Communicating the Concept of Nutritional Disease in a Rural Area

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SUMMARY

A method of communicating the concept of nutritional disease to a community that does not readily accept it, is presented.

It is felt that the understanding of this concept is essential, and that it is generally not possible while conventional ways of treating deficiency diseases are used.

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Nutritional diseases can be cured and prevented without the patient understanding the concept of nutritional disease or the aetiology of a specific nutritional disease. This is done when food is supplemented on a mass scale for a whole population, when our patients are given vitamin injections or tablets for vitamin deficiencies, or when one admits a malnourished baby to hospital and sends the mother home.

It is, however, more desirable that people understand the aetiology, treatment and above all, the prevention of their disease. This is especially true of nutritional disease which is so closely linked with habits and customs. Jansen has recently lucidly presented the idea that malnutrition and some other present-day medical problems are man-made diseases which need active co-operation from the patient and the community for their eradication.[1] A proper understanding of the problem is one of the first steps in obtaining such co-operation. In addition, life is nowadays also accompanied by rapid change and it is necessary to know the scientific truths about nutrition to make the correct adaptive decisions.

Although the concept of good nutrition and good health being linked is not absent in the Xhosa culture, the idea that a particular disease is caused by inadequate or incorrect food is not generally accepted.

ATTEMPTS AND RESPONSES TO THEM

Our first attempts to get the notion across that scurvy was caused by a lack of certain nutritious elements or that kwashiorkor was the result of an inadequate supply of protein, were a dismal failure. We tried to convince people that they had nutritional disease just by talking to them in outpatient departments or in the wards. Meanwhile we continued with our usual approach of giving vitamin B compound for pellagra, vitamin C for scurvy and so forth. The patients maintained, quite correctly, that they had been cured by the medicines and remained unconvinced that incorrect nutrition had caused their disease. The reaction was largely that of overt rejection of the idea, or a very polite assent, but reading between the lines we got the message: 'Do you really want me to believe that?'

We then tried the idea of not giving medicines at all. After hearing about Gardner's work[2] and also visiting the Valley Trust at Botha's Hill, we started to apply this idea radically. The most dramatic response came from the patients with scurvy. Patients were put onto a normal hospital diet the only addition being 4 oranges per day. There was, and sometimes still is, tremendous resistance to the idea of not getting treatment—'I came for an injection not food'. As soon as improvement sets in the light begins to dawn. With scurvy, the improvement is very rapid and dramatic, and our approach was therefore really established due to the response of our scurvy patients.

Once a patient starts to improve, the open opposition or polite assent gives way to enthusiastic acceptance and co-operation. These things are difficult to measure but a few responses might illustrate this acceptance.

A few days after admission, we brought a patient to the outpatient department to speak to another patient with advanced scurvy, unable to walk, who was unwilling to submit to dietary treatment. The advice was: 'I felt just like you, but eventually agreed to treatment and was able to stand on my legs after I had eaten 4 oranges'. This might be an overstatement, but is typical of the enthusiastic response and acceptance we are now getting from our patients. Another indication of real understanding is that those patients and mothers with their Kwashiorkor babies who have been 'treated' go home and give dietary treatment to friends and neighbours without even referring such people to us.

To a large extent, it is only since we have radically avoided any form of medication that we feel we have been able to convey the concept of nutritional disease across the cultural barriers which separate us and our medicine from our patients. We therefore no longer admit these people to hospital, but have now, like a few other hospitals, established a nutrition rehabilitation unit to which people are sent for admission or advice on an outpatient basis.[3] Time and follow-up surveys will have to tell if this approach is going to make a difference, as will the actual nutritional state of our communities.

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CONCLUSION

History has shown that the work done by Lind in 1747 and Cook in 1777 saved many lives from scurvy, but that incomplete understanding and incorrect theories claimed many victims of the same disease even during the 20th century.[4] We therefore feel that people need correct concepts about health and disease, and malnutrition in particular, to enable them to co-operate with the medical profession in order to survive in our rapidly changing world.

In the development of raising the standard of nutrition in a rural Xhosa community which does not readily ascribe disease to malnutrition, we have found the approach of radically avoiding all medicines fruitful in teaching the concept that malnutrition leads to disease. In addition it is, within certain bounds also good and adequate as a means of therapy.[3] It has the added bonus of being far cheaper than hospital treatment when done in a nutrition rehabilitation unit.

REFERENCES

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