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Mainstreaming Traditional Counselling, Traditional Medicines and Developing a Multi-Cultural Approach in Epilepsy Management: A Review of Integrated Literature

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Abstract

The main objective of this paper was to analyse indigenous technologies that can be developed for sustainable management of epilepsy in African countries. The authors reviewed literature on mainstreaming traditional counselling in epilepsy management, traditional medicines in epilepsy management and developing a multi-cultural approach in epilepsy management. From the discussions, the authors concluded that cultural competence is dynamic, an ongoing developmental process which require a long-term commitment that is achieved over time. Traditional herbs are very useful and indispensable in the struggle for seizure management and future Anti-Epilepsy Drugs development. Finally, the authors concluded that the role of traditional healers in epilepsy management should not be discredited because in many instances the person suffering from epilepsy tends to obtain a degree of secondary benefit in the way of reassurance and emotional support from this form of intervention. To this end, the authors recommended non-Western practitioners to strive in constructing their indigenous practices with a sufficiently high degree of indigenousness and then be satisfied that they are less perfect than western practices but still useful in psychology. Medical educators also need teaching, learning approaches and philosophies that enable health attributions, practices and beliefs of patients. The majority of people with epilepsy consult traditional healers, thus a non-competitive relationship between modern practices and indigenous must be encouraged.

Keywords: Epilepsy management; Traditional counseling; Traditional medicines; Indigenous technologies

Introduction

Saburi, Baxendale, Asadi-pooya and Amani; and Asadi-pooya et al. share the same view on the under-utilisation of anti-epilepsy medication [1-3]. They blame traditional African beliefs on the under-utilisation of anti-epilepsy medication. A study by FEDOMA in Malawi revealed that an estimated 80% of people living with epilepsy in developing countries are failing to get anti-epilepsy treatment because of lack of knowledge, stigma, discrimination, inaccessible health services or general levels of poverty [4]. Dewa suggests the following as linked to failure in getting treatment; difficulties in speed thinking, challenges in using public transport, difficulties in relationships with others, sexual dysfunctionality and difficulties in daily problem solving [5]. Several studies have revealed that the majorities of people with epilepsy are thus making use of traditional methods to manage their condition. Some continue to make use of anti-epilepsy medication in conjunction with traditional methods whereas some abandon these bio-medications in favour of traditional medications.

Asadi-pooya is equally convinced that traditional medicines are considered by many people with epilepsy [3]. From his analysis, cultural issues are playing an important role in faith towards indigenous practices and consequently the majorities in non-western communities are making use of it. Saburi recommends community resources such as religious, worship groups, traditional and faith healers in epilepsy management. She is strongly convinced these should be accommodated in epilepsy management because of socio-cultural aspects associated with them. Saburi proclaims that herbs are used in epilepsy treatment in addition to conventional treatment but non-disclosure is common among people with epilepsy.

Shizha and Charema contend that in the traditional African culture, one of the most venerated components is the significant presence of traditional beliefs and use of traditional medicines [6]. Africans also believe in diviners, midwives and herbalists. People with epilepsy usually seek help from traditional healers first. Mpofu and Mpofu claims traditional healers and prophets (faith healers) are crucial at community level and they are the first port of call and often the last resort [7,8]. A study by Watts revealed that rural African people with epilepsy consider treatment of seizures to be the domain of traditional healers and they only attend hospital when they require treatment for burns suffered during fits.

Literature Review

UNIAIDS reports that the African Union declared the period 2001 to 2010 as the decade of African traditional medicine. This demonstrates Africa's allegiance towards traditional medicines [9]. A survey by WHO in Mutanana on the legal status of traditional and complementary or alternative medicine revealed that of the 44 African countries surveyed, about 61% had the legal statutes regarding traditional medicine [10,11]. In other words, the traditional practice is

now recognised by several governments and is used in prevention of physical and mental disorders, including epilepsy. Mohammed and Babikir also report about 70.5% among Sudanese are making use of traditional and spiritual medicine in epilepsy management [12]. Sidig et al. emphasises that spiritual and socio-cultural beliefs influence the nature of treatment and care received by people with epilepsy.

