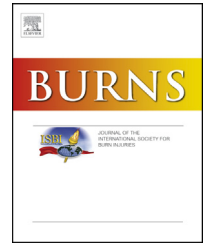


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Review

Traditional burn care in sub-Saharan Africa: A long history with wide acceptance

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ABSTRACT

Burns are very common in sub-Saharan Africa and are considered to be a major health care problem. The management of burns in many African countries is challenged by limited financial resources, inaccessible health care facilities, lack of trained professionals and superstition. These limitations are related to the many burned patients seeking treatment from traditional healers. The use of traditional remedies, plant and animal products are seen as an important aspect of burn management as it is both an affordable and respected treatment modality. Despite its popularity, the use of traditional burn care remedies is faced with many challenges as little research has been done on its effectiveness, dosage and adverse reactions.

This paper reviewed the traditions and customs associated with traditional burn care as well as the use of plant, animal and mineral products used by traditional healers.

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Contents

1. Introduction	204
2. Traditional healers in Africa	204
3. Traditions, customs and burn wounds	204
4. Traditional treatment of burns: the use of plant material and animal products	205
4.1. First aid remedies (see Table 1)	205
4.2. Amphibian, animal and insect products used to treat burns	205
4.3. Traditional use of plant material in burn wound management (see Table 2)	206
5. Challenges associated with the use of traditional medicine:	208
5.1. Consent and treatment outcome:	208
5.2. Adverse effects or medicinal plants	208
5.3. Dose and storage	208

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5.4. Endangering plant species on the African continent	208
6. Regulation and safety of herbal medications	209
7. Traditional medicine and western burn care practices	209
8. Discussion and conclusion	209
References	209

1. Introduction

The World Health Organisation defines Traditional Medicine (TM) as “health practices, approaches, knowledge, and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination, to treat, diagnose and prevent illnesses or maintain well-being” [1].

Eighty percent of the more than 1 billion people in 54 African countries, especially those living in rural areas, use TM for their primary healthcare needs which includes burn care [2]. In South Africa alone more than 27 million people depend on indigenous medicines for their health care needs [3].

However, despite the African Union’s declaration of 2001–2012 as being the decade for African TM, official recognition for traditional medicines and treatments remained low. A survey conducted by the World Health Organization on the status for traditional/indigenous medicine revealed that out of the 44 African countries surveyed only 61% had legal statues regarding traditional healing practices [4,5]. Traditional medicine has been recognised by many sub-Saharan countries as part of the public health care delivery systems and given official status through Traditional Healers’ Organisations, Traditional Medicine Practice Acts, Associated Health Service Professional Acts and in National Health policy Frameworks.

Traditional burn treatment methods have been used since antiquity in China, Japan, Egypt and Africa. Recognising the value of TM and integrating traditional healing with allopathic medicine are vital in countries grappling with an extraordinary volume of burns [6,7].

Africa has the highest incidence of burns per capita [8]; burn care is concentrated in urban health centres, predominantly emergency-driven, lacking uniform access to quality services, struggling with fiscal restraints and inability to afford the high costs associated with health care [6].

There is approximately one traditional healer per five hundred people in comparison to the one medical doctor per forty thousand people ratio in sub-Saharan Africa [9]. As a result, traditional remedies play a major role in the treatment of burn wounds on the African continent and are an integral component of contemporary burn care [10].

Burn care also has to compete financially with the fivefold epidemic prevalent in sub-Saharan Africa at present: HIV/AIDS, tuberculosis, high maternal and newborn mortality rates, malnutrition and malaria. The management of burns with TM techniques is therefore an acceptable alternative to the less readily available allopathic medicine.

When addressing wound care practices on the African continent and in particular burn wounds, clinicians need to understand this trend and to know about traditional wound management principles. This paper will explore the customs and beliefs associated with African traditional burn care.

2. Traditional healers in Africa

Traditional medicine is usually dispensed by traditional healers known as “Izangoma” (Diviners), “Inyanga” (Herbalists) and “Abathandezeli” (Faith Healers) [11]. **Diviners (Izangoma)**: are the most senior of traditional healers and are known for their ability to communicate with the ancestors in an attempt to diagnose and treat illness [12]. The **Izangoma** often combine aspects of the healer, medical doctor, psychologist and priest. They are believed to be able to cure a wide variety of illnesses (e.g. infertility, depression, grief, social problems, wounds and infection) [13]. **Herbalists (Inyanga)** have an extensive knowledge about medicinal plants and herbs and the use of animal products to cure disease and to facilitate healing [14].

Two categories of healing are incorporated in TM: the worldly view is one in which spiritual meaning is sought for ill-health, hence the use of divination as a diagnostic technique to find this meaning and the use of animal and plant products to treat illness, diseases and injuries. The traditional healer’s ability to heal does not hinge on the understanding of medicinal plants or animal products alone, but involves a deeper insight into the complex relationship between the patient, his or her social context and spiritual environment [9].

3. Traditions, customs and burn wounds

From a cultural traditional context, illness must have a reason and finding the reason for the problem is often more important than treating the illness itself [15]. Common ailments (headaches, coughs, injuries, wounds) are considered to be diseases with natural causes and are to be treated symptomatically [9]. However, beliefs that have been handed down through the ages could influence the manner in which the burn is dealt with; fire and steam may be regarded as having healing powers for various forms of ill-health and may thus be applied, thereby inadvertently thermally injuring the patient. Herewith are some examples of the latter group:

Superstition and burns: Ikpeme et al. (2007) [16] described the combined outcome of superstition and spiritual therapies implemented to diagnose and treat lightning burns in the following case study.

“A young Nigerian woman (aged 22) presented to a health care facility with a history of pain, and black discoloured immobile limbs. She had reportedly been struck by lightning during a thunderstorm and consequently suffered burns to the side of her face, both upper limbs, trunk and lower limbs. Because of her believe that the lightning strike was due to witchcraft, the patient consulted first with a traditional healer where she was treated with traditional medicine for a period of two months. When she presented to a health care facility two months later, the patient was diagnosed with gangrene and bilateral amputation of both

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