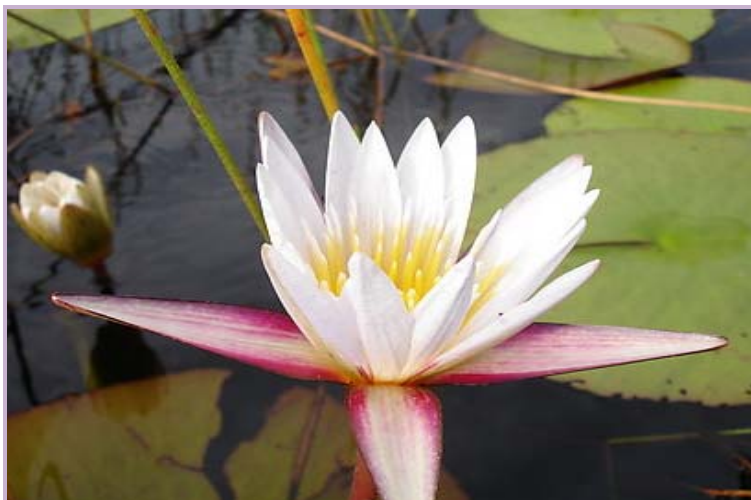


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*Water flower in Botswana. Photo courtesy of Mark Travis.*

### HIV/AIDS and traditional healers

**Ahmed IM, Bremer JJ, Magzoub MME, Nouri AMH. Characteristics of visitors to traditional healers in central Sudan. Eastern Mediterranean Health Journal 1999;5:79-85.**

**ABSTRACT** Traditional healing is widespread in Sudan and traditional healers are well respected by the community. This study aimed to assess visitors attending traditional healers: the reasons for visits, the frequency of visits, satisfaction with visits and advantages and disadvantages of visits. The results were that children under 10 did not take part in visits; the majority of visitors were between 21 and 40 (61%) and were women (62%). Visitors were less educated than the general population in the area. The main reasons given seeking help from traditional healers were treatment (60%) and blessing (26%). Visitors did not mention any disadvantages in visiting traditional healers.

**Banda Y, Chapman V, Goldenberg RL, Stringer JS, Culhane JF, Sinkala M, Vermund SH, Chi BH. Use of traditional medicine among pregnant women in Lusaka, Zambia. J Altern Complement Med. 2007;13:123-7.**

Univ Zambia School of Medicine, Lusaka, Zambia.

**OBJECTIVE:** We studied the prevalence of and predictors for traditional medicine use among pregnant women seeking care in the Lusaka, Zambia public health system.

**SUBJECTS:** We surveyed 1,128 pregnant women enrolled in a clinical trial of perinatal human HIV prevention strategies at 2 district delivery centers.

**OUTCOME MEASURES:** Postpartum questionnaires were administered to determine demographic characteristics, behavioral characteristics, HIV knowl-

edge, and previous use of traditional medicines.

**RESULTS:** Of the 1,128 women enrolled, 335 (30%) reported visiting a traditional healer in the past; 237 (21%) reported using a traditional healer during the current pregnancy, 54% reported believing that admitting to a visit to a traditional healer would result in worse medical care. Women who had used traditional medicines were not different demographically, however, they were more likely to drink alcohol during pregnancy, have 2 or more sex partners, engage in "dry sex," initiate sex with their partner, report a previously treated sexually transmitted disease, and use contraception (all  $p < 0.01$ ). HIV-infected women who reported using traditional healers were also

less likely to adhere to a proven medical regimen to reduce HIV transmission to their infant (25% versus 50%,  $p = 0.048$ ).

**CONCLUSIONS:** Use of traditional medicine during pregnancy is common, stigmatized, and may decrease adherence to antiretroviral regimens. Healthcare providers must open lines of communication with traditional healers and with pregnant women to maximize program success.

**Okome-Nkoumou M, Okome-Miame F, Kendjo E, Obiang GP, Kouna P, Essola-Biba O, Bruno Boguikouma J, Mboussou M, Clevenbergh P. Delay between first HIV-related symptoms and diagnosis of HIV infection in patients attending the internal medicine department of the Fondation Jeanne Ebori, Libreville, Gabon. HIV Clin Trials. 2005;6:38-42.**

Infectious Diseases Unit, Fondation Jeanne Ebori, Libreville, Gabon.

