Wisdom Out of Africa

A Zimbabwean PWA, herself a healer, finds holistic health care works

January 1, 1997 By Interview by Bob Lederer

One of the many incredible people I was privleged to meet at the International AIDS Conference in Vancouver last July was Lynde Francis, a POZ *contributor ("Into Africa,* POZ *No. 16) from Zimbabwe, the southern African nation perhaps hardest hit by AIDS. This dynamic woman, HIV positive for 10 years, head a national PWA network and coordinates The Center, a counseling, support and training project for people with HIV in her country's capital, Harare. Her words send a powerful message about the role holistic helath approaches play in AIDS care in some developing countries-and should play worldwide.*

The Center started in 1987 when people came to me for help. My nickmade has always been Ms. Milk 'n' Vitamins. We organized as a nonprofit trust [charity] in 1990. Since then, we have counseled 360 clients and have lost 41. One of the best things is that so far, nobody who came asymptomatic has progressed to AIDS, and a dozen who came with full-blown AIDS or were terminal (according to the medical profession) are now recovered and back at work.

We teach holistic support, the foundation of which is nutrition. In Zimbabwe, nutrition is a pleasure to teach because we don't have a long history of junk foods. We still have availability of whole foods. We still have recall of traditional cuisine, and people have rural homes and grandparents in those rural homes who still eat the way they used to. Such foods are cheaper than the processed foods of Western culture-a great advantage. The problem is that people have been taught for 100 years that white is right and West is best; if it's Coke or Fanta or is on television, it must be good for you. So we try to reclaim the traditional cuisine. We also teach relaxation and spiritual support techniques like meditation and visualization. We have support groups for women and men, which meet monthly.

The Center functions while Zimbabwe is struggling with the combined ravages of an AIDS epidemic, two droughts in a decade, and crippling economic policies imposed on Africa by the World bank and International Monetary Fund. The worst is "cost recovery," meaning poor people now have to pay for medical attention and education. Given the droughts and AIDS, we couldn't really survive without the [Western loans and aid], but what makes one angry is that this is returning just a little bit of what was stolen in the first place by the Western colonialists, who still set the market prices for all our commodities anyway.

So although ostensibly I counsel people on how to survive AIDS, the primary problem for most of my clients is poverty. I have patients who come to me and ask, “Is [the cheap aspirin-substitute] Panadol a special treatment for HIV? Because every time I go to the hospital or the clinic, that’s all I get.” The whole attitude of the medical profession is, "Don’t waste our drugs-you know you’re going to die anyway.’

To serve Zimbabwe’s 11 million people, we have 3,000 medical doctors and 33,000 traditional healers. So the first line of defense for the vast majority, particularly for the rural population, is the traditional healer. We have an association of traditional healers, of which I’m an honorary member. The attitude of the authorities is that they are all charlatans. But to a great extent they are controlling symptoms-most have herbs and lotions that control diarrhea, help with coughs, reduce rashes, assist with appetite stimulation, and one whom I work with closely has a root that really increases red blood cells. The traditional healers don’t just give medicine; they offer advice, talk about tradition, do spiritual cleansing ceremonies and may even work with the whole family. So there’s a tremendous psychological and spiritual aspect to traditional healing.

A little more than two years ago, we did a clinical trial where PWAs were randomly assigned to one of four traditional healers (without a control group). There were 128 patients enrolled for a year. The majority came from the outpatient department of Harare’s two major hospitals. They had an average CD4 count of around 50. Many were seriously ill when they came in. We only lost three in a year, and that alone is a significant statistic, compared with rates for hospital care-probably 60 percent to 70 percent of them would have died in that period. What we saw were overall increasing blood counts, increasing weights, cessation of symptoms and improved psychological well-being. The results were incredible.

I had a group of 28 in that sample who were getting counseling, nutritional advice and some vitamin support, as well as traditional herbs. They did significantly better than those cared for by the other healers, so there was an agreement to do a follow-up trial on that approach.

I was waiting for the Zimbabwe government to start trumpeting it to the world [and to fund the follow-up]. But to date, not a word has been presented in Zimbabwe. (The Vancouver conference allowed only a written abstract.) I think they’re embarassed. I think their whole idea of having the clinical trial was to prove once and for all that herbs don’t work, and traditional healers are charlatans, so they would shut up and stop claiming they can help people. And when it proved the reverse, they just didn’t know what the hell to do with the results.

[Regarding the near-total absence of papers on traditional medicine at the conference,] I think for most of us from the developing world, there’s a growing feeling that we are regarded solely as recipients of expert information and advice-most of which will be totally unavailable to us anyway when we get home. Nobody wants to listen to what we have to offer, to the kinds of interventions that are working for us and that could work elsewhere. Because the thing about holistic therapy is that it’s replicable everywhere, it’s available everywhere, it does not require technology. And of course that’s why the trials are not paid for-because nobody has a patent, and nobody can make a million out of it.

I did one workshop here that I really enjoyed-on nutrition in the face of poverty (part of a pre-conference international “Community Forum”). It was participatory and we had to tun people away because the rooom was too small, which indicates that something is missing here. When will the developing world get an ear? We has something to give, not just to take. Our communities have strategies, we have coping mechanisms, we are surviving!

A campaign is under way to demand that the next International AIDS Conference-set for Geneva, Switzerland in June 1998-offer expanded sessions on traditional and complementary therapies. For more information, contact the Center for Natural and Traditional Medicine at 202.234.9632.

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