

REVIEW

The challenges of involving traditional healers in HIV/AIDS care

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Summary: In sub-Saharan Africa, traditional healers play a major role in providing for the needs of people, particularly in rural areas where western health care is unavailable. Despite a paucity of reliable figures to determine the prevalence of traditional medicine usage, it is estimated that some 70% of sub-Saharan Africans access traditional healers. There is now mounting evidence of the importance of involving traditional healers in the management of the HIV/AIDS epidemic – both for their potential benefits, although poorly researched and understood, and to reduce the impact that some traditional healing interventions may play on the spread of HIV/AIDS and unsafe treatment of infected patients. While there are few collaborative projects between traditional healers and biomedical health providers, there is an enthusiasm on the part of traditional healers to collaborate and learn from their western-trained counterparts. Collaboration is essential, given the changing epidemic of HIV and the dynamic relationship between the two health sectors.

Keywords: HIV, traditional healers, Africa, communication

Introduction

In late November 2004, a large demonstration representing South Africa's Traditional Healers' Organisation (THO) marched on the Treatment Action Campaign (TAC) offices in Muizenberg, an agency that has been an effective voice of opposition to the government's slow recognition of the AIDS crisis in the region. The protest, aimed at TAC, pharmaceutical companies and the media, blamed them for downplaying the role of traditional healers in the treatment of HIV/AIDS. The demonstration comes in the wake of the Traditional Healers Bill in South Africa, which gives practitioners legal recognition, but restricts them from diagnosing or treating any terminal conditions, including HIV/AIDS.^{1,2} In an analogous event at the International AIDS Society conference in Durban (2000), a staged protest by the traditional healers called for recognition of their services and

stated that they had been systematically excluded from the conference.

These and other developments reflect the growing presence of traditional medicines and African traditional providers and in the management of the African AIDS crisis. Historically shunned by governments, the Ministries of Health of several African nations currently recommend traditional medicines for the treatment of HIV and associated symptoms.^{3,4} In the case of South Africa, the government is actively promoting traditional medicines with the antiretroviral treatments⁵ and has established an indigenous knowledge system agency at the Medical Research Council. The aim of the agency is to evaluate the efficacy and safety of traditional healing systems, and is currently reviewing herbal medicines for their pharmacological effects.

The current focus on traditional approaches to HIV in Africa begs for a further examination of the advantages and potential pitfall of these approaches. The use of traditional medicine and natural health products is widespread among people living with HIV/AIDS.⁶ In Africa, herbal medicines are, at times, used as primary treatment

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for HIV/AIDS and for HIV-related problems including dermatological disorders, nausea, depression, insomnia, and weakness.⁷⁻¹¹ In view of its widespread use, some argue that traditional medicine is in a real sense carrying the burden of clinical care for the AIDS epidemic in Africa, a trend largely overlooked by health ministries, international agencies, and donors.¹² We consider the advantages and disadvantages of this increasingly recognized form of HIV care.

Opportunities

The reality of the provision of health care in sub-Saharan Africa necessitates collaboration with traditional medical providers in order to adequately access the majority of the population. Although few studies have been conducted which accurately determine the extent of use of traditional healers in Africa, a growing body of small studies indicates that its use may be as high as 70% of the general populations in some countries.¹³⁻¹⁷ In sub-Saharan Africa, the ratio of traditional healers to the population is 1:500 while medical doctors are in the ratio 1:40,000.¹⁸ In most circumstances, patients use traditional healers as their first choice of health care and often in life-threatening conditions.¹³ Some patients refuse surgery or other medical treatment unless their traditional healer sanctions the treatment first.¹⁹ The reasons for use of traditional healing systems varies throughout sub-Saharan Africa, but primarily relates to social and cultural values. Historical community use and direct experience with spirituality, poverty, and inequity have earned traditional healers a respected place in the community as well as in-depth knowledge of their community. The concept of witchcraft in the role of health is pervasive in less-developed communities and HIV/AIDS has often been viewed as a punishment that may be curable.²⁰⁻²³ As such, traditional healers are thought to provide the spiritual interventions required to bring about health improvements. Thus, inevitably, providers of conventional medicine must work with those providers whom the majority of the population seek to access trust and receive care from (Table 1).

In addition to the reality of access, it is also not unreasonable to suggest that some natural products may have therapeutic benefits. Indeed, some of the earliest forms of protease inhibitors were derived from natural products²⁴⁻²⁶ as have some

effective cancer treatments.²⁷ Perhaps most strikingly, the two most effective antimalarial therapies, artemisinin and chloroquine, have traditional medicine roots.²⁸ Working with traditional providers in Africa may provide opportunities to determine the therapeutic efficacy of the remedies they utilize for treatment of HIV.

