

 **Where There Is No Doctor - A Village Health Care Handbook (Hesperian Foundation, 1993, 516 p.)**

  **THE BLUE PAGES - New Information**

 **(introduction...)**

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 **Drug Abuse and Addiction**

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**THE BLUE PAGES - New Information**

***In this revised edition of Where There Is No Doctor we have added several new topics to bring the book up to date and make it more complete. One of the topics, AIDS, is a new disease which is rapidly spreading over most of the world. Likewise, complications from illegal abortions, pesticide poisoning, and drug addiction are problems which have come to affect much larger numbers of people in the last few years. Other topics we have included because we have had many requests. We have added the section on measuring blood pressure because the book is widely used by health workers, some of whom have equipment for taking blood pressure.***

### **AIDS (Acquired Immune Deficiency Syndrome, HIV)**

**AIDS is a new and dangerous disease spread from person to person by a virus. It is now found in most countries around the world, and in many is becoming more and more common.**

**AIDS reduces the body's ability to fight disease. A person with AIDS can get sick very easily—from many different illnesses such as diarrhea, pneumonia, tuberculosis, or a serious type of skin cancer. Most persons with AIDS die from diseases their bodies cannot fight.**

**AIDS is spread when blood, semen (sperm), or vaginal juice of someone with the AIDS virus enters the body of another person. It can be spread through:**

**Sex** with someone who has the AIDS virus.

**Using the same needle or syringe** (or any instrument that cuts the skin) without sterilizing it.

An **infected mother** to her unborn child.





Figure



Figure



Figure

A person who has sex with more than one person has a higher risk of AIDS.

Drug users who share the same needle have a very high risk.

About one third of the babies of mothers with the AIDS virus get AIDS.

**IMPORTANT: You can get AIDS from someone who looks completely healthy. Often it takes months or years after the AIDS virus enters the body for the first signs to appear- but the person can still spread AIDS to others through sex or sharing needles.**

**AIDS is not spread through everyday contact such as shaking hands, or living, playing, or eating together. Also, it is not spread by food, water, insects, toilet seats, or communion cups.**

**Signs: The signs of AIDS are different in different persons. Often they are the typical signs of other common illnesses, but are more severe and last longer.**

**If a combination of these 3 signs appears and the person gets sick more and more often, he or she may have AIDS (but you cannot be sure without a special test):**

- **gradual weight loss. The person becomes thinner and thinner.**

- **diarrhea for more than 1 month,**
- **and a fever for more than 1 month. Sometimes it comes and goes.**

**The person may also have one or more of these signs:**

- **a bad cough that lasts for more than 1 month**
- **yeast infection in the mouth ('thrush')**
- **swollen lymph nodes, anywhere in the body**
- **skin rashes**
- **warts or sores that keep growing and do not go away with treatment, especially around the genital area and buttocks**
- **feels tired all the time**
- **Persons with the AIDS virus are more likely to get tuberculosis or shingles.**



**In Africa AIDS is often called 'slim disease' because persons with AIDS lose so much weight.**

***Treatment:***

**There is still no medicine to cure AIDS. But because the persons who have AIDS have difficulty fighting infections, they should be given treatment for them:**

- **For diarrhea, give Rehydration Drink.**
- **For thrush, use gentian violet, nystatin, or miconazole.**
- **For warts, use bichloroacetic acid or podophyllin.**

- **For fever give lots of fluids, aspirin, and lower high fever with a cool bath.**
- **Treat cough and pneumonia with antibiotics. If cough and fever last long, consider getting a TB test. Seek local advice about TB prevention and treatment for persons with the AIDS virus.**
- **For itchy skin, give antihistamines and treat any infection.**
- **Stay as healthy as possible by eating well (see Chapter 11), by not drinking, smoking, or using drugs, and by getting enough rest and sleep.**

**There is no need for persons with AIDS to live or sleep alone. Their skin or breathing does not spread the infection.**

**At home, family and friends can give love and support to help the person prepare for his or her approaching death.**

#### ***Prevention of AIDS:***

- **Have sex only with one faithful partner.**
- **Use a condom if you or your partner have had other sexual partners. Using a condom reduces the risk of getting AIDS.**
- **Do not have sex with persons who have many sex partners, such as prostitutes (female or male), or with persons who inject illegal drugs.**
- **Treat sexually transmitted diseases early-especially those causing sores.**
- **Do not have an injection unless you are sure the instruments are sterilized first.**

**Health workers should NEVER re-use a needle or syringe without sterilizing it first.**

- **Do not inject illegal drugs. If you do, do not share the same needle or syringe with someone else unless it is first sterilized with bleach or boiled for 20 minutes.**
- **Make sure instruments for circumcision, ear piercing, acupuncture, and traditional practices such as scarring, are boiled.**
- **If possible, do not accept a transfusion of blood that has not first been tested. Avoid transfusions except when absolutely necessary.**
- **Look for ways to protect and educate 'street children', migrant workers, drug users and others at 'high risk', about how not to get AIDS.**
- **In the long run, AIDS can best be prevented by fighting for fairer social and economic conditions, so that families do not need to separate to find work, and so that people need not sell their bodies for sex.**

**Persons with AIDS who have a lot of fever, diarrhea, or pain need special care. This can usually be done without risk. But to prevent spreading the virus, some things should be remembered:**

- **Blood, open sores, bloody diarrhea, or bloody vomit can spread the virus. To prevent touching these, if possible wear rubber or plastic gloves. Wash your hands often.**
- **Soiled or bloody clothes, bedding, or towels should be handled with care. Wash them in hot soapy water, or add some chlorine bleach.**



**Be kind to persons with AIDS.**

### **Sores on the Genitals**

**A single, painless sore on the genitals may be a sign of syphilis. But several sores are likely to be a sign of other sexually transmitted diseases: genital warts, genital herpes, or chancroid.**

### **Genital Warts (Venereal warts, Condylomata acuminata)**

**These warts are caused by a virus that is spread by sexual contact. They look like warts on other parts of the body but there are usually more of them.**



**Figure**

***Signs:***

**Small, hard, whitish or brownish skin growths that have a rough surface. In men they usually grow on the penis but can also grow on the *scrotum* or anus (asshole). In women they grow on the lips of the vagina, inside the vagina, or around the anus.**

***Treatment:***

**Apply a small amount of bichloroacetic acid or podophyllin to each wart. (If possible, first apply some *Vaseline* or other greasy ointment to the skin around each wart to protect the healthy skin.) Podophyllin must be washed off 6 hours later. Several treatments are usually necessary. The warts will slowly shrink and go away, but often return.**

***Prevention:***

**The man should wear a condom during sex if either he or his partner has genital warts.**

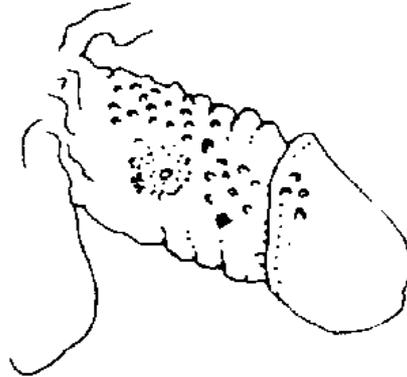
**Using a condom each time you have sex helps prevent the spread of warts, herpes, chancroid, AIDS, and other sexually transmitted diseases.**

**Genital Herpes**

**Genital herpes is a painful skin infection caused by a virus. Small blisters appear on the sex parts. Genital herpes is spread from person to person during sex. Genital herpes occasionally appears on the mouth from oral sex. But it is different from the kind of herpes that commonly occurs on the mouth, which is often not spread by sex (see Cold Sores).**

***Signs:***

- **One or more small very painful blisters, like drops of water on the skin, appear on the sex organs (penis and vagina), anus, buttocks, or thighs.**
- **Blisters burst and form small, open sores.**
- **These dry up and become scabs.**



**Figure**

**The herpes sores can last for 3 weeks or more, with fever, aches, chills, and swollen lymph nodes in the groin. Women may have trouble urinating.**

**The virus stays in the body after all signs disappear. New blisters can appear at any time, from weeks to years later. Usually the new sores appear in the same place, but are fewer, not as painful, and heal more quickly.**

***Treatment:***

**There is no medicine that cures herpes. Keep the area clean. Do not have sex while the blisters or sores are present-not even with a condom.**

**Wash hands often and try not to touch the sores. The infection can spread to the eyes if a person rubs them after touching the sores.**

***CAUTION:* If a woman has herpes sores when she gives birth, her baby can get it. This is**

**very dangerous. Let your health worker or midwife know if you have ever had genital herpes.**

## **Chancroid**

### ***Signs:***

- **soft, painful sores on the genitals or anus**
- **enlarged lymph nodes (bubos) may develop in the groin**



**Figure**

### ***Treatment:***

- **Give co-trimoxazole or erythromycin for 7 days.**
- **It is often a good idea to treat for syphilis at the same time.**
- **If there are enlarged lymph nodes, see a health worker who can drain them.**

## **Circumcision and Excision (Cutting Away Skin From the Sex Parts)**

**In many communities, boy children are circumcised-and in some parts of the world, also girls-as a traditional 'practice' or 'custom'. For health reasons, circumcision is not necessary. To boys it usually does no harm. But for girls, this practice-called 'excision'-is very dangerous and should be strongly discouraged.**

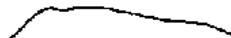
### **BOYS**

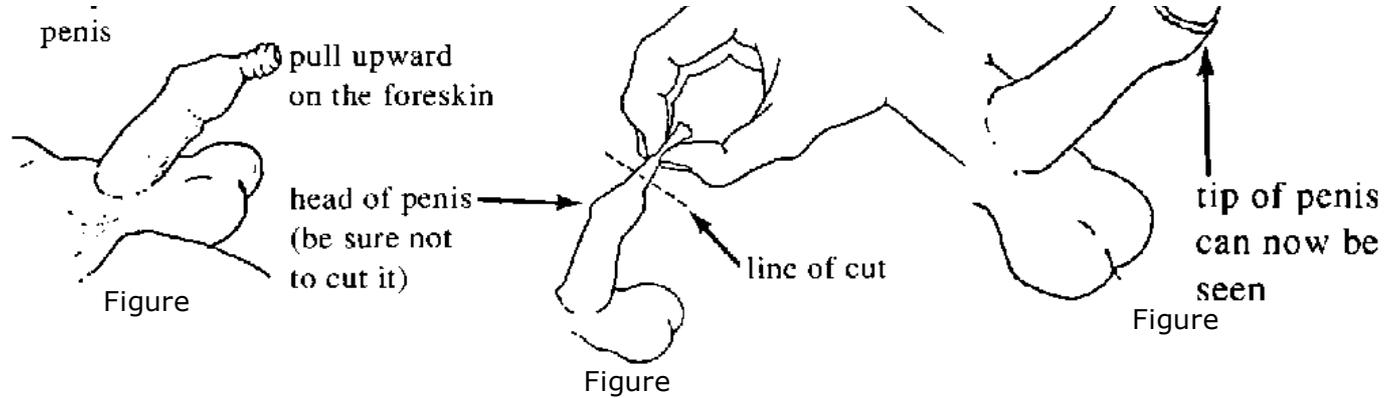
**A baby boy is born with a tube of skin (foreskin) covering the 'head' of his penis. As long as urine comes out of the hole at the tip, there should be no problem. The foreskin will usually not pull back completely over the head of the penis until the boy is about 4 years old. This is normal and circumcision is not necessary. Do not try to pull the foreskin back by force.**

**However, if the foreskin becomes red, swollen, and so tight that the baby cannot pass urine without pain, this is not normal. Take him to a health worker for a circumcision as soon as possible.**

**As a family ritual, simple circumcision of a healthy baby boy may be done by a midwife or person with experience. Using a new razor, she cuts off a little of the foreskin beyond the head of the penis. After the cut, there is some bleeding. Hold the penis firmly with a clean cloth, or gauze, for 5 minutes, until the bleeding stops. Some healers use the juice of a plant to help stop the bleeding.**

baby's





**If the bleeding does not stop, wash away the clots of blood with clean water, and pinch the end of the foreskin between the fingers with a piece of clean cloth for as long as it takes the bleeding to stop. No medicine is needed.**

## **GIRLS**

**In circumcision of girls, or 'excision', the soft knob of flesh (clitoris) at the front end of the vagina is cut out. Sometimes, part of the vaginal lips is also cut away. Removing the clitoris is as bad as cutting off the head of a boy's penis. Excision should not be done. Girls who have been excised may have frequent urinary and vaginal infections, and difficulty during childbirth.**

**There is also danger of severe bleeding during excision. The child can die in a few minutes. Act quickly. Wash away the clots to find the exact point where the blood is coming from and press on it firmly for 5 minutes. If bleeding continues, keep pressing the bleeding spot while you carry the child to a health worker or doctor for help.**

### **Special Care for Small, Early, and Underweight Babies-'Kangarooing'**

**A baby who is born very small (weighs less than 2 1/2 kilos or 5 pounds) will need special care. If possible, take the baby to a health post or hospital. In the hospital, these babies are often kept warm and protected in a special temperature-controlled box called an incubator. However, for a baby who is basically healthy, a mother can often provide similar warmth and protection by 'kangarooing' the baby:**

- **Place the baby naked, with or without a diaper or nappy, upright inside your clothing against your skin, between your breasts. (It helps to wear a loose blouse, sweater, or wrap tied at the waist.)**
- **Let the baby suck at your breast as often as he wants, but at least every 2 hours.**
- **Sleep propped up so that the baby stays upright.**
- **Wash the baby's face and bottom each day.**

- **Make sure the baby stays warm at all times. If it is cool, dress the baby with extra clothing, and cover his head.**
- **While you bathe or rest, ask the father, or another family member, to 'kangaroo' the baby.**
- **Take the baby to a health worker regularly. Be sure that he gets all his vaccinations.**
- **From the age of 2 weeks, the baby will need iron and vitamin supplements. The daily dose should be: iron (ferrous sulfate) 25 mg.; folic acid 1.25 mg. (1/4 tablet); and a multivitamin preparation to provide vitamin A, 2,500 units, vitamin D 400 units, and vitamin C 25 mg. Check the tablets you have available.**



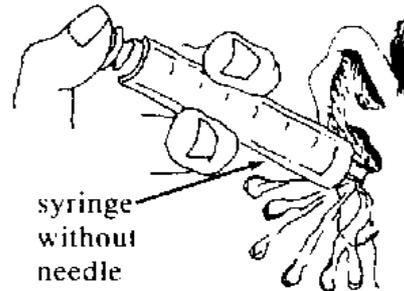
## Figure

### Ear Wax

**A little wax in the ears is normal. But some people have too much wax, or it dries into a hard lump close to the ear drum. This can block the ear canal so that the person cannot hear well.**

***Treatment:* To remove the wax, first soften it by putting several drops of warm vegetable oil into the person's ear. Then have her lie down on her side with the ear up for 15 minutes. Next, wash the ear out well by pouring several cups of warm (not hot) water into it.**

**If this does not work, remove the needle from a syringe and fill the syringe with warm water and squirt it into the ear canal. Repeat this several times, or until the wax comes out. Stop if the person starts to feel dizzy. If the wax still will not come out, seek medical advice.**



**Figure**

### Leishmaniasis

**This disease is found in Africa, India, and the Middle East, and in southern Mexico, Central America and South America. The infection is carried from person to person by a small sand fly which infects a person when it bites.**

**Some forms of the disease cause damage inside the body (visceral leishmaniasis, kala-azar, dumdum fever). These are very difficult to recognize and the treatment is very complicated and expensive. If possible, seek medical help.**

**Other forms affect mainly the skin (cutaneous leishmaniasis, tropical sore, Delhi boil, espundia, forest yaws, uta, chiclero ulcer). These are easier to treat.**

### ***Signs of leishmaniasis of the skin:***

- **2 to 8 weeks after being bitten, swelling appears where the fly bit.**
- **The swelling becomes an open sore, usually with pus.**
- **Sores can heal by themselves, but may take several weeks to 2 years.**
- **Sores become infected (with bacteria) very easily.**

### ***Treatment:***

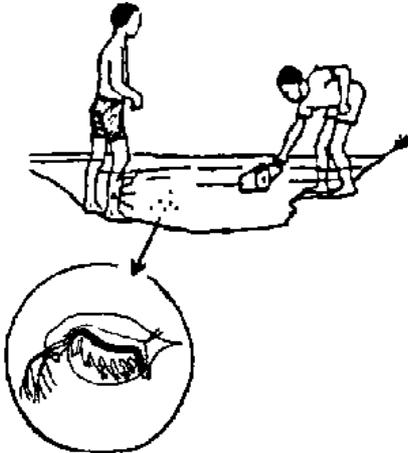
- **Clean the sore with cool, boiled water.**
- **Apply a hot, moist cloth to the sore (not so hot that it burns the skin) for 10 to 15 minutes.**
- **Do this 2 times a day for 10 days. This 'heat treatment' often brings a complete cure.**
- **If the sore looks infected (red and painful), also give antibiotics.**

## **Guinea Worm**

**Guinea worm is a long, thin worm that lives under the skin and makes a painful sore on**

**the ankle, leg, or elsewhere on the body. The worm, which looks like a white thread, can be over a meter long. Guinea worm is found in parts of Africa, India, and the Middle East.**

**Guinea worm is spread from person to person, like this:**



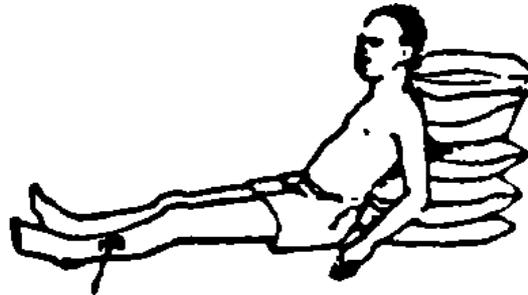
**Figure**

- 1. Infected person with open sore wades into a water hole. The worm pokes its head out of the sore and lays thousands of eggs into the water.**
- 2. Tiny water-fleas pick up the worm eggs.**



Figure

**3. Another person drinks some of the water. The fleas, with the worm eggs, are swallowed.**



Figure

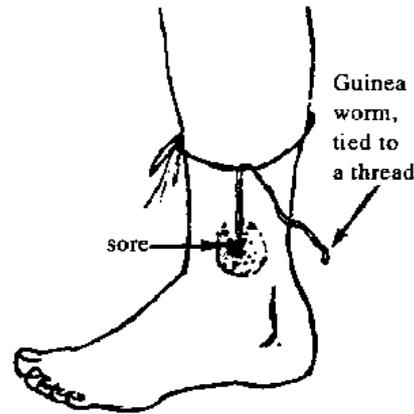
**4. Some of the eggs develop slowly into worms under the skin, but at first the person feels nothing. About one year later, a sore forms when an adult worm breaks through the skin to lay its eggs.**

***Signs:***

- **A painful swelling develops on the ankle, leg, testicles or elsewhere on the body.**
- **After a week a blister forms, which soon bursts open forming a sore. This often happens when standing in water, or bathing. The end of a white thread-like Guinea worm can be seen poking out of the sore.**
- **If the sore gets dirty and infected, the pain and swelling spread, and walking becomes impossible. Sometimes tetanus occurs.**

***Treatment:***

- **Keep the sore clean. Soak the sore in cold water until the worm's head pokes out.**
- **Attach a thread to the worm, or roll it round a thin stick, and pull gently, a little more each day. This may take a week or more. The worm can be more than a meter long! Try not to break it, because this can cause severe infection.**
- **Give metronidazole or thiabendazole to help reduce discomfort and make it easier to slowly pull out the worm. (The medicines do not kill the worms. For dosages and precautions)**
- **Give anti-tetanus vaccination.**
- **If sores become infected (spreading pain, redness, swelling, and fever), give penicillin or dicloxicillin or a similar antibiotic.**



Figure

**Prevention:**

- Use tap water for drinking, if available. If a water hole is the only supply, then do not drink from it directly. Pour the water into a special drinking water pot, through a clean cloth tied over the top. The cloth will filter out the infected water-fleas.



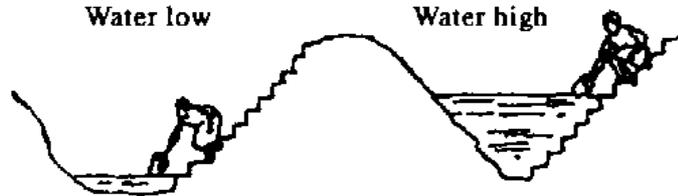
Figure

- If the community can build stone steps into the water

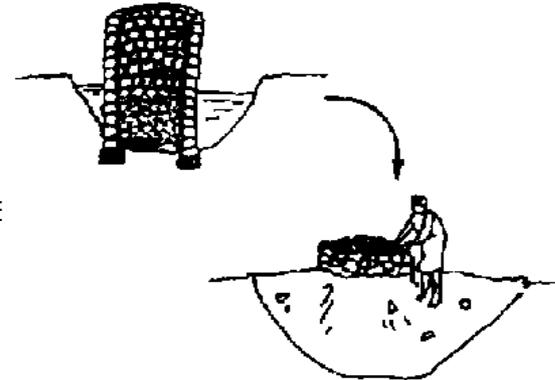
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- Or turn the water hole into a well. so

hole, people can scoop water from the last dry step without that people can draw water with a rope and bucket.



ALWAYS USE THE LAST DRY STEP. NEVER STEP INTO THE WATER.



