

Alternative Medicine: Review

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ABSTRACT

Reprints are used to review "Alternative Medicine." This is based on the 1986 view of an Editor who argued that I am the world's main researcher as regards the "reprint request" (RR). Internet trends are also included. It ended with the work done in St Petersburg, in Russia, by a USA author. Thus, concerning Complementary and Alternative Medicine (CAM), it was concluded that "predictors and effect of CAM usage in Russia society warrant further study." And, may such studies become a world-wide quest!

Keywords: Reprints, traffic, alternative medicine, former patterns, present practices.

INTRODUCTION

This paper first considers my Glasgow University student paper, which, dwelling on my ethnic group the Ibos, compared its indigenous medical practices with Scottish ones.¹ Later, having been assessed in 1986 by John Swales,² the Editor of English for Specific Purposes, as the leading researcher in the field of reprint request (RR), I turned to weighing such reprints in my possession, duly beginning with local writers.^{3,4}

REVIEW

Name matters. Consider alternative medicine itself. It goes under such guises as indigenous medicine,⁵ traditional medicine,⁶ fringe medicine,⁷ holistic medicine,⁸ unscientific medicine,⁹ unconventional medicine,¹⁰ folk medicine,¹¹ complementary medicine,¹² sectarian medicine,¹³ heterodox medicine,¹⁴ orthomolecular medicine,¹⁵ and popular medicine.¹⁶

Medicine of the alternative type being popular is not in doubt. As we are told, "the use of alternative help-seeking is ubiquitous, both in industrial and non-industrial countries."¹⁷

Consider Britain. In 1983, the Deputy Editor of the *British Medical Journal* asserted that "One of the few growth industries in contemporary Britain is alternative medicine."¹⁸ "In Britain," wrote Peter Reizenstein, "support for alternative medicine extends even to the Royal family."¹⁹ Indeed, it was pointed out that, from the least patient to the President of the British Medical Association himself, people had for many years "been telling us of the benefit they have received from alternative medicine."²⁰ Not

surprisingly, some British doctors are themselves so dissatisfied that they "are looking for some real alternative, which means that scientific medicine in spite of its obvious merits suffers from shortcomings which are made good by some forms of alternative medicine."²¹ Certainly, in the words of a doctor based at the very Western Infirmary, Glasgow, where I trained, "Alternative medicine is booming."²² And, from the Glasgow Homoeopathic Hospital, where I used to stroll past, David Reilly, did research on young doctors' views on alternative medicine and concluded:

Certainly to express an interest in the unproved is neither irrational nor unscientific. Advances in medicine are as often founded on the empirical as they are on theoretical. In other words, the first consideration of science is not "How might something work?" but merely "Does it work?" Research and clinical evaluation of these (alternative) methods is urgently needed to avoid both missed opportunities and false hopes.²³

Hopes, which turn out to be false, are veritable hurdles. Thus, the individual's perspective of illness counts. For instance, a Professor of Christian Ethics noted how in 1985 several children died of treatable meningitis in USA because their parents firmly believed not in drug therapy but in "mind healing" therapy.²⁴ And what of tuberculosis? There was a time when for its cure asses' milk was such a falsely popular remedy that an enlightened practitioner wondered whether "ass-patient or ass-doctor was the greater

ass.”²⁵ Amazingly, other curative claims included “mercurial salivation, emetics frequently repeated, or continued for a long time in doses sufficient to excite nausea; charcoal, different kinds of mushrooms, red cabbage, the conserve of roses in large doses, crabs, oysters, frogs, vipers, chocolate, wine and spirits, sudorifics, electricity, millipedes, opium, wolfsbane, cinchona, preparations of lead, hydrocyanic acid, and the use of the swing.”²⁶ An equally hilarious heal-all was called Umckaloabo:

The story of this substance, which had nothing, apart from its rather euphemious name to recommend it, goes back to 1897, when Charles H. Stevens, a seventeen-year old Birmingham mechanic, was found to have tuberculosis, and was advised to go to South Africa. In Blomfontein he made the acquaintance of a witch-doctor, who was said to possess a remedy for lung disease, prepared from certain roots. After two months treatments Stevens felt better and soon after his return to England was apparently pronounced cured by his doctor. He returned to South Africa ... and later set up in business ... In 1907 Stevens himself returned to London, where he founded the ‘Stevens Co.’ to trade in Umckaloabo, which he called ‘a germicide made of vegetables.’²⁷

Vegetables loom large in alternative medicine. In all probability, the use of herbs is as old as mankind. Consider Ethiopia. The Society of International Missionaries (S.I.M) is at work there alongside the “wogeshas” or traditional medicine practitioners whose skills are passed from father to son. Since they dispense folk medicines, the following problems have been noted:

Kosso is a traditional medicine derived from the bark and leaves of a local tree. It is taken for gastrointestinal complaints, and is thought to purge one of worms. Quite often it is also associated with small-bowel perforations and necrosis, bowel obstruction, and lethal diarrhea. Common problems of cirrhosis, nephritis, and optic nerve atrophy are also attributed to kosso by the S.I.M. personnel. A study of the pharmacology of kosso would be interesting.²⁸

Interesting pharmacological research on herbs is being pursued with vigour in Nigeria.²⁹⁻³⁸ Truly, as the Professor of Pharmacology at Kinshasa, Zaire, affirmed, “Although they may be found in

all three kingdoms (animals, vegetable and mineral), African traditional medicaments mostly come from the vegetable kingdom, which is equally the main source of more than 80% of *modern drugs*.” As he concluded:

Whether we like it or not, more than 80% of all strata of our populations voluntarily visit healers. In that case, why not profit from the healer’s treatment to see whether the drug he is using is really potent ...?³⁹

Potent traditional treatment is of prime importance. In order to profit from it, a critical attitude is equally important. An embodiment of this frame of mind was the great doctor and explorer, David Livingstone, who qualified in 1840 by narrowly passing the Glasgow Conjoint Examination. As we learn from Michael Gelfand’s biography, although he already possessed an antimalarial pill, consisting of jalap, calomel, quinine and rhubarb, his mind was open thus:

Livingstone still appreciated that there might be an even better one which he was prepared to use if it became available. Even if it came from a witch doctor, he would have no qualms about trying it ... He wrote, ‘Anxious to ascertain whether the natives possessed the knowledge of any remedy of which we were ignorant, I requested the assistance of one of (Chief) Sekeletu’s doctors. He put some roots into a pot with water, and when it was boiling, placed it on a spot beneath blankets thrown around both me and it ... I fondly hoped that they had a more potent remedy than our medicines afford; but after being stewed in their vapour baths, (and) smoked like a red herring over green twigs ... I concluded that I could cure the fever more quickly than they could.’⁴⁰

Could quick cures be the favourites of patients? No doubt, this is one of the attractions for trying almost any alternative remedy. In this connection, another biography is memorable. Daniel Turner, who published a book on diseases of the skin in 1714, had an intriguing encounter with an alternative practitioner, a chemist, as to whose cure would be quicker:

Turner had an acquaintance who got drunk one night, and on returning from his party had to cross the Thames; he stumbled ... and grazed his shin on the stairs ... and he sent for Turner, and also for a friend, a chemist, an enthusiast in the use of spirits of wine as an external

application in the treatment of bruises. The drunk man decided that Turner would have one leg to treat, and the chemist the other one. Turner was a bit taken aback at being consulted in the company of a chemist, but he decided to comply, and he gave the chemist the choice of leg. He chose the left leg ... Turner treated his leg with an occlusive plaster of what was called 'bole Armeny.' He cut a hole in the plaster so that the abraded area of skin could be dressed with his cerate as often as he desired. The chemist dressed the left leg with a cloth soaked in spirit. Turner's leg did extremely well: it healed progressively and without pain. The chemist's leg got more and more painful.⁴¹

