leap, but quickly stumbled. In the middle of the 112,000-hectare *forêt classée* (classified forest) of Ziama, surrounded by steep, cloud-covered slopes, lies the town of Serédou. In 1977, ninety people were employed at a functioning Serédou laboratory, producing quinine and analyzing other medicinal plants. Today the center is a rusty skeleton. The library, plant collection, laboratory and factory are all but memories. Pieces of machinery and scientific equipment have been slowly stripped away, and only a building shell with scattered metal parts too large to remove remains. The

1. Sekou Touré, quoted in *Colloque National sur Plantes Médicinales et Médecine Populaire*, 1978.

only living evidence of the past is the quinquina (*Cinchona spp.*) plantation started in the late 1930's. Here men labor for 1,500 FG (Guinée Francs, worth approximately \$1.50) per day stripping bark off the trees, which is then dried and exported in raw form to be processed in Europe. The private company SEQUINA earns approximately \$62,000 a year for this product. In turn, Guinea now imports quinine as a pharmaceutical, vital in the treatment and prevention of malaria (as my husband, Jeff, recently learned firsthand). Significantly, this single disease is responsible for more deaths and hardship than any other in Guinea.

Not only has self-sufficiency in the production of pharmaceuticals declined in the past twenty years, but the relationship between state, employed health-care workers and traditional healers has not flourished. The idea of integrating traditional medicine into the state health-care system is still just that, an idea. Dr. Gbangaé explains that lack of trust between western-trained doctors and traditional healers is the largest obstacle to overcome. "The problem is that you have someone trained in modern medicine, using science as his frame of reference. Many of these doctors think that traditional medicine is a sham." In a web of catch-22 he adds, "Part of the reason for this mistrust is that traditional healers don't often tell the truth to doctors because they do not directly benefit from sharing this information." Dr. Gbanacé finds himself in a unique position. He has been initiated into the traditional, yet has also learned the ways of science-based western medicine. There are few that have the insight and the experience with both worlds.

Mr. Lamine, a *guerrisseur* (traditional healer and medicine seller), gives the *guerrisseurs'* perspective while sit-

ting behind his table of powdered plant goods in Conakry's Medina market. He explains how difficult it is for him and other traditional healers to gain credibility with both the government doctors and the general population. "It is hard to make a living doing what I do even though I have traveled and studied plant medicine in Mali, Ivory Coast and Burkina Faso. People go to the hospital to be treated and it is only after these modern methods do not work that they come to me. People's confidence is so low that they will offer to pay for treatment only after they've taken the plant and seen that it works."

I asked what he thought about the possibilities of collaboration with the government health care system.

"I will not divulge my secrets because then I would lose my ability to gain a livelihood. Doctors want nothing to do with traditional healers anyway." He is highly skeptical of any benefits he would receive from working in collaboration with Guinean doctors or foreign pharmaceutical companies and says that other traditional healers share his sentiments. "I write everything I learn down. There's a lot of very knowledgeable people in the villages, but because the youth aren't interested in learning about plants, and because these older people don't write, their knowledge will be lost." At the same time Lamine says that the healers would not easily share their secrets, and some would even tell someone like myself the name of the wrong plant to treat something.

A similar story is told by Lansine Kouyaté, a traditional *N'ko* (Malinké healer) practicing in Dieké, a town in Guinea's extreme south. In a small dark room that doubles as office and sleeping space, over 200 powdered



Lansine Kouyaté with all his medicines



Lansine with medicines used in the treatment of sterility

plant remedies in plastic bags are stacked and lined up neatly against the wall. In front of these bags are sealed bottles of injectable liquids, and old mayonnaise jars filled with brightly colored homemade tablets. He confidently insists that he works for himself, and only for the most difficult cases will he consult with his *maître* (teacher) in the town of Kankan, 350 kilometers away. He sees no personal benefit in collaborating with the state health-care system and I sense he finds the suggestion an affront to his expertise.