Figure

**If nobody wades or bathes in water used for drinking, the infection cannot be passed on, and will eventually disappear from the area.**

### **Emergencies Caused by Cold**

#### **Loss of Body Heat (Hypothermia)**



**Figure**

**In cold climates, or cold, wet or windy weather, persons who are not wearing enough warm clothes can lose the heat from their bodies. This is very dangerous. Often the person does not realize what is happening to him. He can become so confused that he will not ask for help and may die.**

***Signs:***

- **Uncontrolled shivering**
- **Slow or unclear speech**
- **Stumbles when he walks**
- **Cannot think clearly**

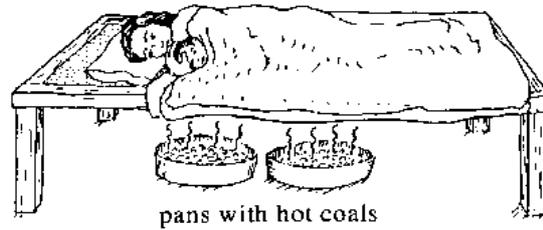
- **Feels very tired**

***Treatment:***

- **Quickly get the person to a dry place protected from the wind.**
- **If his clothes are wet, take them off and cover him with dry clothing. Wrap him in dry blankets.**
- **Make sure his head, feet, and hands are covered.**
- **Heat some stones in a fire and wrap them in cloth. Put the warm stones next to his chest, back, and groin.**

**WARNING: Do not warm up the person too fast as this could cause heart problems and death.**

- **Do all you can to keep the person warm. If it is a child, wrap him inside your clothing against your skin (see 'Kangarooing'). Or sleep with him in your arms. If possible, have someone else lie on the other side. Or put pans of hot coals, or a few small oil lamps under the cot. (But be careful he does not get burned, or too warm.)**



pans with hot coals

**Figure**

- **Give him sweet things to eat and drink like sugar, candy, honey, sweet ripe fruit or fruit juice. If you do not have these things, give him starchy foods like rice, bread, plantain, or potatoes.**

**If the person stops shivering but still has any of the above signs, or if he is unconscious, his condition is very serious. Keep trying to warm him, but if he does not wake up, get medical help FAST.**

### **Dangerously Low Body Temperature in Babies and Sick Persons**

**Sometimes, especially in cool weather, a baby, sick child, or person who is very old, ill, malnourished, or weak may lose so much body heat that their temperature drops below normal. The signs mentioned on the previous page may develop, and the person may die. Try to raise the body temperature by keeping the person warm.**

### **Frozen Skin (Frostbite)**

**In freezing weather, if a person is not dressed warmly enough, her hands, feet, ears, and sometimes face may begin to freeze. Frostbite is very dangerous. If completely frozen, the skin will die and later turn black. The part may have to be cut off (amputated).**

***Signs of frostbite:***

- **At first, numbness and often sharp pain in one part of the body.**
- **Then all feeling goes away as the part gets more frozen.**
- **The part gets pale in color and feels hard when touched.**



**Warm hands and feet against body.**



**Try to cover ears and face.**

***Treatment of mild frostbite:*** If the skin still feels soft when touched, the person probably has 'mild frostbite'. Wrap the part with dry cloth and warm it against another part of the person's own body or someone else's. Try to keep moving and get out of the cold as fast as possible.

***Treatment of severe frostbite: CAUTION:*** Do not start treatment for severe frostbite until you are in a place where the person's whole body can be kept warm during and after treatment. It is better to let a hand or foot stay frozen for several hours than to let it get warm and then freeze again. When you get to a warm, protected place:

- Fill a large container with warm water (not hot) that feels comfortable when you hold your hand in it.
- Soak the person's frozen part in the water until it gets warm.

- **If the water cools, add more warm water. But take out the person's hand or foot while you do this. Remember, she cannot feel how hot the water is and you can easily burn her.**
- **As it gets warm, the frozen part will become very painful. Give aspirin or codeine.**
- **When it is no longer frozen, the person must stay warm and rest.**
- **Be very gentle with the part that was frozen. Treat as you would a severe wound or burn. Seek medical help. Sometimes dead parts of the body must be removed through surgery.**

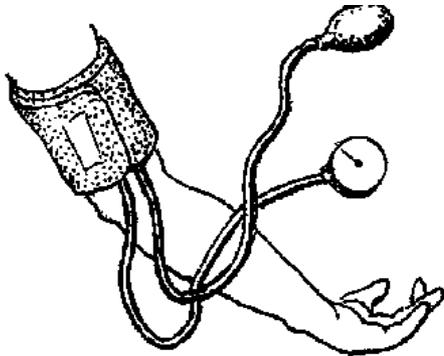
### **How to Measure Blood Pressure**

**Blood pressure measurement can be an important skill for health workers and midwives. It is an especially useful tool in examining:**

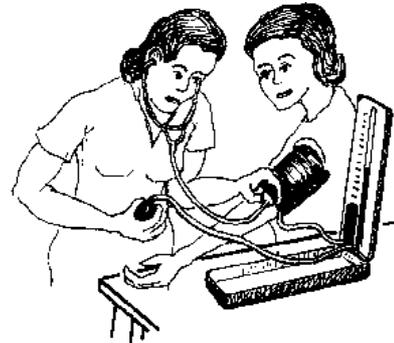
- **Pregnant women.**
- **Mothers before and during childbirth.**
- **A person who may be losing a lot of blood from any part of the body, inside or out.**
- **A person who might be in shock, including allergic shock.**
- **People over 40.**
- **Fat people.**

- **Anyone with signs of heart trouble, stroke, difficulty breathing, frequent headaches, swelling, diabetes, chronic urinary problems, or swollen or painful veins.**
- **Persons known to have high blood pressure.**
- **Women taking (or planning to take) birth control pills.**

**There are 2 kinds of instruments for measuring blood pressure:**



A blood pressure cuff with a gauge,



and the older mercury sphygmomanometer, which shows the level of mercury.

**To measure blood pressure:**

- **Make sure the person is relaxed. Recent exercise, anger, or nervousness can make pressure rise and give a falsely high reading. Explain what you are going to do, so the person is not surprised or frightened.**

- **Fasten the pressure cuff around the person's bare upper arm.**
- **Close the valve on the rubber bulb by turning the screw clockwise.**
- **Pump the pressure up to more than 200 millimeters of mercury.**
- **Place the stethoscope over the inside of the elbow.**
- **Listen carefully for the pulse as you slowly let air out of the cuff. As the needle of the gauge (or the level of mercury) slowly drops, take two readings:**

**1. Take the first reading the moment you begin to hear the soft thumping of the pulse. This happens when the pressure in the cuff drops to the highest pressure in the artery (systolic or 'top' pressure). This top pressure is reached each time the heart contracts and forces the blood through the arteries. In a normal person, this top pressure reading is usually around 110 to 120 mm.**

**2. Continue to slowly release the pressure while listening carefully. Take the second reading when the sound of the pulse begins to fade or disappear. This happens when the pressure in the cuff drops to the lowest pressure in the artery (diastolic or 'bottom' pressure). This bottom pressure occurs when the heart relaxes between pulses. It is normally around 60 to 80 mm.**

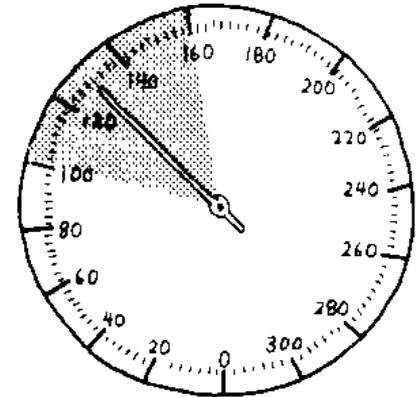
**When you record a person's blood pressure, always write both the top and bottom pressure readings. We say that an adult's normal blood pressure (BP) is "120 over 80," and write it like this:**

BP  $\frac{120}{80}$  or BP 120/80

**120 is the top (systolic) reading**  
**80 is the bottom (diastolic) reading.**

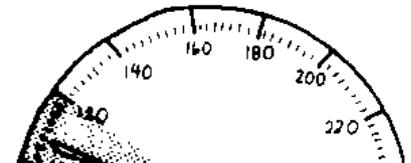
**For health workers, it may be better to speak of the "top" and "bottom" numbers (TN and BN), rather than use big, strange words like systolic and diastolic.**

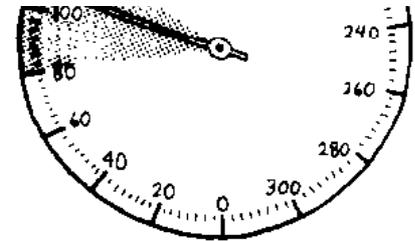
It is usually the bottom number that tells us more about a person's health. For example, if a person's blood pressure is 140/85, there is not much need for concern. But if it is 135/110, he has seriously **high blood pressure** and should lose weight (if fat) or get treatment. A bottom number of over 100 usually means the blood pressure is high enough to require attention (diet and perhaps medicine).



Figure

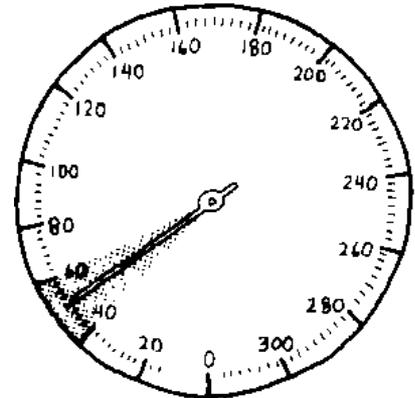
**Normal blood pressure** for an adult is usually around 120/80, but anything from 100/60 to 140/90 can be considered normal.





Figure

If a person regularly has **low blood pressure**, there is no need to worry. In fact, blood pressure on the low side of normal, 90/60 to 110/70, means a person is likely to live long and is less likely to suffer from heart trouble or stroke.



Figure

**A sudden drop in blood pressure is a danger sign, especially if it falls below 60/40. Health workers should watch for any sudden drop in the blood pressure of persons who are losing blood or at risk of shock.**

**For more information about blood pressure measurement, see *Helping Health Workers Learn*, Chapter 19.**

### **Poisoning from Pesticides**

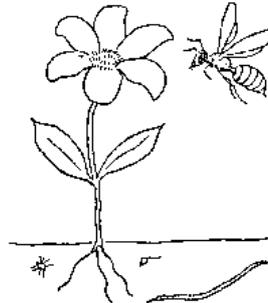
**Pesticides are chemical poisons used to kill certain plants (herbicides), fungus (fungicides), insects (insecticides) or other animals (for example, rat poison). In recent years, the increasing misuse of pesticides has become a big problem in many developing countries. These dangerous chemicals can cause severe health problems. They can also damage the 'balance of nature', which in time can lead to smaller harvests.**



Figure

**Many pesticides are extremely dangerous.** Villagers often use them without knowing their risks, or how to protect themselves while using them. As a result, many persons become **very ill, blind, sterile, paralyzed**, or their children may have **birth defects**. Also, working with these chemicals, or eating foods sprayed with them, sometimes causes **cancer**.

**Chemicals used to kill insects and weeds at first allow farmers who can afford them to produce more crops. But today, pesticide-treated crops often produce smaller harvests than crops produced without pesticides. This happens because pesticides also kill the 'good' birds and insects that provide a natural control of pests and are beneficial to the soil. Also, as the insects and weeds become resistant, greater quantities and more poisonous kinds of pesticides are needed. So, once farmers begin to use these chemical poisons, they become dependent on them.**



**Pesticides also kill the beneficial animals - such as bees and earthworms**

**As farmers' dependency on chemical pesticides and fertilizers goes up, so does the cost. When the smaller, poorer farmers can no longer afford them, they are forced off the land. As the land becomes owned by a few 'giant' farmers, and more and more people become landless, the number of malnourished and hungry people increases.**

**The risk of pesticide poisoning is high for these landless, poorly paid farm workers and their families. Many live in open shacks at the edge of fields that are sprayed with pesticides. The poison can easily get into their homes or water supply. This is especially dangerous for small children, who can be seriously harmed by even small amounts of these poisons. Farmers who use backpack sprayers, which often leak, are also at high**

**risk.**

**Landless farm workers and their families, who live in shacks at the edge of the big farms, often suffer from pesticide poisoning.**

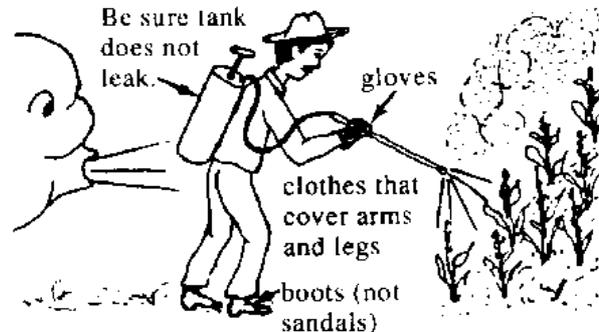
**Laws are needed to prohibit the most dangerous pesticides and to provide clear warnings. Unfortunately, after governments in industrialized countries limited the use of many pesticides, chemical manufacturers began to sell their dangerous products to developing countries, where laws are less strict.**

**Some of the most dangerous pesticides are aldrin, dieldrin, endrin, chlordane, heptachlor, DDT, DBCP, HCH, BHC, ethylene dibromide (EDB), paraquat, parathion, agent orange (2-4D with 2-4-5T), camphechlor (toxaphene), pentachlorophenyl (PCP), and chlordimeform. It is very important to read carefully the labels of pesticide containers. Be sure to read the small print, because the pesticide may not be part of the brand name.**

**WARNING: If you use any pesticide, take the following precautions:**

- **Mix chemicals and load spray equipment carefully.**
- **Stand so that wind blows spray away from you.**

- **Wear protective clothing, covering the whole body.**
- **Wash hands before eating.**
- **Wash the whole body and change clothes immediately after spraying.**
- **Wash clothes after spraying.**
- **Do not let wash water get into drinking supply.**
- **Be sure containers with pesticides are clearly marked, and kept out of children's reach. Do not use pesticide containers for food or water.**



**Figure**

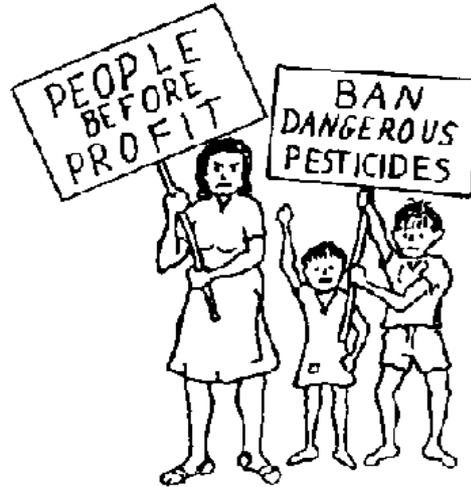
**CAUTION: Make sure that children, and women who are pregnant or breast feeding, stay away from all pesticides.**

***Treatment for pesticide poisoning:***

- **If the person is not breathing, quickly do mouth-to-mouth breathing.**
- **Follow instructions to make the person vomit, and to give powdered charcoal (or egg whites) to soak up the poison inside the gut. But do not make the person vomit if you do not know what kind of pesticide he was using, or if he swallowed a pesticide with gasoline, kerosene, xylene, or other 'petroleum-based' liquids.**
- **Remove any pesticide-soaked clothing, and wash skin exposed to pesticide.**

**The above steps can help to treat the immediate problem of pesticide poisoning. But solving the underlying problem will require:**

- 1. Education for avoiding the most dangerous pesticides, and laws to restrict their use.**
- 2. Farm workers organizing to insist their rights are protected, and safety hazards are corrected.**
- 3. Fairer land distribution.**

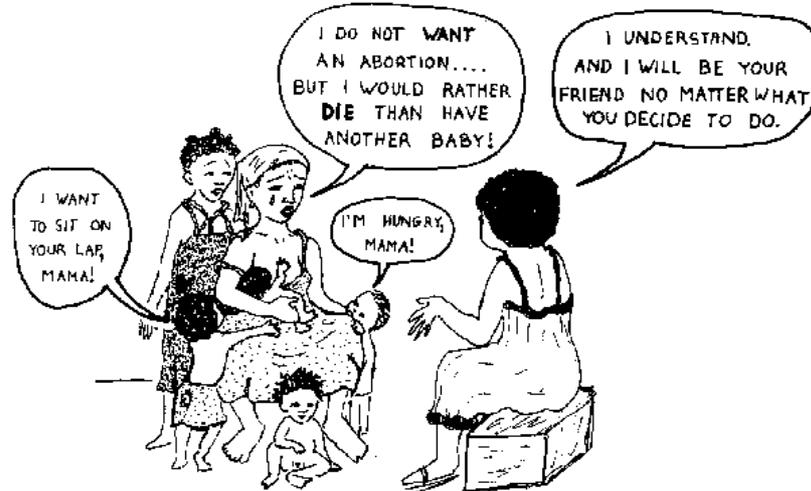


Figure

## Complications from Abortion

**When a woman takes action to end a pregnancy before a baby is fully enough formed to survive, this is called an *abortion*. (In this book we use the word 'abortion' only when the action is planned. The unplanned, natural loss of an unborn child we call a 'miscarriage'.)**

**Deciding whether or not to have an abortion can be difficult. In making a decision, most women will benefit from warm, respectful advice and friendly support. When abortions are done under sterile conditions in a hospital or clinic by a trained medical worker, they are usually safe for the woman. Abortions are safest when done in early pregnancy.**



Figure

**But when abortions are done at home, by untrained persons, or in unclean conditions, they can be extremely dangerous. In places where abortions are illegal or difficult to get, these 'home' abortions are often a major cause of death for women between the ages of 12 and 50.**

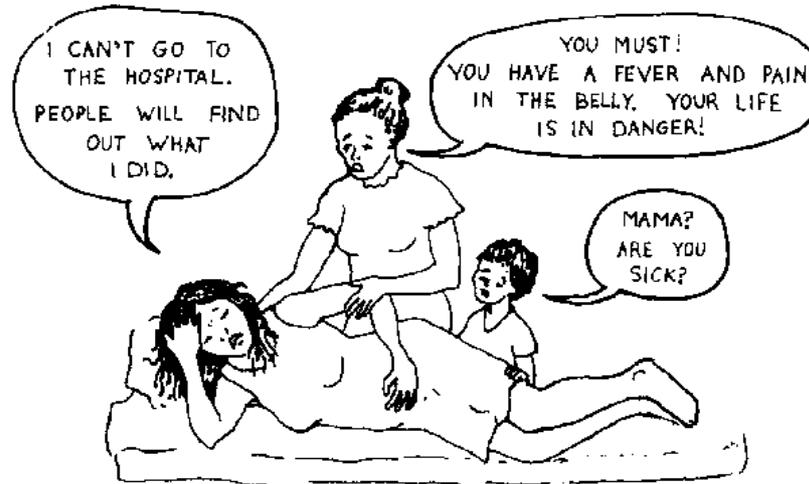
**Methods for ending a pregnancy such as putting sticks or other hard objects into the vagina or womb, squeezing the womb, or using modern drugs or plant medicines can cause severe bleeding, infection, and death.**

***Danger signs following an abortion:***

- fever

- pain in the belly
- heavy bleeding from the vagina

**If you see these signs in a woman who may have been pregnant, they could be the result of an abortion. But they could also be signs of miscarriage, out-of-place pregnancy, or pelvic inflammatory disease.**



**Figure**

**Some women with problems following an abortion go for medical help, but are afraid or ashamed to tell what really happened. Others may be too afraid or embarrassed even to seek medical help, especially if the abortion was secret or illegal. They may wait until they are very sick. This delay could be fatal. Heavy bleeding (more than with a normal period) or infection following an abortion is dangerous. Get medical help right away!**

**Meanwhile, do the following:**

- **Try to control bleeding. Give ergonovine.**
- **Treat for shock.**
- **If there are signs of infection, give antibiotics as for Childbirth Fever.**

***To prevent illness and death from abortion:***

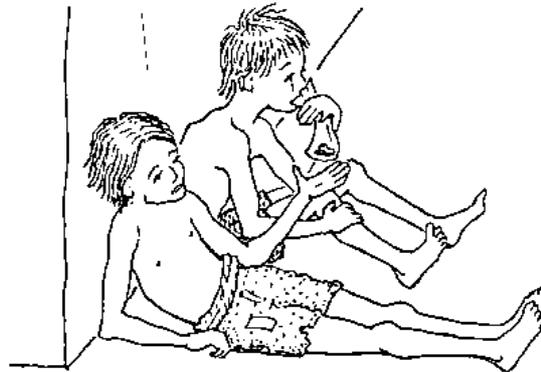
- **Give antibiotics (ampicillin, or tetracycline) after any abortion, whether done at home or in a health center. This reduces the risk of infections and dangerous complications.**
- **Prevent unwanted pregnancy. Birth control methods should be available to both women and men (see Chapter 20).**
- **Work to make your community a kinder, better place, especially for women and children. When society guarantees that everyone's needs are met, fewer women will need to seek abortions.**
- **Abortions done under clean and safe conditions by trained health workers should be available to women free or at low cost. That way women will not need to have dangerous, illegal abortions.**
- **A woman who has any signs of problems after an abortion-whether done at home or in the hospital-should get medical care immediately. To encourage this, doctors and health workers should never make a woman who has had an abortion feel ashamed.**

**Drug Abuse and Addiction**

**The use of harmful, habit-forming drugs is a growing problem in the world today.**

**Although alcohol and tobacco are legal in most countries, both are habit-forming or 'addictive' drugs. They contribute to the poor health and death of many millions of people each year. *Alcohol abuse* causes enormous health, family, and social problems throughout the world. *Cigarette smoking* has for many years been a major cause of death in rich countries, and is now becoming an even bigger cause of death in poor countries. As more people in the rich countries stop smoking, the tobacco companies have turned to the 'Third World' as their new and easiest market.**

**In addition to alcohol and tobacco, many people in different parts of the world are using '*illegal*' drugs. These vary from place to place, and include marijuana (weed, pot, grass, sin semilla, mota, hashish, ganja), opium (heroin, morphine, smack), and cocaine (crack, snow, rock).**



**Figure**

**An increasing problem among poor children in cities is the sniffing of chemicals,**

**especially glue, but sometimes paint thinner, shoe polish, gasoline, and cleaning fluid. Also, some people misuse medicines - especially certain strong painkillers, stimulants, and 'appetite control' drugs.**

**Drugs can be swallowed, injected, smoked, chewed, or sniffed. Different drugs create different effects on the body and mind. Cocaine or kolanuts may make a person feel energetic and happy, but some time later he will feel tired, irritable, and depressed. Some drugs, like alcohol, opium, morphine, and heroin, may at first make a person feel calm and relaxed, but later they may cause him to lose his inhibitions, self-control, or even consciousness. Other drugs, such as marijuana, PCP, LSD, and peyote make a person imagine things that do not exist, or create dream-like fantasies.**

***WARNING:* Use of cigarettes, alcohol, or other drugs by pregnant women can harm their unborn child. Also, injecting drugs using the same needle for more than one person spreads dangerous diseases. See hepatitis and AIDS.**

**People usually start taking drugs to escape the hardships, forget the hunger, or calm the pain in their daily lives. But once they start, they often become 'hooked' or addicted. If they try to stop, they become miserable, sick, or violent. In order to get more drugs, they will often commit crimes, go hungry, or neglect their families. Thus drug use becomes a problem for whole families and communities.**

**Drug dependence can cause:**



**Self-neglect,**



**and family problems, aggression, and violence.**

**Some drugs such as cocaine and heroin are very addictive; a person may try the drug only once and feel that he needs to keep taking it. Other drugs become addictive after longer periods of time. Addiction is a dangerous trap that can lead to health problems or even death. But with determination, effort, and support, addictions can be overcome.**

**When a person first gives up a drug he is addicted to, he will usually feel miserable and act strangely. This is called 'withdrawal'. The person may be extremely nervous, depressed, or angry. He may feel that he cannot live without the drug.**

**With some drugs, such as heroin or cocaine, withdrawal may be so severe that the person can become violent and injure himself or others. He or she may need the help of a special clinic. For other kinds of drugs, such as alcohol, marijuana, tobacco, and chemical sniffing, medical care is usually not necessary, but the care and support of family and friends is very important.**

**Here are a few suggestions to help solve the problem of drug use and addiction:**

- **Be as helpful and supportive as possible to someone trying to overcome drug use. Remember that their difficult moods are because of their addiction, not because of you.**
- **Members of the community who have been addicted to drugs but have overcome the habit can form a 'support group' to help others trying to give up alcohol or drugs. Alcoholics Anonymous is one such organization. This group of recovering alcoholics has successfully helped people all over the world to deal with problems of addiction.**
- **Families, schools, and health workers can tell children about the dangers of cigarettes, alcohol, and drugs. Help children learn that there are other, healthier**

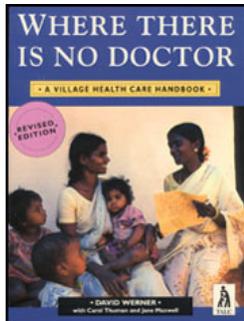
**ways to 'feel good', to act 'grown up', or to rebel.**

- **Work to correct some of the problems in your community that may lead people to use drugs: hunger, exploitative working conditions, and lack of opportunities to lead a better life. Help disadvantaged persons organize and stand up for their rights.**

**Actions that are *supportive* and *kind* work better than those that are punishing and cruel.**



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## **VOCABULARY - Explaining Difficult Words**

**This vocabulary is listed in the order of the alphabet:**

ABCDEFGHIJKLMN OPQRSTUVWXYZ

**Words marked with a star (\*) are usually not used in this book but are often used by doctors or found on package information of medicines.**

**Most names of sicknesses are not included in this vocabulary. Read about the sickness in the book.**

### **A**

**Abdomen** The part of the body that contains the stomach, liver, and guts. The belly.

**Abnormal** Different from what is usual, natural, or average. Not normal.

**Abscess** A sac of pus caused by bacterial or other infection. For example, a boil.

**Acne (pimples)** A skin problem causing bumps on the face, chest, or back that form small white 'heads' of pus or sometimes 'blackheads' of dirt. Most common in young people (adolescents).