Painful experience is often at the root of the desire for alternative treatment.⁴² It has been admitted that orthodox medicine "is more geared to the treatment of major diseases" than to the alleviation of minor pains and similar complaints.²⁰ Thus, as regards back pain, we hear that:

It is perhaps not surprising that many people seek help from practitioners of complementary medicine, sometimes without even seeing their own GP, believing that doctors are unable to alleviate back pain.⁴³

Pain is not all. Thus, as an Australian Professor of Surgery remarked after living in India for 11 years, "Modern medicine seems strange and illogical to the system of beliefs of many villagers."⁴⁴ In the words of a Sudanese don at Juba University, "Most of the people of the region who live in rural areas strongly believe in traditional medicine because it is the available alternative to hospital medicine."⁴⁵ In the opinion of a Nigerian university researcher⁴⁶ based at Ile-Ife, "Generally, the older the patient, the stronger is the adherence to traditional beliefs of the causation of disease." As she exemplified, tuberculosis is attributed to the patient's chewing stick or sputum having been used for "juju" purposes by an enemy. Such conception of disease, she surmised, "has led to the preference of traditional healers vis-à-vis the modern medical therapy."

Therapy of the traditional way tends to be preferred.⁴⁷ For instance, most Bantu men suffering from urological disease resist admission to hospital "until life has become unbearable."⁴⁸ A report from the Teaching Hospital at Addis Ababa reads: "Among 171 patients who had used traditional treatment

during the past one year, the 3 most common reasons given were easier accessibility (47.4%), greater efficacy (35.1%) and lower cost (8.8%).⁶ The degree of preference for traditional surgery is such that "Among East Africans the uvula is often absent or very short as a result of its having been cut according to local tradition."⁴⁹ With regard to the Solomon Islands, "Treatment from traditional healers is usually sought before conventional medical help."⁵⁰ With reference to India, "the villager prefers the indigenous village medical man who is familiar, understood, available, cheap, and sanctioned by custom."⁴⁴ In respect of Timbuctoo, Mali, we find man and herb in preferential union:

Herbal remedies abound and are used widely for treating these (minor) diseases. Some of the herbs are gathered by individuals in the surrounding rural areas outside the city; others are sold by herbalists. In general, individuals simply inform the herbalist of the preparation they wish, the specificity of given herbs being well known ... Herbalists will provide directions for preparing these remedies; however, individuals often are familiar with their preparation through frequent use.⁵¹

Use of alternative medicine varies all over the world. Concerning the developing countries, we are informed that "Frequency, both the canons of folk practice and the existence of native practitioners seem to satisfy most of the medical needs of most of the people most the of the time."⁵² One reviewer of the literature found that alternative medicine consultation varies between 4% and 50%.⁵³ However, over half of the population occasionally consult alternative practitioners in Sweden.¹⁹ Put differently, among the nomads of the West African Sahel, there is but "little consumer recognition" of orthodox medical services.⁵⁴ In a report from northern Nigeria, only 11% of the babies under study were delivered in a hospital or maternity, the vast majority having been born at home.⁵⁵ In a contribution from Korea, only about 7% of rural villagers suffering illness sought modern medical attention.⁵⁶ Even an American study found that 84% of the general population use such unorthodox remedies as alfafa seeds, herbs, copper bracelets, and urine injections.⁵⁷ Another American was down to earth thus:

The public majority were ready for a new medicine based on non-toxic, non-invasive, "natural" medicines to go with the re-discovered "natural foods."¹⁵

