

TRADITIONAL THERAPIES AND HIV/AIDS



Father and son Maasai at Masai Mara National Reserve, Kenya. Photo courtesy Leane Scoz.

Old and New Medicines

I live in a developed country where I see the miracles of modern medicine, especially in the area of managing and prolonging life expectancy. Having seen modern medicine at work, I can easily trust modern techniques and therapies, the healthcare professionals who advocate them, and technology that supports them.

However in many parts of the developing world, humans are wary of these newer medications and treatments and for many reasons instead turn to what is traditional and familiar for them. For some, traditional medicine is the only type of healthcare known, and this is nowhere more evident than in rural Africa. When a human is sick or injured in the United States or Africa, the only options are either to seek help, or to do nothing and hope the illness or injury will go away. Poverty, lack of transportation and ignorance or lack of access to any possibility of help are likely to drive the latter option. The standard of care and the help that is available for humans seeking care differs greatly in countries and regions in Africa, as it does in the United States. Humans who seek unregulated therapeutic help are more likely to be poor, and more likely to live in rural areas. However, most African countries have sophisticated training requirements for healers, many of

whom pass exams and become board-certified healthcare professionals and move to the United States. Additionally, most African countries do not regulate self-proclaimed healers, whose therapies for illness range from excellent to fraudulent. This article is an attempt to interpret the appeal and need for African traditional medicine practitioners to United States pharmaceutical professionals.

WHAT IS TRADITIONAL MEDICINE?

Healthcare in Africa is delivered by traditional healers as well as university-trained healthcare professionals. A traditional healer is a well respected community member who tends to ailments using traditional African medicine. This encompasses spirituality, divination, and supplements derived from herbs, plants, animals, and other natural substances. According to Pastor Osagie Egoro-Ighalo (a native of Nigeria, and adjunct faculty at University of the Sciences in Philadelphia) traditional healers are, in general:

- 1) practitioners of spiritual medicine
- 2) practitioners of physical medicine by using plants and herbs to treat ailments.

Traditional medicine is holistic, which means it focuses on the ailment and also the whole patient. The healer tries to understand how the body or mind may be out of balance and how the illness or unhealthy condition was produced. Traditional medicine is defined by the culture in which it exists, and finds its strength in the humans who support it. Traditional medicine is religious and spiritually based, following the history, traditions, and customs of the community.

Traditional healers are the first line of care for many Africans, both because the healers are indigenous to the community and because their techniques are familiar and comforting, more so than the newer techniques which may seem foreign and impersonal. WHO estimates that up to 80% of the population of sub-Saharan Africa consults a traditional healer at some point. According to Avert.org, an organization promoting HIV/AIDS awareness, this can be additional to seeking medical treatment from university-trained healthcare professionals who practice biomedicine. This may be because Africa has many more traditional healers or because traditional medicine is ingrained in the African culture for centuries. Although biomedicine is available, according to Pastor Egoro-Ighalo, it is not ingrained in the cultures and religions of Africa, and humans tend to gravitate towards what is familiar. WHO estimates that the ratio of traditional healers is 1 in 200, while

TRADITIONAL THERAPIES AND HIV/AIDS

that of medical physicians is 1 in 25,000. The South African Department of Health estimates that more than 200,000 traditional healers practice and reside in South Africa alone.

Traditional medicine is not exclusive to Africa. Herbal, spiritual, and cultural remedies are used for healthcare everywhere and are prominent in Africa and China. Western medicine has a long history of acquiring traditional and cultural "alternative" techniques, such as massage, acupuncture, and aromatherapy. Many modern drugs that are used daily in western society were developed from herbal remedies, for instance, digoxin, which is used to treat heart failure and is derived from the foxglove plant.

Without question or argument, traditional medicine has long influenced modern biomedicine.

TRADITIONAL MEDICINE IMPORTANT IN THE WAR AGAINST HIV/AIDS

Two forms of healthcare are found in Africa:

- 1) traditional remedies, which have been used for centuries to cleanse the body and cure disease
- 2) biomedicine, also known as western medicine or evidence-based medicine, which has been more recently introduced to the area.

Collaborating with Traditional Healers for HIV Prevention and Care in Sub-Saharan Africa: Suggestions for Programme Managers and Field Workers was published by the Joint United Nations Programme on HIV/AIDS (UNAIDS). It includes the statement "Many biomedical health practitioners have a negative bias towards traditional healers and traditional medicine, thinking of healers mostly as quacks, and of herbal or spiritual medicine as having at best a placebo effect, if not being downright harmful or deceitful, because of its lack of scientific basis and regulation."

However for many Africans, traditional medicine is the only option. Africans will not use biomedicine if they do not know it is available. For many in Africa, especially in rural areas, traditional medicine is more accessible than biomedicine, and exists in most communities, no matter how near or far a clinic or hospital might be. Because traditional medicine is ingrained in the culture, it is also widely trusted.

The biomedical community needs to work with traditional healers in treating HIV/AIDS because many Africans seek care from traditional healers first. Although traditional methods may help with the pain or fever associated with symptomatic HIV/AIDS these techniques will not cure the disease nor will they prolong the life of a human infected with the

HIV virus. However, because community healers are learned and respected members of their communities, they can be and should be part of the educational process. The healer can disseminate information about HIV/AIDS, its treatment, and provide information that shows how this treatment (biomedicine) is necessary. The traditional healer can show where adjunctive biomedical treatment is available, how accessible it is, and where and how to obtain this type of treatment. They are also more in tune with the cultural sensitivities about the stigmatized aspects of the disease and may be better able to broach these subjects with their patients. In addition, they can reach out to humans who may not turn to biomedicine otherwise.

