



**Francis Ojok,
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discuss the findings
of their study into the
problems clinicians
face when dealing with
traditional remedies

The impact of traditional treatments on wound care in sub-Saharan Africa

Rwanda, Burundi, Zimbabwe, Malawi, South Africa and Botswana. Through our contacts with wound care clinicians in these countries we sent out questionnaires to assess patients' wound aetiology, treatment-seeking behaviour, wound complications, compliance to standard clinical care and overall prognosis (in relation to culture) in each country's hospitals.

A total of 300 patients from 10 countries took part in this study and each patient had either a chronic or an acute wound. The clinicians who administered the questionnaires and collected the data included doctors, specialists, nurses and physiotherapists. Questionnaires were emailed to the wound care clinicians and emailed back to the researchers upon completion. The raw data obtained was then analysed.

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Major findings

Cultural practices were found to affect all aspects of wound care, both with regards to aetiology and clinical care. Up to 70% of the wounds had been treated with some traditional remedy prior to being seen in the hospital and some patients continued with traditional remedies despite receiving wound care from clinicians.

Up to 36% of the wounds were either directly or indirectly caused, or made worse, by a particular cultural

practice and patients' treatment-seeking behaviour was affected by a cultural practice in 30% of the patients assessed. Similarly, compliance with standard treatment was reduced in 60% of patients due to traditional beliefs surrounding the wound and 40% of wound symptoms had been complicated as a result of a particular cultural practice.

Many patients were on their second or third visit to clinicians before they mentioned their wounds and 75% of them had not discussed any cultural issues during their initial assessment or in the development of the care plan.

A number of cultural practices and beliefs came up in the data, most of which significantly affected the patients' wound care. These included traditional remedies such as animal fur, saliva, soil and local herbs. There were also varying beliefs about the aetiology of wounds and practices, such as female genital mutilation, traditional circumcision and scarification, were often a direct cause of the wounds.

Discussion

In Africa, wound aetiology is often rooted in cultural practices, such as tooth extraction, female genital mutilation, traditional circumcision, tattooing and scarification, especially in rural areas. These procedures are often performed by untrained practitioners with non-sterile instruments.

In many cases (up to 70% of this study) the first step in any wound care regimen is a traditional remedy. This was observed in all the 10 countries sampled here. These remedies are a common source of contamination and hence worsen the wounds. Septicaemia, gangrene and cellulitis are some of the complications seen following these traditional remedies.

The continent of Africa is one of the most diverse areas on the planet, with over 50 countries, more than 3000 languages and a myriad of cultural practices, traditional beliefs and strongly held values.

The different practices found in the region, mean that there is also a wide range of wound aetiologies, treatment-seeking behaviors and, significantly, a varied compliance with standard wound care practice.

The effectiveness of therapeutic relationships between wound care clinicians and patients is also highly dependent on an understanding of the cultural issues surrounding patients and their wounds.

It is evident, therefore, that when attempting to address wound care issues, whether these be preventive measures or ongoing clinical treatment, clinicians will not be effective unless they recognise the importance of cultural issues and try to address them. In this sense, culture is a vital aspect of wound care planning in this part of Africa.

The study

We sampled 10 sub-Saharan countries, including Uganda, Kenya, Tanzania,

At least 70% of all the patients who took part in the study had used some kind of traditional remedy before visiting a wound care clinician. Animal fur, for example, was used as a first-line treatment in 20% of all the respondents who had received burn wounds. The application of cow dung to the umbilical stumps of new borne babies, which is believed to enhance healing, was also common despite having been recognised as a major cause of neonatal tetanus for a long time. The application of herbs to wounds, which can cause gangrene and result in amputation, was also reported.

Because of the free availability of these remedies, most patients will try native treatments for some time before seeking treatment and even open fractures are sometimes first managed by local bone setters before patients visit hospital.

Even when patients do eventually seek treatment, their problems can be compounded by an unwillingness to reveal details of traditional remedies to clinicians for fear of blame, stigma and segregation. It is, therefore, important for wound care clinicians to employ tact and sensitivity when attempting to elicit patient histories and design care plans.

There is also a common belief (observed in at least six of the study countries) that certain types of wounds are better treated by traditional methods and even made worse by Western medicine. These mainly include cellulitis, osteomyelitis and chronic leg ulcers and it is usually believed that these wounds are caused by charms or spirits and, therefore, require the attention of a native healer. In fact, some patients do not seek any care for chronic ulcers because they are convinced they will not heal. Others believe their wound is a curse.

Delay in seeking treatment for these conditions can lead to complications such as gangrene, septicaemia, thrombophlebitis and in some cases will require amputation. Attempting to address these problems, both at an individual and a community level, through education and early intervention, could help improve some of the outcomes for these patients where culture and traditional beliefs have a significant negative impact on

wound care. Whether in relation to the primary issue of autonomy, values, cultural practice or the use of traditional remedies, it is important to establish how patients themselves regard their wound in order for any proposed plan of care to be effective.

For more details of the findings of this study, please contact Ojok Francis at: fmdejoks@yahoo.com

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The application of cow dung to the umbilical stumps of newborn babies is a major cause of neonatal tetanus.