Foods are a catchword in alternative medicine.¹¹ Little wonders that Elizabeth Kafaru, who writes in *The Guardian* newspaper on Thursdays as a Member of the National Association of Alternative Medicine Practitioners, averred on 13th December 1990 that “whatever is chemical cannot be absorbed by the human body without side effect.”⁵⁸ “Repairs to ailing human parts,” she continued, “must be done by natural preparations.” Nevertheless, we need to remember that “The assumption that herbal medicines must be safe is widespread but untrue.”⁴³ The truth is that people ill-advisedly approach so-called natural products with naïve casualness. Indeed, part of the truth is that nature does not necessarily provide harmonious unity. Thus, Lewis Wolpert, who teaches anatomy and biology as applied to medicine at the Middlesex Hospital Medicine School, saw, as did Marx, “not the beauty of the forest, but the bitterest competition among plants and animals and how the tall and stately oaks, like tall and stately capitalists, consume the nutriments of the shrubs.”⁶ These nutriments, be it noted, are actually chemicals. Really, herbs are full of chemicals, many being outright poisons, even when their active agents are merely taken in overdose.⁵⁹ Consequently, I agree with the following Glaswegian glance at humanity:

Prejudice and wishful thinking – for example, the idea that a ‘natural’ remedy is certainly safest and probably best ... must not be allowed to interfere with an open minded assessment of the evidence.²²

Evidence tends to be easily accepted by the alternative medicine practitioner. I have my doubts! So does a Swedish researcher who wrote: “Many alternative medicine technologies are considered by their advocates to be generally applicable to almost all states of illness.”⁶⁰ Listen to a self-styled “professor” who not only sold a special pump to correct “nearsight, farsight, astigmatism and all eye troubles” but also declared: “There is only one cause for disease and that is auto-intoxication.”⁶¹ Likewise, an American healer is said to have “diagnosed all diseases by feeling the patients’ feet.”⁶² Still on the feet, one healer, who attended The International Institute of Reflexology in Florida, assured patients that “he was able to treat all areas of the body by applying acupressure on specific ‘zones’ of the feet.”⁶³ Back to our own country, Elizabeth Kafaru is another generalizer for she proclaimed

that “Every disease in the body manifests through the blood.”⁶⁴ Incidentally, for the osteopathic practitioner, the villain is not blood but muscle and bone.⁶⁵ Thus, as they described their notion, “The musculoskeletal system is the means through which we express our humanity and individuality, our intellect, every feeling, belief, hope, and fear, and every ethical, moral – and even scientific – principle.”⁶⁶ Next, what of the nutrition cultists? Their overgeneralization was even dated back to the Holy Bible thus: “the demagogue of nutrition cultism can be said to have been Satan, when he told Eve to go ahead and have Adam eat the apple.”⁶⁷ Again, what of those whose practice is computerized this or computerized that? One source of such computers is called Donsbach University which is based in the State of California and “sells bachelor’s degrees in nutrition for approximately \$1,000; bachelor’s plus master’s for about \$2,000, bachelor’s, master’s, and Ph.D. for about \$3,000, and bachelor’s, master’s, Ph.D., and a computer for about \$4,000.”⁶⁸ Concerning homoeopathy, the general idea has been the use of very diluted substances based on the “potency theory of ‘vitalism’ (or the spirit of the person) entering the diluted solutions to give cures.”⁸ Going further still, we encounter the acupuncture of China⁶⁹ which is now open to bastardization as follows:

European acupuncturists invented “ear acupuncture,” a projection of all viscera and body functions on the surface of the pinna. The points are arranged in such a way that the ear represents human homunculus standing on its head. By needling these ear points one can diagnose and treat all diseases. However, incredible to some of us, this system is being taught ...⁷⁰

Taught to be a credible system is one thing, but is alternative medicine quite another thing? Not if we agree with a New Zealand professor of medicine who wrote: “The real danger of alternative medicine is that it exploits the credibility of those often less fortunately endowed.”⁸ According to the great Benjamin Franklin, who wrote over a century ago concerning both the then current alternative treatment called animal magnetism and its purported cures, there is “a disposition in mankind to deceive themselves and one another on these occasions.”⁷¹ In the words of a surgeon based at the University of Melbourne, “Perhaps Ibsen was right when he said that human beings

need a saving lie, some fantasy to which we cling as fact, without which our lives would be a terrifying chaos.”⁷² Or, as Charles Aring stated, some people are “liberally endowed with the ubiquitous human trait of the need to be fooled.”⁷³ Perhaps, a fine example is how a Nigerian lady researcher perceived credulity in our people. She wrote: “The belief in traditional healers is so deep-rooted that if symptoms persist after consulting the healers, the failure is attributed to other factors rather than to the failure of the medicine of the traditional healer,” one of such blamed factors being “the possibility of enemies simultaneously consulting another traditional healer to negate ones efforts.”⁴⁶