Points of caution

Just as in the Western world where the increased utilization of alternative medicine for HIV has resulted in an increased focus on the potential adverse effects of these therapies, there has also been increased focus on the possibility of harmful effects of traditional medical therapy in Africa. A previous study conducted by one of us identified important risk factors for the spread of HIV among this popular health-care resource.¹¹ This study found that the use of unsterilized instruments was an area of considerable concern in the spread of disease. The reuse of contaminated blades used in scarification and circumcision can contribute to medical exposure to diseases. Cutting instruments may be used on a series of patients in clinic sessions and postoperative hypodermic needles, used for herbal injections, are routinely reused. Additionally, the healers contact with patient's blood and other body fluids, through siphoning procedures and lack of hygiene are all important risk factors of contracting HIV. This work builds upon a larger body of work, indicating that many infections in sub-Saharan Africa are caused by medical, rather than sexual, exposure.²⁹⁻³¹

Although not commonplace, there are also concerns about exploitation by the healers, in their methods of treatment. There have been HIV infections related to sexual contact with the healers as some spiritual healers engage in sexual relations with patients as a form of treatment. This issue is perhaps of most concern with the commonly held view that sex with a virgin can cure sexually transmitted diseases.³²⁻³⁵ This notion has resulted in child rapes and has greatly contributed to the burden of illness.

A further concern relates to the herbal medicines used by traditional healers. Prescription of toxic plants for HIV treatment has resulted in severe adverse events, including death.²¹ *In vitro* work with *Hypoxis* and *Sutherlandia* demonstrated that biologically active constituents of these herbal remedies can have an influence on HIV drug

Table 1 Some potential benefits and harms of integration

| Potential benefits | Potential concerns |
|---|--|
| Inclusion of cultural values | Toxicity/drug interactions with herbal products |
| Potential benefits of local herbal medicines | Practices that may result in exposure to bodily fluids |
| Better access due to high number of practitioners | Recommendations that may lead to unsafe sexual practices |
| Higher level of trust by target population | Stigma |

metabolism as a result of their inhibitory activity on enzymes and efflux drug transporter systems.³⁶ These findings highlight the need for caution when utilizing herbal drugs as routine care for HIV patients and underscores the need for clinical studies to unveil the drug interaction potential of herbal drugs with antiretrovirals. Failure to do this may result in bidirectional drug interactions, which may put patients at risk for treatment failure, viral resistance, or drug toxicity.

Constructively moving forward

Several African nations have included traditional healers in educational campaigns in order to instruct them on safe and hygienic practices, condom distribution, and knowledge dissemination.^{2,7-9,14} Indeed, concerted educational efforts aimed at traditional healers have indicated that their roles in HIV/AIDS education campaigns may result in community awareness that extends in time beyond that of conventional community health workers.¹⁷ There are few collaborative projects between traditional healers and biomedical health providers in different parts of Africa.³⁷ These projects have used a strategy whereby a core-group of healers is trained as trainers who are then empowered to educate communities and train their peers. Some projects have supported them in developing educational materials, marketing of condoms, or counselling. Preliminary assessments have revealed that although healers quickly assimilate new knowledge and integrate it into their messages, misconceptions remain. Long-term support to healers is necessary in this endeavour. There is an enthusiasm on the part of traditional healers to collaborate and learn from their western-trained counterparts. UNAIDS calls for a respectful attitude of open exchange of ideas and information and the need for a common language between traditional and western medicine.^{17,37} However, a new emphasis on collaborating with traditional healers should not serve as substitute for the West's failure to provide the world's poor with decent scientific medical care.³⁸

Modern and traditional belief systems are not incompatible but complementary. Collaboration is essential, given the changing epidemic of HIV and the dynamic relationship between the two health sectors. The selection and training of traditional healers should require a minimum education level or a willingness to meet education requirements. Involvement of key community leaders will assist in the uptake of the new medical information. Prior to providing legitimacy and recognition for the licensure of traditional healers, stringent educational efforts will be required to teach healers about the fundamental physiological processes of illnesses as well as public health campaigns to promote sexual health. Rigorous monitoring of the healers will be required if they are to be

implemented in the anti-AIDS efforts as well as recognition of the current and past problems.

Just as the emergence of evidence-based medicine was received with criticism in the conventional medicine fields, so too will the call for research to support claims by traditional healers. Outspoken critics of research in this area consider it a medicalized version of treatment, which denies its philosophical underpinnings.³⁹ Nevertheless, efforts should be made by mainstream health professionals to provide validated information to traditional healers and patients on the judicious use of herbal remedies. This may reduce harm through failed expectations, pharmacologic adverse events, and unnecessary added therapeutic costs. Efforts should also be directed at evaluating the possible benefits of natural products in HIV treatment.

Conclusion

In the context of HIV treatment in Africa, patients often choose traditional healing systems as primary care and will continue to access these systems because they are consistent with local cultural values and beliefs. Traditional healers represent a large and important health-care resource, potentially capable of expanding access to HIV education and counselling. This, coupled with the difficulties in accessing antiretroviral treatment, justifies further efforts to determine the scope of traditional medicine use, identifies the negative consequences of this practice, and evaluates the benefits of herbal remedies.

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(Accepted 10 September 2005)