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Postpartum cord



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Frontispiece

Among the Mende after delivery a TBA massages the mother's stomach in a downward movement to extract the afterbirth. To avoid swelling she ties the mother's belly with a cord.

(Photograph D. Burtscher)

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Searching for Health Care After 10 Years of War. The Mende and Kissi in the Kailahun District¹ Sierra Leone²

Doris Burtscher

Introduction

Sierra Leone is composed of more than 15 different ethnic groups. The main ethnic group in the northeastern part of the Kailahun district is the Kissi belonging to the West Atlantic language family (Richards 1996: 74). The Mende, a population centred in the east and south of the country form the largest ethnic group (35%) in Sierra Leone, followed by the Temne (30%), also part of the West Atlantic, situated in the northern part of the country. The Kissi, a farming population, live in the northeast of the Kailahun district, bordering Guinea and Liberia. The research of this study focused mainly on this area.

The Traditional Health Concept of the Mende and Kissi

The Mende and Kissi are strongly dominated by traditional patterns of behaviour and social control is effective enough to make individuals conform. The model of systems and beliefs among the Mende and Kissi is known by everybody. When exercising a choice, each person is well aware of a variety of possibilities of certain constraints in these choices, of seeking solutions and of avoiding sanctions. Men and women learn to socialize in accordance with collective social and moral values upheld by ancestors and other sanctions. Non-adherence to these social and moral values and regulations leads to sanctions that are manifested in disease or death. This is a kind of social network that regulates behaviour and social order in society.

In their traditional idea of health and illness, the Kissi for instance think that children should be sick during their life. "They compare it with iron which when cold will not expand, it will remain the same, but when iron is heated it will expand; the idea is that if a child is often sick, it is considered a sign of growth." When a child vomits in the morning it is not regarded as sick. Despite this, it is also regarded as a sign of

growing, and growing fast, which is important. If a child is not sick during a longer period of time it means that the child will become really sick in the future and die. When a person is ill, the family first tries to treat the patient at home.

The community plays a major role in the decision where to go for treatment. Usually the family decides where the patient should be treated; sometimes the whole community decides. A so-called "therapy management group" is formed (Janzen 1978) who discuss the case. This group consists of family members, friends, relatives or village elders. They mutually decide where the person should go for treatment. For the therapy management group it is also a way of showing sympathy to the family and the sick person but it puts social pressure on the patient.

Should the group decide that the patient go to a healer for treatment, there are different kinds of healer specialists. Some only work with plants, others perform a divination ritual before treating the patient to find out the underlying causes of the disease. Other healers work with the Koran. Others are specialists for certain diseases or health problems such as the "bone healer", or the healer who performs confession rituals, or the traditional birth attendants. We should bear in mind that the cause of a disease plays a role in deciding on the treatment and therefore who to consult.

Traditional Knowledge and its Acquisition

There are many different ways to become a healer. The most common is by inheritance from the parents, grandparents or an uncle. Some healers come from generations of healers. The healer's knowledge of the use of plants is often inherited from the paternal or maternal family, since already at a young age children are sent to fetch plants for their parents or grandparents.³ The healer is socially recognised for his healing ability and his competence is

based on the knowledge which he inherited from his ancestors and which he developed. Knowledge can also be exchanged with other healers or “bought” from natural spirits. Another way of becoming a healer is through dreams. This very special knowledge of specific treatments received through dreams is always aimed at a particular person chosen by the ancestors or spirits and these healers have a very high reputation. During his work the healer consults his ancestral spirits by means of dreams and they advise him on the choice of treatment. Dreams have an exceptional significance for the Mende and Kissi concerning some diseases due to witchcraft.

During my work with some healers in the northern area of Kailahun I observed a new tendency in becoming a healer. Many of the



Traditional bone healer treats a patient with a dislocation.

healers I visited told me that they had learned and received their knowledge from another healer, living in another village or country, or a healer they knew during their stay in the refugee camps in Liberia or especially in Guinea.⁴ When they suffered from a disease and they went for treatment they asked the healer to



Traditional bone healer treats a fracture.

give them the knowledge on how to treat the disease. This knowledge had to be paid, sometimes together with the treatment received. The healer told me that he could pay in kind. Some of these healers took advantage of their stay in Guinea and broadened their knowledge. But others had never worked as healers before and thought this could be a means to support their family and therefore decided to acquire healing knowledge.

“I have a big family and the war changed everything. So I can treat my family, myself and have no expenses. The others that come for treatment have to pay. The healer I learned with told me not to ask for a certain amount, but the patient has to give cola nuts and rice.”

These healers form a new group of “younger healers” and they do not draw from longstanding experience, even though they are sufficiently accepted in their villages and surroundings and receive patients.

Another phenomenon I observed is that due to ten years of war many of the old and experienced healers died. Several people I talked to confirmed that they miss good healers and that there are more and more charlatans now. During the war some healers were killed intentionally. Since they were dealing with medicines and power they represented danger.

“They killed a lot of healers during the war because they were afraid that they make medicine against them. We are missing the healers very much. The healers learnt in Guinea before they come back. ... We miss good healers so in case of disease we bring them to Guinea. Guinea is not far from here. ... We have many diseases you cannot go to the hospital. We have the problem of transportation.”

At the end of my research I met an exceptionally interesting and experienced healer. He told me that the war seriously affected the traditional health care system. Apart from the fact that many healers died during the war, the remaining healers lost objects that were essential to perform their work. It is obvious that the war had an impact on the cultural value system of traditional medicine.

Traditional Medicine – Modern Medicine

Traditional medicine includes everything that people associate with their culture and their traditions (Greifeld 1995: 13ff). By way of contrast modern medicine is a health care system brought into the country from outside. It is always related to foreign, western or European ways of life. It is something many people feel unfamiliar with. Some are afraid because they do not know what to expect in a modern health facility. Others feel ashamed to go there because of their condition, particularly when the disease is in an advanced stage. Traditional medicine relies on culture's existing elements without which it would not be conceivable (Burtscher 2002: 32).

After the family or the therapy management group has decided where to go and if they have chosen to go to a traditional healer, a diviner will find out the underlying causes of the disease and then decide on the treatment the patient should receive. Some people go directly to a healer they know personally or who was recommended. A few others try to go directly to a modern health facility. Since social pressure plays a major role, it is not easy for a person to decide alone where to go. For young mothers it is particularly difficult; they have to ask permission from their husbands. A young mother for example explained that she wanted to go directly to the hospital with her sick child but the family told her to go to a healer. Finally she managed to go to the hospital secretly.

Whatever decision is made, the patient has high expectations towards the treatment. All the healers I worked with emphasised that their treatment "works" fast. It is part of the traditional disease concept that the treatment should respond quickly. If they do not notice any improvement, they will try to find another healer. A patient told me that eight different healers had treated him before he was cured of a skin disease. He mentioned also that he went to the hospital but that he could not be treated there because the disease was not a "hospital disease". This observation demonstrates that the expectations towards modern medicine are the same. If there is no immediate improvement visible to the caretaker or obvious to the patient, people think that the disease is not a "hospital disease". They therefore go back to a

healer to continue traditional treatment parallel to modern treatment.

Religion

The Mende and Kissi believe in the Supreme Being God – *ngewo* – and in spirits. They recognise ancestral spirits – *ngafanga* – and non-ancestral spirits – *jina*.⁵ The family is expected to make libations and offerings of rice at the grave of recently deceased parents. There is a relationship of respect and consideration expected between an individual and the deceased parent or parents, and the parents are believed to bring good or ill fortune to offspring, according to the way those offspring treated them while alive and fulfilled their obligations to them after their death (Gittins 1987: 64). Ancestral spirits are thought to protect the human being, to assist them in life. When they are not satisfied, however, the individual's protection is not granted and therefore witches may attack them easily. In this case the person searches for traditional treatment. The diviner identifies the problem and the patient has to perform a ritual at the ancestor's shrine. Ancestral spirits are per se good, non-ancestral or natural spirits in contrast represent a danger to the people. Many diseases are due to these natural spirits which mostly appear to humans through dreams and in consequence the person falls ill.

The Mende and Kissi see evil, sickness and other problems and attribute the existence of these to anti-social agents or the anti-social use of "power" by human agents. Every person has access to "power" by means of healers, magic or witchcraft, but some are born with "power" and this is an anomalous situation. Twins for example are seen as an anomalous manifestation of "power".

The Mende proclaim that monstrous births, twins and "returning children" are manifestations of beings with an uncommon spirit-body relationship; they are not like the rest of the people. Deformed infants or monstrous births were traditionally classified as "non-human" and as such they could be killed. This attitude, as far as I know, does not exist today (Gittins 1987: 88). A traditional healer told me a story of a child that was taken for a *jina* child, because the mother did not follow

the regulations during pregnancy and hence gave birth to a *jina* child:

“The child had no anus; it was without an anus. We had a child in the village it was a *jina* child, it was eight years old and the mother had to get rid of this child to bear any other child. The child never talked, they locked it indoors for seven days to make it die. The child did not cry because it was dumb. The child died on the seventh day; they made signs on the body to know if it will come back in the future. The *jina* child was starved to death, it died of hunger.”