**Acute** Sudden and short-lived. An acute illness is one that starts suddenly and lasts a short time. The opposite of 'chronic'.

**Acute abdomen** An emergency condition of the abdomen that often requires a surgical operation. Severe pain in the belly with vomiting and no diarrhea may mean an acute abdomen.

**Adolescent** The years in which a child becomes an adult. The teens: 13 to 19 years old.

**Afterbirth** See Placenta.

**Alcoholism** A continual need a person cannot control to overuse alcoholic drinks such as beer, rum, wine, etc.

**Allergy, allergic reaction** A problem such as an itching rash, hives, sneezing, and sometimes difficult breathing or shock that affects certain people when specific things are breathed in, eaten, injected, or touched.

**Amebas (also amoebas)** Tiny animals that live in water or in the gut and can only be seen with a microscope. They can cause diarrhea, dysentery, and liver abscess.

**Amputation** Loss of a body part.

**Analgesic** Medicine to calm pain.

**Anemia** A disease in which the blood gets thin for lack of red blood cells. Signs include

**tiredness, pale skin, and lack of energy. See also Pernicious anemia.**

**Antacid Medicine used to control too much stomach acid and to calm stomach upset.**

**Antibiotic Medicine that fights infections caused by bacteria.**

**\*Antiemetic Vomit-control medicine. A medicine that helps keep people from vomiting or feeling nauseated.**

**Antihistamine Medicine used to treat allergies such as hay fever and itching. Also helps control vomiting and causes sleepiness.**

**Antiseptic A soap or cleaning liquid that prevents growth of bacteria.**

**Antispasmodic Medicine used to relieve cramps or spasms of the gut.**

**Antitoxin Medicine that acts against or neutralizes a poison or toxin: Often made from the blood serum of horses.**

**Antivenom (anti-venin) An antitoxin used to treat poisoning from a venom, such as snake poison.**

**Anus The opening at the end of the gut between the legs: asshole.**

**Aorta The main artery or vessel that carries blood out of the heart to the body.**

**Apoplexy An old word for stroke. See Stroke.**

**Appendix A finger-like sac attached to the large intestine (gut).**

**Appropriate Something that is easiest, safest, and most likely to work in a particular**

**situation or condition.**

**Artery** A vessel carrying blood from the heart through the body. Arteries have a pulse.  
**Veins**, which return blood to the heart, have no pulse.

**Ascaris (roundworm)** Large worms that live in people's intestines and cause discomfort, indigestion, weakness, and sometimes gut obstruction (blocking of the gut).

**B**

**Bacteria** Tiny germs that can only be seen with a microscope and that cause many different infectious diseases.

**Bag of waters** The sac inside the womb that holds the baby; amniotic sac. When it breaks, releasing its fluid, this usually means that labor has begun.

**Bed sores** Chronic open sores that appear in people who are so ill they do not roll over or change position in bed.

**Bewitchment** The act of casting a spell or influencing by witchcraft; hexing. Some people believe that they get sick because a witch has bewitched them or given them the 'evil eye'.

**Bile** A bitter, green liquid made by the liver and stored in the gallbladder. It helps digest fat.

**Birth defects** See Defects.

**Blackhead** A small plug or 'head' of dirt blocking a pore in the skin of the face, chest, or back. A kind of pimple.

**Bladder stones See Kidney stones.**

**Blood pressure** The force or pressure of the blood upon the walls of the blood vessels (arteries and veins); it varies with the age and health of the person.

**Boil** A swollen, inflamed lump with a pocket of pus under the skin. A kind of abscess.

**Booster** A repeat vaccination to renew the effect of an earlier series of vaccinations.

**Bowel movement** To have a bowel movement is to defecate; to shit; the way of passing solid waste out of the body.

**Brand name** Trade name. The name a company gives to its product. A brand-name medicine is sold under a special name and is often more expensive than the same generic medicine.

**Breast abscess See Mastitis.**

**Breech delivery** A birth in which the baby comes out buttocks or legs first.

**Broad-spectrum antibiotic** A medicine that works against many kinds of micro-organisms. Compare with a narrow-spectrum antibiotic, which works against only a few.

**Bronchi** The tubes leading to the lungs, through which air passes when a person breathes.

**Bronchitis** An infection of the bronchi.

**Bubo** A very swollen lymph node. Bubos is a common name for lymphogranuloma venereum.

**Buttocks** The part of the body a person sits on; ass, arse, rump, behind, backside, butt.

## C

**Cancer** A tumor or lump that grows and may keep growing until it finally causes death.

**Carbohydrates** Starches and sugars. Foods that provide energy.

**Cassava (manioc, yucca)** A starchy root grown in the tropics.

**Cast** A stiff bandage of gauze and plaster that holds a broken bone in place until it heals.

**Cataract** An eye problem in which the lens of the eye becomes cloudy, making it more and more difficult for the person to see. The pupil looks gray or white when you shine a light into it.

**Catheter** A rubber tube used to drain urine from the bladder.

**Cavity** A hole or spot of decay in a tooth where bacteria have got in and destroyed part of the tooth.

**Centigrade (C.)** A measure or scale of heat and cold. A healthy person's temperature (normal temperature) is 37° C. Water freezes at 0° C, and boils-at 100°C.

**Cerebro-vascular accident, CVA** See Stroke.

**Cervix** The opening or neck of the womb at the back of the vagina.

**Chancre** A painless sore or ulcer on the genitals, finger, or lip that is one of the first signs of syphilis.

**Chigger** A tiny, crawling spider or tick-like animal that buries its head under the skin and sucks blood.

**Child Health Chart** A monthly record of a child's weight that shows whether the child is gaining weight normally.

**Childbirth fever** (This is also called childbed fever, postpartum infection, or puerperal infection.) The fever and infection that mothers, sometimes develop after childbirth.

**Chronic** Long-term or frequently recurring (compare with acute). A chronic disease is one that lasts a long time.

**Circulation** The flow of blood through the arteries and veins by the pumping of the heart.

**Cleft** Divided, separated. A child born with a cleft palate has a separation or abnormal opening in; the roof of his mouth.

**Climacteric Menopause.**

**Colic** Sharp abdominal pains caused by spasms or cramps in the gut.

**Colostrum** The first milk a mother's breasts produce. It looks watery but is rich in protein and helps protect the baby against infection.

**Coma** A state of unconsciousness from which a person cannot be wakened. It is caused by disease, injury, or poison, and often ends in death.

**Community** A group of people living in the same village or area who have similar living conditions, interests, and problems.

**\*Complications** Secondary health problems that sometimes develop in the course of a disease. For example, meningitis may result as a dangerous complication of measles.

**Compost** A mixture of plant and animal waste that is allowed to rot for use as a fertilizer. Hay, dead leaves, vegetable waste, animal droppings, and manure all make good compost.

**Compress** A folded cloth or pad put on a part of the body. It may be soaked in hot or cold water.

**Conjunctiva** A thin, protective layer that covers the white of the eye and inner side of the eyelids.

**Consciousness** See Loss of consciousness.

**Constipation** Dry, hard, difficult stools (bowel movements) that do not come often.

**Consumption** An old name for tuberculosis.

**Contact Touch.** Contagious diseases can be spread by a sick person coming in contact With (touching or being close to) another person.

**Contagious disease** A sickness that can be spread easily from one person to another.

**Contaminate** To dirty, stain, or infect by contact. A syringe that has not been boiled is often contaminated and can cause infections, even though it looks clean.

**Contraceptive** Any method of preventing pregnancy.

**Contractions** Tightening or shortening of muscles. The strong contractions of the womb

**when a woman is in labor help to push the baby out of the womb.**

**Contractures Shortened or tight muscles in a joint that limit movement.**

**\*Contraindication A situation or condition when a particular medicine should not be taken. (Many medicines are contraindicated in pregnancy.)**

**Convulsions An uncontrolled fit. A sudden jerking of part or all of the person's body, as in meningitis or epilepsy.**

**Cornea The clear outer layer or 'window' of the eye, covering the iris and pupil.**

**Corns Hard, thick, painful parts of the skin formed where sandals or shoes push against the skin or one toe presses against another.**

**Cramp A painful tightening or contraction of a muscle.**

**Cretinism A condition in which a child is born mentally slow and often deaf. It is usually due to lack of iodine in the mother's diet.**

**Cupping A home remedy that consists of drawing blood to the surface of the body by use of a glass or cup with a flame under it.**

**Cyst An abnormal, sac-like, liquid-filled growth developing in the body.**

## **D**

**Dandruff Oily white or grayish flakes or scales that appear in the hair. Seborrhea of the scalp.**

**Decongestant A medicine that helps relieve swelling or stuffiness of the nose or sinuses.**

**Defects Birth defects are physical or mental problems a child is born with, such as a hare lip, club foot, or an extra finger or toe.**

**Deficiency Not having enough of something: a lack.**

**Deformed Abnormally formed, not having the right shape.**

**Dehydration A condition in which the body loses more liquid than it takes in. This lack of water is especially dangerous in babies.**

**Delirium A state of mental confusion with strange movements and speech; it may come with high fever or severe illness.**

**\*Dermal Of the skin.**

**Dermatitis An infection or irritation of the skin.**

**Diaper rash Reddish, irritated patches between a baby's legs caused by urine in his diapers (nappy) or bedding.**

**Diarrhea Frequent runny or liquid stools.**

**Diet The kinds and amounts of foods that a person should eat or avoid eating.**

**Discharge A release or flowing out of fluid, mucus, or pus.**

**Dislocations Bones that have slipped out of place at a joint.**

**Douche A way to wash out the vagina by squirting a stream of water up into it.**

**Drowning When a person stops breathing (suffocates) from being under water.**

**Dysentery Diarrhea with mucus and blood. It is usually caused by an infection.**

## **E**

**\*Eclampsia Sudden fits, especially during pregnancy or childbirth. The result of toxemia of pregnancy.**

**Embryo The beginnings of an unborn baby when it is still very small.**

**Emergency A sudden sickness or injury that calls for immediate attention.**

**\*Emetic A medicine or drink that makes people vomit. Used when poisons have been swallowed.**

**Enema A solution of water put up the anus to cause a bowel movement.**

**Epidemic An outbreak of disease affecting many persons in a community or region at the same time.**

**Evaluation A study to find out the worth or value of something, or how much has been accomplished. Often done by comparing different factors or conditions before and after a project or activity is underway.**

**Evil eye A glance or look from someone believed to have the power to bewitch or do harm to people.**

**Exhaustion Extreme fatigue and tiredness**

**\*Expectorant A medicine that helps a person cough up mucus from the respiratory tract (lungs, bronchi, etc.); a cough-helper.**

**Expiration date** The month and year marked on a medicine that tells when it will no longer be good. Throw away most medicines after this date.

## F

**Fahrenheit (F.)** A measure or scale of heat and cold. A healthy person's temperature (normal temperature) is 98.6° F. Water freezes at 32° F and boils at 212° F.

**Family planning** Using birth control methods to plan when to have and not have children.

**Farsighted** Being able to see things at a distance better than things close at hand.

**Feces** Stools; shit; the waste from the body that is moved out through the bowels in a 'bowel movement'.

**Feces to-mouth** Spread or transmitted from the stools of one person to his or another person's mouth, usually by food or drink, or on fingers.

**Fetoscope** An instrument or tool for listening to sounds made by the unborn baby (fetus) inside the womb.

**Fetus (foetus)** The developing baby inside the womb.

**Fever** A body temperature higher than normal.

**First aid** Emergency care or treatment for someone who is sick or injured.

**Fit** A sudden, violent attack of a disease, causing convulsions or spasms (jerking of the body that the person cannot control) and sometimes unconsciousness.

**Flu** A bad cold, often with fever, pain in the joints, and sometimes diarrhea.

**Flukes Worms that infect the liver or other parts of the body and cause different diseases. Blood flukes get into the blood and cause schistosomiasis.**

**Foetus See Fetus.**

**Folic acid A nutritious substance found in leafy green vegetables.**

**Follicles Small lumps.**

**Fontanel The 'soft spot' on the top of a young baby's head.**

**Fracture A broken bone.**

**Fright A great or sudden fear.**

## **G**

**Gallbladder A small, muscular sac attached to the liver. The gallbladder collects bile, a liquid that helps digest fatty foods.**

**Gauze Soft, loosely woven kind of cloth used for bandages.**

**Generic name The scientific name of a medicine, as distinct from the brand names given it by different companies that make it.**

**Genitals The organs of the reproductive system, especially the sex organs.**

**Germs Very small organisms that can grow in the body and cause some infectious diseases; micro-organisms.**

**Giardia A tiny, microscopic parasite that can infect the intestines, causing frothy yellow**

**diarrhea.**

**Glucose** A simple form of sugar that the body can use quickly and easily. It is found in fruits and honey, and can be bought as a white powder for use in Rehydration Drinks.

**Goiter** A swelling on the lower front of the neck (enlargement of the thyroid gland) caused by lack of iodine in the diet.

**Grain (gr.)** A unit of weight based on the weight of a grain of wheat. 1 grain weighs 65 mg.

**Gram (gm.)** A metric unit of weight. There are about 28 grams in an ounce. There are 1000 gm. in 1 kilogram.

**Groin** The front part of the body where the legs join, The genital area.

**Gut Intestines.**

**Gut thread or gut suture material** A special thread for sewing or stitching tears from childbirth. The gut thread is slowly absorbed (disappears) so that the stitches do not need to be taken out.

**H**

**Hare lip** A split in the upper lip, going from the mouth up to the nose (like a hare, or rabbit). Some babies are born with a hare lip.

**Health worker** A person who takes part in making his community a healthier place to live.

**Heartburn** A burning feeling in the lower chest or upper part of the stomach.

**Hemorrhage Severe or dangerous bleeding.**

**Hemorrhoids (piles) Small, painful bumps or lumps at the edge of the anus or inside it. These are actually swollen or varicose veins.**

**Herb A plant, especially one valued for its medicinal or healing qualities.**

**Hereditary Passed on from parent to child.**

**Hernia (rupture) An opening or tear in the muscles covering the belly that allows a loop of the gut to push through and form a ball or lump under the skin.**

**Hex A magic spell or jinx said to be caused by a witch.**

**History (medical history) What you can learn through asking questions about a person's sickness-how it began, when it gets better or worse, what seems to help, whether others in the family or village have it, etc.**

**Hives Hard, thick, raised spots on the skin that itch severely. They may come and go all at once or move from one place to another. A form of allergic reaction.**

**Hormones Chemicals made in parts of the body to do a special job. For example, estrogen and progesterone are hormones that regulate a woman's period and chance of pregnancy.**

**Hygiene Actions or practices of personal cleanliness that lead to good health.**

**\*Hypertension High blood pressure.**

**Hyperventilation Very rapid, deep breathing in a person who is frightened.**

**\*Hypochondria Extreme worry or concern over an imagined sickness.**

**Hysteria (1) In common language, a condition of great nervousness, fear, and emotional distress. (2) In medical terms, signs of sickness caused by fear or the power of belief.**

## I

**Immunizations (vaccinations) Medicines that give protection against specific diseases, for example: diphtheria, whooping cough, tetanus, polio, tuberculosis, measles, and smallpox.**

**Infection A sickness caused by bacteria or other germs. Infections may affect part of the body only (such as an infected finger) or all of it (such as measles).**

**Infectious disease A disease that is easily spread or communicated (passed from one person to another); contagious.**

**Inflammation An area that is red, hot, and painful, often because of infection.**

**Insecticide A poison that kills insects. DDT and lindane are insecticides.**

**\*Insomnia A condition in which a person is not able to sleep, even though he wants and needs to.**

**Insulin A substance (enzyme) produced by the pancreas, which controls the amount of sugar in the blood. Injections of insulin are sometimes needed by persons with diabetes.**

**Intestinal parasites Worms and tiny animals that get in people's intestines and cause diseases.**

**Intestines** The guts or tube-like part of the food canal that carries food and finally waste from the stomach to the anus.

**Intramuscular (IM) Injection** An injection put into a muscle, usually of the arm or the buttock-different from an intravenous (IV) injection, put directly into a vein.

**Intussusception** The slipping of one portion of the gut into one nearby, usually causing a dangerous obstruction or blocking of the gut.

**Iris** The colored or dark part of the eye around the pupil.

## J

**Jaundice** A yellow color of the eyes and skin. It is a sign of disease in the liver, gallbladder, pancreas, or blood.

## K

**\*Keratomalacia** A dullness and softening of the eye, ending in blindness. It is caused by a lack of vitamin A.

**Kidneys** Large, bean-shaped organs in the lower back that filter waste from the blood, forming urine.

**Kidney stones** Small stones that form in the kidneys and pass down to the urinary tube. They can cause a sharp pain in the lower back, side, urinary tube, or lower belly. In the bladder they may block the urinary tube and make urination painful or impossible.

**Kilogram (kg.)** One thousand grams. A 'kilo' is equal to a little over 2 pounds.

**Kwashiorkor (wet malnutrition) Severe malnutrition caused by not eating enough protein. A child with kwashiorkor has swollen feet, hands, and face, and peeling sores.**

## **L**

**Labor** The sudden tightening or contractions of the womb that mean the baby will soon be born.

**Larva (larvae)** The young worm-like form that comes from the egg of many insects or parasites. It changes form when it becomes an adult.

**Latrine** An outhouse; privy; a hole or pit in the ground to use as a toilet.

**Laxative** A medicine used for constipation that makes stools softer and more frequent.

**Ligaments** Tough cords in a person's joints that help hold them in place.

**\*Lingual** Of or relating to the tongue.

**Liter (l.)** A metric measure equal to about one quart. A liter of water weighs one kilogram.

**Liver** A large organ under the lower right ribs that helps clean the blood and get rid of poisons.

**Loss of consciousness** The condition of a sick or injured person who seems to be asleep and cannot be wakened unconsciousness

**\*Lubricant** An oil or cream used to make surfaces slippery.

**Lymph nodes** Small lumps under the skin in different parts of the body that are traps for

**germs. They become painful and swollen when they get infected. In tuberculosis and cancer they are often swollen but not painful.**

**Lyophilized Powdered, a way of preparing injectable medicine so that it does not have to be kept cold.**

## **M**

**Malnutrition Health problems caused by not eating enough of the foods that the body needs.**

**Marasmus (dry malnutrition) A condition caused by not eating enough. Starvation. The person is very thin and underweight, often with a pot belly.**

**Mask of pregnancy Dark, olive-colored areas on face, breasts, or middle of the belly that are normal in a pregnant woman.**

**Mastitis (breast abscess) An infection of the breast, usually in the first weeks or months of nursing a baby. It causes part of the breast to become hot, red, and swollen.**

**Membrane A thin, soft sheet or layer that lines or protects some part of an animal or plant.**

**Menopause (climacteric) The time when a woman naturally stops having monthly bleeding, usually between the ages of 40 and 50.**

**Menstrual period, menstruation Monthly bleeding in women.**

**Mental Of or relating to the mind (thinking, brain).**

**Micro-organism** A tiny plant or animal so small it can only be seen with the aid of microscope.

**Microscope** An instrument with lenses that make very tiny objects look larger.

**Microscopic** Something so small that it can only be seen with a microscope.

**Migraine** A severe throbbing headache, sometimes on one side of the head only it often causes vomiting.

**Milligram (mg.)** One thousandth of a gram.

**Milliliter (ml.)** One thousandth of a liter.

**Minerals** Simple metals or other things the body needs, such as iron, calcium, and iodine.

**Miscarriage (spontaneous abortion)** The death of the developing baby or fetus in the womb, sometimes followed by heavy bleeding with blood clots.

**Mongolism (Down's syndrome)** A disease in which a child is born mentally slow with slanted eyes, a round dull face, and wide hands with short fingers.

