Where There Is No Doctor
a village health care handbook

revised edition

by

david werner

with

carol thuman and jane maxwell

with drawings by david werner
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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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 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.

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 (39°C/102°F) 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.
## Contents

A list of what is discussed in each chapter

### INTRODUCTION

### NOTE ABOUT THIS NEW EDITION

### WORDS TO THE VILLAGE HEALTH WORKER (Brown Pages)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Needs and Human Needs</td>
<td>w2</td>
</tr>
<tr>
<td>Many Thing Relate to Health Care</td>
<td>w7</td>
</tr>
<tr>
<td>Take a Good Look at Your Community</td>
<td>w8</td>
</tr>
<tr>
<td>Using Local Resources to Meet Needs</td>
<td>w12</td>
</tr>
<tr>
<td>Deciding What to Do and Where to Begin</td>
<td>w13</td>
</tr>
<tr>
<td>Trying a New Idea</td>
<td>w15</td>
</tr>
<tr>
<td>A Balance Between People and Land</td>
<td>w16</td>
</tr>
<tr>
<td>A Balance Between Prevention and Treatment</td>
<td>w17</td>
</tr>
<tr>
<td>Sensible and Limited Use of Medicines</td>
<td>w18</td>
</tr>
<tr>
<td>Finding Out What Progress Has Been Made</td>
<td>w20</td>
</tr>
<tr>
<td>Teaching and Learning Together</td>
<td>w21</td>
</tr>
<tr>
<td>Tools for Teaching</td>
<td>w22</td>
</tr>
<tr>
<td>Making the Best Use of This Book</td>
<td>w28</td>
</tr>
</tbody>
</table>

### Chapter 1

**HOME CURES AND POPULAR BELIEFS**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Cures That Help</td>
<td>1</td>
</tr>
<tr>
<td>Beliefs That Can Make People Well</td>
<td>2</td>
</tr>
<tr>
<td>Beliefs That Can Make People Sick</td>
<td>4</td>
</tr>
<tr>
<td>Witchcraft—Black Magic—and the Evil Eye</td>
<td>5</td>
</tr>
<tr>
<td>Questions and Answers</td>
<td>6</td>
</tr>
<tr>
<td>Sunken Fontanel or Soft Spot</td>
<td>9</td>
</tr>
<tr>
<td>Ways to Tell Whether a Home Remedy Works or Not</td>
<td>10</td>
</tr>
<tr>
<td>Medicinal Plants</td>
<td>12</td>
</tr>
<tr>
<td>Homemade Casts—for Broken Bones</td>
<td>14</td>
</tr>
<tr>
<td>Enemas, Laxatives, and Purges</td>
<td>15</td>
</tr>
</tbody>
</table>

### Chapter 2

**SICKNESSES THAT ARE OFTEN CONFUSED**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>What Causes Sickness?</td>
<td>17</td>
</tr>
<tr>
<td>Different Kinds of Sicknesses and Their Causes</td>
<td>18</td>
</tr>
<tr>
<td>Non-infectious Diseases</td>
<td>18</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>18</td>
</tr>
<tr>
<td>Sicknesses That Are Hard to Tell Apart</td>
<td>20</td>
</tr>
<tr>
<td>Example of Local Names for Sicknesses</td>
<td>22</td>
</tr>
<tr>
<td>Misunderstanding Due to Confusion of Names</td>
<td>25</td>
</tr>
<tr>
<td>Confusion between Different Illnesses That Cause Fever</td>
<td>26</td>
</tr>
</tbody>
</table>

### Chapter 3

**HOW TO EXAMINE A SICK PERSON**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions</td>
<td>29</td>
</tr>
<tr>
<td>General Condition of Health</td>
<td>30</td>
</tr>
<tr>
<td>Temperature</td>
<td>30</td>
</tr>
<tr>
<td>How to Use a Thermometer</td>
<td>31</td>
</tr>
<tr>
<td>Breathing (Respiration)</td>
<td>32</td>
</tr>
<tr>
<td>Pulse (Heartbeat)</td>
<td>32</td>
</tr>
<tr>
<td>Eyes</td>
<td>33</td>
</tr>
<tr>
<td>Ears, Throat, and Nose</td>
<td>34</td>
</tr>
<tr>
<td>Skin</td>
<td>34</td>
</tr>
<tr>
<td>The Belly (Abdomen)</td>
<td>35</td>
</tr>
<tr>
<td>Muscles and Nerves</td>
<td>37</td>
</tr>
</tbody>
</table>
### Chapter 4

