

Roles of Traditional Healers in the Fight Against HIV/AIDS

Jimoh Amzat* and Ali A. Abdullahi**

**Department of Sociology, Usmanu Danfodiyo University, Sokoto, Nigeria*

***Department of Sociology, University of Ilorin, Ilorin, Nigeria*

KEYWORDS Traditional medicine; traditional healers; management; prevention; HIV/AIDS

ABSTRACT HIV/AIDS is not just a regional but global challenge. Globally, about 40 million people are living with HIV/AIDS with 70 per cent living in the continent of Africa. Antiretroviral drugs have not yielded deserving results in checking the menace of the disease. Thus there is the need for a complementary measure to check the spread of HIV/AIDS. This paper examines the role of traditional healers and their product in the management and prevention of HIV/AIDS. The experiences of the countries using the traditional medicine and healers in the management of HIV/AIDS are examined. The paper concludes that given the necessary support, traditional healers can be integrated into research that will give hope to the entire human race in the control of HIV/AIDS.

INTRODUCTION

Due to high cost and scarcity of anti-retroviral drugs, HIV/AIDS has continued to penetrate the fabrics of most societies of the world. For instance, of the 6.5 million people in developing countries that need to receive antiretroviral (ARV) drugs less than a million had received them.

Globally, there are no fewer than 40 million people living with HIV/AIDS. The same disease has left millions dead. Not less than 22 million have died of AIDS. The rate at which the disease spreads indicates that the number of people yet to die is more than those who have died. In Asia and Pacific, over 1 million people were infected with HIV in 2003 bringing the total number to 7.4 million; in the United States, the total number of people living with HIV/AIDS is between 1,039,000 and 1,185,000 (Glynn and Rhodes, 2005); in Latin America, 1.6 million were living with HIV virus in 2003; more than 2 million are currently living with the virus in Europe with the United Kingdom experiencing a sharp increase in the number of cases reported; had 56,000 people with HIV virus as of 2002 (UNAIDS, 2004). The worst affected continent is Africa especially Sub-Saharan Africa. The continent harbours more than 70% of the people living with HIV world-wide. Of the 15 million children under the age of 18 orphaned by HIV/AIDS in 2003, about 12 million lived in Sub-Saharan Africa. Therefore, how best do we address this problem? This problem has raised the question of prevention and treatment to the fore.

Catering for the health of the populace has been a dire challenge to most societies of the

world. To overcome this challenge, each society evolved health care system that would take care of the health of the citizenry within the context of the socio-cultural frameworks of that society. African societies were not left out in the search for health for all. Prior to the colonial contact, Africans developed health care system known as native medicine or traditional medicine. This health delivery was contextualized and allowed to flourish within the context of the African cultural heritage, and there were remarkable evidences that proved the efficacy and efficiency of this delivery system. With the contact with the colonialists however, the health care system went through dramatic change, thereby, paving way for the acceptance and adoption of the modern health care delivery system. The acceptance and subsequent adoption of this health care system by the native people championed by the elites disallowed the traditional medicine to interact with the rest of the health care system which subsequently rendered the traditional health care system officially unrecognised by most governments in African countries and other countries of the world with similar experience.

Realizing the danger associated with non-recognition of the traditional medicine by the government in most countries of Africa, various attempts were made by the indigenous people especially the practitioners of the therapy themselves to convince the government officials on the need to officially recognize them and if possible to integrate the medicine into the orthodox medicine in order to improve the health needs of the people. Such agitation and efforts started in Nigeria in 1922 (Erinosho, 1998). During this time,

a guild of healers and practitioners petitioned the colonial authorities, demanding for the recognition of traditional medicine on the grounds that the majority was using their services. Today, efforts are on the way to recognise traditional medicine as part of the health care delivery system in the country albeit with confrontations.

