Wartime children's suffering and quests for therapy in northern Uganda

Akello-Ayebare, G.

Chapter Eleven

Complaints symptomatic of emotional distress

Introduction

In this chapter I present data on children's emotional distress and how they dealt with it. Emotional distress or emotional suffering encompassed the following complaints: stomach aches, persistent headaches, pain in the body, *cwinya cwer* (bleeding heart/ sadness), *can dwong ataa* (deep emotional pain), and *cen* (evil spirits). I use the terms emotional and psychological suffering interchangeably to refer to the psychological effects of experiencing extreme wartime events. There are illness experiences in the form of emotional distress not captured in survey data, which children described during in-depth interviews and focus group discussions, through the use of vignettes, and in workshops where we discussed severe experiences in wartime.

It is important to mention here that in the first phase of the study the children did not readily share with me their emotional distress. Children only shared their feelings when I asked specific questions about it, and more generally, after I had established rapport with them, and this varied between children. The use of vignettes as well as workshops within peer groups also helped children to disclose their feelings related to emotional distress.

Some quantitative data presented difficulties in interpretation. For instance, persistent headaches could be due to emotional distress, or they could indicate a symptom of malaria; stomach aches are also symptomatic of diarrhoeal diseases and urinary tract infections. A painful body could be due to tiredness, stressful living conditions, or disturbances by *cen*, rather than a symptom of physical illness. My role as an ethnographer was to identify the underlying causes of such complaints through eliciting children's perspectives. Inquiries were made about what these complaints meant to the children, and they were invited to suggest appropriate ways for their effective redress.

The questions I address in this chapter are: (1) How do children themselves link particular illness experiences to certain forms of emotional distress? (2) If children themselves do not link their symptoms to such underlying distress, does an *etic* in-depth analysis suggest an interpretation of these symptoms as expressions of emotional suffering? (3) Which symptoms caused by underlying emotional distress - according to *emic* and/or *etic* analysis - were expressed in local idioms of distress?

The chapter first presents quantitative and qualitative data about the different complaints children mentioned and their quests for therapy. In addition, key informants' perspectives are provided, followed by a short discussion and conclusion.

11. Findings

11.1: Quantitative data: Common forms of complaints possibly symptomatic of emotional problems and quests for therapy

Table 11.2: Prevalence of complaints possibly symptomatic of emotional distress (N=165)

Symptoms of illnesses	Boys	Girls	Total	P-values
Amwoda ici (stomach ache)	22	61	83	<0.005
Abaa wic lela (persistent/severe headache)	36	35	71	0.58
Kuma rem (pain in the body)	17	11	28	0.39

From this general overview it is evident that girls were three times more likely to mention an experience with stomach ache within a one month recall than boys, suggesting a statistically significant difference (P<0.005). Stomach ache covered a wide range of complaints including urinary tract infections, indigestion, diarrhoea, and painful periods for girls. This partly explains the gender difference regarding the prevalence of stomach ache. However, for both boys and girls some stomach aches were symptomatic of more complex forms of emotional suffering, and in this chapter they are addressed as such. There was no statistically significant difference in boys' and girls' mentioning of complaints such as persistent headaches (P=0.58) and pain in the body (P=0.39).

Table 11.2: Medicines used in the management of complaints possibly symptomatic of emotional distress (N=165)

Medicines	Boys	Girls	Total	P-values
Panadol	85	71	156	0.22
Piriton (*yat nino matar*)	53	42	95	0.46
Vemox (*yat kwidi* – de-worming medicines)	41	39	80	0.60
Action	43	46	89	0.18
Valium (*yat nino makwar*)	50	29	79	0.01

In general, Piriton and Valium were popularly called *yat nino* (medicines for sleep) by

children. The two pharmaceuticals indeed have sleep-causing properties much as for Piriton, the sleep-causing effect is viewed as only a side effect since its main purpose is to counter allergic reactions. Children also indicated using *yat nino* to alleviate pain in the body such as *abaa wic lela* and common colds. With the exception of Valium – for which boys' reported use exceeded that of girls (P=0.01) – there was no other statistically significant difference between boys' and girls' use of pharmaceuticals for these complaints within a one month recall. Children also mentioned that they used herbal medicines for stomach ache (see Table 4.10). There were linkages in such narratives with stomach aches associated with diarrhoea. Since this chapter will focus on stomach aches associated with emotional distress, I will link the discussions with other herbal medicines which children named for stomach aches during workshops on severe experiences such as *atika*. However, to acknowledge that sick individuals implement any activities which they believe will restore normality, it is likely that children also used mango tree bark (P= 0.97) and roots (P=0.004) for stomach aches discussed in this chapter.

11.2. Qualitative data: Emotional distress and quests for therapy

In five workshops aimed at discussing severe experiences and medicine use in the context of civil war, many children brought *atika* plants. In the workshops they elaborated on how *atika* was variously used for *cen* (evil spirits), sleeplessness, persistent headache, and when 'a child who often sees visions of cruel people or *mony* (soldiers) who want to attack him or her during sleep'. I will address each of these complaints shortly. In narratives and through other qualitative techniques, children also mentioned other therapeutic strategies in addition to using medicines – both herbal and pharmaceutical – such as attending healing services at Pentecostal churches, carrying out income generating activities, and conducting *guru lyel* (last funeral rites).

Some children, including fifteen year old Okello whose story I present in the case study below, told me about their experiences with persistent headaches and something painful moving around the body without mentioning their own thoughts on the issues underpinning their suffering. In Gulu, individual emotional suffering and community distress (also called social pain in this study) occurred where an extreme event causes emotional distress to an entire community – for example death of a close kin were frequently expressed in somatic idioms, or what I call 'legitimised idioms of distress'. I use this phrase because expressions of emotional suffering by showing one's feelings were

frowned upon in Gulu at the time of this study. People were rewarded with praise when they presented a stoical detached façade when confronting various forms of emotional distress and social pain. I will return to the issue of silencing distress in Chapter Twelve.

11.2.1. Sleeplessness

During a two day observation in three drug shops in November 2005, eight boys and two girls of primary school age purchased *yat nino* (medicines for sleep). Two nurses and one drug shop owner (without training in biomedicine) inquired whether they wanted Piriton or Valium; five of the boys bought four tablets of Valium each for 200 Shillings (0.087 Euro). During interviews and focus group discussions children told how they used Valium and Piriton for a certain type of painful headache which often affects only one side of the head. They also used it for pain in the forehead, which comes from having flu. In a group discussion, however, three boys mentioned that "If Piriton and Valium are *yat nino*, then their only use is when someone needs to sleep". Further, one fourteen year old boy stated in one group discussion, as eight others agreed in unison, "This is because at *baghdad* there were many mosquitoes, lice, and bedbugs; we sleep on the cold cement floor, tents are torn, and when it rains sleeping in a cold, damp place is difficult. We therefore need *yat nino* to make us sleep".

