The Contribution of Traditional Medicine in Treatment and Care in HIV/AIDS- The THETA Experience in Uganda

THETA background information

THETA is an acronym that stands for: Traditional and modern Health practitioners Together against AIDS and other diseases. THETA is a mutually respectful collaboration between traditional healers (THs) and biomedical health practitioners (BHPs) in the fight against AIDS and other diseases. THETA begun in 1992 as a research collaboration between The AIDS Support Organization (TASO) and Medicin San Frontiers (MSF).

This research project was a clinical observational study to evaluate herbs used in the treatment of opportunistic infections in HIV/AIDS for safety and efficacy. These opportunistic infections included; Herpes zoster, Chronic wasting and Chronic diarrhea. The results of this pilot study proved to show that some of the herbal remedies administered by THs were relative safe and effective in the management of these infections, sometimes being even more effective than the available conventional options.

The outcome of this study set the stage for an increase in collaboration between THs and biomedical health practitioners in the areas of research, prevention, care and support in HIV/AIDS. The success of this intervention led to the transformation of THETA from a research project to a fully fledged NGO in 1995, fostering collaboration between Traditional and the conventional healing systems.

THETA’s premise today is; To improve access to quality health care for most vulnerable communities through mobilising Traditional Healers (THs) to provide basic HIV/AIDS prevention, care and support services in partnership with biomedical health workers.

Situation analysis.

The great majority of the African population regularly consults both biomedical and African traditional healing systems. WHO estimates that 60% of the peoples in sub Saharan Africa use traditional medicine to alleviate their spiritual, psycho- social and physical problems (WHO report2001). Over the years it has therefore become evident that in order to better serve the social and health needs of African communities, it is critical to bridge the language and value divide between these two systems.

In sub-Saharan Africa, HIV/AIDS has claimed more than 17 million lives since its emergence in the mid 1980’s. An estimated 34 million people are infected with HIV, representing more than 9% of the reproductive-aged adult population. As AIDS continues to ravage the developing world, it becomes increasingly important and urgent to develop a variety of strategies to confront the wide-ranging and complex contexts in which HIV continues to spread and cause morbidity and mortality.
The link between African traditional medicine and AIDS was first made by people living with HIV and AIDS (PHAs) throughout the continent due to its deadly re-emergence as both a predisposing factor for and as a result of HIV infection. Patients have consulted both biomedical doctors and traditional healers for all kinds of physical, emotional and spiritual ills, as for most other diseases.

WHO recommended that traditional medicine be included in the national responses to HIV and went ahead to develop a series of guidelines on the clinical evaluation of herbal medicines in the management of malaria and HIV/AIDS as well as the training of biomedical workers in herbal therapy and a draft guideline for clinical observational studies of traditional herbal medicines in the African Region.

Since the beginning of the AIDS epidemic in Uganda, traditional healers have been caring for the majority of people living with the virus, and it has been noted that when they are equipped with knowledge in HIV/AIDS care and support they have been able to apply this knowledge in their practice. THs are most often the first line of care, and are more widely distributed than biomedical health workers hence emphasizing the need for increased recognition and involvement of THs in the established health care systems

**Definitions:**

**Traditional medicine:**
Traditional Medicine (TM) is indigenous knowledge (IK) used to alleviate all forms of human suffering. This includes various practices like; use of plant products, animal products, minerals, cowry shells, spiritual media, etc.

**Who is a TH?**
A Traditional healer (TH) is a person recognized and respected by his community and uses Indigenous knowledge handed down from generation to generation, to alleviate human suffering.

**Why involve THs in health care delivery:**

- Beliefs and attitudes- THs culturally acceptable by most communities in Africa
- Terms of payment- Flexible. You don’t always need cash to pay for their services and by and large there services are cheaper
- Accessibility and availability – In Uganda TH: patient ratio is 1:450 and that of Patient :doctor is 1:20000 This serves to show that even just in terms of numbers THs are outnumber health workers and hence are usually the first primary health care providers given that most times they get into contact with the patients first.
- Confidentiality- High levels of confidentiality observed at the TH workplace.
• The Nature of some diseases/conditions- communities believe certain conditions are cultural/spiritual and will choose to consult the TH and not the health worker.
• Dissatisfaction with the modern health care system
• THs command respect in the community and thus can be instrumental in mobilizing and educating communities on health related issues.

Role /Contribution of THs and TM in Treatment and Care in HIV/AIDS.

Treatment of opportunistic infections in HIV/AIDS and immuno-boosting herbal remedies.

