

The Integration of Traditional and Western Medicine
In Ngaoundéré, Cameroon

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SIT Cameroon Fall 2008
Wesleyan University

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ISP Topic Codes: 701, 708, 722

Acknowledgements

This work would not have been possible without an enormous amount of help and support from an amazing group of people:

The staff of SIT Cameroon: Christiane, Bobo, Nathalie, and Valerie, who answered questions, pushed me to work harder, think more critically, and who were consistently encouraging of me and of this project.

Dr Mouyomou: Who found time in a very busy schedule to meet with me during all stages of this project, from first deciding on my topic to the final revisions of this paper.

Aliou: Who has been my translator, my contact to many interviewees, and my friend. His willingness to give up countless hours of his time to help me find the people I needed truly made this project possible.

Andre: Who was kind enough to translate for me during my interviews at Hopital Provincial.

Staff at Bar Laitier: Who never once complained about me taking up a table for hours at a time to transcribe interviews, read secondary sources, and write this report.

My Ngaoundéré family: Maman, Papa, Aïssatou, Oumoul, Fadimatou, Mariam, Sadia, and Madina, who listened to me talk about medicine for six weeks with little complaint, looked out for me, gave me a place to live, great food, and a family. When I was stressed to the point of tears, they reminded me to take a break to laugh.

My Yaoundé family: Maman, Junior, Martin, Pascaline, Hector, Jacquino, who welcomed me into their family, and then were a source of constant support during this research in Ngaoundéré.

My family in the United States: who called even though it was too expensive, and who understood and supported my decision to come to Cameroon, even though it meant not seeing them for too long.

All residents of Ngaoundéré who gave me directions, encouraged my attempts to speak Fulfulde, were willing to answer questions, and who have never ceased to amaze me with their kindness and welcome for a confused foreigner.

To you all: a giant thank you, merci, and useko!

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Abstract:

The purpose of this study was to examine how patients in Ngaoundéré Cameroon integrate traditional and Western medicine, and how they perceive such integration on the part of their health care providers. Interviews were conducted with thirty-five patients of the Hôpital Provincial and of traditional medical practitioners in the neighbourhood of Yarmbang. Both modern and traditional health care providers were also interviewed. Patients generally believe that the two types of medicine have different strengths related to cost, accessibility, accuracy of diagnosis and treatment, ability to treat certain illnesses, and practitioners' understanding of patients' culture. Patients decide whether to use modern medicine, traditional medicine, or both by weighing these strengths. The majority of patients would like for health care providers to understand both types of medicine and the strengths of each better, so that the providers could play a larger role in the integration of the two. Though patients currently understand the necessity of both types of medicine, providers may need to be pushed to reach this understanding by institutionalization of traditional medicine by the government.

Introduction

Brief Description and Objective of Study

Ngaoundéré, Cameroon, is the capital of the Adamawa province in the north. The city is large enough that Western medical care is available; there are two hospitals, one public and one private, as well as several smaller Western health clinics. There are also traditional healers throughout the city, several in every neighborhood, working mostly from their homes.

In a place where traditional and Western medicine exist side by side like this, patients and their families have to make a choice when they decide they are going to seek medical attention. Will they see a traditional healer, will they go to a Western hospital or clinic, or will they use some combination of both? The purpose of this project is to study how patients in Ngaoundéré, Cameroon, perceive and participate in the integration of traditional and Western medicine.

What was found was that traditional and Western medicine are serving different functions in Ngaoundéré, with different strengths. These differences are the basis for how patients integrate the two, balancing the strengths of each to decide when to seek modern health care, and when traditional. The majority of patients think that health care would be more effective if providers took on more of a role in the integration of the two.

Definitions

In this study, I will use the World Health organization definition of traditional medicine, which is as follows: Traditional medicine is the totality of knowledge and practices, explainable or not, used to diagnose, prevent or eliminate physical, mental or

social illnesses, and which may be based solely on experience and past observations handed down from generation to generation orally or in writing.¹

I will define Western medicine as medicine also called modern medicine, conventional medicine or allopathic medicine. It has an emphasis on a scientific approach, with laboratory tests frequently used for diagnosis and testing of treatments.

A traditional health care practitioner, or traditional healer, is someone who treats other people using traditional medicine in exchange for payment of some kind. Within the context of Ngaoundéré, this individual could be a marabout, mullum, midwife (accoucheuse), etc. A Western health care practitioner is someone who treats other people using modern medicine in exchange for some sort of payment. These include medical doctors, paramedical staff, nurses, etc. The definition includes receiving payment to differentiate between a professional health care practitioner and someone who has some medical knowledge and uses it to treat only him/her self or family and friends.

Justification for this Study

Improving health care in Cameroon is important not only in terms of the quality of life on an individual level, but also on the larger scale of development of the country. Health care and development go hand in hand. In the “Reorientation des Soins de Santé Primaires au Cameroun” Dominique Kondji Kondji explains that “ Tous les secteurs considérés comme productifs, entendu, générateurs de devises ont besoin de travailleurs assidus, ponctuels, consciencieux bénéficiant d’une bonne couverture sanitaire[...]Le

¹ WHO Traditional Medicine. date

développement des pays africains est sensiblement influencé par leur situation sanitaire.”²

Traditional medicine is an extremely important part of primary health care in Cameroon. The World Health Organization estimates that 80% of people in Africa use traditional medicine. This is undoubtedly in part because traditional medicine is so widely available in comparison with Western medicine. In 1991 the US Agency for International Development estimated that for every one modern medicine practitioner in sub-Saharan Africa, there were one hundred traditional medicine practitioners.³

While traditional medicine is more accessible, Western medicine has certain other advantages. A basis in the sciences means treatment methods have been proven to work through different tests. Laboratories mean there is less error in diagnosis. The importance of hygiene and preventing spread of disease and infections is more widely understood. The strengths and weaknesses of each method could mean that the most effective health care for Cameroon would involve some form of integration of the two.

Finally, there should be an explanation for the choice to focus on the patients’ perspective instead of the health care providers’. As was mentioned before, patients are the ones choosing which kind of medicine they use. A former student with School for International Training in Cameroon found that in Ngaoundéré “there are many people who use traditional and modern medicine at the same time.”⁴ Students with School for International Training this semester found during their research that “In many cases, patients themselves act as the ambassadors between the two systems, choosing one when

² Kondju Kondji, Dominique, page 31. Translation : “All sectors considered as productive, that is, currency generators need constant, punctual, conscientious workers benefiting from good health coverage. [...] The development of African countries is noticeably influenced by their health situation.”

³ WHO Traditional Medicine Strategy 2002-2005, pages 1& 12.

⁴ Yehle, Sarah E. Page 33.

the other has failed.”⁵ Other research about traditional medicine in Cameroon has found the same. Emily Hillenbrand, for example, found that many patients see both traditional and modern doctors, or will get a diagnosis at a hospital and go to a traditional healer for treatment.⁶ From these studies, it would seem that patients are playing a larger role in the integration of Western and traditional medicine than health care providers are.

