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Case Studies 2009

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Case 1-2009: A 68-Year-Old Man with Lethargy, Dizziness and Shortness of Breath



Dizzy and breathless in the Andean Highlands

The patient presented to the University Hospital in Sucre, Bolivia, with a five day history of tiredness, lack of energy, and feeling dizzy whenever he stood up. He was a subsistence potato farmer from a rural area in the north of Potosi, and was previously well with no significant medical history

and no known allergies. His wife volunteered the information that before he became sick, he had been caught in a thunderstorm on his way home from his fields. He sought refuge in an abandoned mud hut, and slept there overnight until he could continue his journey the next day. They attributed his illness to having been attacked by a liquichiri (also known as kharisiri or saca-manteca)¹. Liquichiris are human-like creatures that inhabit the high Andean plains of Bolivia and Peru. They are often thought to be foreigners with blond hair, Catholic priests in disguise, or even escaped Nazis after the Second World War². They extract fat (believed to be the life-essence in Andean culture) from their unsuspecting victims while they sleep using a two-pronged instrument, usually from the side of their chest or abdomen. The extracted fat is then used for making perfumed soap for sale in the United States, or for making communion wafers. The victim, having lost his life-force, weakens then dies. Sometimes drinking the blood of a black cockerel or a black sheep is said to be efficacious.

On physical examination, the patient looked unwell and was noted to be breathless with blue-tinged lips. His temperature was normal, pulse rate 110 per minute, respiratory rate 26 per minute, and blood pressure 120/80. There were no visible puncture marks on the patient's torso. There were no abnormalities on cardiac or respiratory examination but a pocket pulse-oximeter showed his oxygen saturation level to be only 88%. The patient and his wife were informed that he was not suffering from a liquichiri attack, but thankfully had a condition that was treatable with oxygen and IV antibiotics. He was admitted to hospital and a subsequent chest x-ray confirmed right middle-lobe pneumonia.

Case 2-2009: A 45-Year-Old Woman with Chronic Headache, Giddiness and Photophobia

This lady lived in a shanty town on the banks of the Yucuma River in the Amazon basin area of Bolivia. She presented during a health

campaign at the local school because of constant, severe headaches and giddiness. The headaches had been present for almost every day for at least the past two years. There was no associated nausea



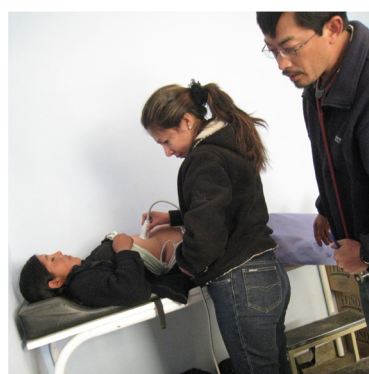
Headaches? Or witchcraft in the Bolivian tropics

or vomiting, but going out into the sun made the headache worse. The pain was difficult for her to describe but seemed to be more pressure-like than throbbing. She had no previous medical history, and had been intermittently taking a variety of different analgesics prescribed by

doctors at the hospital in Santa Ana. On examination the patient was found to be rational and oriented, although squinting severely with her eyes screwed tight shut and her head turned away from the light. Blood pressure, rapid neurological exam and eye examination were normal, and there were no symptoms of anxiety or depression on specific questioning. She was thought to have a somatoform (psychosomatic) disorder and was prescribed simple analgesics and antidepressants.

The next day, the church elder who had organised the health campaign asked about the patient. She had been unwilling to come to see the visiting doctor because she attributed her illness to being embrujada, having had a spell cast on her by a neighbour. Treatment for brujería involves magical rituals, not pills³. The elder had convinced her to come by telling her that this doctor was a Christian and he always prayed to God to ask him to give him wisdom for his patients.

Case-3-2009: 35-Year-Old Woman with Abdominal Pain, Nausea, Heartburn and a Floating Uterus



Tracking down a floating uterus

A harassed mother with 3 young children rushed up requesting a medical consultation during a health campaign held at a local church in a rural town 1½ hours from Sucre. She complained of burning pain at the pit of her stomach, and nausea that started after her last pregnancy 18 months ago. The pain was worse when eating spicy food,

radiated up her chest and gave her a sour taste in her mouth.

The patient did not look pale, there was mild discomfort in the epigastric area, and a portable ultrasound scan ruled out gallstones. The uterus was of normal size and located in the pelvis. The patient was markedly relieved when shown the scan, and remarked "So it's not *sobrepardo*, then." *Sobrepardo* is the belief that after childbirth, the uterus can become detached from its ligaments and float freely around the abdomen. Apart from abdominal discomfort, bloating and pain, it can cause generalised weakness, malaise and body ache⁴. She was prescribed acid suppressor therapy for presumptive gastro-oesophageal reflux.