A slightly different explanation was offered by children at Noah's Ark. Many of them indicated the need for *yat nino* since at the shelter many children cried, shouted, and others, usually former child soldiers, seemed to fight with invisible people in their sleep. Other children, when asked about their dreams, told how they were dreaming of being abducted, and how in their sleep they fought the *mony* or *lotino lum* (soldiers or other LRA abducted children) who wanted to take them to the bush. Three ex-combatants related having given up on the idea of taking *yat nino*, since they did not work anymore. For example:

> For the first few days of swallowing two and sometimes three or four tablets of *yat nino*, I could sleep. [But] after a few days of taking that *yat nino*, I would remain awake all night. The medicines did not work. I still have *cen* disturbances and my headaches, whether I swallow four or more Valium and Piriton at the same time.

11.2.2. *Cen* and *tipo* (evil spirits)

Children used the terms *cen* and *tipo* interchangeably. C*en* refers to evil spirits, which present as dead people in nightmares: as imaginary persons attacking people during

the day, or as dead people seeking revenge and compensation because they suffered a wrongful death or burial. *Tipo* refers to images of deceased close kin.

In relation to nightmares, two children interchangeably referred to disturbances by *cen* and *tipo. Tipo*, the spirit of a deceased kin, could turn into an evil spirit depending on the frequency with which it appeared, and the disturbance it caused to its victim. Fifteen year old Akello explained this distinction, upon inquiry into the persistent nightmares caused by her deceased father's spirit:

> At home my mother often corrected me if I talked about seeing *cen* of my late father in my dream. She always told me that the spirit of someone I knew and close relatives who did not want to harm me is *tipo* and not *cen.* But since I had reached a level of not sleeping and screaming in my sleep, even during the day, due to my late father's disturbance and his demand for *guru lyel* (last funeral rites)*,* even my mother started referring to it as *cen.* I suffered very much during that time due to that *tipo,* until my mother and *lodito* (clan elders) organised the ceremony of *ryemo cen/tipo* (to chase away or get rid of evil spirits) at Karuma, involving the strongest *ajwaka* (indigenous healer).

As I shall explain later, *cen* can be viewed as the epitome and culturally appropriate symptomatology of distress in Gulu. There are overlaps between how *cen* was presented by children and the documented literature pertinent to the symptoms of Post Traumatic Stress Disorder (PTSD) – such as nightmares, hypervigilance, fear, and persistent headaches – but for purposes of clarity *cen* will be adopted to refer to the specific idiom of distress through which displaced children experienced and explained some of their emotional suffering.

Children identified *cen* as a core cause of sleeplessness during a workshop to discuss severe wartime experiences. Although children perceived the severe and more persistent forms of *cen* to be also present during the day, commonly *cen* disturbances were described as occurring during sleep.

In one narrative, fourteen year old Ojok talked about his nightmares and sleep disturbances which started the moment he witnessed the brutal killing of his father in Pader by the LRA. Ojok mentioned his frequent use of *atika* plants, but also said that ultimately he would have to fulfil the demand by his father's *cen* to conduct *guru lyel.*

Ex-combatants also needed *atika* plants to prevent them from reliving and re-experiencing the horrendous acts they committed themselves while in captivity, to stop being disturbed by the spirits of people whom they killed. "Such spirits are very violent. They come in your sleep, even during the day, with a gun, sharp knives, and sometimes

they struggle to remove a gun from you in order to kill you in a dream. So you need these plants", argued one female ex-combatant in interviews. When the attacks were very violent, children sought specialized help from an *ajwaka* – an indigenous healer specialized in mediating with spirits – who would make incisions on their forehead and apply extracts from *atika* plants. In Akello et al. (2006) we discussed extensively the experiences of former child soldiers with the cen of people they had killed.

Quests for therapy for tipo and cen

After a 'deliverance session' aimed at alleviating experiences with *tipo*, at a healing crusade organized by Life Line Ministries Church, fourteen year old Ajok elaborated on her experience during the session as follows:

> I always have dreams about my late mother's *tipo* coming for me. She appears while I am asleep to tell me to go and join her. When I told the pastor that story, he prayed for me and chased that Satan. He also told me that every time I see the *cen* of my mother I should tell her I do not know her. This is because she decided to die and leave us to suffer. I should also call fire from heaven to burn her.

In five workshops on severe experiences and medicine use in wartime, held with a total of seventy-seven children between the ages of eight and sixteen, children presented *atika* plants as an important medicine. The only exception were five children who attended Pentecostal church services and told they were 'saved/born again'. The children who brought the *atika* plants mentioned having used them from the day they accidentally stepped on or viewed a dead body and were subsequently haunted by the scene. They shared how therapeutic such a procedure had been, since using *atika* plants around their sleeping place would ensure that the *cen* they picked up during such horrific scenes would not disturb them.

In the subsection on stomach aches below I shed more light on girls' use of *atika* plants against the visions of huge men who want to rape them in their sleep. However, boys also used *atika* plants when they could not sleep due to war related events, after Valium had failed them. Two boys discussed how their dead parents often demand that they perform the *guru lyel* ceremony, but they did not yet have the money; so they used *atika* plants to ward off such demanding spirits. Overall, indigenous practices seem to offer solutions that help people to cope with the symptoms, but are not able to remove the causes. For example, although some children insisted that they got better through

constant use of *atika* plants, most children maintained that the effects were not lasting, requiring the need for continual use of *atika*. It is therefore clear that indigenous practices are insufficient to address the underlying causes of emotional suffering. This leads to desperation, as can be seen from a focus group discussion with twelve to fifteen year old children who recommended that if *cen* did not respond to all these practices, the affected child should join the armed struggle since *cen* fear anyone with a gun. In effect, it is plausible to argue that the preceding statement suggests children's consideration of addressing core causes of emotional distress. As explained elsewhere (Akello et al. 2006), exclusion and discrimination of ex-combatants by the communities in which they were reintegrated contributed to children's distress. Subsequently, such distress could be minimised through former child-soldiers becoming part of armed struggle where they are accepted and not constantly criticised.

11.2.3. Persistent headaches

I asked children why so many of them frequently presented with headaches at shops where medicines were sold. In two focus group discussions girls aged twelve to fifteen years made a distinction concerning 'normal headache for malaria' and 'headache which pains only one side of the head and often leads to bleeding through the nose'. The latter is similar to the one described by the two children with epilepsy. Although this headache was managed with analgesics including Panadol, Action, Hedex, and Painex – sometimes by taking more than the recommended dose, such as three or four tablets of Hedex instead of two – and *atika* plants were also sometimes used, these headaches were persistent, severe, and there was no specific cure for them.

