LEARNING TO USE THE BOOK, 
WHERE THERE IS NO DOCTOR

A book on basic health care is a tool for sharing ideas and knowledge. If clearly and simply written, it can be used by anyone who knows how to read. However, if persons are given suggestions and guided practice in use of the book, it will usually serve them better.

In Part Three of this book, we give many suggestions for helping people learn to use the village health care handbook, Where There Is No Doctor (WTND). But many of these suggestions apply to any health or ‘how-to-do-it’ manual.

‘Book learning’ for health workers has two objectives:
- To help health workers themselves learn to use their books effectively.
- To help health workers learn how to help others use the book, or to use the ideas and information it contains.

Instruction in ‘use of the book’ can take place in many ways. It may be a key part of a 2- or 3-month health worker training course. It may take place in weekly meetings of village mothers, led by a health worker. Or it may be only a brief explanation given by a health worker to a folk healer or midwife from a distant village.

LEARNING TO USE BOOKS RATHER THAN RELYING ON MEMORY:

A community health worker needs to know how to do many things. A wide range of information and skills are needed in his work. But he cannot be expected to keep all the necessary information in his head. Therefore . . .

Training should not focus on memorizing a lot of information, but on LEARNING HOW TO LOOK THINGS UP.
Combining literacy training with health skills: Because being able to look things up is such an important skill, some programs—especially in Africa—link learning to read with practice in solving health problems. Student health workers who can already read and write help teach those who are learning. Thus, a book like Where There Is No Doctor in the local language helps people learn health skills and literacy skills at the same time. (For more ideas on combining literacy training with health skills and critical awareness, see Chapter 26.)

SCHEDULED CLASSES ON ‘USE OF THE BOOK’ DURING HEALTH WORKER TRAINING

In the 2-month training course in Ajoya, Mexico, ‘Use of the Book’ is a regular class that takes place twice a week throughout the course. The first classes help students become familiar with what is in each chapter and each of the special sections of the book. They practice looking things up using the INDEX, list of CONTENTS, charts, and page references. Later classes focus on using the book to help solve problems acted out in role plays.

As much as possible, these classes on ‘Use of the Book’ are coordinated with the other classes, clinical practice, and community visits. They provide related study, lifelike practice, and review. Scheduling is kept flexible so that if students encounter an important problem in clinical practice or community activities, they can explore it further in their next ‘Use of the Book’ class.

Building ‘Use of the Book’ into other classes and activities

It is important that learning to use the book not be limited to specific classes. Practice in looking things up and using the book as a tool needs to be built into many areas of study and learning. This means that...

**During any class, if you have a choice between telling students something or having them find and read it out loud from their books, have them read it from their books!**

LESS APPROPRIATE: TELLING  
MORE APPROPRIATE: FINDING OUT

Do not tell the students things that they can learn to look up for themselves.
WAYS HEALTH WORKERS CAN USE THEIR BOOK

1. As a **reference book** for diagnosing, treating, and giving advice on specific health problems.

2. As a **tool for teaching** any of the following:

<table>
<thead>
<tr>
<th><strong>Families of sick people</strong> (reading sections that relate to the illness)</th>
<th><strong>Persons who cannot read</strong> (reading to them; discussing pictures with them)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td>“You can make it like this.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Children</strong> (games and discussions about the guidelines for cleanliness, etc.)</th>
<th><strong>Mothers</strong> (about children’s growth and nutrition, women’s health, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
</tr>
<tr>
<td><strong>Breast is best</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Midwives</strong> (sterile technique, etc.)</th>
<th><strong>Farmers</strong> (experimenting with different methods)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Shopkeepers and others who sell medicines</strong> (see <em>WTND</em>, p. 338)</th>
<th><strong>Remember—medicines can kill</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td></td>
</tr>
</tbody>
</table>

3. As an **idea book** for making teaching materials such as posters.

4. As a **source of information** for conducting health activities such as...

   - under-fives clinics
   - check-ups for pregnant women
   - nutrition programs
   - public health measures

5. As a **guide** for discussing and exploring traditional forms of healing.
SHARING THE BOOK:
EXAMPLES FROM DIFFERENT COUNTRIES

By looking things up in her book together with people, a health worker takes some of the mystery out of medicine. This puts the health worker and other people on equal terms, and gives people more control over their own health.

A health worker in Ajoya, Mexico shows two children the pictures of worms in WTND and asks them what kind they have.

Here health workers in the Philippines use WTND to learn about fractures, bleeding, and shock in a role play.

Pictures from WTND have been used for posters in the CHILD-to-child program (see Ch. 24). Here a child shows the importance of keeping poisons out of reach.

A health worker from Guatemala uses his book in preparing a poster about 'oral rehydration'. A group of curious school children look on. Together they learn about health problems, drawing, teaching, and sharing of ideas.
HELPING OTHERS LEARN TO USE THE BOOK

*Where There Is No Doctor* was not originally written for trained health workers, but for villagers who need information to care for the health of their families and neighbors. In areas the book has reached, it has served this purpose fairly well. Time and again, we have found that in villages where only one or two persons know how to read, these persons have become important health resources for the village. Their neighbors ask them to look in the book for information about medicines, health problems, and other concerns.