**Morning sickness** Nausea and vomiting that occur especially in the morning in the early months of pregnancy.

**Mouth-to-mouth breathing** Artificial respiration. A method of helping a person who has stopped breathing to start breathing again.

**Mucus** A thick, slippery liquid that moistens and protects the linings of the nose, throat, stomach, guts, and vagina.

## **N**

**Narrow-spectrum antibiotic** A medicine that works against a limited number of different kinds of bacteria.

**\*Nasal Of** or relating to the nose.

**Nausea** Stomach distress or upset; feeling like you need to vomit.

**Navel** Belly button, umbilicus, the place in the middle of the belly where the umbilical cord was attached.

**Nerves** Thin threads or strings that run from the brain to every part of the body and carry messages for feeling and movement.

**Non-infectious disease** A disease that does not spread from person to person.

**Normal** Usual, natural, or average. Something that is normal has nothing wrong with it.

**Nutritious** Nourishing. Nutritious foods are those that have the things the body needs to grow, be healthy, and fight off disease.

## **O**

**Obstruction** A condition of being blocked or clogged. An obstructed gut is a medical emergency.

**Ointment** A salve or lotion to use on the skin.

**\*Ophthalmic** Of the eye.

**\*Oral By mouth. An oral medicine is one taken by mouth.**

**Organ A part of the body that is more or less complete in itself and does a specific job. For example, the lungs are organs for breathing.**

**Organisms Living things (animals or plants).**

**\*Otic Having to do with the ears.**

**Ounce A measure of weight equal to about 28 grams. There are 16 ounces in one pound.**

**Ovaries Small sacs in a woman's belly next to her womb. They produce the eggs that join with a man's sperm to make a baby.**

**Oxytocics Dangerous medicines that cause the womb and blood vessels in it to contract. They should only be used to control a mother's heavy bleeding after her child is born.**

## **P**

**Palate The roof or top part of the mouth.**

**Pancreas An organ below the stomach, on the left side, that produces insulin.**

**Pannus Tiny blood vessels that appear in the top edge of the cornea in certain eye diseases, like trachoma.**

**Paralysis Loss of the ability to move part or all of the body.**

**Parasites Worms and tiny animals that live in or on another animal or person and cause harm. Fleas, intestinal worms, and amebas are parasites.**

**\*Parenteral Not by mouth but by injection.**

**Pasteurization** The process of heating milk or other liquids to a certain temperature (60°C) for about 30 minutes in order to kill harmful bacteria.

**Pelvis** Hip bones.

**Peritoneum** The thin lining between the guts and body wall. The bag that holds the guts.

**Peritonitis** A very dangerous inflammation of the peritoneum. The belly gets hard like a board, and the person is in great pain, especially when he tries to lie with his legs straight.

**Pernicious anemia** A rare kind of anemia caused by a lack of vitamin B<sub>12</sub> Pernicious means harmful.

**Petroleum jelly (petrolatum. *Vaseline*)** A grease-like jelly used in preparing skin ointments.

**Pharmacy** A store that sells medicines and health care supplies.

**Phlegm** Mucus with pus that forms in abnormal amounts in the lungs and must be coughed out.

**Piles** See Hemorrhoids.

**Pimples** See Acne.

**Placenta (afterbirth)** The dark and spongy lining inside the womb where the fetus joins the mother's body. The placenta normally comes out 15 minutes to half an hour after the

**baby is born.**

**Placenta previa** A condition in which the placenta is too low in the womb and blocks the mouth of the womb. The risk of dangerous bleeding is high. Women who have bleeding late in pregnancy-a possible sign of placenta previa-should go to a hospital at once.

**Plantain** A kind of banana with a lot of starch and fiber. It is often cooked and eaten when green.

**Pollen** The fine dust made in the flower of a seed plant. People who are allergic to pollen often have hay fever at times of the year when plants put a lot of this dust into the air.

**Postpartum** After childbirth.

**Postpartum hemorrhaging** Heavy bleeding of the mother following childbirth.

**Power of suggestion or power of belief** The influence of belief or strong ideas. For example sick people can feel better because they have faith in a remedy even if the remedy does not have any medical effect.

**Precaution** Care taken in advance to prevent harm or prepare for emergencies before they happen.

**Pregnancy** The period (normally 9 months) when a woman carries a child inside her.

**Premature baby** A baby born before the full 9 months of pregnancy and weighing less than 2 kilos.

**Presentation of an arm** An abnormal position of delivery in which the baby's hand comes out first during the birth. This is an emergency needing a doctor.

**Prevention Action taken to stop sickness before it starts.**

**Prolapse** The slipping or falling down of a part of the body from its normal position for example a prolapsed rectum or womb.

**Prophylactic** The word prophylactic means preventive but condoms are sometimes called prophylactics.

**Prostate gland** A firm, muscular gland at the base of the man's urinary tube, or urethra. Often in older men the prostate becomes enlarged, causing difficulty in urinating.

**Protective foods** Foods that are rich in vitamins and minerals. They help build healthy bodies and make people more able to resist or fight diseases.

**Proteins** Body-building foods necessary for proper growth and strength.

**Pterygium** A fleshy growth that slowly extends from the edge of the eye onto the cornea.

**Pulse** The number of times a person's heart beats in one minute.

**Pupil** The round opening or black center in the iris of the eye. It gets smaller in bright light and larger in the dark.

**Purge** A very strong laxative that causes diarrhea.

## R

**Rate** The number of times something happens in a given amount of time.

**Rebound pain** A very sharp pain in the abdomen that occurs after the belly is pressed firmly and slowly, when the hand is removed suddenly. This pain is a sign of an acute

**abdomen.**

**Rectum** The end of the large intestine close to the anus.

**Reflex** An automatic reaction or movement that happens without a person's trying to do it.

**Rehydration Drink** A drink to correct dehydration, which you can make with boiled water, salt, and sugar or powdered cereal.

**Resistance** The ability of something to defend itself against something that would normally harm or kill it. Many bacteria become resistant to the effects of certain antibiotics.

**Resource** What is needed or available for doing or making something. People, land, animals, money, skills, and plants are resources that can be used for improving health.

**Respiration** Breathing. The respiratory system includes the bronchi, lungs, and other organs used in breathing.

**Respiration rate** The number of times a person breathes in one minute.

**Retardation** Abnormal slowness of thought, action, or mental and emotional growth.

**Rhinitis** An inflammation of the lining of the nose, often caused by allergies. Hay fever.

**Risk** The possibility of injury, loss, or harm. Danger.

**Rotation of crops** To grow different crops one after the other in the same field, so that the soil becomes richer rather than weaker from year to year.

**Rupture See Hernia.**

## **S**

**Sanitation Public cleanliness involving community efforts in disease prevention, promoting hygiene and keeping public places free of waste.**

**Scrotum The bag between a man's legs that holds his testicles or balls.**

**Sedative Medicine that causes drowsiness or sleep.**

**Septicemia An infection of the blood-sometimes called 'blood poisoning'.**

**Sexually transmitted diseases (STD) A disease spread by sexual contact.**

**Shock A dangerous condition with severe weakness or unconsciousness, cold sweat, and fast, weak pulse. It is caused by dehydration, hemorrhage, injury, burns, or a severe illness.**

**Side effects Problems caused by using a medicine.**

**Signs The things or conditions one looks for when examining a sick person, to find out what sickness he has. In this book symptoms, or the problems a person feels, are included with signs.**

**Sinus trouble (sinusitis) Sinuses are hollows in the bone that open into the nose. Sinusitis is inflammation causing pain above and below the eyes.**

**Soft drinks Fizzy, carbonated drinks like Coca-Cola.**

**Soft spot See Fontanel.**

**Spasm** A sudden muscle contraction that a person cannot control. Spasms of the gut produce cramps, or colic. Spasms of the bronchi occur in asthma. Spasms of the jaw and other muscles occur in tetanus.

**Spastic** Having chronic abnormal muscle contraction due to brain damage. The legs of spastic children often cross like scissors.

**Spleen** An organ normally the size of a fist under the lower edge of the ribs on the left side: Its job is to help make and titter the blood.

**Spontaneous abortion** See Miscarriage.

**Sprain (strain)** Bruising, stretching, or tearing of ligaments or tendons in a twisted joint. A sprain is worse than a strain.

**Sputum** Mucus and pus (phlegm) coughed up from the lungs and bronchi of a sick person.

**Starches** Energy foods like maize, rice, wheat, cassava, potatoes, and squash.

**Sterile (1)** Completely dean and free from living microorganisms. Things are usually sterilized by boiling or heating. **(2)** Sterile also means permanently unable to have children.

**Sterilization (1)** To sterilize instruments, bottles, and other things by boiling or heating in an oven. **(2)** Also a permanent way of making a man or a woman unable to reproduce (have children).

**Stethoscope** An instrument used to listen to sounds in the body, such as the heartbeat.

**Stomach** The sac-like organ in the belly where food is digested. In common language

**'stomach' is often used to mean the whole belly or abdomen.**

**Stools Shit. Bowel movement. See Feces.**

**Stroke (apoplexy, cerebro-vascular accident) A sudden loss of consciousness, feeling, or ability to move, caused by bleeding or a clot inside the brain. Also see heat stroke.**

**Sty A red, swollen lump on the eyelid, usually near the edge, caused by infection.**

**Sucrose The common sugar that comes from sugarcane or sugar beets. It is more complex and more difficult for the body to use than glucose.**

**Sugars Sweet foods like honey, sugar, or fruit that give energy.**

**Suppository A bullet-shaped tablet of medicine to put up the anus or vagina.**

**\*Suppressant A medicine that helps to check, hold back, or stop something, such as a medicine to stop coughing (cough suppressant).**

**Suspension A powder mixed in a liquid.**

**Suture A stitch made with needle and thread to sew up an opening or wound.**

**Symptoms The feelings or conditions a person reports about his sickness. In this book symptoms are included with signs.**

## T

**Tablespoon A measuring spoon that holds 3 teaspoons or 15 ml.**

**Taboo Something that is avoided, banned, or not allowed because of a cultural belief.**

**Teaspoon A measuring spoon that holds 5 ml. Three teaspoons equal 1 tablespoon.**

**Temperature The degree of heat of a person's body.**

**Tendons Tough cords that join muscles to bones (distinct from ligaments, which join bones with bones at joints).**

**\*Thalassemia A form of hereditary anemia seen only in certain countries. A child may become very anemic by age 2, with a large liver and spleen.**

**Thermometer An instrument used to measure how hot a person's body temperature is.**

**Tick A crawling insect-like animal that buries its head under the skin and sucks blood**

**\*Topical For the skin. A topical medicine is to be put on the skin.**

**Toxemia A sickness resulting from certain poisons in the body; for example, toxemia of pregnancy and urine toxemia (or uremia)**

**Toxic Poisonous.**

**Tract A system of body organs and parts that work together to do a special job; for example, the urinary tract cleans the blood and gets rid of urine.**

**Traditions Practices, beliefs, or customs handed down from one generation to another by example or word of mouth.**

**Transmit To pass on, transfer, or allow to spread from one person to another.**

**Tropical Having to do with the tropics or hot regions of the world.**

**Tumor An abnormal mass of tissue without inflammation. Some tumors are due to cancer.**

## **U**

**Ulcer A break in the skin or mucus membrane; a chronic open sore of the skin, the surface of the eye, the stomach, or gut.**

**Umbilical cord The cord that connects a baby from its navel to the placenta on the inside of its mother's womb.**

**Umbilical hernia A large, outward bulge of the navel-caused by a loop of intestine that has pushed through the sac holding the guts.**

**Umbilicus See Navel.**

**Unconsciousness See Loss of consciousness.**

**Under-Fives Program A plan that helps mothers learn about their children's health needs, make regular visits to a clinic for check-ups, and keep a record (Child Health Chart) of the growth of their children under five years old.**

**Urethra Urinary tube or canal. The tube that runs from the bladder to the hole a person urinates from.**

**Urinary tract The system of organs concerned with the formation and getting rid of urine-such as kidneys, bladder, and urinary tube (urethra).**

**Urine Liquid waste from the body; piss; pee.**

**Uterus Womb.**

**V**

**Vaccinations See Immunization.**

**Vagina** The tube or canal that goes from the opening of the woman's sex organs to the entrance of her womb.

**Vaginal** Of or relating to the vagina.

**Varicose veins** Abnormally swollen veins, often lumpy and winding, usually on the legs of older people, pregnant women, and women who have had a lot of children.

**Vaseline** See Petroleum jelly.

**Venereal disease** A disease spread by sexual contact. Now called 'sexually transmitted disease' or 'STD'.

**Vessels** Tubes. Blood vessels are the veins and arteries that carry the blood through the body.

**Virus** Germs smaller than bacteria, which cause some infectious (easily spread) diseases.

**Vitamins** Protective foods that our bodies need to work properly.

**Vomiting** Throwing up the contents out of the stomach through the mouth.

**W**

**Welts** Lumps or ridges raised on the body, usually caused by a blow or an allergy (hives).

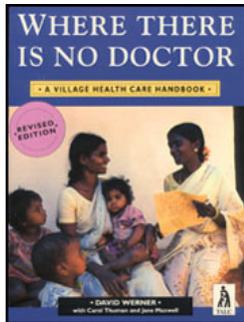
**Womb** The sac inside a woman's belly where a baby is made. The uterus.

X

**Xerophthemia** Abnormal dryness of the eye due to lack of vitamin A.



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 **Where There Is No Doctor - A Village Health Care Handbook**  
(Hesperian Foundation, 1993, 516 p.)

 **(introduction...)**

 **HOW TO USE THIS BOOK**

 **THANKS**

 **TEACHING AIDS AT LOW COST**

 **INTRODUCTION**

 **NOTE ABOUT THIS NEW EDITION**

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

**Chapter 1 - HOME CURES AND POPULAR BELIEFS**

**Chapter 2 - SICKNESSES THAT ARE OFTEN CONFUSED**

**Chapter 3 - HOW TO EXAMINE A SICK PERSON**

**Chapter 4 - HOW TO TAKE CARE OF A SICK PERSON**

**Chapter 5 - HEALING WITHOUT MEDICINES**

**Chapter 6 - RIGHT AND WRONG USES OF MODERN MEDICINES**

**Chapter 7 - ANTIBIOTICS: WHAT THEY ARE AND HOW TO USE THEM**

- Chapter 8 - HOW TO MEASURE AND GIVE MEDICINE**
- Chapter 9 - INSTRUCTIONS AND PRECAUTIONS FOR INJECTIONS**
- Chapter 10 - FIRST AID**
- Chapter 11 - NUTRITION: WHAT TO EAT TO BE HEALTHY**
- Chapter 12 - PREVENTION: HOW TO AVOID MANY SICKNESSES**
- Chapter 13 - SOME VERY COMMON SICKNESSES**
- Chapter 14 - SERIOUS ILLNESSES THAT NEED SPECIAL MEDICAL ATTENTION**
  
- Chapter 15 - SKIN PROBLEMS**
- Chapter 16 - THE EYES**
- Chapter 17 - THE TEETH, GUMS, AND MOUTH**
- Chapter 18 - THE URINARY SYSTEM AND THE GENITALS**
- Chapter 19 - INFORMATION FOR MOTHERS AND MIDWIVES**
- Chapter 20 - FAMILY PLANNING - HAVING THE NUMBER OF CHILDREN YOU WANT**
- Chapter 21 - HEALTH AND SICKNESSES OF CHILDREN**
- Chapter 22 - HEALTH AND SICKNESSES OF OLDER PEOPLE**
- Chapter 23 - THE MEDICINE KIT**
- THE GREEN PAGES - The Uses, Dosage, and Precautions for the Medicines Referred to in This Book**
- THE BLUE PAGES - New Information**
- VOCABULARY - Explaining Difficult Words**
- ADDRESSES FOR TEACHING MATERIALS**

-  **Dosage Blanks - For Giving Medicines to Those Who Cannot Read Patient Report**
-  **Information on Vital Signs**
-  **ABBREVIATIONS - WEIGHT - VOLUME**
-  **Back cover**

## ADDRESSES FOR TEACHING MATERIALS

Hesperian Health books in basic language, in English and Spanish: ***Where There Is No Doctor, Helping Health Workers Learn, Where There Is No Dentist***, and ***Disabled Village Children***; slides and film strips on teaching materials and village theater; papers on community-based health work, politics of health, etc.

Foundation  
P.O. Box 1692  
Palo Alto,  
California  
94302 USA

Teaching Aids Slide sets, weight charts, aids to weight charts (flannel-graphs, etc.). Free booklist.  
at Low Cost English, French, Spanish, and Portuguese.  
(TALC)  
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St. Albans  
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United  
Kingdom

African Medical ***The Defender***, a newsletter with ideas for health education methods, and an  
and Research excellent series of rural health books in English.  
Foundation  
(AMREF)  
Wilson Airport,

P.O. Box  
30125  
Nairobi, Kenya

Afrolit Society ***Illustrations for Development***, a work manual for artists to help them produce more effective illustrations on health.

P.O. Box  
72511  
Nairobi, Kenya

AHRTAG ***Diarrhoea Dialogue***, a newsletter about prevention and treatment of diarrhea available in English, French, Spanish, Portuguese, Arabic, Bengali, and Urdu. ***ARI News***, a newsletter about acute respiratory infections available in English, French, Spanish, and Chinese. ***AIDS Action***, a newsletter about measures to combat the spread of AIDS. Teaching aids about rehabilitation.

1 London  
Bridge Street  
London, SE1  
9SG  
United  
Kingdom

Alcoholics Anonymous World Services  
Information about alcoholism and materials on how to start community support groups for persons addicted to alcohol or drugs.

Incorporated  
P.O. Box 459  
Grand Central  
Station  
New York, NY  
10163 USA

Caribbean Food and Nutrition Institute ***Cajanus***, a nutrition bulletin; other materials in English for the Caribbean. Catalog available with nutrition education, diet management, and food tables materials.

Institute  
P.O. Box 140  
Mona P.O.

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Vellore 632004  
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Posters, flash cards, flannelgraphs in English and local Indian languages.

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Commission  
Box 66, 150  
Route de  
Ferney  
1211 Geneva  
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Switzerland

**Contact**, a newsletter about appropriate health care, in French, Spanish, and Portuguese.

Clearinghouse  
on Infant  
Feeding and  
Maternal  
Nutrition  
APHA  
1015 15th  
Street NW  
Washington,  
D.C. 20005  
USA

**Mothers and Children**, an international bulletin about nutrition and primary health care issues. Published 3 times a year in English, Spanish, and French.

Council for  
Primary Health  
Care

1787 A. Mabini  
Malate, Manila  
Philippines

Courtejoie, Dr. J. Excellent simple health books and material for villages in French, some English and Portuguese.

Centre pour le  
Promotion de  
la Sante

B.P. 1800

Kangu

Mayumbe

(B.Z.)

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Zaire

DEMOTECH-  
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P.O. Box 303  
6950 AH

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The

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Resource Flip charts in English and Bangla. Flannel-graph with 60 characters for health care demonstrations.

Centre  
c/o Concern  
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Bangladesh  
F.A.O. of the  
U.N.

Wide variety of material, some useful at village level. English, French, and Spanish.

Nutrition and  
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Terme de  
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00100, Rome,  
Italy

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International  
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(HAIN)  
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Madrinan  
Diliman,  
Quezon City,  
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General health care information.

Health  
Education

Teaching kits. Material in English and some local languages.

Department  
Addis Ababa,  
Ethiopia  
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International  
15 West 16th  
Street  
New York, New  
York 10011  
USA

Material on blindness from lack of vitamin A. Information on blindness prevention and visual chart.

International  
Development  
Research  
Centre (IRDC)  
P.O. Box 8500  
Ottawa,  
Ontario,  
Canada K1G  
3H9

Publications, magazines, brochures, catalogs, and films on agriculture, health, and development. Materials in English, French, Spanish, and Arabic, some at no cost.

Matrial Ralis  
l'Atelier de  
Matrial  
Didactique  
Busiga, P.B. 18  
Ngozi, Burundi

Good flip charts; a teaching plan using flip charts in French local languages.

Nutrition  
Center of the  
Philippines

Various written and video tape materials in English and local languages.

MCC P.O. Box  
653  
Makati, Metro  
Manila  
Philippines

Nutrition Posters, newsletters, cassettes, and booklets.  
Section  
Public Health  
Department,  
Box 3991  
Boroko, Papua  
New Guinea

O.C.E.A.C. Material in French. Some information in French and English for training  
Service de la experienced health workers.  
formation et de  
la  
documentation  
B.P. 288  
Yaounde,  
Cameroun

Pan American Various materials in English and Spanish.  
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Organization  
(PAHO)  
525 23rd  
Street, NW  
Washington,  
DC 20037 USA

Save the Teaching materials in English and other languages.

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TAPS Books, pamphlets, games, and slides on self-help and community health care. In,  
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CEP 04034  
Brazil

UNICEF ***Instant Illustration***, a resource book of illustrations for health and development.  
Communication ***New Vision***, a comic strip magazine containing adventures of several  
Section "development" characters. Sample available.

P.O. Box 1187  
Kathmandu,  
Nepal

Voluntary Flannel-graphs, books, flip charts; ***Where There Is No Doctor*** adapted for India,  
Health in English and local languages. List available. ***Health for the Millions*** available by  
Association of subscription-articles on low-cost health care.

India (VHAI)  
40,

Institutional  
Area, South of  
IIT  
New Delhi  
110016 India  
Women's  
International  
Network  
187 Grant  
Street  
Lexington,  
Massachusetts  
02173 USA

Flipcharts, books, and slides on women's health care.

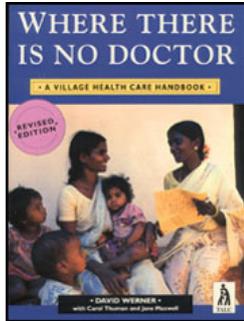
World Health  
Organization  
1211 Geneva  
27,  
Switzerland

***Appropriate Technology for Health*** newsletter and other materials in English, French, and Spanish. ***International Medical Guide on Board Ship***, a guide for teaching officers and personnel on subjects concerning health care and treatment of accidents. Flannel-graphs, books, flip charts, etc. Material in English and local languages.

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Neighbors  
5116 North  
Portland  
Oklahoma City,  
Oklahoma  
73112 USA

***Soundings***, a newsletter on rural development communications; filmstrips and teaching aids in English and Spanish. Simple battery-operated projector equipment available. Free catalog. Flannel-graphs, books, flip charts, etc. Material in English and local languages.