Apart from the ancestral spirits and the non-ancestral or natural spirits there are anomalous spirits which are communicators between God and human-beings, just as the ancestral and the natural spirits are. Like ancestral spirits anomalous spirits relate to groups of people. It is recognised that everyone has spiritual elements which distinguish a living body from a corpse. If these spiritual elements are considered preponderant in human beings, such people are regarded as anomalous; they do not fit into the category of “normal human beings”. Anomalous spirits exist in some newborn children and are restless and dissatisfied and as they leave their hosts to find a more congenial body, the host, deprived of its spirit, dies. This is one explanation for high infant mortality.

It is important that infants are properly initiated into society. If this is not done, the newly born as well as the stillborn may constitute a potential danger to the social group and the family. If a woman loses a succession of children, this is interpreted as a fault, if she gives birth to a deformed child this is interpreted as an unsolicited act of evil spirits. The Mende understanding is that a child will not want to stay with its family unless there is harmony and security. If a firstborn child dies and a second also dies, it could be interpreted that its spirit is too strong and dissatisfied with the family into which it was born. “In contexts where poor health conditions lead to high rates of infant mortality it is not uncommon to attribute to the children themselves an ‘aversion’ to staying alive, as an explanation for what is perceived inevitable by the aggrieved adults who are left behind” (Scheper-Hughes 1992: 270ff).

The spirit of the child may often communicate with its mother to make her prepare correctly for its birth. If the domestic environment is not in order, the child may die and its spirit will return in subsequent children. They will likewise die until that which was wrong is discovered and rectified. Also it is believed that the spirit of the dead child may be trying to communicate with the living, typically warning them to be more attentive to their individual and social duties, lest more children die. To this end a dead child whose death is attributed to a dissatisfied spirit is buried naked and unceremoniously on the rubbish heap. If this is not done, a woman’s children will continue to die. In burying the child on the rubbish heap and not in a proper grave the family tries to confuse its spirit so that it will not be waiting around to enter a later child. Before burial, marks would be made on the corpse. The mother has to perform this act to give a warning to the spirit of the child. The next child born will be scrutinised for marks such as those made on the previous dead child. Actually any birthmark on the newborn child would be proof that the spirit of the previous child has returned. In this case the family beg the child’s spirit to remain. They give a name to the child that indicates that the family knows it is a wandering spirit. Such names are *jũlo* – let this one remain, *lombei* – stand/remain here etc.

“If the children of a woman die after six months, they die successfully they say the child is coming again, so they tell the woman that she should not cry because if she cries the child will come back again. That is the reason why women often don’t cry when a child dies.

The one that will remain they call *jũlo* → let this one remain, this is the name of the following child. This name is very common in the Moyamba district among the Kpa Mende. Sometimes they don’t do a complete naming ceremony because they fear that the child will die.”

It is also thought that someone on the father’s or mother’s side had been a witch trying to “eat” all the children.

Dreams

Dreams are understood to be one of the ways in which God transmits orders and information to humanity. As such they are taken very

seriously. If a person wakes up in the morning conscious of a dream in the night that is of sufficient moment for the community, it will be reported to the chief. If necessary a diviner is consulted to help carry out the instructions given in the dream.⁶ Dreams may indicate to the dreamer that he is able to obtain such power. All medicines and charms, whatever their nature and attributes, good or bad, find their fundamental origin in a dream.

“A Muslim leader, the Imam, in the village had a dream that all pregnant women in this village should wear a kauri shell and the kauri shell will be transferred to the baby when the woman has delivered the child. These dreams are spoken in public in the village. The shell is a protection for the pregnant women and after delivery it protects the child.”

All the healers reported that they received knowledge through dreams from their ancestors. Some of the healers only perform their work in this way. Before treating the patient they dream which plant they have to collect in the bush to treat the patient or which kind of charm they have to create. If a person is known to dream frequently he or she might build up a reputation and become a respected person. It seems that everybody who claims to have special power or knowledge for the benefit of the community is legitimized through dreams. The diviner communicates with his ancestors to find out the underlying cause of a disease, so ultimate responsibility remains with the ancestors. Dreams may be of positive character for the community, as described above. But dreams may have an opposite effect, of making the dreamer sick. Many diseases are thought to come through dreams when witches and spirits are assumed to be involved.

“If you dream that you have eaten food, you will have pain that is caused by witches because it is they who give you food in the dream. In this case a healer will prepare traditional medicine for you to drink to neutralise the poison in the food. You have to treat this disease with a healer.”

Protective Purposes

Protective measures play a major role in the work of a healer. They protect the individual

from accidents, from evil of whatever origin and from bad people. Furthermore they protect the community, the whole family, houses, farms, animals etc. People during sensitive life periods such as children, initiates and pregnant women have to be especially protected. The main responsibility of a healer is to assure the individual's protection from illness. Every human being has to be protected because “to prevent is easier than to cure” explained a traditional healer. This is done before the child is born (Burtscher 2002: 151). During pregnancy a woman has to follow specific regulations and she has to respect certain taboos. Disregard of these has negative consequences and leads to sickness either for the mother or for the child. After a child is born a mother entrusts it to a healer who then is responsible for the child's health and protection. “During pregnancy the mother got protection, after birth the child is still in the hands of the herbalist, so it is protected, they visit them regularly.”

“Twins are believed to be especially protected by God in such a way that they do not need to wear protective charms such as amulets and talisman, which other people would wear from infancy” (Gittins 1987: 171). I however observed that twins also wear protective charms. Infancy is seen as the most dangerous phase of life in part because of the child's relationship to spirits and its ambivalence to stay in the family and in part because witches live from the child's blood hence they are the witches' victims and preferred object of desire. This is because the infant's blood is considered to be the “freshest” and therefore the best. Children have to wear charms because witches may interfere with their growing up. A child that wears several amulets is a sign that the mother takes good care of it.

An amulet has different purposes depending on who made it, irrespective of the material. Most amulets are attached around the neck, across the chest, around the waist, wrists or ankles. A black cord can have the effect of protecting a child from witches or from certain diseases. When they are attached to the ankles it means that the child should walk quickly. Sometimes the cord is just to shape the ankle. A number of charms can be seen with almost every child, such as a small horn, or two kauri shells stuck

together and filled with plant powders. These are worn round the neck. Various knotted cords with small sticks are occasionally worn across the chest or the waist. Sometimes a cord with a coin is worn on the wrist.

As observed in other West African countries (Senegal, Mauritania, Mali, Burkina Faso etc.) the symbolism of the number for treatments, rituals and other medical interventions plays a significant role. The number for women is three, for men four and the complete number is seven. If a woman gets a remedy to drink, she has to drink it three times, a man must drink it four times. This is also clearly visible in charms children wear; for a girl three sticks are attached on the cord, for a boy four sticks.

Protective measures form an important aspect in the life of a person showing that everybody is responsible for his own health and protection as well as for his/her children. In case of disease the person will be accused and blamed for negligence. This is an important point because in the next chapter we will discuss the causes of diseases and in some cases the person himself/herself is responsible for becoming sick.

Causes of Diseases⁷

For every illness two causes are presumed. Apart from natural causes such as infections or accidents, non-natural causes like witchcraft and magic are also always taken into account. The former are thought to come from God, the latter are caused by a social lapse of the patient. Therefore both possible causes play a role in the treatment. Non-natural causes can only be treated by the healer, natural causes also in a health post or hospital. In the traditional health concept social consequences of diseases are always taken into account, especially when the causes are not very clear. If a disease is caused by witchcraft, nobody will reveal in public the person they suspect to be guilty. In contrast a witch-finder is allowed to identify witches in order to sanction them and to rebuild the disrupted social balance in the community. Gittins (1987: 183ff) describes in detail a witch-finder ritual in a Mende village and its social consequences on the community concerning the people's care for children.

Following their causality diseases can be

classified into two major groups:⁸ diseases coming from God or "natural" diseases' and diseases coming from men and bad forces, or "non-natural diseases". To these ones diseases coming from the ancestors and diseases provoked through one's own behaviour can be added. The diseases coming from men imply diseases that have their origin with bad people and bad forces, like spirits, witches, etc. The local people speak about "hospital diseases" and "non-hospital diseases" which have to be treated by a traditional healer.

"They believe more in the traditional treatment, because they are convinced by the community to go to a healer. They say this disease is not a hospital disease, above all when they think a witch caused it. When the child has convulsions and is anaemic, they say that the witch is drinking his blood. The parents go to the traditional healer and ask for treatment."

Before going into detail about the causes of disease I would like to mention the principle of the body fluids, in particular the perception of blood.

Blood is considered to be the essential element in the body that makes it healthy and makes the person live. If a person is sick it means that the blood is reduced, that the person should receive blood for treatment in the way of remedies.⁹ To express it with the words of a Kissi healer: "... the disease eats away the blood. The person gets pale and anaemic, beginning in the fingers and hands. ... Modern medicine then gives blood transfusions, traditional medicines use barks to give blood." When the disease is caused by witchcraft, the witch drinks the blood. Every disease is associated with a lack of blood.

The Kissi and Mende consider the palm oil as an indispensable part of their daily food because it animates the production of blood. Hence a meal prepared without palm oil is not regarded as healthy. Worth mentioning is that sperm is called blood and considered as such. Thereby through sexual intercourse the blood is transmitted to another person which can be a cause of abortion if different bloods are mixed.

Obviously blood is essential for the continuation of life to make a woman pregnant and to feed the child in her womb, but mortal if one goes

beyond the moral laws of sexual relationship, i.e. having sex with a pregnant or breastfeeding woman.