Seeing how often *Where There Is No Doctor* was used as a manual for health workers, after several years we added the introductory section called “Words to the Village Health Worker.” However, we still feel that the book is a tool for anyone who can read and is interested in health.

Giving brief instructions on how to use the book

Health workers can help others use *Where There Is No Doctor* more effectively if they explain certain features of the book to them. They can point out the different reference sections—the Contents, Index, and Green Pages—and help persons to practice looking up topics that interest them. Even 10 or 15 minutes of such practice can be a big help. Sometimes a health worker can bring small groups together to learn about using the book.

Here we give 12 suggestions for helping others learn how to use *Where There Is No Doctor*. Many of these will be developed more fully in the next 2 chapters.

1. Show the person the inside of the front cover, and read the suggestions for HOW TO USE THIS BOOK.

2. Next, review the CONTENTS briefly, so the person gets an idea of what is in each chapter. Explain that she can look in the Contents for the chapter most likely to include the topic she wants. Then she can read the subheadings under the chapter title to see what page to turn to. Help her to practice doing this.
3. Now turn to the INDEX (yellow pages). Show how the subjects are listed in alphabetical order.

**Practice:** Ask the person to name a health problem that concerns her. Suppose she says “toothache.” First have her flip through the book looking for pictures of teeth. (This is the way most people look for things first.) Next, show her how to find “Toothache” in the CONTENTS, then in the INDEX.

Now have her pick another subject, such as snakebite. Let her try to find it herself, first by flipping through the book, then by using the CONTENTS and the INDEX. Have her turn to the right page and read what it says.

4. **Page references.** Point out that throughout the book there are notes in parentheses ( ) saying “(see p.____)” or simply “(p.____).” These give the numbers of pages that have related information. On the second page about snakebite, for example, there is a page reference for precautions to prevent allergic shock (p. 70).

5. Show the person the VOCABULARY (*WTND*, p. 419). Explain that this is an alphabetical list of words and their meanings. Then flip through the book until you spot some words in *italics*—for example, *bacteria* on page 55, and *respiratory* on page 57.

6. Show the person how to look up specific medicines in the GREEN PAGES, using the List of Medicines on page 341 and the Index of Medicines on page 344.

7. **Finding out about a health problem when you are not sure just what it is.** Have the person look in the book under the general kind of problem (skin problem, eye problem, old person’s problem, etc.). Or look under the most important symptom or sign—for example, ‘cough’ or ‘fever’.

Point out that in many parts of the book there are guides to help you decide which illness a person probably has. For example:

- Guide to Identification of Skin Problems, p. 196
- Different Illnesses that Cause Fever, p. 26
- Different Kinds of Cough, p. 168

For a more complete list of these guides and a discussion of how to use them, see Chapter 21 of this book.
8. **Avoiding mistakes.** Point out the first 8 chapters of *Where There Is No Doctor*, being sure to show the person Chapter 2, “Sicknesses that are Often Confused,” and Chapter 6, “Right and Wrong Uses of Medicines.” Look especially at the parts that deal with problems and beliefs common in your area. You may want to mark these pages in the book, so the person can read them later. For example, if people in your area tend to overuse and misuse injections, mark the first 6 pages of Chapter 9 (pages 65-70) for special reading.

9. If the person will be providing care for sick or injured persons, encourage her to carefully study Chapter 3, “How to Examine a Sick Person,” and Chapter 4, “How to Take Care of a Sick Person.” If there is time, teach the person some of the basic aspects of history taking and physical examination.

10. **Prevention.** People’s first interest in a book like *Where There Is No Doctor* usually has to do with curative medicine. But this interest can serve as a doorway to learning about prevention. Point out how, in discussing nearly any health problem, advice about prevention can be included. Look, for example, at Scabies on p. 199. Stress the importance of preventive advice.

    Also encourage the person to read Chapters 11 and 12, on “Nutrition” and “Prevention.” Consider putting markers at pages describing preventive action that is especially needed in your area. For example, if blindness due to lack of vitamin A is common in your community, mark page 226. Encourage the person to follow the advice on that page, and to help others to do the same.

11. Point out the chapters and sections that are of special importance to the reader. For example, if she is a mother, show her the chapter on children’s health problems. Ask if any of her children has an illness at the moment. See if she can find it in the book. Have her read about it. Then discuss it with her to make sure she understands the information.

