

Ethnopharmacological aspects of complementary medicine in a small polish town

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ABSTRACT

This paper is intended as an example of the anthropological perspective in ethnopharmacological studies. The contextual research is an important constituent of the anthropological approach. It reveals the meaning of drug use and cultural efficacy of medicines (as opposed to biomedical efficacy). The article outlines the context of medicines in a small Polish town Slesin in Wielkopolska (the Greater Poland region). It concerns mainly the use of drugs in the "domestic medicine" practised mostly by women within the family and neighbourhood. Medical pluralism —the situation of coexistence of the orthodox medicine, elements of folk medicine and new, non-orthodox therapies (the last two may be together called "complementary medicine")— is an important component of the context of drug use in this setting, as it offers various possibilities to choose from. The other factors are also pointed out: people's etiological beliefs, convictions about the nature of particular illnesses and the efficacy of medicines, some religious beliefs, economic conditions, etc.

This paper offers an anthropological perspective on medicines. It is possible to characterise briefly this perspective within the field of ethnopharmacology as a special interest in the cultural context of drug use. The anthropologist tends to ignore the question of the biomedical efficacy of particular medicines which is of crucial interest to the pharmacologist. When researching how drugs work, the anthropologist is concerned with the differently understood efficacy, sometimes called "the emic efficacy" or "the cultural construction of efficacy"¹, the way in which people perceive the action and effects of medicines. This approach needs to take into account the context of medicines: people's beliefs about health and illness, etiology, methods of prevention and treatment. Moreover, if we want to learn why people choose a specific remedy, we should also analyse their broader world view or cognitive system. As we know, cosmological ideas, religious beliefs, concepts of kinship, etc. often strongly influence (even if unconsciously) people's choices in this area. Socio-economic context is also of great importance. Such a contextual approach should be used not only in the studies of non-Western societies, but, likewise, when we research various segments of our own societies. The tendency to overlook this results perhaps from the fact that, in the latter case, cultural premises lying behind people's choices, which are not strikingly different from our own ones, are often perceived as natural. This is a consequence of our ethnocentric bias. However, the anthropologist should at least minimize the effects of this bias, striving for what

VAN DER GEEST (1988: 329-30, 339-40) called "de-naturalization" of our own cultural conventions and products, also when studying drug use.

Rationality is the other problem worth mentioning in these preliminary remarks. In the context of medicines it is closely related to the concept of efficacy. From the point of view of biomedical science, rationality can be analysed in terms of the drug biochemical efficacy. In contrast, from the anthropological perspective the notion of subjectively understood rationality is essential. Thus, each method of treatment, each medicine can be viewed as rational when, in accordance with the system of knowledge of the people under study, it leads to the required results. The evaluation of those results from the point of view of other systems of knowledge (like our own one) is irrelevant here. This remark seems necessary because one can still find, even in ethnological literature, classifications of drugs, methods of treatment etc. as "rational" and "irrational" according to the biomedical bias or from the point of view of the so called common sense which may simply mean the author's own, usually unconscious cultural conventions. It is obvious that pharmacology is competent to evaluate the biochemical efficacy of particular drugs and this research has great practical value. However, it should be remembered that, firstly: the actual efficacy is the result of many factors, not only biological, but also cultural ones (ETKIN 1988; VAN DER GEEST 1988: 343-46), and,

secondly: rationality understood in terms of biomedicine should not be confused with subjective rationality.

This paper is intended as an outline of the context of drug use in a small Polish town in Wielkopolska (the Greater Poland region). The town of Slesin, with approximately 3 000 inhabitants, lies about 100 km to the east of Poznan, the capital of Wielkopolska. Additional research was also carried out in surrounding villages. People living in Slesin and its vicinity have diverse occupations. A good number of them, men in particular, are employed in the nearby coalmines, the power station and other plants of the Konin industrial region. The town has a partly rural character, with some people engaged also in small business, trade, craft and services. In the limited frames of this paper I can only present some aspects of local drug use. The situation of medical pluralism seems to be of the utmost importance here. The notion of medical pluralism is well known and widely studied in reference to developing countries (by C. Leslie — LESLIE 1980 — and many others). However, anthropologists have not given enough attention to it in the context of Western societies. Only recently some authors (e.g. U. Sharma - SHARMA 1992 in her interesting book about complementary medicine in Britain) have noticed the relevance of the term "medical pluralism" to the contemporary situation in Western countries. In Poland, ethnomedical studies have focused so far on exploring the remnants of folk medicine which has been usually treated in a static way. Contrary to this kind of view, there is visible evidence of the complexity of health care in both rural and urban settings. Orthodox medicine exists alongside the non-orthodox activities which most accurately can be termed "complementary medicine". This term (or that of "alternative", "unconventional", "non-orthodox" medicine) is used mainly to denote such popular in today's Poland therapies as homeopathy, chiropractic, acupuncture, reflexotherapy, treatment with the use of "bioenergy", and many others which are relatively new, of exogenous origin and generally associated with urban settings. However, in my opinion, complementary medicine in contemporary Poland comprises also folk medicine which is still apparent, especially in villages and small towns, but combined with elements of new, non-orthodox therapies.