Ramose speaks about a resurgence of interest in the African indigenous knowledge systems as a resource for development and mental emancipation. Epilepsy management, in the mental health category has not been left out either. Studies have been carried in relation to knowledge, attitude and practices of epilepsy management. In Sudan Mohammed and Babikir report a 70.5% usage of traditional and spiritual medicine for epilepsy treatment [12]. In the Nigerian community, Kair et al.'s findings reveal 47% still harbour the belief that epilepsy is caused by evil spirits and opt for spiritual medicine. Similarly, in Ghana, Tanzania, Malawi, Zambia, Swaziland, Uganda just to mention but a few studies on knowledge and practices of epilepsy management have revealed a positive attitude towards traditional African causes and treatment of the disease. Studies by Staugard; Last and Chavhunduka; Karion et al.; Chavhunduka; Skuse; Truter and Makhanye provide evidence on the effects of indigenous knowledge systems in epilepsy management [13-17]. These researchers argue that traditional healers are a significant source of support in Africa; they offer a parallel system of belief towards conventional medicine as in regard to its origins and hence they offer proper treatment of mental health problems. What it shows is that the community has accepted traditional methods of epilepsy management and the development of indigenous technologies in epilepsy management becomes an issue.

Mpofu state a large percentage of Africans use both modern and traditional rehabilitation methods [7]. Mpofu et al. further state that the majority of indigenous Africans seek metaphysical interpretation for disability of their loved ones and this is done through consulting traditional healers or attending faith-based organisations before a decision to seek modern rehabilitation services. In many cases, services of both modern rehabilitation and traditional are combined together [18]. This clearly shows that the community has a positive attitude towards indigenous practices of epilepsy management. However, some studies have reported shortcomings on traditional African medicine. Addis argues that the knowledge surrounding traditional medicine incorporates a number of harmful practices. For instance, knowledge is conveyed verbally which may result in the inevitable distortion of original information. But Al-Safi contend that in spite of these reported and unreported complications in traditional practice, people seek traditional healers regularly and confide in them with due respect and hold them in high regards [19].

From the foregoing, it can be deduced that African societies have a positive attitude towards traditional African methods of epilepsy management. An analysis of epilepsy illness behaviour and health care preferences clearly shows that people prefer traditional methods and can also use both traditional and modern methods. The majority sees these health care options as complementary rather than conflicting, and studies carried so far have revealed use of herbs is common among people with epilepsy but the problem is of non-disclosure. Wolfers proclaim that the wisdom of people makes them to look for what they need from the right source [20]. It is only the absence, unaffordability and unobtainability of the desired facilities that frustrate their choice. In South Africa, Freeman and Motsei report dual treatment arguing it regularly takes place [21]. The point here is; both sectors (traditional and modern) are used interchangeably, consecutively or even concurrently on the same ailment. Boonzaier thus concludes that patients attempt to get what calls "the best of the worlds" and they are perfectly happy to commute freely between the traditional and Western treatment [22].

As such, it is not in dispute that African communities have a positive attitude towards indigenous technologies in epilepsy management. What is outstanding is now to develop these indigenous technologies for sustainable management of epilepsy in African countries. Some researchers have suggested mainstreaming traditional counselling and traditional medicines as the way forward. Some have suggested the development of the multi-cultural approach to epilepsy management.

Mainstreaming traditional counselling in epilepsy management

The US Department of Health and Human Services [HHS] recommends the development of culturally responsive clinical skills on the basis that they are vital in the effectiveness of behavioral health services [23]. The department describes cultural competence as the ability to honor and respect the beliefs, languages, interpersonal styles and behaviours of individuals and families receiving services and the staff members providing such services. According to HHS cultural competence is dynamic, an ongoing developmental process which require a long-term commitment that is achieved over time. Cross et al. has likened cultural competence to a set of behaviours, attitudes, and policies that enable a system, agency, or group of professionals to work effectively in cross-cultural situations [24]. Similarly, people who offer psychological counselling to people with epilepsy should be competent in traditional African beliefs in causes and treatments of epilepsy. Not only that, they should also be equipped with counselling from an afro-centric perspective.

Counselling in afro-centric perspectives takes cognizance of the cultural aspects, context, system and support required [25]. As alluded earlier, life threats such as epilepsy are explained in cultural practices. As such, the whole family including extended families should also take part in the treatment processes. Chakuchichi and Zvamba also emphasize that in African societies, life-threatening situations are explained in terms of the family systems and in many terms of cultural values contextual to the circumstances [25]. Madhibha support this perspective and goes on to explain that no individual can exist in isolation [26]. In other words, everyone interacts with other individuals and with the surrounding environment. Counselling in epilepsy management should thus take into consideration family systems, tribal or community systems and church or other organisations to which a person who suffers with epilepsy belongs. Counselling in this context takes place in groups and ceremonies. In societies where Christianity has been accepted, counselling takes place in the form of prayers and visitations, fellowship and giving support to the affected families [25].