Diseases Coming from God

Basically it is thought that every disease comes from God, but men can avoid diseases through behaviour. Diseases which come from God are difficult to cure because it is God's will, the disease was sent from God. These diseases mostly lead to death. In this category we can also mention the "uncomplicated" diseases, the so called "hospital diseases", because a hospital can only cure diseases that are not associated with witchcraft or other evil forces. It was difficult to find out which are the hospital diseases when asking people in detail, but everybody said that they know diseases that can be cured in a hospital and others only by a healer. Some mentioned malaria, others tuberculosis, others diarrhoea, some sleeping sickness, others cholera or diarrhoea combined with vomiting. A healer listed hernia, hydrocele, goitre and general body pain – a disease with no origin – to be cured in the hospital. But when I tried to find out the traditional concept of these diseases it was clear to me that these could be treated not only in a hospital. A healer for example who was asked for the causes of goitre answered that it is associated with witchcraft. Interesting and noticeable was that everybody emphasised that fractures have to be cured with a bone-healer. One of the explanations was that hospitals take a long time to treat patients; another was that in hospital they could amputate – possibly people had in mind the numerous amputations carried out in hospitals during the war.

Diseases which Derive from Men and Evil Forces

Bad people and evil forces are the most commonly presumed causes for disease. In this category we have the diseases caused through spirits, witchcraft, magic, bad winds, the evil eye and curses.

Curse

A "curse" is a powerful social sanction and as such involved in the dynamics of mental illness. For example if some objects have been stolen or someone has been offended socially, it is

possible to put the offender under a curse which may inflict the effect predicted by the owner. Some curses are designed to make a person physically ill, some to make a person go mad and others to cause some psychological condition such as impotency. In all cases involving the use of curses or witchcraft it is recognised that confession is the only way to overcome their effects and to be socially cleansed. After confession is made there seems to be little or no stigma attached to that person because of the wrongdoing. The emphasis is to obtain a confession and thus to reintegrate the individual into society (see Dawson 1989). A traditional healer in Kailahun explained that he is able to put a curse on somebody if asked to do so. He uses Koran prayers like ... "you wanted to do bad, the bad will come back to you" A man explains that skin diseases are sent with winds by means of a curse. The person associates some special objects on his palm, spits on them, recites incantations, calls out the name of the person he is going to curse and then blows the curse through a breeze.

Witchcraft

"Witchcraft in the Mende and Kissie societies is understood to be the exercise – conscious or unconscious – of illegitimate power by a person with a destructive, anti-social spirit. Witchcraft is the antisocial use of power. The witch is believed to be part of a powerful unseen group, ..." (Gittins 1987: 157). Some explain that they imagine witches to be like a "club" of people. They have the same ideas and the same purposes. Witches are thought to have a strong organisation with a chief, policemen, soldiers, doctors and pilots because witches can perform their work from a distance and over and above it. Witchcraft plays a dominant role and destroys social life. The Mende and Kissi distinguish between witchcraft and magic. Witches act directly whereas magic is a "bad practice" ordered from someone and carried out by a third person. A witch can put some leaves on the road and if a person walks on it, the person will be paralysed. If it is magic, soil may be taken from someone's footstep, be brought to a healer who then works on it to make the person sick. The person is then paralysed. In this case only the fortune-teller is able to identify the cause and to treat the patient, "... the hospital will not see anything." Some people think that any type of misfortune

is due to witchcraft. Witches are evil beings that live among the people. They are able to transform into an animal, a stone, an object, ... when they go for “hunting”.

“For instance the witch can turn a stone, or a witch has a stone to do the work, she makes of the stone a *kunduwai* (witchcraft). The *kunduwai* comes at night when all sleep. The witch can transform the stone into a snake or something else. In the night the witch appears as a *kunduwai*, she comes licking the child’s feet and legs and the child becomes feverish, its legs and arms become dry and then paralysed because the *kunduwai* has sucked all the blood.

You can have a cleft palate, it is due to a witch. The witch transforms into a bee, the bee bites you on the lips, they become swollen, you have an ulcer and your lips disappear, you see the cause is a witch. A cleft palate in a newborn child is genetic. But if the child is already born and suddenly there is a fly or a bee, the child will be swollen on that part of the body and this is due to witchcraft. During the day the witch is a normal person but at night it changes into an animal.”

Witches are mostly thought to act during the night or in a transformed stage. Witches live from human flesh and drink human blood. Witches among themselves can make debts. They promise to give their own child to another witch to eat if in an earlier period the opposite had occurred. When a child’s condition is very bad and is associated with witchcraft people say that the witch is eating the child or is drinking its blood. This is performed in a non-natural way and exists in the people’s belief and what they believe to happen. Witches are identified through confession rituals and witch-finder ceremonies (see Gittins 1987: 183ff). Any disease can be caused through witchcraft when the fortune-teller identifies it as such. Witches are responsible for convulsions, swollen bellies, any other kind of swelling, diarrhoea, epilepsy, anomalies, yellow fever, poliomyelitis, hydrocele, goitres, bitter breast milk, a cleft palate, etc. Diseases occurring in the abdomen are referred to as being witchcraft. It is said that the person has eaten something in the dream or a witch gave the person something to eat in the dream. If a person develops a huge growth anywhere on the body it is interpreted

that the person is a witch because only witches are able to develop such kind of growth. For instance women with goitres will lose their husband because he suspects her to be a witch. Here I would like to refer to a patient with a huge growth in her face. The patient was referred to the Mercy ship for an operation. I went to the village and discussed with the mother about the village attitude and behaviour and perception of this case. It is said that somebody put a curse on the patient because she did not appreciate the upbringing of a relative. A fortune-teller identified that a bad person had harmed her and thrown bad medicine on her. Since the disease started the patient tried everything. She went to different healers and she also went to Freetown to two hospitals but was sent back home. The husband left her because of her condition. In the village she was avoided, some said her disease was contagious and said she should be isolated in a hospital. Others said that she was a witch because only witches develop “critical diseases”. Only people from the church assisted her.

Bad Spirits – jina

Diseases caused through bad spirits are quite similar in their symptomatic appearances. First it should be mentioned that this category of disease mostly comes in dreams. To illustrate this I would like to describe some examples of disease coming from spirits. For instance if a person is given food in a dream, the consequences are lower abdominal pain or a swollen belly, both for adults and children. The traditional healer therefore makes cuts on the belly to rub the ashes of burnt leaves directly into the blood. A person shot in a dream with a witch-gun becomes paralysed or gets swollen legs, or a severe headache. When a person is shot on one side he/she will be paralysed on that side and the treatment can only be carried out by a healer. There are special times during a day when the spirits walk around, in the evening hours and in the early morning. A person may encounter a *jina* because in the evening the spirits appear, they walk around at night and in the morning they have to go back to the bush.

If a person takes a shower at night the *jina* will come and “love”, i.e. possess the person, make her unconscious, faint, and as a result come in

the dream to have sex with the man or woman. Bad spirits (and also witches) like to come to handicapped people. If somebody is born with a handicap it is caused by witches or *jina*. Spirits like people that are ill or that develop a handicap later on. A healer explained the reason for his paralysed arm that was caused by a *jina* because he did not follow their laws. A *jina* gave him knowledge in the dream but asked him as a condition to perform a sacrifice which he ignored and therefore his arm was paralysed. When someone comes from the farm in the evening and he complains of having a cold, it is said that a bad wind has blown on this person. This bad wind is from the *jina*. It means the person has taken the same path as the *jina*. The encounter with a spirit results in any kind of disease but is mostly a swollen part of the body.

Diseases Caused Through Ancestors

These diseases play a special role in the concept of health because the treatment always implies a sacrifice to the ancestors. The ancestors – deceased people buried with a special ceremony – are responsible of taking care and protecting the living ones. The ceremony, performed three days after the death of a woman and four days after the death of a man, signals that the dead person has joined the community of ancestors “across the river” (see Gittins 1987: 57). The living ones have to make regular sacrifices on the ancestor shrine, to “look after” the ancestors and to satisfy them. They have to be given libations and food. In every Kissi village a small house in the middle of the village serves as an ancestor shrine for the community where people ask for protection. It is called the blessing house. If the ancestors are not satisfied, they do not assure the protection for the living anymore and therefore the people are vulnerable for diseases. The diviner then identifies the problem and prescribes what the patient and the family have to do to fulfil the demands. The diseases do not come directly from the ancestors but are a consequence of negligence. If the harvest is not good, the village has to make a sacrifice to the ancestors. In another village women make sacrifices for fertility problems at the foot of the mountain where all the ancestors live.

Diseases Caused Through One's Own Behaviour or "Breaking Taboos"

Some diseases are known to have been caused by the “wrong” behaviour of a person. In almost all cases it can be presumed that the person has broken a taboo. All these diseases have to be identified with a *mandeno* – a fortune-teller and treated with the *tumbuno* – the person who performs the confession ritual. He also treats diseases that are self-made, i.e. the person is responsible and has to confess to be cured.

Totem Animal

Every family has a totem, a protective animal that the family is not supposed to eat because it is their “guardian”. An informant told me that his totem was a snake and that he was not allowed to eat it. If a person died in his family, the corpse would be transformed into a snake and therefore all his ancestors would also be snakes. Other totem animals can be alligators, chicken, ducks, dogs, leopards, catfish and birds, etc. For example, if one breaks the catfish or alligator taboo and he eats these animals, he will get a skin disease. For the catfish it is scabies, for the alligator it is a disease which looks similar to leprosy. If a man continues to eat catfish without treatment, he could become impotent. The person who has broken the taboo has to go to a healer for confession rituals. Only then can he be cured.