Efforts, in order not to be negated, require many real avenues. Education is one of them. Actually, both patients and alternative practitioners should be educated to higher levels.^{74,75} or should, at least, have basic education. Surprisingly, even in Britain, only 50% of alternative medicine practitioners had secondary or tertiary education.⁸ In a developing community, the easiest educational pathways are retraining⁷⁶ and certifying⁷⁷ of traditional practitioners. Their importance is illustrated thus: “ignorance permits the traditional Indian midwife to wash her hands carefully before a meal, but not before delivering a baby.”⁴⁴ The retraining of such traditional birth attendants, which the World Health Organization (WHO) endorses,⁵⁹ is taking place in Guinea Bissau and Mali⁷⁸ as well as in Liberia and India.⁷⁹ Here, in Nigeria, my own collaborator,^{80,81} Sr. Dr. Twomey⁸² at Afikpo and her Medical Missionaries of Mary colleague, Sr. Dr. Brennan,⁸³ at Urua Akpan have attested to the beneficial magnitude of such retraining while at Ibadan an important observation was made in 1977:

Most mothers after receiving antenatal care in medical institutions prefer to have their babies at home under the supervision of traditional midwives. Such practice is not unrelated to the traditional belief that it is a bad omen to have a child born outside the home so the traditional midwife continues to play this important role. Another factor is that the health centre does not provide a 24 hour service due to shortage of trained manpower and the reluctance of some health personnel to work in rural areas. For this reason, it would seem reasonable as of now to recognize the traditional midwives, organize for them a short training course in simple, safe and aseptic obstetric

procedure and after such training, they could be incorporated into the health project under supervision.⁸⁴

Supervision is a national policy option.⁸⁵ Such policies are essential in health service development in the Third World.⁸⁶ As regards Africa, a thorough treatment of policy problems comes from Vanderbilt University.⁸⁷ Personally, borrowing boldly from the sloganeering slant of late Mbonu Ojike, let me say that Nigeria should incorporate the incorporatables! Hence, as Olayiwola Akerele argued, “Since the practitioners of traditional medicine are already well-patronised by members of communities in which they live and work, the adoption of traditional medicine in the design and implementation of national health care systems obviously makes good sense.”⁵ A shining example is India:

Both Prime Ministers Jawaharlal Nehru and Indira Ghandi advocated the integration of the best of indigenous medicine with modern medicine. The government established a Central Council of Indian Medicine, a statutory body with a mandate to ensure conformity of standards of education and regulation of practice in respect to the traditional systems.⁸⁸

Systems being confirmed with are not all. In this context, progress can come about through unregulated collaborative efforts between orthodox and traditional practitioners. A good illustration comes from Kenya:

A third component of Kenya’s health service is its traditional healers, or herbalists. Kenya has a rich history of native healers whose recognition and importance, especially for physician-poor rural areas, was suppressed during British colonial rule and dismissed by European missionary health care providers. The significance of traditional healers in Kenya, however, can be illustrated by the work of Dr. John Kalii, a herbalist who runs a clinic in Ulu, a rural village 55 miles southeast of Nairobi in the heart of the Kamba tribe. He and his assistants run a busy outpatient and hospital service, seeing almost 600 patients a day. Further, they have an established mutual referral and consultation agreement with the local district government hospital.⁸⁹

Hospital as part of mutual agreement works wonders in human affairs. In a way, it is the basis of good doctor-patient relationship.

