Jamal Bellakhdar

A new look at traditional medicine in Morocco

Traditional medicine is still popular in Morocco since it is an important form of health care for many people. Its positive aspects could be encouraged if it were officially recognized and given a place in the health system.

In Morocco today a new attitude is developing with regard to traditional medicine, and this can be seen particularly in the emphasis now being placed on research into the history of Arab medicine and the pharmacochemistry of the medicinal plants commonly used by the people.

This new attitude has led to a more objective approach to traditional medicine in Morocco, so that it is now possible to contemplate involving all facets of the country's potential—human, intellectual and material, modern and traditional—in the development of a public health policy founded on improved management and optimum utilization of the country's resources and efforts.

Hand-in-hand with developments in contemporary medical thinking, health care systems that had been eclipsed until recently by modernism are beginning to be rehabilitated. This is a recognition of the past and present accomplishments of the people in caring for the sick and in controlling disease.

The author is President of the Moroccan Association of Pharmacognosy, Ethnomedical Research and Applied Botany, B.P. 6303, Rabat, Morocco.

Attitudes to traditional medicine

When we examine social behaviour in regard to illness, we see a number of different attitudes to traditional medicine. In the first place, there are the traditionalist and culturalist positions, which are often seasoned with anticolonialism and exalt the prestigious past of Arab and Islamic culture, art, and science. They reject depersonalization, and show a devotion to the arts and skills of Arab scholars. The confidence with which these attitudes are held is naturally strengthened with every error of modern medicine.

The major flaw in this argument is that it sees the relationship between traditional and modern medicine as mutually exclusive and may even present an opposition between national and foreign medicine that does not exist. Although contemporary medicine has developed mainly in the West in recent times, since the development of medicine is closely bound up with the development of technology, it must not be forgotten that many civilizations have contributed to the foundation of modern experimental medicine. It should not be seen as Western medicine but as universal or cosmopolitan medicine. Therefore there

is no part of the world where it can be considered foreign.

The second type of position, which is characteristically found in Western countries but has also filtered through to the middle and upper classes in Third World countries, is critical of modern chemotherapy and advocates a return to phytotherapy, as a reaction against the overmedicalization of industrial societies. This trend is in the mainstream of ecological thinking but has unfortunately led to some extreme views.

There is no foreseeable hope of extending health coverage in many countries today unless we adopt unorthodox measures such as the involvement of traditional practitioners and the use of medicines based on local plants.

The third group of positions, which is much more eclectic and less well organized and structured than the first two groups, is taken by those who have lost the faculty of critical judgement and who see traditional medicine only in terms of its irrational and mysterious aspect, with its supernatural and miraculous elements. These positions are very common at grass-roots level but are unfortunately being propagated in some intellectual circles as well. Anything that appears to be supernatural has a great hold on people's minds in this time of moral crisis in our societies. Hence the multiplicity of stories about the "miracles" performed by traditional practitioners.

At the other end of the scale, but equally eclectic, there are those who see only the irrational aspect of traditional medicine and therefore condemn it out of hand just as categorically as it has been exalted by their opponents.

Lastly, there is the position increasingly held by those with responsibility for health policy, whose objective is to use the material and human resources available in the country, be they traditional or modern, to achieve optimum management of their own potential and thus improve the provision of public health.

Indeed, there is no foreseeable hope of extending health coverage in many countries today unless we adopt unorthodox measures such as the involvement of traditional practitioners and the use of medicines based on local plants.

Present status of the traditional sector

Although it has been banished from the market-place in Morocco and deprived of its official status by modern medicine, traditional medical practice continues to serve a large clientele, and its prestige in the eyes of the masses remains virtually undiminished.

The clientele for traditional medicine, in both urban and rural areas, is drawn from all strata of the population, which by and large remains loyal to popular wisdom in matters of health.