History

Ngaoundéré is home to many ethnic groups, though it is culturally dominated by the Fulani, a group that conquered the original Mboum inhabitants in a jihad in the early 19th century. The Fulani brought with them Islam, which came to be the dominant religion in Ngaoundéré, and Fulfuldé, today the most common language.⁷ Modern medicine can be said to have arrived in Ngaoundéré in 1916, when the French first opened a health post in the city.⁸ The Protestant mission later started a dispensary and hospital, and after independence there was further increase in modern medicine available in the city.⁹ Today, there are two hospitals, the Hôpital Provincial and Hôpital Protestant, as well as several clinics.

It is not possible to give a date for the first appearance of traditional medicine. Gouajeu Kameni explains in his study, “Les Tradipraticiens de Ngaoundéré”, “Les hommes ont toujours eu besoin de se soigner et d’être soignés, d’où l’existence d’une

⁵ Lin, Abbie and Laura Van Oudenaren. Pages 8-9.

⁶ Hillenbrand. Page 11.

⁷ Dronen, Tomas Sundnes. Pages 45-49.

⁸ Gouajeu Kameni, Germain. Page 2.

⁹ Patel, Swati. Page 12-13.

catégorie socioprofessionnelle chargée de s'occuper de la demande sanitaire des populations. ”¹⁰

Despite the fact that traditional medicine has existed for countless generations, it has not been static. On a daily basis, communications between different healers might change certain practices. Dr. Pepin, a professor of organic chemistry and traditional doctor in Dschang, explained that traditional healers often learn new treatments for diseases from one another.¹¹ In addition to this gradual spread of information from one healer to another, traditional medicine changes as culture changes. One event which drastically changed traditional medicine was the Jihad in 1804 which brought Islam to be the dominant religion in Adamawa. Islam has had a profound impact on traditional medicine in the region. Today, healers often use verses from the Koran to diagnose and treat illnesses.¹²

For a long time after the arrival of Western medicine in Cameroon it was the only kind of medicine formally acknowledged by Western doctors and public health workers. In recent years, however, traditional medicine has reemerged as a possible solution to the health crisis in the third world.¹³ In 1978, the World Health Organization issued the Alma Ata declaration, formally acknowledging the importance of traditional medicine in primary health care.¹⁴ More recently the WHO has encouraged governmental attempts to institutionalize traditional medicine.¹⁵ In 1981, traditional medicine became officially part of Cameroon's plan for universal health care. In 1993 l'Association pour la

¹⁰ Gouajeu Kameni, Germain. Page 7. Translation: Men have always needed to heal and to be healed, from this comes the existence of a socioprofessional category charged with taking care of the health demands of the populations.

¹¹ Pepin, interview. 2 Oct 2008.

¹² Adamou, Malla. Interview 16 November 2008.

¹³ Hillenbrand, Emily. Page 3.

¹⁴ Bih Kejem, Susana. Page 105.

¹⁵ WHO Traditional Medicine Strategy 2002-2005.

Promotion de la Médecine Traditionnelle du Cameroun (AS.PRO.ME.TRAD.CAM) was created, an association of traditional healers which gives membership to healers who can prove adequate knowledge of the field.¹⁶

The opportunity for this study came at an exciting time, as both the WHO and the Cameroonian government put more and more emphasis on the importance of both modern and traditional medicine for primary health care. August 31st of this year was the 6th annual African Traditional Medicine Day. The Prime Minister of Cameroon, Leaders from the WHO and Cameroon's Ministry of Public Health all declared their support for the institutionalization of traditional medicine.¹⁷

Methodology

Information was gathered in this study through interviews. First, I spent one week conducting interviews with patients, patient family members, and health care practitioners at Hôpital Provincial, the public and larger of the two hospitals in Ngaoundéré. Interviews were done while patients waited outside to be seen by the hospital staff. I conducted twenty interviews with patients, as well as six interviews with doctors and nurses.

My intention for the second week of research was to spend entire days in the homes/clinics of two or three traditional healers. However, I discovered quickly that most of the healers I met simply did not see enough patients in a day for this to be a realistic plan to conduct enough interviews. Instead I started asking traditional practitioners I had met in Yarmbang where I could find patients who had been to see

¹⁶ Djoka, Hambouka. Interview 18 November 2008.

¹⁷ Nformi Sonde Kinsai, the Post 4 September, 2008.

them recently. This allowed me to conduct enough interviews, and to put the patient more at ease as the interviews were usually done in the comfort of their home, outside of the presence of the healer. During this week fifteen interviews with patients were conducted, as well as six with traditional healers.

Finally, one day was spent interviewing patients at a small clinic, Cabinet de Soigne Bien Être, run by a man with training in both modern and traditional medicine. The hope was to interview patients who were treated by a combination of the two methods, but unfortunately all of the patients that day were treated exclusively with modern medicine. Nonetheless, the interview with the practitioner in the clinic was valuable in proposing one way that traditional and modern medicine can be combined.

Interviews were in French or in Fulfuldé through a translator. They were usually around half an hour, but some were much longer. When I approached an interviewee, I introduced myself and my project, and asked permission to pose some questions. For patients I only asked for first names, though some chose to give me a last name, and I gave all interviewees the option of being anonymous. I also informed them that if they did not want to answer a question for any reason, they could say so and we would skip that question and continue. All interviews were semi-formal. No appointments were set, and yet no one who I approached, patient or practitioner, was unwilling to talk to me. I had lists of questions for patients and health care providers (see appendix) but not every question on the list was necessarily specifically asked, since for many the answer was given in the response to a different question. I often asked follow up questions that were not on the list to clarify an answer or acquire more information. I also changed the order

of the questions, depending on how willing and able a person seemed to answer certain types of questions. The goal was to pose easier and more comfortable questions first.

I faced a few serious limitations with this study. The first and most significant was time. I had approximately two weeks in which to conduct all of the interviews, and while I conducted the number of interviews I had planned to, this topic is large and more interviews could have led to a more complete understanding of the question. I also know that my interview skills increased with practice, and though I had several francophones from Ngaoundéré look over my questions for clarity before I began, I still found ways to rephrase them to make them clearer after I started interviewing.

The second large limitation was language. I can communicate comfortably in English and French, the two national languages of Cameroon, but I cannot speak Fulfuldé, the language often spoken in homes and around town. Some of my interviewees spoke neither French nor English, and I had to rely on translators. For my first two days of interviews at Hôpital Provincial I did not have a translator, so interviews were only done with people who spoke French. Since people here usually learn French in school, this resulted in interviews with a more educated population for those two days. The benefit was that it gave me enough people who had been educated that I could look at how education is correlated with ideas about the topic.

After these two days, I always had a translator with me, though many interviewees spoke French or enough French that the interview could be at least partially in French. With translation, I am sure that some nuances of language were lost, and while I made strong efforts in French to make sure that my questions were not leading, I can not be certain that the questions were phrased in the same neutral way in Fulfuldé.

Ideally, I would have always used the same translator throughout the research, so that the questions were consistently being translated in the same way. However, I had two different translators; one provided by the Hôpital Provincial, a member of the cleaning staff there who is fluent in both French and Fulfuldé, and the other a friend of mine who translated for the patients of traditional healers. Also, though I speak French comfortably, it is not my first language, nor was it generally the first language of the people I interviewed, which could have also led to misunderstandings or loss of nuance.