**HOW TO TAKE CARE OF A SICK PERSON**

- The Comfort of the Sick Person 39
- Special Care for a Person Who Is Very Ill 40
- Liquids 40
- Food 41
- Cleanliness and Changing Position in Bed 41
- Watching for Changes 41
- Signs of Dangerous Illness 42
- When and How to Look for Medical Help 43
- What to Tell the Health Worker 43
- Patient Report 44

### Chapter 5

**HEALING WITHOUT MEDICINES**

- Preventing and Treating Illness with Water 46
- When Water Is Better than Medicines 47

### Chapter 6

**RIGHT AND WRONG USE OF MODERN MEDICINES**

- Guidelines for the Use of Medicine 49
- The Most Dangerous Misuse of Medicine 50
- When Should Medicine Not Be Taken? 54

### Chapter 7

**ANTIBIOTICS: WHAT THEY ARE AND HOW TO USE THEM**

- Guidelines for the Use of Antibiotics 56
- What to Do if an Antibiotic Does Not Seem to Help 57
- Importance of Limited Use of Antibiotics 58

### Chapter 8

**HOW TO MEASURE AND GIVE MEDICINE**

- Medicine in Liquid Form 61
- How to Give Medicines to Small Children 62
- How Often to Take Medicines 63
- Dosage Instructions for Persons Who Cannot Read Well 63

### Chapter 9

**INSTRUCTIONS AND PRECAUTIONS FOR INJECTIONS**

- When to Inject and When Not To 65
- When It Is Important to Give Injections 66
- Medicines Not to Inject 67
- Risks and Precautions 68
- Dangerous Reactions From Injecting Certain Medicines 70
- Avoiding Serious Reactions to Penicillin 71
- How to Prepare a Syringe for Injection 72
- How to Inject 73
- How Injections Can Harm Children 74
- How to Clean and Sterilize Equipment 74
Chapter 10
FIRST AID ................................................................. 75
Basic Cleanliness and Protection 75
Fever 75
Shock 77
Loss of Consciousness 78
When Something Gets Stuck in the Throat 79
Drowning 79
When Breathing Stops: Mouth-to-Mouth Breathing 80
Emergencies Caused by Heat 81
How to Control Bleeding from a Wound 82
How to Stop Nosebleeds 83
Cuts, Scrapes, and Small Wounds 84
Large Cuts: How to Close Them 85
Bandages 87
Infected Wounds 88
Bullet, Knife, and Other Serious Wounds 90
Emergency Problems of the Gut (Acute Abdomen) 93
Appendicitis, Peritonitis 94
Burns 96
Broken Bones (Fractures) 98
How to Move a Badly Injured Person 100
Dislocations (Bones Out of Place at a Joint) 101
Strains and Sprains 102
Poisoning 103
Snakebite 104
Other Poisonous Bites and Stings 106

Chapter 11
NUTRITION: WHAT TO EAT TO BE HEALTHY .......................... 107
Sicknesses Caused by Not Eating Well 107
Why It Is Important to Eat Right 109
Preventing Malnutrition 109
Main Foods and Helper Foods 110
Eating Right to Stay Healthy 111
How to Recognize Malnutrition 112
Eating Better When You Do Not Have Much Money or Land 115
Where to Get Vitamins: In Pills or in Foods? 118
Things to Avoid in Our Diet 119
The Best Diet for Small Children 120
Harmful Ideas about Diet 123
Special Diets for Specific Health Problems 124
Anemia 124
Rickets 125
High Blood Pressure 125
People Who Eat Too Much “Junk” Food 126
Constipation 126
Diabetes 127
Acid Indigestion, Heartburn, and Stomach Ulcers 128
Goiter (A Swelling or Lump on the Throat) 130

Chapter 12
PREVENTION: HOW TO AVOID MANY SICKNESSES .................... 131
Cleanliness—and Problems from Lack of Cleanliness 131
Basic Guidelines of Cleanliness 133
Sanitation and Latrines 137
Worms and Other Intestinal Parasites 140
Roundworm (Ascaris) 140
Pinworm (Threadworm, Enterobius) 141
Whipworm (Trichuris) 142
Hookworm 142
Tapeworm 143
Trichinosis 144
Amebas 144
Giardia 145
Blood Flukes (Schistosomiasis, Bilharzia) 146
Vaccinations (Immunizations)—Simple, Sure Protection 147
Other Ways to Prevent Sickness and Injury 148
Habits That Affect Health 148
Chapter 13

