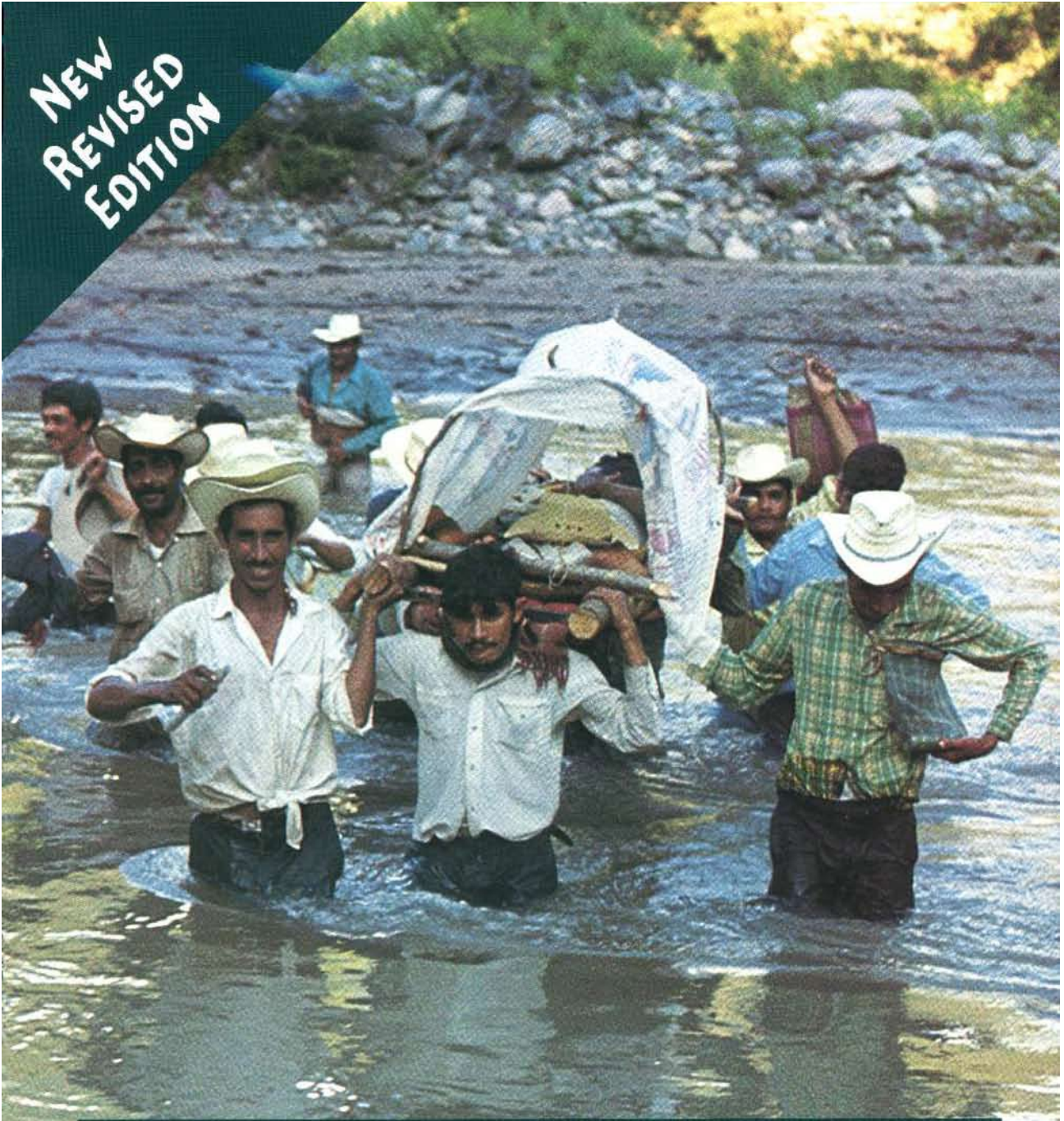


NEW  
REVISED  
EDITION



# WHERE THERE IS NO DOCTOR a village health care handbook

David Werner  
with  
Carol Thuman and Jane Maxwell

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# HOW TO USE THIS BOOK

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## When you get this book:

Read the list of **CONTENTS** at the beginning. This tells what each chapter is about and gives the page numbers for the different subjects discussed.

