Tropical Medicine and International Health doi:10.1111/tmi.12037

VOLUME 18 NO 2 PP 242–244 FEBRUARY 2013

Editorial

Please, let not Western quackery replace traditional medicine in Africa

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keywords quackery, CAM, traditional medicine, WHO, homeopathy

In May 2012, the first gathering of homeopaths was organised on African soil (National Center for Homeopathy 2012). Despite the lack of evidence for the efficacy of homeopathy in any disease and its blatant incompatibility with scientific medicine (see Box 1), the use and popularity of this Western quackery appears to be on the rise in Africa, whereas its popularity in Europe is slowly waning. Western homeopaths who have set up shop in Africa even impertinently suggest the potential of homeopathy in the treatment of HIV and malaria, inevitably with fatal consequences. These homeopaths like to compare their underdog position with that of traditional medicine (TM) and thereby hope to gain undeserved respect in Africa. They even boast support from the WHO.

Traditional *vs.* modern medicine in sub-Saharan Africa

In the colonial era, initially soldiers and shortly afterwards 'Christianity and commerce' were introduced in sub-Saharan Africa by the oppressors. Western medicine followed not much later. TM remained for a long time the first – and only available – choice for most people across the African continent. But the value of Western medicine was gradually appreciated, and the lucky few who had access to regular medical care profited from surgery, antibiotics, blood transfusions, pharmacotherapy and other blessings of modern medicine. After decolonisation, new leaders sometimes paid lip service to the value of African TM, and initiatives to register 'reliable African doctors' were started. These led to some coexistence between traditional and regular practitioners, although the theoretical bases of both types of care remain incompatible (Kale 1995; Republic of South Africa 2008). The prefix 'Western' in Western medicine should of course be removed as we are speaking of a universally valid medicine, an open system that absorbs effective ways of treatment independently from their origin. Nowadays, acceptance and recognition of treatments are judged by the rules of evidence-based medicine, which demand a sound, rational scientific base, preferably reinforced by convincing randomised clinical trials. One may regret it, but from this point of view the future of TM is bleak.

This is particularly unfortunate because WHO data from 2006 indicate that access to regular medicine in sub-Saharan Africa is far from adequate; while there is one TM practitioner per 500 heads of population, there is only one regular medicine practitioner per 40 000 (WHO 2002). Eighty percentage of the population in sub-Saharan Africa still depend on traditional care. The replacement of TM by effective, regular, medical care for all Africans demands not only economic growth on the continent but also unrestricted political will to implement regular medicine. The latter remains far from fulfilled in most sub-Saharan countries. We recall the former South African Minister of Health, Manto Tshabalala-Msimang, who adamantly promoted a diet of lemons, garlic and beetroot as an alternative to antiretrovirals for the treatment of HIV; or the infamous AIDS denial of Thabo Mbeki that was only revoked in 2006.

The position of WHO in this respect is also rather counterproductive. Addressing the African Traditional Medicine Conference in Johannesburg in 2004, the South African WHO Country Representative, Dr Welile Shasha, urged that official recognition of and respect for TM were the appropriate step towards integration of TM into national health systems and services: 'TM is our culture and heritage – it occupies pride of place in Africa because it is affordable and easily accessible. We need to raise the profile of TM practitioners, and recognise the important role they play in the health care

delivery system.' (WHO 2004). Since then, we have not seen much improvement within WHO. In 2010, WHO Regional Director Dr. Luis G. Sambo sent a message to the conference of the Sierra Leone Traditional Healers Association in Makeni. At the conference, organised with support of WHO, he called for collaboration between practitioners of TM and modern medicine and the promotion of research, integration and collaboration between the two types of practitioners, based on 'scientific approaches and experience' (WHO Country Office Sierra Leone 2010). Shasha and Sambo were not riding their private hobbyhorses; their statements are in line with the *WHO Traditional Medicine Strategy 2002–2005* and the *Beijing Declaration* of 2008, which demand integrating TM into national health systems and encourage the establishment of systems for the qualification, accreditation or licensing of TM practitioners (WHO 2002, 2008).

The import of Western quackery in sub-Saharan Africa

Because of these practical and political circumstances, a decline in TM cannot be expected within the foreseeable future, but another major threat to universal access to effective health care in sub-Saharan Africa is looming. Again, WHO is playing an important role. Since 2002, WHO has included in its definition of TM so-called 'complementary and alternative medicine' (CAM), which consists of a collection of scientifically unsound therapies that since the 1970s replaced older and more traditional forms of quackery in Western countries. Homeopathy, chiropractic, Chinese acupuncture and anthroposophic medicine gained popularity at the expense of traditional herbal medicine, magnetisers and naturopathy. Both the *Strategy for 2002–2005* and the *Beijing Declaration* are taking TM and CAM together, and the latter notes 'that the term "TM" covers a wide variety of therapies and practices (…) and that TM may also be referred to as alternative or complementary medicine' (WHO 2008). In 2003, this WHO viewpoint on 'TM/CAM' led to a disgraceful publication on acupuncture that mentioned a number of indications in which the value of acupuncture was suggested to be proven, which was certainly not the case (WHO 2003). Among others, the indications were acute bacillary dysentery, depression, hay fever and rheumatoid arthritis! A second comparable publication on homeopathy was prepared, but after a draft version leaked out and was heavily criticised, it remained unpublished (McCarthy 2005; Renckens *et al.* 2005). The principles of homeopathy and why it is quackery are briefly discussed in Box 1.

