



Customary Medication Improvement for Clinical and Dental Essential Medical services Conveyance framework in Africa

Robert D*

Introduction

Traditional Medicine, as a major African socio-cultural heritage, obviously in existence for several hundreds of years, was once believed to be primitive and wrongly challenged with animosity, especially by foreign religions, dating back to the colonial days in Africa and subsequently by the conventional or orthodox medical practitioners. However today, Traditional Medicine has been brought into focus for meeting the goals of a wider coverage of primary health care delivery, not only in Africa but also, to various extents, in all countries of the world. Traditional Medicine is the first-choice healthcare treatment for at least 80% of Africans who suffer from high fever and other common ailments.

Primary Health Care (PHC) is the key to the development of a national health policy and as defined by the Alma-Ata Declaration of 1978, it is an essential health care, based on practical, scientifically sound and socially acceptable methods and technology made universally acceptable to individuals and families in the community and through their full participation and at a cost that the community and the country can afford, in order to maintain, at every stage of their development, in the spirit of self-reliance and self-determination. It is

the first level of contact for the individual, family and the community within the national health care system, bringing health care as close as possible to where people live and work and thus constitutes the first element of a continuing health care process (WHO, 1978a).

A health system, based on primary health care was adopted as the means of achieving the goal of health for all by the year 2000. Most developing countries of the world, for which the scheme was designed, have failed to seriously implement it up till this moment (in the year 2004). Hence the goal of "health for all" remains unattained in all such countries. Examining the philosophy from the critical view point of the definition of Primary Health Care, it is easy to assess the orthodox practice alongside the traditional type of health care in the African context. Specifically in the areas of social acceptability, cost affordability, self-reliance, cultural compatibility, relevance and community participation, the orthodox or the modern/western-based medicine and dentistry have not been adequate for the majority of African populations and that if we must make progress, there is an inevitable need for the official integration of traditional medicine and the utilization of traditional medical practitioners into the PHC system in Africa. The only health care providers close to them are the traditional medical practitioners, living with them and providing healthcare services in the same communities. The western type of health institutions are out of the reach of most people in terms of distance and costs, especially at the village setting.

Therefore, the most workable health agenda for Africa is the institutionalization of traditional medicine in parallel (not in complete fusion) with orthodox medicine, within the national health care scheme in order to move the health agenda forward. Effective health agenda for the African continent can never be achieved by orthodox medicine alone unless it is complemented by traditional medicine practice.

*Corresponding author: Robert D, Department of Dentistry, University of Pretoria.

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Author Affiliation

Department of Dentistry, University of Pretoria