## To look up an illness or other health subject:

1. Look in the **YELLOW PAGES** at the end of the book. This is an **INDEX** that lists, in the order of the alphabet, all the subjects in this book. Also, if you look up a particular problem, it refers you to the possible causes (for example, look up 'itching'). If you cannot find what you want, look for it under another name. Or...
2. Check the list of **CONTENTS**. When you find what you want, turn to the pages shown.

## If you do not understand the meaning of some of the words in this book:

Look for the word in the **VOCABULARY** right after the blue pages in the back of the book. Words explained in the Vocabulary are written in *italics* the first time they are used in a chapter.

## Before using any medicine:

Always look at the **GREEN PAGES** for information on uses, dosage, risks, and precautions. **A LIST OF MEDICINES** and an **INDEX OF MEDICINES** can be found near the beginning of the **GREEN PAGES**.

## To be ready for emergencies:

1. Keep a Medicine Kit like the ones recommended in Chapter 23 handy in the house or in the village.
2. Study this book **before** it is needed, especially Chapter 10, **FIRST AID**, and Chapter 4, **HOW TO CARE FOR A SICK PERSON**.

## To help keep your family in good health:

Carefully study Chapter 11, on **NUTRITION**, and Chapter 12, on **PREVENTION**, and pay attention to the guidelines and precautions.

## To improve health in your community:

Organize a meeting of your neighbors, to study this book and discuss local health problems. Or ask a teacher to give classes to the children and adults, using the book. You will find many useful suggestions in the brown pages, **WORDS TO THE VILLAGE HEALTH WORKER**, in the first part of this book.

# Where There Is No Doctor a village health care handbook

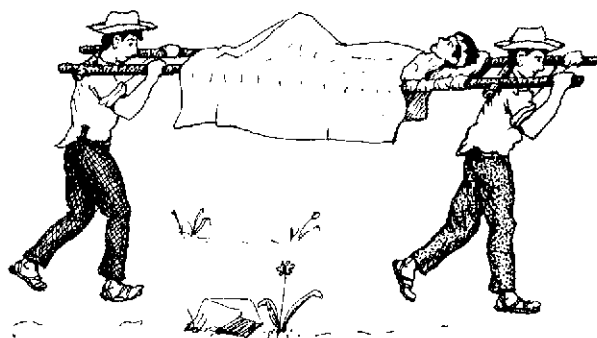
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by

David Werner

with

Carol Thuman and Jane Maxwell



with drawings by David Werner

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**THIS REVISED EDITION CAN BE IMPROVED WITH YOUR HELP.**

If you are a community health worker, doctor, mother, or anyone with ideas or suggestions for ways this book could be changed to better meet the needs of your community, please write to Hesperian at the above address. Thank you for your help.



Thanks to the work and dedication of many groups and individuals around the world, *Where There Is No Doctor* has been translated into more than 80 languages. The following are some of the translations and the addresses where you can obtain them.



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We are looking for ways to get this book to those it can serve best—namely persons in isolated villages and fringe communities of poor countries. If you are able to help or have suggestions, please contact Hesperian. We offer this book at the lower price to persons of low income living in poor countries.

## THANKS

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# INTRODUCTION

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This handbook has been written primarily for those who live far from medical centers, in places where there is no doctor. But even where there are doctors, people can and should take the lead in their own health care. So this book is for everyone who cares. It has been written in the belief that:

- 1. Health care is not only everyone's right, but everyone's responsibility.**
- 2. Informed self-care should be the main goal of any health program or activity.**
- 3. Ordinary people provided with clear, simple information can prevent and treat most common health problems in their own homes—earlier, cheaper, and often better than can doctors.**
- 4. Medical knowledge should not be the guarded secret of a select few, but should be freely shared by everyone.**
- 5. People with little formal education can be trusted as much as those with a lot. And they are just as smart.**
- 6. Basic health care should not be delivered, but encouraged.**

Clearly, a part of informed self-care is knowing one's own limits. Therefore guidelines are included not only for **what to do**, but for **when to seek help**. The book points out those cases when it is important to see or get advice from a health worker or doctor. But because doctors or health workers are not always nearby, the book also suggests **what to do in the meantime**—even for very serious problems.