My identity as an American was both a limitation and an advantage in this research. People were perhaps more willing to talk to me because they were curious about me as someone who was so different. However, people may have responded to questions according to what they believed I wanted to hear, probably by appearing to have less their interest in traditional medicine, and more in Western medicine.

Different Functions of Modern and Traditional Medicine

Western and traditional medicine serve different, and both necessary, functions in Ngaoundéré. They have strengths that differ based on several factors such as affordability, accessibility, effectiveness for certain diseases, patient comfort, and certainty with diagnosis and treatment. Seventy-six percent of patients interviewed said that they sometimes see a traditional healer, and sometimes a modern doctor when they are ill. For this majority who uses both types of medicine, the differences between the two are the basis for how patients combine them. Patients believed that Western and traditional medicine treat different diseases most effectively. They also said that traditional medicine is cheaper and more readily available, that a visit to a traditional

healer is quicker and less of a hassle, and that traditional health care providers are more sympathetic to patients. On the other hand, they said that modern medicine has the advantage of laboratory tests for diagnosis, and scientifically proven, controlled treatments. This section of the paper will look at how patients see the two as different, and how they try to balance the strengths of each in order to have the most complete and effective health care possible. Patients came up with a variety of ways of doing this: some went to the traditional healer for certain illnesses, and to the hospital for others, some went to the healer for more minor illnesses, or at the beginning of illnesses but to the hospital if the disease was more acute, and some would go to a hospital for a diagnosis, but then go to a traditional healer for treatment.

Different Illnesses

The most common response to a question about whether a patient preferred modern or traditional doctors was “ça depend de la maladie.”¹⁸ The majority of people could list which illnesses are treated better by traditional medicine, and which are treated better by modern medicine.

Typhoid was one of the most common diseases given as something that is treated quickly and effectively with traditional medicine. One woman first said she never went to traditional healers, but when I specifically asked about typhoid, she responded that when she had had typhoid she had gone to a traditional healer, because recovery from typhoid is faster with traditional remedies. “Tout le monde va chez l’indigène pour le typhoïde.”¹⁹ Not only did people trust traditional medicine for treating typhoid, but often

¹⁸ Translation: It depends on the illness.

¹⁹ Fany. Interview 11 November 2008. Translation: “everyone goes to the indigenous doctor for typhoid.”

patients expressed doubt that it could be treated at all by modern medicine: “Le typhoïde [...] ne se soigne pas à l’hôpital.”²⁰

Other problems commonly listed as being treated more effectively by traditional medicine were yellow fever, epilepsy, jaundice, hemorrhoids, infertility, stomach problems, menstrual cramps, and fractures. One of the doctors at Hôpital Provincial explained that patients prefer to go to traditional healers for fractures because they know that if they go to the hospital the doctor will put a cast on it that they will have to wear for a month at least, and may say that they need surgery. A traditional healer will make sure the bone will heal properly, he massages the break, and in two weeks the injury is better, without the inconvenient cast.²¹

Malaria was often listed as an illness which traditional healers could treat well, but was more commonly given as an example of an illness for which modern medicine was better. The impression from the majority of patients was that malaria was treatable by traditional healers, but if a patient had the money, modern medicine would be more effective. Patients also said that modern medicine was better for treating HIV/AIDS, tuberculosis, serious injuries, dental problems, anything requiring surgery, and severe illnesses that require emergency care.

Most patients who talked about different illnesses treated best by each type of medicine referenced mystic ailments and/or sorcery. They explained that the hospital can not treat such illnesses, but rather it is necessary to go to the traditional healer. Patients said that mystic ailments were often in the form of mental illnesses.²² One of the doctors also said this, and said that he would suggest that patients suffering from mental

²⁰ Odile. Interview 13 November 2008. Translation: “typhoïde doesn’t get better at the hospital”

²¹ Lenga, James. Interview 14 November 2008.

²² Daouda. Interview 14 November 2008.

illnesses untreatable by the staff psychiatrist go to a traditional healer.²³ In addition to these mental ailments with mystic causes, patients described certain physical illnesses were sometimes related to sorcery. Patients described mystic illnesses as cases where a person is sick, but none of the diagnostic tests done by modern doctors can discover the cause of the illness. They also said that sometimes sorcery causes an illness that is diagnosable by modern doctors, such as malaria or typhoid. In cases like these, where sorcery is the cause of malaria, for example, one patient explained that it would be most effective to see both a traditional healer, to treat the mystic cause of the illness, and a modern doctor, to treat the physical symptoms of the illness.²⁴

Different Patient Populations

Modern and Traditional medicine serve different patient populations because of differences in cost and accessibility. Although accessibility is less of a problem in Ngaoundéré, where Western medicine is available at two hospitals and several clinics, patients were quick to point out that people who live outside of cities often had no choice but to see traditional healers because there are no Western health care providers nearby. Even here in Ngaoundéré the distance to the hospital makes some difference in where patients choose to go. Gouajeu Kameni explained that patients often choose traditional medicine because of problems of expense and distance to modern health clinics.

“D’abord le manque de moyens pour se rendre dans les centres de santé. A ceci s’ajoute

²³ Lenga, James. Interview 14 November 2008.

²⁴ Aissatou (B). Interview 17 November 2008.

les problèmes logistiques dus à l'absence des centres de santé dans certains quartiers périphériques comme Mawi, Gada Mabanga.”²⁵

Location was mentioned several times in interviews when patients explained why they had chosen to the hospital, clinic, or healer that they had. One man interviewed went to the hospital because he thought it provided better care, but also because it was close to his house,²⁶ while a woman receiving treatment at Cabinet de Soigne Bien-Etre only goes to a hospital if a healer or clinic in her neighborhood cannot treat her because the hospital is far away and more expensive.²⁷

The expense issue came up often, especially in interviews with recent patients of traditional medicine practitioners. “L'hôpital soigne mieux, mais c'est trop cher” explained a patient who had recently seen a traditional healer for a sore foot.²⁸

Hambouka Djoka, the practitioner in Cabinet Bien Être, used the example of typhoid medication to demonstrate the difference in cost. When he diagnoses a patient with typhoid, he gives them the choice of using traditional or Western medication, as he has seen evidence that both are effective. Patients usually choose the traditional remedy because it costs 5 000 FCFA (about 10 USD) as opposed to the Western medication which costs a total of 23 400 FCFA (about 47 USD).²⁹

These differences in accessibility and cost lead to modern and traditional medicine serving different populations of patients. Patients who live in rural areas, or who are simply in neighborhoods of cities farther away from a hospital tend to depend

²⁵ Gouajeu Kameni, Germain. Page 16. Translation: First, the lack of means to go to a clinic. Add to this logistical problems due to the absence of clinics in certain peripheral neighborhoods like Mawi, Gada Mabanga.

²⁶ Maidadi. Interview 11 November 2008.

²⁷ Madina. Interview 21 November 2008.

