Prevalence of utilization of native medicine among primary care consumers.

Sir,

We appreciate the efforts of Nasser Al-Ajaji et al in highlighting the prevalence of native medicine and some dangers associated with it.\(^1\) Despite the progress made in the field of medical sciences some patients are not fully satisfied with services provided. Previous lack of facilities, illiteracy, and ignorance were blamed for the continuation of traditional medicine and its proponents. But now even when things have changed so much, the need for alternate medicine continues. Rather the demand may be increasing. Local traditional healers and quacks of all hues probably cash in on this psychology. In Saudi Arabia, medical facilities available are not only free of cost but also of top quality. In spite of this, we find people using other means of relief and cure. Najran is the southwestern province of Saudi Arabia. We have been working here for the last 5 years and would like to share our experience with our readers.

We found Cautery (Al-Kowie) to be the most common method used by local healers in Najran. The mechanism of counter-irritation is understandable in tackling pain of various etiologies in the recipients. But we saw it being used even in patients with symptoms other than pain. Let us describe a few cases (both painful and painless conditions) and their harm this type of treatment has done. (a) Brucellosis is very common in Najran, as elsewhere in Saudi Arabia, and patients have come to us after trying cautery. Nape of the neck, retroauricular region, the lower part of the back, and the sacral region are the most common areas burnt. (b) Patients having multiple cautery marks on both sides of the chest in various stages of healing have come to us with frank myocardial infarction. (c) Most of the females diagnosed as calculus cholecystitis in our hospital have 2 to 3 scars of old cautery on the right side of abdomen. (d) An old man was subjected to multiple cautery on the back and limbs when he had one-sided temporary weakness (probably an episode of TIA). After a few days when he developed full-fledged stroke he was brought to the hospital. His cautery burns are now sites of big bedsores. (e) A 20 year old Yemeni boy was brought to us with extensive cautery burns all over the body which were 10 days old. Most of these were infected and oozing pus. He was in septicemia and hypoproteinemic. Weeks after admission the attendants gave a history of cautery for a 2-day fever. Investigations to rule out an underlying immunocompromised state were negative. (f) A wide variety of ‘designs’ can be seen on patients’ bodies. These patients have diseases as varied from diabetes, hypertension and bronchial asthma to epilepsy refractory errors and osteoporosis. (g) Since diabetes is very common in the population, these areas of cautery remain potential sources of infection until they heal. Many times they leave ugly scars. More importantly these burnt, raw areas may contribute to the transmission of hepatitis B and C viruses. Attention to this has been brought in the past.\(^2\)

The other method practiced by these quacks is blood extraction or blood letting called Hejama. Fifteen to 20 small linear cuts are made in the skin at the area below the occiput. Then blood is withdrawn by applying the wider open end of a horn of sheep or cow and sucking by mouth from a small opening at the pointed end. This procedure is done a number of times till around 10-50ml blood is removed. We recently admitted an old Saudi patient with hemoglobin 5.4gm/dl. History revealed Hejama on a monthly basis for the last five years for headache. For the interest of the readers let us mention here about another method of blood extraction common in some parts of India. Leeches are applied on a part of the body, according to the symptom, and allowed to suck blood to their full. Once the leeches balloon out they are milked and reapplied. We have seen chronic bronchitis patients opting for this method especially in winters in Northern India. Obviously they would get some relief as it would act as a phlebotomy and decrease their PCV.

Another type of native medical treatment used in Saudi Arabia is manual extraction of tonsils.\(^4\) We found this rare in Najran as compared to the more common method for the same illness. The tonsil is just raised up from its fossa by the index finger and massaged. The method is called Sugat and was also reported in children of Zulfi area of Riyadh.\(^5\) This per oral technique probably helps by decongesting the tonsils and in removing purulent material and debris.

Use of herbal medicine is very common and we found diabetics trying all sorts of herbal medicines (local as well as those coming from outside the Kingdom) to get ‘cure’ from diabetes mellitus. The 2nd most common indication of the use of herbal medicine is for impotence or rather to enhance sexual performance.

Although the patients say that they either pay nothing or pay any amount they feel suitable for the provider of this treatment, it is astonishing to know the magnitude of the cost of this form of therapy. Ten years back patients seen in a single department of KFSH & RC, Riyadh, had paid SR 71,300 in one year for cautery alone.\(^6\) Considering this, traditional or native medicine is an economic burden on the society in Saudi Arabia.

Public awareness about the hazards of these
modalities of treatment can be achieved by initiating public education campaigns and by improving our own clinical approach towards patients and by improving rapport with them. However a ban on unlicensed practice of various forms of medicine and a ban on the sale of unapproved drugs may be the only way to tackle the menace.

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Reply from Author

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References