In the early 1990s, a team of researchers and eye care providers in Malawi were in the midst of studying various eye problems faced by the country's population when they realized that there were some key pieces of the puzzle missing to the investigation.

"Traditional healers were in every village and, as a group, were providing more eye care services to the population than the ophthalmic medical assistants or ophthalmologists," says Paul Courtright, Assistant Professor of Ophthalmology at the University of British Columbia and Director of the British Columbia Centre for Epidemiologic and International Ophthalmology. Indeed, for every person being treated by a physician, a total of 35 were being treated by traditional healers, he adds.

Self-treatment

This study, supported by ORBIS International and the International Eye Foundation, led to a better understanding of the role of traditional healers in eye care delivery. It also resulted in the initiation of training programmes with traditional healers, which led to significant increases in the number of patients referred to ophthalmological services. But it became clear — often from reports by the healers themselves — that many patients use traditional eye medicines on their own, rather than visit governmental or non-governmental eye health services, or the healers. This may be due to the cost of eye services, the distances involved in visiting eye care clinics, or possibly an inherent bias among villagers.

A new project, funded by the International Development Research Centre (IDRC), is examining how the general population uses traditional eye medicines (and pharmaceutical or 'allopathic' eye medicines), the biodiversity of these products, and how traditional healers can collaborate for improved eye care in the region. Other partners in this initiative include the University of Malawi's Centre for Social Research, based in Zomba, and the Lilongwe Central Hospital WHO Collaborating Centre for the Prevention of Blindness.
Objectives

Specific objectives are to determine the relative contribution of popular and folk (traditional healer) traditional eye practices to overall eye care behaviours; assess how sociocultural factors influence therapeutic choices; identify endangered plant species and indigenous knowledge of biodiversity, thereby enhancing its conservation; and assist the local community in achieving appropriate, accessible, and affordable eye care. The research is focussing on cataracts — the most common cause of blindness in adults — and on neonatal conjunctivitis, one of the most frequently diagnosed conditions of childhood. In Malawi, blindness affects over 1% of the population and eye diseases are a common complaint among rural populations. Most types of blindness are preventable or curable.

Traditional eye medicines favoured by the Malawi population include breast milk, vaseline, and blood — from a nephew's finger. (According to Dr Courtright, breast milk may have anti-infective qualities and its use will be explored further by the research team.) In addition, plant-based traditional eye medicines are used for a wide variety of eye diseases. "While many eye care professionals would claim that the use of traditional eye medicines should be strongly discouraged, preliminary research has shown that, in most cases, there is no harm and likely to be some benefit from their use," he says. To confirm this, the research team is planning biochemical studies of a few commonly used plants to determine their properties.

Survey results

So far, the team has completed a population-based survey in two districts of Malawi. "The results of this first phase provide us with a framework to understand eye care service use — including traditional eye medicines and self treatment — and to understand the population's comprehension of biodiversity," says Dr Courtright.

The survey revealed that the use of traditional eye medicines by the general population is very high and is more common than the use of allopathic medicines. In Chikwawa district, only 16.8% of respondents reported seeking eye care from a health facility, while in Zomba district only 8.1% of respondents reported seeking eye care. Self-treatment with traditional eye medicines was the most common approach to eye diseases, particularly among men. Factors associated with self-treatment include older age, illiteracy, and unmarried (usually widowed) status. "We now need to know more about the decision making process involved in self treating with traditional eye medicines or allopathic medicine," notes Dr Courtright.

Dwindling biodiversity

The survey also found that many residents recognize the dwindling biodiversity of traditional eye medicines available to them. In Zomba, 34% of respondents reported that some of the medicinal plants they use to treat eye problems are harder to find now than five years ago. In Chikwawa, 18% of respondents said it was a challenge to find the desired traditional eye medicines. Population growth and deforestation have had a profound impact upon the environment in both of these districts, so the different findings probably reflect differences in their ecological zones.

In the current phase of the project, anthropologists from the Centre for Social Research — with technical training supported by Robert Geneau of the Université de Montréal — are conducting a more detailed investigation of the factors that predict the use of different treatment modalities, and of the factors associated with people's perception of declining biodiversity.
Next steps

Following the anthropological and biochemical studies, the research team will work with eye care providers, traditional healers, and other interested groups to develop better approaches to collaborating with traditional healers and providing appropriate, accessible and affordable eye care, concludes Dr Courtright.

Louise Gagnon is a freelance writer based in Ottawa. (Photo: D. Barbour, CIDA)

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If you have any comments about this article, please contact info@idrc.ca.

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