Although the adoption of the modern health care delivery system brought about set-back in the practice of traditional medicine (TM) in most societies of the world, this art has continued to hold sway and has been found to play prominent role in the health of the people in most societies even without approval from the government officials. This buttresses the argument that traditional therapeutic system of care is a significant component of health care delivery in most countries of the world because it enjoys considerable support from the people. In other words, the health care delivery system is incomplete when mention is not made of the traditional medicine especially in the developing countries. A strategy adopted by the WHO in August 2000 in its 50th WHO Regional Committee for the African Region stated that about 80% of the population of African member states use traditional medicine to help meet health care needs. In Japan, between 60-70% of allopathic doctors prescribe TM for their patients (WHO, 2002). According to WHO, TM accounts for 40% of all health care delivered in China and is used to treat roughly 200 million patients annually (China Ministry of Health (CMH) and UN, 2003). In a report by the WHO regional office for Americas (AMRO/PAHO), 71% of the population in Chile and 40% of the population in Colombia had used TM.

Past researches conducted in Nigeria had indicated the numerical strength of the traditional healers, suggesting that they are preponderant. A report by Ademuwagun (1969, cited in Erinosh, 1998) submitted that close to 10% of rural dwellers and 4% of urban dwellers in Nigeria were traditional healers (with likelihood that the number may have increased). This submission, according to Erinosh, clearly indicates that the traditional healers are greater in number than formally trained western-style physicians and that they are more readily available and accessible to the populace than the latter (Erinosh, 1998).

The use of the Traditional medicine is not restricted to the developing countries alone. Reports from government and non-government

officials show that the percentage of people that use CAM (Complimentary and Alternative Medicine) is 46% in Australia, 49% in France and 70% in Canada (WHO, 2002). A survey of 610 Swiss doctors showed that 46% had used some form of Traditional medicine. In the UK, almost 40% of all general allopathic practitioners often use some of the CAM referral (WHO, 2002). With the general acceptability of the TM/CAM by most countries of the world, the World Health Organization (WHO) was convinced that TM and its practitioners are significant components of health care delivery especially in developing countries because they are more accessible and affordable. It is against this background that this paper attempts to provide answers to the following questions: What are the issues surrounding the traditional medicine (TM)? How could traditional health practitioners help in preventing the further spread of HIV/AIDS in spite of the arguments against them? How best can the traditional medicine be integrated into the modern health care system in order to prevent and treat HIV? What are the experiences of the countries using traditional medicine to fight HIV/AIDS? These are the issues addressed in this paper.

WHAT IS TRADITIONAL MEDICINE (TM)?

The term traditional medicine (TM) has been variously conceptualized largely because the range of items and structure which TM applies has been described with different terminologies by different authors (Owumi, 1998). According to the World Health Organization (WHO), the concept of TM eludes precise and concise definition even at the global level (WHO, 2002). Regardless of this, TM is a term used to describe Chinese medicine and various forms of indigenous medicine like the African traditional medicine. The therapies of the TM may include among others the use of herbs, animal parts, minerals as well as non-medication therapies which includes the acupuncture, manual therapies and spiritual therapies which may involve incantations to appease the spirits as in the case of the African traditional medicine. Complimentary and alternative medicine (CAM) is used in place of traditional medicine especially in countries where the dominant health care system is based on the modern health care system and the TM is seen as alien to the country's tradition and culture. For instance, many Europeans would prefer the

use of CAM to TM for Chinese acupuncture since it is an imported medicine and not home-made. In other words, while the Chinese acupuncture is a TM to the Chinese people because it was developed in China, it is a CAM to the Europeans because the medicine is an imported one.

In 1978, a World Health Organization expert committee defined traditional medicine as:

“the sum of all knowledge and practices whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying extensively on experience and observation handed down from generation to generation, whether verbal or in writing” (WHO, 1978, quoted in Erinosh, 1998). A more recent definition of TM sees it: *“as including diverse health practices, approaches, knowledge and benefits incorporating plant, animals and or mineral based medicines, spiritual therapies, manual techniques and exercise applied singularly or in combination to maintain well being as well as to treat, diagnose or prevent illness”* (WHO, 2002). Therefore, a traditional healer is any person who is endowed with the knowledge and skills to maintain the health needs of the people of the community using divination, medicinal herbs, symbolic rituals and psychotherapy. The traditional healers prescribe medicines that are prepared using animal parts, herbs, water, alcohol, roots, leaves and bark of trees available in their community. This signifies that TM consists of two major aspects: the physical aspect (animal parts, leaves, barks etc) which is amenable to scientific test, and spiritual aspect (incantations, incisions, sacrificial offerings, rituals etc) which is not amenable to scientific tests. These healers have been found to have greater influence and integrity in treating illness where change in behaviour particularly of low status or less privileged or stigmatized patients, is required (Erinosh, 1998). The World Health Organisation has described the degree to which TM/CAM is an officially recognized element of health care in countries of the world. They include integrative, inclusive and tolerant systems.

In integrative system the TM/CAM is officially recognized as part of the health care system. This indicates that the TM/CAM is included in the relevant country's national health policy. In this type of system, the healers and their products are registered and regulated. TM/CAM

medicines are available at the hospitals, relevant research is being undertaken to further test for reliability of those drugs and therapies and treatment with TM/CAM is reimbursed under the health insurance scheme. Examples of countries with an integrative system are China, the Democratic People's Republic of Korea and Viet Nam.

The second system is referred to as an inclusive system. This system recognises TM/CAM but has not yet fully integrated it into the health care system (WHO, 2002). TM/CAM might not be available at all health care centres, health insurance might not cover treatment with TM/CAM, official education in TM/CAM might not be there at the educational institutions but regulation of the system is on the way. Generally, partial recognition is given to TM in the system. Examples of countries operating an inclusive system are Nigeria, Equatorial Guinea, Canada, UK and Mali (WHO, 2002).

Finally, in the case of the tolerant system, the national health care system is based entirely on orthodox medicine with some degree of TM/CAM tolerated. There is no legal framework that denies the existence of the TM/CAM just as there is no provision for it in the health scheme. The difference between this system and the inclusive system is that effort is being made in the inclusive system to recognize the TM/CAM which is not the case with the tolerant system yet no sanction is placed on the use and practice of the TM/CAM. An example of the country with this kind of system is the United States.

ARGUMENTS SURROUNDING THE USE OF TM

The traditional medicine's efficacy and efficiency have been questioned and debated about. Emerging from this debate are two schools of thought referred to as the “pessimistic” and “optimistic” schools of thought. The pessimistic school is of the view that traditional healers and their practice and therapies do more harm to the people than good. This school argues that:

- (1) Traditional healers lack the skills needed to proffer correct diagnosis on very serious disorders like HIV/AIDS.
- (2) The healers are always unwilling to accept their limitations in the provision of health needs to the people particularly in complicated organic disorders.
- (3) The traditional medicine lacks standard dosage and has not been subjected to “scientific” verifications.

(4) The healers lack the equipment needed to conduct physical examination on patients.

The optimistic school of thought however is of the view that the people as well as the society as a whole have benefited from the TM. Contrary to the belief of the pessimistic school, this school believes that TM and their practitioners have contributed very immensely to the health care needs of those who use them. Their argument is that:

- (i) The healers are more accessible to the people than the cosmopolitan modern doctors.
- (ii) The healer's skills in psychotherapeutic techniques enable them to achieve a high success rate in the management of both mild and moderate mental disorder.
- (iii) Some of their medicines are pharmacologically active and beneficial to patients (Eri-nosho, 1998).

The arguments have generated a lot of debates in most parts of the world. In most cases, it could be observed that the opportunity to demonstrate efficacy and potentialities of TM are not provided. It should be noted that traditional healing predated the organized modern health care systems. For instance, before the advent of colonialism, most developing societies were using TM which greatly helped in the management of health of the population. It was the advent of colonialism that relegated the status of TM. This does not however imply that it is not still utilized by substantial majority of the people, it only signifies official crisis which confront the traditional healers over the years. Despite the crisis, TM still strives and it is also expanding to cater for the numerous health challenges in the society. TM has also braced up to meet the HIV challenge which is ravaging the world. The next session provides elaboration of TM and HIV mitigation.