From the foregoing, it can be noted that culturally responsive skills in counselling people with epilepsy help in improving their engagement in services. It improves the therapeutic relationship between the client and the counsellor. It also helps in treatment retention and outcomes. According to HHS cultural competence is also an essential ingredient in decreasing disparities in behavioral health [23]. Eventually, the development of cultural competence epilepsy management has far reaching effects, not only for the clients, but also

for the counsellors and communities. HHS notes that cultural competence improves sustainability of organisations, reinforces value of diversity, ensures flexibility as well as responsiveness in addressing current and changing needs of clients, the communities and the healthcare environment [23]. Cultural competence also ensures a good responsive organizational strategy and help in mitigating organizational risk. Finally, it provides cost-effective treatment matching with people with epilepsy.

Barley believes traditional counselling prepares people to interact with the world and also helps in interpreting the thoughts of past men and women with a broad mindset. The values instilled in the counsellor should resemble the values of the community. Mbiti in Chakuchichi and Zvamba proclaims that Africans are always religious; as such the value of traditional counselling in epilepsy management is not debatable [24]. Bryant-Davies and Ocambo postulate that the first people in India have traditional psychological systems and healing practices that are based in spirituality, ceremony and ritual [27]. These authors also consider language, harmony within the community, the environment and cultural practices as relevant cultural practices as relevant. However, the two observe that much anecdotal data that exist show that these psychological and traditional healing practices models are beneficial to the first peoples, but nonetheless advocate for more reliable data regarding evidence-based practices that really work in combination with psychological and psychiatric approaches, e.g., Cognitive Behaviour Therapy and medication.

Silversides believes there is a level of cultural mistrust particularly when psychology or medication is a product of the culture from colonisers [28]. As such, there is need to measure the cultural mistrust towards modern counselling practices in epilepsy management. Yang state in the last 30 years or so, there has been an increasing number of psychological counsellors in non-western countries that have expressed their dissatisfaction over the artificiality, superficiality and incompatibility of biomedical practices in understanding, explaining and or predicting local people's psychological and behavioural functioning [29]. According to Yang countries such as Cameroon, Hong Kong, India, Japan, Korea, Mexico, Latin America, Taiwan and the Philippines have collectively attempted to transform western practices into indigenised practices [29].

Yang and Adair agree that indigenisation of biomedical practices is only possible if theories, concepts, methods, and tools used are sufficiently compatible with the psychological and behavioural phenomena that is structurally and functionally in the ecological, economic, social, cultural and historical contexts [29,30]. What it means is that a strong cultural consciousness or cultural mindedness through which non-western practitioners will is needed to give up a habit of ignoring their own culture. Non-western practitioners must also pay attention to cultural factors that are involved in epilepsy management.

More specifically, according to Adair, local psychological counsellors must adopt a habit of criticising western models and methods as culturally inappropriate and also adapt methods to local language and culture, choose research topics in the national interest and continuously study unique behaviours and thoughts about epilepsy. Adair claims the indigenisation of western practices follows the following sequential stages [30] (Figure 1).

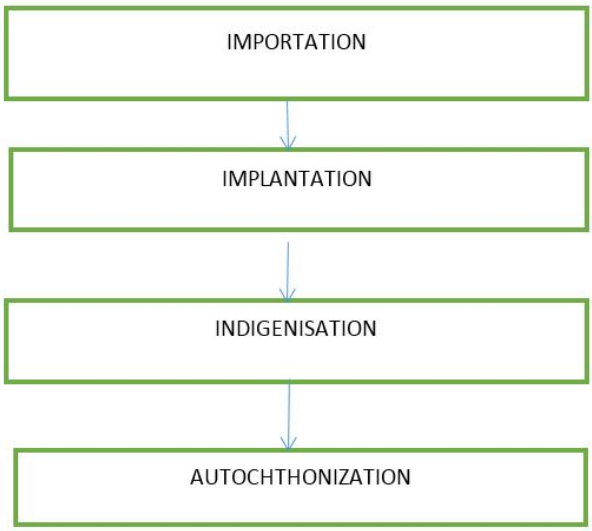

Figure 1: Sequential stages in indigenisation of western practices.