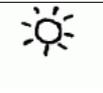




-  **Where There Is No Doctor - A Village Health Care Handbook (Hesperian Foundation, 1993, 516 p.)**
-  **(introduction...)**
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- Information on Vital Signs**
- ABBREVIATIONS - WEIGHT - VOLUME**
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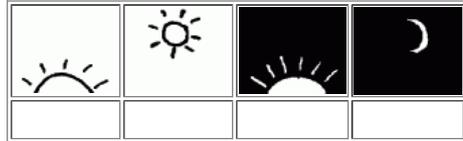
## **Dosage Blanks - For Giving Medicines to Those Who Cannot Read**

			
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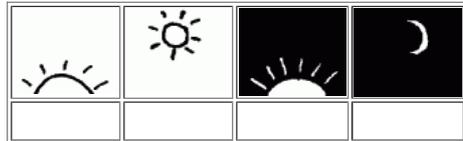


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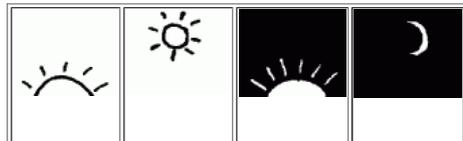


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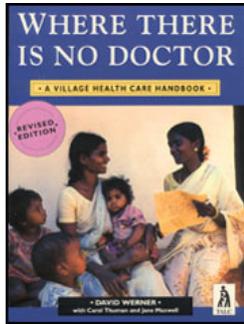
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## Patient Report

### TO USE WHEN SENDING FOR MEDICAL HELP

**Name of the sick person:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Where is he (she)?** \_\_\_\_\_

**What is the main sickness or problem right now?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When did it begin? \_\_\_\_\_

How did it begin? \_\_\_\_\_

Has the person had the same problem before? \_\_\_\_\_ When? \_\_\_\_\_

Is there fever? \_\_\_\_\_ How high? \_\_\_\_\_ When and for how long? \_\_\_\_\_

Pain? \_\_\_\_\_ Where? \_\_\_\_\_ What kind? \_\_\_\_\_

What is wrong or different from normal in any of the following?

Skin: \_\_\_\_\_ Ears: \_\_\_\_\_

Eyes: \_\_\_\_\_ Mouth and throat: \_\_\_\_\_

Genitals: \_\_\_\_\_

Urine: Much or little? \_\_\_\_\_ Color? \_\_\_\_\_ Trouble urinating? \_\_\_\_\_

Describe: \_\_\_\_\_ Times in 24 hours: \_\_\_\_\_ Times at night: \_\_\_\_\_

Stools: Color? \_\_\_\_\_ Blood or mucus? \_\_\_\_\_ Diarrhea? \_\_\_\_\_

Number of times a day: \_\_\_\_\_ Cramps? \_\_\_\_\_ Dehydration? \_\_\_\_\_ Mild or

severe? \_\_\_\_\_ Worms? \_\_\_\_\_ What kind? \_\_\_\_\_

Breathing: Breaths per minute: \_\_\_\_\_ Deep, shallow, or normal? \_\_\_\_\_

Difficulty breathing (describe): \_\_\_\_\_ Cough (describe): \_\_\_\_\_

\_\_\_\_\_ Wheezing? \_\_\_\_\_ Mucus? \_\_\_\_\_ With blood? \_\_\_\_\_

Does the person have any of the SIGNS OF DANGEROUS ILLNESS?

\_\_\_\_\_ Which? (give details) \_\_\_\_\_

Other signs: \_\_\_\_\_

Is the person taking medicine? \_\_\_\_\_ What? \_\_\_\_\_

Has the person ever used medicine that has caused a rash, hives (or bumps)

with itching, or other allergic reactions? \_\_\_\_\_ What? \_\_\_\_\_

The state of the sick person is: Not very serious: \_\_\_\_\_ Serious: \_\_\_\_\_

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## Patient Report

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\_\_\_\_\_

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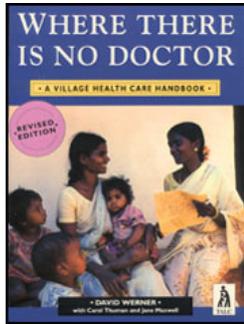
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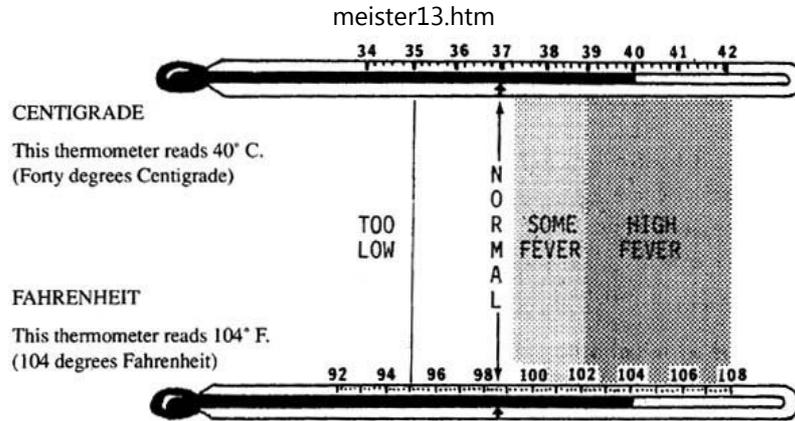
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## Information on Vital Signs

### TEMPERATURE

There are two kinds of thermometer scales. Centigrade (C.) and Fahrenheit (F.). Either can be used to measure a person's temperature.

Here is how they compare:



Figure

## PULSE OR HEARTBEAT

For a person at rest ADULTS 60-80 beats per minute is normal.

CHILDREN 80-100

BABIES 100-140

**For each degree Centigrade (C.) of fever, the heartbeat usually increases' about 20 beats per minute.**

## RESPIRATION

For a person at rest ADULTS AND

LARGE CHILDREN 12-20 breaths per minute is normal.

CHILDREN up to 30 breaths per minute is normal.

BABIES up to 40 breaths per minute is normal.

**More than 40 shallow breaths a minute usually means pneumonia.**

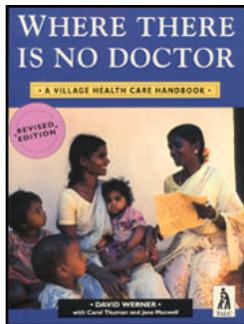
**BLOOD PRESSURE (This is included for health workers who have the equipment to measure blood pressure.)**

For a person at rest 120/80 is normal, but this varies a lot.

**If the second reading, when the sound disappears, is over 100, this is a danger sign of high blood pressure.**



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## ABBREVIATIONS - WEIGHT - VOLUME

**ABBREVIATIONS (A shorter way of writing a longer word; a few letters mean the whole word)**

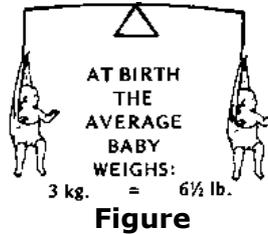
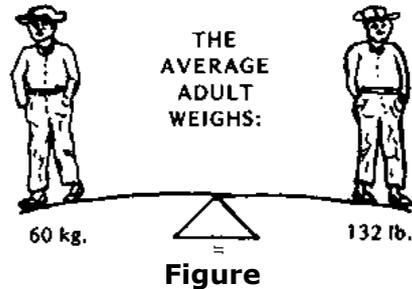
**+ means and or plus**

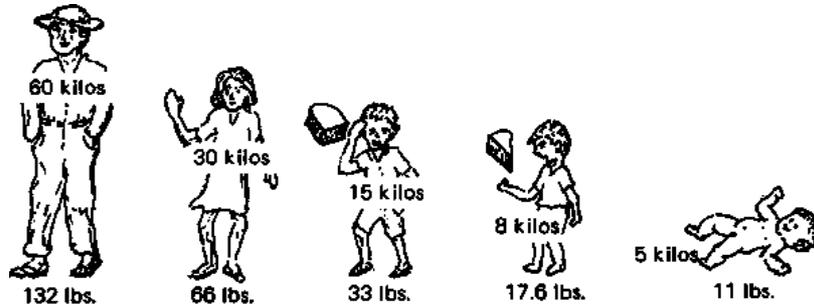
**= means the same as, or is equal to**



**Figure**

**% = percent**

**WEIGHT (how heavy something is)****16 ounces (oz.) = 1 pound (lb.)****1 pound = 454 grams (gm.)****1000 grams = 1 kilogram (kilo, kg.)****1 kilo = 2 1/5 pounds****1 ounce = 28 grams****1 gram = 1000 mg.****1 grain (gr.) = 65 mg.**

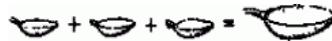


Figure

**VOLUME (how much space or bulk something has; for measuring liquids)**

1000 milliliters (ml.) = 1 liter

1 milliliter = 1 cubic centimeter (cc.)



3 teaspoons (tsp.) = 1 Tablespoon (Tbs.) 3 tsp. = 1 Tbs.

1 teaspoon = 5 milliliters

1 Tablespoon = 15 milliliters

30 milliliters = about 1 ounce (of water)



30 ml.

is about

1 ounce

8 ounces = 1 cup

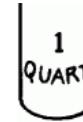
32 ounces = 1 quart (qt.)

1 quart = 0.95 liters (l.)

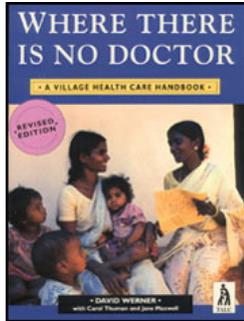
1 liter = 1.06 quarts

is just a little more than





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 **(introduction...)**

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**Back cover**

## **Back cover**

### **WHERE THERE IS NO DOCTOR**

**is more than a book on first aid. It covers a wide range of things that affect the health of the villager - from diarrhea to tuberculosis, from helpful and harmful home remedies to the cautious use of certain modern medicines. Special importance is placed on cleanliness, a healthy diet and vaccinations. The book also covers in detail both childbirth and family planning. Not only does it help the reader realize what he can do for himself, but it helps him recognize which problems need the attention of an experienced health worker. This new revised edition includes information about some additional health problems - AIDS, dengue, complications from abortion, drug addiction, among many others - and updated advice on topics covered in the first edition.**

THIS BOOK IS FOR...

THE VILLAGER who lives far from medical centers. It explains in simple words and drawings what he can do to prevent, recognize and treat many common sicknesses.





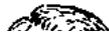
Figure

THE VILLAGE STOREKEEPER OR PHARMACIST who sells medicines and health-care supplies. The book explains which medicines are the most useful for specific sicknesses and warns against ones that are useless and dangerous. Risks and precautions are carefully explained. Guidelines are given for the sensible use of both traditional and modern medicines.



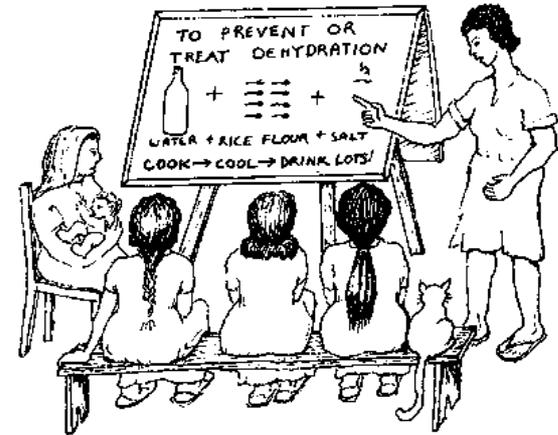
Figure

THE TEACHER in a rural school. The book will help him give practical advice and care to the sick and injured. It also gives guidelines for teaching children





THE VILLAGE HEALTH WORKER, or anyone who is concerned about the health and well-being of those in his community. An introductory section for the village health worker discusses the ways to determine needs, share knowledge, and involve the community in activities that can better people's health.

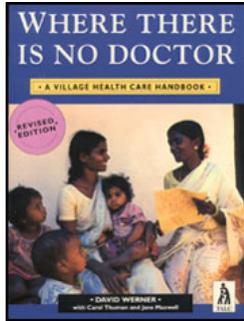


Figure

MOTHERS AND MIDWIVES will find useful the clear, easy-to-understand information for home birth, care of the mother, and child health.



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**TEACHING AIDS AT LOW COST**

**TALC (Teaching-aids At Low Cost) is a non-profit organisation which distributes low cost**

**health books, slides and teaching equipment to developing and needy countries.**

**Many hospitals, health centres and clinics in these countries are desperately short of books and teaching materials and help provided by TALC can enable doctors and health workers to make the right diagnosis and provide the right treatment, resulting in the saving of life and the alleviation of an enormous amount of pain and suffering.**

**Material provided by TALC, as well as covering most aspects of primary health care, also covers surgery, anaesthetics, nutrition and other topics at district hospital level.**

**Among the most popular books are, Clinical Tuberculosis, the Strategies for Hope series and the Child-to-Child Readers.**

**TALC is also in the forefront of the battle against AIDS and fulfils a big demand for books and slides on this subject.**

**On the equipment side TALC is interested in low cost methods of weighing and measuring, children such as the Direct Recording Scale which involves mothers in plotting the charts of their own children, and enables them to understand, even if illiterate, the meaning of a growth curve.**

**On the teaching side, flannelgraphs, which consist of pictures printed onto material with a rough surface have proved very popular.**

**The idea of forming TALC came to child care specialist Professor David Morley when he was lecturing in 1966 at London University and was asked by overseas students for slides which they wanted to take back to their own countries to use for lectures.**

**He started making sets of slides with a duplicate commentary to accompany each set and quickly discovered that there was more demand than he could cope with, so he got**

**people living near his home to help and as demand continued to grow TALC became an official charity and branched out into books and teaching aids.**

**Since it started TALC has distributed 5½ million slides, probably more than any other organisation. Today it employs over 20 full and part time staff and supplies over 80,000 books and booklets, 10,000 slide sets and a large amount of teaching equipment every year.**

**Packing and distribution of slides and books has taken place largely from the homes of TALC workers in St Albans, thus reducing overhead costs and allowing the provision of teaching material at a fraction of similar commercial organisations.**

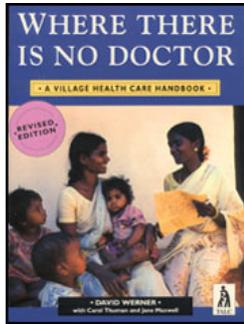
**TALC is advised by staff in the Centre for International Child Health in the Institute of Child Health, London University. It also works closely with Appropriate Health Resources Technology Action Group (AHR TAG) and the Child-to-Child programme and is a source for publications sold by both these groups.**

**Those interested in further details should write for a free list of books and other material available to:**

**TALC  
PO Box 49,  
St Albans,  
Herts, AL1 4AX,  
United Kingdom.**



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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, 27 years ago, the author helped form a health care network now run by the villagers themselves. *Where There Is No Doctor* has been translated into more than 50 languages and is used by village health workers in over 100 countries.**

**The first English edition was the result of many requests to adapt it for use in Africa and Asia. I received help and suggestions from persons with experience in many parts of the world. But the English edition seems to have lost much of the flavor and usefulness of the original Spanish edition, which was written for a specific area, and for people who have for years been my neighbors and friends. In rewriting the book to serve people in many parts of the world, it has in some ways become too general.**

**To be fully useful, this book should be adapted by persons familiar with the health needs, customs, special ways of healing, and local language of specific areas.**

**\*\*\***

**Persons or programs who wish to use this book, or portions of it, in preparing their own manuals for villagers or health workers are encouraged to do so. Permission from the author or publisher is not needed - provided the parts reproduced are distributed free or at cost - not for profit. It would be appreciated if you would (1) include a note of credit and (2) send a copy of your production to The Hesperian Foundation, Box 1692, Palo Alto, California 94302, U.S.A.**

**For local or regional health programs that do not have the resources for revising this book or preparing their own manuals, it is strongly suggested that if the present edition is used, leaflets or inserts be supplied with the book to provide additional information as needed.**

**In the Green Pages (the Uses, Dosage, and Precautions for Medicines) blank spaces have been left to write in common brand names and prices of medicines. Once again, local programs or organizations distributing the book would do well to make up a list of generic or low-cost brand names and prices, to be included with each copy of the book.**

**\*\*\***

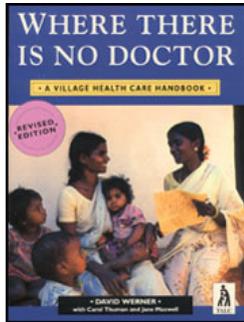
**This book was written for anyone who wants to do something about his or her own and other people's health. However, it has been widely used as a training and work manual for community health workers. For this reason, an introductory section has been added for the health worker, making clear that the health worker's first job is to share her knowledge and help educate people.**

**Today in over-developed as well as under-developed countries, existing health care systems are in a state of crisis. Often, human needs are not being well met. There is too little fairness. Too much is in the hands of too few.**

**Let us hope that through a more generous sharing of knowledge, and through learning to use what is best in both traditional and modern ways of healing, people everywhere will develop a kinder, more sensible-approach to caring - for their own health, and for each other.**

**- D.W.**





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## **NOTE ABOUT THIS NEW EDITION**

**In this revised edition of *Where There Is No Doctor*, we have added new information and updated old information, based on the latest scientific knowledge. Health care specialists from many parts of the world have generously given advice and suggestions.**

**When it would fit without having to change page numbers, we have added new information to the main part of the book. (This way, the numbering stays the same, so that page references in our other books, such as *Helping Health Workers Learn*, will still be correct.)**

**The Blue Pages - a completely new section at the end of the book - has information about health problems of growing or special concern: AIDS, sores on the genitals, leishmaniasis, complications from abortion, guinea worm, and others. Here also are new topics such as measuring blood pressure, misuse of pesticides, drug addiction, and a method of caring for early and underweight babies.**

**New ideas and information can be found throughout the book - medical knowledge is always changing! For example:**

- **Nutrition advice has changed. Experts used to tell mothers to give children more foods rich in proteins. But it is now known that what most poorly nourished children need is more energy-rich foods. Many low-cost energy foods, especially grains, provide enough protein *if the child eats enough of them*. Finding ways to give enough energy foods is now emphasized, instead of the 'four food groups'. (See Chapter 11.)**
- **Advice for treatment of stomach ulcer is different nowadays. For years doctors recommended drinking lots of milk. But according to recent studies, it is better to**

**drink lots of water, not milk.**

- **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.**
- **A section has been added on sterilizing equipment. This is important to prevent the spread of certain diseases, such as AIDS.**
- **We have also added sections on dengue, sickle cell disease, contraceptive implants. Chapter 10 contains revised information about treatment of snakebite.**
- **See chapter 12 for details on building the fly-killing VIP latrine.**

**If you have suggestions for improving this book, please let us know. Your ideas are very important to us!**

**The Green Pages now include some additional medicines. This is because some diseases have become resistant to the medicines that were used in the past. So it is now harder to give simple medical advice for certain diseases - especially malaria, tuberculosis, typhoid, and sexually spread diseases. Often we give several possibilities for treatment. But for many infectious diseases you will need local advice about which medicines are available and effective in your area.**

**In updating the information on medicines, we mostly include only those on the World Health Organization's *List of Essential Drugs*. (However, we also discuss some widely used but dangerous medicines to give warnings and to discourage their use) In trying to**

**cover health needs and variations in many parts of the world, we have listed more medicines than will be needed for any one area. To persons preparing adaptations of this book, we strongly suggest that the Green Pages be shortened and modified to meet the specific needs and treatment patterns in your country.**

**In this new edition of *Where There Is No Doctor* we continue to stress the value of traditional forms of healing, and have added some more "home remedies." However, since many folk remedies depend on local plants and customs, we have added only a few which use commonly found items such as garlic. We hope those adapting this book will add home remedies useful to their area.**

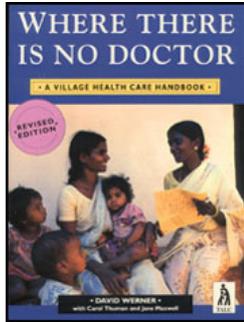
**Community action is emphasized throughout this book. For example, today it is often not enough to explain to mothers that 'breast is best'. Communities must organize to make sure that mothers are able to breast feed their babies at work. Likewise, problems such as misuse of pesticides, drug abuse, and unsafe abortions are best solved by people working together to make their communities safer, healthier, and more fair.**



**Figure**

**"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!**





 **Where There Is No Doctor - A Village Health Care Handbook (Hesperian Foundation, 1993, 516 p.)**

➔  **WORDS TO THE VILLAGE HEALTH WORKER (Brown Pages)**

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 **Health Needs and Human Needs**

 **Many Things Relate to Health Care**

 **Take a Good Look at Your Community**

 **Using Local Resources to Meet Needs**

 **Deciding What to Do and Where to Begin**

 **Trying a New Idea**

 **Working Toward a Balance Between People and Land**

 **Working Toward a Balance Between Prevention and Treatment**

 **Sensible and Limited Use of Medicines**

 **Finding Out What Progress Has Been Made (Evaluation)**

 **Teaching and Learning Together - The Health Worker as an Educator**

 **Tools for Teaching**

 **Making the Best Use of This Book**

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

### **Who is the village health worker?**

**A village health worker is a person who helps lead family and neighbors toward better health. Often he or she has been selected by the other villagers as someone who is especially able and kind.**

**Some village health workers receive training and help from an organized program, perhaps the Ministry of Health. Others have no official position, but are simply members of the community whom people respect as healers or leaders in matters of health. Often they learn by watching, helping, and studying on their own.**

**In the larger sense, a village health worker is anyone who takes part in making his or her village a healthier place to live.**

**This means almost everyone can and should be a health worker:**

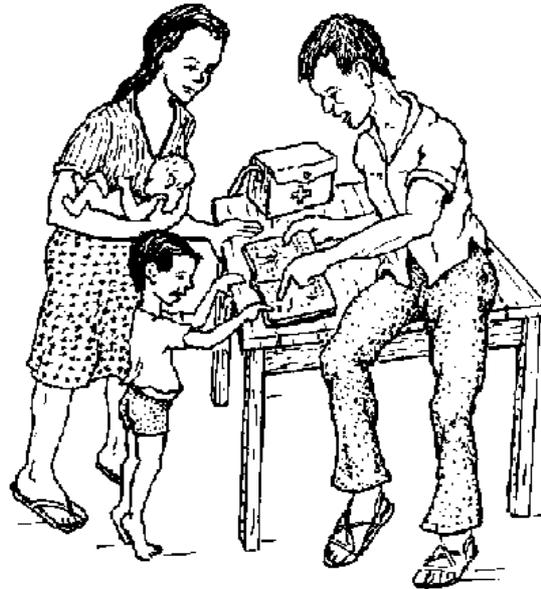
- **Mothers and fathers can show their children how to keep clean;**
- **Farm people can work together to help their land produce more food;**
- **Teachers can teach schoolchildren how to prevent and treat many common sicknesses and injuries;**
- **Schoolchildren can share what they learn with their parents;**
- **Shopkeepers can find out about the correct use of medicines they sell and give sensible advice and warning to buyers;**