Apparently, this relationship figures highly in the traditional system. Indeed, it turns out that much of the appeal of alternative medicine to the public is because its practitioners “give their patients time, courtesy, and individual attention.”¹⁸ As a Britisher, Professor Scarborough, perceived regarding “medicine men” in Nigeria, “They are able and willing to spend a great deal more time talking to the patient than the average Western doctor and in that may lie part of their unquestionable success.”⁹⁰ Even the British Medical Association “acknowledges that part of the appeal of alternative medicine practitioners stems from the time and compassion they are able to offer their patients.”⁴³ No wonder, therefore, that the ascendancy of homoeopathy brought forth the following lamentation:

It appears to be unduly prevalent in New Zealand where the organization of subsidies for adequate primary care is deficient. Often, patients complain of not being able to sit and talk to someone sympathetic. Taxpayers’ money is no longer used to repay the acquisition and practice (by doctors) or the skills of adequate observing, listening and touching – which skills now seem to be the preserve of practitioners of holistic medicine.⁸

Medicine of the holistic approach is part of the solution of health problems. It is another explanation given for the wide acceptance of traditional medicine.⁶ Holistic medicine is defined in terms of treating man as a social functional whole.⁹¹ Even so, Richard Kunin wrote in terms of “the various therapies that had gathered under the holistic umbrella; nutrition, biofeedback, chiropractic, acupuncture, herbalism, homeopathy, massage, hyponosis, iridology, kinesiology, astrology, psychic healing and other intuitive therapies, to name a few.”¹⁵ If these are but a few of alternative medicine’s extended family, can there ever be unity in so much diversity? In particular, can orthodox and heterodox medical practices be integrated?

Integrated approach is being canvassed in Nigeria. Zacchaeus Ademuwagun⁹² of the University of Ibadan presented research of a tall order on problem and prospect of legitimatizing and integrating aspects of traditional and modern medical therapy. As he saw it, the two should be “working complementarily rather than contradictorily.” He likened our people’s pendulum approach to the two health care systems thus: “Some Christians freely commute

between the shrine and the church.” Accordingly, he recommended among other things that “All useful traditional practitioners’ health services must be legitimized and incorporated into the health care system.” Therefore, on a comparative basis, let us go beyond Nigeria to consider chiropractic, which is achieving integration, although one authority merely approved of chiropractors on the ground that their terrible therapy “may weed out some of the less intelligent members of the human race.”⁷³ What is this form of therapy? Eugene Garfield⁹³ pointed out that it was in 1895 that a lower tradesman “founded the profession that advocates healing through spinal manipulation” because of “the belief that all disease is caused by abnormal functioning of the nervous system.” Be that as it may, chiropractic is finding favour all over the world. In fact, in USA, it even has two schools of thought to the extent that one school recently castigated the other by saying that its members “couch their claims in a mumbo jumbo of their own devising that suggests they’re either deluding themselves or attempting to delude others.”⁹⁴ As a matter of fact, Jennifer Jamison declared:

The image of contemporary chiropractic is increasingly one of conventional health care. Chiropractic has the criteria for categorization as a profession; it has accomplished legal recognition and achieved structural incorporation into the orthodox health care system in Australia.⁹⁵

Australia is in the Antipodes. What of brumous Britain? Is there a place for chiropractic in her National Health Service (NHS)? There seems to be. Thus, it has been advocated there that manipulative techniques should be part “of the general practitioner’s armamentarium to be used in treating patients when he finds them appropriate.”⁹⁶ “Introducing chiropractic into NHS,” we are told, “should be considered.”¹⁴ More broadly, we gather that:

Safety and cost are both factors to be taken into account when assessing the potential place of alternative medicine in the National Health Service. Acupuncture, osteopathic manipulation, homoeopathy, hyponosis, and clinical ecology in combination could replace up to a third of conventional management in general practice.²⁰