Complementary medicine can be divided into "domestic medicine", practised within the family and neighbourhood, and a segment represented by various specialists. In Slesin and its vicinity we can find, among others, folk chiropractors, women practising a kind of massage called "measuring", specialists in treatment with bioenergy and dowsing or apitherapy. Here, I will only discuss the remedies used in domestic medicine, which is practised mostly by women. This commonly known sphere comprises self-medication and the treatment of close family members as well as giving medical advice to more distant relatives, neighbours and friends. The extensive use of various medicines, derived from different

systems of therapy seems to be characteristic of domestic medicine. Within the range of self-administered drugs there are traditional herbal and non-herbal medicines, popular pharmaceuticals like aspirin, analgesics or mild drugs for digestive disorders, and also a few recently adopted remedies of non-orthodox origin. Self-treatment is obviously the first step in the process of dealing with most illnesses. But the use of home cure depends, among other things, on the perceived severity of the illness. For example, a common cold is a kind of ailment most often self-medicated and not considered a serious illness per se. Nevertheless, it is regarded as one of the predominant causes of different serious illnesses and therefore needs careful handling and a doctor is consulted in the case of a lack of improvement. According to common opinion, a doctor should be also consulted, as soon as possible, in case of high temperature.

Some examples of remedies used in domestic complementary medicine in Slesin may be briefly presented here.

The medicinal use of some plants, especially herbs, is very common. However, it is limited only to several species known to practically all women, even from the younger generation (only few old women have considerable knowledge of herbs). The most popular are: flowers of linden (*Tilia cordata*), chamomile (*Matricaria chamomilla*) or elder (*Sambucus nigra*) and raspberry (*Rubus idaeus*) juice used in treating colds; peppermint (*Mentha piperita*), St. John's wort (*Hypericum perforatum*), common wormwood (*Artemisia absinthium*) and flax seeds (*Linum usitatissimum*) in digestive disorders; sage (*Salvia officinalis*) infusion used as a gargle in the case of sore throat; plantain (*Plantago major*) leaves applied externally for cuts and bruises. Chamomile infusion is also widely administered as an eyewash. Nettle (*Urtica dioica*) is well known as a diuretic and is also used externally in rheumatism. Common Yarrow (*Achillea millefolium*), marigold (*Calendula officinalis*) or coltsfoot (*Tussilago farfara*) belong to less popular herbal medicines. Some food plants are often used as medicines as well, e.g. garlic with milk or syrup made of onion for colds, marjoram infusion in menstrual pains and cabbage leaves as a compress on aching joints. According to common opinion, there has been a visible increase in the popularity of herbal remedies in recent years. This is due partly to the official recognition of their value. Nevertheless, my informants agreed that before the Second World War herbs were much more popular and many women had a wide knowledge about various species and their properties. Nowadays women sometimes still collect herbs by themselves; but more often buy them in pharmacies. Some doctors eagerly prescribe herbal medicines. Therefore, it is sometimes difficult to decide whether the use of a particular herb continues traditional ways or has been introduced or reintroduced recently via the doctor's prescription, media or

popular books. Moreover, people often use patent herbal mixtures and tinctures which are available from pharmacies on the advice of the doctor or neighbours, *e.g.* for improved digestion or in the case of heart trouble.

Besides plant remedies there are also some other home medicines in use. Among those traditionally known in folk medicine, only a few are still used. I will mention the following: a cat's skin applied in the case of pains in the small of the back; tincture of ants used externally in rheumatic pains; paraffin which is smeared on frost-bitten skin or taken internally for coughs, colds, TB or cancer; turpentine and *methylated spirits* which is rubbed on aching bones. Also leeches are still applied by some elderly women as a cure for headache and toothache or swollen legs. Other home remedies are well remembered by the older generation, but are not used anymore, *e.g.* urine was once popular for treating injuries, dog fat was taken internally for TB and other lung diseases, hare fat was applied on injuries, frostbite and ulcers, and calf blood was drunk in the case of anaemia. A few remedies have special significance because of their close connection with religious beliefs. A case in point is water taken from a holy spring situated next to the sanctuary of Our Lady in nearby Lichen which is a popular place of pilgrimages. This water is considered to be a panacea and is often used prophylactically though today some people doubt its curing properties.

