Page 78Volume 3, Number 32009Medical	Journal of Therapeutics Africa
--------------------------------------	--------------------------------

HEALTHCARE IN AFRICA

The PanAfrican Acupuncture Project (PAAP)

Our project is a training program which is distinct from a program that brings professional practitionprovide acupuncture treatments, ers to http://www.panafricanacupuncture.org. Thus far we have conducted trainings in Uganda and Kenya. Our trainees are all local healthcare providers: nurses, nurse midwives, midwives, physiotherapists, and traditional healers, and the Trainers are volunteer licensed acupuncturists. Training local providers better guarantees that access to acupuncture will continue long after we leave. These pictures are of our graduating class and their patients.

Acupuncture is a 3,000-year-old Asian approach to treatment. Although I do not know whether a similar treatment modality developed anywhere in Africa independently, I do know there has been a presence of acupuncture across the African continent. However, it has been accessible only to those with money. In Uganda, there are a handful of acupuncturists, but almost noone has had acupuncture. So, our project has brought access to acupuncture that has never before existed. Most patients who are treated have never heard of acupuncture before.

Although there are practitioners of acupuncture in many African countries, such as South Africa and Kenya, as far as I know, such a program that trains the local providers has never before existed in the continent of Africa.

Acupuncture is not meant to be a substitute for conventional biomedical treatments. The acupuncture treatments, working synergistically with conventional treatments, reduce the symptoms of HIV/AIDS, malaria, tuberculosis, and other common conditions as well as the side effects associated with pharmaceuticals. We have found, however, that the treatments often address symptoms that have resisted other treatments. Because of the immediate effect



Richard Mandell, Lic.Ac.

New England School of Acupuncture Clinical Supervisor, 1990–2007 New England School of Acupuncture Student, 1987–90 Brown University Master of Arts, Creative Writing, 1977–9 Oberlin College Bachelor of Arts, Psychobiology, 1971–5.

The Pan African Acupuncture Project

Home About the Project Progress to Date Become a Trainer Instillinghope

of the treatments, our Trainees feel more empowered and more directly involved in the health of their patients. Often they have reported that with "tablets" they never know if their patients improve or not. They return to their homes and villages before any results, if any, are ever seen. With the acupuncture, they see immediate and often dramatic results. On numerous occasions, I have heard that the patient goes home and their family is so happy, the family's happiness a measure of the success of the treatment. As far as I know, there has not been any research to show that patients infected with HIV who receive acupuncture actually live longer. However, they are able to be more productive and have a greater guality of life. We do know the patients do feel better and are able to return to work and to their gardens.

We have worked in collaboration with an organization called THETA, whose mission is to help bridge the gap between traditional healers and biomedical providers. This includes teaching Universal Precautions, proper record keeping, and the signs and symptoms associated with conditions that need to be referred to conventional medical providers. (Of note is that the World Health Organization reports that about 80% of Ugandans still access traditional healers, and this number is in line with my own observation.) The people at THETA have been very Page 79

HEALTHCARE IN AFRICA

supportive of the work we are doing. And so we decided to train a group of traditional healers. We have been so impressed with their commitment, interest, and dedication, in many cases much greater than the biomedical Trainees. As acupuncture really is a traditional folk medicine, it has much in common with the traditional healing practices of the healers. Their compassion and dedication to their patients is truly remarkable. So, this has been a piece of what we have accomplished that is greatly satisfying to us.

Acupuncture relies on the fact that the body knows how to heal itself. What it does is help when there is an imbalance and strengthen when there is a weakness.

So the immune system gets stimulated and supported and the body is better prepared to fight off infection. In 1989, I was among a group of acupuncturists who created an acupuncture clinic for those who were infected with HIV. It continues to this day and has been highly successful. In 2001, when I started reading for the first time stories in the American press about how bad the epidemic was in Africa, I immediately decided that I had to go to help. Soon after, I realized that one individual just could not do enough, even though I believe the Jewish adage that "to save one life is to save the world." That is when I decided that creating a training program would greatly increase access to a treatment modality that I already knew to be highly effective. (I must add that all through my youth I had an interest in Africa.)

Is acupuncture more effective outside the Western medical systems? Yes, and no. I have not found that training physicians in acupuncture is useful. We did this at our first training and quickly realized that, though interested intellectually, the physicians had no interest, or found it impossible to integrate acupuncture into their very busy schedules. However, those health workers who report to physicians, such as nurses and midwives, feel empowered by learning acupuncture and do everything possible to integrate it into their work. From my experience in Africa, I believe that integrating acupuncture into the medical system will best serve the population. Because the treatments often provide immediate and dramatic effects, patients are very compliant.

Thus, the acupuncture can even serve as a gateway to other medical interventions. Although there are certainly the same ego and control issues with physicians that we see here in the United States, Uganda as a whole seems more open to do anything that will help the people. I think this was particularly true of Uganda's approach to addressing the





HEALTHCARE IN AFRICA

Page 80

wanting to save the country using all means. Yes, if more providers knew how to use acupuncture, there would be less suffering, better quality of life, and greater overall productivity. Finally, the fact that we have been very successful training the Traditional Healers associated with THETA demonstrates that even those providers who normally work outside the conventional medical sys-

tem can employ acupuncture to help the people.

As I said, training the nurses and midwives does give them something that the doctors do not have. As in the United States, it is the nurses who already truly provide the real care. With the addition of acupuncture, they can even better address the needs of their patients.

By Richard Mandell Lic.Ac.

Mr Mandell is a licensed acupuncturist, and Founder and Director of the PanAfrican Acupuncture Project. Contact e-mail: info@panafricanacupuncture.org. Allen Magezi is in-country Uganda Coordinator, allen_magezi@yahoo.co.uk, 256 772 470883.