DISCUSSION

These three recent cases illustrate illnesses for which the patient and family had a traditional cultural explanation, while the doctor had an alternative scientific explanation. Which explanation is correct? Maybe neither. Missiologist Paul Hiebert developed a model for describing how people view the world that uses three levels – a lower level of what is in this world that can be seen, touched and explained scientifically (physics, engineering, pathology); a middle level in this world inhabited by unseen beings or forces (demons, magic, astrology, feng-shui, luck); and a high level that transcends this world (God, kismet, yin and yang, pure chance)⁵. Missionaries brought up in Western cultures serve the Living God, but have been trained to look for scientific explanations for what they see. They tend to overlook or ignore the middle tier in other cultures' world view, and often end up replacing it with a scientific world view. Hiebert called this the "Flaw of the Excluded Middle". Other missiologists attribute incomplete conversions and weak churches that harbour a dependency syndrome to the fact that this excluded middle has been inadequately dealt with in Western missionaries' evangelism and theological teaching⁶. These Christians may continue to believe in and fear middle level beings and forces, inadequately committing themselves in faith to the High God because of an inadequate understanding of his sovereign rule over creation. In fact, the cases described above demonstrate the flaw of the excluded middle and top! The patients explain their illness by relying on middle level mechanisms, while the doctor uses low level explanations, ignoring the middle and even the top level where the Sovereign Lord resides. He is inadvertently teaching them that life problems such as illness can be sufficiently dealt with by using science alone. Perhaps he would resort to prayer only when there is insufficient technology to deal with the illness, thus missing out on opportunities to glorify God for defeating sin and death through Jesus on the cross. One response would be to integrate a comprehensive Biblical theology into patient care ...

Case 4-2008: A 54-Year-Old Woman with Headache, Back Pain, Lethargy and Possible Puncture Marks on her Upper Arm

This patient furtively entered the cold consulting room of a government health centre near the Salar de Uyuni, the largest



Suspected liquichiri puncture marks:
right upper arm

salt flats in the world at over 4000 metres above sea level. She complained of generalised pain in her back, head, neck, arms and legs, as well as tiredness and lethargy. These symptoms began six months earlier when she fell asleep in the central aisle of an overnight bus. When she awoke, she felt strange and

realised she had been attacked by a liquichiri. The passenger seated next to her was the government doctor's boyfriend, hence her secrecy in consulting the visiting missionary doctor. She pointed to two marks on her right upper arm that she attributed to the apparatus used by the liquichiri to extract her fat. On examination, the two marks seemed to be benign pigmented freckles. There were no other abnormalities on physical examination although she scored positive for a mixed anxiety-depressive disorder on a mental health screening test. The doctor asked whether she believed in God. "Yes, of course" she replied. "I'm a Christian". "Then who do you think is more powerful? God, or the liquichiri?" he asked. "God is," she answered hesitantly. "Then let's pray and ask Him to take care of this matter." They prayed, and the patient left with a handful of vitamin tablets and antidepressants. She returned the next day, feeling much better and no longer looking nervous and depressed. She was asking for more of the red vitamin tablets. It was too early for the antidepressants to start working. Was her recovery the effect of the prayer? The vitamins? Both?

PRAYER POINTS

1. Pray for missionaries and national church leaders in Bolivia and other countries where they grapple with how to evangelise and teach Biblical theology in a way that deals adequately with people's concerns about middle level beings and powers.
2. Pray for the maturing church in Bolivia, that she would become stronger, more independent and more reliant on God as they seek to send out their own cross-cultural missionaries.
3. Pray for health and safety for the travelling Tans as they spend long hours on the road providing health care and medical training.
4. Praise God for those who became Christians during our last health campaign through Pastor Chambi's evangelism and Liling's kids' program. Pray for their spiritual growth and perseverance.
5. Thank God that Alex, Maddie and Annie's teachers are using the internet more to send their school work. Pray for an improved mail service this year so that what has to be posted can arrive on time.



Man, we seriously need your prayers, please!

*Mad Doctor, Spanner Man, Handyman, Jack of All Trades

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2 <http://es.answers.yahoo.com/question/index?qid=20080325142719AAIBK5N>

3 Aguiló, Frederic. *Enfermedad y Salud según la Concepción Aymara-Quechua*. Qori Llama, 1982.

4 Koss-Chioino, Jean; Leatherman, Thomas L; Greenway, Christine. *Medical Pluralism in the Andes*. Routledge, 2003.

5 Hiebert, Paul; Shaw, R Daniel; Tiénou, Tite. *Understanding Folk Religion*. Baker Books, 1999.

6 Schwartz, Glenn J. *When Charity Destroys Dignity. Overcoming Unhealthy Dependency in the Christian Movement*. World Mission Associates, 2007.

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