In compositions written by children concerning their illness experiences, it was quite difficult to distinguish whether they wanted to discuss their experience with persistent headaches, or simply describe headache as a malaria symptom. However, fourteen year old Opio wrote about a particular headache as follows:

> I had a headache problem for some time. My head pained so much. I did not go to hospital but my good friend bought for me Action tablets to take. It cured. But the pain came back again. Each time, when I have money I buy Action tablets for that headache. For many months now, I have that headache.

Another explicit pattern of persistent headaches came from five children taking care of their kin sickly due to HIV/AIDS. Fourteen year old Oceng often complained about "severe headache which is not due to malaria". "Perhaps it is the *cen/Satan* that makes my

mother sick which is disturbing me as well". As he frequently told, "Each time a pastor from Bridge Builders Church comes to visit us at home, he prays for my mother and for me. He often prays to chase away the Satan which disturbs our family".

Fifteen year old Okello, who was living under very stressful family conditions, narrated how he had "very painful headache" in addition to something very painful moving around his body. For this painful headache he had frequently bought Panadol at the beginning, but he did not use it anymore since it had stopped being effective. Instead, he now bought strong medicines for headache such as Action, Hedex, and Painex, and sometimes bought these medicines in conjunction with Valium. As time went on, he even started taking three or more tablets of pain killers since the headache had become very strong. Here is how Okello discussed his experience with persistent headache:

> This headache I have been having for the last three months is not the one for malaria. It starts with something moving around my body. Such a thing is painful and when it reaches my head, I feel intense headache. I often swallow Hedex or Action, sometimes three of them at a go, but the headache only subsides. A week ago when I went to Layibi Health Centre, I told the *daktar* that instead of giving me medicine for malaria, let them *gi pime ikum ki wek gi nongo two en ni* (perform all possible laboratory tests to find out the illness causing the headache). Instead, he wrote for me to buy chloroquine, Panadol, and Fansidar for malaria.

Four former child soldiers of primary school age also shared their experiences with painful headaches as 'headache which affects only one side of the head', or 'headache which only reduces when you take Action and Hedex, but it still comes back'. One former child soldier who extensively participated in the ethnographic study linked her headache to constant disturbances by *cen*:

> It is mainly the *cen* of the people I killed without cause which disturb me. In the bush, it was possible to kill even young children without fear. However, the *cen* of such children can really disturb. Sometimes, especially the *cen* of children can just come and sit on your head for a long time, thereby causing headache.

Based on children's own narratives and close examination of their lived experiences, it could be deduced that underpinning children's complaints with persistent headaches were severe emotional experiences. These included guilt and remorse due to killing innocent people including young children (this was especially so for former child soldiers), fear, anger, bitterness due to living in a stressful family situation, and the stress which is associated with taking care of a parent or guardian with HIV/AIDS.

11.2.4. Pain in the body

The first example of bodily pain I encountered involved a fifteen year old boy residing at Lacor night commuters' shelter in August 2004. His experience is presented as an exemplary case in the prologue. Earlier, I gave the example of a child living under strained family relations who had multiple somatic complaints, including 'something invisible but painful moving around my body'. During numerous in-depth interviews with this child he disclosed how he was mistreated and was often forced to spend nights at a church, how his uncle had sold the family's card which had given them access to food from the World Food Programme (WFP), and how his mother and uncle were showing signs of HIV/AIDS. On being denied fulfilment of his basic needs, he asserted:

> I do not feel well generally. I always have severe pains in my body. It starts with something invisible moving around my body. It starts from the head and spreads to my back and when it comes to my chest I feel a lot of pain in my heart.

Fifteen year old Okello attributed his pain and severe headache to torment by Satan, who also tormented his mother in the same way. Thus they regularly engaged in prayer and fasting at the Pentecostal Assemblies of God, and often invited the pastor to cast out such demons. The pain, however, persisted. In one such session which I attended, the pastor advised them to take charge of their situation as 'joint heirs' with Christ to chase away the Satan themselves, as Jesus gives all believers power over the spirit of darkness. In another healing session, the same pastor invoked notions of forgiveness and reconciliation. He told Okello and his mother to forgive the uncle who had brought HIV/AIDS into the family, and to stop 'holding this member of the family in their hearts'. The pastor suggested that Okello and his mother 'leave their burdens of bitterness and un-forgiveness at the cross of Jesus and walk away with light burdens of peace, love, joy, forgiveness, and happiness'. Okello indicated feeling better for only a few days. In another interview session, Okello asked me to give him money for Action tablets. He literally ran to the nearest drug shop and bought four tablets, three of which he swallowed immediately since his pain and headache were severe.

Generalised body pain complaints were even more common in children taking care of sickly kin with HIV/AIDS. For example, twelve year old Adokorach and ten year old Abonga variously complained of pain in the body, "probably because we are always oppressed by Satan", said Abonga. Abonga often related how his mother frequently invited the pastor of Bridge Builders Church to pray for her and her family. The pastor always

prayed, and chased away Satan which tormented this family. Two children aged twelve and thirteen years, shortly after they had been forcefully evicted from their hut in Pece due to failure to pay rent, also talked about having bodily pain. One of them attributed her body pain to the likelihood that she and her siblings had malaria, since they had spent nights in an overcrowded night commuters' shelter where there were many mosquitoes. I will come back to this complex overlap of symptoms between emotional distress and experiences with infectious diseases. Since infectious diseases were also highly prevalent during wartime, a single encounter between me and a child (or professional healthcare worker) was not sufficient to determine whether a presented illness episode was due to malaria or emotional suffering. The narratives presented in this chapter are exemplary cases, where extensive interaction with the children involved made a hypothesis of emotional distress plausible.

11.2.5. Stomach aches

Children, and especially girls, talked about stomach aches which were not due to diarrhoea. During regular observations at drug shops, grocery shops, and clinics, where about one hundred children were observed making specific requests for pharmaceuticals, each demand for medicines for stomach ache was followed by an inquiry into whether it was due to diarrhoea, to painful monthly periods for girls, or whether it was just pain in the lower abdomen. In the clinics I observed about forty occasions where the two nurses prescribed a combination of analgesics (Panadol, Painex, or Action) and antibiotics (Amoxicillin, Tetracycline, or Ampicillin) for all stomach aches presented.

