SPECIAL COMMUNICATION

Can working with traditional healers be a key aspect of blindness prevention in Malawi?

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Abstract

Objective

The purpose of this literature review is to highlight information on the use of traditional eye medicine (TEM) within Malawi.

Methods

The papers included in the review were sourced from PubMed, African journals online (AJOL) and African Index Medicus (AIM). The search terms 'Traditional healers in Malawi' 'Traditional Eye care in Malawi' and 'Traditional medicine in Malawi' were used and studies were selected from 1990 through to August 2023.

Conclusions

There is a need to strengthen blindness prevention in Malawi. Due to the already well-established use of traditional healers in the rural regions, it has been suggested that collaborating with them rather than working independently of them will be a better approach to tackling vision impairment. There are multifactorial apprehensions on the part of biomedical practitioners to work with traditional healers which range from a genuine concern that healers practice in a way that may be harmful to patients, to a lack of knowledge of the actual practices of traditional healers. More research needs to be done on how to bridge the gap between the two groups to tackle vision impairment in Malawi.

Introduction

Approximately 26.3 million people in the African Region have a form of visual impairment. Of these, 20.4 million have low vision and 5.9 million are estimated to be blind[1]. Several health and research initiatives dedicated to reducing visual impairment have concentrated their efforts on Malawi. Notable organisations leading these projects include SightSavers and the Christian Blind Mission (CBM), among others. Malawi has come a long way in its eye disease prevention and in 2022, the World Health Organization validated its elimination of trachoma as a public health problem[2] however more still needs to be done to improve eye health in the country. In the south western health zone of Malawi, the prevalence of blindness among the 50 years and above demographic is 2.6%[3].

The purpose of this literature review is to highlight information on the use of traditional eye medicine (TEM) within Malawi. Traditional medicines are biologically derived therapies that are usually dried parts of various plants that are rendered soluble in an aqueous medium. They can also be of animal or human origin[4]. Estimates on the use of TEM by Malawians varies from 24%-34%[5,6]. The TEM could simply be a "home remedy", or substance used at the suggestion of a traditional healer[7].

Many elderly people in Malawi could be labelled as 'traditional healers', as they have some knowledge of how to treat common ailments by using herbs[8]. For serious complaints however, most people feel the need to contact a traditional healer, with more specialist knowledge[9]. There are few published reports on the contribution of TEM in Malawi. With 80-85% of Malawians living in rural areas[10], traditional medicine is a commonly used treatment modality in these settings. In 1994, Courtright and colleagues reported on the use of TEM in a rural setting which showed that 33.8% of patients presenting to district hospitals had used TEM[6]. This study aims to provide a review of the literature on the use of TEM in Malawi.

Methods

The papers included in the review were sourced from PubMed, African journals online (AJOL) and African Index Medicus (AIM). The search terms 'Traditional healers in Malawi' 'Traditional Eye care in Malawi' and 'Traditional medicine in Malawi' were used and studies were selected from 1990 through to August 2023. 8 papers were included in the review.

Discussion

In Malawi it is reported that the prevalence of blindness among 50 years and above is at 2.6%[3]. Cataracts are reported to be the main cause of blindness in 48.2% of all cases, followed by glaucoma in 15.8% and cornea scarring in 12.3%[11]. The use of traditional eye medicine to alleviate disease across Malawi is multifactorial[5] and there has been limited research on its use in the literature.

There are multiple reasons why people use traditional eye medicine in Malawi. In 2010, Bisika and colleagues observed significant self-treatment levels with TEM in the population group they surveyed[12]. They concluded that unlike in Western societies, knowledge of different eye "treatments" is not considered an expert domain but shared by most community members. Also, there are few pharmacies in rural Malawi and fewer still who stock eye medicines.

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Table 1: Description of studies included in the review

