Mycobacterial Diseases
ISSN: 2161-1068

Duker, Mycobact Diseases 2012, 2:3
DOI: 10.4172/2161-1068.1000e113

Editorial Open Access

The Traditional Healer Resurfaces

Alfred Allan Duker*

Department of Geomatic Engineering, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

A study by Daniels et al. [1] in collaboration with the Boland Municipality in Western Cape of South Africa, realized that in the farming communities the cure rate of Tuberculosis (TB) was 100 for every 10,000 members. This prompted them to sponsor a member of the farming community for lay health worker. He went through Adult Basic Education training. The objectives of his training and responsibilities were to: (i) create affordable and easy access to farm workers and their families in early detection of TB, (ii) maintain good client relationship through communication (especially where he was able to speak their language), and (iii) understand their problems within the context of their environment. To sum up, the objectives were to give a real care to his patients. A set up of this nature is seen in the traditional healers (THs) who are common on the African continent.

The THs services refer to the application of knowledge, skills and practices based on the experiences indigenous to different cultures. Their services are aimed at maintaining health as well as preventing, diagnosing and improving physical and mental illness. THs include herbalists, faith healers and practitioners of Chinese or Ayurvedic medicine.

Several studies [2-6] indicate that majority of people attend to these THs well before they attend a conventional health care service. THs by reason of their accessibility are known to be consulted when confronted even with contagious and debilitating diseases [5] and so remain central to the lives of many people. Fortunately, they often do not demand cash upfront.

Beyond easy access and care is the high cost of conventional health care service for which many cannot afford, as well as the fact that traditional healing is linked to the African belief systems. This makes it imperative to see a TH whether or not a person can even afford the conventional health service. For example, in certain districts of Ghana, where the average income is less than one dollar per day the cost of Buruli ulcer (BU) treatment has been estimated to cost as much as $783 per patient. per patient [7]. The average hospital admission time for BU is three months but this could sometimes extend to about one year [4,7].

Beside cost, behavioural trends in relation to health is not only based on literacy levels but also on the overall cultural beliefs and psychosocial factors [8], the perceived seriousness of a disease and a person's vulnerability to it [9], the cost and benefit of the treatment [10], and a sense of how one could cope with the disease [11]. These socio-cognitive models may explain and/or predict a person's health behaviours, which go beyond the simple knowledge of disease and treatment facilities [3]. It is not surprising that some patients only visit the conventional health care centre after the failure of herbal treatment and when the wound had become of an unexpected size, leading often to more extensive disfiguring [4].

A study at Zagnanado in Togo by Aujoulat et al. [3] showed that obstacles to conventional health care services were two fold: (i) cost of transport, and (ii) the cost of treatment itself (which could make family members sell properties to defray). That in itself is a disincentive to seeking such conventional health care service. Moreover, the disease could be linked to sorcery and complicated by the perception that even when healed, it could recur. A study by Dara et al. [12] in Mali showed that although the cost of treatment of TB was free, the cost of transportation alone became a hindrance to TB case detection and subsequent treatment, until there was some form of financial intervention. The underlying factors of cost inevitably cause many in the developing countries to seek the services of THs.

Between 1991-1998, 25 THs were trained in a directly observed treatment (DOTS) programme as TB supervisors in a period when TB admissions had increased by 360% in Hlabisa district of KwaZulu Natal. Results showed that while 89% of those supervised by THs completed their treatment, those supervised by others had 67% completing their treatment [13]. Furthermore, clients treated by THs were much satisfied because of easy access to them (THs), living close to THs, short waiting times during treatment, caring attitude and home visits. Death rate of THs patients was 6%, as compared 18% 0f others.

For the above reasons and many others, the World Health Organization (WHO) estimates that 80% of people in Africa regularly seek the services of THs. They have become very significant because they are accessible, affordable, socially acceptable compared to the formally trained workers of the conventional health care service [6].

Integration, therefore, of THs in the overall medical system cannot be over-emphasized. It is not only their care, easy access and affordable cost but also the opportunity of research into the herbs they use, which could be useful. Considering the fact that certain drugs are no longer effective in the treatment of TB, the development of new drugs from herbs through collaboration of THs would be fruitful.