At two drug shops in Cereleno, two girls were given tablets of Action and Hedex for their stomach aches. During an interview with him, the drug shop owner mentioned that Acholi people rarely bought medicine for diarrhoea, since there are so many *yat acholi* (herbal medicines) which are very good for it. In the same interview, the drug shop owner shared his experience that most people who purchased medicines from his drug shop only had pain in the stomach and not stomach ache with diarrhoea. Since Painex and Hedex are advertised as medicines for any strong pain, he advised people who suffered from stomach ache to use either Painex or Hedex.

Another source of data was the children's exercise books which they presented in the state aided centres for a written diagnosis. In one such record, a fourteen year old girl, Akellocan, who presented with stomach ache at GRRH was given the diagnosis of a urinary tract infection. Subsequently, Amoxicillin and Indocid had been prescribed, which

she bought in a drug shop and took. Nevertheless, she experienced the same stomach ache two weeks later. This is her explanation about the persistence of her stomach ache:

> This stomach ache has been disturbing me for a long time. Since *mony* attacked our home in Anaka and also took with them my elder brother Odokorach, I have been having this stomach ache. There is no medicine which I have not tried. My mother used to buy Panadol, Hedex, Action, Indocid, and Amoxicillin … and in one clinic I was told if I buy *cipro* (Ciprofloxacin) I would be getting better. But after using *cipro* I was not okay. The pain is still there as I told you.

In a workshop, two girls aged thirteen and fourteen years, who often talked about having stomach aches, presented *atika* plants as the medicine which they were advised to use for such persistent pain. During this workshop, they both told about their nightmares about violent men who wanted to rape them in their sleep. It is therefore plausible to assume that the girls used the idiom of stomach ache to represent episodes of rape. For example, the thirteen year old girl gave this account:

> For a year now I have been having bad sleep. The moment I close myself in the hut at night, even before I sleep, I see a very huge man who wants to attack me. Sometimes he comes with a knife. The moment I fall asleep, that same man comes to rape me. In such moments I scream and wake up. My two younger brothers also wake me up when I keep shouting in my sleep. When I told our landlady about it, she advised me to put branches of *atika* plant at the doorpost and window, to smear its seeds over my head and around the mat. When I am going to sleep, I should burn some *atika* plants in a partially broken pot.

During home visits and inquiries about income generating activities, this girl disclosed how she had previously cleaned and smeared neighbours' huts with cow dung to make them neater. However, one time she was attacked by the man who had asked her to clean his hut, so she subsequently avoided carrying out such activities.

The fourteen year old female ex-combatant recruited for extensive study also frequently complained of persistent stomach aches. Although she did not exactly attribute them to her experiences in captivity with the LRA, she mentioned how all the medicines she had used did not work. She had simply resorted to going for prayers when there were healing services in Gulu Town or at Life Line Ministries Pentecostal church. She did, however, disclose how her neighbour had exactly the same complaints:

> My neighbour has been having stomach aches ever since she was attacked and raped by five boys on her way to Lacor night commuters' shelter. The night she was attacked, she had a lot of work at home and only started walking alone to the shelter after 8 pm. That is how she was attacked. When she reached the shelter, she did not tell anyone. She simply went to sleep. But since that day, she has taken all kinds of medicines but has not recovered. She often visited *ot yat adit* (GRRH) and much as she has been given many medicines, she still has stomach aches.

During one workshop girls identified a correlation between an increase in the severity

of their stomach aches to fear of the LRA when they were rumoured to be in the neighbourhood. Girls who had experienced gender based forms of violence often presented with stomach aches and headaches, thus it appeared that girls used metaphors to describe such experiences. In Chapter Twelve, I will explain contextual factors which contributed to children's expression of their distress in somatic idioms. I for example mention that victims of sexual violence were reluctant to disclose their experiences due to fear of ridicule, community's reward of people who confronted stressful situations in silence and apathy exhibited towards those experiencing distresses of varying severity.

Exploring quests for therapy for stomach ache using my own illness

To find out more about the management of stomach ache complaints – especially when children presented the complaint at clinics, drug shops, grocery shops, and to hawkers – I visited each of these pharmaceutical sources with a complaint of stomach ache in a three day period in November 2004. The medicines I was advised to buy for my stomach ache were as varied as were the clinics and shops I visited.

In one clinic, the clinical officer prescribed procain penicillin fortified also PPF injections for five days, with Amoxicillin capsules. I inquired if I could start my treatment by only buying Amoxicillin capsules for 500 Shillings; she gave me twelve capsules and advised that I take two capsules every six hours. In a grocery shop in Cereleno, I was given a dose of Fansidar at 600 Shillings and Panadol at 200 Shillings. The shop owner advised that magnesium tablets were also good for stomach ache, if I wanted to be sure that I was effectively dealing with it. One nurse in another clinic first asked whether it was stomach ache with diarrhoea; I indicated that I only had stomach ache. She immediately prescribed *cipro*: "*Cipro* for five days will do". "You have to pay 6000 Shillings", she added. Since I thought the price she asked was too high compared to other clinics, and I did not have the stomach ache in the first place, I only asked for two *cipros*, which I was given at a price of 1000 Shillings. In a drug shop in Gulu municipal market, the nurse gave me 'ENo', an oral re-hydration-like mixture with an orange flavour. "Pour the contents in this sachet in about one litre of water and drink. It will help with your indigestion", she advised. I paid 1500 Shillings for the sachet. Meanwhile, in two other clinics – one at Kakanyero and the other on the main street – I was advised to buy a dose of antibiotics for five days. I was given green and grey capsules (in this case Ampicillin) to last five days, for which I was asked to pay 2500 Shillings. In another clinic I was given

a dose of Ampicillin capsules for five days and asked to pay 4000 Shillings.

As discussed earlier, the children also indicated using a variety of medicines for stomach aches, ranging from chloroquine, Fansidar, Panadol, Hedex, Vemox, Amoxicillin, Ciprofloxacin, and Imodium. Where herbal remedies were also used due to the persistence of the complaint, these were mostly mango tree stem extracts, mango tree roots, banana sap, and *atika* plants. All children interviewed revealed that the medications they used were effective, but also that the stomach aches frequently recurred.

My investigation into the pharmaceuticals prescribed for stomach ache confirms the effects of trade liberalisation since Uganda's adoption of structural adjustment policies. Over the counter and by-prescription-only pharmaceuticals can be accessed from any drug outlet in Gulu town. For stomach aches, the complexity of the complaint itself predisposes the ill person to the risk of accessing any type of medication, even those which they might not need. Moreover, there was a wide range of medicines offered for the same stomach ache complaint, and the quality and quantity of the pharmaceuticals I received were determined by the amount of money I could raise. In Gulu, with about three clinics per street, pharmaceutical business is very profitable. Especially dangerous is the flexible administration of the pharmaceuticals, including antibiotics. If I had indeed needed a complete course of antibiotics, but was only given amounts according to what I could afford, it is likely that other children and adults would have had similar experiences in their quests for therapy.