12. **Knowing when to seek help.** In making suggestions on how to use the book, emphasize that the person needs to recognize her limitations. Help her to realize that sometimes she will need to seek help from a health worker or doctor. Show her the following pages:

    - p. 42, Signs of Dangerous Illness
    - p. 159, When to Seek Medical Help in Cases of Diarrhea
    - p. 256, Signs of Special Risk that Make It Important that a Doctor or Skilled Midwife Attend the Birth—if Possible in a Hospital

    By focusing on the 12 points presented here, a person can gain some understanding of how to use the book in as little as 2 or 3 hours. However, these guidelines are only a beginning. There may be other parts of the book that are especially useful for your area. And a great deal of practice is needed to use the book really well. The next 2 chapters suggest ways of providing such practice in a training course.
ADAPTING *WHERE THERE IS NO DOCTOR* TO THE LOCAL SITUATION

The original Spanish edition of *Where There Is No Doctor* was written specifically for use in the mountain area of Western Mexico. In the English version, we tried to make the book so it could be used in many different countries. But clearly, a book that can be used in many areas will not be completely appropriate to any single place. Therefore, some of the information and ideas in the book will apply to your area. Others will not. And some basic information will certainly be missing.

Health workers should recognize the limitations of the book and never use it as their ‘bible’. (Unfortunately, this has happened in some health programs.)

Ideally, *Where There Is No Doctor* (or any reference book) should be adapted or rewritten for each area. This has already been done in some parts of the world.

---

Unfortunately, not every area will have the time and money to write their own villager’s health care handbook, or to adapt the whole of *Where There Is No Doctor*. Where complete adaptations are not possible, we suggest that training programs produce sheets or pamphlets to be used along with the book. These can cover additional information that relates to local needs, problems, and customs. Such information sheets might include:

- Local names of illnesses, and ways of looking at sickness and health.
- Examples of traditional forms of healing: beneficial and harmful.
- Names (including brand names and comparative prices) of medicines that are available locally. Or at least have students write this information into the Green Pages of their books.
- A list of commonly misused medicines and mistaken medical practices in your area, with explanations and warnings.
- Information about the diagnosis, treatment, and prevention of health problems that are important in your area but are not included in *Where There Is No Doctor*.

Discuss with your students which parts of their books are appropriate to your area and which are not. Encourage them to question the truth or usefulness of anything they read.
CHAPTER 20

Using the Contents, Index, Page References, and Vocabulary

**Note:** Some instructors may feel that certain things explained in this chapter are very obvious. They may think that to teach them would be a waste of time, or even an insult to the students. But skills in using an index and looking up page references should not be taken for granted. **If you allow time for explaining and helping students master these basic skills, it can make a big difference in their problem-solving abilities.**

**LEARNING HOW TO LOOK THINGS UP**

Persons who have not done much reading may find it difficult to use an information book effectively. In addition to reading slowly, they may also have difficulty finding what they are looking for. Sometimes they try to find things by flipping through the book, looking at the pictures. But this can be slow, and they may miss important information.

Early in the training course, **take time to show students how to use their books.** Instructors and more experienced students can guide others in practicing how to look things up.* The following are some points you may want to explain.

**Page numbering**

The pages are numbered in order: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 ... 20 ... 30 ... 100 ... 200, and so on. So if you want to find page 168 to read about 'Cough', do not start at the beginning of the book and go through it page by page. Instead . . .

Open the book somewhere in the middle—
for instance to pages 198 and 199.

That is too far forward, so turn back some, say to page 184 and then to 166.

Now you are very close. Turn the page to 168.

*It is a good idea, in the first days of the course, to check each person's reading ability, knowledge of alphabetical order, and basic arithmetic skills. Provide special practice for those who need it. But be sure these students are not made to feel ashamed because they have had less schooling. Include them in all regular classes and help them feel free to participate.
Alphabetical lists

*Where There Is No Doctor* has several reference sections, or lists where you can look things up. Three of these are arranged in alphabetical order:

- The **INDEX** (the yellow pages at the end of the book)—where you can look up the page or pages with information about almost anything in the book.
- The **INDEX OF MEDICINES** in the GREEN PAGES—to help you find the page with the uses, dosage, and precautions for the medicine you want to know about.
- The **VOCABULARY**—where you can look up the meanings of words written in *italics* in the main part of the book.

In each of these lists, the words are arranged so that their first letters are in the order of the alphabet: A,B,C,D,E, and so on until Z.

Suppose you want to look up 'Vomiting'. Depending on whether you are interested in medicines, a definition, or a full discussion on vomiting, you can look it up in the GREEN PAGES, the VOCABULARY, or the INDEX.

First, **look for the large dark letters** in the center of each column. *V* will be near the end of the lists because it is near the end of the alphabet.