²⁸ Mme Howa. Interview 20 November 2008. Translation: The hospital treats better, but it is too expensive.

²⁹ Djoka, Hambouka. Interview 18 November 2008.

more on traditional medicine, as do patients for whom cost is more of a concern in choosing health care. In this way, the two types of medicine again are different but both necessary for everyone to have adequate health care.

Different Levels of Patient Comfort—How Soon Patients Seek Care

The ease and comfort for patients to see a doctor or healer can impact how long they will wait before they seek treatment. As demonstrated above, cost and accessibility are two factors in how easy it is for patients to seek treatment. These are two reasons why patients will often wait, and only go to the hospital only when an illness has reached a rather acute stage. On the other hand, a patient might be willing to see a traditional healer at the very first symptoms of an illness because it is more conveniently located and relatively cheap. The other aspect to how early patients will see a health care practitioner is how comfortable they are during the visit.

At the hospital, patients will often wait a long time to see the health care practitioner. Many interviewees waited hours for a chance to talk to a doctor for a few minutes. Patients wait outside, often on the ground since there are not enough benches. Patients who visit traditional healers, however, rarely have to wait to be seen, and if they do they generally wait inside seated on mats or chairs. The difference in waiting time is probably due to ratio of patients to staff. There are many more traditional medical practitioners in Ngaoundéré than modern practitioners. The modern health care practitioners are also usually trying to see many more patients in a single day.³⁰

Perhaps because they are so busy and trying to treat so many patients in a single day, doctors of Western medicine are often perceived by patients as being unwelcoming

³⁰ Courselle, Levy. Interview 14 November 2008.

and unsympathetic. One patient believed that the unwelcoming attitude was reserved for less affluent patients: “ils n’accueillent pas bien les gens qui n’ont pas beaucoup d’argent.”³¹ A patient at a traditional healer said that she avoids the hospital when she can because the doctors do not show her kindness. “Les médecins, ils devraient être gentils, accueillants. Quand on est malade, on a besoin de sympathie.”³²

In addition to the hospital staff being rushed and overworked, another possible reason for the perceived unsympathetic attitude of the doctors are language and culture differences between the doctors and the patients:

De fait, les patients abordent différentes dimensions de la pratique médicale, et détaillent sous la forme d’un réquisitoire précis de nombreux gestes, qui, au quotidien de la routine, pourraient sembler anodins [...] Les patients évaluent la “qualité” des services qui leur sont offerts en fonction de leurs propres normes. Au plus simple, l’accueil et le respect des règles élémentaires de sociabilité ; puis les modalités d’un “prendre soin” de la personne malade.³³

Doctors in Ngaoundéré are often not originally from this region, but they are from elsewhere in Cameroon or other countries. They are also often educated abroad. Many do not speak Fulfuldé, and do not understand all of the aspects of their patients’ culture. In addition, doctors might not always accept cultural and religious differences such as many women’s refusal to undress for an exam, or a patient’s decision to fast during Ramadan. Doctors are perceived as being outsiders, foreigners to the Ngaoundéré

³¹ Marianne. Interview 12 November 2008. Translation: They don’t welcome people without a lot of money

³² Pendo. Interview 17 November 2008. Translation: Doctors should be kind and welcoming. When someone is sick, they need sympathy.

³³ Jaffré, Yannick. “Les Services de santé pour de vrai” in *Anthropologie de la santé*. Page 10. “In fact, patients approach different dimensions of medical practice, and detail in the form of a precise accusation numerous gestures that in the day to day routine could seem harmless [...] Patients evaluate the ‘quality’ of the services offered to them according to their own norms. The simplest are the welcome and respect of elementary rules of sociability, then the methods of ‘taking care’ of a sick person.

culture.³⁴ One doctor said that patients avoid the hospital because they had “plus de confiance en les gens de chez eux” and because “ils ont peur des étrangers.”³⁵

The language and culture barriers between patients and doctors, the patients’ perception of hospital staff as being unsympathetic, the wait to see a doctor at the hospital, and the time and distance constraints for seeing a doctor can all make a trip to the hospital uncomfortable and challenging for a patient. The decision is then often made to wait until an illness is more severe before seeking treatment from a hospital, while the decision to see a traditional healer might be made at the first symptoms.

Different Methods of Diagnosis and Treatment

Western medicine generally uses laboratory tests for diagnosis, while diagnoses by a traditional healer are a simple clinical diagnosis by judging the symptoms of the patient, or are done through *voyances*, or seings, where a healer uses mystic methods to tell what a patient is suffering from, usually using a tool such as sand or cowry shells, and often with the use of the Koran or Bible. The technology to diagnose was one reason given by many for why the hospital offered superior care.

The remedies used to treat diseases have also been tested differently. Traditional remedies have been tested by using them and seeing them work over generations, while modern medications have been scientifically tested to know their effectiveness and how, on a molecular level, it combats the pathogen. Another benefit of modern medication is that the dosage can be carefully controlled. When medications are in this processed form the active compounds can be measured exactly. With traditional remedies this is not

³⁴ Patel, Swati G.

³⁵ Lenga, James. Interview 14 November 2008. Translation: They are scared of foreigners.

possible, and the dosage varies greatly. Several interviewees, both patients at the hospital and patients of traditional healers, expressed concern about the inability to control the dose of traditional remedies.

One other difference between traditional and Western remedies is that they may have different chemicals with different molecular methods for treating the illness. The mechanisms that chemicals in traditional remedies have for fighting the disease might not yet be known to modern doctors. In the same way, the chemicals in pharmaceuticals produced in Western medicine might not also exist in the plants in Cameroon used by traditional healers. Different active chemicals in the two remedies would not be at all surprising, as many important modern medications were originally discovered in plants, often those used in traditional medicine.³⁶ Different chemical explanations for combating diseases would also explain patients' claim that traditional medicine is more effective for certain diseases, while modern medicine is more effective for others.

The differences in diagnosis and treatment of Western and traditional medicine have led some patients to integrate the two kinds of medicine in a different way. Some patients will go to the hospital for a diagnosis, but then will go to a traditional healer for treatment, on the basis that the hospital has the strength of technology and science for an accurate diagnosis, but is seen as more expensive and less effective for certain diseases.

Patient Views on Integration by the Individual Health Care Provider

The majority of patients looked favorably on health care providers who had some understanding of both modern and traditional medicine. They also expressed an interest in seeing health care providers who facilitated the use of the two by patients. In general,

³⁶ Patwardhan. Bhushan.

people believed that greater understanding of both types of medicine from both modern and traditional practitioners would lead to more efficient health care.

There are a number of ways that individual health care practitioners, both modern and traditional, could integrate the two types of medicine: they could send patients to practitioners of the other type when they think that the other might be able to treat more effectively; they could learn certain techniques from the other, such as traditional providers learning about hygiene and the importance of accurate dosage; they could also learn about the remedies of both, either in order to use both, or simply to avoid any negative interactions between treatments. More than 80% of patients interviewed expressed interest in seeing individual providers integrate the two in at least one of these ways.