TM AND HIV/AIDS MITIGATION

In developing countries of the world, the wide use of TM is mostly attributable to its accessibility, acceptability and affordability. In Uganda it is estimated that there is one traditional healer for every 200-400 people. This contrasts sharply with the availability of trained medical personnel for which the ratio is 1:20,000 or less (WHO, 2002). In most cases, the distribution of the modern medical personnel is uneven with majority being found in the urban centres and being mostly difficult for many people to access in rural areas. Hence, the high cost and scarcity of many

essential drugs including anti-retroviral drugs and inaccessibility of many people to physicians signifies the need to seek for alternative which is the use of traditional herbal remedies.

In the light of the problems associated with the modern health care delivery system, non-governmental institutions have intensified efforts in seeing the role of the traditional healers in the areas of HIV prevention and treatment. The first international conference on traditional medicine and HIV/AIDS was held in Dakar, Senegal in March 1999 organised and coordinated by the Association for the Promotion of Traditional Medicine (PROMETRA) in Senegal. Another conference followed the Senegal conference in Lusaka, Zambia titled "International Conference on AIDS and Sexually Transmitted Diseases in Africa" (ICASA). In December 2005, ICASA held another conference in Abuja, Nigeria. In all these conferences paper presentations were made to justify the position of the TM in the management of opportunistic illnesses.

The most important milestone in support and interest for research and development in TM and HIV/AIDS was the establishment of an East and Southern Africa Regional Task Force on Traditional Medicine and HIV/AIDS (Gemma et al., 2000), the inauguration of which was consequential to the Kampala conference where a hundred delegates from 17 African countries met to review the role of traditional healers in HIV prevention and care. It was at the meeting that GIFTS (Global Initiative for Traditional System of Healers) accepted the responsibility to lay the foundation and champion the course for network of researchers and institutions alike to build a research programme that will identify, assess and develop safe and effective local treatments for HIV related illnesses (Gemma et al., 2000). Subsequently, this research initiative has been named the HIV/AIDS Research Initiative on Traditional Health Care in Africa (HARITHAF). Expectedly, HARITHAS is to be established in Asia and HARITHAM in America and Caribbeans. It is hoped that the establishment of these organizations will ease communication network and bridge communication gap among researchers and institutions in the area of HIV/AIDS treatment all over the world.

TM: An Alternative to Antiretroviral Drugs (ARVs)

Given the statistics and estimates of the incidence and prevalence of HIV/AIDS globally, it

could be observed that the burden is enormous. What makes it worse is that the most affected people are those between the ages of 15-40 who are mostly productive, agile and sexually active. The implications of HIV are unbearable. A study in Zimbabwe found that HIV/AIDS cut marketed corn output by 61%, cotton by half and groundnut by one third. In a Tanzanian village called Kagabiro, 29% of household labour was spent on care and support for AIDS patients, labour that ought to have been used to increase food production (Karanja, 2003). It is predicted that in the next ten years in Tanzania and Kenya, the Gross Domestic Product (GDP) will fall by 20 percent and 14 percent respectively as a result of AIDS. Indeed, lower labour productivity and poor economic prospects will further decrease Africa's ability to provide sufficient food and income to engineer economic growth and development (Karanja, 2003). A study using Demographic and Health Survey data (DHS) for 25 countries since 1990 estimated that in countries with high prevalence of HIV rates, HIV was responsible for a substantial proportion of under five death, from 13 percent in Tanzania to 61 percent in Zimbabwe (Adetunji, 2000). Life expectancy at birth of some sub-Saharan African countries has been reduced by AIDS by more than a decade (World Bank, 1997).

The threat and implications of HIV/AIDS, not only in Africa but world-wide call for urgent attention. The use of antiretroviral drugs (ARVs) has not helped matters as most people who need the drugs have to access or could not afford the drug (where available). For instance, of the 6.5 million people in developing countries who need AIDS drugs not up to a million receive them (UNAIDS, 2004). As a result of this, other avenue(s) available must be harnessed to checkmate the spread of HIV/AIDS.