11.2.6. *Cwinya cwer* (bleeding hearts/sadness) and *can dwong ataa* (deep emotional pain)

In interviews and workshops to discuss children's severe experiences, the phrases *cwinya cwer* (bleeding hearts) and *can dwong ataa* (deep emotional pain) were mentioned by forty children. Bleeding hearts in this chapter is interpreted as sadness. For instance, fourteen year old Akellocan disclosed one of her severe experiences during the armed conflict in the following narrative:

> …Ever since the *mony* (soldiers) attacked our home in Anaka and took away my elder brother Odokorach, life has been very bad for us. Each time we hear that the government soldiers have brought back some LRA soldiers we keep on going there to see if we could find Odokorach, but we have never seen him. Even when we ask from *latin lum moo* (certain former child soldiers) whether they ever saw a certain boy called Odokorach from Anaka, none of them indicate so. Well, even when *cwiny ii cwer* (feeling emotional pain) there is nothing you can do about it.

Another twelve year old boy concluded how, following the LRA abduction of his brother and the killing of his father, "with such *cwiny cwer*, even when they give you everything, you cannot enjoy this life".

Ojok discussed extensively how his sister in law had burnt down their hut and all of their belongings, including his entire week's earnings and school uniform. He mentioned having been thrown into desperation and frustration, to the extent of removing his clothes and "acting like a mad man". In his narrative, the phrases *cwiny cwer* and *can dwong ataa* were evoked several times. In the same vein, Ojok told how he witnessed the killing his father by the LRA when he was about twelve years old:

> We had decided to stay in Pader, regardless of what happens to people during the attacks by *mony*. My father often told us that he was not afraid of anything anymore. One day we were going to dig outside the camp when we met *latin lum moo* (certain child soldiers). They ordered us to drop the hoes and kneel on the road. My father started arguing with them, that he needed to go and dig and not to start playing. That is how one of the soldiers shot him in his head. *Caawa en ni awinyo cwinya cwer-cwer moo; awinyo can dwong ataa ma latin lum en oneko my father* (at that moment I felt a lot of emotional pain; I felt deep emotional pain when the child soldier shot and killed my father).

In the same narrative, Ojok also shared his experience with lack of sleep and persistent nightmares because of the *tipo* of his late father, who demanded that he perform a *guru lyel* ceremony.

> I rarely sleep throughout the night. I am constantly disturbed by my late father's *tipo* who demands that I give him money for alcohol and organise the ceremony of *guru lyel*. I told my mother about it, but she advised me to smear *atika* plant all over me and put its branches at the doorpost and also where I am going to sleep. Meanwhile she is still selling alcohol so that she will save enough money for the ceremony.

Guru lyel, literally meaning 'repairing graves', was a ceremony frequently recommended by displaced children as an effective activity to deal with spirits of close kin who brought nightmares and sleeplessness. During *guru lyel* close kin gather to perform the last funeral rites, which involve offering an animal sacrifice and feasting by close kin. The items frequently demanded by the deceased kin in nightmares are collected and placed at his/her grave.

Similar features also appeared in fifteen year old Apiyo's narrative about her mother's insanity, which she attributed to *malaria madongo* (very severe malaria – see the narrative in Chapter Five). In particular, she felt *cwer cwiny* and *can dwong ataa*

when children in the camps kept laughing at them. She frequently said, "children often say that my mother has no shame since she even walks naked where people are. In such moments *awinyo cwinya cwer cwer moo, ki can dwong ataa* (I feel sad and deep emotional pain)".

In another session where children diagrammatically represented their experiences in wartime, about forty children illustrated burning huts and chained children being directed to southern Sudan by the LRA. Another group of children also illustrated similar scenes of burning huts, but with the UPDF ordering people to move to camps. Two children depicted the burning of their younger siblings who were still asleep in the huts, whom they were unable to rescue. Twelve year old Ajok was quite emotional during her narrative, and she evoked frequently and interchangeably the phrases *cwinya cwer* and *can dwong ataa* in reference to the accident of a hut fire in Pabbo camp. Her narrative was as follows:

> It was a Saturday… I still remember clearly. During that *yweyo* (end of school term holidays) I went to live with my aunt at Pabbo camp. This story always makes me feel *cwer cwiny* and *can dwong ataa.* My aunt always left me in the camp with Otoo [Ajok's two year old cousin] so that I could take care of him and make sure that nothing bad happened to him. … I always did as she said, and on that day I had fed him and put him to sleep. I was at the neighbour's place when people begun shouting 'fire, fire!' Everyone was running away from the camp. The fire was already burning huts in the zone where my aunt's hut was. I tried to run towards it and see if I could get Otoo out [here she wept bitterly as everyone watched speechless]. In reality, I do not know what to do with the *cwiny cwer* and the can I have experienced since that day.

She blamed herself for putting her cousin to sleep in that hut, and for her inability to run fast enough to rescue him.

In one Sunday service in October 2005 I sat next to a girl of about fifteen years who told me that her name was Angella. She was one of the people who went to the pulpit to be prayed for that Sunday. Although she mentioned that boys had stoned her the previous night as she went to the shelter, she had no physical wounds. I think we may assume that Angella, and many other girls who spent nights at night commuters' shelters, was seeking healing for her sadness (*cwer cwiny*) resulting from exposure to gender based violence.

Quests for therapy for cwer cwiny and can dwong ataa

All children who participated in the five workshops I organised about severe experiences during wartime engaged in various coping mechanisms and quests for therapy. For example, some children mentioned the use of medicines for sleep, use of *atika* plants to ward off *cen* and *tipu,* the need to perform *guru lyel* ceremonies (even though at the

time of the study they were constrained from carrying them out due to lack of funds and insecurity in their places of origin), and attending healing services at Pentecostal churches or healing crusades in Gulu.

I posed a question to various children, asking about what specific methods and interventions were effective in dealing with such suffering of *cwer cwiny* and *can dwong ataa*.

This is what Akellocan argued during an in-depth interview:

> Sickness involving disturbances by *tipo*/*cen* cannot be dealt with in the hospitals. I have never heard or seen anyone go to *ot yat adit* [GRRH] with such problems. People instead use *atika* plants, and some go for prayers with *morokole* (saved people). For me, all these things did not work until we went to see an *ajwaka* at Karuma.