It is interesting to note the correlation between the level of education of the patient and how open they were to seeing providers integrate the two types of medicine. While the majority of patients of all levels of education felt that a better understanding of both types of medicine was important, when it came to interest in seeing practitioners who was familiar enough with both types of medicine to use some methods from both, there was a significant split by education level. More educated patients were almost always eager to see this level of integration by individual health care providers, while patients with less education would not want modern doctors to use any traditional methods, or traditional practitioners to use any modern methods. Eighty-nine percent of patients who had received some education beyond primary school (higher than the equivalent of fifth grade) would want to see health care providers who use at least some remedies from each type of medicine, while only thirteen percent of patients who had not

received any education past primary school said that they thought it would be a good idea for health care providers to know some modern and some traditional remedies.

Exchange of Patients

An understanding from both traditional and modern practitioners could mean that each would know when patients could be best treated by the other. Modern and traditional practitioners could send patients to each other when one was unable to treat a patient, or when the other would be able to treat the patient more efficiently. Patients often make the decision to see one type of practitioner when the other has not helped, but they would generally prefer if the medical providers understood better when patients could or should see the other type of practitioner. Generally, patients felt that traditional healers needed to send patients to the hospital when their remedies don't work, and for cases like tuberculosis, AIDS, and other things seen as untreatable by traditional medicine, while modern doctors need to be willing to send patients to traditional healers for mystic illnesses.

Patients all had a positive view of traditional healers who send people to the hospital when believe they are unable to treat them. Patients said that it was common for traditional providers to send people to modern doctors. This perception fits with the information from traditional healers interviewed, who they all said that they will send patients to the hospital for certain problems. This is apparently not true of all traditional practitioners, as Gouajeu Kameni describes that traditional practitioners “sont les plus souvent prêts à déclarer qu'ils peuvent soigner toutes les maladies.”³⁷

³⁷ Gouajeu Kameni, Germain. Page 30. Translation: Tradipractitioners are often ready to declare that they can cure all diseases.

Though none of the traditional practitioners interviewed said they could cure all illnesses, they did differ on when they believed it was necessary to send a patient to a Western health care practitioner. For example, two traditional practitioners had opposite views on HIV/AIDS. One, Paul Ahmadou, exclaimed that AIDS does not exist, so he would never send a patient to the hospital for it. He said that what people call AIDS is in fact several other diseases, most often zona, a skin infection that he can treat effectively.³⁸ A contradictory view came from Baba Hamadjoda, another traditional practitioner, who said that if he suspects a patient may be suffering from AIDS he sends him/her to the hospital immediately since he knows of no traditional remedies.³⁹

The problem of traditional practitioners who claim to be able to treat all diseases came up in interviews with patients as well. One man had been seeing a traditional healer for two years, but had not gotten any better. He finally decided to come to the hospital, and now was being treated successfully, but the traditional health care provider had never told him that the hospital might be able to help him more.⁴⁰ The need for traditional healers to understand and accept their limitations was something that was talked about often. When asked if there were traditional healers who sent patients to see a Western doctor, one patient responded yes, “il y en a qui sont honnêtes. Quand ils ne peuvent pas te guerir, il disent d’aller à l’hôpital.”⁴¹

Mr. Djoka said that traditional healers have to understand certain illnesses, so they know when a case is urgent and may require surgery or hospitalization. He uses the example of abdominal pain, and says “il faut que les guérisseurs sachent ce que c’est

³⁸ Ahmadou, Paul. Interview 11 November 2008.

³⁹ Baba Hamadjoda. Interview 15 November 2008.

⁴⁰ Daouda. Interview 14 November 2008.

⁴¹ Odile. Interview 13 November 2008. Translation: There are some who are honest. When they can't heal you, they say to go to the hospital.

l'appendicite, la grossesse extra-uterine, l'intestin bloqué. ”⁴² These are all cases that he believes would require care from modern doctors, and traditional healers need to understand them well enough that if they suspect a patient is suffering from something like it, they will tell him to go to a hospital.

Patients also generally had positive views of Western practitioners who sent people to traditional practitioners, although this was seen as being much rarer than the inverse. “Certains malades déclarent qu'ils ont reçu l'accord du médecin qui, vues ses limites leur a conseillé d'aller voir chez les tradi-practiciens.”⁴³ Some patients interviewed in this study said the same. One patient at a traditional healer said that more and more doctors will suggest that patients see traditional healers, because they know that the healers can treat certain problems, and because modern doctors simply do not have time. For a minor problem, a doctor might tell patients that a traditional healer might be able to help them, and that they will have to wait a long time to be seen at the hospital.⁴⁴ Examples of problems that patients would like to have doctors at least suggest traditional medicine for were fractures, typhoid, and jaundice. Some doctors interviewed did have faith in the abilities of traditional healers, while others discounted traditional medicine completely.

For more than any other problem, patients said that Western practitioners need to be willing to send patients to traditional practitioners for mystic illnesses. Since mystic illnesses and sorcery are commonly thought to be untreatable by modern medicine, patients believe that doctors need to send people to traditional healers for cases like this.

⁴² Djoka, Hambouka. Interview 18 November 2008. Translation: It is necessary that healers know what appendicitis, ectopic pregnancy, and blocked intestine are.

⁴³ Gouajeu Kameni, Germain. Page 17. Translation: Certain patients declare that they have received the agreement of the doctor who, seeing their limits advised them to go to a tradipractitioner.

⁴⁴ Rosemarie. Interview 17 November 2008.

Patients said that doctors need to be able to recognize these ailments, and to understand that traditional healers can treat, or can help to treat those cases. If doctors understand traditional medicine better, they would know when a patient needs to see a traditional healer.⁴⁵

Preventing Drug Interactions

There is a risk when mixing any medications that there could be negative interactions between them. All of the modern doctors interviewed understood that could be negative interactions between traditional and modern medications, which could cause toxicity, or could render the treatment ineffective. However, because there is such limited knowledge of the chemical characteristics of traditional medications that make them effective, none of the doctors could describe any specific interactions or how exactly they caused problems. One doctor said that sometimes he treats a patients who do not show improvement, only to discover later that they have been using a traditional remedy as well, which has interfered with the modern medication.⁴⁶

Patients have many different opinions on this issue. About 70% said that it was better not to use them together, and that if a person chooses to use both remedies, it is best to use one after the treatment with the other has finished. However, many of these people also said that the two used together at the same time could be more effective than using one or the other. Another 30% said that using both medications together was not a problem at all, under any circumstances. The solution of many patients, therefore, is to ask their doctor or healer if they can use the two together. The truth, though, is that the

⁴⁵ Aissatou (A). Interview 17 November 2008.

⁴⁶ Lezin, Tanke. Interview 12 November 2008.

interactions are not understood, and so doctors and healers do not know which combinations could cause problems. A gynecologist at Hôpital Provincial said that if a patient asks him if she can use a traditional remedy as well, he always says yes. If a patient wants to use a traditional remedy and he was to refuse, it could cause a psychological block to their recovery. Perhaps the woman believed that the traditional remedy was what was going to treat her, and that without it she will not get better. He admitted, though, that he doesn't understand the interactions, and that there could be negative effects.⁴⁷

The patients' lack of understanding of the risks of mixing medications when the chemical properties of some are not known, and their faith in health care providers to know and warn them of any risks, mean that both Western and traditional providers need to understand the other's remedies, as well as their own. Not in order to tell patients that they cannot use both, but in order to know when certain combinations could be harmful. This would first mean scientific research of traditional remedies, but more importantly communication and collaboration between providers of the two types of medicine. If they are seeing people having negative effects, or simply not improving because of specific combinations of medications, then these combinations could be noted and prevented in the future.