- **Midwives can counsel parents about the importance of eating well during pregnancy, breast feeding, and family planning.**

**This book was written for the health worker in the larger sense. It is for anyone who wants to know and do more for his own, his family's or his people's well-being.**

**If you are a community health worker, an auxiliary nurse, or even a doctor, remember: this book is not just for you. It is for all the people. Share it!**

**Use this book to help explain what you know to others. Perhaps you can get small groups together to read a chapter at a time and discuss it.**



**THE VILLAGE HEALTH WORKER LIVES AND WORKS AT THE LEVEL OF HIS PEOPLE. HIS FIRST JOB IS TO SHARE HIS KNOWLEDGE.**

**Health Needs and Human Needs**

**Dear Village Health Worker,**

**This book is mostly about people's health needs. But to help your village be a healthy place to live, you must also be in touch with their human needs. Your understanding and concern for people are just as important as your knowledge of medicine and sanitation.**

**Here are some suggestions that may help you serve your people's human needs as well as health needs:**

**1. BE KIND. A friendly word, a smile, a hand on the shoulder, or some other sign of caring often means more than anything else you can do. Treat others as your equals. Even when you are hurried or worried, try to remember the feelings and needs of others. Often it helps to ask yourself, "What would I do if this were a member of my own family?"**

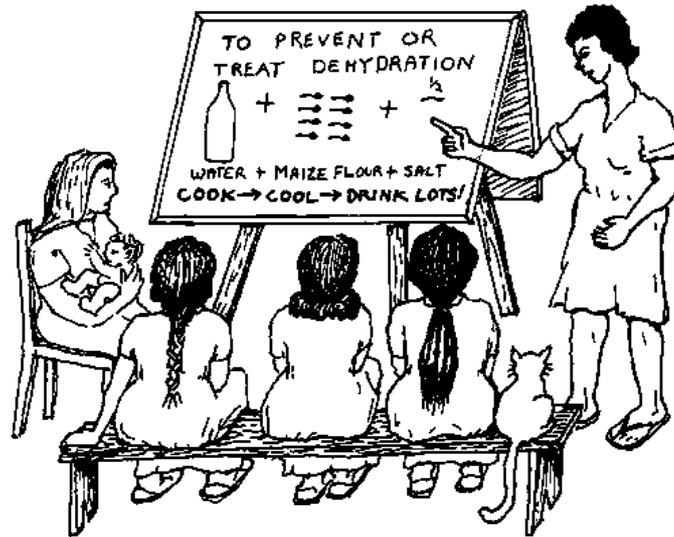
**Treat the sick as people. Be especially kind to those who are very sick or dying. And be kind to their families. Let them see that you care.**



**HAVE COMPASSION.**

**Kindness often helps more than medicine. Never be afraid to show you care.**

**2. SHARE YOUR KNOWLEDGE. As a health worker, your first job is to teach. This means helping people learn more about how to keep from getting sick. It also means helping people learn how to recognize and manage their illnesses - including the sensible use of home remedies and common medicines.**



### **LOOK FOR WAYS TO SHARE YOUR KNOWLEDGE.**

**There is nothing you have learned that, if carefully explained, should be of danger to anyone. Some doctors talk about self-care as if it were dangerous, perhaps because they like people to depend on their costly services. But in truth, most common health problems could be handled earlier and better by people in their own homes.**

### **3. RESPECT YOUR PEOPLE'S TRADITIONS AND IDEAS.**

**Because you learn something about modern medicine does not mean you should no longer appreciate the customs and ways of healing of your people. Too often the human touch in the art of healing is lost when medical science moves in. This is too bad, because...**

**If you can use what is best in modern medicine, together with what is best in traditional healing, the combination may be better than either one alone.**

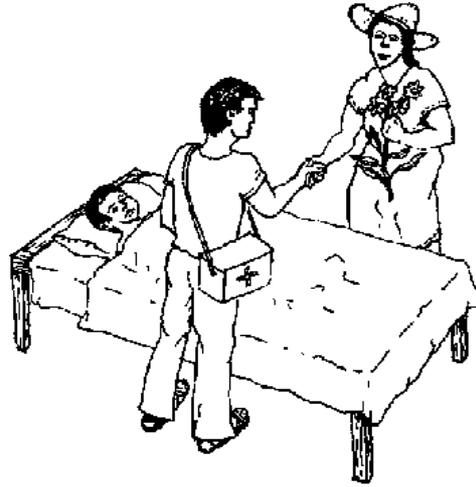
**In this way, you will be adding to your people's culture, not taking away.**

**Of course, if you see that some of the home cures or customs are harmful (for example, putting excrement on the freshly cut cord of a newborn baby), you will want to do something to change this. But do so carefully, with respect for those who believe in such things. Never just tell people they are wrong. Try to help them understand WHY they should do something differently.**

**People are slow to change their attitudes and traditions, and with good reason. They are true to what they feel is right. And this we must respect.**

**Modern medicine does not have all the answers either. It has helped solve some problems, yet has led to other, sometimes even bigger ones. People quickly come to depend too much on modern medicine and its experts, to overuse medicines, and to forget how to care for themselves and each other.**

**So go slow - and always keep a deep respect for your people, their traditions, and their human dignity. Help them build on the knowledge and skills they already have.**



**WORK WITH TRADITIONAL HEALERS AND MIDWIVES - NOT AGAINST THEM.**

**Learn from them and encourage them to learn from you.**

**4. KNOW YOUR OWN LIMITS.**

**KNOW YOUR LIMITS**

**No matter how great or small your knowledge and skills, you can do a good job as long as you know and work within your limits. This means: Do what you know how to do. Do not try things you have not learned about or have not had enough experience doing, if they might harm or endanger someone.**

**But use your judgment.**

**Often, what you decide to do or not do will depend on how far you have to go to get more expert help.**



**For example, a mother has just given birth and is bleeding more than you think is normal. If you are only half an hour away from a medical center, it may be wise to take her there right away. But if the mother is bleeding very heavily and you are a long way from the health center, you may decide to massage her womb or inject an oxytocic even if you were not taught this.**

**Do not take unnecessary chances. But when the danger is clearly greater if you do**

**nothing, do not be afraid to try something you feel reasonably sure will help.**

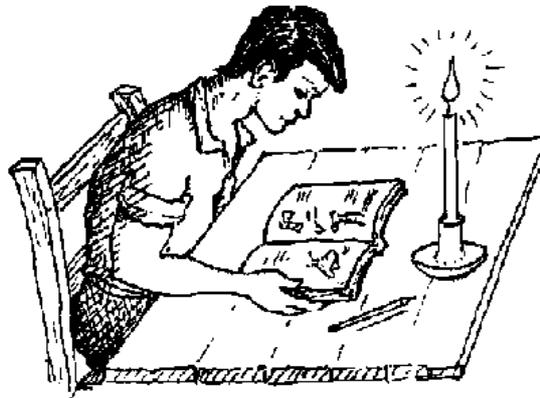
**Know your limits - but also use your head. Always do your best to protect the sick person rather than yourself.**

**5. KEEP LEARNING. Use every chance you have to learn more. Study whatever books or information you can lay your hands on that will help you be a better worker, teacher, or person.**

**Always be ready to ask questions of doctors, sanitation officers, agriculture experts, or anyone else you can learn from.**

**Never pass up the chance to take refresher courses or get additional training.**

**Your first job is to teach, and unless you keep learning more, soon you will not have anything new to teach others.**



**KEEP LEARNING - Do not let anyone tell you there are things you should not learn or**

**know.**

## **6. PRACTICE WHAT YOU TEACH.**

**People are more likely to pay attention to what you do than what you say. As a health worker, you want to take special care in your personal life and habits, so as to set a good example for your neighbors.**

**Before you ask people to make latrines, be sure your own family has one.**

**Also, if you help organize a work group - for example, to dig a common garbage hole - be sure you work and sweat as hard as everyone else.**



**PRACTICE WHAT YOU TEACH (or who will listen to you?)**

**Good leaders do not tell people what to do. They set the example.**

## **7. WORK FOR THE JOY OF IT.**

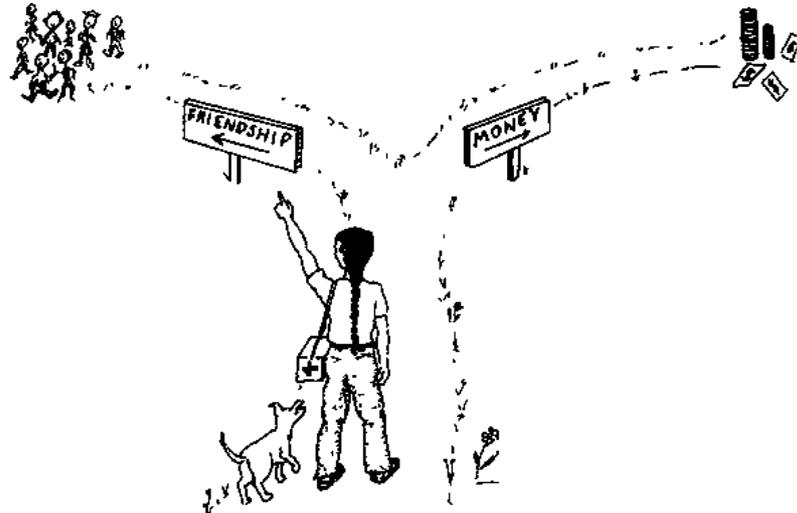
**If you want other people to take part in improving their village and caring for their health, you must enjoy such activity yourself. If not, who will want to follow your example?**

**Try to make community work projects fun. For example, fencing off the public water hole**

**to keep animals away from where people take water can be hard work. But if the whole village helps do it as a 'work festival' - perhaps with refreshments and music - the job will be done quickly and can be fun. Children will work hard and enjoy it, if they can turn work into play.**

**You may or may not be paid for your work. But never refuse to care, or care less, for someone who is poor or cannot pay.**

**This way you will win your people's love and respect. These are worth far more than money.**



**WORK FIRST FOR THE PEOPLE-NOT THE MONEY. (People are worth more.)**

**8. LOOK AHEAD - AND HELP OTHERS TO LOOK AHEAD.**

**A responsible health worker does not wait for people to get sick. She tries to stop sickness before it starts. She encourages people to take action now to protect their health and well-being in the future.**

**Many sicknesses can be prevented. Your job, then, is to help your people understand the causes of their health problems and do something about them.**

**Most health problems have many causes, one leading to another. To correct the problem in a lasting way, you must look for and deal with the underlying causes. You must get to the root of the problem.**

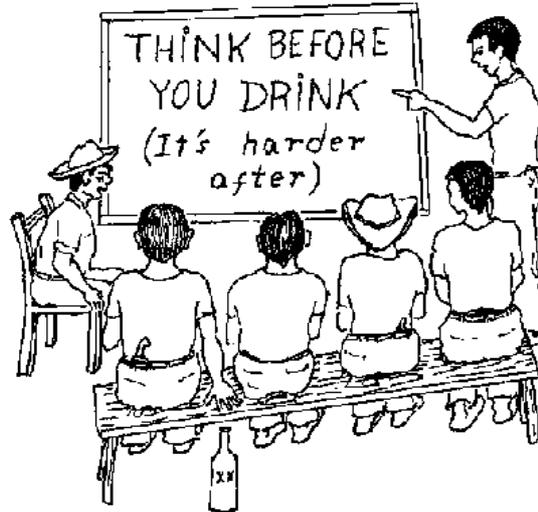
**For example, in many villages diarrhea is the most common cause of death in small children. The spread of diarrhea is caused in part by lack of cleanliness (poor *sanitation* and *hygiene*). You can do something to correct this by digging latrines and teaching basic guidelines of cleanliness.**

**But the children who suffer and die most often from diarrhea are those who are poorly nourished. Their bodies do not have strength to fight the infections. So to prevent death from diarrhea we must also prevent poor nutrition.**

**And why do so many children suffer from poor nutrition?**

- **Is it because mothers do not realize what foods are most important (for example, breast milk)?**
- **Is it because the family does not have enough money or land to produce the food it needs?**
- **Is it because a few rich persons control most of the land and the wealth?**

- **Is it because the poor do not make the best use of land they have?**
- **Is it because parents have more children than they or their land can provide for, and keep having more?**
- **Is it because fathers lose hope and spend the little money they have on drink?**
- **Is it because people do not look or plan ahead? Because they do not realize that by working together and sharing they can change the conditions under which they live and die?**



**HELP OTHERS TO LOOK AHEAD.**

**You may find that many, if not all, of these things lie behind infant deaths in your area.**

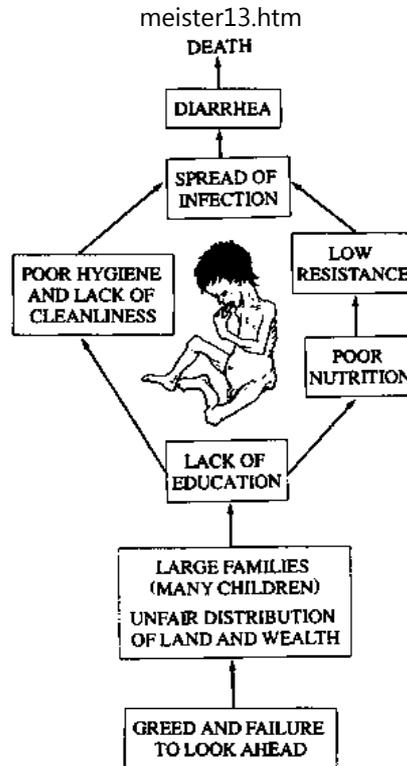
**You will, no doubt, find other causes as well. As a health worker it is your job to help people understand and do something about as many of these causes as you can.**

**But remember: to prevent frequent deaths from diarrhea will take far more than latrines, pure water, and 'special drink' (oral rehydration). You may find that child spacing, better land use, and fairer distribution of wealth, land, and power are more important in the long run.**

**The causes that lie behind much sickness and human suffering are short-sightedness and greed. If your interest is your people's well-being, you must help them learn to share, to work together, and to look ahead.**

### **Many Things Relate to Health Care**

**We have looked at some of the causes that underlie diarrhea and poor nutrition. Likewise, you will find that such things as food production, land distribution, education, and the way people treat or mistreat each other lie behind many different health problems.**



**The chain of causes leading to death from diarrhea.**

**If you are interested in the long-term welfare of your whole community, you must help your people look for answers to these larger questions.**

**Health is more than not being sick. It is well-being: in body, mind, and community. People live best in healthy surroundings, in a place where they can trust each other, work**

**together to meet daily needs, share in times of difficulty and plenty, and help each other learn and grow and live, each as fully as he or she can.**

**Do your best to solve day-to-day problems. But remember that your greatest job is to help your community become a more healthy and more human place to live.**

**You as a health worker have a big responsibility.**

**Where should you begin?**

**Take a Good Look at Your Community**

**Because you have grown up in your community and know your people well, you are already familiar with many of their health problems. You have an inside view. But in order to see the whole picture, you will need to look carefully at your community from many points of view.**

**As a village health worker, your concern is for the well-being of all the people - not just those you know well or who come to you. Go to your people. Visit their homes, fields, gathering places, and schools. Understand their joys and concerns. Examine with them their habits, the things in their daily lives that bring about good health, and those that may lead to sickness or injury.**

**Before you and your community attempt any project or activity, carefully think about what it will require and how likely it is to work. To do this, you must consider all the following:**

- 1. Felt needs - what people feel are their biggest problems.**
- 2. Real needs - steps people can take to correct these problems in a lasting way.**

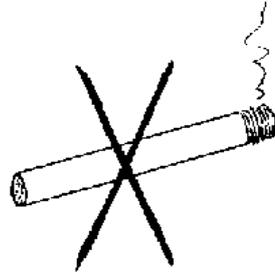
**3. Willingness - or readiness of people to plan and take the needed steps.**

**4. Resources - the persons, skills, materials, and/or money needed to carry out the activities decided upon.**

**As a simple example of how each of these things can be important, let us suppose that a man who smokes a lot comes to you complaining of a cough that has steadily been getting worse.**



**1. His felt need is to get rid of his cough.**



**2. His real need (to correct the problem) is to give up smoking.**

*No Thanks*



**3. To get rid of his cough will require his willingness to give up smoking. For this he must understand how much it really matters.**



- 4. One resource that may help him give up smoking is information about the harm it can do him and his family. Another is the support and encouragement of his family, his friends, and you.**

### **Finding Out the Needs**

**As a health worker, you will first want to find out your people's most important health problems and their biggest concerns. To gather the information necessary to decide what the greatest needs and concerns really are, it may help to make up a list of questions.**

**On the next 2 pages are samples of the kinds of things you may want to ask. But think of questions that are important in your area. Ask questions that not only help you get information, but that get others asking important questions themselves.**

**Do not make your list of questions too long or complicated - especially a list you take from house to house. Remember, people are not numbers and do not like to be looked at as numbers. As you gather information, be sure your first interest is always in what individuals want and feel. It may be better not even to carry a list of questions. But in considering the needs of your community, you should keep certain basic questions in**

**mind.**



**Figure**

**Sample Lists of Questions**

**To Help Determine Community Health Needs And at  
the Same Time Get People Thinking**

**FELT NEEDS**



Figure



Figure

**What things in your people's daily lives (living conditions, ways of doing things, beliefs, etc.) do they feel help them to be healthy?**

**What do people feel to be their major problems, concerns, and needs - not only those related to health, but in general?**



Figure

### **HOUSING AND SANITATION**



Figure

**What are different houses made of? Walls? Floors? Are the houses kept clean? Is cooking done on the floor or where? How does smoke get out? On what do people sleep?**

**Are flies, fleas, bedbugs, rats, or other pests a problem? In what way? What do people do to control them? What else could be done?**

**Is food protected? How could it be better protected?**

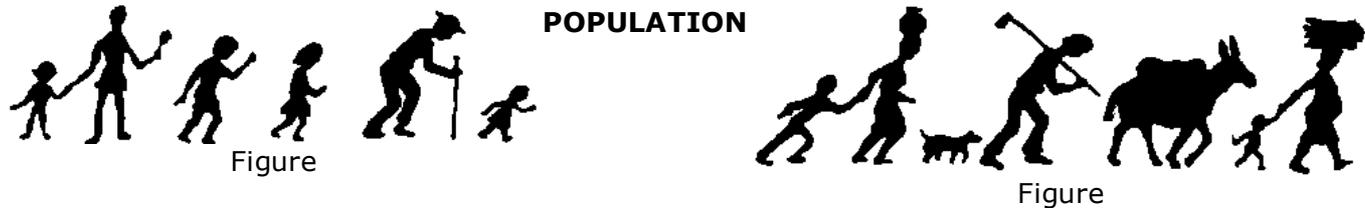
**What animals (dogs, chickens, pigs, etc.), if any, are allowed in the house? What problems do they cause?**

**What are the common diseases of animals? How do they affect people's health? What is being done about these diseases?**

**Where do families get their water? Is it safe to drink? What precautions are taken?**

**How many families have latrines? How many use them properly?**

**Is the village clean? Where do people put garbage? Why?**



**How many people live in the community? How many are under 15 years old?**

**How many can read and write? What good is schooling? Does it teach children what they need to know? How else do children learn?**

**How many babies were born this year? How many people died? Of what? At what ages?**

**Could their deaths have been prevented? How?**

**Is the population (number of people) getting larger or smaller? Does this cause any problems?**

**How often were different persons sick in the past year? How many days was each sick? What sickness or injuries did each have? Why?**

**How many people have chronic (long-term) illnesses? What are they?**

**How many children do most parents have? How many children died? Of what? At what ages? What were some of the underlying causes?**

**How many parents are interested in not having any more children or in not having them so often? For what reasons? (See Family Planning)**

## **NUTRITION**



**Figure**

**How many mothers breast feed their babies? For how long? Are these babies healthier than those who are not breast fed? Why?**

**What are the main foods people eat? Where do they come from?**

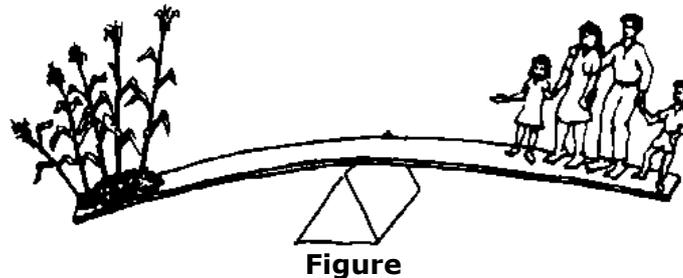
**Do people make good use of all foods available?**

**How many children are underweight or show signs of poor nutrition?**

**How much do parents and schoolchildren know about nutritional needs?**

**How many people smoke a lot? How many drink alcoholic or soft drinks very often? What effect does this have on their own and their families' health?**

### LAND AND FOOD



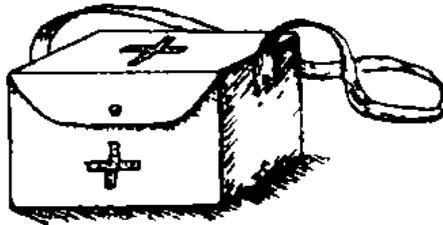
**Does the land provide enough food for each family? How long will it continue to produce enough food if families keep growing?**

**How is farm land distributed? How many people own their land?**

**What efforts are being made to help the land produce more?**

**How are crops and food stored? Is there much damage or loss? Why?**

### **HEALING, HEALTH**



**Figure**

**What role do local midwives and healers play in health care?**

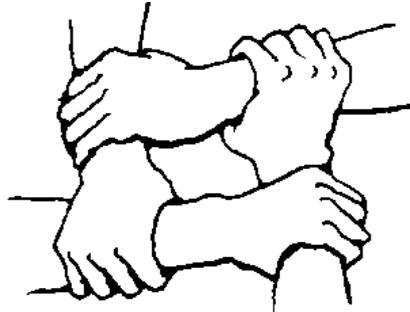
**What traditional ways of healing and medicines are used? Which are of greatest value? Are any harmful or dangerous?**

