

Medical and Anthropological Observations on Traditional Therapy of Hydrocephalus in Somalia

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Dab iyo cudur meel ma wada galaan
(Somali proverb)

It is well known that in Somalia, as in many other African regions, many diseases are treated by burns (*ab*) variously distributed on the skin. In this study — carried out at Mogadishu General Hospital DEG-FER — eleven cases of children with hydrocephalus and « therapeutic » cephalic burns are considered.

Ospedale Generale DEG-FER UNS 1° Semestre 1983 Mogadishu	11 cases of hydrocephalus with burns (children from 3 mths to 7 yrs)
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METHODOLOGY

MEDICAL LINE

- Anamnesis and C.E.
- Carotidogram (1 case)
- Ventriculogram (3 cases)

- Neurosurgical operation:
CSF VP shunting with Hakim
valve (6 cases)

Photograph
Clinical interview

ANTHROPOLOGICAL LINE

- Further interview with
relatives: life story and
tales
- Meeting and interview with
3 traditional doctors recor-
dings, pictures,
participating observation
of some *dab* therapies

Actually in Somali traditional medicine burns on the scalp are considered to be curative for hydrocephalus. They cause permanent scars on the scalp, but sometimes they can also produce local infections or other complications.

These eleven cases were selected because in all of them the diagnosis was confirmed and all were considered for surgical therapy which consists in shunting the cerebrospinal fluid from the cerebral ventricles to the peritoneum by the insertion of a specific valve system device.

It was possible to operate only on six cases. However, all the young patients were admitted to the hospital for a certain length of time and were carefully observed. All children — mostly breast fed babies — arrived at the hospital with signs of hydrocephalus and with several scars in different evolution stages, sometimes even with local septic signs (Fig. 1). Burns appeared as round shaped scars, as large as a coin, varying from ten to twelve in number, scattered on the scalp. It was not possible to identify any particular arrangement of the distribution of these signs. The clinical situation dealing with hydrocephalus was always advanced so that its more characteristic feature, an increase in head size, was very obvious and dated from a relatively long time. This situation implied severe damage of the encephalic structures.



Fig. 1

The children who underwent surgical shunting showed a very good post-operative evolution (Fig. 2). However the procedures of neurosurgical operations in some way were made more problematic by the presence of « therapeutic » scars, particularly by those which were infected.



Fig. 2

It seems interesting to consider this particular use of traditional Somali medicine in hydrocephalus from an anthropological, ethnoiatric and medical point of view. Therefore we will here report some content of the interviews with relatives of our young patients and with some « traditional doctors ».

In all cases the child starting signs of hydrocephalus was firstly taken to a « religion man » (*wadad*) who is the depository of the Holy Books and who uses « medical procedures » based on some Islamic teaching. Among these procedures it is frequent the use of « *xersi* » (amulets) (Fig. 3) and of « *tahlil* » (water where some ink used to write coranic lines is dissolved). After this first religious step a « magic » one follows: hydrocephalus (*madaxwein* = big head) is included in the category of Evil that fire chases away (*dab iyo cudur meel ma wada galaan*).

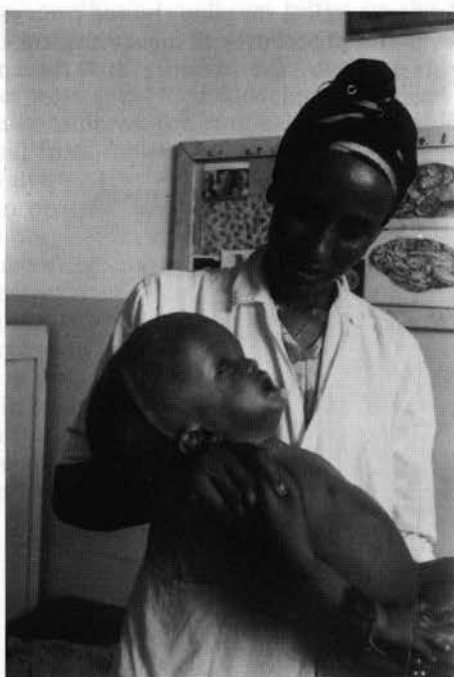


Fig. 3

The « *sancole* » (traditional Somali doctor), therefore, uses red-hot wooden sticks to produce burns on the child scalp. Sometimes even a relative such as the grandmother may use fire to produce burnings. The *sancole* doesn't seem to have any knowledge of clinical implications and biological meaning of the hydrocephalus. He is only able to explain this disease giving assessments of this kind: fire is effective because it contrasts *dabel* (wind, spirit, evil) or the disease is caused by the flight of *shimbir* (bird) who passes at night on the house of the pregnant woman from whom the baby with hydrocephalus would be born. A consequence of this last belief can be found in the application of some herbs mixed with *shimbir* stool on the head of the child.

In all cases observed we were confirmed that the steps mentioned above had been followed: first koranic procedures and then « traditional » therapy. Only as a last step the child was taken to the hospital, often in preterminal conditions. God's will always is dominant.

What we have just reported can lead to some short conclusion on the anthropological ethnoiatric and medical point of view.

From the first point of view we can notice that the group culture centralizes Allah's will and the results are exclusively represented by religious and magic development. From the ethnoiatric point of view *dab* (fire, burns) is a technique largely used in different various cultures but not specific as far as hydrocephalus is concerned. We are not in the position of affirming that there is something

analogous to acupuncture or at least to an empirical development on a basis of any kind of control or check.

From the medical point of view we have to emphasize the damage that young patients undergo during the long period of time preceding admission to the hospital and the local complication of *dab* with dangerous or annoying interference in the surgical technique.