The education of people from a traditional sociocultural background engenders conservative, sceptical, or quite simply apprehensive attitudes to modern medicine, so that the people prefer to turn to the *fqih*

(plural: *fuqaha*) and the herbalist, who are no strangers to their environment, have a better understanding of their psychology and feelings, and have respect for their dignity. In any case, for many people there is no real option since the cost of modern medicine is beyond them.

The consumers of traditional health services also include occasional and floating consumers—people with a modern education but who are confused and inconsistent in their thinking and who may occasionally be attracted by the mystery, symbolism, and ritual of traditional medicine, its alternative therapies, and its nostalgia for the great days of Arab medicine.

In characterizing this clientele, we must not overlook the incurable—whether they suffer from mild chronic afflictions or serious diseases—and those who are abandoned or neglected by modern medicine. These patients are drawn from all strata of society and invest all their hopes and their will for recovery in traditional medicine, with a faith that matches their distress.

These three major groups of users account for at least 80% of the population. But they do not rely exclusively on traditional medicine and most of them are in touch with the modern health sector to some extent, depending on their personal situation.

A patient's decision to choose one or another type of care depends on a large number of factors such as cost, convenience, beliefs, personal prestige of the practitioner, etc. In the final instance, it is difficult to establish any model that will enable us to predict patients' behaviour in respect of any particular health problem. The only point that seems clear is that when choices are available, it is a practitioner rather than a medical system that will finally be chosen in the overwhelming majority of cases.

Factors in the survival of traditional medicine

One of the strengths of traditional medicine is that it is a practical art, well rooted in the local culture, and the relationship between the patient and the therapist is simple and close.

The remoteness of the rural areas from official health centres helps to retain a certain following for traditional medicine, which is always represented locally by a practitioner, even if he sometimes earns his living at another occupation. The sedentary and urban-centred nature of modern medicine is thus a factor that militates in favour of traditional practitioners.

Care is very often given in patients' homes. The best known example is that of traditional birth attendants who look after mothers in their own homes, but there are also many *fuqaha* who are willing to visit their patients on their sick-beds, wherever they may be.

The Moroccan pharmacopoeia has only a few products that are dangerous, and all of them are familiar to people in rural areas.

This factor of spatial proximity is conducive to the practice of "family" medicine—a very important aspect of the

services rendered by traditional medicine. Indeed, it is rare to find a family that does not have at least one older member who, in addition to the wisdom derived from experience, has a store of simple remedies and directives for collective hygiene and prevention. All this family lore undoubtedly stands to gain from its non-professionalism and immediate availability.

The traditional practitioner is also close to his patients in life-style, social background, and speech. Ease of access to the stores and booths of apothecaries and herbalists, run by people who have the same roots and the same kind of problems, must be contrasted with the distressing and often discouraging atmosphere that prevails in waiting rooms in health centres and private surgeries.

Cost obviously plays a very important role in the choice of medical care. It is true that traditional practitioners generally leave the amount of their fees to the discretion of their clients. In the country, this amount may vary between 3 and 10 dirhams (US$ 0.40 and $1.20). Consultations are sometimes paid in kind—a little olive oil, a dozen eggs, or a bowl of butter. The prescription which is the outcome of the *fqih*'s visit costs nothing at all in itself—the plants are usually given by the practitioner or can be gathered close at hand. In towns, where medicinal herbs are sold by herbalists, a prescription rarely costs more than 10 dirhams (US$ 1.20) on average.

Traditional medicine deals with all the ramifications of disease and approaches health as a necessary balance between physical, mental, emotional, moral, and social well-being.

Traditional medicine may be considered to achieve excellent results in treating a wide range of common ailments: afflictions of the digestive system, ears, nose and throat, lungs and bronchi, and skin. Indeed, herbal medicine in Morocco possesses a fine array of laxatives, antidiarrhoeals, cicatrizants, cholagogues, revulsives, and vermifuges. The traditional practitioner is also requested to carry out certain operations such as obstetrical interventions, the reduction of fractures, and trepanation in remote areas.