Techniques

Other than understanding each other's strengths and limitations, the other things frequently mentioned that patients would like traditional and modern practitioners to

⁴⁷ Youmbe, Andre. Interview 12 November 2008.

learn from each other were certain techniques—most specifically, patients believed it is important for traditional healers to learn hygiene practices, and to learn to be careful with dosage of medications.

While health care is valuable in treating and preventing the spread of disease, close contact between provider and patient can in fact cause the spread of disease to others if the provider is not careful about hygiene. “Traditional healers have been implicated in the spread of infectious diseases—eg, HIV—by re-use of medical instruments and lack of hygienic habits such as hand washing.”⁴⁸ Doctors interviewed also expressed the need for traditional healers to use hygiene practices such as thoroughly cleaning or throwing out anything that comes in contact with the patients’ body fluids, and washing hands with soap.

Some traditional practitioners are eager to learn this. Recently, a group of midwives from Ngaoundéré attended a training session in Yaoundé in how to prevent infections.⁴⁹ Hillenbrand found that: “though their education level varies widely (some have not completed primary school, others have a university degree), the traditional practitioners have a deep thirst for knowledge and yearn for greater inclusion in and instruction from the public health sector.” She also uses the example of a traditional healer who went to a medical convention in 2001 where he learned the importance of using a different blade for every patient he cut. In the past he had always used the same one.⁵⁰

Some patients have noticed these efforts, and say that traditional healers are already trying to be better about hygiene. One patient of a traditional healer said that she

⁴⁸ Mills, Cooper, Kanfer. Page 466.

⁴⁹ Lenga, James. Interview 14 November 2008.

⁵⁰ Hillenbrand, Emily page 12

has already seen a lot of mixing of traditional and Western methods, and gave the example of how many traditional healers, the ones she believes are good at their jobs, are careful about hygiene now in ways they never would have been before the arrival of Western medicine.⁵¹ Hygiene was an issue that came up mostly with patients who were more educated, probably because they had the understanding of science necessary to see the importance of hygiene in preventing the spread of disease.

Patients of all education levels expressed the need for traditional doctors to learn the importance of proper dosage of medications, which was seen as a technique of Western medicine. To a certain extent, the dose of most traditional remedies is not measurable, since they are in an unprocessed form, and the same volume or weight of a plant might have different amounts of a certain chemical. However, Gouajeu Kameni describes how the way to determine the dose varies from one traditional practitioner to another. In one example he gave, the dose is severely altered intentionally by the traditional healer, not by patient's size or severity of illness, but by the season.

Il existe quatre doses différentes d'un même remède, et ceci en fonction du cycle de rotation de la terre. [...]A chaque période correspondent trois mois du calendrier civil. Lorsque le malade arrive au cours de la première période, il reçoit une dose de remède ; à la deuxième période, la dose est multipliée par deux ; à la troisième elle est multipliée par trois et enfin à la quatrième, elle est multipliée par quatre. Ce qui voudrait dire qu'entre un patient qui arrive chez ce tradi-praticien en janvier et un autre qui arrive en décembre, la différence de dose est quatre fois plus grande.⁵²

⁵¹ Mm Adijatou interview

⁵² Gouajeu Kameni, Germain. Pages 24-25. Translation: There exist four different doses of the same remedy, a function of the rotation of the earth. Each period corresponds to three months of the civil calendar. If a patient arrives during the first period, he receives one dose of the remedy; in the second period, the dose is multiplied by two; in the third it is multiplied by three, and finally in the fourth, it is multiplied by four. This would mean that between a patient who arrives at the traditional practitioner in January and another who arrives in December, the difference of the dose is four times larger.

Both patients and doctors warned about the potential effects of varying dosages like this. Dr. Tanke said that there are risks when a patient takes traditional remedies that they could not be taking enough, and stay ill, or they could take too much, which could be toxic.⁵³ Madina, a patient at Cabinet Bien Être, believed that if traditional doctors used western techniques of measuring medication, and varying it according to the size of the patient, these problems could mostly be prevented.⁵⁴

Providers who use Both Remedies

Many patients expressed an interest in seeing a doctor or healer who knew and used both traditional and modern remedies. Djoka said that he thinks using both is best because it is important to use methods of modern medicine—laboratories—to get an accurate diagnosis, but then when it comes to treatment, he can give patients the choice for some illnesses, whether they would rather take a traditional remedy or a modern one. Then patients can use whichever they are more comfortable with, or can take the traditional medication if they cannot afford the modern alternative.⁵⁵

Patients' reasons for wanting to see a practitioner who used both remedies was almost always because depending on the disease, one generally treats better than the other. If a practitioner knew both remedies, he/she could use whichever was more effective for a certain illness. A few patients also said what Djoka had about diagnosis being better with modern methods, then getting traditional remedies for certain cases if it would be effective. If a single health care provider is able to do both of these things then patients who want to have laboratory diagnosis, but receive traditional treatment could

⁵³ Tanke, Lezin. Interview 12 November 2008.

⁵⁴ Madina. Interview 21 November 2008.

⁵⁵ Djoka, Hambouka. Interview 18 November 2008.

stay with the same provider throughout the process rather than switching providers which increases the possibility of information about the patient or the illness being lost.

Some patients said that they would not want to see a provider who used methods of both, but they often had trouble giving reasons why not. “Parce que c’est comme ça”⁵⁶ “ils sont différents”⁵⁷ and “c’est mieux s’ils sont séparés”⁵⁸ were given as reasons. Two patients were able to give more detailed descriptions of why they would not want to see the two combined. For both, it was that they preferred modern medicine and thought that it was not a good idea to combine traditional remedies in with it.⁵⁹

Integration at State Level

The World Health Organization defines three systems to describe how integrated traditional medicine is in health care. In an “integrative system”, traditional medicine is “officially recognized and incorporated into all areas of health care provision. This means that: TM/CAM [traditional medicine/complementary or alternative medicine] is included in the relevant country’s national drug policy; providers and products are registered and regulated; TM/CAM therapies are available at hospitals and clinics (both public and private); treatment with TM/CAM is reimbursed under health insurance; relevant research is undertaken; and education in TM/CAM is available.”⁶⁰ Cameroon is not an integrative system, but rather fits best under the definition of “inclusive system” which “recognizes TM/CAM, but has not yet fully integrated it into all aspects of health care, be this health care delivery, education and training, or regulation. TM/CAM might not be

⁵⁶ Aisha (A). Interview 13 November 2008. Translation: It’s like that.

⁵⁷ Abraham. Interview 11 November 2008. Translation: They’re different.

⁵⁸ Daouda. Interview 14 November 2008. Translation: It’s better if they’re separate.

