

Where There Is No Doctor a village health care handbook

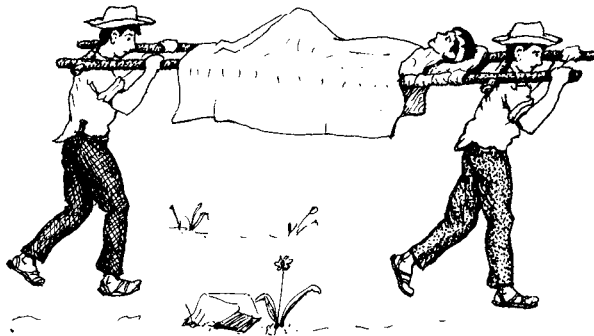
~ revised edition ~

by

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with

Carol Thuman and Jane Maxwell



with drawings by David Werner



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The original English version of this book was produced in 1977 as a revised translation of the Spanish edition, *Donde no hay doctor*.

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**THIS REVISED EDITION
CAN BE IMPROVED WITH
YOUR HELP.**

If you are a community health worker, doctor, parent, or anyone with ideas or suggestions for ways this book could be changed to better meet the needs of your community, please write to Hesperian at the above address. Thank you for your help.

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Thanks to the work and dedication of many groups and individuals around the world, *Where There Is No Doctor* and other Hesperian Health Guide resources have been translated into almost 100 languages and are used by people all over the world. Many of these different language resources are available from Hesperian – as print copies, as downloadable pdfs, or in our online HealthWiki. Please contact us or visit our website to find health information in the language you need. Or contact us about translating materials into your language.

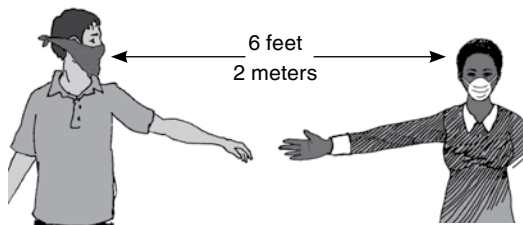


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Coronavirus – COVID-19

The COVID-19 pandemic has wreaked havoc all around the world, infecting and killing people in every country. Now there are vaccines that can prevent COVID-19 and medicines and treatments that can save the lives of people who get infected. But these medicines and treatments are not available to all equally, causing unnecessary illness and death for



Keeping a safe distance from others and wearing a mask protects you. When everyone wears masks, fewer people will get sick with COVID-19.

people in countries with fewer resources in Asia, Africa and Latin America. The wealthy countries of North America and Europe and the big pharmaceutical companies must stop profiteering from people's misery and make vaccines and the ability to produce them available to all. Until they do, we must continue to care for each other.

COVID-19 — Coronavirus

COVID-19: Is your sickness COVID-19?

COVID-19: Staying well in the time of coronavirus

COVID-19: Caring for a sick person at home

COVID-19: Breathing

COVID-19: Health Protection and Security for Protest Marches

COVID-19: How to make masks, face shields, hand-wash stations, hand sanitizer and soap

COVID-19: Managing stress and anger

COVID-19: Vaccines

COVID-19: Vaccine Management

Hesperian has produced 10 Fact Sheets about different aspects of COVID-19, available for free in many languages on our website. Please use the QR Code below or go to: <https://en.hesperian.org/hhg/Coronavirus>

You can also find a summary of information about COVID-19 on the next page.



COVID-19

COVID-19 is caused by the coronavirus that spreads easily between people. Most people who become infected recover without needing medical treatment, but some become dangerously ill. COVID-19 can cause pneumonia (a serious lung infection), can damage the heart and other organs, and in severe cases can lead to death.

COVID-19 enters the body through the mouth, nose, and eyes when an infected person breathes, talks, coughs, or sneezes near you or on surfaces you touch, and you then touch your eyes, nose or mouth.

Most people start feeling sick about 5 days after getting infected, but COVID-19 can live in the body for 2 to 14 days before signs of illness appear. Some people, especially children, can be infected but have no signs of illness. People who do not know they have COVID-19 can still pass the virus to others.



Signs

- Dry cough
- Fever
- Body aches
- Some people also have shortness of breath, loss of taste or smell, and sore throat.

Danger signs

- high fever (102°F/ 39°C) that does not lower
- breathing so shallow, fast or difficult that the lips or face turns blue or the person cannot walk across the room
- chest pain or pressure in the chest that will not go away
- the person acts very confused or cannot be woken up

Anyone with danger signs should get emergency help, especially adults over 55, anyone with heart disease, respiratory disease, diabetes or cancer. Talk with a health worker, perhaps by phone, to arrange testing and treatment. If you are very ill, you may need oxygen and a ventilator to keep breathing.

Vaccination

There are several vaccines for COVID-19. All prevent serious illness or death and all are safe. The sooner you get vaccinated with any of them, the sooner you will be protected and the sooner the disease will stop spreading. After 6 to 8 months, you will also need to get a vaccine “booster” injection to strengthen your resistance to COVID-19.

Prevention

Getting vaccinated is the best way to prevent COVID-19 infection. Until vaccines are available to everyone, you can take steps to protect yourself and others.

Wear a mask: Because COVID-19 spreads through the air, a clean and dry mask that covers your mouth and nose completely can protect you. Wash cloth masks regularly. If caring for a person with COVID-19, N95 respirator masks give the best protection.

Avoid close contact: Keep 2 meters (6 feet) away from people outside your household.

Avoid crowds and places with poor ventilation: If you must be indoors, open windows and doors to bring in fresh air, and minimize the number of people you are with and for how long.

Wash your hands frequently: Use soap and water or an alcohol-based hand-rub.

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Introduction

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, 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 80 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 and activities for villagers or health workers are encouraged to do so. We often grant permission at no charge, provided the parts reproduced are distributed free or at cost—not for profit. Please see the explanation online at www.hesperian.org/about/open-copyright, or contact us at permissions@hesperian.org to answer any questions. Our goal is to help you design a program that works for you, not to make money.

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.

Note about this New Edition

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 **Additional Information** section at the end of the book (p. 401) has information about health problems of growing or special concern: HIV and AIDS, sores on the genitals, leishmaniasis, complications from abortion, guinea worm, and others. Here also are 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, especially whole grains, which provide enough protein *if the child eats enough of them*. Finding ways to give enough healthy foods while avoiding “junk” and highly processed foods, is now emphasized. (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 HIV. (See p. 74.)
- We have also added sections on **mosquito-borne illnesses** (p. 187), **sickle cell disease** (p. 321), **contraceptive implants** (p. 290), and using **birth control pills for emergency contraception** (p. 395).
- 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 additional medicines, including **anti-retrovirals** for treating HIV. Some diseases have become resistant to the medicines used in the past, so it is now harder to give simple medical advice for certain diseases—especially malaria, tuberculosis, typhoid, and sexually spread infections. Often we give several possibilities for treatment. **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 53.) 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 breastfeed their babies at work. Likewise, problems such as misuse of pesticides (p. 414), drug abuse (p. 418), and unsafe abortions (p. 416) 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!**

THANKS

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