

PanAfrican Acupuncture Project Continues to Train Ugandan Health Workers

By Kristen Porter, MAc, LAc and Beth Sommers, MPH, LAc

Acupuncturists from the Boston-based PanAfrican Acupuncture Project (PAAP) recently completed the fourth in a series of trainings of health care workers in Uganda. The group was invited to Kampala, Uganda in 2002 to discuss the feasibility of beginning an international collaboration.

Margaret Muganwa, a Ugandan physician who also works with the Society of Women Against AIDS in Africa (SWAA), recognized the potential of acupuncture in offering relief from HIV-related symptoms as well as improving quality of life for people living with HIV/AIDS. Richard Mandell, LAc, founder and director of PAAP, developed the program as a response to the lack of treatment options for HIV/AIDS. Until recently, most Ugandans diagnosed with HIV did not have access to antiretroviral medication. Although this situation changed in summer of 2004, most Ugandans still lack access to life-saving treatment. The purpose of the acupuncture has been to keep people alive and well, so that when medications become readily available, people can begin to use them.

Mandell organized a team of acupuncturists and public health specialists to develop a training program that could be implemented in one- to two-week segments. Trainees would include health care workers of all types who worked in both urban and rural areas. In describing goals and context of the organization, Mandell states, "The whole project is community-based, both in terms of operation in the field (empowering the locals themselves) and organizationally at home (volunteer office work, as well as community financial support.)"

Initial meetings were held with Ugandan officials and professionals from many public health backgrounds. Representatives from the Ugandan Ministry of Health, Makerere University Institute of Public Health and Hospital, the AIDS Support Organization (TASO), and Traditional and Modern Practitioners Together

Against AIDS (THETA) became involved in a multi-tiered effort to promote PAAP's trainings.

Although Uganda suffered greatly and lost over 840,000 individuals to AIDS, the country's response to the pandemic included a public education campaign that involved people at every level of society. By incorporating prevention education throughout the country, Uganda was the first nation in the world to actually begin to decrease the prevalence of the disease. Within one year, the prevalence had dropped from 8.3 percent of the population to 6.1 percent. Ugandans were clearly willing to incorporate innovative approaches into their health care strategies.

Connecting the Ugandan colleagues to PAAP resulted from a serendipitous Internet contact. As a physician, Muganwa became aware of acupuncture and its potential to be a clinically useful treatment. HIV-related pilot studies have suggested that individuals who are treated with acupuncture report less pain, fewer digestive problems, less severe opportunistic infections, improved energy, and increased quality of life.¹⁻³

Using protocols developed by the National Acupuncture Detoxification Association and the Guatemala Acupuncture Project, PAAP members created a training program that could be implemented in one- and two-week segments. Because trainees would already be health workers, basic information about anatomy and physiology would not need to be integrated into the trainings. Trainees included physicians, nurses, midwives, physiotherapists, and traditional healers.

Protocols included treatments designed to treat conditions related to HIV/AIDS such as body pain, loss of appetite and weight, fatigue, insomnia, depression, skin problems, and neuropathy.⁴ Additionally, treatment protocols were included to address symptoms associated with tuberculosis and malaria, both of which are currently occurring in epidemic proportions as well.

Despite having no formal mechanisms to advertise and promote treatment, patients quickly learned about the trainings and were waiting each morning at the clinics for treatment. Patients included individuals of all ages, from babies to the elderly. Ugandans have been very open to trying this novel form of treatment. Previous to the PAAP trainings, the entire country had only two or three acupuncturists, all of whom were practicing privately. Unfortunately, this meant that most Ugandans had no access to acupuncture treatment because it was unaffordable. To date, Mandell estimates that health care workers trained by PAAP have provided care throughout the country to over 300 patients.

Outcome estimates on treatment efficacy for 72 patients treated in 2003 suggest that 29 percent of the conditions were completely resolved, 37 percent improved significantly, and 20 percent showed moderate improvement.⁵

Mandell and Claire McManus, LAc, returned in early November from conducting the latest training for 19 health care workers. McManus was inspired by how patients responded; she stated, "I was overwhelmed by how well patients were feeling after one or two treatments. The project is a great opportunity to expand one's skills as a teacher and as a healer."

One of PAAP's goals is to create a new way of teaching acupuncture that incorporates what has been learned from trainees and further enriches both teachers and students. The project presents a unique opportunity to adapt the acupuncture tradition to a new environment. In developing countries, acupuncture appears to offer so much more than might be expected, from stopping the life-threatening diarrhea of an infant, to treating a father for neuropathy and enabling him to work and support his family. Treatment was even used to support the wellness of an animal, whose value is crucial for a family's livelihood. McManus describes an experience that captures the challenges and rewards of this work:

"One morning, we spotted a cow having a difficult labor outside our guest house. With my background in livestock care, I knew to grab my bath towel and deliver the stillborn calf. Using shiatsu, I employed acupuncture points for labor to start contractions and deliver the placenta. One of our trainees, a midwife, was then able to fully traction the placenta out of the cow. As far as I know, we saved the young cow that was considerably valuable to a local farmer. I truly felt like a barefoot doctor that morning."

References

1. Beal MW, Nield-Anderson L. Acupuncture for symptom relief of HIV-positive adults. *Alternative Therapies in Health and Medicine* 6:33-42, 2000.
2. Power R, Gore-Felton C, Vosvick, et al. HIV: effectiveness of complementary and alternative medicine. *Primary Care in Clinical Office Practice* 29:361-378, 2002.
3. Hudson C. Acupuncture and traditional Oriental medicine in the treatment of HIV and AIDS. Project Inform Perspective. San Francisco, CA: Project Inform, 1996.
4. www.panafricanacupuncture.org/ugandainitial.htm. Accessed 11/15/04.
5. Mandell R, Sommers E, Flisher J, Prady S, Sedaca M, Muganwa M, Magezi A. The PanAfrican Acupuncture Project: an innovative training program for empowering Ugandan health providers. 15th

Click [here](#) for more information about Kristen Porter, MAc, LAc.

Click [here](#) for more information about Beth Sommers, MPH, LAc.



Page printed from:

http://www.acupuncturetoday.com/archives2005/jan/01portersommers.html?no_b=true