⁵⁹ Jean Claude & Asta. Interviews 13 November 2008.

⁶⁰ WHO Traditional Medicine Strategy 2002-2005. Pages 8-9.

available at all health care levels, health insurance might not cover treatment with TM/CAM, official education in TM/CAM might not be available at university level, and regulation of TM/CAM providers and products might be lacking or only partial. That said, work on policy, regulation, practice, health insurance coverage, research and education will be under way.”⁶¹ The last system defined by the WHO is a “tolerant system” in which “the national health care system is based entirely on allopathic medicine, but some TM/CAM practices are tolerated by law.”⁶²

Although Cameroon actually has very little in the way of policy or regulation of traditional medicine, some progress towards this has started. The government has a traditional medicine sub-sector in the national health system, and drew up a code of ethics in 2005 for traditional health care practitioners. It also provides some funding for traditional medicine, this year the amount was sixty million FCFA (approximately 120 000 USD) according to the newspaper the Post.⁶³ Cameroon does not currently have any university education available in traditional medicine, and there is little government regulation of traditional practitioners.⁶⁴ Complete institutionalization of traditional medicine could prevent problems of charlatanism of traditional healers, provide them with training, and allow for scientific research of traditional remedies. The WHO description of an inclusive system also says that “Ultimately, countries operating an inclusive system can be expected to attain an integrative system.”⁶⁵ If Cameroon continues to move toward this integrative system, some of patient’s concerns about traditional medicine could be alleviated.

⁶¹ WHO Traditional Medicine Strategy 2002-2005. Page 9.

⁶² WHO Traditional Medicine Strategy 2002-2005. Page 9.

⁶³ Nformi Sonde Kinsai.

⁶⁴ Pepin. Interview 2 October 2008.

⁶⁵ WHO Traditional Medicine Strategy 2002-2005. Page 9.

Licensing

Doctors and patients interviewed expressed concern about charlatans who were pretending to have knowledge of traditional medicine, but did not know anything about health care, were simply trying to make money, and were potentially causing harm.

“Skepticism on the part of the conventional doctor or scientific researcher is reinforced by the widespread and well-founded conception that modern traditional practitioners are increasingly charlatans, or fakes. [...] This criticism supports one of the main arguments in favor of officially accepting traditional medicine: It would provide a viable authority to regulate and discipline traditional healers.”⁶⁶

One patient explained that when people talk about traditional medicine, there are actually two things that they are talking about: charlatans, and actual healers. Real healers have studied, and know the plants that they use to treat patients. Charlatans do not know actual traditional remedies.⁶⁷ Modern doctors often expressed similar concerns about charlatans. A surgeon said that he feels the government needs to license healers so that charlatans would no longer be able to treat patients. He also said that associations of traditional healers that already exist would be a good starting point, because they are already checking up on each other to be sure that all members are competent.⁶⁸

He is correct that traditional medical practitioner associations such as AS.PRO.ME.TRAD.CAM are already giving a sort of license to practice by giving membership, and in this way making progress towards preventing charlatanism. They

⁶⁶ Hillenbrand, Emily. Pages 3-4

⁶⁷ Yahya. Interview 13 November 2008.

⁶⁸ Zedong, Yves. Interview 12 November 2008.

also encourage sharing of knowledge among traditional healers by hosting seminars.⁶⁹ However, the government of Cameroon has not yet decided to play a role by licensing people to give them the right to practice traditional medicine.

Education/Training:

The WHO calls for university level education available for traditional medicine, but this is only one type of education that needs to be available. More urgently, health care practitioners of any type or level need to understand hygiene and preventing infection and spread of disease. Some interviewees mentioned training that they knew was going on, training of traditional midwives, for example, in how to prevent infection.⁷⁰ Non-governmental organizations such as the Red Cross/Red Crescent can and are playing a role in this education, in addition to the Cameroonian government.⁷¹

As discussed earlier, with integration at the individual level, the large majority of patients wanted to see traditional medical practitioners receiving this kind of education. They also wanted to see modern medical practitioners being trained in certain traditional remedies, so that they understood drug interactions and when it was best to refer a patient to a traditional health care practitioner.

Research

In order for modern medical practitioners to be educated in traditional medicine, what is effective about it and what potential negative interactions could be, research would need to be done on traditional remedies. One patient said this about research into

⁶⁹ Djoka, Hambouka. Interview 18 November 2008.

⁷⁰ Lenga, James. Interview 14 November 2008.

⁷¹ Pepin, Dr. Interview 2 October 2008.

traditional remedies “Souvent, les Occidentaux n’ont pas encore découvert ce qui soigne dans les remèdes traditionnels. [...] Il y a des remèdes qu’ils n’ont pas recherchés, mais qui sont très efficaces.”⁷² Support for this research could come from a variety of sources, not only the state, but the government would need to offer some support.

With this research, the government would need to be sure to protect the intellectual property rights of the traditional healers.

While research into TM is essential to ensuring access to safe and effective treatments, the knowledge of indigenous TM practices and products gained by researchers can be a source of substantial benefits to companies and research institutes. Increasingly, it appears that knowledge of TM is being appropriated, adapted and patented by scientists and industry, with little or no compensation to its original custodians, and without their informed consent.⁷³

As traditional medicine becomes institutionalized in Cameroon, the government will have to pass laws or support existing laws to protect the rights of traditional healers, and ensure that they receive compensation for contributions to modern medical discoveries.

Conclusion:

This paper has presented opinions of patients interviewed at Hôpital Provincial and patients of traditional medical practitioners in the neighborhood of Yarmbang in Ngaoundéré about the integration of traditional and Western medicine. Patients interviewed believe that traditional and Western medicine have different strengths, which they try to balance in deciding where to go to obtain medical help. The majority of patients also feel that health care providers should play a larger role in the integration of

⁷² Issa. Interview 18 November 2008. Translation: Often Westerners have not yet discovered what heals in traditional remedies [...] There are remedies that they haven’t researched, but which are very effective.

⁷³ WHO Traditional Medicine Strategy 2002-2005. Page 26.

traditional and Western medicine by understanding both types of medicine better. This leaves an important role for the government to play in the integration of the two types of medicine, in order to facilitate this integration by health care providers.

As Cameroon moves towards the World Health Organization definition of an integrative system for traditional medicine, modern and traditional health care workers, as well as the government, will need to recognize what patients already know—both Western and traditional medicine are valuable and necessary for everyone to have complete and adequate health care. Though this study has focused only on the city of Ngaoundéré, I believe that this conclusion could be applied to Cameroon as a whole, as well as much of the world, especially the third world.

The time limitations faced in this project meant that the interviews were with a specific and limited group of patients in Ngaoundéré. The question of how patients in Ngaoundéré perceive and participate in the integration of traditional and Western medicine could be answered more completely with more interviews with a larger variety of people in Ngaoundéré. Interviews could be done in other neighborhoods and with patients at other modern clinics and traditional clinics to give a more complete view of the opinions of patients in the city.