### INDEX OF MEDICINES IN THE GREEN PAGES

<table>
<thead>
<tr>
<th>T</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tagement (condition)</td>
<td>382</td>
</tr>
<tr>
<td>Tetracycl (tetracycline)</td>
<td>256</td>
</tr>
<tr>
<td>Tetanus antitoxin</td>
<td>389</td>
</tr>
<tr>
<td>Tetanus immune globulin</td>
<td>399</td>
</tr>
<tr>
<td>Tetrahydrol</td>
<td>356</td>
</tr>
<tr>
<td>Doxycl</td>
<td>356</td>
</tr>
<tr>
<td>Doxycycline</td>
<td>356</td>
</tr>
<tr>
<td>Tetacycline</td>
<td>356</td>
</tr>
<tr>
<td>Tetracycline HCI</td>
<td>396</td>
</tr>
<tr>
<td>Thiacycline</td>
<td>386</td>
</tr>
<tr>
<td>Thiobendazole</td>
<td>375</td>
</tr>
<tr>
<td>Thioesterase</td>
<td>363</td>
</tr>
<tr>
<td>Thiamin (thiamine)</td>
<td>372</td>
</tr>
<tr>
<td>Thymine</td>
<td>372</td>
</tr>
<tr>
<td>Thrombophlebitis (thrombosis)</td>
<td>394</td>
</tr>
<tr>
<td>Thrombosis (blood control pills)</td>
<td>394</td>
</tr>
<tr>
<td>Trichloroethyl (tetrachloroethane)</td>
<td>394</td>
</tr>
<tr>
<td>Thrombosis (birth control pills)</td>
<td>394</td>
</tr>
<tr>
<td>Torsion (birth control pills)</td>
<td>394</td>
</tr>
<tr>
<td>Tuberous, medicines for</td>
<td>364</td>
</tr>
<tr>
<td>Typical, medicines for</td>
<td>327</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>U</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ulcers, medicines for</td>
<td>361</td>
</tr>
<tr>
<td>Undecylenic acid</td>
<td>372</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal infections, medicines for</td>
<td>370</td>
</tr>
<tr>
<td>Vial (isolation needle)</td>
<td>390</td>
</tr>
<tr>
<td>Vial (intravenous)</td>
<td>377</td>
</tr>
<tr>
<td>Vaseline (petrolatum jelly)</td>
<td>371</td>
</tr>
<tr>
<td>Venetian (metronidazole)</td>
<td>374</td>
</tr>
<tr>
<td>Vibriodiol (doxycycline)</td>
<td>356</td>
</tr>
<tr>
<td>Vinegar</td>
<td>372</td>
</tr>
<tr>
<td>Vitamin</td>
<td>392</td>
</tr>
<tr>
<td>Vomiting, medicines for</td>
<td>396</td>
</tr>
</tbody>
</table>

### VOCABULARY

<table>
<thead>
<tr>
<th>V</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinations</td>
<td>See Immunization.</td>
</tr>
<tr>
<td>Vagina</td>
<td>The tube or canal that goes from the opening of the woman’s sex organs to the entrance of her womb.</td>
</tr>
<tr>
<td>Venereal Disease</td>
<td>A disease spread by sexual contact. Also called “sexually transmitted disease” or S.T.D.</td>
</tr>
<tr>
<td>Vessels</td>
<td>Tissue: Blood vessels are the veins and arteries that carry the blood through the body.</td>
</tr>
<tr>
<td>Virus</td>
<td>Germs smaller than bacteria, which cause some infectious (quickly spread) diseases.</td>
</tr>
<tr>
<td>Vitamins</td>
<td>Protective foods that our bodies need to work properly.</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Throwing up the contents out of the stomach through the mouth.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>W</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Warts</td>
<td>Lemon or pimple nodules on the body, usually caused by a virus or an allergy (warts).</td>
</tr>
<tr>
<td>Worm</td>
<td>The bad inside a woman’s body where a baby is made. The uterus.</td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Xerophthalmia</td>
<td>Abnormal dryness of the eye due to lack of vitamin A.</td>
</tr>
</tbody>
</table>

After you find *V*, start looking for ‘Vomiting’—after ‘Vaccinations’ and ‘Vitamins’. 
Using the INDEX (yellow pages) of *Where There Is No Doctor*

When you find a word in the index followed by several page numbers, the **dark number** indicates the page that has the most information. For example,

page 147 for ‘Vaccinations’,

pages 241-242 for ‘Vaginal discharge’,

and

page 175 under ‘Varicose veins’.

What others do you find in this list?

If you find several words listed in lighter letters under the main word, these are subheadings related to the main topic or idea. For example, ‘with diarrhea’ refers to ‘Vomiting with diarrhea’.

If you do not find the subject you want in the INDEX, try looking for it under another name. For example, you might look first for ‘Upset stomach’. If that is not listed, look up other words that mean the same thing: ‘Puking’, ‘Throwing up’, or ‘Vomiting’. Usually the most widely known word is listed.