Moreover traditional therapy remains on the whole a "soft" type of medicine, using treatments that are mainly oral or topical and very rarely drawing blood. The medicinal herbs are used in decoctions, oleates, sugary pastes, etc. in which the active principle is greatly diluted so that its effects are spread out over time, thus avoiding therapeutic shock. Progressive dosage is always the rule, which makes for easier surveillance of treatment. The Moroccan pharmacopoeia has only a few products that are dangerous, and all of them are familiar to people in rural areas.

Naturally, we have taken into account only the herbal content and application of traditional medicines and have ignored all the irrational trimmings by which they are sometimes accompanied.

It would be wrong to underestimate the role of subjective factors in the survival of traditional medicine. These arise partly from the complete integration of traditional systems of care into the sociocultural environment, which makes patients particularly receptive to them.

Traditional medicine deals with all the ramifications of disease and approaches health as a necessary balance between physical, mental, emotional, moral, and social well-being. It can only apprehend organic dysfunction in relation to its overall biological, social, and psychological implications. Hence the family and community, as well as the patient and the therapist, are closely involved in the therapy.

Lastly, ancient forms of medicine have magic or religious aspects that exercise a powerful sway over people's minds.

Negative aspects

We shall now look at the drawbacks of this form of medicine so that we can see how it can best be adapted and mobilized in the framework of public health activities.

The irrational

It is sometimes thought that traditional medicine is not amenable to analytical assessment by virtue of its irrational elements. However, with the exception of treatments involving rites from which they cannot be dissociated, the rational and irrational form a mosaic rather than an inseparable mixture. There is no reason, therefore, to rule out the possibility of making a selection from the mass of procedures and substances.

Concepts of causality

In traditional medicine, it is a complex business to establish a diagnosis, which often involves a supernatural etiology alongside natural causes (divine punishment, evil spirits, possession, the influence of an evil eye, etc.). There is thus a tendency to stand back from direct causes and an absence of clearly defined

Any medication, traditional or modern, is always accompanied by a sort of ritual; it is only prescribed for a particular condition, to be taken at given times and in accordance with a given procedure.

pathological models to serve as the basis for nosology. Traditional medicine, moreover, has not benefited from the progress made in medical instrumentation and biological testing.

A taxonomic model is not in itself a sign of the superiority of one system over another. As noted by Foster, "it is important to remember that classification systems are imposed on data by classifiers; they are not (as Sydenham, Linnaeus, and others believed three centuries ago) inherent in the data themselves, in the laws of nature. Taxonomic models are no better than the contributions they make to bring order out of apparent chaos. With respect to the classification of disease causality, it must be remembered that both personalistic and naturalistic causes are invoked to explain some illnesses in every society, including those most addicted to allopathic medicine *(1)*."

In fact, to attribute the cause of a disease to an infectious agent confers no greater validity on the therapeutic procedures undertaken to combat the problem than to

attribute it to the wrath of a divinity. Traditional practitioners in the Maghreb knew that contact with a smallpox sufferer could transmit smallpox to a healthy subject through "morbid miasmas". They were practising smallpox vaccination long before it was discovered by Jenner, which clearly shows their belief in a physical agent of infection. But they may also believe that behind this natural cause there lies a more deterministic origin, a curse, an evil spirit, or a destiny. The explanation is merely raised to a higher level of causality. Western physicians will say that the existence of the microbe *per se* is sufficient to satisfy their understanding. As Laplantine has said, "we think what our culture has taught us to think, but if tomorrow we were told that microbial infection is the consequence of a more deep-rooted evil, our nosological criteria would change as they do every time our culture undergoes a mutation *(2).*"

Traditional curative systems may not work at their maximum effectiveness in the environment of a modern health system.

Considerable progress in the identification of direct causes has of course been made possible by technology. But the use of instruments for testing to establish a diagnosis is no more a guarantee of infallibility than nosological classification is a criterion of truth. The value of both techniques lies in the use that is made of them. Traditional therapists never fail to point out that there is a human eye behind the field glass. They say "it is the eye that sees and not the glass."