In eight focus group discussions with children aged twelve to fifteen years, one fourteen year old girl concluded, after a long discussion about the use of *atika* plants and other pharmaceuticals for *can dwong ataa* and *cwer cwiny*:

> But for me, I have been using *atika* plants for many years now. First I was using it because when my elder brother was abducted by *mony* I could not sleep. I would scream most of the night, even sometimes during the day time. Later, when that stopped, and I was living in Gulu town, I again started having nightmares of huge men who wanted to rape me. Although I use *atika* plants, I still have those dreams. Maybe *can en cango kene* (this suffering heals itself).

At the mention of *can en cango kene,* the other nine children present reacted by narrating their own experiences with *can* or *can dwong ataa*, and all agreed that misery and deep intensive suffering should perhaps heal itself.

11.3. Key informants' perspectives about children's experiences with emotional distress

I asked the nurse working at Noah's Ark about the commonness of headache as a health complaint in children, after I had observed that in one week she had brought seven plastic containers of Panadol (with about 500 pills in each container) which she distributed to children in the first two hours after opening the shelter clinic. She acknowledged that there was a 'high demand' for Panadol due to children's frequent complaints of head and body aches. The nurse, in her own words:

> Yes, there are many children here in the shelter with that disease. Headache is very common and one time we had a meeting with all the centre staff to try to find out about the headache. We had many complaints of headache in children whom we tested for malaria and there were no parasites. The same children often came back to the clinic with the same complaint the next day. Sometimes, as you saw, we run out of pain killers in the first thirty minutes of opening the clinic in the evening because the children always complain of headache.

The nurse was reluctant to name likely causes of the headache if not malaria. She instead linked the pains and complaints of headache to fatigue, since some of these children commuted to camps as far as 10 km away.

In one discussion with two nurses, three matrons, and Noah's Ark's centre manager, various ideas were raised about stomach ache as a common health complaint, especially among the girls. One matron argued, "Even me, I always have that disease. I feel pain in my stomach for a long time, but there is no diarrhoea. For me I use Action and Flagyl to treat it". The nurse confirmed that quite a number of girls came to her for medicine for stomach ache. She said, "I always give them de-worming tablets, Panadol, and sometimes Flagyl. I have come to realise that even when I give them de-worming tablets they always come back, so I give them Flagyl". She attributed the commonness of stomach ache to the dirty water that children drink: "You see, our water here comes from a very dirty source. And it is long since the water section repaired their pipes".

One paediatrician shared his experience with a particular girl who presented with stomach aches as follows:

> There was a problematic thirteen year old girl this year [2005] who week after week sought medical attention for stomach aches. Clinical officers at the outpatients unit referred her to me since she was not responding to any drugs, and all laboratory tests were negative. All tests were negative, perhaps because she had already been given all types of antibiotics and pain killers for stomach aches. After reviewing her records, and asking her a few questions, I knew she had hysteria. So I calmed her down, and admitted her in the general ward. I told her how I was going to administer to her the best medicine for her condition. I just placed a false IV over her hand. I did not even prick it. The girl slept the whole night and when she awoke I discharged her. But after a few days she came back. I referred her to a consultant (psychiatrist). He diagnosed the 'hysteria' as *cen* and consequently as PTSD.

The regional psychiatrist referred to the phenomenon of *cen* during an in-depth interview as Post Traumatic Stress Disorder coupled with anxiety, and elaborated that:

> …if such children reported to the psychiatric unit for review, depending on my assessment I would prescribe antidepressants. The problem is these people think the psychiatric unit is only for mad people [psychotic cases]; that is why they cannot seek for help for such disorders. These days I feature every Saturday [10 to 11 o'clock] on Radio Mega F.M. to sensitise people about such disorders. However, they have not yet responded to my pleas for them to seek professional help.

Meanwhile, at all healing services at Pentecostal churches which I attended, there were often deliverance sessions for people who were disturbed by Satan (*cen* or *tipo*). One pastor at Life Line Ministries church was popularly known for his expertise in chasing away every Satan, especially those which disturbed ex-combatants and those who had

recently lost close kin. The pastor explained to me his ministry of healing during an interview, which was conducted in English:

> When Jesus died on the cross, he said *it is done.* It means Jesus carried all our sickness and burden with him to the cross. His resurrection implies victory over the power of sin and death. As God's children we share in that victory. Through Jesus we have power over sin and death. We know that it is Satan behind all sin, death, and suffering. It is up to individual Christians to use that power given unto us to deal with any kind of principalities. That is why, when I conduct healing services to people with different problems, I call on the name of Jesus to grant me victory over the power of Satan.

In one healing service I attended the pastor spent a lot of time in delivering one fifteen year old former child soldier from the *cen* which was particularly violent and frequently wanted to kill her. The pastor, as he put it during interview, "used power and authority from above [heaven], as a joint heir with Jesus Christ, to command all the evil spirits which disturbed every child of God to leave them". In another related scenario, a pastor of Cereleno Deliverance Church, who also worked at World Vision Gulu head office, disclosed that he had about one hundred former child soldiers in his congregation who resided within Gulu Municipality or camps close to the municipality. Some of them actively participated in his church services. The former child soldiers especially needed counselling and deliverance prayers due to their constant disturbance by evil spirits. The pastor also told how former child soldiers under him would contact him anytime during the week to request that he conduct deliverance sessions for them. At Cereleno, there were mid week services where every Christian who felt oppressed by Satan would participate in deliverance prayers.

11.4. Discussion

11.4.1. Persistence of emotional distress and children's priorities

The empirical data suggests a high prevalence of complaints symptomatic of emotional suffering. For the most part, children presented forms of emotional suffering in somatic idioms, and these somatic complaints were minimised with pharmaceuticals – which generally had analgesic, antibiotic, and psychopharmaceutical properties – and herbal remedies such as *atika* plants. Children also attended deliverance and healing services in attempts to minimise their suffering and deal with persistent nightmares, body aches, and disturbances by *cen* and *tipo.* Nonetheless, despite all these therapeutic quests, their symptoms generally persisted. Neither traditional or biomedical medications, nor prayers

or the laying on of hands apparently sufficed to answer this type of suffering.

One could think of different reasons why such symptoms resisted the various forms of therapy. A symptom based management approach to emotional pain neglects the complex causality underlying such suffering. For instance, a wide range of pharmaceuticals was advertised as effective remedies for headaches at the time of the study. If the headache and other body aches of a child are due to factors such as living in poverty or mourning brutally murdered kin, a focus on the headache of course does not provide any real solutions. Given children's helplessness in the face of the underlying problems, children's opting for short term curative solutions seems only rational. Their strategies, however, are not only ineffective, but also lead to the over use and abuse of medicines.

