

Fishes, Frogs, Flies and Fries *By Dr Tan Lai Yong*



Nutrition and health education are important aspects of a village doctor's work.

Unexpected phone calls are part and parcel of any doctor's life. Out in the border town in Xishuangbanna, my first few phone calls from the village doctors who live up in the mountains were most unexpected. They generally have to walk a mile or so to get to a phone. Usually it was about a patient they could not handle or some other clinic issues. Therefore, I was rather perplexed when this particular village doctor way out by the border called me every other day but had no pressing issue or question. One day, I asked him if there was any special reason for calling. He laughed and said, "Oh Dr Tan, now I have my own phone in my home! I am calling you because you are the only person that I know with a phone at home."

However, I did get an urgent call when a Bulang lady living near the Mekong River, just before it left China to flow into Laos, was brought into a small hospital. The Bulang people are a hardy tribe that lives on the mountain slopes of southern Yunnan. In this part of the world, the poorest people are those who live high up on the mountains. The air may be fresh but there is just not enough flat land for farming and water supply is often far away. This lady had a high swinging fever for three weeks and had been

diagnosed to have malaria. Indeed, she had a big liver and spleen. Ominously, she was passing out dark-coloured urine for a day and was in shock. The small lab reported that her haemoglobin was only 1.9 g/dl.

Just a week ago, there was another lady with malaria who had bought some "medicine" from a border market. She swallowed what was a packet of insect poison (the instructions on it were in a foreign language) and suffered acute haemolysis.

For the febrile patient with a haemoglobin of 1.9 g/dl, we started making phone calls to get her some blood. Just a few years back, there would be people loitering around the hospital "donating" their blood to needy patients for a fee. That has since been outlawed but getting screened and safe blood is still a big challenge. After many calls, 300 ml of packed cells were given and two days later, my colleague located another 150 ml. In the meantime, the patient was treated for her malaria. She was discharged from the hospital two weeks later with a haemoglobin of 4.2 g/dl.

The team also got on to her about getting some nutrition, helping her to think about having enough iron and vitamins in her diet. Strangely, despite the widespread presence of iron-deficiency anaemia, one can hardly

find iron supplements here. The woman understood that she needed some red meat, possibly liver and also lots of spinach and protein.

In giving dietary advice, one quickly discovers that it is beyond the means of many a villager to have some meat regularly. This is especially true for those who live in remote places where there are no markets. To eat meat, they would have to slaughter their livestock or poultry and that is much too expensive. Also, they cannot just go out to buy a small piece of meat. Moreover, the more remote a place is, the more expensive meat and eggs become. So these folks from distant places are caught in a quandary.

One Bulang village latched on to the idea of small fish ponds. One cannot afford to slaughter a pig or even a chicken frequently but it is much more affordable to get a fish or two out every few days. In fact, some villagers who had complained that their pigs died easily from diseases reported that their pigs were healthier after the fish ponds were built. Well, I learnt that previously the pigs used to wander freely and the itinerant vet could never get to vaccinate them. But now the villagers needed to make use of the pig waste to feed the fish (sounds terrible but this is part of the food cycle). In order to do so, they started putting the pigs in proper enclosures and the village vet was able to vaccinate them when he came around. The final effect was that there was more protein in the diet!

One of our innovative lady village doctors showed me a mud-hole just at the back of her clinic. It was about five square metres and there were many frogs in the fenced-off mud-hole. She told me that she reared frogs for extra income as well as to supplement the diet. "What do you feed them with?" I asked.

She laughed and replied, "I just hang a light bulb above the pond,



About the author:

Dr Tan Lai Yong (MBBS 1985, Spore) has been training village health workers for remote villages in Yunnan Province, China. The trainees are farmers who double up as village health workers as there are no clinics in their villages. Dr Tan is married with 2 children. One of the differences about bringing up kids in China – instead of arranging for Chinese tuition for his kids, they teach him Chinese!



Fish is an important source of protein.

switch it on for an hour or so at night. There will be thousands of insects flying near the light and the frogs get to eat all they want. See, our frogs are very fat.”

Since then, I have been a frog pond advocate. For a healthy snack, my children prefer the local version of French fries – deep fried bamboo worms. These are high in protein and well match any fast food goodies.

In short, medical practice – as in the case of getting an anaemic malaria

patient back to health – in this setting is far more than getting the right prescription. One can make all the right calls but miss the fact that the means to do so is far beyond the affordability of the villagers. Fortunately, there are ways to get around these problems. For me, a city-breed boy, there is much to learn from the innovative ways of the people in Xishuangbanna. And I am glad that they do call up now and then to chat because I have learnt many precious lessons from them. ■