Although there exist some limitations, there are remarkable and verifiable evidences in TM that showcase the efficiency, efficacy and effectiveness of TM in the management of HIV. A study by the Director of the Association for the Promotion of Traditional Medicine (PROMETRA) in Senegal, Dr. Erick Gbodossou titled "Efficacy of African Herbal Medicine (METRAFAIDS) in the Treatment of HIV Positive African Populations: Report of Clinical Observational Study" proved the efficacy of the METRAFAIDS in the treatment of HIV. During the study, three cohort of 62 HIV positive individuals (18 men

and 44 women) were treated with METRAFAIDS. More than half of the patient population (54%) had a viral load decrease greater than 66% without any adverse reactions throughout the study. METRAFAIDS has been trade marked and patented by PROMETRA through the African Intellectual Property Organization (OAPI). In a study by Quaye and Kipanda (2003) it was shown that traditional healers in Uganda were informed about HIV/AIDS transmission and that majority of the healers interviewed during the study saw their role as critical to addressing the AIDS epidemic in Africa.

A report by Quiton (n.d) summarizes the experiences of countries using the TM in the treatment of HIV/AIDS. In Ghana, for instance, there has been a focus on positive reinforcement and confidence building among the people living with HIV/AIDS (PLWHA) and herbal treatment is seen as an alternative to antiretroviral drugs which most people cannot afford. This has yielded positive result with prevalence rate currently reduced by 3%. In Senegal, HIV patients have been reported to have been actively participating in the preparation of herbal medicine as part of the treatment regime and are encouraged to assemble at meal times at the herbal clinic as a means of fostering closer relationships and particularly to support and care for one another. This practice has yielded psychological health benefits. Restrictions are not placed on visitors as members of the family are permitted to see their patients at the time they wish as against the practice in the modern delivery system.

The experience of Uganda shows that antiretroviral drugs (ARVs) are not available and affordable. As a result, much effort has been devoted to research by traditional healers in exploring the proper way to manage the disease. There are instances where people who have been treated with herbal medicine live for quite a long time. In Kenya, TM is not restricted to minor illnesses, it is also used to treat HIV and other opportunistic illnesses. According to Quiton, the use of TM has reduced the viral load of the patient significantly. The taboa plant is used very extensively to treat HIV and it is widely acknowledged that the medicines do work without any side effects. As a result, most of the patients prefer the use of herbal medicine to ARVs. Hence, TM could be very effective in HIV/AIDS mitigation if properly engaged.

ROLES OF TRADITIONAL HEALERS IN THE MANAGEMENT OF HIV/AIDS

Since the majority of the people of the world use TM/CAM, it is pertinent to investigate how best the TM can be used to help solve the problem of HIV/AIDS. Firstly, the traditional healers can be used to reach out to the people who patronize them by way of educating them and supplying them with the needed information about the causes and consequences of HIV/AIDS. In other words, traditional healers can be used to disseminate information and education on HIV/AIDS to the people living with the disease and those who are not. This means that the healers themselves must be educated on HIV/AIDS.

Traditional healers can be involved in conducting specific knowledge, attitude and practice studies. This is possible when they are represented in traditional medicine organisations on international research conferences and workshops. Traditional healers can play the role of collaborating with the modern medicine in the search for the HIV/AIDS drugs. The Dakar conference organized by the Association for the Promotion of Traditional Medicine (PROMETRA) further expatiates on how the traditional healers can be involved in the fight against HIV/AIDS.

- a. An increase in the involvement of traditional healers in the prevention of HIV/AIDS.
- b. Use traditional healers as information, education and communication agents.
- c. Provide training sessions for traditional healers in AIDS education.
- d. Formation of local structures to permit traditional healers to function as educators within their local communities.
- e. Engagement of TM in the treatment of opportunistic infections associated with HIV/AIDS.
- f. Establishment and strengthening TM centres.
- g. Preservation of the biodiversity and cultivation of medicinal plants.
- h. Involvement of the traditional healers and their organizations in scientific research of AIDS.
- i. Elaboration of the research hypothesis with traditional healers.
- j. Conduct specific knowledge, attitude and practice studies.
- k. Fund specific research on the use of TM therapies including traditional medicinal plants.