**BACKGROUND:** HIV-infected patients in Africa are often diagnosed at advanced stages of disease. They seek relief using traditional medicine or religious beliefs. General practitioners are often consulted first. Once the HIV diagnosis has been made, concomitant use of alternative and allopathic medicine is also frequent.

**OBJECTIVE:** To describe the delay between presentation of HIV-related symptoms and diagnosis, the first physician consulted, and the use of traditional medicine or religion as an alternative or complement to allopathic medicine in HIV-infected patients.

**METHODS:** Patients followed for HIV infection at Fondation Jeanne Ebori were retrospectively interviewed to trace their therapeutic itinerary.

**RESULTS:** 150 patients were interviewed of whom 63% were female with mean age 39 years. Their

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median CD4+ count was 242 cells/microL (102-394), CDC stage A/B/C was 32%/40%/28%, and 57% had very low income. Religious affiliations were Catholic (52%), Protestant (21%), Muslim (3%), "progressive" Church (16%), and none (7%). The median time elapsed between their first symptoms and HIV diagnosis was 124 (20-292) days. The first person consulted was a traditional healer (5%), general medical practitioner (61%), or private clinics (23%).

Traditional healers were consulted for initiation rites in 23%, cure of disease in 90%, or sorcery in 20%. Once allopathic medicine was started, concomitant alternative therapy occurred in 25 (17%) for traditional medicine and 4 (3%) for faith healing. Resort to traditional healer (odds ratio [OR] 2.6,  $p = 0.02$ ) and to faith healing (OR 3.1,  $p = 0.048$ ) were risk factors for diagnosis delay.

**CONCLUSIONS:** Many factors related to patients, the health system, and culture or society are detrimental to an early diagnosis of HIV infection in Gabon. Increasing awareness of the risk of HIV infection throughout the general population and hope and trust in western medicine in patients and non-HIV-specialist physicians, as well as suppression of social stigma, could shorten the delay before diagnosis. Better communication between allopathic physicians and traditional or faith healers could also improve the care of HIV-infected patients.

**Liverpool J, Alexander R, Johnson M, Ebba EK, Francis S, Liverpool C. J Natl Med Assoc. 2004;96:822-5. Western medicine and traditional healers: partners in the fight against HIV/AIDS.**

Morehouse School of Medicine, Dept of Pediatrics, Atlanta, GA 30310, USA.

Prevention and control programs for HIV/AIDS have had limited success, especially in sub-Saharan Africa. Most residents see traditional healers as their only option to meet their healthcare needs. Some patients refuse surgery or other medical treatment unless their traditional healer sanctions the treatment first. Formally trained doctors have finally begun to consider traditional healers as potential allies in the battle to prevent the spread of HIV/AIDS by recognizing that the longstanding trust and credibility of these healers in the black communities can facilitate change in sexual behavior. Innovative and effective approaches, including utilization of traditional healers, can play a vital role in Africa's AIDS prevention and control programs.

**McMillen H. The adapting healer: pioneering through shifting epidemiological and socio-cultural landscapes. Soc Sci Med.**

**2004;59:889-902.**

Univ Hawaii, Dept of Anthropology, Honolulu, HI 96822, USA.

While healers selectively adopt or refashion aspects of biomedicine, the influence is not unidirectional with information flowing exclusively from hospitals to healers. This article explores the reciprocal relations between practitioners of indigenous medicine in Tanga, Tanzania and biomedicine. An abbreviated ethnography of one healer in coastal Tanzania illustrates some relevant influences and possible adaptations of contemporary healers. His experiences suggest multiple factors, especially sociocultural changes, biomedicine, AIDS, and related researchers can influence healers' adaptations. In his case, biomedical health workers from a non-profit HIV organization call upon him not only to act as a liaison between their services and the community, but more importantly, to provide treatment for opportunistic infections and counseling for patients and to participate in biomedical and scientific projects. Reflecting on his experiences as a healer who has negotiated a position that straddles the world of biomedicine and the world of healers facilitates examination of important issues affecting healers today, including their relationship to biomedical health workers, bioprospectors, governments, non-profit organizations, and professional organizations of healers. This healer is a pioneer in his own town. Therefore, he may represent a trend in healer adaptation.

