



Concurrent use of African
Traditional Medicine and
Conventional Medicine:
Perceptions and realities

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Use of ATM

Many studies have been conducted-

1. the use of ATM by the population

2. the concurrent use of ATM and conventional medicines

Users: Patients using primary health care services, patients using hospital services

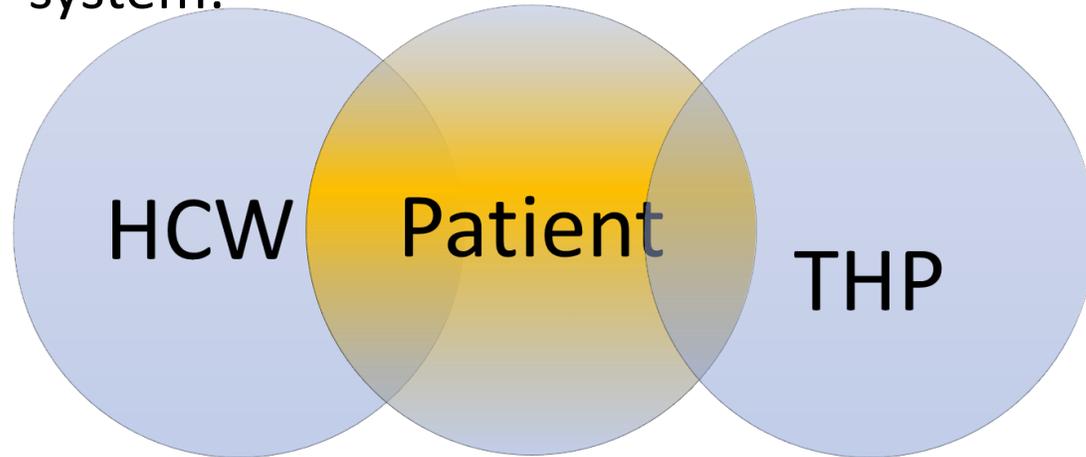
Chronic conditions, communicable, non-communicable, others- HT, DM, asthma, mental health disorders, immune boosters, pregnancy

Users: socio-economic status, education, religion, age, rural, urban

Reasons for use of ATM: diverse- access, affordability, beliefs, cultural practices

Perceptions

- The way in which something is regarded, understood, or interpreted
- For traditional medicine in the health care system:



- The role of TM, ATM largely determined by the perceptions of all stakeholders of health- share a common goal of patient health and care

Perceptions: Patients

Mokoka, M V., 2019. MPharm
Dissertation. SMU

- Majority (70.8%) of patients used TM
- Most believed TM can work together with WM
- Some believed WM works better than TM
- Few (14%) indicated that they have reported their use to health professional/s (HCPs)
- Most patients who used TM **did not disclose** as this may negatively affect the counselling they received from the health care providers;

“they did not ask”
“it was not important”
“there was no need”
“because they do not listen”
“afraid to tell them”

Studies conducted
before 2020

Other studies:

- Patients feared that the level of trust between them and HCPs will be affected;
- Patients preferred not to disclose THP to health professionals because of lack of support and understanding
- Participants’ reasons for non-disclosure to their CHP were influenced by the provider’s behaviour which discouraged them from disclosing their TM use

Perceptions: HCPs

Other studies

- Negative perceptions
 - Concern about impact on treatment outcomes
 - Potential for interactions, adverse effects, complications, toxicities
 - General inappropriate disease management
- Recognise that patients use TM, hence the need to create treatment context in which patients can discuss their treatment strategies openly
- Collaboration with THPs where there is clear hierarchy with the biomedical intervention having clear priority

- They discuss the concurrent use of WM and TM with their patients regardless of the problem; but only the possible harmful effects,
- They did not discuss benefits of traditional healing with a patient
- Would not recommend patients to use TM; TM use is neither proven nor scientific
- Discuss concurrent use with those who open up about it or where there's evidence from the lab tests of organ failure or damage

Perceptions: THPs

Other studies

- Negative perceptions
- THs experienced mistrust and disrespect by biomedical health professionals who demonstrated ignorance on traditional medicine
- THs expressed a lack of appreciation from Western HCPs but were open to training in Western biomedical approaches and establishing a collaborative relationship in the interests of improving patient care

- They believe TM and WM can be used together with enough time in between, because they believe TM is stronger and will washout WM if given at the same time, and render them ineffective
- They refer patients to a clinic or hospital, however patients are criticised for consulting THs first
- They can work together with CHPs, as there are some things they (THPs) cannot do in their practice eg inserting a drip
- To them the two types of medicines are equally effective although the one can be better than the other depending on the condition being treated eg mental illnesses
- CHPs have negative views about ATM even though they do not understand how it works

Overall
recommendations
of studies

Encourage patients to disclose their use of ATM,
and concurrent use

Improved communication between CHPs and
patients, as well as THPs- in the interest of
health

Training and education to HCPs on ATM so that
they are able to interact and advise patients
fairly

Need for policy developments on collaboration
between THPs and CHPs and integration of TM
into the public health system

Current perceptions

Clinical pharmacologists: “acknowledge our bias in having been trained in conventional drug use, but highlight our **respect and optimism for the potential role of traditional medicines in the current and future pandemics**” Yimer et al. 2021: <https://doi.org/10.1111/bcp.14981>”

“**Traditional healers have a role to play and a contribution to make to the South African healthcare system and should be allowed to perform their activities.** Beyers, J., 2020 <https://doi.org/10.4102/hts.v76i1.6169>”

“Government needs to show political will by set up **regulatory strategies, for the scientific evaluation and certification of traditional medicines**; this will build confidence for TM among biomedical scientists and CHPs, thereby fostering easy collaboration and integration” Mutola et al 2021

‘For ethics committees, regulatory agencies and policymakers to **review the bureaucracy and expedite current processes without compromising** on core requirements” Yimer et al. 2021: <https://doi.org/10.1111/bcp.14981>”

Dialogue and information exchange between modern and traditional medicine should be based on **mutual respect and aim to be complementary rather than competitive**

Realities

Health facilities will keep receiving and treating patients who are users of ATM;

As well as patients who use ATM and conventional medicines concurrently

No policy, protocols, guidelines in place for treatment approach to patients using ATM

Hence- Are we providing adequate health? Are we practising appropriate disease management?

Acknowledge the uniqueness of indigenous medicine and its use; unique solutions should be sought for their safety, quality and therapeutic uses

RECOMMENDATIONS

Facilitate the translation of research findings and recommendations on ATM into solutions for public health care- WHO guidelines

Collect the data from our health facilities- routinely- patients to be asked about their ATM use; NDOH, Directorate of TM, pharmacovigilance units

Form **links** with THP/s- formalise their participation as an important partner (resource), start locally, harness on the positive aspects of each practice

For policy makers, regulators, public health experts- Unique solutions should be sought for the safety, quality and therapeutic uses of ATM- cannot be on the template of conventional medicines as is

COVID-19 catapulted the role of TM in modern health care systems

Its role in managing the condition; potential role in managing future pandemics



NGIYATHOKOZA!

ke a leboga!

inkomu!

ke a leboga!

siyabonqa!

ro livhuwa!

ENKOSI!

ndo livhuwa!

ngiyabonqa!

dankie!

thank you!

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