Practice of the general type appears to be a beautiful bride whose groom could be orthodox or unorthodox.⁹⁷ On account of his experience,

Jeremy Swayne was persuasive: “Despite recent controversies surrounding scientific investigation of homoeopathy these results demonstrate that homoeopathy is already established as a relevant therapy in general practice.”¹⁰ In this connection, primary health care (PHC) comes readily to mind. Exploring the possibilities of engaging traditional medical practitioners in PHC is advocated by WHO,⁹⁸ one of whose officers affirmed that “Both developing and developed countries are showing greater interest in using traditional and indigenous health care resources in implementing their national health programmes, particularly at the PHC level in developing countries.”⁵ Likewise, Professor C. O. Johnson, the Executive Secretary, Organization of African Unity, Scientific and Technical Research Commission, is reported to be of the view that:

Traditional medicine has a useful and important role to play in primary health care (PHC). However, the exact nature and scope of this role will have to be defined within socio-cultural context of countries where these practices continue to flourish.⁹⁹

Flourish may well be what happens as regards socio-cultural dimensions.¹⁰⁰⁻¹⁰² One such concept is faith healing.²⁴ Thus, one article posed and answered the question, “Can prayer facilitate healing and growth?”¹⁰³ Admittedly, incorporating spiritual dimension into mainline medicine faces the problem that this would require “investigating intangible phenomena.”¹⁰⁴ However, with prepared mind,¹⁰⁵ the intangible can be disentangled.¹⁰⁶ Fortunately, this is being attempted. Thus, a good instance is the investigation of how hope affects the body’s immune system.¹⁰⁷ Accordingly, I agree that “The scientific physician-healer must remain firmly rooted in his science, but he may be able to learn to tap some of the emotional reserves seemingly open to nontraditional healers.”¹⁰⁸ It was in this frame of mind that an Idaho doctor perceived Christ:

There lived 2,000 years ago a highly respected alternative practitioner who said to His patient, “Arise, take up thy bed and walk.” And his patient walked.⁶³

Walked, in effect, have we done so far towards the end of our present journey whose goal is to comprehend the facts, fallacies, and other facets of alternative medicine. I have a confession to make. I became a pathologist not only because of publishing on cancer¹⁰⁹ as a final year

medical student in Glasgow but also because of attending to patients suffering from cancer. That was some decades ago, when I was a house officer at the then General Hospital, Enugu. As I felt at that time, if I could specialize and thereby help in the pathological diagnosis of the cancer patient, it would be a break-through when such a proved case fails hospital treatment and, hope lost, fares well when taken away for indigenous treatment. With this hope, I have been monitoring some cases. One of them was a relation’s wife in whom I diagnosed bone cancer of the knee. Alas, when she was taken from hospital to a traditional healer reputed for curing knee disease, the futile fellow must have massaged her cancer. Undoubtedly, this led to the deadly detachment of cancerous cells from the knee to other parts of her body, death ensuing remarkably rapidly. Nevertheless, I am still hoping. In fact, I was struck by Elizabeth Kararu’s recommendation regarding herbs. “Mistletoe,” she wrote, “is my number one choice because of the many ways that it helps in correcting disorders.”¹¹⁰ Consequently, I was most intrigued to come across a 1989 publication in *Thorax*, an internationally reputed journal, which in 1974 published my own article on lung cancer.¹¹¹ The recent article quoted another paper that had called mistletoe “the magic herb” and illustrated how a patient suffering from lung cancer of the deadly small cell type manifested apparent response to homoeopathic treatment with extract of mistletoe.¹¹²

Mistletoe helps us in winding up. If homoeopathy and herbopathy (baptized by me) can be combined fruitfully in this promising way, the future should be bright for mankind. What is more, such promising herbs should be exploited by hospital cancer specialists, called oncologists. As someone else hoped:

Perhaps the Chinese oncologists have the most unique opportunity to use modern scientific methods to evaluate the efficacy of Chinese herbs and traditional medical experiences accumulated over centuries.¹¹³