**Green EC. Involving healers. AIDS Action. 1999;(46):3.**

PIP: The role of traditional healers in preventing and controlling HIV/AIDS and other sexually transmitted infections (STIs) is being increasingly recognized. In Africa HIV prevention programs involving traditional healers have helped them to improve their skills in diagnosing, treating, and counseling clients with HIV/AIDS and STIs. This article presents the policy and program recommendations to consider when planning to work with traditional healers: 1) be fair and democratic in selecting healers for training; 2) try to identify and train motivated healers who are respected in their communities; 3) do not make membership of a traditional healer association a requirement for participation in HIV/AIDS training; and 4) encourage healers to promote sexual abstinence among youth, and fidelity within marriage among adults.

**Zachariah R, Nkhoma W, Harries AD, Arendt V, Chantulo A, Spielmann MP, Mbereko MP, Buhendwa L. Health seeking and sexual behaviour in patients with sexually transmitted infections: the importance of traditional**

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### **healers in Thyolo, Malawi. *Sex Transm Infect.* 2002;78:127-9.**

Médecins Sans Frontières, Luxembourg, Thyolo District, Malawi.

**OBJECTIVES:** To describe health seeking and sexual behaviour including condom use among patients presenting with sexually transmitted infections (STIs) and, to identify sociodemographic and behavioural risk factors associated with "no condom use" during the symptomatic period.

**METHODS:** A cross sectional study of humans consecutively diagnosed with STI at the district STI clinic in Thyolo, Malawi. They were interviewed by STI counsellors after giving informed consent. All patients were treated according to national guidelines.

**RESULTS:** Of the 498 new clients with STIs, 53% had taken medication before coming to the STI clinic, the most frequent alternative source was the traditional healer (37%). 46% reported sex during the symptomatic period (median 14 days), the majority (74%) not using condoms. 90% of all those who had not used condoms lived in villages and had seen only the traditional healer. Significant risk factors associated with "no condom use" included visiting a traditional healer, being female, having under 8 years of school education, and living in villages.

Genital ulcer disease was the most common STI in males (49%) but 27% of STIs in females.

**CONCLUSIONS:** Malawi has high national HIV prevalence, 9% so traditional healers are urgently needed to integrate in control activities, encourage their role in promoting safer sexual behaviour, and to reorient or even change existing strategies on condom promotion and STI control.

**Homsy J, Katabira E, Kabatesi D, Mubiru F, Kwamya L, Tusaba C, Kasolo S, Mwebe D, Ssentamu L, Okello M, King R. Evaluating herbal medicine for the management of Herpes zoster in human immunodeficiency virus-infected patients in Kampala, Uganda. *J Altern Complement Med.* 1999;5:553-65.**

Comment in: *J Altern Complement Med* 2000;6:1-2. Traditional and Modern Health Practitioners Together Against AIDS (THETA), Kampala, Uganda.

**OBJECTIVE:** This study aimed to evaluate the effectiveness of herbal treatments used for herpes zoster by Ugandans with HIV/AIDS.

**SETTING:** Kampala, Uganda. Clinics of indigenous traditional healers, at the Dept of Medicine of Mulago Hospital, Makerere University, and at

The AIDS Support Organization (TASO) Clinic, providing primary care to people living with HIV/AIDS.

**DESIGN, PATIENTS, AND PARTICIPANTS:** Nonrandomized, nonplacebo controlled, observational study in 2 phases. Inclusion criteria included HIV seropositivity and a recent herpes zoster attack. In phase 1, 52 patients were enrolled, treated, and followed for up to 3 months at 3 healers' clinics, and compared to 52 TASO Clinic controls receiving ambulatory care. Phase 2 had a 6-month follow-up, with 154 hospital outpatients treated with herbal medicine and 55 TASO controls. In both phases, healer patients were given herbal treatment according to healers' prescriptions, while controls received either symptomatic treatment or acyclovir.

**RESULTS:** Healer patients and controls had similar rates of resolution of their herpes zoster attacks. Fewer healer patients than controls had superinfection in phase 1 (18% versus 42%,  $p < 0.02$ ). This difference was not statistically significant.

In both phases, zoster-associated pain resolved substantially faster among healer patients with a higher degree of significance in phase 2 where the progression of pain over time could be seen because of the longer follow-up (phase 1: maximum  $p$  value ( $p_{\max}$ )  $< p_{\max} < 0.02$  at 1 month,  $p_{\max} < 0.005$  at 2 months,  $p_{\max} < 0.0001$  at 3 months).

**CONCLUSIONS:** Herbal treatment is a local and affordable primary care alternative for the managing herpes zoster in HIV-infected patients in Uganda.

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**Flowering plants in Botswana. Photo, Mark Travis.**