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Capacity Buildings of Traditional Medicine Practitioners' As a Primary Health Care Workers in Gondar Town, Northwest Ethiopia

Abyot E1*, Zewdu B1, Tefera A2, Mohammedberhan AW2 and Mulugeta F3

*Corresponding author: Abyot E, Department of Pharmacognosy, School of Pharmacy, College of Medicine and Health Sciences, University of Gondar, Ethiopia, Tel: 251-913-39-99-86; E-mail: abyot.endale@gmail.com

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Abstract

Background: Traditional medicine has a crucial role in building the health system in developing country. The World Health Organization also recognized traditional medicine as a vital health-care resourcein developing countries and has encouraged governments to adopt policies to officiallyacknowledge and regulate the practice of traditional medicine. Moreover, many of the pharmaceutical products used in modern medicine, have directly or indirectly derived from the knowledge of traditional medicine. However, in many countries, including Ethiopia, there is acritical lack of cooperation between conventional and traditional medicine practitioners.

Objective: This project was aimed to enhance the capacity of traditional health practitioners' as primary health workers in the aforementioned town for the betterment of qualityservices to the community.

Implementation: As the project was new, we were used participatory methods. Prior to actual training, half day sensitization meeting was held with respective stake holders. A total of 28 traditional health practitioners' were trained for five consecutive days, from May 08 to 12, 2013. During these days, topics such as global situation of traditional medicine, methods of herbal drug preparation, cultivation and sustainable use of medicinal plants, acquisition of traditional medical knowledge, HIV care and prevention, handling and referring of patients, regulation and ethics in traditional medicine were intensively discussed. Apart from the training, mortar and pestle and measuring cylinder was also given for each trainee.

Project output: During evaluative research in January 2014, significant improvement in quality of traditional medicine practice in Gondar town was obtained. All trained healers uses mortar and pestle for preparation of potions. Majority (75%) started cultivation of medicinal plants at their home. Trained traditional healers gained knowledge on the health and traditional medicine policy of Ethiopia. Increased positive attitude towards ethical principle and patient handling were also obtained.

Conclusion: The practitioners' are eager to adopt standard methods and willing to collaborate with modern medicine. It is therefore desirable to extend such type of project nationally for better health.

Key words:

Traditional medicine; Traditional health practitioners; Primary health care

Introduction

The World Health Organization (WHO) has defined traditional medicine as "the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses [1].

Others consider that it is "medicine based on beliefs and cultural practices, handed down from one generation to another. It includes mystical and magic rites, herbal and other treatments that cannot be explained by modern medicine.

According to the figures provided by WHO in the Report on The World Medicines Situation [2], between 70% and 95% of citizens in many developing countries use traditional medicine for the management of health and as a primary source of health care. This is explained, in most cases, either because they simply have no alternative choice, depending first and foremost on difficulty in gaining access to different and more expensive kinds of treatment, or because of cultural tradition. They turn to traditional medicine mainly because it is close at hand, easily affordable, readily available, cheap and consistent with indigenous cultures or ethnic group, though its effectiveness needs proving.

In sub-Saharan Africa for example, 85% of the population go to traditional healers. In Ghana, Mali, Nigeria and Zambia, herbal medicines are administered at home as first-aid treatment for 60% to children with high fever caused by malaria [3].

¹Department of Pharmacognosy, School of Pharmacy, College of Medicine and Health Sciences, University of Gondar, Ethiopia

²Department of Pharmacology, School of Pharmacy, College of Medicine and Health Sciences, University of Gondar, Ethiopia

³Department of Pharmaceutics, School of Pharmacy, College of Medicine and Health Sciences, University of Gondar, Ethiopia

At the same time, however, the spread of traditional medicine in some industrialized countries is equally significant. In this case, the term is often used as a synonym for a large body of health care practices which have been set apart because they differ from the methods and treatments normally taught in medical faculties, as well as products which can be purchased under very different names, often without prescription and simply over-the-counter in shops other than pharmacies: for example, dietary supplements, functional foods, and self-medication products. Countries like Canada, France, Germany and Italy report that between 70% and 90% of their population have used traditional medicines, either because of the persuasion that this kind of treatment is more "natural" and therefore "danger-free", or as a supplement for chronic, debilitating or incurable diseases [4]. More than 50% of the population in these countries has used traditional medicine at least once. For example, in China, traditional herbal preparations account for 30%-50% of total medicinal consumption. In Canada, 70% of the populations have used parallel medicine at least once. In Germany, 90% of the population has used a natural remedy at some point in their life [3,5]. Many Americans use complementary and alternative medicine (CAM)in pursuit of health and well-being. The 2007 National HealthInterview Survey (NHIS), which included a comprehensive survey of CAM use by Americans, showed that approximately 38 percent of adults use CAM [6].

