

Selection of Potentially Useful Herbs in the Management of Opportunistic Infections in HIV/AIDS in Uganda—THETA

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THETA is the acronym for **T**raditional and modern **H**ealth practitioners **T**ogether against **A**IDS and other diseases. It started as a project in 1992 to carry out clinical research on effectiveness of herbal medicines on opportunistic infections in HIV/AIDS and sexually transmitted diseases. By the end of the project in 1994 the potential role of traditional healers in both the provision of curative services and the provision of community education on prevention, care, and counseling was clear. In 1995 THETA was transformed from a project into an NGO, focusing (a) on the involvement of traditional healers in prevention and care and (b) in clinical research to evaluate efficacy and safety of herbal remedies used in HIV/AIDS care. This was a collaborative effort between Médecins Sans Frontiers (MSF) Swiss; the Ministry of Health, Uganda; Uganda AIDS Support Organization (TASO), and a team of doctors and researchers. Its mission statement now says: “Towards Improved Health Care and Health Promotion in partnership with Traditional healing systems, Biomedicine and the larger community.”

There are many definitions of a traditional healer and for this purpose a broad definition will be given, which is based on THETA’s experience: A traditional healer is a person who uses traditional medicine, knowledge, experience, and cultural practices to solve or alleviate people’s physical and psychosocial problems/worries.

Rationale for the Use of Traditional Medicine

Over the years it has been established that many rural communities use traditional medicine. As Ebrahim Samba, WHO Regional Director for Africa, says: “About 80% of the people in Africa use traditional medicine. It is for this reason that we must act quickly to evaluate its safety, efficacy, and quality and standardization—to protect our heritage and to preserve our traditional knowledge. We must also institutionalize and integrate it into our national health systems.”

How Does One Become a Traditional Healer?

Based on THETA social research it was established that there are a myriad of ways of acquiring traditional medicine knowledge:

- **Training.** An apprenticeship or through working with the practitioner.
- **Spiritual baths.** The person goes through prescribed rituals and then he/she acquires the spiritual powers to enable them of diagnose and heal.
- **Dreams.** The person dreams about the calling, ways of diagnosis, and even the treatments to give for certain ailments/conditions.
- **Inheritance.** The ability to be a traditional healer is passed from generation to

generation, through lineage.

- **Some form of very long illness.** In this case, patients who have suffered from a chronic illness eventually become experts at treating that particular ailment.

Types of Traditional Healers

- **Herbalists** who use native knowledge acquired through an apprenticeship and who are knowledgeable about medicinal plants and other ingredients.
- **Spiritualists**/spiritual herbalists use either spirits or spirits in combination with herbs to diagnose and manage illnesses or problems.
- **Bonesetters** who treat bone fractures, dislocations, sprains, strains, and other bone pathology (e.g., bone cancers).
- **Traditional Birth Attendants** who serve as the “mid-wives” in their societies. These are both male and female.
- **Traditional Dentists** known to remove canine teeth in children, usually to prevent diarrhea.

It is important, however, to note that many traditional healers blend the different types of practices outlined above.

Why Involve Traditional Healers in the Fight Against HIV/AIDS?

In Uganda the ratio of traditional healers to the community members is 1:150, while the ratio of health workers to the community members is 1:18,000 (Public Private Partnership Survey, Ministry of Health, Uganda 2001). This gross difference in numbers brings to the forefront the fact that, in sub-Saharan African Uganda, inclusive traditional healers are usually the first contact with most patients, which thus strengthens the argument that there is need to empower traditional healers with knowledge and skills to improve on their practices. This will help in improving on health care delivery in the communities. In addition, traditional healers are highly respected, and have flexible and affordable rates.

THETA's Experience of Working with Traditional Healers in the Fight Against AIDS

Qualified and quantified experiences by THETA point to the following roles of traditional healers in the fight against HIV/AIDS:

- Prevention; community sensitization and education, condom distribution. Traditional healers are given a comprehensive training on HIV/AIDS and related issues and this empowers them to educate the community on care and prevention issues. They also educate the community on condom use and act as distributors of condoms in their communities.
- Treatment of opportunistic infections and administering immune-boosting herbs to patients living with HIV/AIDS.
- Counseling of patients, especially in aspects of positive behavioral change, voluntary counseling and testing, and lately on anti-retroviral access and prevention of mother-to-child transmission in HIV/AIDS patients.
- Referral to both health workers and fellow traditional healers (e.g., for voluntary counseling and testing, investigations for sexually transmitted infections, etc.)

- Care and support; formation of support groups for people living with HIV/AIDS. Success has been registered in areas of home-based care and stigma reduction.
- Home based care; THETA, together with the traditional healers, has compiled a medicinal plants booklet that contains information about commonly used herbs, their pictures, mode of preparation, administration, and dosage of commonly used herbs in the management of opportunistic infections and other common diseases in the communities. The booklets serve as a useful tool in community education and also as a component of a home-based care kit.
- Involvement of traditional healers in clinical research in HIV/AIDS. Traditional healers have been involved in carrying out clinical observational studies to evaluate the safety and efficacy of herbal remedies used in the management of opportunistic infections in HIV/AIDS.