Incest

If people break a law or a taboo, they have to confess and a healer has to wash them. To have sex with close relatives is considered incest. The person has to confess and eat a dog as a healing ritual because dogs do not differentiate when mating.

Sex in the Bush

When somebody has sex in the bush he has “damaged” the bush and caused bad luck for people hunting. The animals will not come to the trap and as a result people will have nothing to eat. The village elders then consult a fortune-teller who tells them that somebody has had sex in the bush. The villagers then band together and make a ritual to “clean the bush”.

Secretly Observing or Doing Something that is Forbidden

If a man clandestinely observes a women's secret society or vice versa, he/she will become sick. Men may develop a swollen belly similar to that of a pregnant woman or hydrocele because they have spied on a female secret society during initiation. In another discussion a man suffering from hydrocele was said to be a witch.

Breaking the Laws of Purity

If a person has eaten something after sexual intercourse without washing himself beforehand, he will become sick, the symptom is coughing. This behaviour is called "eating women, eating men" and is associated with tuberculosis. The person has to confess and be treated with a healer who performs the confession ritual. However, when I asked about the healers who perform the confession rituals, I was told that these specialists have not existed since the war.

To summarise, several diseases are associated with patients breaking taboos and therefore having to go to a traditional healer after a fortune-teller has identified the cause of the disease as such. The confession ritual is important because its purpose is to reintegrate the deviant person into society and therefore traditional treatment is essential.

Reproductive Health – Women's Health

Fertility and Reproduction

As reproduction is expected, fertility is seen as the "normal" state of a woman. Infertility is always questioned and much attention is paid to find the causes. There are several reasons and most of them hold the woman primarily responsible.

After marriage a women should get pregnant. If she does not, she has to go to a diviner to identify her problem. One reason for women being infertile is that they have "wet" dreams, having a "spirit-lover". She dreams of having sexual intercourse with a man and this person appears in her dreams as a *jina*. The *jina* is considered to be the woman's lover, he is "behind" her and hinders her to become pregnant by her husband. If she does happen to become pregnant, she will have a miscarriage.

In this case a healer can perform a special cleansing for her to protect her from the "spirit-lover" and to purify her from these dreams. Men may suffer from impotency because of a spirit lover or because of witchcraft.

Pregnancy

In several stages of a woman's life, her body is seen as "open". During conception and during pregnancy the womb is open to receive the sperm and to enable the child to grow. The body is also open while menstruating and after delivery. Due to this state of openness, the woman has to respect a number of rules and regulations to make sure that evil forces do not take advantage of her state and enter her body. A menstruating woman takes care to keep her bleeding secret. She is not allowed to bathe with other women in a stream, because of making the water impure and because of being seen by the *jina* who could harm her in a mystical way and thereby affect her fertility.

Pregnancy is an especially dangerous state because the woman bears a growing child and this child already has its spiritual elements. The child may express its expectations to the mother through dreams. If this happens, the mother will go to a healer to ask for advice. Since the woman's body is open the child may be in danger of being replaced by a spirit. Therefore women have to respect the rules concerning their movements and time of moving. At nightfall certain spirits are said to be more active and might enter the woman's womb to exchange the child with a *jina* child. Such children are born with physical deformities (e.g. hydrocephalus). If a woman has an abortion, her husband will accuse her of having sexual intercourse with another man during pregnancy. The sperm is considered to be like blood that mixes with the child's blood. If this blood belongs to another man and comes in contact with the child's blood, the child will die. The woman therefore has to confess and be cleansed to be able to become pregnant again. Men can also have sex with a spirit and if so, they then infect their wives and children. As a result the child in the womb will become sick because of the "mixed blood". The *jina* spirits are considered to be cold-blooded. Their body is as cold as a snake's body and colder than a dead body.

Delivery and Childbirth

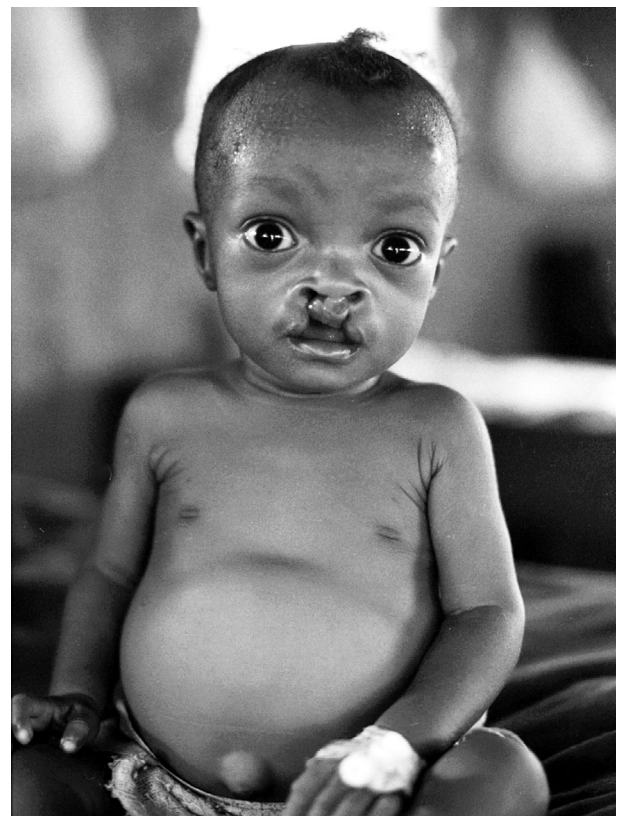
Traditionally delivery takes place in the house of the pregnant woman accompanied by a traditional birth attendant (TBA). In former times women's secret societies had a special place where women gave birth and nobody was allowed to go there.

Before delivery the TBA tells the woman that she should "confess" if she has something to say because the delivery may be difficult. If a woman's delivery is delayed, it will be interpreted that she had sex with another man during pregnancy. The TBA will also confirm that the woman is guilty. Confession in this case is to liberate and purify the woman from her "sins" committed during the period in which she should have followed moral restrictions. Ferme (2001: 96ff and 104ff) writes that confession is a ritual of symbolic cleansing. As midwives are privy to all local scandal, they have a potent weapon – knowledge – to use as a lever against their own husbands or men in the community. If a woman gives birth to a child with physical deformities, she is also suspected of having had sexual intercourse with another man during pregnancy. People say that the child is a *jina*. After delivery the TBA takes away the child, makes sure it is alive, puts her arms under the baby's armpits, presses and massages its chest. She uses a special knife (made by a blacksmith) to cut the umbilical cord and ties the navel with a traditional cord. She then turns the baby over so that it can take a deep breath, places a piece of cloth on the baby's face and sucks its nose. She sucks out what the baby has been breathing during pregnancy. Later she massages the mother's stomach in a downward movement to extract the afterbirth and ties the mother's belly with a cord to avoid swelling. The TBA remains one hour with the mother to observe if she is bleeding. If the delivery is in a village, the family buries the afterbirth and plants a tree on top. The tree's development reflects the child's development.

After delivery the woman and child do not leave the room because witches and *jina* could attack them. The woman's body is still considered to be "open" until the 40th day. During this time she has to take care and protect herself and her child. Normally the naming ceremony takes

place three days after birth for a girl and four days after birth for a boy. However due to high rate of child mortality, the family waits until the umbilical cord drops off and is certain that the child will survive. When the umbilical cord has fallen off, it is wrapped up in a white cloth and given to the husband who buries it and plants a cola nut tree dedicated to the child. It is a place of remembrance belonging to the child. At the naming ceremony the person who's name is given to the child takes the child, chews cola nuts and spits them into the child's mouth to make it speak, makes it "be", and says "you should act like me".

After birth until the child can walk the relationship between the wife and her husband is almost non-existent. The husband is less interested in his wife, because he is not allowed to have sexual intercourse with her until the child is weaned and can walk. Nevertheless he has to look after her and the child. If he has other wives he continues to have sex with them, if not, he is allowed to bring other women home and have sex with them even in the presence of his wife. Sometimes the woman has to leave the "marriage bed" to the husband and his mistress and she has to sleep on the floor. Some women become very unhappy during this period,



Child with a cleft palate caused by witchcraft.

particularly when the husband has mistresses or shows no interest in the child. I was often told that when the husband does not look after his wife and child, the woman is also less interested in the child and does not look after it, particularly when it is already weak or sickly. This often leads to malnutrition.

If the woman has sex during the nursing period, the man's "blood" (semen) could be transmitted to the child through the mother's milk and could make the child sick. All women ask healers for charms for their children to make them learn to walk quickly.¹⁰ If a woman has sexual intercourse with her husband or another man, the child may suffer from diarrhoea which could result in undernourishment. Another consequence is "bitter breast milk" either from



Child with chalk on its body to reduce its fever.

sexual intercourse or from a *jina* spirit. The woman should not take bath at night when she is breastfeeding because the *jina* may follow her.

"She gets fever and also the child will be sick. When the child never sleeps and cries a lot this is a sign that the *jina* are around. The breast is

infected and the woman may have sexual relationship with the *jina* in her dreams, they will infect the breast and the child sucks the breast and will have the sickness. Even the modern medicines they have laws, if you go strictly the recommendations you will be treated it is the same thing with the traditional medicine. You have always to check the breast milk, sometimes directly after birth. If the breast milk is infected by the *jina* it is because they had sex with the woman."

