With an eye to good practice: traditional healers in rural communities
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In Africa, certain traditional treatments for eye diseases can produce ocular damage and visual loss. However, many practices do not cause harm, and some may be beneficial. Traditional healers are often valuable resource persons, helping to provide an understanding of cultural beliefs and practices relating to eye disease, and delivering eye care at community level. These matters are discussed below with special reference to conditions in Zimbabwe.

Harmful eye practices may involve the application of substances or of mechanical or thermal devices to ocular surfaces and adnexae.

The substances used topically in ocular treatment include naturally occurring plants and extracts, powders, human body fluids, animal fluids and excreta, commercial chemicals, and organic fuels. Many of them, especially those with a high pH or those containing particulate foreign matter, are potentially blinding. Alkaline substances may penetrate and opacify the cornea. Others damage the corneal epithelium, producing ulceration and even perforation. If microorganisms are introduced in solutions, supplicative keratitis may develop, followed by endophthalmitis. Among the materials implicated in Africa are: seawater; contaminated water; extracts of the roots, bark and leaves of trees; herbs; vegetables; powdered charcoal; human urine and saliva; excreta of cattle and lizards; kerosene; and petrol.

Deleterious thermal practices include: the application of a hot metal probe to the upper lid in order to treat trichiasis; the treatment of an infected lacrimal sac by cautery; the instillation of hot fluids into the eyes; and the application to the adnexae of poultices in a cup.

The results of lensouching, performed with thorns, orange sticks or metallic probes introduced through the sclera to dislocate the lens posteriorly, depend on the skill of the healer. Blindness can result from uveitis, secondary glaucoma and endophthalmitis. Scarification of the eyelids may be practised to treat trachoma and certain other conditions.

Spiritual treatment is widely practised but the results are poorly documented. In Africa, traditional healers are not only diagnosticians and prescribers of herbal medicines but also ministers of religion. They claim that contact with the spirit world enables them to define the causes of illness and to know what measures should be taken against them. Rural communities have a strong faith in and respect for traditional healers, who provide the first
line of medical attention for most people in remote areas where modern medical services are inaccessible. The services of traditional healers are usually simple and both acceptable and affordable to their patients, and their efficacy has been demonstrated in connection with some medical conditions and especially in regard to psychiatric, spiritual and social problems.

The Zimbabwe National Traditional Healers Association, recognized by Act of Parliament, has approximately 28,000 members. Because of the shortage of trained ophthalmic personnel in rural Africa it is desirable to incorporate traditional healers into the development of primary eye care.

**A phased programme**

In 1988 the Norwegian Association of the Blind and Partially Sighted, in conjunction with Zimbabwe’s Ministry of Health, initiated an eye care programme in the country’s Manicaland Province, which has a population of about 1.7 million people. With a view to developing the programme at community level it was decided to collaborate with the province’s traditional healers on the following basis:

- traditional eye care practices were to be accepted as a legitimate part of medical care;
- a dialogue was to be established in order to dispel mistrust;
- exchange programmes were to be organized so that the practitioners of each system would be able to study the work of the other;
- research was to be promoted into the value of herbal medicinal remedies used in the treatment of eye diseases;
- the standardization of ophthalmic herbal drugs was to be encouraged so as to lessen toxic side-effects and ensure efficacy and safety;

- a national body of traditional healers was to be established which would promote training, research and ethical medicine and prevent incompetent healers from practising.

At the outset a three-day workshop was held in which the Norwegian body and the Zimbabwe National Traditional Healers Association developed a rapport and an understanding of each other’s approaches. At this stage no reference was made to the harmful effects of some medicines. The traditional healers explained how they treated cataract with herbs and through prayer and offerings. The Norwegian body gave talks on the anatomy of the eye, the nature of cataract, and the surgical correction of the condition.

At the five-day workshop that followed, illustrated talks were given by members of the Norwegian body on the anatomy and physiology of the eye and on the diagnosis and treatment of eye diseases. The traditional healers spent time in an outpatient department and visited wards. Patients with purulent conjunctivitis were treated and were seen again so that the efficacy of simple antibiotic therapy could be demonstrated. The most rewarding activities were a visit by traditional healers to an operating theatre where they were able to observe how a cataract could be extracted from the eye, and a visit the following day to a ward in which patients had had their sight restored by this procedure.

Subsequently, members of the ophthalmic team visited certain traditional healers in their
places of work. Patients were examined by both the ophthalmologists and the traditional healers, and were mostly treated by prayer, offerings and the topical application of juices squeezed from leaves. This phase of the programme allowed the personnel of the Norwegian body to demonstrate an interest in the work of the traditional healers.

In the final phase, traditional healers saw slides and patients illustrating the effects of harmful traditional medicines. Discussions were held on the problems created by the abuse of some herbal medicines, and there was also a recognition that Western practices could have harmful effects. It was pointed out both that not all cataract surgery was successful and that some medicines, particularly topical steroids, could have adverse effects on the eye.

In Zimbabwe, some traditional healers are keen to collaborate with medical workers who have been trained according to the Western system. Traditional birth attendants can apply 1% tetracycline ointment to infants in order to treat or prevent ophthalmia neonatorum. Traditional healers can also be supplied with antibiotics for the topical treatment of eye conditions, although some are reluctant to abandon long-established practices. Today, many healers refer patients with cataract and children with retinoblastoma to hospital at an early stage, no doubt encouraged to do so by the evidence of their own eyes when they visited hospitals where cataract surgery had been performed.

Traditional healers are well accepted by their communities and can make a vital contribution to primary eye care services. Even though the full integration of traditional and Western medicine is bound to take a long time and a lot of determination, cooperation between the two is extremely important for the provision of eye care services in rural Africa.

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