This book has been written in fairly basic English, so that persons without much formal education (or whose first language is not English) can understand it. The language used is simple but, I hope, not childish. A few more difficult words have been used where they are *appropriate* or fit well. Usually they are used in ways that their meanings can be easily guessed. This way, those who read this book have a chance to increase their language skills as well as their medical skills.

Important words the reader may not understand are explained in a word list or *vocabulary* at the end of the book. The first time a word listed in the vocabulary is mentioned in a chapter it is usually written in *italics*.

*Where There Is No Doctor* was first written in Spanish for farm people in the mountains of Mexico where, 27 years ago, the author helped form a health care network now run by the villagers themselves. *Where There Is No Doctor* has been translated into more than 50 languages and is used by village health workers in over 100 countries.

The first English edition was the result of many requests to adapt it for use in Africa and Asia. I received help and suggestions from persons with experience in many parts of the world. But the English edition seems to have lost much of the flavor and usefulness of the original Spanish edition, which was written for a specific area, and for people who have for years been my neighbors and friends. In rewriting the book to serve people in many parts of the world, it has in some ways become too general.

**To be fully useful, this book should be adapted by persons familiar with the health needs, customs, special ways of healing, and local language of specific areas.**



Persons or programs who wish to use this book, or portions of it, in preparing their own manuals for villagers or health workers are encouraged to do so. Permission from the author or publisher is not needed—**provided the parts reproduced are distributed free or at cost—not for profit.** It would be appreciated if you would (1) include a note of credit and (2) send a copy of your production to Hesperian, 1919 Addison St., #304, Berkeley, California 94704, U.S.A.

For local or regional health programs that do not have the resources for revising this book or preparing their own manuals, it is strongly suggested that if the present edition is used, leaflets or inserts be supplied with the book to provide additional information as needed.

In the **Green Pages** (the Uses, Dosage, and Precautions for Medicines) blank spaces have been left to write in common brand names and prices of medicines. Once again, local programs or organizations distributing the book would do well to make up a list of generic or low-cost brand names and prices, to be included with each copy of the book.



This book was written for anyone who wants to do something about his or her own and other people's health. However, it has been widely used as a training and work manual for community health workers. For this reason, an introductory section has been added for the health worker, making clear that **the health worker's first job is to share her knowledge and help educate people.**

Today in over-developed as well as under-developed countries, existing health care systems are in a state of crisis. Often, human needs are not being well met. There is too little fairness. Too much is in the hands of too few.

Let us hope that through a more generous sharing of knowledge, and through learning to use what is best in both traditional and modern ways of healing, people everywhere will develop a kinder, more sensible approach to caring—for their own health, and for each other.

—D.W.

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## NOTE ABOUT THIS NEW EDITION

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In this revised edition of *Where There is No Doctor*, we have added new information and updated old information, based on the latest scientific knowledge. Health care specialists from many parts of the world have generously given advice and suggestions.

When it would fit without having to change page numbers, we have added new information to the main part of the book. (This way, the numbering stays the same, so that page references in our other books, such as *Helping Health Workers Learn*, will still be correct.)

The **Blue Pages**—a section at the end of the book (p. 399)—has information about health problems of growing or special concern: HIV/AIDS, sores on the genitals, leishmaniasis, complications from abortion, guinea worm, and others. Here also are new topics such as measuring blood pressure, misuse of pesticides, drug addiction, and a method of caring for early and underweight babies.