According to WHO press release titled *Message of the Regional Director, Dr. Luis Gomes Sambo, on the Occasion of the Third African Traditional Medicine Day, 31 Aug 2005*, traditional healers can refer patients to hospitals and clinics for HIV/AIDS and other diseases that can not effectively be treated with traditional medicine. Reaching out to traditional healers with information about treatment and prevention options for many conditions, especially HIV/AIDS, is one way to provide biomedical healthcare to Africans. Together, traditional healing and modern medicine can create a formidable weapon against disease.

Uganda encourages collaboration between biomedicine and traditional medicine. According to WHO in their 20 Nov 2006 African Regional Health Report, Uganda has a program to train community health workers for some of the duties traditionally performed by nurses.

Nigeria is also taking steps to regulate and coordinate traditional medicine. The Lagos State Traditional Medicine Board includes keeping record of all practicing traditional healers as one of its primary responsibilities. Also, it gives itself the right to train traditional practitioners and standardize traditional treatments. This board has also created a code of conduct for traditional healers.

Although these examples are promising, more countries need to embrace traditional medicine and work together with traditional healers. In the 2006 statement by the regional director, WHO praised countries that have already done so, and encouraged other countries to begin or continue collaborating with traditional healers.

MAKING TREATMENT AVAILABLE TO ALL

Coordinating treatment with traditional healers can prolong the life of those living with HIV/AIDS, and they can keep a better watch on traditional practices used for HIV/AIDS, some of which (herbal treat-

HIV/AIDS THERAPIES

ments in particular) may interfere with or cause adverse reactions when combined with antiretroviral therapy.

In 2002, WHO designed a list of goals intended to help countries regulate the use of traditional medicine while allowing it to be a viable option for those who use it. The WHO goals are:

- 1) developing policies to evaluate and regulate traditional medicine
- 2) evaluating the safety and efficacy of traditional medicines and techniques
- 3) ensuring that traditional medicine is available to those who need or desire it.

In 2004, the South African Government drafted the *Traditional Health Practitioners Act*, which was intended to regulate the "efficacy, safety and quality of traditional healthcare services" as well as the "management and control over the registration, training and conduct of practitioners, students and specified categories in the traditional health practitioners profession," and "protect the interests of members of the public who use the services of traditional health practitioners." This act defined the roles of traditional medicine and traditional health practitioners, and initiated communication between different specialties of traditional medicine and biomedicine. It also established that all traditional healers must be registered with the Department of Health, and gives South Africans a forum to express concern or displeasure with the actions of, or report the misconduct of, a registered traditional health practitioner. In the same year, South Africa established the Institute for Traditional Medicines, which evaluates the safety and efficacy of traditional cures.

As mentioned above, United Nations organizations have realized the importance of a dialog between healers and biomedical practitioners. UNAIDS has compiled a set of guidelines to help traditional healers and modern medicine come together. Part of the *UNAIDS Best Practice Collection* publications, *Collaborating with Traditional Healers for HIV Prevention and Care in Sub-Saharan Africa: Suggestions for Programme Managers and Field Workers* outlines methods in which traditional healers and biomedical practitioners can learn from each other, while working together to educate communities. The aim of these guidelines is to build trust between the 2 groups so that they can learn from and support each other. This includes forming an understanding of each group's technical language and ideology, regarding both approaches as valid and important, and discussing procedures for referrals when necessary, such as when a patient has

HIV/AIDS needing treatment outside the scope of what a traditional healer can provide.

UNAIDS has identified 10 steps crucial to bridging the gap between traditional and biomedicine. These steps include analyzing the context surrounding traditional medicine and HIV/AIDS; defining objectives; initiating contact and building trust between the 2 groups; agreeing on terms; sharing critical information; learning from, supporting and empowering each other. Additionally successes and failures must be monitored so that improvements can be made for the future.

In a 31 Aug 2003 statement by WHO Regional Director for Africa, Dr Ebrahim M Samba outlines a way in which African countries could integrate traditional medicine into the current healthcare system. This statement, presented on the first African Traditional Medicine Day, states that African governments and traditional healers need to work together to evaluate the safety and efficacy of traditional medicines and treatments, as traditional medicine is such an integral part of African culture.

By BG Birenbaum

E-mail: beth.birenbaum@gmail.com

Snow RW, Bronzan R, Roques T, Nyamawi C, Murphy S, Marsh K. The prevalence and morbidity of snake bite and treatment-seeking behaviour among a rural Kenyan population. *Ann Trop Med Parasitol*. 1994;88:665-71.

CRC Research Unit, KMRI, Kilifi.

Snake-bite mortality among a rural population in Kenya was estimated to be 0.7% of all deaths.

A community-based retrospective survey of 4,712 households estimated the incidence of snake bite: 151/100,000 humans are bitten each year, of which 19% are bitten by potentially venomous snakes.....

Most (68%) sought treatment from a traditional healer who invariably used local herbal preparations applied to the bite site or in a ring around the bitten limb. Local skin incisions were also commonly practised.

The use of traditional medicine for snake bite is a feature of most areas of the developing world where venomous snakes are prevalent. Improvements in early referral and appropriate care will only occur when traditional healers are integrated into primary healthcare and hospital-based health systems.

Abstract summary by

Wanjiru Akinyi Waruingi BSc(Hons), PhD