**What health services are nearby? How good are they? What do they cost? How much are they used?**

**How many children have been vaccinated? Against what sicknesses?**

**What other preventive measures are being taken? What others might be taken? How important are they?**

### **SELF-HELP**



**Figure**

**What are the most important things that affect your people's health and well-being - now and in the future?**

**How many of their common health problems can people care for themselves? How much must they rely on outside help and medication?**

**Are people interested in finding ways of making self-care safer, more effective, and more complete? Why? How can they learn more? What stands in the way?**

**What are the rights of rich people? Of poor people? Of men? Of women? Of children? How is each of these groups treated? Why? Is this fair? What needs to be changed? By whom? How?**

**Do people work together to meet common needs? Do they share or help each other when needs are great?**

**What can be done to make your village a better, healthier place to live? Where might you and your people begin?**

## **Using Local Resources to Meet Needs**

**How you deal with a problem will depend upon what resources are available.**

**Some activities require outside resources (materials, money, or people from somewhere else). For example, a vaccination program is possible only if vaccines are brought in - often from another country.**

**Other activities can be carried out completely with local resources. A family or a group of neighbors can fence off a water hole or build simple latrines using materials close at hand.**

**Some outside resources, such as vaccines and a few important medicines, can make a big difference in people's health. You should do your best to get them. But as a general rule, it is in the best interest of your people to**

**Use local resources whenever possible.**

**The more you and your people can do for yourselves, and the less you have to depend on outside assistance and supplies, the healthier and stronger your community will become.**

**Not only can you count on local resources to be on hand when you need them, but often they do the best job at the lowest cost. For example, if you can encourage mothers to breast feed rather than bottle feed their babies, this will build self-reliance through a top quality local resource - breast milk! It will also prevent needless sickness and death of many babies.**

**Encourage people to make the most of local resources.**



**BREAST MILK - A TOP QUALITY LOCAL RESOURCE - BETTER THAN ANYTHING MONEY CAN BUY!**

**In your health work always remember:**

**The most valuable resource for the health of the people is the people themselves.**

**Deciding What to Do and Where to Begin**

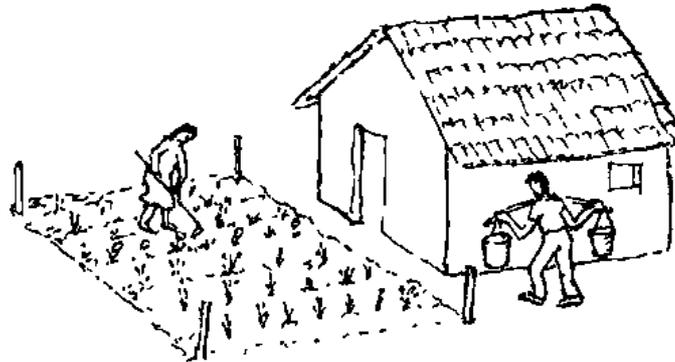
**After taking a careful look at needs and resources, you and your people must decide which things are more important and which to do first. You can do many different things to help people be healthy. Some are important immediately. Others will help determine the future well-being of individuals or the whole community.**

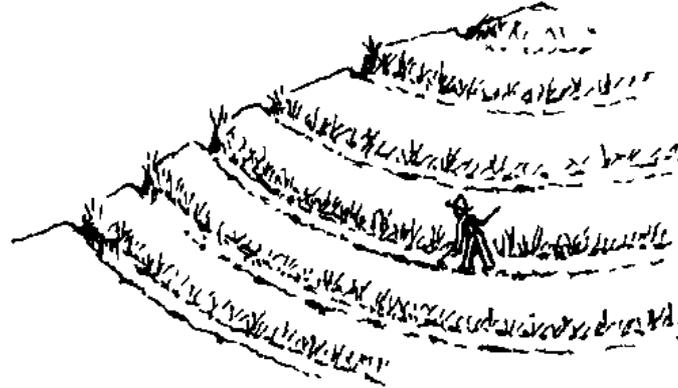
**In a lot of villages, poor nutrition plays a part in other health problems. People cannot be healthy unless there is enough to eat. Whatever other problems you decide to work with, if people are hungry or children are poorly nourished, better nutrition must be your first**

**concern.**

**There are many different ways to approach the problem of poor nutrition, for many different things join to cause it. You and your community must consider the possible actions you might take and decide which are most likely to work.**

**Here are a few examples of ways some people have helped meet their needs for better nutrition. Some actions bring quick results. Others work over a longer time. You and your people must decide what is most likely to work in your area.**

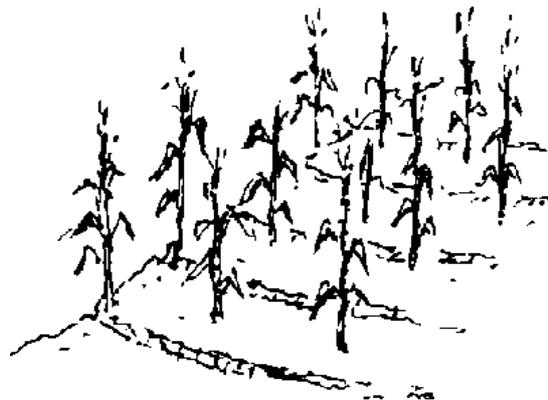
**POSSIBLE WAYS TO WORK TOWARD BETTER NUTRITION****FAMILY GARDENS**



**CONTOUR DITCHES to prevent soil from washing away**

**ROTATION OF CROPS**

**Every other planting season plant a crop that returns strength to the soil - like beans, peas, lentils, alfalfa, peanuts or some other plant with seed in pods (legumes).**

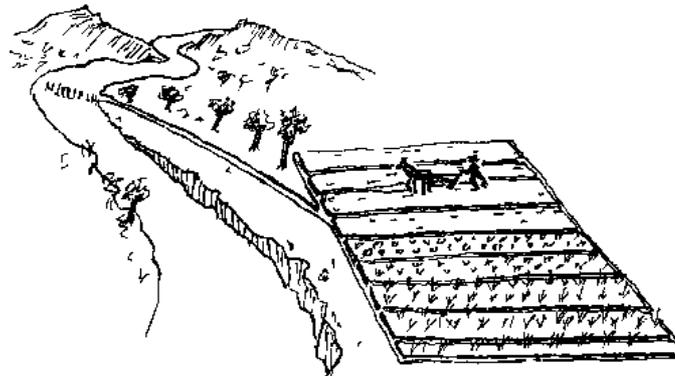


**This year maize**

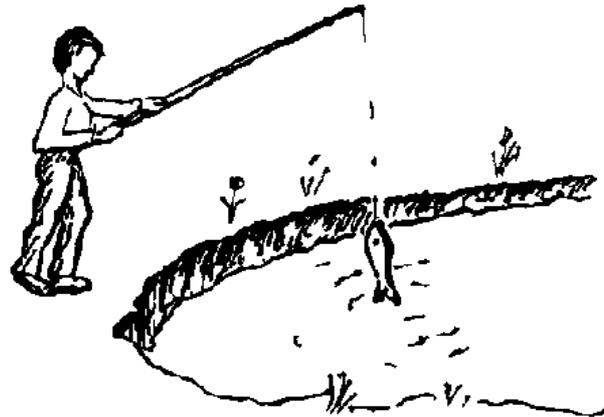


**Next year beans**

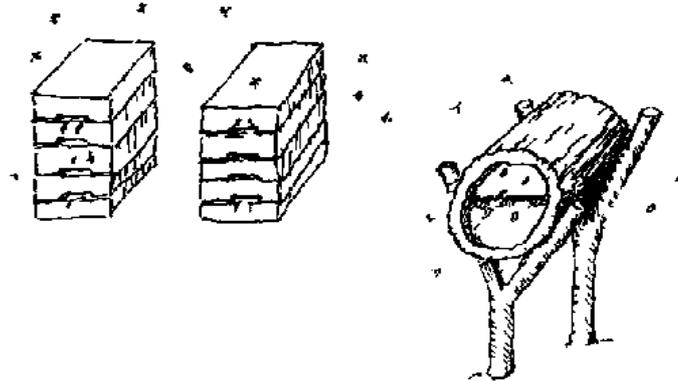
**MORE WAYS TO WORK TOWARD BETTER NUTRITION**



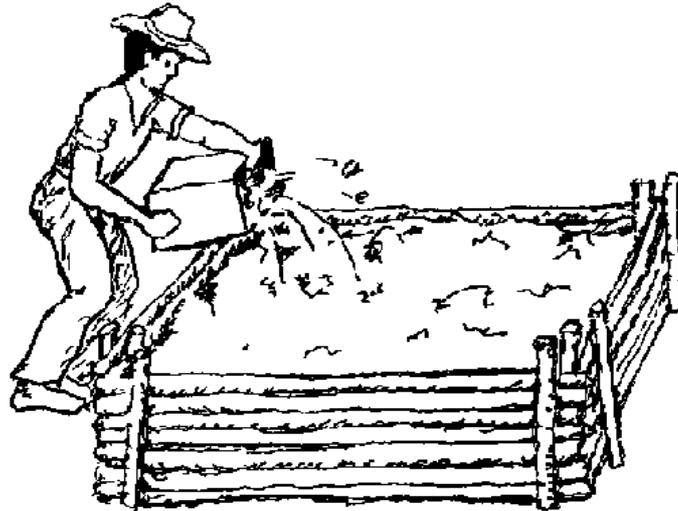
**IRRIGATION OF LAND**



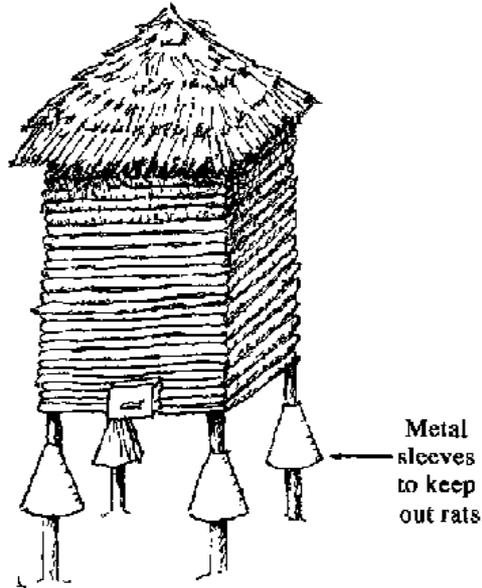
**FISH BREEDING**



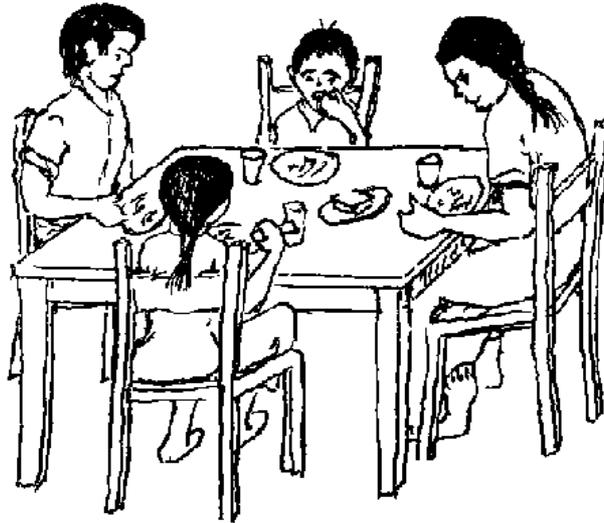
**BEEKEEPING**



## NATURAL FERTILIZERS - Compost pile



**BETTER FOOD STORAGE**



## **SMALLER FAMILIES - THROUGH FAMILY PLANNING**

### **Trying a New Idea**

**Not all the suggestions on the last pages are likely to work in your area. Perhaps some will work if changed for your particular situation and resources at hand. Often you can only know whether something will work or not by trying it. That is, by experiment.**



### START SMALL

**When you try out a new idea, always start small. If you start small and the experiment fails, or something has to be done differently, you will not lose much. If it works, people will see that it works and can begin to apply it in a bigger way.**

**Do not be discouraged if an experiment does not work. Perhaps you can try again with certain changes. You can learn as much from your failures as your successes. But start small.**

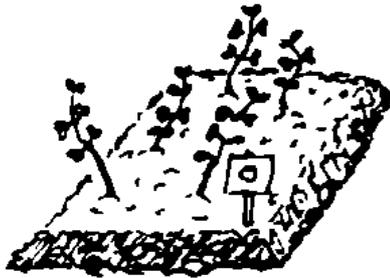
**Here is an example of experimenting with a new idea.**

**You learn that a certain kind of bean, such as soya, is an excellent body-building food. But will it grow in your area? And if it grows, will people eat it?**

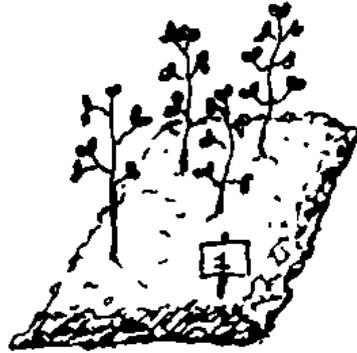
**Start by planting a small patch - or 2 or 3 small patches in different conditions of soil or water. If the beans do well, try preparing them in different ways, and see if people will eat them. If so, try planting more beans in the conditions where you found they grew best. But try out still other conditions in more small patches to see if you can get an even better crop.**

**There may be several conditions you want to try changing. For example, type of soil, addition of fertilizer, amount of water, or different varieties of seed. To best understand what helps and what does not, be sure to change only one condition at a time and keep all the rest the same.**

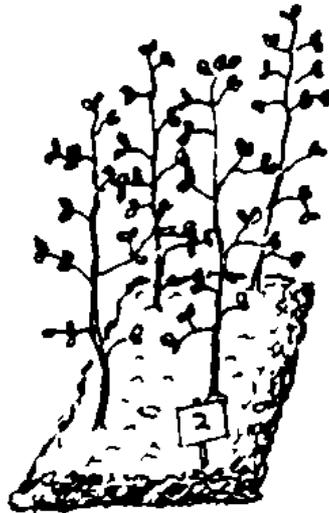
**For example, to find out if animal fertilizer (manure) helps the beans grow, and how much to use, plant several small bean patches side by side, under the same conditions of water and sunlight, and using the same seed. But before you plant, mix each patch with a different amount of manure, something like this:**



**no manure**



**1 shovel manure**



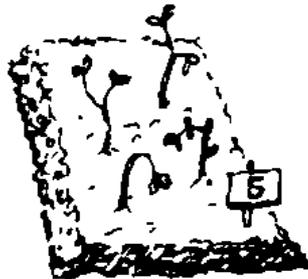
**2 shovels manure**



**3 shovels manure**



**4 shovels manure**



**5 shovels manure**

**This experiment shows that a certain amount of manure helps, but that too much can harm the plants. This is only an example. Your experiments may give different results. Try for yourself!**

## **Working Toward a Balance Between People and Land**

**Health depends on many things, but above all it depends on whether people have enough to eat.**

**Most food comes from the land. Land that is used well can produce more food. A health worker needs to know ways to help the land better feed the people - now and in the future. But even the best used piece of land can only feed a certain number of people. And today, many of the people who farm do not have enough land to meet their needs or to stay healthy.**

**In many parts of the world, the situation is getting worse, not better. Parents often have many children, so year by year there are more mouths to feed on the limited land that the poor are permitted to use.**

**Many health programs try to work toward a balance between people and land through 'family planning', or helping people have only the number of children they want. Smaller families, they reason, will mean more land and food to go around. But family planning by itself has little effect. As long as people are very poor, they often want many children. Children help with work without having to be paid, and as they get bigger may even bring home a little money. When the parents grow old, some of their children - or grandchildren - will perhaps be able to help care for them.**

**For a poor country to have many children may be an economic disaster. But for a poor family to have many children is often an economic necessity - especially when many die young. In the world today, for most people, having many children is the surest form of social security they can hope for.**

**Some groups and programs take a different approach. They recognize that hunger exists**

**not because there is too little land to feed everyone, but because most of the land is in the hands of a few selfish persons. The balance they seek is a fairer distribution of land and wealth. They work to help people gain greater control over their health, land, and lives.**

**It has been shown that, where land and wealth are shared more fairly and people gain greater economic security, they usually choose to have smaller families. Family planning helps when it is truly the people's choice. A balance between people and land can more likely be gained through helping people work toward fairer distribution and social justice than through family planning alone.**

**It has been said that the social meaning of *love* is *justice*. The health worker who loves her people should help them work toward a balance based on a more just distribution of land and wealth.**

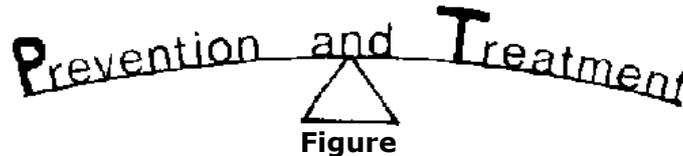
A LIMITED AMOUNT  
OF LAND CAN  
ONLY SUPPORT A  
LIMITED NUMBER  
OF PEOPLE.



A LASTING  
BALANCE BETWEEN  
PEOPLE AND LAND  
MUST BE BASED ON  
FAIR DISTRIBUTION.

**Figure**

### **Working Toward a Balance Between Prevention and Treatment**



**Figure**

**A balance between treatment and prevention often comes down to a balance between**

**immediate needs and long-term needs.**

**As a health worker you must go to your people, work with them on their terms, and help them find answers to the needs they feel most. People's first concern is often to find relief for the sick and suffering. Therefore, one of your first concerns must be to help with healing.**

**But also look ahead. While caring for people's immediate felt needs, also help them look to the future. Help them realize that much sickness and suffering can be prevented and that they themselves can take preventive actions.**

**But be careful! Sometimes health planners and workers go too far. In their eagerness to prevent future ills, they may show too little concern for the sickness and suffering that already exist. By failing to respond to people's present needs, they may fail to gain their cooperation. And so they fail in much of their preventive work as well.**

**Treatment and prevention go hand in hand. Early treatment often prevents mild illness from becoming serious. If you help people to recognize many of their common health problems and to treat them early, in their own homes, much needless suffering can be prevented.**

**Early treatment is a form of preventive medicine.**

**If you want their cooperation, start where your people are. Work toward a balance between prevention and treatment that is acceptable to them. Such a balance will be largely determined by people's present attitudes toward sickness, healing, and health. As you help them look farther ahead, as their attitudes change, and as more diseases are controlled, you may find that the balance shifts naturally in favor of prevention.**

**You cannot tell the mother whose child is ill that prevention is more important than cure. Not if you want her to listen. But you can tell her, while you help her care for her child, that prevention is equally important.**

**Work toward prevention - do not force it.**

**Use treatment as a doorway to prevention. One of the best times to talk to people about prevention is when they come for treatment. For example, if a mother brings a child with worms, carefully explain to her how to treat him. But also take time to explain to both the mother and child how the worms are spread and the different things they can do to prevent this from happening (see Chapter 12). Visit their home from time to time, not to find fault, but to help the family toward more effective self-care.**

**Use treatment as a chance to teach prevention.**

### **Sensible and Limited Use of Medicines**

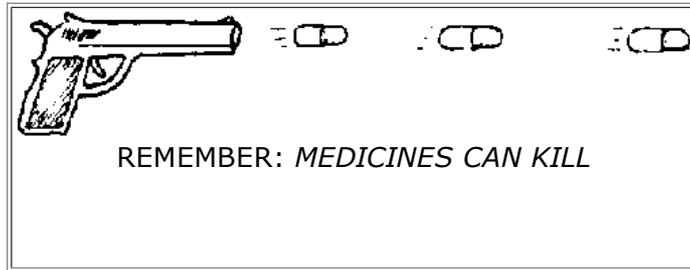
**One of the most difficult and important parts of preventive care is to educate your people in the sensible and limited use of medicines. A few modern medicines are very important and can save lives. But for most sicknesses no medicine is needed. The body itself can usually fight off sickness with rest, good food, drinking lots of liquid, and perhaps some simple home remedies.**

**People may come to you asking for medicine when they do not need any. You may be tempted to give them some medicine just to please. But if you do, when they get well, they will think that you and the medicine cured them. Really their bodies cured themselves.**

**Instead of teaching people to depend on medicines they do not need, take time to explain**

**why they should not be used. Also tell people what they can do themselves to get well.**

**This way you are helping people to rely on local resources (themselves), rather than on an outside resource (medicine). Also, you are protecting their health, for there is no medicine that does not have some risk in its use.**



**Three common health problems for which people too often request medicines they do not need are (1) the common cold, (2) minor cough, and (3) diarrhea.**

**The common cold is best treated by resting, drinking lots of liquids, and at the most taking aspirin. Penicillin, tetracycline, and other antibiotics do not help at all.**

**For minor coughs, or even more severe coughs with thick mucus or *phlegm*, drinking a lot of water will loosen mucus and ease the cough faster and better than cough syrup. Breathing warm water vapor brings even greater relief. Do not make people dependent on cough syrup or other medicines they do not need.**

**For most diarrhea of children, medicines do not make them get well. Many commonly used medicines (neomycin, streptomycin, kaolin-pectin, *Lomotil*, chloramphenicol) may even be harmful. What is most important is that the child get *lots of liquids* and *enough***

**food.** The key to the child's recovery is the mother, not the medicine. If you can help mothers understand this and learn what to do, many children's lives can be saved.