New ideas and information can be found throughout the book—medical knowledge is always changing! For example:

- **Nutrition** advice has changed. Experts used to tell mothers to give children more foods rich in proteins. But it is now known that what most poorly nourished children need is more energy-rich foods. Many low-cost energy foods, especially grains, provide enough protein *if the child eats enough of them*. Finding ways to give enough energy foods is now emphasized, instead of the ‘four food groups’. (See Chapter 11.)
- Advice for treatment of **stomach ulcer** is different nowadays. For years doctors recommended drinking lots of milk. But according to recent studies, it is better to drink lots of water, not milk. (See p. 129.)
- Knowledge about **special drinks for diarrhea** (oral rehydration therapy) has also changed. Not long ago experts thought that drinks made with sugar were best. But we now know that drinks made with cereals do more to prevent water loss, slow down diarrhea, and combat malnutrition than do sugar-based drinks or “ORS” packets. (See p. 152.)
- A section has been added on **sterilizing equipment**. This is important to prevent the spread of certain diseases, such as HIV/AIDS. (See p. 74.)
- We have also added sections on **dengue** (p. 187), **sickle cell disease** (p. 321), and **contraceptive implants** (p. 293). Page 105 contains revised information about **treatment of snakebite**.
- See page 139 for details on building the fly-killing **VIP latrine**.



**If you have suggestions for improving this book, please let us know. Your ideas are very important to us!**

The **Green Pages** now include some additional medicines. This is because some diseases have become resistant to the medicines that were used in the past. So it is now harder to give simple medical advice for certain diseases—especially malaria, tuberculosis, typhoid, and sexually spread diseases. Often we give several possibilities for treatment. But **for many infectious diseases you will need local advice** about which medicines are available and effective in your area.

In updating the information on medicines, we mostly include only those on the World Health Organization's *List of Essential Drugs*. (However we also discuss some widely used but dangerous medicines to give warnings and to discourage their use—see also pages 50 to 52.) In trying to cover health needs and variations in many parts of the world, we have listed more medicines than will be needed for any one area. To persons preparing adaptations of this book, we strongly suggest that the Green Pages be shortened and modified to meet the specific needs and treatment patterns in your country.

In this new edition of *Where There Is No Doctor* we continue to stress the value of traditional forms of healing, and have added some more “home remedies.” However, since many folk remedies depend on local plants and customs, we have added only a few which use commonly found items such as garlic. We hope those adapting this book will add home remedies useful to their area.

**Community action** is emphasized throughout this book. For example, today it is often not enough to explain to mothers that ‘breast is best’. Communities must organize to make sure that mothers are able to breast feed their babies at work. Likewise, problems such as misuse of pesticides (p. 412), drug abuse (p. 416), and unsafe abortions (p. 414) are best solved by people working together to make their communities safer, healthier, and more fair.



**“Health for all” can be achieved only through the organized demand by people for greater equality in terms of land, wages, services, and basic rights.  
More power to the people!**



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# WORDS TO THE VILLAGE HEALTH WORKER

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## Who is the village health worker?

A village health worker is a person who helps lead family and neighbors toward better health. Often he or she has been selected by the other villagers as someone who is especially able and kind.

Some village health workers receive training and help from an organized program, perhaps the Ministry of Health. Others have no official position, but are simply members of the community whom people respect as healers or leaders in matters of health. Often they learn by watching, helping, and studying on their own.

In the larger sense, **a village health worker is anyone who takes part in making his or her village a healthier place to live.**

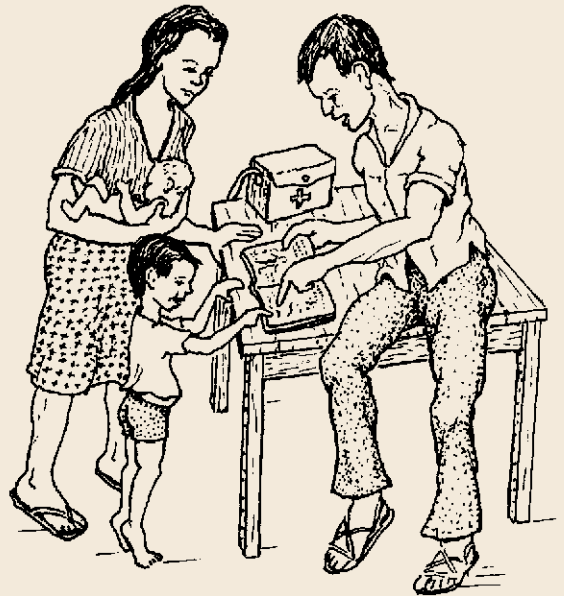
This means almost everyone can and should be a health worker:

- Mothers and fathers can show their children how to keep clean;
- Farm people can work together to help their land produce more food;
- Teachers can teach schoolchildren how to prevent and treat many common sicknesses and injuries;
- Schoolchildren can share what they learn with their parents;
- Shopkeepers can find out about the correct use of medicines they sell and give sensible advice and warning to buyers (see p. 338);
- Midwives can counsel parents about the importance of eating well during pregnancy, breast feeding, and family planning.

This book was written for the health worker in the larger sense. It is for anyone who wants to know and do more for his own, his family's or his people's well-being.

If you are a community health worker, an auxiliary nurse, or even a doctor, remember: this book is not just for you. It is for **all the people**. Share it!

**Use this book to help explain what you know to others.** Perhaps you can get small groups together to read a chapter at a time and discuss it.



**THE VILLAGE HEALTH WORKER LIVES AND WORKS AT THE LEVEL OF HIS PEOPLE. HIS FIRST JOB IS TO SHARE HIS KNOWLEDGE.**

Dear Village Health Worker,

This book is mostly about people's **health needs**. But to help your village be a healthy place to live, you must also be in touch with their **human needs**. Your understanding and concern for people are just as important as your knowledge of medicine and sanitation.

Here are some suggestions that may help you serve your people's human needs as well as health needs:

1. **BE KIND.** A friendly word, a smile, a hand on the shoulder, or some other sign of caring often means more than anything else you can do. **Treat others as your equals.** Even when you are hurried or worried, try to remember the feelings and needs of others. Often it helps to ask yourself, "What would I do if this were a member of my own family?"

**Treat the sick as people.** Be especially kind to those who are very sick or dying. And be kind to their families. Let them see that you care.

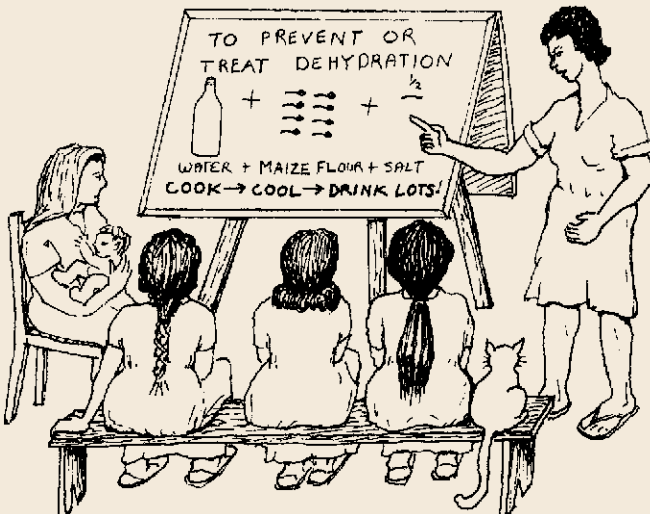


**HAVE COMPASSION.**

Kindness often helps more than medicine. Never be afraid to show you care.

2. **SHARE YOUR KNOWLEDGE.** As a health worker, your first job is to teach. This means helping people learn more about how to keep from getting sick. It also means

helping people learn how to recognize and manage their illnesses—including the sensible use of home remedies and common medicines.



There is nothing you have learned that, if carefully explained, should be of danger to anyone. Some doctors talk about **self-care** as if it were dangerous, perhaps because they like people to depend on their costly services. But in truth, **most common health problems could be handled earlier and better by people in their own homes.**

LOOK FOR WAYS TO SHARE YOUR KNOWLEDGE