Reference	Study Methods	Main Findings
Traditional eye medicine use among patients with corneal disease in rural Malawi Paul Courtright, Susan Lewallen, Steve Kanjaloti, Dighton J Divala British Journal of Ophthalmology 1994	Interviews with 583 patients presenting at two district hospitals: Mulanje and Chikwawa.	33.8% of respondents reported use of TEM during their current eye disease episode. Patients who reported TEM use took longer to present at the district hospitals than patients who didn't report TEM use. Patients who reported TEM use were more likely to have bilateral disease and poor vision on presentation. The use of TEM remained associated with late presentation of corneal ulcers regardless of whether the patients lived closer to the district hospital or not.
Eye care knowledge and practices among Malawian traditional healers and the development of collaborative blindness prevention programmes Paul Courtright Social Science & Medicine 1995	Focus group discussions, in-depth interviews, and a representative sample survey of 107 traditional healers in the Chikwawa district.	After initiation of the training programme, healers referred many patients who were blind from diseases (e.g. corneal disease or glaucoma) other than cataract, to the ophthalmic medical assistant based at the district hospital. Some of the more active healers started bringing 'difficult' cases to the training sessions and the healers and ophthalmic medical assistant discussed these in detail. They deduced that in the Chikwawa district traditional healers have 260,000 eye disease patient visits a year.
Peripheral corneal ulcers associated with use of African traditional eye medicines Susan Lewallen, Paul Courtright British Journal of Ophthalmology 1995	Case-control study of corneal ulcer presentations to Queen Elizabeth Central Hospital (QECH) in Blantyre, Malawi. There were 39 cases and 39 controls.	In the QECH catchment area, there was a significant association between peripheral corneal ulceration and TEM use.
Changing patterns of corneal disease and associated vision loss at a rural African hospital following a training programme for traditional healers Paul Courtright, Susan Lewallen, Steve Kanjaloti British Journal of Ophthalmology 1996	Interviews and examinations for patients presenting to Chikwawa district hospital with corneal disease for a 15-month period before and a 12-month period after implementing an interactive training programme for traditional healers. 175 pre-intervention and 97 post-intervention patients were interviewed.	240 traditional healers were reached in their training programme. Following the programme, among patients who reported receiving TEM (visiting a healer), blindness in the affected eye decreased from 44.3% to 21.4%. They also found a significant reduction in the proportion of patients presenting with bilateral corneal disease after the intervention.
Collaboration with African traditional healers for the prevention of blindness Harjinder Chana, Moses Chirambo, Paul Courtright, Steve Kanjaloti, Susan Lewallen World Scientific Press, Singapore 2000	Training manual	Specific recommendations for working with traditional healers, serving as a training manual.

Finally, the weakness of the public health care system makes self-treatment an indispensable complement to rural people's eye health. All these factors provide an understanding of why TEM is commonplace. Based on the previous findings, one could assume that the use of TEM is a long-established practice in Malawi and thus is a safe long-term measure for the local people, especially with the lack of access to district hospitals. The reality is not as straight forward as this. The actual practices within the use of TEM are broad and range from hygienically protective face washes to potentially dangerous eye drops[9].

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Reference	Study Methods	Main Findings
Self Treatment of Eye Diseases in Malawi Thomas Bisika, Paul Courtright, Robert Geneau, Anthony Kasote, Lucy Chimombo, Moses Chirambo African Journal of Contemporary and Alternative Medicines 2010	Population-based survey utilizing a two-stage cluster sample of 800 adults from two districts: Chikwawa and Zomba.	The study found that self-treatment of eye diseases was common in Malawi, with many people using traditional medicines or over-the-counter drugs before seeking professional medical care. Self-treatment was reported in 39.8% of the population. Among those opting for self-treatment, 72% used traditional eye medicines. The researchers identified several factors influencing self-treatment practices, including cultural beliefs, accessibility of healthcare services, and socioeconomic status.
Communication Between Traditional Medical Practitioners and Western Medical Professionals Fanuel Lampiao, Joseph Chisaka, Carol Clements Frontiers in Sociology 2019	Semi-structured interviews conducted with traditional healers and biomedical practitioners. A total of 12 traditional healers (6 males and 6 females) and 11 biomedical practitioners (6 males and 5 females) were recruited.	Overall, traditional healers and biomedical personnel who participated in the study were willing to collaborate though traditional healers were more enthusiastic and biomedical personnel held several reservations. Both groups had reasonable understanding of each other while traditional healers demonstrated trust of biomedical personnel and reciprocal trust from biomedical personnel was lacking.
Factors associated with eye care seeking behaviours in rural Malawi: A cross-sectional study Erasmo Mbemba, David Gordon, Margret Soko, John Mkandawire, Lael Phiri, Rose Chisiza, Loynah Nyirenda, Emmanuel Jacobs, Sandress Jere, Balwani Mbakaya Research Square 2023	Interviews conducted with 391 members of the community in the Livingstonia catchment area.	The majority (75%, n = 293) of the respondents did not know the preventive measures for cataracts. (58%, n = 227) did not know ways of treating and managing cataracts. In addition, (77%, n =301) indicated surgical removal was not a treatment for cataracts. 70% (n = 274) of the respondents did not know how to prevent and control trachoma. (73%, n = 285) did not know how to prevent corneal injury and ulcers. Regarding eye care, the participants agreed that fear of the eyes being damaged after seeking eye care (55%, n = 215), distance (61%, n = 239), and cost of service (72%, n = 282) highly affected their access to eye care services. Regarding the use of traditional medicines, 24% reported using herb remedies, and 7% mentioned getting help from traditional healers.

The detrimental effects which come with the use of traditional healers and medicines was explored by Courtright and colleagues in the early to mid-1990s[6,13].

