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Original article

Herbalists, traditional healers and pharmacists: a view of the tuberculosis in Ghana

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A B S T R A C T

This paper is the result of a visit by Brazilian researchers to Ghana, with the aim of improving understanding of the relationship between traditional healers and conventional health practices, specifically in relation to tuberculosis. Through this exploratory visit, this group of researchers promoted by the *Editat Pro Africa* (CNPq) had an opportunity to learn about, reflect on, and discuss the different social, economic and cultural realities and contexts that have led to the different health conditions and forms of healthcare in Ghana. Besides the direct relationship between the social and economic conditions of the country and the health of its population, it was also concluded that there is a clear distancing, in the Ghanaian reality, between the traditional healers and the conventional system, in terms of culture and modes of operation, each constituting isolated systems with little or no collaboration between them. The visit enabled us to see the difficulties involved in managing TB, including diagnosis, treatment, monitoring and co-infection with HIV. The majority of patients with TB only go to hospital after several attempts at self-medication, due to the non-specificity of the principal symptoms, and also to the trust in the traditional medicine. Initiatives to encourage research into medicinal plants in Ghana are seeking partnerships with developed countries, but not always with clear or secure national interests. For the traditional healers, there are high hopes that the information gathered by researchers from the local universities, on the plants and traditional methods they use, will result in affirmation and recognition of their practices, but they complain strongly that they receive no feedback on the research carried out.

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Introduction

In some parts of the world, particularly Africa, herbal remedies, in the context of so-called traditional medicine (TM), are often

preferred over treatments recommended by cosmopolitan or western medicine (WM) (Abdullahi, 2011), sometimes because these treatments are easier to access, and lower in cost, and due to the perception that the treatment is harmless and

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is guaranteed to bring favorable results. The preference for traditional medicine may also be related to personal beliefs and ways of understanding the health-disease process that are culturally different from those of western medicine. According to this cultural framework, the therapeutic practices that use medicinal plants may also be associated with rituals, performed by practitioners who hold the knowledge necessary to affect the cure.

Seeking to carry out joint research and share experiences and knowledge, a group consisting of Brazilian pharmaceutical researchers (specializing in natural products, microbiology and pharmaceutical services) and postgraduate African students undertook an expedition to Ghana, in response to the Pro Africa 2011 public call for research (CNPq). This paper reports the main findings of this field trip, presenting elements for reflection and discussion on issues such as the relationship between traditional healers (herbalists, traditional healers, therapists) and western medicine, academia, and the general population.

The social realities and healthcare in the cultural context of Ghana

In Ghana, it is estimated that around 70% of healthcare is provided by traditional healers. There is an estimated one traditional healer for every 400 inhabitants, and one physician with conventional medical training for every 12,000 inhabitants. Until the beginning of the 21st century, with a population estimated at 18.4 million, there were 43 optometrists, thirty ophthalmologists, and two hundreds specialized nurses in the country, more than half of which worked in the capital, Accra (Hampshire and Owusu, 2012, Ntim-Amponsah et al., 2006). However, with economic growth estimated at 20% for the year 2011, and now with approximately 25 million inhabitants, Accra is considered one of the most populous and fastest-growing cities in the world. The majority of residents of the capital city are migrants, from rural parts of the country or neighboring countries, and today, the number of patients per doctor in the public system ranges from 6200 (in Accra) to 42200 (rural areas) (van Andel et al., 2012).

Since the 1970s, the WHO has encouraged actions to promote and improve dialog between native practices and those introduced by the colonizers (Hoff, 1997; Warren et al., 1982). The Kwame Nkrumah University of Science and Technology (KNUST) in Kumasi, Ghana, offers the country's first and only undergraduate course in Herbal Medicine (bachelor's degree).

For the traditional African healthcare system, the power of the traditional healer is not determined by their knowledge of possible remedies and the causes of diseases, but by their ability to apply their understanding of the intricate relationships between the patient with the world around them, within their social, natural and spiritual context, possibly using magic or other forms of treatment (Busia, 2005). This view implies that there is no preparation or training of new generations of traditional healers in the truly traditional system, with the likelihood that these practices will be lost, or fail to develop. Worse yet, it can lead to widespread

charlatanism or misinformation, causing significant harm to the population (Yeboah, 2000). The author (Tsey, 1997) analyzing different situations of confrontation and complementarity of traditional therapies with cosmopolitan medicine in Ghana, contextualizes the strategies adopted by governments to integrate the two. In some observations of actual cases, the author notes that issues such as the methods considered scientific for determining the effectiveness, safety and validity of the use of medicinal plants used in TM often fail to consider the cause and etiological classification of diseases in the traditional system. Furthermore, the "modernization" of TM has generated costs and systems of payment by users that may lead to the same problems as they face in accessing WM. The author (Abdullahi, 2011) questions the forms of integration of TM on the African continent, without the practitioners of WM effectively recognizing, understanding and accepting the efficacy and effectiveness of traditional therapies (within the epistemological concepts that underpin these therapies), but simply trying to fit them into a biomedical understanding of the health-disease process.

This need to integrate TM into WM has ended up creating a new generation of healers; the "modern" herbalists. The majority of these do not go to college, but they have appropriated elements and symbols of scientificity in their practices (such as the wearing of white jackets and going by the title of "doctor"), yet they continue to carry the mystical frame of reference in many cases. This combination is strategic for attracting a clientele that finds no support or space in the conventional system, but no longer accepts the traditional healer either, as it believes that that kind of treatment is somehow no longer ideal. (Hampshire and Owusu, 2012)

This fact must be linked, among other things, to the global increase in the acceptance of complementary and alternative practices, which are expanding and becoming a great commercial success, despite the lack of available scientific data to prove their effectiveness (Ernst, 2013; Frass et al., 2012). Factors linked to the use of alternative practices include not only a lack of satisfaction with, or non-accessibility of conventional practices, but also largely to the fact that these alternative practices are more congruent with users' personal values and beliefs, as well as with the philosophical guidelines in relation to health and lifestyle (Kemper et al., 2008). The choice of alternative practices may be related to difficulties encountered by patients in the relationship with health professionals, (the language used by the health professionals is probably quite different from that used by the patients), and the delay in establishing the diagnosis, requiring multiple visits to different hospitals (Dodor, 2012). The role played by traditional therapies should not be considered as a transitory phenomenon, but rather, a permanent need of the global population.

For the development of more comprehensive, realistic and promising public policies aimed at generating benefits for the population in terms of health conditions, valorization of the culture, and social development, it is important to recognize the experiences and stages of development of different countries and cultural and social contexts, seeking to promote cooperation and expansion of knowledge.

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