THETA over the years has developed a credible research protocol that has successfully been used to validate herbal remedies for safety and efficacy. Because of limited funds and capacity we have managed to carry out 6 clinical observational studies to evaluate herbs for the treatment of Herpes zoster, malaria, oral thrush, dermatitis (Skin infections) and persistent cough in HIV/AIDS patients. Most of these herbs investigated were found to be relatively safe and effective with some of them even proving to be more efficacious than some of the available allopathic medicines; (Herpes Zoster and skin rash in HIV/AIDS in particular.)

These outcomes just served to underline the role of these herbal treatments that serve to compliment the conventional treatments particularly in resource limited communities or also when there seems to insignificant improvement when using the prescribed conventional treatment options.

Immuno-boosting herbs; Today, globally, access to Anti-retroviral therapy (ART) has greatly improved with most clients being able to access ARVs free. However not all clients can be started on ARVs because of the eligibility criteria e.g. having CD4 < 200. Clients who are not eligible are benefiting from herbal remedies with immuno-boosting properties. Numerous such herbs with varying efficacies are being accessed from THs by HIV/AIDS patients. This allows clients who still have a higher CD4 to maintain it at that level or even improve on them.

Management of side effects of some of the ARVs patients are taking.

Common side effects include; Hypersensitivity reactions, drugs reactions e.g. as seen in Nevirapine and abacavir toxicity., Anorexia, Nausea and vomiting etc Herbal remedies to combat these side effects have come into play as more and more people begin to access ARVs especially in the rural settings were ART specialists are seldom found.

In the not so distant future THETA is going to set up a joint treatment centre where clients will be able to voluntarily access the services of both the biomedical health practitioner and the TH. - This will in effect bring
both these services under the same roof and create more options for the clients.

**Tuberculosis**

There is a very strong relationship between TB and HIV/AIDS. In Uganda 80% of the TB clients are HIV positive. THETA has a module on TB where the knowledge about TB is shared with THs. This training focuses on how the disease spreads prevention, treatment and the community health problems it brings. THs equipped with this knowledge have gone ahead to refer suspect TB cases to the TB health centres where they have been screened and those found to have the active infection have then been started on TB treatment.

In Uganda the community approach TBCB DOTS (TB Community based Directly observed treatment – short course), has proved very successful. Here again THs have become important players in acting as community treatment adherence supporters of the clients started on TB treatment. THs also continue to treat some of the respiratory tract infections.

**Care and support**

Counselling is one of the corner stones of the TH practice. THETA through its training and capacity building programme has equipped more than 5000 THs with information on counselling and HIV/AIDS. THs have been able to incorporate this information into their practice hence providing Pre and post test counselling, support counselling- Positive living aspects and adherence counselling for patients on TB treatment and ART.

**Referral**

THs have been able to appreciate the need for prompt referrals of clients that they cannot manage. In our approach we let the THs appreciate the need for collaboration between THs and biomedical health practitioners and this ultimately has improved on the health care accessed by clients in the community.

**Home based care**

THs are embedded in the community and because of this they have always carried out home based care. The THETA approach has been to improve on the knowledge and skills in conventional Home based care focused on HIV/AIDS and in effect THs have then started to provide more holistic care for their clients. Today the basic package offered by majority of THETA trained THs in collaboration with their local health systems includes:

- Herbal treatments for Opportunistic infections, immunio boosting herbs and herbs for treatment of malaria
- Counselling
- Condoms are distributed
- Nutritional advice / supplements
In some programme areas the THs are carrying out home visiting of clients in their community together with the health workers in the area.

**Care for OVCs (orphans and vulnerable children), widows and people living with HIV/AIDS (PHA’s.)**

After completion of training of a group of THs most of them have come up with healer initiatives that have been implemented by the TH associations or support groups. THETA has regularly supported them mainly technically but at times materially and financially. To-date 19 such associations / support groups have been formed and some of the key areas of interest have been; Education, especially the orphaned children, access to treatment for group members (both allopathic and herbal treatments), supportive counselling, Income generating activities some of which include; Horticulture, poultry farming etc. For purposes of sustainability these groups have been able to access funds from the local government and even from the donor community to carry out their planned activities.

**Documentation and dissemination of information on commonly used herbs in the management of HIV related conditions and other diseases.**

Through Focus group discussions and key informant interviews with THs in our programme areas we have systematically gathered information on the most commonly treated conditions and the herbs used by the THs to treat these conditions. This information has been compiled into a medicinal plants booklet and translated into local and botanical names. This has become useful information in the communities especially patients, their carers and the THs.

THs have been encouraged to standardise their herbs. THs are given training on herbal packaging and processing and THETA provides them with technical support to achieve this goal. THETA has a laboratory where THs can get their herbs standardised and packaged with the help of a pharmacist. Ultimately clients are in a position to access standardised herbs.