Centuries need not pass in order to accumulate more facts. Indeed, are there other future prospects? First and foremost, traditional practitioners should change gear and demonstrate the conditions in which their treatment can be proved to be superior. Mind you, a superiority claim should not be a mere newspaper breakthrough or else a surgeon like Gbola Ajao of University College Hospital,

Ibadan, would be equally right to say also in a newspaper that “If traditional medicine is to be taken seriously (and I don’t for one moment believe it should), then the herbalists have to change their tactics.”¹¹⁴ To convince even doubting Thomases, they need to keep records. However, if their documentation is not good, it would be no surprise that “imaginary diseases should be cured by imaginary remedies.”¹¹⁶ Moreover, they should not, as some now do,¹¹⁵ surreptitiously include modern drugs in their prescriptions. Similarly, as documented in Timbuctoo,⁵¹ they should not smuggle herbs, even with the patient’s connivance, into hospital wards! Thus, as the Consumers’ Association found in Britain, “although most herbal remedies act as placebos and do very little harm, some substances are toxic and especially dangerous when taken with orthodox medicine to treat serious illness.”⁸ Consequently, bad traditional practices should be recognized and purged from the system.¹¹⁶⁻¹¹⁹ In order to foster progress, the practitioners should police themselves. In fact, their professional associations should not only exist^{59,120} but also be registered and strong, e.g., “There are some 217,000 registered practitioners of traditional medicine in India”⁸⁸ And, as in other associations, there is need for good leadership in order to “be effective in creating further growth and positive change.”¹²¹ In particular, legislation is needed.¹²² Thus, it was only a legislation in USA that put an end to such bogus bottle label claims as that “the medicine inside would cure Bright’s disease, kidney stones, bed wetting, bladder inflammation and anything else that was wrong with the kidneys.”¹²³ Furthermore, in line with the principles of health service research¹²⁴ and of medical geography,¹²⁵ traditional practitioners should publish research on how our people utilize their own service. For instance, Elizabeth Kafaru’s newspaper account¹²⁶ of treating her children’s illness with bitter kola may be so rewritten as to encompass the four ingredients in a scientific journal article, namely, her problems, how she set about solving them, the results she obtained, and their significance as a contribution to knowledge! In this respect, establishing their own journals will help, although any findings may for some time be ignored.¹²⁷ Funding is also essential.^{128,129} So is introducing the elements of traditional medicine into medical schools.^{23,59} But, all in all, let us really have the truth, the whole truth, and nothing but the truth concerning our own home-grown traditional science along the following lines:

First, and perhaps most important, is the message that scientific “truth,” regardless of the authoritative thrust behind it, must not go unchallenged. “Truth” in medicine changes – sometimes slowly, sometimes rapidly. But it does change ...

A corollary concept is that it is instructive to review “origins.” Where did the idea, concept, or technique originate? Who challenged it at the onset, and why?...

Most of what we now take as (medical) “truth” – we all know – will be wrong (slightly or totally) a few years from now ...¹³⁰

CONCLUSION

May the years be few, when alternative medicine, filled with facts and freed from fallacies, find itself in the realms of excellence. Who knows? It may well be the Nigerian air that, at this very moment, is nourishing that herb, the mother of all herbs, whose use will ensure health for all! In sum, may both orthodox and alternative healers quicken to quintessence in medical matters. Indeed, may we in cooperation score those goals which will win for humanity at large the myriads of matches played perforce in the fields of health. Certainly, current efforts in the UK are gathering stream.¹³¹⁻¹³⁵ And, so they are in Israel,¹³⁶ and Turkey.¹³⁷ Incidentally, cooperation has been shown by the work done in St Petersburg, in Russia, by a USA author.¹³⁸ Thus, concerning Complementary and Alternative Medicine (CAM), it was concluded that “predictors and effect of CAM usage in Russia society warrant further study.” And, may this become a world-wide quest!

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