The process begins by bringing biomedical practices into the counselling system; these are fixed and deeply indigenised. Adair defines autochthonization as the processes leading to a self-perpetuating discipline independent of its imported source, the culmination of the indigenous process [30]. He also emphasizes that a purposively created indigenous practice in the autochthonization stage can be gradually formed in a non-western country and is critically matured and thus established scholars can now focus on research problems that are culturally appropriate and nationally important, for example, indigenous practices of epilepsy management. He also argues that a well-developed non-Western practice must be as comprehensive as an American indigenous practice in the scope of fields and in the multiplicity of research paradigms. Yang argue the primary purpose of indigenising western practices is to assist non-western psychology to re-find its socio-cultural roots in order to ensure the knowledge generated can have sufficient socio-cultural relevance to the mind and behaviour of local people [29].

However, Yang admits that the process of indigenisation can never be complete in its cultural footing as endogenous formation because of various reasons [29]. First and foremost, the indigenisation process has to be carried out on the basis of already existing biomedical practices, as such elements of this underpinning can never be completely eliminated or replaced by indigenous elements [29]. Ho and Yang agree that instead a cross-fertilisation of Western and native ideas may frequently occur [29,31]. Yang also observes that the process of indigenisation is also undertaken under continuous influence of new theories, concepts, methods and tools that are incessantly imported into non-Western societies [29]. It should be noted that in many non-Western countries, they make use of English texts and journals as teaching materials in psychological counselling and this affects the formation of indigenous practices in epilepsy management. Finally, Yang notes that the indigenisation process is carried out under the condition that the majority of local psychological counsellors will be persisting in conducting westernised research, and the majority of them may fail to sympathise with the indigenisation movement for various reasons [29].

Mainstreaming traditional medicines in epilepsy management

Mposhi, Manyeruke and Hamaushe state about 80 percent of the population in Zimbabwe is relying on traditional medicines to cure ailments such as epilepsy with some scholars like Shizha and Charema putting the figure at 90 percent [32]. Shoko also agrees that serious diseases and illnesses such as epilepsy are treated through various forms that involve herbal treatment [33]. The United Nations estimate over a one-third of the world's population is lacking regular access to affordable drugs, for instance anticonvulsants drugs [34]. What it shows is that modern medicine is not a realistic treatment option for the substantial proportion of the world's population. On the contrary, indigenous medicine is widely available in remote areas due to its availability locally at a low cost and affordability by the vast majority of people in developing countries. The United Nations also cites an example of India where government has reported that about 70 per cent of the population is using traditional Indian medicine [34].

According to WHO, a resolution was passed and adopted in Africa on promoting the role of traditional medicine in health systems. The WHO Regional committee for Africa in August 2000 agreed that African member states were aware that about 80 per cent of the population in the region was depending on traditional medicine for its health care needs. This has seen a global surge in the use of complementary and alternative medicines in developing countries and the mostly widely used complementary and alternative therapies are herbal medicines. The Convention on Biological Diversity in 2000 reported that the world market for herbal medicines including herbal products and raw materials was US$60 billion. Most recently, the African Union declared the period 2001 to 2010 as the decade of African traditional medicine [9]. A survey by WHO on the legal status of 10 traditional and complementary/alternative medicine revealed that of the 44 African countries surveyed, 61% had the legal statutes regarding indigenous medicine. Indigenous practices are widely accepted and used in prevention and treatment of physical and mental disorders, including epilepsy as well as social imbalances [10].

Generally, Karim et al. proclaim three categories of traditional medicines in existence and identifies these as preventive or prophylactic medicines, traditional medicines that treat ailments and medicines that are used to destroy the power in others. These researchers contend that medications in the first category play an important role because a large part of the healer's practice is concerned with prescribing these preventive medicines. Chavunduka observes that preventive medicines can be used for self-fortification, can be sprinkled around to cause discomfort to a witch [14].