It is reasoned that because THs often have poor biomedical knowledge, the use of traditional medicine have often caused patients to suffer serious complications. Others argue that because THs have poor skills and inadequate documentation of safety or efficacy of their services they cannot convince governments to support them. On the other hand some believe that with collaboration, reports of new cases or outbreaks of contagious diseases could reach conventional health care providers for intervention; and patients could be helped to stick to prescribed treatments when supervised by THs, thereby preventing multidrug resistant TB. Their inclusion in medical and educational outreach and training for the needed health information may therefore be appropriate. Such training will help THs to play an important role

***Corresponding author:** Alfred Allan Duker, Department of Geomatic Engineering, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana, E-mail: duker@alumni.itc.nl

Received February 15, 2012; **Accepted** February 17, 2012; **Published** February 20, 2012

Citation: Duker AA (2012) The Traditional Healer Resurfaces. Mycobact Diseases 2:e113. doi:10.4172/2161-1068.1000e113

in improving TB detection and combating other kinds of diseases. Several TB patients agree that THs should be included in health care as supervisors [14].

There are several concerted efforts to bring THs into a legal framework in many countries. South Africa Parliament has approved a law recognizing them as health providers who would offer treatment for numerous conditions [5]. The government of Zimbabwe has indicated its resolve to regularize their operations [5]. In Ghana THs have formed an association known as the Ghana Psychic and Traditional Healers Association, which is recognized by the government [15].

Substantial successes that have been reported in several areas give evidence to the benefit both sides and the community at large would enjoy when the potential collaboration between THs and conventional health care providers is carefully exploited. THs on the other hand, would like to work with conventional health care providers as long as their skills, views and opinions are respected [16].

References

1. Daniels K, Van Zyl H, Clarke M, Dick J, Johansson E (2005) Ear to the ground: listening to farm dwellers talk about the experience of becoming lay health workers. Health Policy 73: 92-103.
2. Abdool-Karim SS, Ziqubu-Page T, Arendse R (1994) Potential for a health care partnership between African traditional healers and biomedical personnel in South Africa. Cape Town: Medical Association of South Africa.
3. Aujoulat I, Johnson C, Zinsou C, Guédénon A, Portaels F (2003) Psychosocial aspects of health seeking behaviours of patients with Buruli ulcer in Southern Benin. Trop Med Int Health 8: 750-759.
4. Stienstra Y, Van der Graaf WTA, Asamoa K, Van der Werf T (2002) Beliefs and attitudes towards Buruli ulcer in Ghana. Am J Trop Med Hyg 67: 207-213.
5. Madamombe I (2006) Traditional healers boost primary health care: Reaching patients missed by modern medicine. Africa Renewal 19: 10-11.
6. WHO (2003) Report on WHO Traditional Medicine Strategy 2002-2005. Geneva, World Health Organization.
7. Asiedu K, Etuaful S (1998) Socioeconomic implications of Buruli ulcer in Ghana: A three-year review. Am J Trop Med Hyg 59: 1015-1022.
8. Wallston BS, Wallston KA, Kaplan GD, Maides SA (1976) Development and validation of the health locus of control (HLC) scale. J Consult Clin Psychol 44: 580-585.
9. Hochbaum GM (1958) Public participation in medical screening programs: A socio-psychological study. Government Printing Office, Washington DC.
10. Rosenstock IM (1960) What research in motivation suggests for public health. Am J Pub Health 50: 295-302.
11. Bandura A (1977) Self-efficacy: toward a unifying theory of behavioural change. Psychol Rev 84: 191-215.
12. Dara M, Berthé M, Van der Werf M, Naco A, Coulibaly A (2005) Impact of training and collaboration with Traditional healers on TB case detection in Sikasso region of Mali. Paris: World Lung Health Conference, 2005.
13. Colvin M, Lindiwe G, Grimwade K, Wilkinson D (2001) Integrating traditional healers into a Tuberculosis control programme in Hlabisa, South Africa. South African Medical Research Council Policy Brief, No. 5, December, 2001.
14. Wilkinson D, Gcabashe L, Lurie M (1999) Traditional healers as tuberculosis treatment supervisors: precedent and potential. Int J Tuberc Lung Dis 3: 838-842.
15. Warren DM, Bova GS, Tregoning MA, Kliewer M (1982) Ghanaian national policy towards indigenous healers (PRHETIH) program. Soc Sci Med 16: 1873-1881.
16. Green EC, Zokwe B, Dupree JD (1994) The experience of AIDS prevention programme focused on South African traditional healers. Soc Sci Med 40: 503-515.