

PALM OIL IN LEPROSY

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This is the tale of a visit to a self-created leper village and native treatment of leprosy.

Leprosy is very prevalent in Rukuruku of Benin province (S. Nigeria), but the chiefs are anxious to stamp out its progress, the population is willing to co-operate and lepers eagerly seek treatment. Naturally I was very keen to start the work there, and now we have already three leper villages functioning, two are under construction and two more have been asked for recently. The population of these lepers' villages is growing steadily.

Healthy people became interested in European approach to this problem and even volunteered to give information about destitute lepers, native treatment and their ways of isolating lepers. (Some years ago lepers were simply driven away by the chiefs into the bush and many of them committed suicide).

Recently I heard an interesting story about a village which was founded by an ex-leper. The man was suffering from leprosy and left "from shame" his own village.

He came to live far away on the river bank, made himself a little hut and accepted his fate.

There are many palm trees around, which is rather exceptional for this area. The man collected kernels and made the oil to increase his food without expense. Once he tried to rub the oil into the skin and found it pleasant. He continued this practice. Soon he noticed that his health was improving. The only thing which was new to his life was palm oil used for rubbing and taking in bigger doses than natives normally use. Also often he did not bother to cook it but drank it "as God made it."

He concluded that improvement of health was due to palm oil. Then deliberately, he started his treatment by palm oil; every day after taking a bath in the stream he rubbed his body with palm oil, then he drank a measure equal to a half tea cup of palm oil, not forgetting to pray God for cure.

At the end of the year he was cured and decided to help other lepers. He called one or two whom he knew and applied the treatment; it was successful. That was enough; lepers started coming to the native "leper doctor" and a real village has grown round his solitary hut. I heard the story of this village from a leprosy-minded District Officer. After swearing him to secrecy not to disclose my being a doctor, I accompanied him to this village

merely as a curious white woman, a friend or relation of the District Officer. The interpreter had been warned not to call me "Dr." but "Ma," and we started. After 35 miles in the car, we had to take a bush path and then after a mile or so, an unexpected obstacle awaited us. The rain had swollen a little stream, and water swift and muddy reached to above our knees. Help came from a native who was going in the opposite direction, who offered to carry us across on his back. The District Officer went first and then I followed, slightly self-conscious but grateful that the District Officer discreetly did not look. After 2 to 3 more miles of rather thick bush we arrived at a very clean native village, where we were immediately surrounded by a crowd. No wonder: I was the first European woman who had visited this place. The natives very willingly led us to the lepers' village situated on the outskirts of their own village and surrounded by a hedge of dry palm leaves. The huts were very miserable, small, made of palm leaves, but spotlessly clean, dry and well ventilated. There were no flies or any objectionable smells. There were about 100 lepers and I was surprised to see how well they all looked. There were lepromatous and neural forms. Some had leprotic ulcers, but these ulcers were obviously healing; they were not bandaged, only painted with palm oil. The feature common to all of them was a very peculiar aspect of skin: not one of them was fat, but the skin was smooth, almost velvety, and leprotic tubercles and macules looked flattened, almost as if dissolved. I talked to several of the inmates. All of them denied emphatically that "Doctor" takes fees or adds some medicine to the oil. "He only says a prayer over the oil," which is then collected and distributed for daily dosing and rubbing after the morning bath. They have no other occupation than to clean their homes, bring fire wood and cook their food; apparently most of them have means to buy food during the cure. The lepers were confident and happy. They showed me those who had just arrived and a woman who was ready to leave, cured; some of them told me in what condition they had arrived and pointed out improvements. I found their statements quite correct.

Unfortunately the "Doctor" himself was away. The lepers had only one fear, that the District Officer would forbid this village.

I asked him to limit the sphere of activity of the "doctor" in order to prevent travelling of lepers from very far and thus spreading the disease; and now only lepers of neighbouring clans are allowed to settle in this village.

I decided to try palm oil treatment myself. I prepared ointment from palm oil, mixed with oxide of zinc powder for the

treatment of chronic ulcers, and now I use it exclusively as it proves extremely satisfactory.

During the war I had already substituted palm oil for cod liver oil with success, giving two table.spoons of fresh palm oil per day. But this time I decided to give the same dose as my native colleague. I have taken several bad cases and they received from me (they had to drink it in my presence) $\frac{1}{2}$ a cigarette and a cup of palm oil. I dreaded indigestion a little, but only one very advanced case complained of nausea and I stopped him, the others reported that the first 2 to 3 days they had wonderful cleansing of the bowels, as one told me "plenty of black stones." Constipation in bad forms of leprosy is frequent and is a very undesirable complication. After cleansing, normal function is established. One may say that natives use palm oil ordinarily. Yes, but not enough and over-cooked and mixed with spices. Most of my cases aided with palm oil improved very much before I left on leave.

Besides this new therapy (which is reasonable and cheap) the little village gives us several other useful conclusions: (1) Lepers are not adverse to segregation, providing that treatment is offered; (2) the prayers of native doctors have a response in the religious craving of Africans and are a psychologic factor. To cure a leper one must make him happy. Religious life in the leper settlements and villages is necessary for this happiness. And lastly everybody agrees that our efforts to cure lepers are handicapped by food deficiency. All Africans are under-nourished, some because of ignorance, others because of tribal taboos, again others from inertia and conservatism. There is a new class of Africans who try to imitate European catering and from snobishness would buy tinned salmon, corned beef, tinned tomato sauce, etc., but they omit useful items of European dieting. Under-nourishment can be fought partly by propaganda, and education. But we must not forget that there are also real paupers amongst lepers who suffer not from deficiency of food but simply from starvation; they cannot afford to spend even 1/- per week for food. They are children, women, men who cannot farm, and if we do not support them with food our medical efforts are useless. With 1/6 per week a leper can receive adequate food from a common kitchen in the Settlement. I am sure many would contribute if they saw lepers knocking at the entrance of the Settlement, imploring assistance.