



## From the editor • Van die redakteur

### Pot Pourri or Holistic?

Attending the conference on Health for Africa which was advertised as a conference on Holistic health was a good experience. Guy Parr's paper to the conference and his overall impressions appear in this issue of *Family Practice*.

My overall impression is that I learned only a little about holism and very little about Africa. There were some good theoretical talks on systems theory and holism but when it came to the different forms of "complementary" health systems I was listening to many different systems built on differing philosophies each with its own vocabulary. In many cases not much more holistic than conventional scientific medicine. The remaining impression is more of a Pot Pourri than an integrated whole.

We heard a little about African traditional systems. The Western "traditional" was far more vociferous. There were more foreign accents than African voices, especially in discussion time. Western arrogance and an overwhelming desire to do good to helpless Africa is a long way from being dead. I must say this impression is not of

the organisers but of the "enthusiast" delegates of which there were quite a few.

How long will we impose our solutions on Africa that tend to smother and destroy initiative and success? I am reading a fascinating book by Colin Bundy, 'The Rise and Fall of the South African Peasantry'.<sup>1</sup> He quotes from official documents of the 1860 and 1870s, "... Mfengu locally were 'landed proprietors' with 'farms varying from 500 to 1500 acres each, which they have purchased' ... Mfengu members of the Agricultural Society competed against white farmers and won prizes ... excelled that of the Europeans both as to number and quality of the articles exhibited."

He describes how soon after these years British military and "legal" processes pushed the black peasant farmers out of the markets, off the land and into labourer status.

Have we not done the same in the Health sphere? Will we Westerners ever have the humility and the ear to receive something from the Healers of Africa?

Sam Feheren

#### Reference

1. Bundy C. *The Rise and Fall of the South African Peasantry*. London: Heinemann, 1979: 54.

### Guest Editorial

### Medical Aid Experience with Alternative Medicine

During the period 1983-85 all members of Midland Medical Plan had to indicate their preference between homeopathic and alliphatic (conventional) medicine and were given this preference as a benefit at GP level. The members opting for homeopathic benefits retained specialist benefits but had to pay the GP for entry into the system.

Most members applied in person (usually the

wife) and the medical officer had a unique opportunity to interview them and discuss their need for alternative medicine.

The reason for the request fell roughly into 5 groups.

1. The patient (majority female) had grown up in a European country and had habitually visited a homeopath. (That this homeopath

was usually medically qualified is not appreciated.)

2. *The "fed-up" patient.* One with chronic symptoms has been through the allopathic system with no relief. His main need after many referrals is for an "anchor man". Somebody taking an interest in him as a person with symptoms rather than in the symptoms. (He has usually "lost" his GP as none of the referrals has sent him back to his entry point and the patient himself is not sure that he can go back.)
3. *Patients with allergic conditions.* The homeopath is willing to spend time with these patients according to the patient's need and not only for the preset time of the usual consultation. He is willing to advise on "total

environmental control" and because of this gets results. (Are we too scared to manipulate our patient's environment?)

4. *Patients with depression.* These patients have a need for both psychological support and medication. They try and obtain the support part from the homeopath. As it is a self-limiting disease it lends itself to supportive cures.
5. *The desperate patient* usually with terminal disease. To him the homeopath is another stop in his quest for cure.

The allopathic physician should examine the reasons for these requests and might learn something from it.

Johan Du Toit

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