Discussion

Traditional medicines for treatment are prepared in different forms or decoctions that are used orally, as rectal enemas or through inhalation. Others are made into powders, lotions, poultices and a variety of ointments and Karim et al. state these comprise animal fat, clay and sometimes ashes. Shizha and Charema claim that herbal treatment involves burning roots or leaves in fire in which the client is made to inhale the smoke to chase away some evil spirits. In some cases, these herbs are mixed with water and the client drinks the herbal solution. These recipes are kept confidential and are part of the knowledge of the healer and his or her apprentice. The third category that targets particular individuals such as witches is used by placing a concoction on the witch's path and as he/she passes through will contact a fatal disease.

Hui claims human and animals have used and tested botanicals to relieve their suffering since time immemorial. In China, they use traditional Chinese medicine (TCM) which has also attracted the attention of western countries. United States of America is one such country and Hui states the appropriate use of Chinese herbs requires a proper TCM diagnosis of the zheng (pathophysiological pattern) of the client, a correct selection of the corresponding therapeutic strategy and principles that guide a choice of herbs and the herbal formulas. However, Hui also notes that if used without a proper guidance a wide array of complications may result [35].

In epilepsy management, Reetish et al. and Samieti et al. proclaim that a number of drugs are available for epilepsy treatment in modern therapy, but their major challenge is the chronic side effects [36]. A study by Reetish et al., notes that one patient out of three is resistant to anti-epileptic drugs. To this end, the researchers suggest use of new drugs which have least side effects. From time immemorial, plants have been used by mankind for their relieving and therapeutic abilities and we still rely on their healing properties [36]. To this end, this study sought to identify the advantages of using traditional medicines in epilepsy management.

Studies, particularly in non-Western countries have supported use of herbal drugs for epilepsy treatment because of their fewer side effects. There are many drugs being used for epilepsy treatment and many of these are still being explored scientifically to ascertain their anticonvulsant activity. According to Samieti et al., it is estimated that in many developing countries of the world, about 80% of the population are still relying heavily on traditional healers and medicinal plants for their primary healthcare needs. The researchers also proclaim that several plants that were reputed to possess antiepileptic properties have been found and they contain active ingredients after being tested with modern bioassay for detecting anticonvulsant activities.

According to Olufunmilayo, Omoniyi and Olayemi, traditional herbs are very useful and indispensable in the struggle for seizure management and future Anti-Epilepsy Drugs development [37]. To this end, Kupiec and Raj suggest that alternative therapy including herbal drugs and complementary medicine is becoming very popular [38]. Reetish et al. identifies a number of antiepileptic herbs that are used as anticonvulsants in India. These include flowers, roots, leaves, cow dung just to mention but a few. There are processes that are carried out in coming up with a proper antiepileptic drug. Several studies in India have recommended use of these antiepileptic herbs. Reetish et al. also state that some of these herbs are now documented and scientifically proven [36]. The herbal remedies can make the anticonvulsant treatment more rationale and patient friendly [38]. A study by Reetish et al. revealed that certain drugs mentioned in various traditional systems of medicines across the globe have not been exploited up to the desired level [36].

From the foregoing, it can be noted that traditional medicines are used in epilepsy management. Traditional medicines are widely recognised in developing countries and they are needed because of their availability and low cost. Member countries in Africa have also approved use of traditional medicines and they become a relevant subject matter in epilepsy management.

Developing a multi-cultural approach in epilepsy management

Discussions carried so far have shown that health attributions are influential towards health beliefs and subsequent health behaviours of people with epilepsy. These health attributions are shaped by culture and in turn, cultural health attributions have an effect on beliefs about the disease, treatment as well as the health practices. Similarly, cultures also influence health and healing practices. Vaughn, Jacquez and Baker postulate that certain cultures are culture-bound and have syndromes which require that medical practitioners should be trained. There are other socio-cultural factors like immigration, social support and acculturation that play a significant role towards health attributions and medical adherence.

Vaughn, Jacquez and Baker also posit that culturally diverse patient populations also require medical educators to learn new methods about cultural assessment and treatment so that they can be effective. These medical educators need teaching, learning approaches and philosophies that enable health attributions, practices and beliefs of patients. The majority of people with epilepsy consult traditional healers, thus a non-competitive relationship between modern practices and indigenous must be encouraged. This can be done through sharing of information, research and offering training to the traditional healers in order to strengthen this collaboration. Several field experiences have also emphasized that working closely with these traditional healers, the community and religious leaders give the primary health care workers a better opportunity that ensures they gain acceptance from the community and to modify certain harmful practices.