Many questions have come up during this research that would need further research to answer. Other studies could look at what remedies people in Ngaoundéré use to self treat when they are ill, and whether they are traditional or Western. It would also be interesting to see the opinions of people in rural Cameroon, where Western medicine is not readily available on how they would like to see traditional and Western medicine integrated.

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⁷⁴ The word patient actually refers to patients or family members who accompanied patients. When interviewees had the same name, letters A,B were given according to when they were interviewed to differentiate them.

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Appendix: Interview Questions

Interview Questions--French

Patients at Hospital

1. Quel est votre prénom?
2. Pourquoi êtes-vous ici à l'hôpital?⁷⁵
3. Êtes vous satisfait(e) avec les soins médicaux ici?
4. Est-ce que vous allez parfois chez le guérisseur traditionnel ? Quand ?
5. Allez-vous plus souvent à l'hôpital ou chez le guérisseur traditionnel ?
6. Lequel préférez-vous ? Pourquoi ?
7. Êtes-vous allé chez le guérisseur traditionnel pour cette maladie aussi ? Si non : Pensez-vous que vous irez chez le guérisseur traditionnel ?
8. Pourquoi avez-vous décidé de venir à l'hôpital (Pourquoi ici au lieu de chez un guérisseur traditionnel ?)
9. Est-ce que vous allez parfois à l'hôpital et chez le guérisseur traditionnel pour la même maladie ?
10. Pensez –vous qu'en général les malades guérissent plus vite avec la médecine traditionnelle ou la médecine moderne ?
11. Y a-t-il les cas où les médecins moderne qui envoient les malades chez les guérisseurs traditionnels?
12. Y a-t-il les cas où les guérisseurs traditionnel qui envoient les malades chez un médecin moderne?
13. Êtes-vous allé chez un médecin ou un guérisseur qui utilise les méthodes traditionnelles et modernes ensemble ? Si oui : Qu'est-ce que vous en avez pensé ? Si non : Est-ce que vous aimeriez voir un medecin comme ça ?
14. Pensez-vous que les deux méthodes, la médecine traditionnelle et moderne se complètent ? Sont en conflit ?

⁷⁵ This question was not asked after the first few interviews, as it seemed to make some patients uncomfortable.

15. Pensez-vous que les deux sont nécessaire à Ngaoundéré ?

16. Si quelqu'un prend les remèdes traditionnelle et les médicaments moderne en même temps, est-ce que ça peut être plus efficace que l'un ou l'autre ? Est-ce que ça peut causer des problèmes ?

Patients of Traditional Healers

For patients of traditional healers, the same questions were asked, with replacements in questions 2, 4, 7 and 8 : 'à l'hôpital' was replaced with 'chez un guérisseur traditionnel,' and 'chez le guérisseur traditionnel' replaced with 'chez un médecin moderne.'

Modern Medical Practitioners

1. Quel est votre nom?
2. Depuis combien d'années travaillez-vous comme médecin (ou infirmier)? Combien d'années dans cet hôpital ?
3. Où avez-vous fait vos études ? Les études ont duré combien d'années ?
4. Pourquoi est-ce qu'un malade choisit cet hôpital ?
5. Pourquoi est-ce qu'un malade choisit la médecine occidentale en général ? Pourquoi choisit-il la médecine traditionnelle ?
6. Y a-t-il des caractéristiques des gens qui vont en général chez les guérisseurs traditionnels ? De ceux qui vont en général à l'hôpital ?
7. Est-ce qu'il y a les cas où vous envoyez les malades chez un guérisseur traditionnel ? Quand ?
8. Est-ce qu'il y a les cas où les guérisseurs traditionnels envoient des malades chez vous ? Quand ?
9. Dans quels cas la médecine traditionnelle est plus efficace ? Dans quels cas la médecine moderne ?
10. Est-ce que vous penseriez d'apprendre et utiliser les méthodes traditionnelles pour traiter un malade ?

11. Est-ce que vous pensez qu'une combinaison de la médecine moderne et traditionnelle pourrait être efficace ? Comment ? Plus ou moins efficace que l'un ou l'autre ?

Traditional Healers

Questions for traditional healers were the same as those for modern doctors, except for the following replacements :

Question 2 'médecin' replaced with 'guérisseur.'

Question 3 'fait vos études' replaced with 'appris à guérir les malades.'

Question 4 'cet hôpital' replaced with 'ici chez vous.'

Questions 7 and 8 'guérisseur(s) traditionnel(s)' replaced with 'médecin(s) moderne(s).'

Question 10 'traditionnels' replaced with 'modernes.'

Interview Questions—Translated to English

Patients at Hospital

1. What is your first name?
2. Why are you here at the hospital?⁷⁶
3. Are you satisfied with the medical care here?
4. Do you sometimes go to a traditional healer? When?
5. Do you go to the hospital or to a traditional healer more often?
6. Which do you prefer? Why?
7. Have you been to a traditional healer also for this illness? If no, do you think you will go to a traditional healer?
8. Why did you decide to come to the hospital? (Why here instead of a traditional healer?)
9. Do you sometimes go to the hospital and to the traditional healer for the same illness ?
10. In general, do you think that patients get better faster with traditional medicine or with modern medicine ?
11. Are there cases where modern doctors send patients to traditional healers?
12. Are there cases where traditional healers send patients to a modern doctor ?
13. Have you ever been to a doctor or a healer who uses traditional and modern methods together? If yes: what did you think? If no: would you like to see a doctor like that?
14. Do you think that the two methods, modern and traditional medicine, complement each other? Are in conflict with each other?
15. Do you think both are necessary in Ngaoundéré?
16. If someone takes traditional remedies and modern medication at the same time, is that more effective than taking one or the other? Could it cause problems?

Patients of Traditional Healers

⁷⁶ This question was not asked after the first few interviews, as it seemed to make some patients uncomfortable.

For patients of traditional healers, the same questions were asked, with replacements in questions 2, 4, 7 and 8: 'the hospital' was replaced with 'a traditional healer,' and 'a traditional healer' replaced with 'a modern doctor.'

Modern Medical Practitioners

1. What is your name
2. How many years have you worked as a doctor (or nurse) ? How many years in this hospital?
3. Where did you receive your education? How long did it last?
4. Why do patients choose this hospital ?
5. Why do patients choose Western medicine in general ? Why do they choose traditional medicine?
6. Are there common characteristics of people who generally go to a traditional healer ? Of those who go generally go to the hospital?
7. Are there cases where you send patients to a traditional healer ? When?
8. Are there cases where traditional healers send patents to you ? When?
9. In which cases is traditional medicine more effective ? In which cases is modern medicine more effective?
10. Would you think about learning and using traditional methods to treat a patient ?\
11. Do you think that a combination of traditional and modern medicine could be effective ? How? More or less effective than just one or the other?

Traditional Healers

Questions for traditional healers were the same as those for modern doctors, except for the following replacements :

Question 2 'doctor' replaced with 'healer.'

Question 3 'receive your education' replaced with 'learned to heal patients.'

Question 4 'this hospital' replaced with 'here to you.'

Questions 7 and 8 'traditional healer(s)' replaced with 'modern doctor(s).'
Question 10 'traditional' replaced with 'modern.'