- l. Representation of traditional medicine organizations on international research committees, workshops, and scientific advisory committees.
- m. Encouragement of meaningful collaboration between TM and modern medicine.
- n. Support educational programmes which increase understanding and respect of both sciences.
- o. Exchange and referral of patients between the two medicines.
- p. Promotion of legislation of TM in countries where legislation does not exist currently.
- q. Official recognition of the traditional medicine organizations throughout Africa into official and functional network of AIDS combating organizations.

CONCLUSION

This paper has attempted to examine the role of traditional medicine/complimentary and alternative medicines (TM/CAM) and their practitioners and products in the prevention and management of HIV/AIDS as a complementary measure to curb the spread of HIV/AIDS. Although TM/CAM is still criticised on the basis of scientific methodology, there are evidences available today to prove the efficacy and efficiency of the TM/CAM in the management of HIV/AIDS and opportunistic illnesses that have continued to threaten human existence. Although some countries of the world, in developed and developing countries alike, are yet to be convinced about the efficacy of the TM in the management of HIV/AIDS, experiences of countries using TM in the management of HIV/AIDS has shown a vital complementary role played by Traditional remedies in HIV/AIDS mitigation. This paper argues that given the necessary support and opportunity, the traditional healers can be integrated into research and development that will give hope to the PLWHA and the entire human race.

REFERENCES

- Adetunji, J., 2000. "Trends in Under 5 mortality Rates and the HIV/AIDS Epidemic." *Bulleting of the World Health Organisation*, 78(10): 1200-1206.
- China Ministry of Health and United Nations Theme Group on HIV/AIDS in China 2003. "A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China." December.
- Erinosho, O. A. 1998. *Health Sociology for Universities. Colleges and Health Related Institutions* Ibadan: Sam Bookman.

- Gemma, B., B. Gerard, K. Donna, G. Barbara, and R. Ernet. 2000. "Traditional Medicine and HIV/AIDS in Africa: A Report from the International Medicine and Local Communities in Africa". *A Parallel Session to the fifth Conference of the Parties to the Convention on Biological Diversity*, Nairobi, Kenya.
- Glynn, M. and P. Rhodes. 2005. "Estimated HIV Prevalence in the United States at the end of 2003". *National HIV Prevention Conference. Atlanta* (also available at www.avert.org)
- Karanja, L. W. 2003. "HIV/AIDS is Increasing Hunger in Africa." *Agriculture in the Global Economy. Hunger 2003*. Retrieved 23rd February, 2006 from <http://www.shop.stotre.yahoo.com/breadfortheworld/aginglobecfo2.html>.
- Owumi, B. E., 1998. "Traditional Practitioners (Healers and Healing Practices)", (Pp. 223-233) in E. A. Oke and B. E. Owumi (eds.), *Reading in Medical Sociology*. Ibadan: Resource Development and Management Services (RDMS).
- Quaye, R. K. and M. Kinpada. 2003. "Traditional Healers and HIV/AIDS Prevention and Care in Uganda: A Research Note." *Journal of Multicultural Nursing and Health*. Summer. Retrieved 15th June 2006, from http://www.findarticles.com/p/articles/mi_qa3919/is_200307/ai__n9271338.
- Quinton, F. n.d. "Narrative Report on Attendance at the PROMETRA Workshop for Traditional Healers." *13th Annual International Conference on HIV/AIDS in Africa and Interaction with members of the Uzima Youth Foundation*, Nairobi.
- United States Agency for Development (USAID) and World Health Organization (WHO) 2004. *Report on the Global AIDS Epidemic*. Washington, D.C.: USAID; Geneva: WHO
- World Bank 1997. *Confronting AIDS: Public Priorities in a Global Epidemic*. Washington D. C.: Oxford University Press.
- World Health Organization, 2002. *WHO Traditional Medicine Strategy 2002-2005*. Geneva: WHO.