A few plant medicines have been borrowed from non-orthodox specialists. For instance, some women use the tonic of aloe leaves and honey with wine, a specific recommended several years earlier by the late local specialist in dowsing and herbal treatment who is still well remembered there. The local people also know other medicines formerly prescribed by him: oat straw and polypore (a fungus from the birch tree) which are used to treat cancer. According to my informants, this particular specialist had adopted those remedies from a once famous healer-priest who lived in another town (in the Kujawy region).

It is noticeable that from time to time some non-orthodox remedies, borrowed from the cities by personal contacts or media, become fashionable and then gradually go out of use. In the case of two species of fungi, the so called "Japanese crystals" raised on water with raisins, and "Chinese fungus" raised on milk, there was a chain of personal contacts involved and the informants usually stated that they had eventually received these from a neighbour or family member. Those medicines, used not long ago as a panacea or, in particular, for heart and stomach troubles or hypertension, have become obsolete, though previously they were commonly known and are still considered effective.

Other remedies, like amber or apiarian products, are now very popular among local people. Tincture of amber powder is widely used in the case of heart disorders or as a panacea.

Necklaces and other ornaments of amber are worn as cures for thyroid diseases or headache. Copper ornaments are also considered effective for headache as well as for other pains. Among apiarian products, honey and propolis are the most popular. Honey, with milk and butter, is a traditional remedy used for treating colds, but propolis is a new medicine in Slesin. It has become popular as a cure for almost all ailments, *e.g.* for external use in rheumatic pains and injuries and internal use in the case of heart and stomach troubles or lung diseases. It should be added that propolis is at least partly recognised by orthodox medicine and is now available from pharmacies as an ointment and tincture. Despite this, inhabitants of Slesin usually prepare propolis medicines at home, using the substance bought at a local bee-keeper. Amber, propolis and copper ornaments have become popular owing to the influence of media and people's mobility. My informants explained that they had learned about their properties from newspapers, magazines or TV, or when visiting relatives in the city, during a treatment at hospital or a sanatorium.

The people's opinions about the efficacy of medicines (and thus their relevance in particular cases) are related to their etiological beliefs and convictions about the nature of each illness. For instance, the belief, sometimes still observed, about charms and the evil eye as the causes of some cases of illness demands special handling with the use of particular gestures and manipulations (previously also special spells). Therefore, treatment with substances may not be relevant in such cases. But these days that kind of magic cure refers to some specific, rare situations (indicating, by specific symptoms, the bad influence of evil eye) rather than to definite illnesses, as it used to be before.

Home remedies are, in common opinion, a good means of coping with illnesses, especially the minor ones. People often consider these remedies, and herbal medicines in particular, to be better than chemical drugs. As opposed to the latter, in the words of the townspeople "herbs are not poisoning" and thus "they never do any harm". However, the informants state that pharmaceuticals, and above all antibiotics, have immediate results and therefore are more suitable in serious cases or when speedy recovery is much desired. Herbal remedies need more patience and systematic use. According to the prevailing opinion treatment may or even should combine orthodox and complementary medicines. They are not seen as being in conflict. Some women express regret that they know only few medicinal plants, while the younger ones are sometimes eager to learn about a broader range of such cures from books or magazines. Statements denying the value of home remedies occur as only isolated cases and they seem not to be connected in a significant way with the age of an informant.

However, it should be remembered that people's beliefs relating to the efficacy of particular medicines are not the only factor which determines the patterns of actual drug use. They are regulated by many different factors which are social, economic and psychological. For instance, the cost of medicines considerably influences people's choices, as well as straight forward accessibility.

It is apparent that the situation of medical pluralism strongly influences local people's beliefs and practices connected with health and illness. In the area of the methods of treatment and drug use it offers a wider range of option to choose from. The process of choice is complex, involving multiple criteria. Thus, drug use should be analysed in a broad' context that I could only roughly outline here.

It seems obvious that the contextual approach may be useful also to pharmacologists working in ethnopharmacology if they do not limit their research to the biomedical efficacy of traditional medicines, but try to get broader understanding of their cultural meanings.

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NOTES

1. A thorough discussion of the emic and etic perspectives on the efficacy of medicines can be found in ETKIN's (1988) paper.
2. VAN DER GEEST (1988 : 330) points out that, generally, "the aspect of being "ethnic" (cultural) was not extended to Western medicine" and only recently biomedicine has become an object of cultural research.
3. According to HELMAN (1984 : 106), quoted by VAN DER GEEST (1988 : 343-44), a "total drug effect" is brought about by various aspects, only one of which is the pharmacological substance of the drug.
4. SHARMA (1992 : 59) writes about "the shift from medical monism to medical pluralism" in the context of the range of possibilities available to people.
5. In the other article (*Complementary Medicine in a Small Polish Town: Some Traditional and New Therapies*, 1993) I discuss the segment of complementary medicine represented by specialists.
6. A problem of the use of various pharmaceuticals in self-medication is only mentioned here; it is certainly worth a detailed study.