When the child starts to walk the mother weans the child and gives it to her mother-in-law who then is responsible for its education until the age of initiation. Sometimes the grandmother is not able to care for the child well enough and as a consequence the child becomes weak and is undernourished. Some mothers know it but the social pressure is stronger than worrying about the child. If she does not entrust the child to the grandmother, this means that she does not respect her. The people in the village might say that the grandmother does not want to care for the child.

When the child is able to walk the husband buys a "breastfeeding mother cloth". He buys two *lappa*¹¹ for the mother as an encouragement to allow him to come to visit her and enter into a sexual relationship. The bonds of love now become cordial again between the wife and husband.

Twins

Twins have access to special powers and also manifest an unusual spiritual nature. The birth of twins is generally heralded in a dream. A newly pregnant woman or perhaps her husband may dream that she is carrying twins. Sometimes she sees two snakes at the riverside and this is sufficient indication. Twins must be humoured and placated because they are respected as well as feared. When a mother gives birth to twins the parents would bring two termite mounds of earth into their house or to a small shrine outside and periodically leave offerings of rice or bananas on top of them. These mounds are used as "altars" for the twin ritual. If the rice remains, it is believed the babies will die because their spirits did not

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Lao Hmong Shamanic Healing Ceremonial for Opium Addicts

Wolfgang G. Jilek, Louise Jilek-Aall

The Hmong people, formerly known as Meau or Miao, have preserved their distinct cultural identity, and with it their ancient shamanic ceremonials and healing rituals, throughout the centuries of their existence in China and Southeast Asia. Since the mid-19th century, Hmong clans have migrated into Laos, living for a long time independently in inaccessible mountain areas. The celebrations during the Hmong New Year week were an opportunity for the festive gathering of clans, for matchmaking, and shamanic ceremonies.

After World War II, the Hmong in Laos became involved in the long lasting civil war. Finally thousands had to flee, crossing the Mekong River into Thailand where they were held in large refugee camps, waiting to be resettled overseas, or eventually repatriated. In spite of exposure to Western influence, the Hmong refugees continued to adhere to their traditional shamanic ceremonies and healing rituals in the camps.

During W. Jilek's service as Refugee Mental Health Coordinator of UNHCR in Thailand 1987-89, we had the opportunity to encourage a pioneering venture of the International Rescue Committee (IRC) at the hilltribes refugee camp in Chiangkham, Thailand, in which Lao Hmong shamans collaborated with health staff in a detoxification and rehabilitation programme for the growing number of opium addicts in the camp. Each new group of Hmong refugee patients entering this programme was inaugurated by a shamanic healing ceremonial bolstering motivation and facilitating compliance with the therapeutic regime.

The ceremonial was based on an ancient ritual that older shamans still remembered as being performed in Lao Hmong villages to free inveterate opium smokers from their dependence. This ritual derived from the Hmong mythology surrounding opium. The Hmong origin myth of opium tells of a powerful Hmong king in the beginning of time; one of his

daughters was very beautiful but "smelled like excrement" so that no man wanted to be betrothed to her.

The rejected Hmong princess vowed to take revenge against men after her death by special magic, announcing that whoever uses her magic, namely opium, would never get rid of it. After she died and was buried, opium poppies sprouted out of her breasts, producing opium sap (milk) that made men addicted. The Hmong king's beautiful but foul smelling daughter became the Opium Goddess who visits the male opium smoker in his narcotic dreams as his "opium girlfriend", eventually possessing him. Female opium users may receive dream visits by a handsome young man called "opium boyfriend"; however, this version appears to be a recent concession to the equality of the sexes under Western influence.

The shamanic inauguration ceremonial was conducted to appease the Opium Goddess so she would leave the addict's body. She was enticed to take up residence in a miniature "palace" built for her by the shaman's assistants as a homemade basket, gaudily decorated and fully provisioned for her royal needs with clay and paper figurines of livestock, servants and guards.

A yellow clay model of the Opium Goddess was placed into the "palace" together with selected specimens of the self-made opium pipes and utensils which the patients had surrendered on admission. The shaman respectfully requested the Opium Goddess to leave the addicts and urged her to move to the new abode prepared for her with rich provisions.

The patients were assembled by the shaman to take a solemn vow of never using opium again. The shaman invoked supernatural powers to witness and sanction this vow which was spoken by the entire patient group standing and repeated by each individual patient kneeling in front of the "palace" of the Opium Goddess, in



Fig. 1: Miniature "palace" for the Opium Goddess



Fig. 2: Placing a self-made opium pipe into the Opium Goddess' "palace"



Fig. 3: Taking the solemn vow to abstain from opium



Fig. 5: Shaman binding the patients to the messenger-pig



Fig. 13: Digging a hole for the Opium Goddess' "palace" to be burned



Fig. 8: Burning "spirit money" for the messenger-pig's expenses

a public act of obvious motivational significance.

The shaman then exorcised the patients and their beds from evil spirits by waving “spirit money” around them and speaking magic formulae; he also placed a paper-cut human figure representing the patient’s soul under each bed mat



Fig. 4: Shaman exorcising the patients and their beds

The shaman then made the patients stand close together in a group and tied a rope around them, fastening it to a still living but firmly bound pig. This pig would be sacrificed to be sent to heaven as a messenger negotiating the freedom of the addicts’ souls held in captivity by the opium divinities

The shaman sprayed a “rainbow of magic water” from the shamanic “altar” at the patients, making exorcising and protective gestures



Fig. 6: Shaman spraying “rainbow of magic water”

The auspicious time for the pig sacrifice was indicated through the oracle of buffalo horn halves cast by the shaman in front of the

shamanic “altar”. The time is considered auspicious if both horn halves come to lie with the cut surface up, then “the door is wide open”.



Fig. 7: Shaman casting the buffalo horn oracle

The slaughtered pig’s cleaned carcass was set up in state with four heaps of “spirit money” placed around it. The “spirit money” was then burned, so the messenger-pig could draw funds from these “spirit banks” to spend on the celestial bureaucrats and divine hierarchy to facilitate the release of the addicts’ souls. Paper-cut effigies of the captive souls were placed near the pig and also burned.

Meanwhile the shaman had mounted his “spirit horse”, a bench. Facing the “altar”, he started his shamanic journey to the supernatural realm



Fig. 9: Shaman starting his journey to the other world

in order to help retrieve the addicts' souls. The shaman's face was covered with a protective black veil; his big finger rings of brass represent the horse's harness, their jingling bells shy away evil spirits.

For hours the shaman continued "riding", bobbing on his bench and chanting his "shamanic language" in what appeared to be glossolalic utterances, accompanied by the gong-drum beat of one assistant while the other assistant supported the shaman.

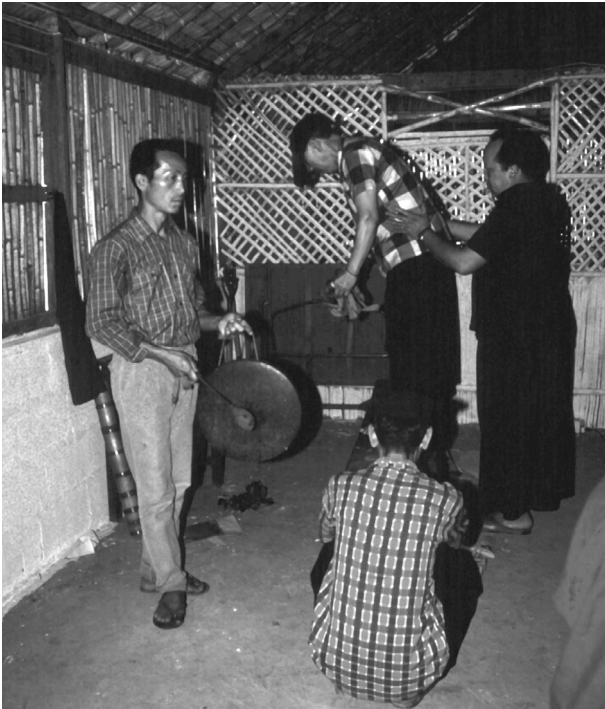


Fig. 10: Shaman "riding", helped by his two assistants



Fig. 11: Shaman scaring off evil spirits

Sometimes the shaman would jump and shout in order to "make thunder" and thereby scare evil spirits off his celestial path.

Shamanic journeys are fraught with danger. In trance, the shaman may fall from his horse into "space" unless he is securely held by his assistant.



Fig. 12: Shaman in trance, held by his assistant

At the auspicious moment determined by the buffalo horn oracle, the "palace" containing the Opium Goddess and her retinue, was carried to a hole dug out at the camp fence, where it was burned in a big bonfire together with the opium pipes surrendered by the patients.

As the "palace" with its contents and the implements of opium addiction burned, the Opium Goddess together with her retinue went up in smoke to return to her celestial abode.