In 1994, Courtright and colleagues found that the use of traditional eye medicine was linked to delayed hospital presentation, a higher likelihood of severe eye disease, and reduced vision upon arrival at medical facilities. These results indicate that relying on TEM is not a sustainable long-term healthcare strategy. Courtright concluded that changing public beliefs about traditional healers would require an expensive, long-term educational effort. However, a more sustainable approach might involve collaborating with healers, training them to identify cases that need urgent referral, and promoting the use of non-harmful practices, which would be less costly.

In 1995, Courtright highlighted the wide use of traditional healers in focus group discussions, in-depth interviews, and a representative sample survey of 107 randomly selected traditional healers in Chikwawa District, Malawi. A collaborative eye care programme was developed after this in which discussions were held and information exchanged specifically on the referral of difficult cases and the discouragement of the use of traditional eye drops[9]. The collaborative programme was based on the premise that healers were, by and large, already providing a valuable eye care service in their communities by treating much of the self-limiting, non-blinding eye diseases common in the region. After initiation of the training, healers referred many patients who were blind from diseases (e.g. corneal disease or glaucoma) other than cataract, to the ophthalmic medical assistant based at the district hospital. Some of the more active healers started bringing 'difficult' cases to the training sessions and the healers and ophthalmic medical assistant discussed these in detail. In a subsequent study, Courtright, Lewallen and Kanjaloti found that following the collaborative training programme, blindness and bilateral corneal disease in patients who used traditional eye medicine (TEM) significantly decreased. The improvements could be attributed to earlier referrals by healers and reduced use of harmful eye drops. However, distance to the hospital remained a barrier for many patients. The study emphasised the importance of working with traditional healers and implementing local training programmes to reduce the severity of eye disease in rural Malawi.

Further work carried out in the form of a training manual showed that traditional healers can be a bridge between the community and district eye care providers[15]. Collaboration can be a route to inducing change in the more harmful practices of traditional healers and people will be consulting healers for years to come, so collaborating will be a sustainable long-term endeavour. The document also demonstrated the barriers in the collaboration between traditional healers and biomedical personnel. These vary from a lack of knowledge and insight of their practices to a genuine belief (although incorrect) that traditional medicine practices are illegal. To combat these barriers, the instruction manual suggests that biomedical personnel should have an awareness and respect

for the role that healers have in the community as well as being willing to empower and learn from healers.

From this document published in 2000 we can see that the notion of working with traditional healers is not new but there were barriers in place which prevented synergy between the two groups. However, beyond this period there have been few published studies showing the impact of working with traditional healers in Malawi. The reader should note that these earlier studies are dated 25-30 years ago, and Malawi has had a significant increase in its ophthalmic manpower since then.

In 2019, Lampiao, Chisaka and Clements identified barriers to collaboration between traditional healers and biomedical practitioners through semi-structured interviews. Although both groups expressed willingness to collaborate, traditional healers were more enthusiastic, and biomedical personnel remained cautious. Traditional healers showed trust in biomedical staff, but this trust was not fully reciprocated. Mushebenge and colleagues noted that a lack of collaboration between traditional healers and biomedical practitioners could lead to issues such as antimicrobial resistance, treatment failure, overdose, toxicity, and misadministration[17].

Recent work carried out by Mbemba and colleagues in 2023 demonstrated the knowledge, attitudes and practices regarding eye care in the Livingstonia catchment area, a typical rural setting of Malawi. 391 people participated in the study and their responses were collected via questionnaires[5]. Most respondents lacked knowledge about cataract prevention, treatment, control of trachoma and corneal ulcers. Common barriers to eye care included fear, distance and cost. Additionally, 24% used herbal remedies, and 7% sought help from traditional healers. Mbembas conclusions based on these findings are varied. They suggest that outreach clinics, subsidizing eye care services through government service level agreements, and community awareness campaigns should be implemented to increase eye health for Malawians. This is a slight difference from previous recommendations from those who've collected research in Malawi who lean more on the side of working with the local traditional healers. Mbembas research was published in 2023 while most of the previous work was done within the last 30 years. The conclusions may have been different if the uptake of traditional medicine and traditional healer use was higher. We can see that 24% of the population Mbemba sampled were using herbal remedies that fall under TEM. Although we aren't aware if less harmful face washes were used or more harmful eye drops, it is still clear to see that TEM use is still common and education for the local population is still needed, whether this be through traditional healer collaboration programmes or community awareness campaigns.

Conclusion

Looking at these studies we can see there are overarching themes. Firstly, there is an urgent need to strengthen preventive and curative measures against blindness in Malawi. Due to the already well-established use of traditional healers in the rural regions, it has been suggested that collaborating with them rather than working independently of them will be a better approach to tackling vision impairment. We can also deduce that there are multifactorial apprehensions on the part of biomedical practitioners to work with traditional healers which range from a genuine concern that healers practice in a way that may be harmful to patients, to a lack of knowledge of the actual practices of traditional healers. More research needs to be done on how to bridge the gap between the two groups to tackle vision impairment in Malawi.

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