Lansine has a steady clientele of people coming to him with venereal disease, partly because of the large Liberian refugee population, partly because of women's involvement in prostitution. He administers ten to twelve different plants for quick healing. Left untreated, the venereal disease can result in impotence or sterility. Perhaps it is not surprising that Lansine sees many cases of infertility among women. I ask him to show me a few of the plant remedies he uses for treatment and he searches through the stacks of plant powders, pulling out five bags. He explains that this is just a sample of what he

could use to treat infertility, but that his choice of medicinal plants depends on each woman's case. I ask for the names of the powdered samples he has shown me. He hesitates and says that he can give me the names of a few plants and that he only knows them in Malinké. I begin to copy the *N'ko* script that is written on small pieces of paper stuck in with the powder. He sees this, then insists that I scratch out the symbols I have just written. He requests that I write out the names phonetically in my own language. He said that he cannot share "too much" information with me because it is a taboo set forth by his *N'ko* teachers. He says he would be happy to work with me in the future, but for today he has given me all he can.

Dr. Gbanacé's dream of collaboration will require careful bridge building. "We are not simply interested in having traditional healers hand over information. We want to achieve a true partnership," he says. As I have recently found this will not be any easy task, either conceptually or in practice. Yet there are some positive signs of this emerging relationship.

Weyma Peyma Koivogui is a *guerriseur* from a small village of rice farmers near Macenta. He is also the secretary of an organization of traditional healers and has recently visited each *sous-préfecture* (sub-county) in Macenta to conduct a census of traditional healers and their specialties. So doing, he has recorded the names and expertise of over 750 healers, approximately equal numbers of men and women. Soon he will distribute professional cards from the health department to them. This basically serves as the government's blessing.

Though the government provides the identity cards, Mr. Koivogui has conducted the census at his own expense. He feels that this is a proper first step in helping to legitimize the work of traditional healers and encourage them to practice more openly. I asked him why he conducted the census at his own cost. "I want my fellow healers to be able to freely practice what they know. I want them to do this so that they can heal people." Mr. Koivogui plans to form committees of healers in each *sous-préfecture*, selecting the strongest healers. I ask him how the strength of the healers is determined. He explains that it is based on the number of illnesses they heal and how many people seek their assistance. This is basically a form of popular accreditation. However, there are details to be worked out: What will be the scope of the committee's responsibilities? What form will collaboration take?

In the private sector I found an example of mutual learning between healers, botanists and medical doctors. I met Dr. Bintou Sall as we shared a fearful taxi ride from Mamou to Conakry. As we careened down the road, we

talked about her recent work with Shaman Pharmaceuticals, a U.S.-based company that strives to develop new pharmaceuticals by collaborating with traditional healers. Dr. Sall is a specialist in treating diabetes and was hired by Shaman to learn about medicinal plants used in the treatment of diabetes here. She had just spent two weeks in *Haute Guinée*, traveling from village to village collecting plants and talking with traditional healers. She said the work was exhausting, but she also was excited about the potential of collaboration.

"I learned so much from healers and they learned from me. I saw how they worked, their form of diagnosis and the number of different plants used. Really, I am amazed at their level of expertise." She says that she would be interested in a continued working relationship with traditional healers, but she also brought up the difficulties of convincing healers to share information. "Some healers would share their knowledge freely, others would outright refuse. And then, for some, it was necessary to give them a little something." The central question of how to fairly compensate healers for their knowledge remains unanswered.

The meshing of the traditional with the "western" will require much creative work but Dr. Gbanacé remains optimistic. He cites a number of activities that encourage him look positively towards the future. For the past five years, students at both the medical school and the phar-

macy faculty have been required to study traditional medicine and medicinal plants. A number of these students have written their dissertations on medicinal plants. There is also a newly constructed center for traditional medicine in N'Zerekoré, and a botanical garden with medicinal plant specimens in Gueckedou. Further, the office of traditional medicine promotes integration with western medicine at health conferences, forums, and workshops.

These are modern techniques aimed at answering the question of how to integrate traditional medicine into modern times. Yet perhaps the most difficult problem impeding the revitalization of traditional medicine and knowledge about medicinal plants is related to Dr. Gbanacé's long initiation period in his ancestors' sacred forest. Today, most young men spend only a month in the initiation ritual. The *forêt sacrée* was the place where healers began learning about medicinal plants, and their learning continued through daily trips into the forest. Today, only ten percent of Guinea's primary forest remains. And the period of initiation has been shortened by new, nontraditional religions; by forces of modernization; and by the replacement of traditional learning by walls, desks and books. What will be the future for traditional medicine? With luck and mutual understanding, the answer will be found at the confluence of the secrets of the sacred forest, progressive health care policies, and recognition of the value of traditional knowledge. □



Lansine with large sheet in front of his house portraying the illnesses he heals

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