

Ancestral Medicine and Modern Medicine Care Center (CASAMA)

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Abstract

The condition of vulnerability that currently befalls the indigenous population has led it to be at risk. One of the causes of this risk that these communities are facing today is the high burden of communicable diseases due to limited access to adequate health services. Our main objective is to create a center based on the exchange of knowledge between traditional medicine and modern medicine, where we seek to guarantee greater social inclusion, offering the possibility of greater access to health services for this community. For the development of this project, three work phases have been proposed: approach and adaptation, the care phase, and the legal transfer to beneficiaries and those who will ultimately oversee its administration and general operation. We are now on the first phase. We have begun by building a main “Tambo” where patients will be evaluated by previously trained indigenous leaders. It is intended to be a self-sustaining project, carefully designed to meet the requirements necessary for the basic provision of low-complexity health services. We are more concerned with the prevention of disease than with its subsequent treatment and focused on giving the community the tools needed for self-care, management, and promotion.

Key words: Delivery of Health Care, Indigenous Peoples, Medicine, Traditional, Community, Health Workers.

Introduction

The indigenous population in Colombia represents approximately 2.7% of the total population, according to the data obtained in the last general census carried out in 2005, where it is estimated that at that time the number of ethnic groups oscillated to around 87 indigenous groups, which

made up a total of 1,392,623 inhabitants located in 32 departments (Balladelli et al 2009). The vulnerable condition that befalls this population has led to it being currently at risk, according to the National Indigenous Organization of Colombia (ONIC) there is a large number of indigenous people at risk of disappearance, with 32 groups that have less than 500 people (ACNUR 2012). Among the causes of this risk that these communities are facing today, is the armed conflict and the high burden of communicable diseases, added to their limited access to adequate health services.

This is why special care is required to address the current situation that indigenous communities are going through, including seeking guarantees for greater social inclusion, and providing the possibility of greater access to health services. Through these efforts it is necessary to take into account the importance of developing an inclusive environment that allows for contact between ancestral medicine and modern medicine, thus achieving a complementary of the two, to produce an offering that will provide better services while still showing total respect and conservation of the indigenous culture (Iancu 2011) (Charlie and Xue 2005).

Therefore, our main objective is to create a health care center for comprehensive family and community for indigenous people from Chocó-Colombia, the Ancestral Medicine and Modern Medicine Care Center (CASAMA), based on the exchange of knowledge between traditional knowledge and modern medicine. An important point to take into consideration in the intervention of the health-disease process is the role played by the environment and the family. For the indigenous culture, their territory is both a spiritual and material base which complements the other, it is a link with their ancestors, therefore it forms a fundamental element of their identity, along with their belonging to their community and family. The aforementioned is an important point since the maintenance of all of these factors has a positive impact on a patient's recovery process (Manrique 2003).

Methodology

CASAMA will offer primary health care services, with an emphasis in promotion and prevention programs. For the development of the CASAMA project, three work phases have been proposed, with the aim of systematizing the execution of the objectives that have been previously proposed.

These stages are:

Phase 1: Planning and adaptation

In this phase, the development of the following points have been proposed: design of the attention models, purchase of the land, construction of the center, and the development of a self-sustaining production project. The planning of the center is in accordance with the “Practical Guide for the Constitution of the First Level Health Care I.P.S” and makes use of “The Concepts of Strategic Administration” (Parra et al 2009).

Pre-planning

Analysis of the external environment

This is one of the most important points in the planning of CASAMA, since it will be a place that promotes an encounter between different cultures, which requires a greater understanding of one another's behaviors. After obtaining this information, together it will be collected and evaluated to identify the most relevant characteristics of the community and obtain a profile of it.

Analysis of the internal environment

This analysis seeks to identify the strengths and weaknesses of the institution by analyzing all of its internal administrative processes. This will allow for a reflection of the feedback and improvements of those who make up the center (Parra et al 2009).

Planning and goal setting

In this item, it will be important to define the differentiating characteristics of CASAMA in its context and how it is going to adapt to it, considering the other centers that may be found around

it or other sources of services. In addition, the objectives, mission, and vision of CASAMA will be clearly defined.

Findings

Currently the project is in its first phase, where it has a land with geographical location, access routes, dimensions, and suitable geological characteristics that aim to respond to the needs of the communities that it intends to impact. In addition to the requirements for health care, adequate conditions will be fundamental determinants for the development of other aspects of the center, such as the self-sustaining productive project.

The last work point of the planning and adaptation phase consists of the development of a sustainable agricultural production space whose objectives are to provide sustenance to the family of the patient who will receive primary health care. This space will adjust to the dynamics of life within the indigenous communities where the patient and their family come from.

This project will be the backbone of the center that will guarantee its sustainability in economic terms once the final stage of the legal transfer has concluded. In addition, the project will be responsible for providing support for the family that accompanies the patient while the economic expenses of their health care will be covered by the system.

For the assistance phase, there will be the permanent participation of a nursing professional and, additionally, the periodic assistance of health area personnel. An additional objective of this phase is the consolidation of the project, that is, to position the CASAMA center as a Primary Health Care Center that has the trust of the members of the communities of the region that enable it to significantly impact the health of these towns over time.

Finally, there would be a legal handover phase, these objectives are basically focused on the legal transfer of the Center to the Association of Indigenous Councils of Embera, Wounaan, Katio,

Chamí, and Tule del Chocó (OREWA), and to the indigenous IPS Erchichi Jai, who will be the beneficiaries and ultimately will oversee its administration and general operation.

Discussion

CASAMA is a center for comprehensive primary care in family and community health for indigenous people in the department of Chocó, based on the exchange between traditional knowledge and modern medicine. In addition, it also seeks to house the patient's family, as a complementary help to patients during their recovery (Viceministerio de Salud Pública 2014).

The health care model designed to be applied in CASAMA is based on the dialogue and integration of traditional and modern knowledge, with a permanent accompaniment of the family nucleus, thus establishing a complementary dialogue in order to use the techniques and procedures of evidence-based medicine, together with the traditions of the indigenous peoples that are a fundamental part of their cultural identity (Iancu 2011) (Charlie and Xue 2005).

This comprehensive, family and community care model includes health care as a continuous process, which focuses on the comprehensive care of families, caring more about the prevention of disease than about its subsequent treatment, and the delivery of tools for self-care, management, and promotion to the community. CASAMA seeks to promote healthy lifestyles, in addition to promoting multisectoral action and strengthening family and community responsibility to improve health conditions (Viceministerio de Salud Pública 2014) (Ministerio de salud 2011).

Conclusion

This project should be thought of as a self-sustaining project, carefully designed to meet the necessary requirements for the basic provision of low-complexity health services, as it prepares families and community members to approach health based on the socio-sanitary situation of individuals, families, and communities; offering indigenous people the possibility of maintaining their lifestyle and customs, as part of a primary care strategy with an emphasis on health promotion and prevention (Viceministerio de Salud Pública 2014).

CASAMA responds to the ideal of primary health care for the indigenous communities of the Chocó department, who need their own, self-sustaining services, from them and for them, based on the experience of traditional doctors and integrated in the knowledge of modern medicine, seeking to both provide tools and comprehensive care (Iancu 2011) (Charlie and Xue 2005).

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