The superiority of modern medicine in the identification of causes does not lie in techniques or nosology. It lies in the new epistemological framework it has established by isolating the direct cause from the overall set of causal phenomena, even though this cause may be triggered by another cause or a whole chain of causes at a higher level. This step-by-step progression in the search for direct causes, which is the basis of the analytical method, has resulted in spectacular progress whenever physical factors are directly involved, as in the case of infections, wounds, poisoning, and malnutrition.

In contrast, traditional systems very often conceal direct causes as they concentrate on seeking out the deeper underlying causes. This leads to serious inadequacies in the establishment of diagnosis and the development of a standard nosology, which is the basis of any real science of pathology.

Deterioration of knowledge

Traditional medicine is today suffering from a gradual loss of the original body of traditional knowledge, leading to the vagueness that prevails today on the dosage and administration of medicines to the patient. The old rules of posology have been forgotten, and with them the practice of exact weighing, the galenical techniques for the preparation of remedies, and the understanding of the relationship between the various forms of administration. Decoctions and powders have replaced the other oral forms that were used in former times, dosage has been reduced to a rough approximation, and contraindications are ignored. The collection of raw materials for medicines has likewise become undisciplined. Knowledge of the best times

to gather plants, the most suitable procedures for drying in each case, and the proper conditions for storage to prevent deterioration has gradually been forgotten.

Lastly, "popularization" has dealt a serious blow to traditional medecine—a problem also to be found in modern medicine. This happens when the very prestige of a substance makes it into a panacea, sometimes even a sort of condiment that accompanies practically every meal. While a good medicine deserves to be well known, there is no doubt that its value will be lost if it is used frivolously. Indeed, any medication, traditional or modern, is always accompanied by a sort of ritual; it is only prescribed for a particular condition, to be taken at given times and in accordance with a given procedure. If this protocol is ignored, the remedy loses its virtue—namely, its efficacy and its ability to establish a psychological predisposition to cure.

In Morocco, this has been the fate of a number of important active plants, such as artemisia, thyme, marjoram, bugle, cumin, and caraway, in whose properties there is no longer any great faith since their use has long since become too common.

* * *

We have briefly examined the psychosocial context in which traditional medicine is practised in Morocco. When considering the inclusion of traditional medicine in modern health programmes, health planners must be cautious. Many of the arguments in favour of traditional medicine and against the "limitations" of modern medicine are not well founded. Moreover traditional practitioners are not all competent and scrupulous, while physicians with modern training are not all incapable of adapting to traditional environments.

Today, young Moroccan practitioners are increasingly taking over from Western missionaries. They have no particular problems in communicating with patients and readily understand the terms used by ordinary people in describing their ailments.

Meanwhile, commercialism has found its way into the traditional medicine sector, where there has been a wave of charlatanism, a great many fraudulent claims in phytotherapy, and an increase in magical and quasi-religious medical practices.

Moreover, traditional curative systems may not work at their maximum effectiveness in the environment of a modern health system, and this will militate against success.

But all this should not discourage attempts to involve traditional medicine in basic health care coverage in the framework of a pragmatic health policy. It will require a careful and critical analysis of the situation prevailing in the sector so that unverified assumptions can be discarded, but at the same time any prejudice against traditional medicine must also be set aside. Only then will it be possible to attain the impartiality that is necessary to achieve the best in public health and to draw on all the resources of the nation, human and material, traditional and modern, for the greater benefit of underserved populations. □

References

1. **Foster, G.M.** An introduction to ethnomedecine. In: Bannerman, R.H. et al., ed. *Traditional medicine and health care coverage.* Geneva, World Health Organization, 1983, p.19.
2. **Laplantine, F.** In: *L'ethnopsychiatrie.* Paris, Editions Universitaires, 1973, pp.91-92.