Fig. 14: The burning "palace" of the Opium Goddess in the pit

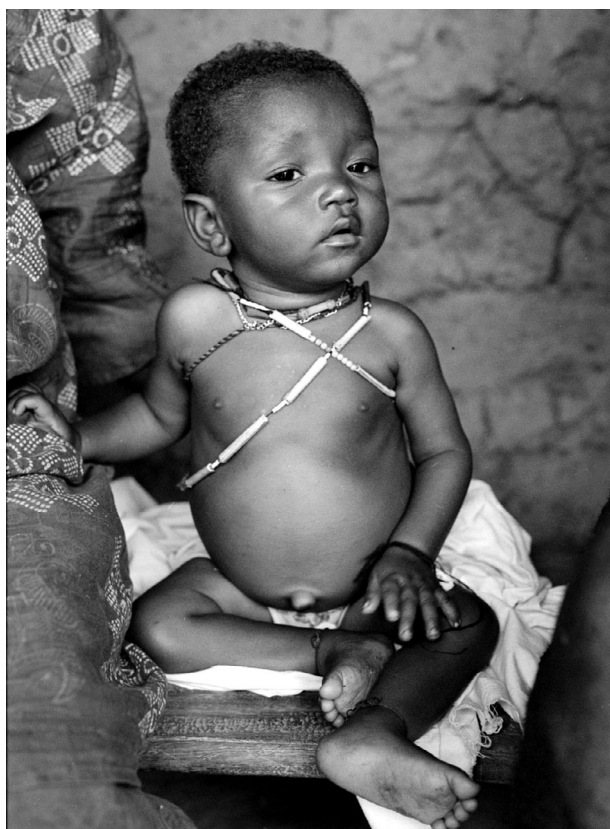
The charred remnants of “palace” and opium smoking utensils were covered with earth to “separate them from the world of the living”. The ceremony was concluded by a festive communal meal in which the cooked messenger-pig was consumed by shamans, patients and health staff.

In marked contrast to the general experience with purely Western-type opium detoxification and rehabilitation programmes among Southeast Asian hilltribes populations, the new programme with shamanic input at the Chiangkham refugee camp was showing unexpectedly high course completion rates (80%-90%). This demonstrates that the integration of shamanic practices in modern treatment programmes for drug dependence can make these much more effective if such practices are culture-congenial in a still tradition-directed population.



Fig. 15: Separating the remnants of opium addiction from the world of the living

Searching for Health Care After 10 Years of War. The Mende and Kissi in the Kailahun District Sierra Leone *continued from page 14*



A twin after the twin ritual with white cords and beads.

accept the parents’ offering. Parents may then call together the “twin society” or an older twin in the village to make a sacrifice. Twins are believed to have a special kind of “witch spirit” but it is not a destructive or evil power. They have the power to see witches and to protect their family and the farms. Before cleaning the farm or planting rice, offerings are made to the twin shrine. The twins are reliable protectors but they are also very demanding.



Twins with white cords and beads.

After birth the parents have to perform a twin ritual which is done by another twin or a person born after twins, who is also part of the “twin society”. A pair of twins is called *felanga* (two or twin), the first child is called *Sao* the second child *Jina* and the child born after twins is called *Gbesse*. Mende twin names are identical for men and women and are the only names not to specify the bearer’s sex. The Kissi have special names for children in general and differentiate between male and female. The first-born boy is called *Saa* the first-born girl *Sia* if they are twins, they call the boy *Saa pendua* (Saa two or twin) or the girl *Sia pendua*. Twins may be born in agreement or disagreement. If they are born in “unity” they work together and have the same ideas and expectations. In contrast, when they are in disunity they fight against each other and try to chase the other one away. Mostly the stronger one is successful. If both survive, they will stick together.

After the twins are born their parents bring home the termite mounds and ask for the twin ritual. The name of the person who performs the ritual is *fela gbekpe* which means “the strongest twin”. The twin ritual is an obligation because it guarantees the twin’s survival and gives the twins the “twinhood” to obtain their full powers. The parents have to bring palm oil, rice, salt, white cloth and a piece of cotton thread and white beads.

The older twin makes two cords which the twins wear across their chest and they wear it until they can walk to distinguish them as twins from others. Special food is prepared and after feeding the twins the ritual is performed. As part of the ceremony they will be washed – the boys four times, the girls three times. The whole twin society has to be present. After the twin’s cleansing, all mothers who are twins or have twins, take the opportunity to be purified from breaking laws and taboos. The night before the ritual takes place palm oil is mixed with salt and smeared onto the tongues of the twins. During the night the twins communicate spiritually with the “strongest twin”, i.e. leader of the twin society to predict their destiny, their likes and dislikes, their taboos and their temperament. The leader knows if the twins will survive or not. If the twin looks at the leader while speaking in the dream, it will survive, if it

does not look directly at her, it will die. The next day the leader informs the parents who have to fulfil the demands of the twins. If the twins appear to be too demanding, they may be exposed to the hot sun to discipline their spirit. This “cooking the twins” is to make them aware of parental rights and feelings. Twinship is usually completed with the birth of the next child, called *Gbesse*. A *Gbesse* is believed to be more powerful than twins because he/she has access to power and is able to communicate with spirits. A *Gbesse* is also an interpreter of twins’ wishes and has the ability to deal with twins and control them. As soon as a mother has delivered twins, she will therefore try to become pregnant again so as to give birth to a *Gbesse*. The normal rules of sexual restriction are removed between a breast-feeding mother of twins and her husband to accelerate the birth of a *Gbesse* and hence the conclusion of the twin birth. Ferme found out that many so-called twin births produced only a single live baby, ... only one child issued alive at birth, whereas the other was assumed to have “wasted” in the womb and died (Ferme 2001: 213). Therefore to distinguish between single or twin births the midwife examines the afterbirth for traces of a deceased twin.

The woman who was performing the twin ritual I attended explained that they had had a twin house in the village before the war. When a mother gave birth to twins she had to sleep in the twin house until the umbilical cord dropped off. The twin ritual had to be performed within this period.

The struggle between twins and the possibility that one of them could be chased away demonstrates that they themselves determine whether they want to stay alive or not. This is also an explanation for the high infant mortality which is painful but unavoidable

Conclusion

“... in all societies health care activities are more or less interrelated. Therefore they need to be studied in a holistic manner as socially organized responses to disease that constitute a special cultural system: the *health care system*. In the same sense in which we speak of religion or language or kinship as cultural systems, we can view medicine as a cultural system, a

system of symbolic meanings anchored in particular arrangements of social institutions and patterns of interpersonal interactions. In every culture, illness, the responses to it, individuals experiencing it and treating it, and the social institutions relating to it are all systematically interconnected. The totality of these interrelationships is the health care system” (Kleinman 1981: 26).

When working in health structures, modern or traditional (as a doctor, nurse, logistician, etc.) in a country with a foreign culture it is essential to study the traditional approach of the population to health in its socio-cultural context. While an understanding of health systems usually exists between doctors and patients of the same culture – since this has been acquired in one’s socio-cultural development – this understanding is often lacking when dealing with foreign patients (Prinz 2002: 128). External influences which bring about changes in living conditions, and the effect of modern medicine on traditional medicine with its impact on the socio-cultural structure of an ethnic group should not be neglected. An approach to bringing traditional and modern medicine closer can take place only if body concepts, the population’s perception of health and illness, causes of disease and their treatment are examined. It is important to recognise the value of the traditional health care system in the community and the significance of a traditional healer. Traditional medicine is based only on the commitment of the healer; in contrast modern medicine is a matter of the State. Here the majority of the institutions and the greatest number of health personnel can be found in cities. In the country the institutions of modern health care are usually limited to few tasks, the personnel is not well paid and the most necessary equipment for first health care is not available. These institutions are only accessible to very few people and do not meet the demands of adequate medical supply required for the entire population. Often people’s problems are not understood and therefore they do not get the appropriate attention. An improved understanding of the population’s concepts of health and illness can help to create better co-operation.

Success and failure of health programs depend

on how well they adapt to the needs and characteristics of the population. Difficulties that might arise in fieldwork can be avoided with a deeper local knowledge of the society involved. If we do not include traditional medicine into primary health care services and if we are unaware of the significant role that it plays in everyday life, health programmes will not be fully accepted by the population. The importance of the cooperation between modern and traditional medicine has been appropriately described by the Swiss expert for International Development Cooperation, Verena Kücholl: “Whereas modern health workers attempt to cure diseases of sick persons in an imperative way, traditional healers create an atmosphere of sympathetic understanding and try to restore concord between the patient and culture” (Kücholl 1985).

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Notes

¹ Kailahun was one of the districts that was the most affected by the ten-year conflict that ravaged Sierra Leone. The war started there when the Revolutionary United Front (RUF) attacked Bomaru on 21 March, 1991. It led to the displacement of the majority of the population within the country or in neighbouring Guinea. People have only started to return to the district, mostly since 2002.

² The results presented were drawn from research carried out during a mission with 'Doctors without Borders' from January to May 2004.

³ Sometimes I observed children fetching medicinal plants behind the hospital for a healer living nearby.

⁴ The Guinean healers have a very high reputation of success in treating diseases due to witchcraft and magic. Many people I spoke to came across Guinean healers in the refugee camps and the population in the

bordering region of Sierra Leone sometimes go to Guinea to search for treatment.

⁵ In this report I only refer to natural spirits in general, but different natural spirits are recognised. To read more about the Mende religion please refer to Gittins.

⁶ One day I came to a village and was told that the women society has to carry out a sacrifice because somebody in the village was told so in a dream. I had just arrived in the village with our driver and a translator and we were told that all men had to go indoors because they were not allowed to see the women society. After some negotiations I was allowed to watch the procession through the village, but had to stay in the village when the women went to the bush for the sacrifice.

⁷ In medical anthropology we differentiate between disease which is a constellation of symptoms, illness which is the individual experience of a disease and sickness which is the social construction of disease (see Kleinman 1981)

⁸ We must bear in mind that this classification is according to the western way of categorising.

⁹ Several plants (barks, roots and leaves) are given to increase the blood production. The prepared liquid of these plants has always a red colour.