SOME VERY COMMON SICKNESSES ............................................. 151

Dehydration 151
Diarrhea and Dysentery 153
The Care of a Person with Acute Diarrhea 160
Vomiting 161
Headaches and Migraines 162
Colds and the Flu 163
Stuffy and Runny Noses 164
Sinus Trouble (Sinusitis) 165
Hay Fever (Allergic Rhinitis) 165
Allergic Reactions 166
Asthma 167
Cough 168

Bronchitis 170
Pneumonia 171
Hepatitis 172
Arthritis (Painful, Inflamed Joints) 173
Back Pain 173
Varicose Veins 175
Piles (Hemorrhoids) 175
Swelling of the Feet and Other Parts of the Body 176
Hernia (Rupture) 177
Seizures (Convulsions) 178

Chapter 14

SERIOUS ILLNESSES THAT NEED SPECIAL MEDICAL ATTENTION .......... 179

Tuberculosis (TB) 179
Rabies 181
Tetanus (Lockjaw) 182
Meningitis 185
Malaria and Mosquito-borne Illnesses 186

Dengue, Zika, Chikungunya, Yellow Fever 187
Brucellosis (Undulant Fever, Malta Fever) 188
Typhoid Fever 188
Typhus 190
Leprosy (Hansen's Disease) 191

Chapter 15

SKIN PROBLEMS ................................................................. 193

General Rules for Treating Skin Problems 193
Instructions for Using Hot Compresses 195
Identifying Skin Problems 196
Scabies 199
Lice 200
Bedbugs 200
Ticks and Chiggers 201
Small Sores with Pus 201
Impetigo 202
Boils and Abscesses 202
Itching Rash, Welts, or Hives 203
Things That Cause Itching or Burning of the Skin 204
Shingles (Herpes Zoster) 204
Ringworm, Tinea (Fungus Infections) 205
White Spots on the Face and Body 206
Mask of Pregnancy 207
Pellagra and Other Skin Problems Due to Malnutrition 208

Warts (Verrucae) 210
Corns 210
Pimples and Blackheads (Acne) 211
Cancer of the Skin 211
Tuberculosis of the Skin or Lymph Nodes 212
Erysipelas and Cellulitis 212
Gangrene (Gas Gangrene) 213
Ulcers of the Skin Caused by Poor Circulation 213
Bed Sores 214
Skin Problems of Babies 215
Eczema (Red Patches with Little Blisters) 216
Psoriasis 216
Chapter 16
THE EYES ................................................................. 217

Danger Signs 217
Injuries to the Eye 218
How to Remove a Speck of Dirt from the Eye 218
Chemical Burns of the Eye 219
Red, Painful Eyes—Different Causes 219
“Pink Eye” (Conjunctivitis) 219
Trachoma 220
Infected Eyes in Newborn Babies
  (Neonatal Conjunctivitis) 221
Iritis (Inflammation of the Iris) 221
Glaucoma 222
Infection of the Tear Sac
  (Dacryocystitis) 223

Trouble Seeing Clearly 223
Cross-Eyes and Wandering Eyes 223
Sty (Hordeolum) 224
Pterygium 224
A Scrape, Ulcer, or Scar on the Cornea 224
Bleeding in the White of the Eye 225
Bleeding Behind the Cornea (Hyphema) 225
Pus Behind the Cornea (Hypopyon) 225
Cataract 225
Night Blindness and Xerophthalmia 226
Spots or “Floaters” Before the Eyes 227
Double Vision 227
River Blindness (Onchocerciasis) 227

Chapter 17
THE TEETH, GUMS, AND MOUTH .................................. 229

Care of Teeth and Gums 229
If You Do Not Have a Toothbrush 230
Toothaches and Abscesses 231
Pyorrhea, an Infection of the Gums 231

Sores or Cracks at the Corners of the Mouth 232
White Patches or Spots in the Mouth 232
Cold Sores and Fever Blisters 232

Chapter 18
THE URINARY SYSTEM AND THE GENITALS ....................... 233

Urinary Tract Infections 234
Kidney or Bladder Stones 235
Enlarged Prostate Gland 235
Infections Spread by Sex
  (Sexually Transmitted Infections) 236
Gonorrhea and Chlamydia 236
Buboes (Lymphogranuloma Venereum) 237
Syphilis 238

Use of a Catheter to Drain Urine 239
Vaginal Discharge 241
How To Avoid Vaginal Infections 242
Pain or Discomfort in a Woman’s Belly 243
People Who Cannot Have Children
  (Infertility) 244

Chapter 19
INFORMATION FOR MOTHERS AND MIDWIVES .................... 245

The Menstrual Period
  (Monthly Bleeding in Women) 245
Menopause
  (When Women Stop Having Periods) 246
Pregnancy 247