In Gulu little was done to address children's structural poverty, and thus far no efforts had been undertaken by the state to compensate children, their families and indeed their communities, for how they had been wronged. Humanitarian agencies did help to alleviate suffering within the mandate allowed to them by the state. In northern Uganda, some of the humanitarian agencies had as main objective the alleviation of the suffering of vulnerable children, generally focussed on ensuring their psychosocial well-being, and problems of an emotional nature were labelled as trauma. The NGOs' primary approach to counter such problems at the time of study was that of counselling and creative activities: plays, traditional dances, promoting compositions, and singing peaceful songs. Elsewhere in this thesis I have shown how these projects were not particularly useful for the children who participated in this study. Similar ideas can be found in Giller (1998:113-128), for example, who wrote that whereas her team was in Uganda to initiate a trauma project, the local women wanted advice, medication, and practical and financial assistance. They wanted to make practical arrangements for their children, and their only priority was material assistance. No one asked for psychological assistance in the form of counselling and psychotherapy (Giller 1998: 113-128).

Currently most researchers recommend taking a holistic approach (as suggested by Bracken 1998:38; Summerfield 1998:7-9; Richters 1998:122; Giller 1998:128; Weiss 2000; Bala 2005:169-182) in interventions for people in wartime, including rebuilding informal networks for mutual support, listening to local priorities, and strengthening the family and community structures on which children depend for their security and development. This study has added substantially to the lively debate on such issues by

investigating – from children's perspectives – their priorities in healthcare for both infectious diseases and emotional suffering. The basic idea is that children as social actors have abilities to identify what they need, and that their priorities and perspectives reflect general healthcare needs and suggest appropriate ways of addressing their problems.

There are emotional wounds especially linked to children's extreme experiences, such as child abductions, the murder of close kin, and loss of property and lives during hut fire accidents. Although emergency aid interventions place emphasis on the need for counselling and sensitisation seminars in attempts to ensure the wellbeing of people in wartime, no child mentioned the relevance of such procedures in ensuring their wellbeing. What is more, children like Akellocan, Opio, and Ojok, whose narratives show that they experienced emotional suffering, instead used *atika* plants, with limited success. The child who discussed how he and his mother had already tried various ways of addressing their problems after their family members were abducted suggested they could have even realised some unintended effects in their quest for therapy, but they were in need of real healing; and that real healing was difficult to achieve given their context, especially as they could not do much about the death, nor bring back their abducted family member. I propose that such attempts to alleviate emotional suffering need to be viewed as *processes* in the quest for therapy, and not an end in themselves.

This brings me to a critique of the curative short term solutions which children opted for to minimise their emotional distress. Although curative approaches in quests for therapy are commendable in the management of infections, for complex forms of suffering, curative approaches only provide simple solutions and serve to prolong suffering, even making symptoms more severe. For example, regarding the use of analgesics for persistent headaches, the children not only overly relied on pharmaceuticals – i.e. pharmaceuticalised the problem – they also exposed themselves to poisoning, abuse, and over use of medicines. Children also develop false hopes in the pharmaceuticals' abilities to restore them to normality, so that when their hopes are not met, they experience anxiety and frustration, sometimes culminating in despair. In short, to opt for short term approaches, including the use of pharmaceuticals and *atika* plants for complex emotional suffering, is not appropriate for the children who participated in this study. These short term approaches lead to the individuation of social problems. Although the core problem lies in the social context in which the child lives, the child administers therapies to his/her individually experienced bodily pain.

Two conclusions may be drawn from this. Firstly, in the context of civil war in northern Uganda, and in the light of children's dominant expression of emotional distress in physical symptoms, healthcare providers should take extreme caution when diagnosing. The client might need antibiotics, antimalarials, or medicine for indigestion, but attention must be paid to the possible likelihood of an underlying presentation of emotional suffering. But if it is accurately diagnosed that a child presenting with headaches, stomach aches, and the sensation of something painful moving around the body is suffering from emotional distress, how can this best be addressed?

The second conclusion from my data is that the only sound way to effectively manage children's complaints symptomatic of emotional suffering, is to address the underlying structural inequity that they suffer from, to acknowledge how they have been wronged and find ways to compensate them and help them to mourn. But given the breakdown of the legal and social systems in Gulu at the time of this study I am at loss how this can be done in the present situation. Is it through counselling? Is it in leaving the *can* to *cango kene* (suffering to heal itself)? Children must feel assured that other people recognise and acknowledge their suffering, but they must also be allowed to gradually come to terms with the severe events themselves, and thereby experience emotional healing. It is painful to conclude that addressing the core causal factors of complaints symptomatic of emotional distress is beyond children's abilities in the study context, and moreover, that they recognised this.

11.4.2. A holistic approach

Beyond children's curative ways of dealing with emotional suffering is the presence of professional healthcare givers and religious healers, and their approaches to promoting emotional wellbeing. Their perspectives on how best to deal with emotional suffering encompassed general biomedical perspectives, psychiatric, psychological, and religious healers' viewpoints.

It is important to note here that the GRRH, unlike other referral hospitals countrywide, was uniquely privileged to have a psychiatric unit, constructed in 2005. This privilege is directly linked to NGO discourse which proposed the phenomenon of 'a hidden epidemic' of trauma in the region. In one consultative meeting at the WHO Gulu office there was a proposition to construct a five-storey house, fully equipped with enough beds to handle the hidden epidemic of trauma in the near future. However, as empirical

data suggests, there was limited community response to calls from the psychiatric unit for individuals to come forward for review. During my regular visits to the psychiatric unit, no traumatised clients were observed seeking professional help there, regardless of the radio talk shows, sensitisation seminars, and announcements calling for people who had witnessed or experienced traumatic events to seek specialised help from this unit. Was this because Acholi people think psychiatric units are only for 'mad' people? Was it because Acholi people – including children – know indigenous ways of dealing with such suffering? Or was it because the unit itself has a history of only providing short term solutions and temporary relief from symptoms? In what better ways can the new psychiatric unit address this 'hidden epidemic' of trauma?

Even in the psychiatric approach there is a danger of medicalizing highly complex problems – which have their root causes in the socio-economic and political realm. Whereas antidepressants are widely known for providing symptom relief, their efficacy in addressing children's core issues is questionable. I do not intend to imply that the regional hospital's psychiatric unit is not in any way beneficial for this community which has experienced prolonged civil war; in fact, at the time of this study, many clients – mainly sufferers of epilepsy and psychiatric disorders such as psychosis, from Gulu, Kitgum, Pader, Amuru and Southern Sudan – received free medical attention from this unit. In 2007, it was sometimes difficult to find an empty bed due to the presence of many people admitted for close monitoring. Nonetheless it is striking that whereas a 'hidden epidemic' of trauma was acknowledged no children with related symptoms were approaching the psychiatric unit for help.