Feksi et al. also believes that the role of traditional healers in epilepsy management should not be discredited because in many instances the person suffering from epilepsy tends to obtain a degree of secondary benefit in the way of reassurance and emotional support from this form of intervention [39]. They also encourage efforts in integrating indigenous and some biomedical interventions in such a way that provide a range of services by offering holistic support as well as care for people with epilepsy and their families.

Shizha and Charema agree with the perception that the current healing systems within the Southern Africa are focusing on the holistic approach to health and wellness of patients. The authors also note these biomedical approaches and traditional healing systems which incorporate spiritual healing, mental healing, physical as well as social healing also play a crucial and significant role in health delivery. They therefore accept an integrative approach as a vital component of holistic healing. In their findings, they observe that biomedicine overlooks the relationship between the social and spiritual being to the body and the effect that the former has had on the latter. Eventually, they conclude that medicine and healing are cultural practices; as such the process of healing and interpretation of illness also reflects and reinforce the cultural definitions of the health problem. Shizha and Charema also state that while the situation of traditional medicine appears to be weak and marginalised, there are current efforts being made in African countries to integrate biomedicine and alternative healing paradigms.

Abiodun also agrees with the concept of integrating biomedicine and traditional arguing that it can yield extensive results in healing the physical body and the psychological illnesses [40]. He also highlights that the functioning of the general state of the body and the degree it is free from the physical and psychological illness is always the source of concern for medical experts. Shizha and Charema added that within the African traditional culture one of the most venerated health components has been the use of African traditional medicine using diviners, midwives and herbalists. They also believe that harmonising traditional medicine and modern medicine means more than utilisation of modern research design or scientific technology.

According to WHO, traditional healers have been known for making use of herbal remedies to treat Africans for some generations now [10]. Shizha and Charema complain about the pervasive nature of globalisation which has tended to marginalise indigenous healing and medicinal plants while at the same time global scientific researchers have continued to plunder indigenous resources. Nevertheless, Hewson observes that in spite of the negative global interference, the ancient system of healing continues to thrive in Africa and traditional healers can be located in many parts of the world.

Shizha and Charema note under the colonial rule, traditional healers were stereotyped as witchcraft practitioners and the practice of traditional healing was outlawed for that matter. However, it would appear many African countries have a positive attitude towards traditional medicines, and this is confirmed by NEPAD which states that interest has been expressed in integrating traditional African medicine by the continent's health care system [41]. In the neighbour South Africa, Morris (2001) identifies a 48-bed hospital that combines traditional African medicine with homeopathy, western methods and traditional Asian medicine that was established. The hospital was founded by a traditional African healer and is the first of its kind in South Africa. Mpofu and Shizha and Charema insist that rural Africans usually seek help from traditional faith healers first before they go for modern health facility [8]. Watts revealed that rural Africans who suffer from epilepsy consider the condition to be the domain of traditional healers and they only visit the hospital when they require treatment for burns suffered during fits.

Krippner suggests an assessment of herbal medicine scientifically as some of them may be toxic [42]. This clearly shows the majority of Africans are making use of traditional medicines to treat epilepsy. As shown by Bonsi more than 70% of people in African countries rely on traditional medicine as a primary source of healthcare [43]. Peltzer et al. argues there is a growing debate that is gradually gaining ground and scope with a view to recognise traditional medicine and to consider it to be practised officially in order to compliment shortage of medical personnel [44]. Some reasons advanced include the fact that it is easier to train traditional healers than medical doctors.

Shizha and Charema insist that traditional medicine is superior in treatment of psychic diseases because traditional healers are knowledgeable about social and ethnic backgrounds of patients. Stenglass add there is a possibility of finding effective substances used in traditional medicine that are claimed to be unknown to modern medicine [45]. Traditional healers also conserve part of the African culture. However, Shizha and Charema believe the integration of traditional and modern medicine will largely depend on the official recognition of traditional medicine as a form and type of medical system. This is only possible through a structured cooperation and formal referral in both directions. Peltzer et al. observed that fewer patients are referred to traditional healers from the biomedical health system even in cases where traditional medicine has an advantage [44].