¹⁰ Most children have small black cords on both ankles to make them walk quickly.

¹¹ A piece of traditional cloth attached around the waist like a skirt.

Kampo – how the Japanese update traditional medicine

Florian Rauchensteiner

During the 6th century AD Chinese culture (script, philosophy, religion and craftsmanship) arrived more and more on the island empire of Japan. Buddhist monks from the continent were the driving force. It was under Empress Suiko's regency (r. 593 – 628) that Buddhism was officially acknowledged and temples were built all over the country. The monks not only spread religious beliefs, but also practiced Chinese medicine and laid the foundation for Japanese medicine, which more than thousand years later was given the name *Kampo*.

In Japan *Kampo* means both a medical system as well as the associated drug formulae, which are usually of plant origin. “*Kampo* is a part of Chinese medicine adapted to the Japanese and in which Western medicine was integrated.” This is how Tadato Tani, Professor of Pharmacognosy at Toyama Medical and Pharmaceutical University, describes his field of research. His particular aim is to unveil the mysterious and fantastical mist often linked with Eastern medicine and to support the therapeutic effects of *Kampo* with scientific data. This is indeed a bold venture as numerous ingredients and compounds make them hardly understandable. However, an exclusively scientific approach is not really the point, according to Professor Tani: “A verifiable, logical and systematic examination of *Kampo* is only possible, when the human sciences are included. Beside objective knowledge in medicine, experience and a *tacit* knowledge is just as important.” And what makes *Kampo* so unique is that it “personally deals with the patient”, not only with the symptoms but also with medical history and everyday circumstances, even one's character.

History

Kampo has its roots in Traditional Chinese Medicine (TCM) and both share basic concepts up to today. About when TCM was introduced to Japan for the first time, there is only speculation. During the prehistoric Yayoi-period (circa 300 BC – 300 AD), when the use of metals and permanent agriculture became



One of the symbols of Toyama prefecture:
Kampo-medicine peddlers in bronze

common, wetland rice-cultivation was imported from Korea. Possibly at that time the first contacts with Chinese medicine took place. According to historical records, during the 5th and 6th century AD Korean doctors and Chinese Buddhists came to Japan and delegates of the imperial court brought the medical classics back home from their journeys to Korea and China. Since then Chinese medicine spread in Japan, where its indigenous medicine was more a mixture of shamanism and religious purification rituals. In the beginning the medical supply was limited to noblemen, but after the introduction of Buddhism in 552 the monks took care of the poor.

Chinese medicine flourished in the following centuries, scientific exchange with the continent was active and many more medical works were brought to Japan. But at the end of the first millennium such a vast number of formulae had accumulated in China (possibly because of its size!) that the Japanese were keen to simplify

and harmonize them. Thus, Yasuyori Tamba compiled the ISSHIMPO (*The essence of healing*), Japan's oldest medical work (dated 984), which marks the beginning of an individual interpretation of Chinese medicine. A further reason why Chinese medicine in Japan developed in a different way over the centuries, is that many drugs did not occur naturally and had to be expensively imported from China and other Southeast-Asian regions. Alternatives were sought and that is why today in Japan and China (even within the People's Republic!) different botanical species for the same drugs are often required.

For 1000 years only Asian medicine was practiced in Japan, until 1543 when the Portuguese seafarers landed and a Jesuit hospital was established in Funai (Kyushu, SW-Japan). But these first contacts with Western medicine were abandoned by the Tokugawa-shogunate (1603–1868, Edo-period), which sealed off Japan from the rest of the world. Christianity was banned and trade allowed only with China and The Netherlands on the small, artificial island Dejima in the port of Nagasaki. At that time, the name *Kampo* (*Kam* or *Kan* refers to the Chinese Han-dynasty, *po* means “method”; *Kampo* therefore “Chinese method”) became common, to differ between traditional medicine and Western medicine called *Rampo* (*Ram* or *Ran* for The Netherlands).

A specific type of medicine supply emerged late in the 17th century in Toyama prefecture (NW-coast of Honshu): medicine peddlers, with a big hutch on their shoulders, wandered to the (often remote) villages. On their first visit they handed over a box of medicines without taking any money. Only on their next visit were they paid for the medicines used and in return filled up the box. This system survived until today and the medicine peddlers, now dressed in suits and motorized, are meanwhile symbols of Toyama.

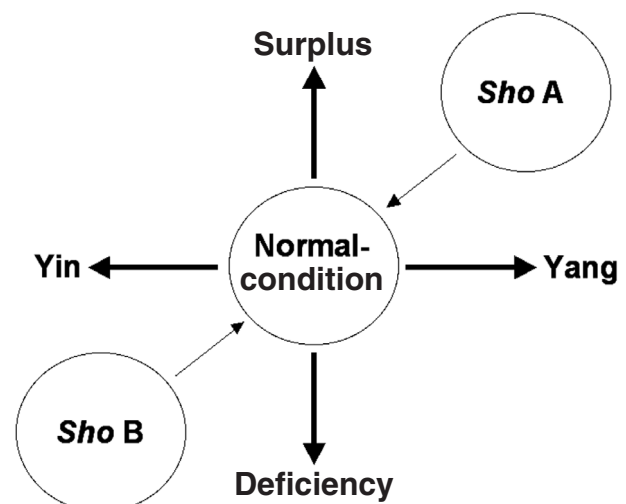
Early in the 18th century the *koho-ha* (*Old School*) was founded, to which the presently practiced *Kampo* refers. One of its most influential exponents, Yoshimasu Todo (1702–1732), again reorganized the formulae, discarded some of them and emphasized the importance of abdominal palpation for

identifying diseases which had lost influence in TCM. Also from the *koho-ha*, Toyo Yamawaki – stimulated by Western medicine – carried out the first ectomy in Japan in 1754. This was insofar remarkable, as the Japanese had rejected opening a human cadaver for ethic reasons. With the new medical position a climax followed when Seishu Hanaoka in 1805 did the first breast cancer surgery on a patient who was narcotized with an extract of *Datura metel* L. (Indian Thorn Apple) and *Aconitum* (Monkshood) species.

2 centuries of isolation passed until Japan again opened up in the following *Meiji-era* (1868–1912) and – in an attempt to modernize – doctors were trained only in German medicine which was considered the most progressive at that time. *Kampo* fell into oblivion but was kept alive by some dedicated doctors. In the 20th century *Kampo* had a rebirth when – as in the Western developed countries – people increasingly requested natural medicines.

Concept

Body and mind together are seen as one organism. Disease is a state (*sho*) in which the patient is driven by external causes (the six excesses cold, heat, moisture, dryness, fire and wind, which also includes infectious diseases) and/or inner causes (the seven emotions anger, joy, passion, dolor, anxiety, shock und cogitation). *Sho* is a complex of somatic and mental symptoms at a certain point during disease development. In order to recognize and describe the *sho*, *Kampo* is based on theoretical concepts which are also the foundations of Chinese medicine: usually doctors begin by applying the fundamental principle of *yin* and



yang. These are opposed and complementary factors, valid on a large and small scale (e.g. universe – human organism). Certain characteristics are attributed to them, like lethargy, coldness and subfunction as *yin*, the opposite ones as *yang*. Also the basic differentiation of drugs with warming, cooling and neutral properties fits into this scheme.

Of further importance is the concept of *ki* – a ubiquitous, all-permeating, protecting vital power circulating within the human organism – as well as blood and the other non-red body fluids (saliva, urine etc.). And similar as with both the latter ones, pathological *ki*-states are in general described in terms of excess, deficiency, imbalance and stasis. The *ki*-concept corresponds to the activity of the organism with infuriation, restlessness on the one hand and fatigue and lethargy on the other, as the two extreme representations. A *ki*-stasis can therefore manifest in melancholy and depression.

A *Kampo* doctor must also know about the teaching of the five elements wood, fire, earth, metal and water which form all being and interact via various relations. In a healthy organism they are in a balanced state and correspond to certain organs, emotions and senses. Imbalances of the five elements are recognized by examination of these organs, dominant emotions and activities. As examples, fire corresponds to heart, small intestine, tongue – the dominant emotion and activity are joy and laughing; metal corresponds to lung, large intestine, nose and body hair – the dominant emotion is melancholy.

When outlining here only in fragments the pillars in *Kampo* theory, it must be noted that *yin-yang* principle, *ki*-concept and five elements in today's Western-oriented Japan are not only difficult for laymen to understand and require therefore much experience. And the more ambivalent view on Asian medicine by many Western doctors depends to some extent on the fact that it can only be understood in context with Eastern philosophy.

Examination

Usually patients are first examined according to criteria of Western medicine due to the present medical education in Japan. Laboratory values



A Kampo-doctor at Toyama Medical and Pharmaceutical University (Japan) examines the abdominal area of a patient by palpation with his hands

such as of blood and urine may be investigated, imaging techniques and other standards of Western medicine are applied. Upon completing diagnosis, doctors who are also trained in traditional medicine can normally choose from several *Kampo* formulae for treatment. To select the optimal one they proceed with *Kampo* examination, which is generally divided into four parts: conversation, smelling and hearing, inspection (mainly of tongue and skin), palpation of pulse and abdomen. Altogether, it takes about 10 to 20 minutes.