Herbal products are often used as a first line therapy for conditions such as benign prostatic hyperplasia (BPH) in Germany, Italy, and elsewhere.German physicians receive medical school training in medicinal herbs and must pass a test on herbal medicine to become licensed. Approximately 80% of German physicians regularly prescribe herbs. A survey of 21,923 adults in the Northwest region of England found 12.8% used one or more herbs. Half of Danish preoperative patients reported taking herbal medicines. Twenty-seven percent of outpatients in a Spanish gastroenterology clinic had used herbs in the previous year [7].

In many cultures, traditional healers are regarded as highly respected community leaders, and their beliefs and judgments are significantly valued. Traditional healers are generally compassionate and thoughtful individuals, and some of them are extremely effective in counseling psychological issues, while others can be detrimental to a patient's health. They can often be helpful in delivering successful medical interventions. For example, in the Central African Republic, AIDS training was delivered to traditional healers, who then disseminated this information to village members who might not otherwise be educated about these serious health issues [8]. It is important to note that some NGOs and other institutions have recognized the important role that traditional healers can play in providing counseling and support, and have initiated training in counseling for traditional healers [8].

In Ethiopia up to 80% of the population uses traditional medicine due to the cultural acceptability of healers and local pharmacopeias, the relatively low cost of traditional medicine and difficult access to modern health facilities [5]. The Ethiopian people's reliance on traditional medicine is also reflected by the fact that Ethiopian migrants in developed countries continue using them. For example, a number of herbs, traditional medical devices and traditional practitioners are available in the United Kingdom [9].

The Ethiopian government firmly supports and encourages traditional medicine as part of the national heritage. Policies and mandates are clearly given to different government ministries and authorities. However, there are several gaps at the policy level, and only a very limited number of efforts have been made in recent years in implementing them at the community level. The main problem in implementing the policy include budget, lack of clear guide line to distinguish the genuine practitioners from charlatans. There is therefore a need for urgent investment and support of traditional healers and traditional medicine by the government, by civil society and the private sector. With this background, the aim of the project was to build the capacity of traditional healers in Gondar town specifically: to improve quality of traditional, to create awareness on regulation and code of conduct of traditional medicine and to promote sustainable use and cultivation of medicinal plants. It also aimed to facilitate partnerships between traditional medical systems and biomedical systems through research and sustainable use of medicinal

Implementation

As the project was new, sensitization meeting was held with traditional healer's leaders and District/Zonal health administrators to decide the most effective way of approach to address the objective of the project. In addition, training times and days were negotiated in order to ensure that the participants still had opportunities to see their

Twenty eight Traditional health practitioners were selected. They comprised 23 males and 5 females. The criteria used in the selection included area of residence (Gondar town), whether or not one was registered with the THP association, interest and availability of the traditional healer for training.

The youngest traditional healer was 20 years and the oldest, 65 years. Majority of them (35%) were between 20 and 30 years where as 21 % were above 50 years old.

The THPs received training over the course of five consecutive days in the following areas:

- *Overview on global situation of Traditional Medicine
- *Standardization, processing and packaging of herbal medicine
- •The majority of this content was developed from WHO guidelines on good manufacturing practices (GMP) for herbal medicines [10].
 - *Conservation and sustainable use of the medicinal plant
- •This content was developed from WHO guidelines on good agricultural and collection practices (GACP) for medicinal plants [11].
- *Increasing access to prevention and control of some priority diseases (HIV/AIDS,TB, Cancer and Malaria)
- •Majority of them had the awareness' how to prevent and control these diseases particularly on HIV/AIDS. Thus, the topic was presented as a means of refresher. Pints such as method of prevention, control and drug resistance issue were thoroughly discussed. Healers were promised to refer their clients to modern health institution if they will encounter suspected cases/treatment failure, and related cases.
- *Traditional Medicine and its regulation (In case of our country policy)
- •Proclamation of Ethiopian health policy particularly on traditional medicine chapter was discussed. Especial emphasis was given to the current proclamation [12] by Food, Medicine and Health Care Administration and Control Authority (FMHACA) of Ethiopia.