How to Stay Healthy during Pregnancy 247
Minor Problems during Pregnancy 248
Danger Signs in Pregnancy 248
Check-ups during Pregnancy
  (Prenatal Care) 250
Record of Prenatal Care 253
Difficult Births 267
Things to Have Ready Before the Birth 254
Tearing of the Birth Opening 269
Preparing for Birth 256
Care of the Newborn Baby 270
Signs That Labor Is Near 258
Illnesses of the Newborn 272
The Stages of Labor 259
The Mother's Health after Childbirth 276
Care of the Baby at Birth 262
Childbirth Fever
The Delivery of the Placenta (Afterbirth) 264
(Infection after Giving Birth) 276
Medicines to Control Bleeding
Hemorrhaging (Heavy Bleeding) 264
Lumps or Growths in the Lower Part of the Belly 280
Medicines to Control Bleeding:
Care of the Cut Cord
After Birth or Miscarriage:
Care of the Newborn Baby
Oxytocin, Misoprostol, Ergometrine 266
Miscarriage (Spontaneous Abortion) 281
Chapter 20
FAMILY PLANNING—HAVING THE NUMBER OF CHILDREN YOU WANT ................................................. 283
Chapter 21
HEALTH AND SICKNESSES OF CHILDREN ................................................................. 295
Family Planning 284
Other Methods of Family Planning 290
How Women Become Pregnant 286
Behavioral Methods of Family Planning 291
Family Planning Methods 287
These Methods Do Not Prevent Pregnancy 293
Condoms 287
Methods for Those Who Never Want to Have More Children 294
Birth Control Pills (Oral Contraceptives) 288
Whooping Cough 313
Family Planning Methods
Infectious Diseases of Childhood 311
Chickenpox 311
Chickenpox 311
Measles (Rubeola) 311
Sore Throat and Inflamed Tonsils 309
German Measles (Rubella) 312
Rheumatic Fever 310
Mumps 312
Infectious Diseases of Childhood 311
Earache and Ear Infections 309
Chickenpox 311
Sickled Cell Disease 321
German Measles (Rubella) 312
Measles (Rubeola) 311
A Swollen Testicle
Rheumatic Fever 310
(Under the Groin or Hernia) 317
Infectious Diseases of Childhood 311
Children with Spasticity (Cerebral Palsy) 320
Children with Physical Disabilities or Cognitive Delay 318
Delayed Development in the First Months of Life 321
Sickled Cell Disease 321
Helping Children Learn 322
What to Do to Protect Children's Health 295
Child Health Chart 298
Review of Children's Health Problems
Problems Children Are Born With 316
Dislocated Hip 316
Child Health Chart
Problems Children Are Born With
Earache and Ear Infections 309
Sickled Cell Disease 321
Helping Children Learn 322
What to Do to Protect Children's Health 295
Children's Growth—
and the "Road to Health" 297
Child Health Chart 298
Review of Children's Health Problems
Problems Children Are Born With 316
Dislocated Hip 316
Child Health Chart
Problems Children Are Born With
Earache and Ear Infections 309
Sickled Cell Disease 321
Helping Children Learn 322
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 (Apoplexy, Cerebro-Vascular Accident, CVA) 327
Deafness 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

Chapter 23
THE MEDICINE KIT .......................................................................................... 331
How to Care for Your Medicine Kit 332
Buying Supplies for the Medicine Kit 333
The Home Medicine Kit 334
The Village Medicine Kit 336
Words to the Village Storekeeper or Pharmacist 338

THE GREEN PAGES—The Uses, Dosage, and Precautions for Medicines ....... 339
List of Medicines in the Green Pages 341
Index of Medicines in the Green Pages 344
Information on Medicines 350

ADDITIONAL INFORMATION ............................................................................. 401
HIV and AIDS 401
Sores on the Genitals 404
Circumcision and Excision 406
Special Care for Small, Early, and Underweight Babies 407
Ear Wax 407
Leishmaniasis 408
Guinea Worm 408
Emergencies Caused by Cold 410
How to Measure Blood Pressure 412
Poisoning from Pesticides 414
Danger Signs After Abortion 417
Drug Misuse and Addiction 418

VOCABULARY—Explaining Difficult Words .................................................... 421
ADDRESSES FOR TEACHING MATERIALS. .................................................. 431
INDEX (Yellow Pages) ....................................................................................... 435
Dosage Instructions for Persons Who Cannot Read
Patient Reports
Other Books from Hesperian
Information About Vital Signs
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**.
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 Medicines. (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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