

THE ENEMA AND THE AFRICAN CHILD

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How many practitioners ask African mothers about the giving of enemata and laxatives to their children? Knowledge of these tribal customs and careful questioning may throw light on the pathogenesis of an unusual illness or the reason why treatment has failed inexplicably.

Recently, 3 African babies with diarrhoea had to be admitted to the wards after repeated intravenous water and electrolyte therapy given in the outpatient department had failed to correct dehydration and control the diarrhoea. It was then discovered that the mothers had been administering enemata to these infants, thus probably aggravating the diarrhoea, and this prompted me to investigate the prevalence of this type of 'home treatment'.

Incidence

Five hundred and eleven consecutive African mothers were interviewed in the paediatric outpatient department. They were asked whether they gave enemata to their children for any reason whatever. Of these African mothers 412 (80.6%) admitted to the giving of enemata to their offspring. It was thus clear that the giving of enemata to children is very common among African mothers, in contrast to the Indian mother who prefers the oral rather than the rectal route for purging her child.

The Reasons for giving Enemata

It is impossible to give an exhaustive list of the reasons for giving enemata. Custom and practice probably vary from one part of South Africa to another and from tribe to tribe.

In the Durban area enemata may be given for 'udenda' (mucus) and 'islonnda somoya'. This latter term describes the unexpected discovery of the red mucous membrane in the anorectal canal of her baby as the mother prises open the buttocks. This causes her deep concern and is interpreted as part of a sore which extends far up the spinal column. These are quite reasonable complaints compared with the myth and superstition of 'inyoni' (bird), 'amasi bele' (breast milk) and 'ipupo' (nightmare) for which enemata are used more for exorcism. A mother may be told or led to believe that during her pregnancy she was touched by something that was struck by lightning. This enabled the 'inyoni' or evil spirit to enter her body, including her breast milk, and the baby in her womb. The mother may interpret the passing of meconium after birth and green stools when the infant is a day or two older as being due to the 'inyoni', the removal of which is achieved by enemata and weaning. Again, if the mother has a nightmare ('ipupo') which she believes has bewitched her, she will promptly administer an enema both to herself and to her child. This measure is adopted to cleanse and expel from herself and her child this most evil of spirits.

African parents have a deep-rooted fear that the child is being poisoned by the intestinal contents. It is believed that enemata 'promote health' and 'take out the bad'. Consequently enemata are part of the 'health' routine of the African family from infancy to old age.¹ Superstition apart, it is common practice to administer a herbal enema to a newborn infant to 'wash out the black stool' because it is thought to be harmful. Like so many Europeans, most African mothers insist on a child passing an adequate and regular stool in the belief that a daily bowel action is of vital importance. They are unaware of the normal variations in bowel habit and when their children fail to pass a stool every day, they resort to the enema as a corrective measure. In illness the enema appears to be a universal remedy for almost any and every symptom in infancy and childhood, all the more rigorously applied if other treatment fails, or the condition becomes worse. Common indications are constipation, abdominal pain, respiratory infections, depressed fontanelle and diarrhoea. The African mother frequently gives an enema to a child who already has diarrhoea and the more severe this is the more enemata are

given, increasing in volume and in the amount of the ingredients added.

TECHNIQUES AND METHODS OF GIVING ENEMATA

Nowadays most African mothers use a rubber syringe to give the enema but some still use a cow's horn or more often a reed (Fig. 1) or other hollow stick such as the leaf stem of a

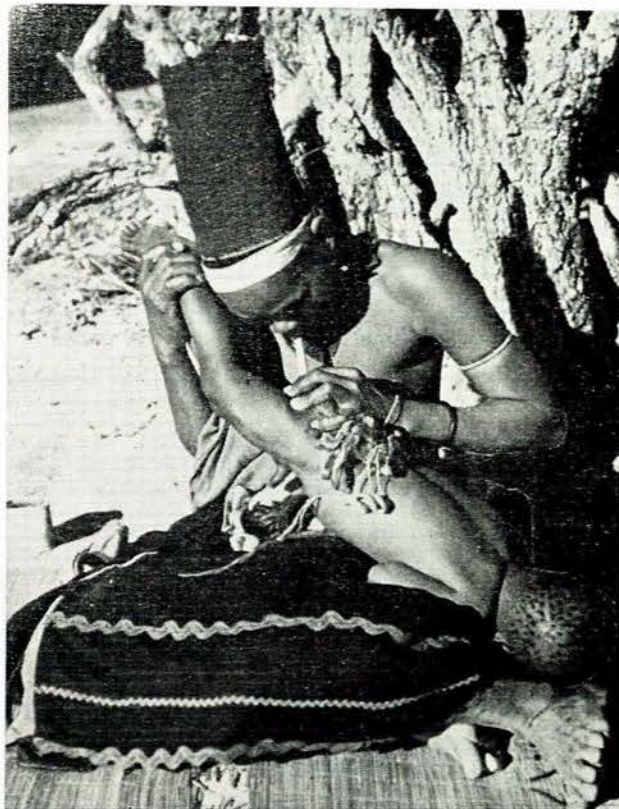


Fig. 1. A Zulu mother administering an enema to her infant with a reed.