**Medicines are often used too much, both by doctors and by ordinary people. This is unfortunate for many reasons:**

- **It is wasteful. Most money spent on medicine would be better spent on food.**
- **It makes people depend on something they do not need (and often cannot afford).**
- **Every medicine has some risk in its use. There is always a chance that an unneeded medicine may actually do the person harm.**
- **What is more, when some medicines are used too often for minor problems, they lose their power to fight dangerous sicknesses.**

**An example of a medicine losing its power is chloramphenicol. The extreme overuse of this important but risky antibiotic for minor infections has meant that in some parts of the world chloramphenicol no longer works against typhoid fever, a very dangerous infection. Frequent overuse of chloramphenicol has allowed typhoid to become *resistant* to it.**

**For all the above reasons the use of medicines should be limited.**

**But how? Neither rigid rules and restrictions nor permitting only highly trained persons to decide about the use of medicines has prevented overuse. Only when the people themselves are better informed will the limited and careful use of medicines be common.**

**To educate people about sensible and limited use of medicines is one of the important**



- **How many farmers take part in activities to improve their land and crops?**
- **How many mothers and children take part in an *Under-Fives Program* (regular check-ups and learning)?**

**This kind of question will help you measure action taken. But to find out the result or impact of these activities on health, you will need to answer other questions such as:**

- **How many children had diarrhea or signs of worms in the past month or year - as compared to before there were latrines?**
- **How much was harvested this season (corn, beans, or other crops) - as compared to before improved methods were used?**
- **How many children show normal weight and weight-gain on their Child Health Charts - as compared to when the Under-Fives Program was started?**
- **Do fewer children die now than before?**

**To be able to judge the success of any activity you need to collect certain information both before and after. For example, if you want to teach mothers how important it is to breast feed their babies, first take a count of how many mothers are doing so. Then begin the teaching program and each year take another count. This way you can get a good idea as to how much effect your teaching has had.**

**You may want to set goals. For example, you and the health committee may hope that 80% of the families have latrines by the end of one year. Every month you take a count. If, by the end of six months, only one-third of the families have latrines, you know you will have to work harder to meet the goal you set for yourselves.**

**Setting goals often helps people work harder and get more done.**

**To evaluate the results of your health activities it helps to count and measure certain things before, during, and after.**

**But remember: The most important part of your health work cannot be measured. It has to do with the way you and other people relate to each other; with people learning and working together; with the growth of kindness, responsibility, sharing, and hope. It depends on the growing strength and unity of the people to stand up for their basic rights. You cannot measure these things. But weigh them well when you consider what changes have been made.**

**Teaching and Learning Together - The Health Worker as an Educator**

**As you come to realize how many things affect health, you may think the health worker has an impossibly large job. And true, you will never get much done if you try to deliver health care by yourself.**

**Only when the people themselves become actively responsible for their own and their community's health, can important changes take place.**

**Your community's well-being depends on the involvement not of one person, but of nearly everyone. For this to happen, responsibility and knowledge must be shared.**

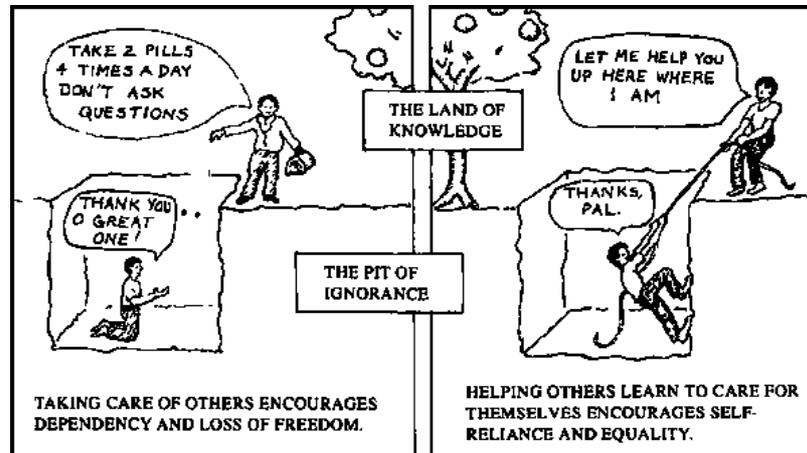
**This is why your first job as a health worker is to teach - to teach children, parents, farmers, schoolteachers, other health workers - everyone you can.**

**The art of teaching is the most important skill a person can learn. To teach is to help others grow, and to grow with them. A good teacher is not someone who puts ideas into**

other people's heads; he or she is someone who helps others build on their own ideas, to make new discoveries for themselves.

Teaching and learning should not be limited to the schoolhouse or health post. They should take place in the home and in the fields and on the road. As a health worker one of your best chances to teach will probably be when you treat the sick. But you should look for every opportunity to exchange ideas, to share, to show, and to help your people think and work together.

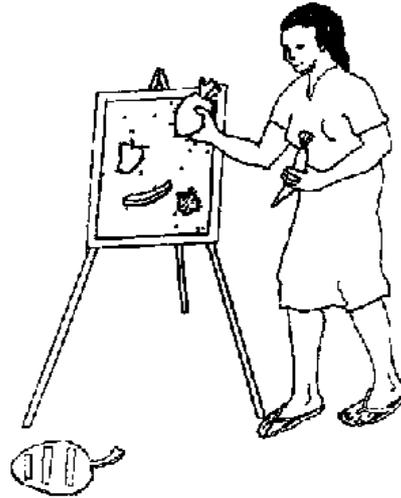
On the next few pages are some ideas that may help you do this. They are only suggestions. You will have many other ideas yourself.



**TWO APPROACHES TO HEALTH CARE**

## Tools for Teaching

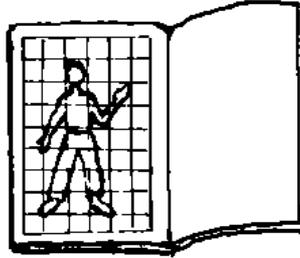
**Flannel-graphs are good for talking with groups because you can keep making new pictures. Cover a square board or piece of cardboard with a flannel cloth. You can place different cutout drawings or photos on it. Strips of sandpaper or flannel glued to the backs of cutouts help them stick to the flannelboard.**



**Figure**

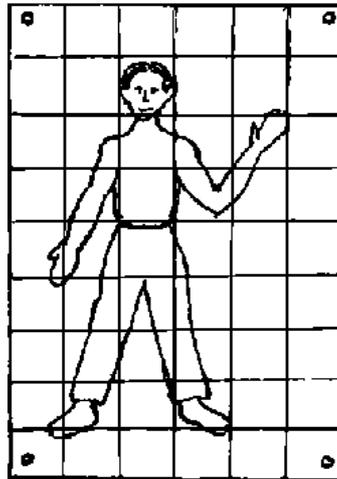
**Posters and displays. "A picture is worth a thousand words." Simple drawings, with or without a few words of information, can be hung in the health post or anywhere that people will look at them. You can copy some of the pictures from this book.**

**If you have trouble getting sizes and shapes right, draw light, even squares in pencil over the picture you want to copy.**



Figure

**Now draw the same number of squares lightly, but larger, on the poster paper or cardboard. Then copy the drawing, square for square.**



Figure

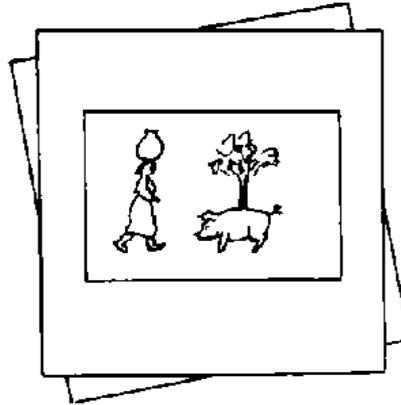
**If possible, ask village artists to draw or paint posters. Or have children make posters on different subjects.**

**Models and demonstrations help get ideas across. For example, if you want to talk with mothers and midwives about care in cutting the cord of a newborn child, you can make a doll for the baby. Pin a cloth cord to its belly. Experienced midwives can demonstrate to others.**



**Figure**

**Color slides and filmstrips are available on different health subjects for many parts of the world. Some come in sets that tell a story. Simple viewers and battery-operated projectors are also available.**



**Figure**

**A list of addresses where you can send for teaching materials to use for health education in your village can be found in chapter Addresses for teaching materials.**

### **Other Ways to Get Ideas Across**

**Story telling. When you have a hard time explaining something, a story, especially a true one, will help make your point.**

**For example, if I tell you that sometimes a village worker can make a better diagnosis than a doctor, you may not believe me. But if I tell you about a village health worker called Irene, who runs a small nutrition center in Central America, you may understand.**

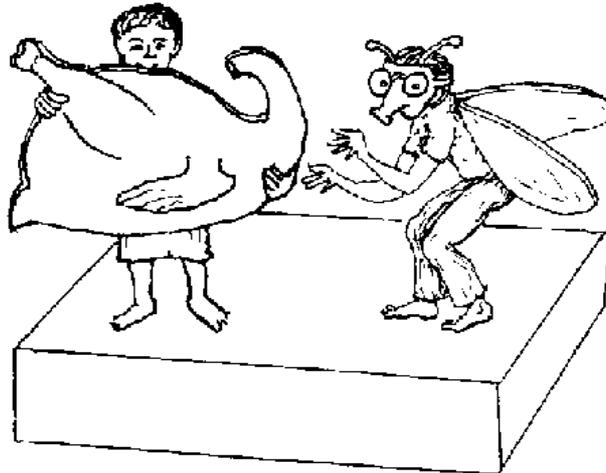
**One day a small sickly child arrived at the nutrition center. He had been sent by the doctor at a nearby health center because he was badly malnourished. The child also had a cough, and the doctor had prescribed a cough medicine. Irene**

**was worried about the child. She knew he came from a very poor family and that an older brother had died a few weeks before. She went to visit the family and learned that the older brother had been very sick for a long time and had coughed blood. Irene went to the health center and told the doctor she was afraid the child had tuberculosis. Tests were made, and it turned out that Irene was right.... So you see, the health worker spotted the real problem before the doctor - because she knew her people and visited their homes.**

**Stories also make learning more interesting. It helps if health workers are good story tellers.**

**Play acting. Stories that make important points can reach people with even more force if they are acted out. Perhaps you, the schoolteacher, or someone on the health committee can plan short plays or 'skits' with the schoolchildren.**

**For example, to make the point that food should be protected from flies to prevent the spread of disease, several small children could dress up as flies and buzz around food. The flies dirty the food that has not been covered. Then children eat this food and get sick. But the flies cannot get at food in a box with a wire screen front. So the children who eat this food stay well.**



**Figure**

**The more ways you can find to share ideas, the more people will understand and remember.**

### **Working and Learning Together for the Common Good**

**There are many ways to interest and involve people in working together to meet their common needs. Here are a few ideas:**

- 1. A village health committee. A group of able, interested persons can be chosen by the village to help plan and lead activities relating to the well-being of the community - for example, digging garbage pits or latrines. The health worker can and should share much of his responsibility with other persons.**

**2. Group discussions.** Mothers, fathers, schoolchildren, young people, folk healers, or other groups can discuss needs and problems that affect health. Their chief purpose can be to help people share ideas and build on what they already know.

**3. Work festivals.** Community projects such as putting in a water system or cleaning up the village go quickly and can be fun if everybody helps. Games, races, refreshments, and simple prizes help turn work into play. Use imagination.

**4. Cooperatives.** People can help keep prices down by sharing tools, storage, and perhaps land. Group cooperation can have a big influence on people's well-being.



**Figure**

**5. Classroom visits.** Work with the village schoolteacher to encourage health-related activities, through demonstrations and play acting. Also invite small groups of students to come to the health center. Children not only learn quickly, but they can help out in many ways. If you give children a chance, they gladly

**become a valuable resource.**

**6. Mother and child health meetings. It is especially important that pregnant women and mothers of small children (under five years old) be well informed about their own and their babies' health needs. Regular visits to the health post are opportunities for both check-ups and learning. Have mothers keep their children's health records and bring them each month to have their children's growth recorded (see the Child Health Chart). Mothers who understand the chart often take pride in making sure their children are eating and growing well. They can learn to understand these charts even if they cannot read. Perhaps you can help train interested mothers to organize and lead these activities.**

**7. Home visits. Make friendly visits to people's homes, especially homes of families who have special problems, who do not come often to the health post, or who do not take part in group activities. But respect people's privacy. If your visit cannot be friendly, do not make it - unless children or defenseless persons are in danger.**

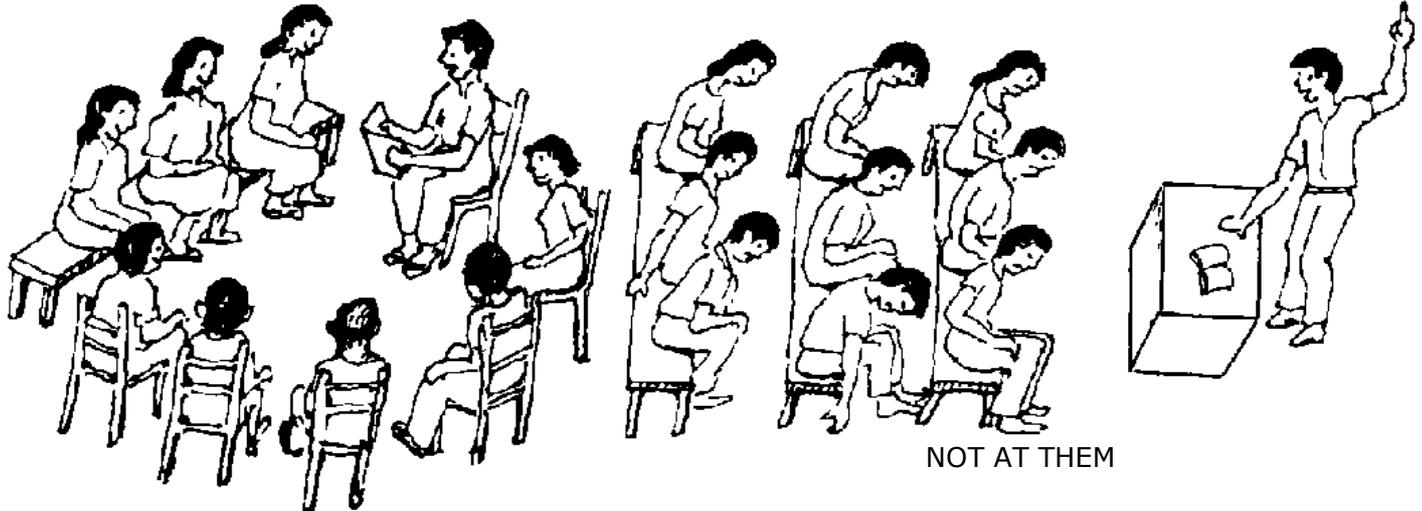
### **Ways to Share and Exchange Ideas in a Group**

**As a health worker you will find that the success you have in improving your people's health will depend far more on your skills as a teacher than on your medical or technical knowledge. For only when the whole community is involved and works together can big problems be overcome.**

**People do not learn much from what they are told. They learn from what they think, feel, discuss, see, and do together.**

**So the good teacher does not sit behind a desk and talk at people. He talks and works**

**with them. He helps his people to think clearly about their needs and to find suitable ways to meet them. He looks for every opportunity to share ideas in an open and friendly way.**



TALK WITH PEOPLE

NOT AT THEM

**Perhaps the most important thing you can do as a health worker is to awaken your people to their own possibilities... to help them gain confidence in themselves. Sometimes villagers do not change things they do not like because they do not try. Too**

**often they may think of themselves as ignorant and powerless. But they are not. Most villagers, including those who cannot read or write, have remarkable knowledge and skills. They already make great changes in their surroundings with the tools they use, the land they farm, and the things they build. They can do many important things that people with a lot of schooling cannot.**

**If you can help people realize how much they already know and have done to change their surroundings, they may also realize that they can learn and do even more. By working together it is within their power to bring about even bigger changes for their health and well-being.**

**Then how do you tell people these things?**

**Often you cannot! But you can help them find out some of these things for themselves - by bringing them together for discussions. Say little yourself, but start the discussion by asking certain questions. Simple pictures like the drawing on the next page of a farm family in Central America may help. You will want to draw your own picture, with buildings, people, animals, and crops that look as much as possible like those in your area.**



### **USE PICTURES TO GET PEOPLE TALKING AND THINKING TOGETHER**

**Show a group of people a picture similar to this and ask them to discuss it. Ask questions that get people talking about what they know and can do. Here are some sample questions:**

- **Who are the people in the picture and how do they live?**
- **What was this land like before the people came?**
- **In what ways have they changed their surroundings?**
- **How do these changes affect their health and well-being?**

- **What other changes could these people make? What else could they learn to do? What is stopping them? How could they learn more?**
- **How did they learn to farm? Who taught them?**
- **If a doctor or a lawyer moved onto this land with no more money or tools than these people, could he farm it as well? Why or why not?**
- **In what ways are these people like ourselves?**

**This kind of group discussion helps build people's confidence in themselves and in their ability to change things. It can also make them feel more involved in their community.**

**At first you may find that people are slow to speak out and say what they think. But after a while they will usually begin to talk more freely and ask important questions themselves. Encourage everyone to say what he or she feels and to speak up without fear. Ask those who talk most to give a chance to those who are slower to speak up.**

**You can think of many other drawings and questions to start discussions that can help people look more clearly at problems, their causes, and possible solutions.**

**\*\*\***

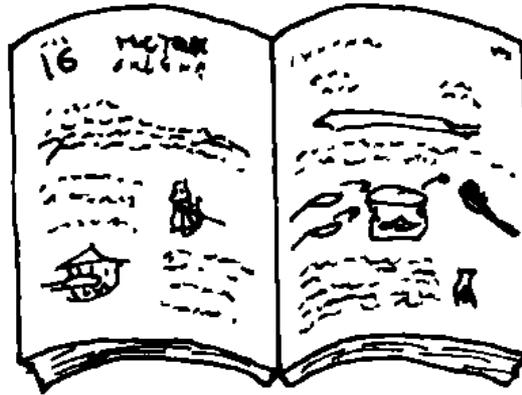
**What questions can you ask to get people thinking about the different things that lead to the condition of the child in the following picture?**



**Figure**

**Try to think of questions that lead to others and get people asking for themselves. How many of the causes underlying death from diarrhea will your people think of when they discuss a picture like this?**

**Making the Best Use of This Book**



Figure

**Anyone who knows how to read can use this book in her own home. Even those who do not read can learn from the pictures. But to make the fullest and best use of the book, people often need some instruction. This can be done in several ways.**

**A health worker or anyone who gives out the book should make sure that people understand how to use the list of Contents, the Index, the Green Pages and the Vocabulary. Take special care to give examples of how to look things up. Urge each person to carefully read the sections of the book that will help her understand what may be helpful to do, what could be harmful or dangerous, and when it is important to get help (see especially Chapters 1, 2, 6, and 8, and also the SIGNS OF DANGEROUS ILLNESS). Point out how important it is to prevent sickness before it starts. Encourage people to pay special attention to Chapters 11 and 12, which deal with eating right (nutrition) and keeping clean (hygiene and sanitation).**

**Also show and mark the pages that tell about the most common problems in your area.**

**For example, you can mark the pages on diarrhea and be sure mothers with small children understand about 'special drink' (oral rehydration). Many problems and needs can be explained briefly. But the more time you spend with people discussing how to use the book or reading and using it together, the more everyone will get out of it.**

**You as a health worker might encourage people to get together in small groups to read through the book, discussing one chapter at a time. Look at the biggest problems in your area - what to do about health problems that already exist and how to prevent similar problems in the future. Try to get people looking ahead.**

**Perhaps interested persons can get together for a short class using this book (or others) as a text. Members of the group could discuss how to recognize, treat, and prevent different problems. They could take turns teaching and explaining things to each other.**

**To help learning be fun in these classes you can act out situations. For example, someone can act as if he has a particular sickness and can explain what he feels. Others then ask questions and examine him (Chapter 3). Use the book to try to find out what his problem is and what can be done about it. The group should remember to involve the 'sick' person in learning more about his own sickness - and should end up by discussing with him ways of preventing the sickness in the future. All this can be acted out in class.**

**Exciting and effective ways to teach about health care are in the book *Helping Health Workers Learn*, also available from the Hesperian Foundation.**

**As a health worker, one of the best ways you can help people use this book correctly is this: When persons come to you for treatment, have them look up their own or their child's problem in the book and find out how to treat it. This takes more time, but helps much more than doing it for them. Only when someone makes a mistake or misses something important do you need to step in and help him learn how to do it better. In**

**this way, even sickness gives a chance to help people learn.**

**Dear village health worker - whoever and wherever you are, whether you have a title or official position, or are simply someone, like myself, with an interest in the well-being of others - make good use of this book. It is for you and for everyone.**

**But remember, the most important part of health care you will not find in this book or any other. The key to good health lies within you and your people, in the care, the concern, and appreciation you have for each other. If you want to see your community be healthy, build on these.**

**Caring and sharing are the key to health.**

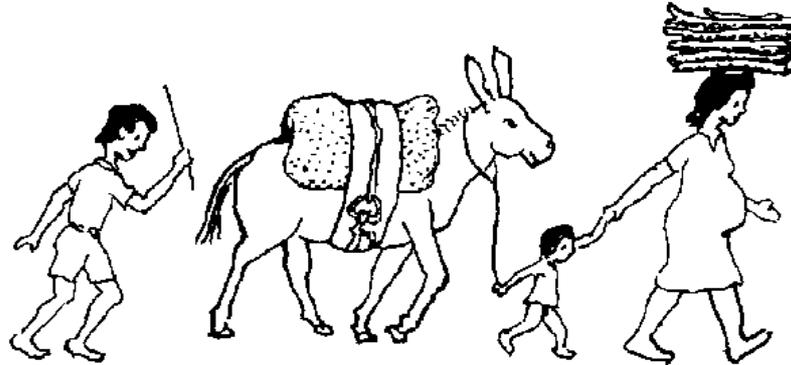
**Yours truly,**



**David Werner**



**Figure**



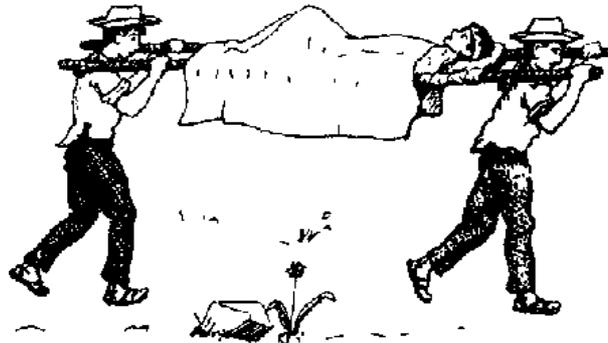
**Figure**



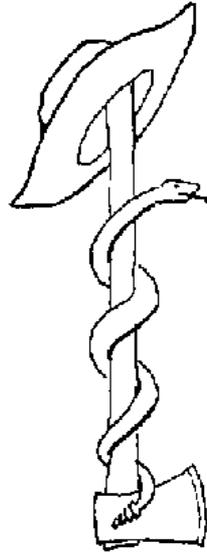
**Figure**

**NOTICE**

**This book is to help people meet most of their common health needs for and by themselves. But it does not have all the answers. In case of serious illness or if you are uncertain about how to handle a health problem, get advice from a health worker or doctor whenever possible.**



**Figure**



**Figure**