---

**INDEX**

445

V

Vaccinations, 19, 147, 180, 250, 296, 321, 337, 405
Vagina, 233, 428
infections of, 241–242, 370
placenta blocking, 249
tearing during birth, 269
Vaginal discharge, 241–242, 370–371
Vapors, breathing hot water vapors, 47, 168
Varicose veins, 175, 213, 268, 410, 428
and chronic sores, 20, 212, 213, 324
during pregnancy, 248
Vasectomy, 293, 428
Veins, inflamed, 288
(Also see Varicose veins)
Venereal diseases (VD) (See Sexually transmitted disease)
Venereal lymphogranuloma, 238, 420
Ventilated improved pit latrine, 139
Verrucae (warts), 210
Village health committee, w24
Village health worker, w1–w7, w29, 43, 340
Village medicine kit, 336–337
Village storekeeper, 338
VIP latrine, 139
Virus, 19, 399–401
Vision (See Eyes)
Vital signs, 41, inside back cover
Vitamins, 110, 111, 116–118, 392–394, 405
injections of, 65, 67, 118
the best way to get, 52, 118
vitamin A, 226, 392
vitamin B, 208
vitamin C, 248, 335,
vitamin B6, 361, 394
vitamin B12, 51, 65, 393
vitamin K, 265, 272, 337, 394
(Also see Iron)
Vitiligo, 207
Vomiting, 161
during pregnancy, 248, 249
enemas and laxatives with, 15
how to cause vomiting, 103, 389
in the newborn, 273
medicines for, 161, 335, 386–387
violent vomiting, 151
with blood (cirrhosis), 328
with blood (ulcer), 128
with diarrhea, 151, 157
with urine poisoning (uremia), 239

---

**Practice at finding things in alphabetical lists will make it easier for health workers to use the INDEX and VOCABULARY.**
Finding what you are looking for on a page

After you have looked something up in the INDEX and have turned to the page with the topic you want, take a moment to look over the whole page. Do not just start reading from the top. First notice what part of the page has the information you are looking for.

For example: Suppose some neighbors have a baby who is cross-eyed, and you want to discuss with them what can be done to correct the problem. You look in the INDEX (or the CONTENTS) and find that the main reference to cross-eyes is page 223. But where on page 223 should you read? Here are some clues:

Look at the words in **BIG, DARK LETTERS.**

INFECTION OF THE TEAR SAC (DACRYOCYSTITIS)

*Signs:*  
Redness, pain, and swelling beneath the eye, next to the nose. The eye waters a lot. A drop of pus may appear in the corner of the eye when the swelling is gently pressed.

*Treatment:*  
♦ Apply hot compresses.
♦ Put antibiotic eye drops or ointment in the eye.
♦ Take penicillin (p. 351).

TROUBLE SEEING CLEARLY

*Children* who have trouble seeing clearly or who get headaches or eye pain when they read may need glasses. Have their eyes examined.

*In older persons,* it is normal that, with passing years, it becomes more difficult to see close things clearly. Reading glasses often help. Pick glasses that let you see clearly about 40 cm. (15 inches) away from your eyes. If glasses do not help, see an eye doctor.

CROSS-EYES AND A WANDERING OR ‘LAZY’ EYE (STRABISMUS, ‘SQUINT’)

If the eye sometimes wanders like this, but at other times looks ahead normally, usually you need not worry. The eye will grow straighter in time. But if the eye is always turned the wrong way, and if the child is not treated at a very early age, she may never see well with that eye. See an eye doctor as soon as possible to find out if patching of the good eye, surgery, or special glasses might help.

Surgery done at a later age can usually straighten the eye and improve the child’s appearance, but it will not help the weak eye see better.

**IMPORTANT:** The eyesight of every child should be checked as early as possible (best around 4 years). You can use an ‘E’ chart (see *Helping Health Workers Learn*, p. 24-13). Test each eye separately to discover any problem that affects only one eye. If sight is poor in one or both eyes, see an eye doctor.

When you get to the bottom of the page, be sure to check the next page to see if the information continues.
Looking up page references

Once you have read about the topic you looked up, you may want to turn also to other pages mentioned in the text. These are often referred to in parentheses (inside curved lines like these)—for example, "(see p. 140)," or simply "(p. 125)." On these pages you will find additional information, such as:

- another disease that may be a cause of the problem you are interested in
- danger signs you should watch for
- how the same disease can affect another part of the body or another person
- medicines recommended for treatment, their dosage and precautions
- other recommended treatments
- how to prevent the problem you are reading about

Page 307 of Where There Is No Doctor refers you to various causes of anemia in children.

Anemia

Common signs in children:
- pale, especially inside eyelids, gums, and fingernails
- weak, tires easily
- likes to eat dirt

Common causes:
- diet poor in iron (p. 124)
- chronic gut infections (p. 145)
- hookworm (p. 142)
- malaria (p. 186)

Also point out how arrows are used in the book to join writing with pictures (as on page 124 above) or to show which direction to read (page 142 above). Check students' ability to follow the arrows.
special treatment if vomiting is a problem

**呕吐**

许多母亲和家人都有一个常识：如果孩子呕吐，一定要给他喝些水或其它液体。这种想法虽然有它的道理，但并不完全正确。如果孩子没有呕吐，或者只是轻微的呕吐，那么就应该让他喝些水或其它液体。但如果孩子的呕吐很严重，或者持续时间很长，那么就应该带他去看医生。

呕吐的种类有很多种，有些是暂时的，有些是严重的。如果孩子只是轻微的呕吐，那么就应该让他喝些水或其它液体。但如果孩子的呕吐很严重，或者持续时间很长，那么就应该带他去看医生。

