Letter to the Editor

PATIENT AND HEALTH SERVICES DELAY IN THE DIAGNOSIS OF LEPROSY IN KADUNA STATE, NIGERIA

Eric Post is right to draw attention to the substantial delay in diagnosis due to a preference for seeking help from traditional healers. This is a global problem concerning traditional medicine as well as complimentary medicine in the developed world. Only recently (October 2002), it justified an entire issue of the American Journal of Public Health. It has the attention of the Commonwealth Ministers of Health and of WHO as well as many individual governments. However, it is an issue that has not yet been tackled by programmes concerning the elimination of disease.

It is important to know which systems of medicine are in use by individuals and communities since, as declared by Eric Post, it has a significant influence on management of disease. The downsides in diagnosis, unsafe practices and costs to the patient and community. However it would be wrong to believe that these override the pluses. Traditional and complimentary medicine is no less unsafe than Western Medicine (also named biomedicine and in India it is known as Allopathic medicine). It is mostly cheaper and this is one reason why there is increasing use in countries where governments as a matter of policy have embraced cost sharing. Its cultural awareness is greater than western medicine and many believe that the well being provided for chronic disease greatly exceeds that provided by western medicine.

Efficacy is under examination and where the practitioner is well trained and experienced it usually passes the test. All systems are sullied by the untrained, the roadside seller and the fraudulent.

As leprosy moves into the General Health Services, it should have a policy of how to handle its relationship with traditional medicine. I am one of several directors of the Global Initiative for Traditional Systems (GIFTS) of Health, which advises the Commonwealth Ministers of Health and has a contract with Kobe branch of WHO. I have attended useful programmes on Malaria, AIDS and TB in which there has been identification of benefits and potential uses of herbal medicines. Certain In general the weaknesses of General Health Services is that many chronic or common diseases are managed poorly in health centres. To give one example from Mali, wrong diagnosis of skin disease is followed by the prescribing of ineffective and expensive therapy. Early diagnosis of Leprosy cannot be expected if the community knows that the health centre mismanages common skin disease.

Unfortunately, western medical practitioners tend to lump all traditions in the same basket where they are discarded without assessment. This has left leprosy without any plan for integration and entirely managed by western medicine at a time when general health services require strengthening. This is particularly important in India where last November I attended a World Congress of Ayurveda in Kerala. Large numbers of Indians attended with only a handful of western practitioners. There were, however, some western trained Indian practitioners making a strong case for integration expressing a knowledge of its ethical basis and of evidence based medicine. In India there are many systems of medicine that are valid, engage in satisfactory training, and have well authorized certification and registration. They provide a network of practice spreading deeply into rural and tribal areas. They are capable of early diagnosis of leprosy, the management of disability and they have immunomodulating therapies suitable for reaction. Lack of integration leaves India without the benefits of a uniform and effective health service. It has deprived Indian systems of medicine of any
encouragement to be more effective in the management of elimination programmes such as leprosy and lymphatic filariasis.

Following a recent visit to China and Vietnam where traditional medicine has some distinguished investigators, I am convinced that the field of Leprosy must remove its blinkers and work with traditional medicine to ensure strengthening of primary care practiced in health centres. It should be capable of early diagnosis, disability management and prevention and especially it should be a system which people trust and can afford.

Such a policy should not be based on an experience of seeing the failures of any one system of medicine but on a thorough assessment of utilization safely and efficacy as well as cost and the capacity to disseminate important health promoting messages.

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