



*Aidemet Ong*

## **Aid to the Development of the Traditional Medicine**

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### **Development of Traditional Medicine: some methodological considerations.**

The goal of this editorial is to share some methodological considerations coming from our field activities carried out in Mali about the development of Traditional Medicine during the last years. We would be too presumptuous if we assert we had the ambition to revolutionize the usual approaches of a classic intervention about the Traditional Medicine. In fact, at the beginning this was not our intention, but the reflection on the implemented experiences often led us to do so...

In general, the cares of development actors and researchers working in the field of Traditional Medicine were mainly focused on the need to identify and inventory the knowledge of traditional medicine. We believe that this is correct in the context of research projects, but it is very simplistic in the context of development projects... We thought, on the contrary, that it was high time to move from the study on traditional medicine to a dialogue with the stakeholders of Traditional Medicine on their priorities with regard to health, environment and socio-economic development. Our concern has always been to identify the lines of an intervention centered on improving the quality of life of populations: an intervention that would be reproducible and effective, with a reasonable cost, and objectively verifiable indicators in order to measure her impact.

We can never thank enough the actors of Traditional Medicine that accepted with open-mindedness and willingness to think and act with us. But also the technical and financial partners, whose sensitivity and reliance enabled us to implement on the field the results of our reflections on the experiences accumulated in many years of commitment, and on the successes and failures of these experiences.

### **The census of Traditional Healers.**

The outline of a classic action on traditional medicine plans first to begin by the census of traditional healers in the intervention area. This phase was always very long and difficult: it was almost impossible to determine from the exterior who is a true healer and who is not, there not existing a validated procedure for this purpose. Certainly, we passed through key informants... But we must recognize that many true healers always escaped to our search.

Thus, we understood that it was better to support the associative dynamics of traditional healers. Their self-census was a desired and useful side effect for this activity. Moreover, the traditional healers in the area know very well one another, so the census conducted by this way is much more credible and closer to reality. Besides, this method accords better to the WHO criteria, speaking about the acknowledgement of traditional healers from the community in which they live and work.

### **The inventory of the Medicinal Flora.**

The second phase of the classic guidelines is the inventory of medicinal plants of the intervention area. Also this activity was often very long and difficult, requiring time, logistics and highly specialized skills. The results were often inferior to the efforts deployed and very difficult to use. The verification of the effectiveness of information gathered is also very long and difficult, if not impossible. A traditional healer of Loulouni told us: "*When the whites came to ask us some*

*questions about medicinal plants, we have fun to confuse their ideas ...".* Of course, it is easier to make an inventory of certain popular uses, but the expertise belonging to individual or family heritage, is very difficultly reported.

We therefore preferred to work with traditional healers on their priority concerns regarding medicinal plants, namely the disappeared or rarefying species. Again, there were some desired and useful side effects, including immediate, concrete and effective commitment of organized traditional healers in protecting the medicinal plants and in preserving the biodiversity. It's also true that, once established a mutual confidence, you can have access to more specific information on traditional treatments. But for this, you must develop with the holders of traditional knowledge a depth discussion on the respect of intellectual property rights of individuals and communities.

### **The Traditional Nosologies.**

Always in the classical outline of intervention, the third step is usually the study of traditional nosologies. The idea was to establish a list of corresponding items between traditional and conventional nosological categories, for use by operators of modern medicine in dialogue with traditional healers, but especially with patients. Even this step has been long and difficult, with results often disappointing, because more we get depth knowledge of traditional nosological categories, and more seemed difficult and sometimes impossible to establish unambiguous correspondence with the "modern" definitions of diseases, already at linguistic level. When we went to the causes of diseases, we were often led to believe that there was an environmental lack of communication between the two medicines.

We have thus understood that it was preferable to focus the dialogue between the actors of the two medicines mainly on sick persons rather than sickness. Therefore, we developed the concept of "Pragmatic Approach on Critical Cases" in the priority topics of public health. This approach allowed us to define priority areas, to identify the strengths and limitations of the two medicines in specific diseases and to establish a consensual system of mutual reference of critical cases, the impact of witch was measurable. It was so a question of dealing with priority health problems using all available resources, integrating them in the territory, and acting in the context of administrative and health decentralization.

### **The Research-Action.**

Our experiences have shown that a classic intervention, according to the methodology of "Logical Framework" is hardly compatible with the effective involvement of traditional medicine actors. However, we believe that the methodology of "Research-Action", if properly designed and applied, can better be adapted to the process of development of traditional medicine resources. Indeed, the results of a research-action should always allow not only to better understand the reality in which the research was conducted, but also to change it, possibly for the better. To do this, it is essential that the priorities and objectives of the research are established through the negotiation with the social actors.

One of the objectives of the research-action is the creation and appropriation of knowledge by all the participants. This means that the purpose of a research-action is not the acquisition or the transmission of knowledge, but the mastery of the same process of creating knowledge. In this sense, the participation in a research-action must be instructive for all the participants, including but not limited to researchers. Thus, in a process of research-action the local actors should be subject, not object of research: namely they must actually be members of the research group. When this was possible, the actors of traditional medicine have greatly appreciated and were effectively engaged in the planning and execution of actions to achieve. Therefore, they appropriated the got results and ensured the sustainability and durability of actions.