呕吐时，孩子可能会感到恶心，或者出现恶心的症状。如果孩子出现恶心的症状，那么就应该让他喝些水或其它液体。但如果孩子的呕吐很严重，或者持续时间很长，那么就应该带他去看医生。

呕吐时，孩子可能会感到恶心，或者出现恶心的症状。如果孩子出现恶心的症状，那么就应该让他喝些水或其它液体。但如果孩子的呕吐很严重，或者持续时间很长，那么就应该带他去看医生。

### 严重呕吐

- **伴有高烧**：可能是因为感染引起的。
- **持续时间长**：可能是因为消化系统的问题。
- **呕吐物中有血液**：可能是因为消化道出血。
- **恶心**：可能是因为消化系统的问题。
- **腹泻**：可能是因为感染引起的。

### 严重呕吐时的处理

- **让孩子安静休息**。
- **让孩子的头朝上**，以防呕吐物进入气管。
- **给孩子的嘴中放一块湿毛巾**，以防呕吐物进入气管。
- **让孩子的身体保持温暖**。
- **让孩子喝些水或其它液体**，但不要一次喝太多。

### 严重呕吐时的预防

- **保持孩子的身体清洁**。
- **给孩子的嘴中放一块湿毛巾**，以防呕吐物进入气管。
- **让孩子的身体保持温暖**。
- **让孩子喝些水或其它液体**，但不要一次喝太多。

### 严重呕吐时的注意事项

- **不要给孩子喝含糖饮料**。
- **不要给孩子喝含咖啡因的饮料**。
- **不要给孩子喝含酒精的饮料**。
- **不要给孩子喝含葡萄糖的饮料**。
- **不要给孩子喝含乳糖的饮料**。
- **不要给孩子喝含糖饮料**。
- **不要给孩子喝含咖啡因的饮料**。
- **不要给孩子喝含酒精的饮料**。
- **不要给孩子喝含葡萄糖的饮料**。
- **不要给孩子喝含乳糖的饮料**。
- **不要给孩子喝含糖饮料**。
- **不要给孩子喝含咖啡因的饮料**。
- **不要给孩子喝含酒精的饮料**。
Looking up related information—
even when page references are not given

Usually a book gives only the most important page references, to save you
time in looking things up. But sometimes you will want to look up related
information, or something you are unsure about—even though no page reference
is given.

Read this information about measles from pages 311
and 312 of Where There Is No Doctor:

Measles

This severe viral infection is especially dangerous in
children who are poorly nourished or have tuberculosis. Ten
days after being near a person with measles, it begins with
signs of a cold—fever, runny nose, red sore eyes, and cough.

The child becomes increasingly ill. The mouth may become
very sore and he may develop diarrhea.

After 2 or 3 days a few tiny white spots like salt grains appear in the mouth.
A day or 2 later the rash appears—first behind the ears and on the neck, then
on the face and body, and last on the arms and legs. After the rash appears,
the child usually begins to get better. The rash lasts about 5 days. Sometimes
there are scattered black spots caused by bleeding into the skin ('black
measles'). This means the attack is very severe. Get medical help.

Treatment:
- The child should stay in bed, drink lots of liquids, and be given nutritious
  food. If she cannot swallow solid food, give her liquids like soup. If a baby
cannot breast feed, give breast milk in a spoon (see p. 172).
- If possible, give vitamin A to prevent eye damage (p. 332).
- For fever and discomfort, give paracetamol or aspirin.
- If earache develops, give an antibiotic (p. 351).
- If signs of dehydration, meningitis, or severe pain in the ear or stomach
develop, get medical help.
- If the child has diarrhea, give Rehydration Drink (p. 152).

Prevention of measles:

Children with measles should keep far away from other children, even from
brothers and sisters. Especially try to protect children who are poorly
nourished or who have tuberculosis or other chronic illnesses. Children from
other families should not go into a house where there is measles. If children in
a family where there is measles have not yet had measles themselves, they
should not go to school or into stores or other public places for 10 days.

To prevent measles from killing children, make sure all
children are well nourished. Have your children vaccinated
against measles when they are 9 to 14 months of age.

Be sure students practice looking up page references
and reading the related information. They should keep
practicing this until they can do it easily. The group can
play a game by following references from page to page.
They will find that almost everything in health care is
related!

Do you know what a virus
is? If not, look it up in the
VOCABULARY.

What foods are nutritious?
Look in the INDEX, the
VOCABULARY, or
Chapter 11 on Nutrition.

This is an exact page
reference. Turn to page
120.

What are the dosages, risks,
and precautions for these
medicines? Look them up
in the GREEN PAGES.

What is an antibiotic? You
can turn to p. 351, as
suggested. But for more
information, look in the
INDEX or the GREEN
PAGES.

What are the signs of
pneumonia and meningitis?
How can you check for
severe pain in the ear or
stomach? If you are
uncertain, look these up
in the INDEX or the
CONTENTS.

What are vaccinations?
You can look in the
VOCABULARY. Where
can you find out more
about them? Look in the
INDEX or the CONTENTS.
You might also try looking
under 'Prevention'.