Box 1

The system of homeopathy was invented by Samuel Hahnemann in 1796, long before the rise of modern medicine and the conception of basic principles of chemistry and pharmacology. The homeopathic system is based on the doctrine of *similia similibus curentur* ('like cures like'), according to which a substance that causes symptoms of disease in the healthy will cure that disease in patients. Homeopathic remedies consist of infinitesimal serial dilutions of a substance, often of herbal or animal origin, which in most cases result in 'solutions' that do not contain a single molecule of the diluted substance (diluted up to 10^{-400}). Not only is the homeopathic doctrine mechanistically implausible and incompatible with modern medicine and pharmacology, there is no scientific evidence confirming any efficacy of homeopathic remedies (Ernst 2002). A pivotal meta-analysis in *The Lancet* demonstrated that homeopathy was as effective as placebo therapy and called for the resolute end to homeopathy (Shang *et al.* 2005; The Lancet 2005). The use of homeopathy, certainly in potentially fatal diseases such as malaria and HIV, must therefore be considered quackery.

Until recently, there were but few signs of the spread of CAM to Africa, and the scale on which it happens is, most probably, still limited. Nevertheless, we think that an early warning against the introduction and spread of another branch of irrational medicine is warranted. The organisation of the 1st Pan African Homeopathic Congress, which took place in May 2012 at the Kenia School of Homeopathy in Kwale, near Mombasa, signalled the gradually strengthened position and popularity of homeopathy on the continent (National Center for Homeopathy 2012). With financial support from the UK and the foundation *Homeopathy for Health in Africa* of British homeopath Jeremy Sherr, representatives from eight African countries attended the congress. The website of the foundation acknowledges a 'successful' Tanzanian homeopath, working in Dar es Salaam whose clinic treats more than 100 000 patients per year, 'mainly with malaria' (Homeopathy for Health in Africa 2012). It also shamelessly reports a number of cases of HIV/AIDS successfully treated by homeopathy.

Homeopathic projects are started in Malawi, Botswana, Swaziland and Ghana. The 60 participants of the congress came from Swaziland and Ghana, from Tanzania, Botswana and South Africa, from Nigeria and Kenya, from Malawi, Germany, the Netherlands and Israel, England and the USA. According to the report of

Sherr, 'homoeopathy is spreading like bushfire'. This is obviously not (yet) the case, but as we have seen a spectacular rise in the popularity of CAM in the last decades in Europe and the United States, a similar unwholesome development may be possible in Africa.

Another organisation of Western homeopaths, very misleadingly named *Homeopaths Without Borders* (Bonneux 2009; Homeopaths without Borders 2012), is also advocating and employing homeopathy to 'treat' malaria in Africa and is training local homeopaths in Ghana, Benin, Kenya and Uganda. We feel inclined to remind all possible homeopathy endorsers in Africa that CAM in general has two main characteristics: the underlying theory is mostly absurd and incompatible with well-established science, and in well-designed randomised trials, the efficacy of CAM cannot be demonstrated. Although CAM may seem innocent, it is good to remember its negative aspects:

- At the very least, starting an ineffective treatment causes delay of adequate therapy; at worst, it may be fatal.
- Treating the 'worried well' and patients with functional complaints involves medicalisation and somatic fixation.
- CAM offers false hope and sometimes imposes strict rules and rituals that are clownish and hard to follow.
- The patient gets an absurd idea of the cause and course of his disease and about the human body.
- CAM is never free of charge.

We sincerely hope that Africa will resist the threatened import of Western quackery, masquerading in its novel outfit as 'CAM' (Barker Bausell 2007). It may be a truism, but everywhere on the globe, public health, curative medicine and prevention should be based on solid grounds.

References

Homeopathy for Health in Africa (2012) http://www.homeopathyforhealthinafrica.org/about_us.php (accessed October 15 2012).

Homeopaths without Borders (2012) http://www.hzg.nl/english (accessed October 15 2012).

Barker Bausell R (2007) Snake Oil Science: The Truth About Complementary and Alternative Medicine. Oxford University Press, Oxford.

Bonneux L (2009) Criminal aid [Misdadige hulp]. *Medisch Contact* **64**, 620.

Ernst E (2002) A systematic review of systematic reviews of homeopathy. *British Journal of Clinical Pharmacology* **54**, 577–582.

Kale R (1995) Traditional healers in South Africa: a parallel health care system. *BMJ* **310**, 1182–1185.

McCarthy M (2005) Critics slam WHO report on homoeopathy. *The Lancet* **366**, 7.

National Center for Homeopathy (2012) http://nationalcenterforhomeopathy.org/content/1st-pan-african-homeopathic-congress-may-2012. (accessed October 15 2012).

Renckens CNM, Betz W & Schoepen T (2005) Beware of Quacks at the WHO. *Skeptical Inquirer* **29**, 12–14.

Republic of South Africa (2008) Traditional Health Practitioners Act, 2007 (Act no. 22 of 2007). *Government Gazette* **510**, 1–48.

Shang A, Huwiler-Münener K, Nartey L *et al.* (2005) Are the effects of homoeopathy placebo effects? Comparative study of placebo-controlled trials of homoeopathy and allopathy *The Lancet* **366**, 726–732.

The Lancet (2005) The end of homoeopathy. *The Lancet* **366**, 690.

WHO (2002) WHO Traditional Medicine Strategy 2002-2005. WHO, Geneva.

WHO (2003) Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials. WHO, Geneva.

WHO (2004) WHO welcomes South Africa's commitment to Traditional Medicine. http://www.afro.who.int/en/south-africa/press-materials/item/360-who-welcomes-south-africas-commitment-to-traditional-medicine.html. (accessed October 15 2012).

WHO (2008) Beijing Declaration. Adopted by the WHO Congress on Traditional Medicine, Beijing, China, 8 November 2008. WHO, Geneva.

WHO Country Office Sierra Leone (2010) Sierra Leone Commemorated African Traditional Medicine Day. http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=5682. (accessed October 15 2012).

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