In China, Changli and Story have a similar story on harmonisation of traditional and modern medicine [46]. They note that traditional medicine is practised all over the world and that many developing countries are depending heavily on indigenous medicines for

treatment and prevention of diseases. On the contrary, western countries are practising "western" or "modern" medicine. Changli and Story observe a dramatic increase in popularity of various forms of traditional medicines in China. They agree that many countries practise both traditional and modern medicine. However, traditional medicines and modern medicines are poorly integrated with little understanding by practitioners and the patients. Changli and Story therefore propose an effective harmonisation of traditional and modern forms of medicine [46]. They strongly believe this requires changes in training and training curricula, for both traditional medicine practitioners and western practitioners. They also opine that efficacy and safety traditional scientific remedies must be established in accordance with the same criteria used in modern medicine.

In the United States of America, a Workshop on Alternative Medicine has since revealed a current interest in traditional and complimentary medicines in the health care industry, media, governmental agencies and the general public. According to Wetzel, Eisenberg, and Kaptchuk an increasing number of insurers managed care organisations have been providing benefits of traditional medicine and the majority of U.S. medical schools are now offering courses that cover traditional medicine. What it means is that people in the country are making use of traditional and modern paradigms concurrently and this has created a need for appropriate and smooth merger of the two medicines, particularly in the area of study, epilepsy management. Hui, Yu and Zylows reflects that theories and techniques of traditional Chinese medicine encompass practices that are classified as complementary medicine in the United States of America and these have increasingly become important in the health sector. Hui, Yu and Zylows argue that traditional medicine is affordable, safe and effective it is used appropriately [47]. Spencer and Jacobs also claim that vigorous research has shown an appetite for the merger of traditional Chinese medicine with modern medicine at clinical level [48]. Academic researchers and institutions are also becoming interested in the potential of integrating traditional medicine and modern medicine.

Conclusion

From the above discussion, the authors concluded that cultural competence is dynamic, an ongoing developmental process which require a long-term commitment that is achieved over time. Cross et al. as likened cultural competence to a set of behaviours, attitudes, and policies that enable a system, agency, or group of professionals to work effectively in cross-cultural situations. Similarly, people who offer psychological counselling to people with epilepsy should be competent in traditional African beliefs in causes and treatments of epilepsy.

Traditional herbs are very useful and indispensable in the struggle for seizure management and future Anti-Epilepsy Drugs development. To this end, alternative therapy including herbal drugs and complementary medicine is becoming very popular. Some of traditional herbs are now documented and scientifically proven. The herbal remedies can make the anticonvulsant treatment more rationale and patient. A study by Reetish et al. revealed that certain drugs mentioned in various traditional systems of medicines across the globe have not been exploited up to the desired level. From the foregoing, it can be noted that traditional medicines are used in epilepsy management. Traditional medicines are widely recognised in developing countries and they are needed because of their availability and low cost. Member countries in Africa have also approved use of traditional medicines and they become a relevant subject matter in epilepsy management.

Finally, the authors concluded that the role of traditional healers in epilepsy management should not be discredited because in many instances the person suffering from epilepsy tends to obtain a degree of secondary benefit in the way of reassurance and emotional support from this form of intervention. They also encourage efforts in integrating indigenous and some biomedical interventions in such a way that provide a range of services by offering holistic support as well as care for people with epilepsy and their families.

Recommendations

No matter how indigenously minded investigators may be successful in indigenising western practices, it can never be as pure and genuine as practices spontaneously developed in Euro-American societies. Yang warns non-western psychological counsellors that they have already lost their historical opportunity to develop pure indigenous practices. He argues non-Western practitioners can strive to construct their indigenous practices with a sufficiently high degree of indigenousness and then be satisfied they are less perfect than western practices but still useful psychology. Yang opines that non-Western societies need their practices because they are more functional and useful in understanding, explaining, and predicting local people's minds and behaviours. They also help in solving local people's personal and social problems. Yang suggests that indigenous practices can be developed and integrated with all western practices to construct a balanced human psychology.

Culturally diverse patient populations require medical educators to learn new methods about cultural assessment and treatment so that they can be effective. These medical educators need teaching, learning approaches and philosophies that enable health attributions, practices and beliefs of patients. The majority of people with epilepsy consult traditional healers, thus a non-competitive relationship between modern practices and indigenous must be encouraged. This can be done through sharing of information, research and offering training to the traditional healers in order to strengthen this collaboration. Several field experiences have also emphasized that working closely with these traditional healers, the community and religious leaders give the primary health care workers a better opportunity that ensures they gain acceptance from the community and to modify certain harmful practices.

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