BY FOLLOWING REFERENCES WE
CAN GO FROM...
PRACTICE IN READING AND USING THE BOOK

Role-playing exercises can give students a good chance to develop skill in using *Where There Is No Doctor*—especially the CONTENTS, the INDEX, and the page references.

For example, one person can pretend he is sick with a very bad cough, in this case pneumonia. (But do not tell the students what the illness is. Let them find out through their own investigation and use of their books.) The person says his sickness began a few days ago like a cold or the flu—with a headache and sore throat. But now he feels much worse.

The students must ask questions to get more information. The ‘sick person’ can complain of chills or chest pain. To make it more realistic, he breathes with rapid, shallow breaths (as described in this book on page 14-11). A pretend thermometer can be used to show that he has a fever (see page 14-4).

Encourage the students to look in any part of the book where they think they might find useful information—and to share what they find with each other. Especially help those who have trouble reading or looking things up.
If the group decides that the person in the role play probably has pneumonia, be sure that everyone looks up the references mentioned in the treatment section on page 171.

### PNEUMONIA

Pneumonia is an acute infection of the lungs. It often occurs after another respiratory illness such as measles, whooping cough, flu, bronchitis, asthma—or any very serious illness, especially in babies and old people. Also, persons with AIDS may develop pneumonia.

**Signs:**
- Sudden chills and then high fever.
- Rapid, shallow breathing, with little grunts or sometimes wheezing. The nostrils may spread with each breath.
- Fever (sometimes newborns and old or very weak persons have severe pneumonia with little or no fever).
- Cough (often with yellow, greenish, rust-colored, or slightly bloody mucus).
- Chest pain (sometimes).
- The person looks very ill.
- Cool sores often appear on the face or lips (p. 232).

A very sick child who takes more than 50 shallow breaths a minute probably has pneumonia.

(If breathing is rapid and deep, check for dehydration, p. 151, or hyperventilation, p. 24.)

**Treatment:**
- For pneumonia, treatment with antibiotics can make the difference between life and death. Give penicillin (p. 351) or tetracycline (p. 358), or erythromycin (p. 355). In serious cases, inject procaine penicillin (p. 353), adrenalin 200,000 units (250 mg) 2 or 3 times a day, or give ampicillin by mouth (p. 352), 500 mg., 4 times a day. Give small children 1/4 to 1/2 the adult dose. For children under 6, ampicillin is usually best.
- Give aspirin (p. 379) or acetaminophen (p. 380) to lower the temperature and lessen the pain.
- Give plenty of liquids. If the person will not eat, give him liquid foods or Rehydration Drink (see p. 159).
- Ease the cough and loosen the mucus by giving the person plenty of water and having him breathe hot water vapor (see p. 156). Postural drainage may also help (see p. 169).
- If the person is wheezing, an anti-asthma medicine with theophylline or epinephrine may help.

To ease the cough and loosen the mucus, special drink if he will not eat.

**Helping Health Workers Learn**

2012

20-9
Using the GREEN PAGES to find information about medicines

Here, too, role playing can be a realistic and fun way to practice using WTND.

For example, one person pretends to be the mother of a 6-year-old boy who has tapeworm. She says she has seen little flat, white worms in his shit.

Another student plays the role of the local store owner. He sells the mother a medicine called Mintezol, saying that it is "good for all kinds of worms."

But before giving it to her son, the mother visits the local health worker to ask if the medicine will work and how much she should give. The student playing the role of the health worker first reads the fine print on the side of the bottle:

Thiabendazole: 1 gm. in 5 ml. solution. Shake well before using.

Then he and the rest of the class help each other to look up 'Thiabendazole' in either of the lists at the beginning of the GREEN PAGES.

### List of Medicines

<table>
<thead>
<tr>
<th>No.</th>
<th>For Worms</th>
</tr>
</thead>
<tbody>
<tr>
<td>342</td>
<td>Mebendazole (Vermox)—for many kinds of worms</td>
</tr>
<tr>
<td></td>
<td>374</td>
</tr>
<tr>
<td></td>
<td>Albendazole (Zentel)—for many kinds of worms</td>
</tr>
<tr>
<td></td>
<td>374</td>
</tr>
<tr>
<td></td>
<td>Piperazine—for roundworm and pinworm</td>
</tr>
<tr>
<td></td>
<td>(thoxxdorm)</td>
</tr>
<tr>
<td></td>
<td>375</td>
</tr>
<tr>
<td></td>
<td>Thiabendazole—for many kinds of worms</td>
</tr>
<tr>
<td></td>
<td>375</td>
</tr>
<tr>
<td></td>
<td>Pyrantel—for pinworm, hookworm, and roundworm</td>
</tr>
<tr>
<td></td>
<td>376</td>
</tr>
<tr>
<td></td>
<td>Niclosamide (Yomesan)—for tapeworm</td>
</tr>
<tr>
<td></td>
<td>376</td>
</tr>
<tr>
<td></td>
<td>Praziquantel (Biltricide, Droncit)—for tapeworm</td>
</tr>
<tr>
<td></td>
<td>376</td>
</tr>
</tbody>
</table>