papaw tree which is inserted into the rectum. While doing this the mother holds the herbal concoction in her mouth and then blows it down the reed. There is an art in blowing the concoction into the rectum, pinching the buttocks together and keeping the face aside while the mouth is refilled with another dose. The buttocks are kept closed for a variable duration of time to allow the retained 'medicine' to have its desired effect. The instruments are not sterilized but only rinsed in cold or warm water before and after use, and are often used by more than one member of the family at 'an enema session'. A soap stick made from blue mottled soap is considered excellent for the treatment of 'islonnda somoya'.

Enemata administered may number as many as 1, 2 or 3 a day. At the onset of illness, however, they may be given even more frequently. A particular type of enema is not given for any specific symptom or condition. The indications, type, quantity, ingredient and frequency of administration of enemata vary from one mother to another and also with the same mother depending on the severity of the symptoms.

A large selection of plants are used in the preparation of enemata by the indigenous peoples of South Africa² and other substances also such as soap, undiluted 'dettol', alum, turpentine, potassium permanganate, salt, finely-ground ash, coal and

soil. Some mothers have stated that their use of dettol was prompted by having heard its merits as an antiseptic being emphasized on Radio Bantu. Different quantities of these materials are mixed with volumes of water which may be 'a few mouthfuls' or 'a few syringefuls' or sufficient to cause tenseness of the abdomen and distress to the child. Sometimes enemata are made up with roots or leaves mixed with milk rather than water.

The story is told by a doctor who, on passing an African mother with her infant on her way to a river, inquired of her, 'Where are you going and what are you planning to do?' She replied, 'I am going to the river to give my child an enema; there is much water there'.

DANGERS AND COMPLICATIONS OF ENEMATA

Gastric acidity probably has a protective action against infection introduced by the oral route. In contrast, the lower bowel is vulnerable and enemata can be dangerous in introducing infection by pathogenic bacteria, protozoa and helminths.³ This is enhanced if the mucous membrane is ulcerated.

To what extent enemata aggravate gastroenteritis in African infants is impossible to say, but it is my strong clinical impression that they do much harm. Furthermore, the constant inspection and probings of the anorectal canal in treating 'islando somoya' may lead to fissure-in-ano with resulting pain and constipation for which more enemata are given. Also more general manifestations such as urticaria, dermatitis and vomiting are known to occur, and occasionally the mother has perforated the bowel with the enema nozzle and caused peritonitis.

The more irritant types of herbal enemata cause abdominal pain, proctitis, colitis and low grade pelvic peritonitis with subsequent complications of stricture and abscess formation.⁴ However, the effects of herbal enemata which cause us the most concern are those causing liver damage. In 1961-1962, 8 babies were admitted to our wards suffering from hypoglycaemia associated with herbal poisoning, probably given by enemata, and 4 of them died. During 1960-1962, out of a further 31 African children known to have been given herbal enemata by the witchdoctor, 14 died from hepatorenal failure.

So deep are the superstitions and beliefs underlying the giving of enemata by African mothers that dissuasion from their use must be given with tact, patience and without any suggestion of ridicule. Parents may become frightened at the

display of too much curiosity by the doctor and deny having given enemata in the mistaken fear of prosecution. It is not necessary to discard all herbs from the African pharmacopoeia. Much more needs to be known about their pharmacology but it is extremely difficult to obtain specimens of the plants. And, of course, it is impossible to obtain the raw herbs which he uses from the witchdoctor. On the rare occasions when plants are obtained, greater efforts should be made to have them analyzed since it might yield valuable information.

Meanwhile, awareness of this undesirable practice is needed on the part of the medical practitioner. Enemata may not only nullify the treatment he prescribes, but may even endanger his patient. The rapid urbanization of the African people with their attendance at child welfare clinics and the doctor's own efforts to educate them will lessen this undesirable custom.

SUMMARY

The giving of enemata by African mothers to their children is a widespread practice.

The medical practitioner should be aware of this dangerous custom with its potential hazards of water-intoxication, water and salt depletion and infection. The inclusion of herbs may cause death from hypoglycaemia and hepatorenal failure.

It is suggested that the administration of enemata may have a bearing on the high incidence of and mortality from gastroenteritis which occurs in the African infant and young child.

Greater efforts should be made to obtain the plants used in enemata to determine their toxicology.

In time, it is hoped that this undesirable tradition will die out with the education of the African mother.

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