Description of the Process of Selection of Useful Herbal Remedies for Treatment of Opportunistic Infections (THETA Experience)

This model for selection and evaluation of herbs resulted from THETA experience in previous clinical studies. The lessons learned in research (carried out in 1992) gave birth to a revised approach that enables us to evaluate herbs for safety and efficacy at reasonable cost and with credible results. This approach is also in tandem with the World Health Organization guidelines for research in traditional medicine.

Process:

Information is first gathered on potential herbal preparations used in management of opportunistic infections in HIV/AIDS through:

- focus group discussions
- key informant interviews
- ethnobotany literature reviews

Herbs that are commonly used in the different regions in the country by traditional healers are then labeled “promising herbs.” These are the herbs that are then subjected to clinical observation studies.

Key stakeholders are invited for collaborative and research workshops. These include health workers, researchers, and traditional healers. The workshops are held prior to commencement of the research to acquaint the research team with the research protocol, and to draft and agree upon a memorandum of understanding that is endorsed by the stakeholders. Key issues such as intellectual property rights are also highlighted.

Safety tests are thereafter undertaken on chosen herbal remedies. The accruing results are further backed up by anecdotal evidence of safety. This evidence is obtained from both the traditional healers and the HIV/AIDS patients.

Note that at this stage it is not always mandatory to carry out comprehensive laboratory toxicity tests, bearing in mind the cost implications and the fact that these herbs have already been used for a long period of time by people in the community.

Methodology:

Clinical observational study is carried out in two phases. During **Phase 1** 10–145

clients are recruited per ailment. Rapid clinical observational study is carried out on these patients and they are followed up for 3–6 months. Herbs are standardized before they are used in the study, and this is usually done by the pharmacist together with the traditional healer.

During **Phase 2** the herbs deemed in Phase 1 to be promising, in as far as their efficacy and safety are concerned, are again subjected to a non-randomized, non-controlled study. After the completion of the study, research findings are presented to a relevant body—in the Ugandan case, the Uganda National Council for Science and Technology—and also with other relevant stakeholders.

Outcomes of the THETA Study Process: Summary

- *Setting:* Four districts in Uganda (Kampala, Kiboga, Katakwi, and Mukono).
- *Methods:* Common herbs and the infections they manage were identified in the four districts. Focus group discussions (FGDs) and key informant interviews (KIIs) were used to extract information from traditional healers (THs), people living with AIDS (PWAs), and bio-medical health workers (BMWs). A total of 47 THs and 70 people living with HIV/AIDS participated in the FGDs, and 20 KIIs were administered (10 BMWs, 10 PWAs).

Three opportunistic infections seemed to have common herbal treatments in the four districts, and these acted as a basis for research. These opportunistic infections were oral thrush, persistent cough, and generalized skin rash in HIV/AIDS.

A total of eleven herbs common to the four districts for treating these three conditions was identified, as were their modes of preparation, administration, and anecdotal evidence on safety. A literature review provided supportive ethno-botanical information on the remedies identified.

The eleven herbs are being subjected to a clinical observational study and, to date, we have recruited 33/60 patients for the three conditions. The main objective is to evaluate these herbs for safety and efficacy, and henceforth provide alternative, effective, safe, and affordable options for people living with HIV/AIDS.

Challenges Faced Thus Far

- Lack of adequate funds to carry out herbal evaluation.
- Time consuming.
- Difficulty in getting ethical clearance for a study from IRB.
- There is need for a multidisciplinary team and in some settings these people are hard to come by (e.g., botanists, pharmacologists, legal experts, and laboratory technicians).
- The negative attitudes of the health workers, church leaders, and some policy makers towards traditional medicine and traditional healers undermines the role of traditional medicine in health care delivery.
- The contentious issue of benefit sharing: Who takes what? And who owns what? How does the community benefit?
- Lack of a national policy governing traditional medicine in Uganda, as is the case for most sub-Saharan countries. In Uganda a draft policy on traditional medicine is to be tabled soon in our parliament.

Conclusion

The THETA experience shows that traditional medicine/indigenous knowledge can and is complementing what Western medicine is doing in the treatment of HIV/AIDS-related illnesses and other diseases in Uganda. However, the majority of health workers, students, and policy makers don't seem to appreciate the role of indigenous knowledge in solving our health and day-to-day life problems. There is, therefore, an urgent need to incorporate indigenous knowledge right from curricula in learning institutions so that the students can appreciate the importance of indigenous knowledge at an earlier stage in their educational life.

Early exposure of the students at the academy to alternative therapies /indigenous knowledge can transform their thinking and orientation. The same goes for the teaching staff, deans, and board of directors at the academy; as, ultimately, they will have the final say in such major additions to the teaching curricula.

Lastly, the issue of intellectual property rights seems to be bogging down any useful research on herbal medicines/indigenous knowledge. It is thus pertinent that stakeholders be brought together to find a panacea to this stumbling block.

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