Without any instruments, *Kampo* doctors just need their senses: they feel with three fingers of one hand the pulse on the forearm, examine its strength and direction (in- or outwards) and its reaction to pressure. They inspect the skin as well as the volume, shape, color, moisture and the coating of the tongue which mirrors the inner organism. Of particular importance in *Kampo* is manual palpation of the abdomen. Amongst others, abdominal tension, status and location of the inner organs, fluid retentions and specific palpitations of the aorta are investigated. While questioning the patients, the doctors note the appearance, problems with breathing (voice!) and conspicuous odors.



A Kampo-doctor at Toyama Medical and Pharmaceutical University (Japan) palpating pulse on a patient's forearm

Afterwards, by focusing on a leading symptom, a formula (*ho*) is prescribed. When the desired effect does not arise, often another formula is tested. It is up to the doctors to make individual changes in the formula, depending on the patient, recovery process or eventual allergic reactions.

Drugs and their Processing

There are 210 official Kampo formulae, comprising 350 different drugs between two and fifteen or (rarely) up to over twenty components per formula. Mostly they are of plant origin but some fungi [e.g. *Polyporus umbellatus* (PERS.) FRIES, *Poria cocos* (FR.) WOLF], mineral (CaSO_4) and animal drugs (e.g. Bezoar Bovis, Venenum Bufonis) are in use too. Very poisonous drugs have to be preprocessed – e.g. the alkaloid-containing root tubers of the Monkhood species *Aconitum carmichaeli* DEBX. and *Aconitum japonicum* THUNB., which are steamed before their use. The major part of all raw materials (about 80 %) is still imported from China and other Southeast-Asian countries. In *Kampo* pharmacies often exotic specialities such as viper in alcohol, braised monkey head or dried insects are also sold.



A traditional method of producing pills: pharmacist operating a mechanic, wooden machine



The yagen, a traditional tool for crushing drugs

These eye-catchers are not really connected with *Kampo*, but originate from Asian folk medicine.

Name (amount in g)	Action(s)	Botanical source(s)
Radix Puerariae, <i>kakkon</i> (4 g)	relieves fever, causes sweating	<i>Pueraria lobata</i> (WILLD.) OHWI <i>Pueraria thomsonii</i> BENTH.
Fructus Zizyphi, <i>natsume</i> (3 g)	harmonizing, tonifying	<i>Zizyphus jujuba</i> LAM.
Herba Ephedrae, <i>mao</i> (3 g)	sympathomimetic, causes sweating, pain-relieving	<i>Ephedra sinica</i> STAPF <i>Ephedra intermedia</i> SCHRENK et C.A. MEYER <i>Ephedra equisetina</i> BUNGE <i>Ephedra distachya</i> L.
Radix Liquiritiae, <i>kanzo</i> (2 g)	harmonizing, detoxifying, for better taste	<i>Glycyrrhiza glabra</i> L. <i>Glycyrrhiza uralensis</i> FISCH. ex DC.
Cortex Cinnamomi, <i>keihi</i> (2 g)	causes sweating, detoxifying, stimulates bloodcirculation & Ki	<i>Cinnamomum cassia</i> BLUME
Radix Paeoniae, <i>shakuyaku</i> (2 g)	regulates menstruation, for abdominal pain and diarrhoea	<i>Paeonia lactiflora</i> PALLAS
Rhizoma Zingiberis, <i>shoga</i> (2 g)	stimulating	<i>Zingiber officinale</i> ROSC.

Tab. 1: Components, actions and botanical sources of *Kakkon-to*

Since ancient times the drugs were pulverized (*sanzai*). Traditionally, the doctors and pharmacists used a cast stock tool called *yagen*. The drugs were filled in a basin and grinded manually with a disc. The powder was further processed into pills by mixing it with hot honey, kneading and portioning it into little pellets which were finally covered with a colored powder for identification. In such a way, the pills could be stored in the humid Japanese climate over longer periods of time. For the mass-production of pills even huge wooden machines were constructed. Today *Kampo* formulae are commonly sold as factory-made granulates. In hospitals the unpowdered drugs are preferably used and prepared as tea (*toeki*, 40 min. boiling time), as the composition can easily be further optimized. As an example, the quite popular formula *Kakkon-to* (*Kakkon* = Radix Puerariae, *to* = formula, medicine), prescribed for cold and influenza is described in Tab. 1.

While the main action of *Kakkon-to* is based on its eponymous Radix Puerariae (Kudzuvine root), the other components aid this, strengthen the organism during treatment, relieve side effects or – like Radix Liquiritiae (licorice) – harmonize the overall action. Due to their various ingredients, *Kampo* formulae are said to affect the whole body and mind, not only a single organ in a one-dimensional way. *Kampo* practitioners call this a modulating action.

Present *Kampo*

Today patients coming or being transferred to a *Kampo* practitioner either prefer traditional

medicine or suffer from diseases such as hepatitis, diabetes, arteriosclerosis or autoimmune disorders like neurodermatitis, where *Kampo* is an enrichment to Western medicine therapy. The applications also include anemia, persistent fatigue, loss of appetite, the ailments during menopause, psychosomatic disorders or a simple cold. But *Kampo* formulae are often prescribed together with conventional drugs which interfere, resulting in a reduced or even toxic effect of *Kampo* treatment. Furthermore, it is a complicating factor for conducting evidence-based studies of *Kampo* medicine. Concerning this matter, an increasing number of pharmacodynamic studies is on the way to reveal these interactions.

Naotoshi Shibahara, Professor for *Kampo* diagnostics at the University Hospital of Toyama, has a certain ambition: he wants to reduce the patient's amount of modern (Western) medicines and replace it by the traditional ones. "We have to choose between



Kampo drugs are also sold in certain teahouses

Western and Oriental medicine. For certain diseases it is necessary to apply Western medicine, for others only *Kampo* is the best choice, sometimes both treatments together bring the most benefit to the patient.” And he sees an advantage of *Kampo* in curing so-called *mibyō* – sicknesses in their initial state, which often appear as psychosomatic complaints. “With the analytical means of modern medicine *mibyō* are clinically not really measurable. The patient is told to be healthy, though feeling sick. Curing these minor disorders prevents the outbreak of more serious diseases.” He also emphasizes, that “*Kampo* is not only curing diseases with natural drugs. It also covers proper nutrition, adequate daily life circumstances and a balanced emotional constitution. Nowadays, as the everyday life of the Japanese is ruled by overtime-work and stress, these factors have to be considered for treatment.” Prof. Shibahara therefore instructs his patients what kind of diet they should take up. As food is basically differentiated by its *yin-yang* characteristics, he advises patients with *yang* (excess) diseases to eat *yin* food like cold and raw dishes, leafy vegetables or sometimes even sugar because of their cooling and reducing effect. Also spicy dishes are part of the *yin* category. On the other hand, food with *yang* characteristics are warm and cooked dishes, dried fish, salt, meat and root vegetables, or hot sake as an example for a *yang* drink. During his lectures he underlines the importance of eating the food of the season, for which the Japanese have the term *shin do fu ji* (lit.: *body earth not two*).

According to recent surveys, around 70 % of doctors in Japan prescribe *Kampo* medicines which are also sold over-the-counter for self-medication. In 1976 the Japanese government approved *Kampo* for the National Health Insurance Plan and presently 130 formulae are officially registered. The patients benefit as the insurance companies remunerate the medicines in part and the quality criteria for *Kampo* drugs are defined in the Japanese Pharmacopoeia as well as in the Herbal Medicine Codex. Today the production volume of *Kampo* prescriptions makes up 800 Mill. _ or 1,7 % of the total pharmaceuticals production in Japan. A more convenient way of getting acquainted with *Kampo* are herb-restaurants and teahouses, often a pharmacy’s subsidiary.

Herbal teas and dishes (*yakuzen*) prepared with *Kampo* drugs are served here and said to exert beneficial actions. Brochures and books inform about the drugs included and one’s blood pressure can be checked after consumption.

Japanese seem to handle contrasts quite well. The land of cherry blossoms and green tea, where the fat Sumo wrestlers are heroes and the kimono is still the first choice at various ceremonies, is pervaded by hi-tech and the extraordinary pop culture in music, fashion and literature is admired far beyond its borders. Although Japan became a leading industrial country in the last century and adopted the Western way in various fields, it did not forget its traditions. *Kampo*, with traditional Asian and modern Western medicine forming an alliance, emphasizes harmony and is therefore something typical Japanese.

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Literature

The content of this article is based on conversations with scientists at Toyama Medical and Pharmaceutical University, personal experience of the author and on scientific works written in Japanese. Though there is quite a deficit in foreign-language literature on *Kampo* medicine, the following references provide more information.

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Forthcoming Congresses

Ascona March 3 – 5, 2005 “Prévoir et prédire maladie. De la divination au pronostic: savoirs, pratiques, techniques”. AMADES (Univ. Aix-Marseille) together with SIAM (Società Italiana d’Antropologia Medica), Universität Lausanne, MAS/SSE (Medical Anthropol. Switzerland) and Università degli Studi di Genova.

Place: Centro Studi Monte Verità CH-Ascona (Locarno), official language: French and Italian.

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Photograph last page

Hmong Origin Myth of Opium [Embroidery by Lao Hmong refugee woman]. Long ago a Hmong king had seven daughters. One of them was beautiful but “smelled like excrement”. Rejected by all suitors, she vowed to take revenge against men after her death. After she was buried, opium poppies sprouted out of her breasts, producing opium “milk” that made men addicted. The beautiful but foul smelling Hmong princess became the Opium Goddess who visits the opium smoker in his narcotic dreams, and he becomes possessed by her.