- *Ethics in traditional medicine
- •The content of this topic was mainly adopted from International Bioethics Committee [4] and presented in accordance with our context.
 - *Handling and referring of their patients

The following points were discussed:

- •When to refer patients
- •How to refer patients
- •Experience of the THPs were also reflected
- •How to handle patients
- 1. The importance of gesture and welcomes to the patients
- 2. During diagnosis of the problem
- 3.Keeping medical chart and recording the patient-related information

- 4.Experience of the THPs were reflected
- *Acquisition of traditional medicine knowledge

Point discussed:

- •Importance of acquisition
- •Method of acquisitions (In this case different literatures related to this topic were presented)
 - •Current threat in acquisition of traditional medicine
 - •Participant's experience

Training content and methodologies were appropriate to the THP audience in terms of both literacy level and context. The training was delivered in theirown language (Amharic). They actively contributed to the content of the training materials which captured their "real life" experiences, approaches, and methods. They also provided input on how these could be improved. Overall, the training was done in a spirit of strengthening the traditional healers' current practices(Figure 1-3).



Figure 1: Pictures taken during training



Figure2: Pictures taken during training



Figure 3: Pictures taken during training

On top of this, steering committee (three from traditional healers and two from school of pharmacy) was established and memorandum of understanding was signed. Support is also being provided to assess their needs for possible local production of standardized products (Mortar, Pestle and measuring cylinder was given to all of them),

conservation and cultivation of medicinal plants are ongoing (Figure 4).



Figure 4:Pictures taken during training

Outcome (impact) of the project

After completion of the training, post-training evaluation was conducted. Based on this all participants (100%) responded that they had got new knowledge from the five day training and willing to implement (Figure 5).



Figure 5:Pictures taken during training

Participants were also asked to rate the benefit gained from the training and majority (75%) responded the training was highly beneficial (Table 1).

S. No	Rate of benefit gained	Number (Percentage)
1	Highly beneficial	21 (75%)
2	Beneficial	7 (25%)
3	Moderately beneficial	0
4	No comment	0
5	No benefit at all	0

Table 1: Participants (Healers) post training response to the benefit of the training, May 2013, Gondar

Evaluative research findings conducted in January, 2014 indicated that the project had a positive impact on the practice of traditional medicine in Gondar town. All THPs involved in the training are using mortar and pestle to prepare the potion. Majority (60%) of them were using measuring cylinder to measure solvent as compared to null prior to the training. On top of this considerable number (28.57%) started labeling of their product.

With regard to conservation of medicinal plants, eighteen (64.28%) traditional healers now have medicinal plant gardens as compared to five out of the 28 interviewees reported prior to the training. The remaining ten are also willing to cultivate but due to shortage of vacant land at their home. Moreover, effort is ongoing to cultivate medicinal plant in common (Figure 6).



Figure 6:Pictures taken during training

Another major output of the project improved quality of counseling and referring their patients. By being more aware of the importance of counseling in the prevention and control of priority diseases, actively encouraging clients to know their status. Traditional healers indicated that they had also aware the issue of drug resistance and passed information to clients and other traditional healers.

The attitude of THPs involved in the project greatly improved as a result of the training. Prior to the intervention, only one had awareness about the legislation (proclamation) regarding traditional

medicine practice of Ethiopia. During evaluative research, all training participants were found to be aware of legislation. They also reported that they have started discussing among each other regarding their practice. As a testimony, they have participated in national cultural exhibition which was held in Gondar town in January, 2014. During this time, THPs involved in the training were found to demonstrate their product to the public.

Lesson learned

It is possible to capacitate traditional healers regarding their role and practice and increase their effectiveness in managing clients, with support from conventional medicine.

- •The practitioners admitted many problems related to their practice such as dosage, labelling, and sustainable use of raw material (medicinal plants).
- •Appropriate capacity building training will make changes in their working environment and abandon potentially harmful practices and treatments

It is possible to create convenience environment with traditional healers for collaboration. They were very egger to collaborate with modern science for their better service.

Conclusion

The practitioners' are keen to adopt standard methods and willing to collaborate with modern medicine. They agree that traditional medicine has a lot to learn from modern science. Therefore, it is indisputable to extend this project throughout other areas for better health care of our community.

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