As the results suggest, children frequently named religious healers as instrumental in conducting healing services for people with various forms of emotional problems. The approach was to deal with the evil spirits and teach people to take charge of their own condition by chasing away Satan themselves. During healing services there was a major focus on Satan, and ordering him to stop disturbing God's children. If such approaches are useful, and are consistent with indigenous ways of dealing with distress, they are commendable. Nevertheless, such approaches can pose problems. If the child identifies that it is the *cen* of a close kin member that needs appeasement, then perhaps ordering every *cen* to leave the 'children of God' is in fundamental conflict with the child's ready identification with the *cen* as recently departed kin. This study proposes that if children are suffering through the experience of *cen* due to the recent loss of close kin, they need to

be made aware of the link between their recent loss and the expression of their symptoms. In the process, it must be acknowledged that there are certain realities, and forms of emotional suffering, which such children must come to terms with. Children may then be made aware that with time – no specific period of time since this depends on how the individual client was affected – they may experience less and less of such symptoms.

Noticeably, however, I have attempted to bring clarity to what could constitute a holistic approach to minimising emotional suffering in Gulu Municipality, including counselling, religious approaches, material support, and even simply recognising the complexity of suffering. I use here the term *minimising* as opposed to finding a *therapy* for emotional suffering, based on my own belief that it is likely that emotional suffering cannot be dealt with in a one time intervention. Further, viewing the overcoming of emotional difficulties as a process might help in limiting the prescription of short term solutions to complex forms of suffering.

Conclusion

Assessment of emotional distress presented with initial non-readiness for children to disclose their experiences. It was only after the researcher established rapport with them, that they disclosed their distresses. Even then, children complained of somatic aches and pains. There are indications that children linked particular complaints to emotional distress. Where children presented with somatic complaints, an *etic* in-depth analysis suggested an interpretation of the symptoms – as expressions of emotional suffering. Subsequently, there are symptoms including persistent headaches, *cen,* and something painful moving around the body which have been described as complaints symptomatic of emotional distress.

In sum, the empirical evidence above is multifaceted. Symptoms such as persistent headaches, stomach aches, *cen,* and something painful moving around the body were indicators of underlying social problems including, but not limited to, living in strained family relationships, acts of violence committed by former child soldiers while in captivity, and gender based violence. Children described emotions such as anger and bitterness, and feelings of guilt and misery as well as disturbing memories that resulted from these social problems.

Complex emotional suffering needs a holistic approach. Children were already engaged in minimising their suffering through the use of analgesics, antibiotics, *atika*,

and seeking healing from religious healers. Overall, however, these practices offered only short term solutions. By employing curative, symptom-based approaches to deal with complex problems of emotional suffering, no attempts were made to address underlying causes. Although curative approaches might be commendable in addressing infections, curative approaches can be risky when dealing with emotional problems: they give false hope to sufferers through minimising their physical symptoms; they give an impression that the continual use of pharmaceuticals may eventually produce a 'magic bullet' to relieve their suffering; they obstruct an attitude whereby emotional suffering is viewed as processional, in that sufferers must acknowledge that in certain instances there will be only gradual healing, even without medicines; and they serve to obscure the vision of sufferers regarding the core issues at stake. Untill individual sufferers and intervention agencies reach a level where they recognise that analgesics, antibiotics, and tranquilizers are *not* a particularly helpful strategy in dealing with their problems, there will be continued abuse, misuse, and over use of pharmaceuticals.

Focus is currently on symptoms and not on underlying causes. However, if core issues are to be addressed, it may necessitate a complex, holistic approach. For example, firstly, the conflict itself, and the fact that people live in fetid, overcrowded camps, will need to be dealt with. Complex social relations will also need to be looked at, such as the fact that children have been the victims of gender based forms of violence, and that ex-combatants are both victim and perpetrator in one. Such holistic approaches might include both indigenous and professional ways of addressing emotional distress, but more importantly, there might be a need to view attempts to minimise suffering as *healing processes* and not an end in themselves. This conflicts fundamentally with existing notions where individuals frequently engage in various quests for therapy concurrently in attempts to alleviate their suffering or to find a cure. I propose that finding a cure in one or several processes might be possible; however, for now I only see short term ways of minimising emotional suffering and not procedures to find complete cures. In reality, some procedures are more useful than others. I suggest that major attempts must thereby be made to promote psychological wellbeing taking into account people's own perspectives, needs, and priorities.

Illustration 3: Common illnesses experienced in a one month recall

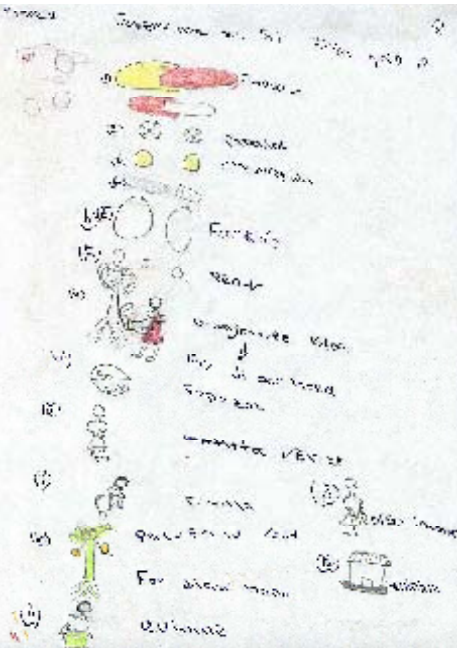
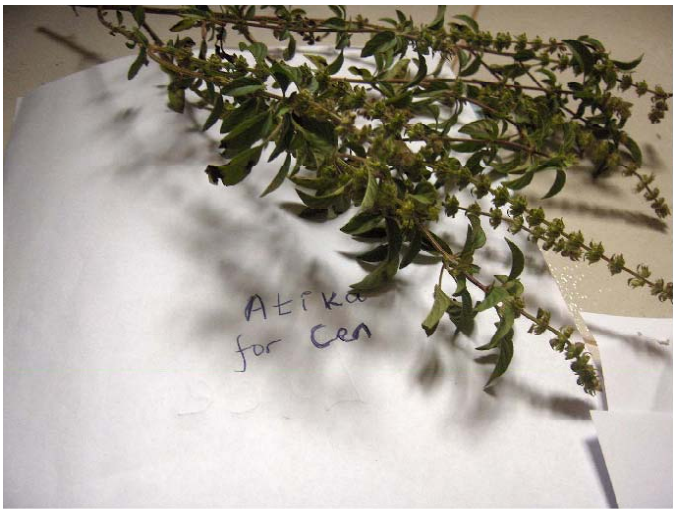


Illustration 4: Common medicines used in one month recall



Photograph 2: The plant *atika* (Labiate species)