Mention native African medicine to westerners and they will probably think of witch doctors using primitive methods that do their patients little

ood. But there is much to be learned from But there is much to be learned from native doctors, who are shrewd observ-ers of people and have wide-ranging knowledge of herbal remedies, says Dr. Samson Kpadenou, a western-trained doctor who would like to see a serious effort made to study African medicine.

"There are things that work that we haven't been able to explain. People go to them sick and come back well," says Kpadenou, who left Togo in western African to study in Europe and the United

Kpadenou came to this country 16 years ago and earned a master's de-gree in public health before studying medicine at Wayne State University.

He is a specialist in internal medi-cine, concentrating on nutrition and weight control in his Southfield prac-tice. He also is on the staff at William Beaumont Hospital in Troy, "Medicine was an art a long time ago and we tried to make it a science. It's a combination of both of them," he explains. A doctor may be technically brilliant, "but if your patient doesn't follow your instructions, he's not going to get well."

NATIVE DOCTORS may have limit-ed scientific knowledge compared to western doctors. But they are experts in-handling people and have been prac-ticing their own brand of family medi-cine long before it became a catch phrase here, he adds.



In Africa, says Dr. Samson Kpa-denou, it is not uncommon for peo-ple to visit both western-trained doctors and practitioners of native African médicine to see what works for them. (Photo by John Stano).

Native practitioners may treat the entire family at once. "The so-called witch doctor gets to know people quite well. They use the psychology of knowing people; in diagnosing and treating illnesses, he explains. "Many of the ailments the body will fight if you give it enough time. The so-called witch doctor knows that. ... If he can't do anything else, he can at

least give the patients the positive atti-tude that he will get well."

Of course, positive thinking isn't enough to treat serious illnesses, such as the infectious diseases and parasite

as the infectious diseases and parasite infections that plague countries with few health resources and poor sanitary conditions, he adds.

Native doctors use herbs, their version of western drugs, to treat illnesses. They were using a certaub tree root to treat malaria before the Europeans came along, and have successfully treated other filnesses, he says.

Native doctors also can harm patients by using herbal remedies that have a toxic effect on the body. Then, the patients may have to go to a western physician to treat the problem, Kpadenou says.

ern physician to treas.

Kpadenou says.

The two types of practice are complementary in a country without enough physicians to go around.

Patients may try both types of doctors, Kpadenou said. "If the western doctor doesn't work, they'll go to a native doctor. . . . If they sit down and talk to somebody, it may make them feel better."

WESTERN-STYLE HEALTH care is WESTERNSTYLE HEALTH care is still expensive by African standards. Patients may have to travel to cities for care and wait in long lines, only to be told to come back later. Then there, is the cost of medicine, which must come from what little money people have for food and other necessities, he

have for food and other necessities, he adds.
Native medicinal knowledge is passed down through families. But as more young people leave their villages to attend high schools and universities, some of that knowledge is dying with native practitioners, Kpadenou adds.

The government has been trying to promote native culture, but the native doctors see government officials as outsiders who can't be trusted with heir secrets.

"There are still a lot of herbs that haven't been explained," be says. Anyone wanting to study native medicine must gain the trust of native doctors before more can be learned, he explains.

If western scientists try to do the work, "they should go in there with the idea that not everything is useless or primitive," he says. Kpadeno says he would like eventually to return to Africa to practice, perhaps to study native medicine or direct such an effort.

He returned to Nigeria in 1978 and found practicing medicine frustrating. Health programs are not a priority of African governments struggling to establish an economy and promote devel-

LACK OF education and different attitudes about health also made his work difficult. "If that person is hungry, it's very difficult to tell them they have to prepare for the sickness they may have tomorrow," he explains. Kpadenous asys his African culture has helped him in his practice, where calking to and listening to patients is an important part of treating a weight problem, he said.

problem, he says.

Instead of using pills or shots, he says he uses the more time consuming but safer and more effective method of trying to educate patients about good nutrition and help them change their resting both.



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