

TOWARDS A CLASSIFICATION OF THE USE OF TRADITIONAL MEDICINES

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ABSTRACT

A novel classification of the indications for using traditional medicines is proposed, for use by physicians and other healers practising in all cultures. The basis is the WHO-recognised ICPC-2 system for classifying the reasons for encounter of patients with general practitioners.

KEYWORDS

traditional medicine, database, classification, ICPC-2,

INTRODUCTION

The reasons why patients consult a physician ("reasons for encounter" or RFEs) can be classified for purposes of research or even of orderly record keeping. An appropriate classification should be terse, universal and unambiguous. Several recognised medical classifications exist, for instance the ICD-9, that fulfil the first and last requirement but do not allow comfortably for the RFEs to be symptoms or symptom clusters unsupported by firm diagnoses, although the symptoms may be treated successfully by a doctor with no further ado. Most headaches, for instance, are treated without the underlying cause being established. This limitation makes such classifications unsuitable for use by general practitioners, by scholars of medical history or by compilers of databases of traditional medicine. Indeed, many RFEs in societies practising traditional medicine are not even illnesses, as recognised in "Western" culture, even though the consequences of ignoring them may be serious, even fatal. To a Westerner, the sight of an apparently healthy man dying as a result of a curse is not only tragic but disconcerting. More trivial examples are scrofula, or having a small penis, or being pestered by hyaenas, or

suffering family quarrels resulting from witchcraft.

In pre-colonial Africa and elsewhere, the "healer" performed as a doctor, but also had a forensic and a diplomatic role; indeed, his or her primary duty was to mediate between the people and the spirits, particularly those of the ancestors, jostling, interested, interfering and robust. To repel malignant, essentially evil, creatures, such as the iimpundulu and oothikoloshe, even required a degree of familiarity with necromancy. The so-called "healer" was chosen, not because he or she was especially moral or beautiful or noble but for a potential to be potent and capable.

To give an example of this holistic role in Western terms: Is an "healer" who gives a medicine to the players in a football team so that they will win, acting as a medic giving the players a stimulant or as a psychiatrist triggering their self-confidence or as a witchdoctor invoking the spirits of past players to help their successors? The answer is all of these.

What is needed for a traditional medicines classification suitable for physicians, historians and compilers of

databases is a belief-free classification that can comprehend firm diagnoses with likely diagnoses and with symptom clusters. It is of no consequence what the compilers themselves believe about the cosmos; the universal need is for them to set down the information in an accessible, logical way. A disorder may be caused by spirits but that is not of prime importance in this codification; the disorder itself is what is to be recorded. With all the foregoing in mind, a suitable foundation would seem to be the well-known ICPC-2 system, designed originally for use by general practitioners in recording RFEs. The second and current edition [1] has been updated and issued in an "electronic version" [2].

It should be mentioned that ICPC-2 was designed to systematise recording the process from first contact of a patient with his or her physician ("Doctor, I have a headache") through future contacts to the point that a resolution is reached - and perhaps also a firm diagnosis. Use of it as described in this article is therefore sensu strictu a perversion - though one not discouraged by its custodians (see acknowledgements).

The ICPC-2 classification is organ-based. The RFE is expressed as the appropriate letter signifying the

organ followed by 2 digits used to differentiate one condition from another. The lower pairs of digits are associated with symptoms and the consequences of suspected illnesses (such as fear) whereas the higher pairs indicate firmly diagnosed disease. For example: under disorders of women (the mnemonic is X for the X-chromosome), X19 = breast mass, X26 = fear of breast cancer, X76 = breast cancer (type unspecified). The letter A denotes the general conditions, and Z the social.

METHOD

The reason for consulting a healer from any culture and taking his or her medicine is conventionally called an indication, as in "Please, doctor, will you cure my headache?". The indication, at least by implication, consists of two parts:

- * the condition being considered (headache), and
- * the action to be taken (cure).

In Western medicine, the implication is that a condition is to be prevented or cured; but in African medicine, at least, additional actions such as use as, cause, repel, bewitch, destroy, confuse and others are also possible.

The general procedure adopted by the authors was to fit the conditions consistent with the Western canon into the ICPC-2 classes in the same way as those already classified. Where the condition was not obviously pathological but was nevertheless of concern to the patient, it would normally be classed as having a "fear of...". Occasionally, a herbal preparation has been described by its action rather than by the condition treated with it; the condition would then be described as having a need for the action. This somewhat roundabout approach avoids ambiguities; for example, a diuretic may be used to treat several conditions.

It was found that supernatural conditions fitted well into the "social" (here called "magicosocial" as a concession to rationalistic societies!) class Z of ICPC-2.

On consideration, this is not surprising as in most African societies the boundary between the "concrete" and "spirit" worlds is porous. With this in mind, we have chosen to consider the general actions and effects of sorcery and witchcraft to be "assaults and harmful events" (Z25) and the various protective rituals to be forms of insurance falling naturally under "magicosocial insurance and welfare" (Z08).

Matters that are not obviously magical or medical, such as the choice of wood for making stools, are classified as "no disease" (A97). However, in many societies, "bad luck" is considered to be a pathological condition rather than the operation of pure chance so it is classified under "magicosocial handicap" (Z28).

The indications so far classified were mostly drawn from the Noristan database [3] compiled from books, papers & verbal reports, and from Gelfand [4]. Including relevant entries from ICPC-2, a list of about 900 conditions has been compiled.

In ICPC-2 the indication "curing a headache" would be classified as N01+N50 where N = neurological organ system, N01 = headache and N50 = cure by medication. To a great extent, the orthodox actions can be used when codifying the actions of traditional medicines. For example, allaying the fear of a fading shadow reduces to Z27+Z59 where Z27 = fear of a magicosocial problem and Z59 = other (unlisted) therapeutic procedure. However, it is clear that more actions are needed in ICPC-2 to improve specificity and we have been assured (Bentzen, personal communication) that the matter is under examination. In the meantime, some conditions have been written in the form "need ...", thus:

"need to resume friendship with enemy" or "need for an antiscorbutic", both conditions taking the possible actions "cure" or "satisfy" (-50), "prevent" (-44) or "cause" (-69) as appropriate.

The alternative is to classify only conditions. This means that, on searching category N01, both "causing a headache" and "curing a headache" will be found but we feel that this is a trivial problem in practical terms. It is, on the whole, better to retrieve a modest excess of material from a database than to have any deficiency at all.

CONCLUSION

A system for classifying the conditions leading to consultation with a healer using indigenous or European traditional medicines is described and is in use in this department. It is more inclusive and supple than more commonly used systems like ICD-9, nor does it require an artificially independent description of magical conditions.

Since ICPC-2 is essentially an organ-based system, it follows that there may seem to be more than one classification for a condition but careful thought and use of the existing template should prevent this. A more

serious problem, independent of the classificatory system adopted, is that the indication provided in the literature may itself be corrupt, either because of incompetence or misunderstanding consequent on interpretation from one culture into another. Searches in a traditional medicines database will always be imperfect.

Copies of the full classification may be obtained from the authors [5] on request.

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4. Gelfand M, S Mavi, KB Drummond, B Ndemera. The Traditional Medical Practitioner in Zimbabwe. Publ. Mambo Press, 1st ed., 1985.
5. Copies of classification by class & by alphabetical order are obtainable at no cost from the first author (scridlan@uctgsh1.uct.ac.za). Transmission by email is much preferred.