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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 the Hesperian Foundation, 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 completely new section at the end of the book (p. 399)—has information about health problems of growing or special concern: 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 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!**