### Index of Medicines

<table>
<thead>
<tr>
<th>No.</th>
<th>T</th>
<th>347</th>
</tr>
</thead>
<tbody>
<tr>
<td>342</td>
<td>Tagamet (cimetidine)</td>
<td>382</td>
</tr>
<tr>
<td>346</td>
<td>Terramycin (tetracycline)</td>
<td>356</td>
</tr>
<tr>
<td>389</td>
<td>Tetanus antitoxin</td>
<td>389</td>
</tr>
<tr>
<td>389</td>
<td>Tetanus immune globulin</td>
<td>389</td>
</tr>
<tr>
<td>356</td>
<td>Tetracycline</td>
<td>356</td>
</tr>
<tr>
<td>356</td>
<td>Doxycyline</td>
<td>356</td>
</tr>
<tr>
<td>356</td>
<td>Oxyltracycline</td>
<td>356</td>
</tr>
<tr>
<td>356</td>
<td>Tetracyline HCI</td>
<td>356</td>
</tr>
<tr>
<td>385</td>
<td>Theophylline</td>
<td>385</td>
</tr>
<tr>
<td>375</td>
<td>Thiabendazole</td>
<td>375</td>
</tr>
<tr>
<td>363</td>
<td>Thiacetazone</td>
<td>363</td>
</tr>
</tbody>
</table>

Both lists say to turn to page 375. Together, the 'health worker' and the 'mother' (and the rest of the class) read what the medicine can be used for. They notice that the description says nothing about tapeworm.

So the health worker tells the mother that Mintezol would probably not be useful for her son’s tapeworm.

If the class looks at the next page (376) of WTND, they will find 3 medicines that do work for tapeworm:

- niclosamide (Yomesan),
- praziquantel (Biltricide, Droncit),
- and quinacrine (mepacrine, Atabrine). They can read about the risks and precautions, and compare the prices and availability of the different medications. The students will need to have already written in the prices of products in their area. Or the instructor can provide this information during the role play. Be sure all students write it into their books.
The students can now decide with the ‘mother’ which medicine may work best at a price she can afford. The health worker then reads or figures out the exact dosage for the child, writes it down, and explains it to the mother. If she cannot read, the health worker can use a dosage blank with pictures (see page 64 of Where There Is No Doctor). Practice in finding and explaining the right dosage is extremely important. (See page 18-10.)

It is also important that health workers read all they can about a problem before recommending medicines. So, during the role play, be sure students look up ‘Tapeworm’ in the INDEX or CONTENTS of Where There Is No Doctor, and turn to page 143.

The students can use the pictures in the book to help explain to the ‘mother’ and her ‘son’ about tapeworms and how to avoid them. They may also want to look up the ‘Guidelines of Cleanliness’ referred to in the discussion of tapeworm prevention. (See especially p. 133 of WTND.)

Depending on your local situation, the role play can be developed in various ways. For example, the mother might complain that her son will not swallow pills. What should she do? The health worker and mother can look in the INDEX or CONTENTS, and will be guided to page 62.

Or the health worker might go with the mother to return the unused medicine and buy one that is effective against tapeworm. To interest the store owner in learning more about the medicines he buys and sells, the health worker might show him the ‘Words to the Village Storekeeper (or Pharmacist)’ on page 338 of Where There Is No Doctor.
Using the INDEX or CONTENTS to plan classes or for independent study

The INDEX (yellow pages) is a good source of ideas for independent or group study because it lists all the pages that have information about a specific subject. For example:

If health workers want to refresh their knowledge about how to examine someone:

If mothers have already learned the importance of giving Rehydration Drink to children with diarrhea, and want to learn about other uses for it:

If health workers need to review the possible changes in appearance of the urine, and what problems these represent:

The list of CONTENTS at the beginning of the book can also be useful for planning classes or study. For example, if a group of concerned persons in the community wants to learn about the special problems of old people, the list of CONTENTS may help them plan what to study.

Chapter 22

HEALTH AND SICKNESSES OF OLDER PEOPLE. ......................... 323

Summary of Health Problems Discussed in

Other Chapters 323

Other Important Illnesses of Old Age 325

Heart Trouble 325

Words to Younger Persons Who Want to Stay Healthy When Older 326

Stroke (Apolplexy, Cerebro-Vascular Accident, CVA) 327

Deafness with Ringing of the Ears and Dizziness 327

Loss of Sleep (Insomnia) 328

Diseases Found More Often in People over Forty 328

Cirrhosis of the Liver 328

Gallbladder Problems 329

Accepting Death 330

In several health programs we know, village health workers meet every month or so to review a chapter of WTND, or part of a chapter, in order to continue learning. In other programs, health workers and teachers meet regularly with parents, school children, or mothers’ clubs to read and discuss the book, chapter by chapter.

There are many ways people can use a book like Where There Is No Doctor. But to use it fully and well takes a lot of practice. Practice guided by friendly persons who have experience in using reference books is especially helpful.