Title

Does collaboration with traditional healers contribute to preventing poisoning by medicinal plants in Abidjan, Côte d'Ivoire?

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Abstract

In recent years, the issue of collaboration between traditional and modern medicine has acquired an important social audience in public health reforms on a global scale. In Côte d'Ivoire and particularly in Abidjan, the mode of interaction between the social actors of traditional medicine and those of institutional biomedicine are often conflicting and their relations remain influenced by the interpretations and criticisms of therapeutic practices, the interests or individual priorities and concerns. The objective of this study was to analyze the perceptions relating to the collaboration between practitioners of traditional medicine in Abidjan. To do this, a survey was conducted from November to December 2016 in four communes of the district of Abidjan (Abobo, Adjamé, Koumassi and Yopougon). In total, a sample of 60 actors including 40 traditional healers and 20 modern medicine practitioners were interviewed using a semi-structured interview. The results obtained showed that these contradictions focused one the collaboration of traditional healers with the actors of modern medicine for the prevention of poisoning by medicinal plants. Ultimately, this collaboration between these two forms of medicine suffered from inefficiency because of the imbalance of power relations in favor of biomedicine specialists.

Key words

collaboration, traditional healers, modern medicine, poisoning, medicinal plants

Key dates

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Introduction

Pharmacopoeia and pharmaceutical industry stakeholders are committed to collaborating on quality standards, public health priorities and current scientific approaches to medicines. In Côte d'Ivoire, as everywhere in the world, scientific work has shown that pesticides have a negative impact on flora and fauna, possess biodiversity, harm certain biological processes such as pollination, growth, reproduction of plants. Studies have also shown that several pesticides are associated with various pathologies. In recent years, this situation has led to a growing movement of information, but also sometimes of warning and denunciation, aimed at encouraging greater respect for public health and the environment. In recent years, the issue of collaboration between traditional medicine and modern medicine has acquired a significant social audience in public health reforms worldwide.

Background

In Côte d'Ivoire, the desire to be part of this dynamic of the protection of human health and the environment justified the signing of the "Stockholm Convention on Persistent Organic Pollutants" on May 23, 2001 and its ratification on July 23, 2003 (MEEF, 2006). This decision by Côte d'Ivoire is supported by the fact that the first people exposed to pesticides are the users (farmers and their families) as well as potentially all the people who handle them regularly or not (managers of green spaces, florists, farmersherbalists and their families, users of natural resources, medicinal plants, etc.).

However, while a cute poisonings are generally recognized by the various actors, the risks associated with chronic exposure to pesticides are still the subject of scientific and social controversy (Sandberg and Cronlund, 1982; Die-Kacou et al., 2009). Because the promotion of collaboration between traditional healers and other players in the health system as one of the priorities for promoting the role of pharmacopoeia without the risk of poisoning is ineffective (Walker et al., 2021, p. 4; WHO, 2010; Sapna and Ravi, 2007, p. 183; Vuori, 1982). Indeed, the establishment of collaborative relationships between traditional healers and institutional biomedicine practitioners desired by the public authorities is reflected in mistrust, lack of communication and misunderstandings (Kroa et al., 2014, pp. 23 -26; WHO, 2001). In developing countries, two perceived barriers to collaboration by biomedical and traditional practitioners explain this state of affairs. Among others, these barriers may include the weak regulation of traditional medicine and the reciprocal perception of the ineffectiveness

and illegitimacy of the two medical practices (Green & Colucci, 2020, pp. 101-102).

In the context of a growing social sensitivity to health and environmental issues, the supervision of the production and use of traditional medicines is displayed as a political objective for the control of chemical substances. In Côte d'Ivoire since 1995, a collaborative project between practitioners of conventional medicine and traditional healers has been set up as part of the promotion of the African pharmacopoeia. In the face of the facts, the mode of interaction between the social actors of traditional medicine and those of institutional biomedicine are often conflicting and their relations remain influenced by interpretations and criticisms of therapeutic practices, interests or priorities and individual concerns. Our hypothesis states that barriers to collaboration among health care practitioners are a function of differences in perception of traditional drug toxicity testing. The study aims to analyze the perceptions relating to the collaboration between practitioners of traditional medicine and modern medicine in Abidjan.

Methodology

Scope of the study

In the field of traditional medicine, the social and cultural field of Abidjan is very dynamic and characterized by a system of competitive relations between actors and social groups to exist and defend their therapeutic practices. Thus, the mode of interaction between the social actors of traditional medicine and those of institutional biomedicine is peppered with contradictions at the origin of reluctance in working relationships. These are defined as much by the economic and cultural advantages as by its political obstacles. On the other hand, as so often in traditional medicine, most of the activities related to care are linked to the use of natural resources (plants, leaves, roots, stems and bark). Thus, the reproaches commonly addressed to traditional healers by biomedicine practitioners, are such as the lack of mastery, of the active principles, of dosage and the toxin content of their medicines, are not further mentioned.

Data collection and analysis methods

The selection of the survey population was based on the database of the community of traditional healers and the National Program for the Promotion of Traditional Medicine (PNPMT) of Côte d'Ivoire. The criteria used to select the actors of traditional medicine are:

- Be recognized as a practitioner by the Ministry of Health and Public Hygiene,
- Be recognized as a traditional healer by the PNPMT,
- Be a farmer or peasant-herbalist,
- Be in office in the district of Abidjan
- Volunteer for interviews

From the aforementioned criteria, 60 actors were identified and selected by a random draw. The traditional healers surveyed specialize in the treatment of diabetes, HIV-AIDS, kidney failure, typhoid fever, malaria, bewitchment and witchcraft. A total of 40 traditional healers and 20 modern medicine practitioners were interviewed using a semi-structured interview in the district of Abidjan. Doctors when they specialize in the management of diabetes, HIV-AIDS, kidney failure, typhoid fever, malaria. Describe who the 20 were and the type of healing they provided. This is a crosssectional study with an analytical aim using the qualitative research method. Thus, the interview guide focused on collaboration between practitioners (traditional healer and biomedicine practitioners) on the one hand, and collaboration between analysis laboratories and traditional medicine, on the other hand. In addition, the study of documents, reports relating to the activities of the PNPMT and certain associations of traditional medicine actors, made it possible to verify and cross-check the information collected through the interview guide. The survey took place from November to December 2016 in four communes of the district of Abidjan (Abobo, Adjamé, Koumassi and Yopougon).

The qualitative analysis favored the analysis of the content of documentary data and information collected from traditional healers and biomedicine practitioners. The interpretation of the collected data was linked to the dialectical and strategic analysis.

Results

Non-adherence to treatment content and lack of trust as perceived barriers to collaboration between traditional healers and biomedical practitioners

Collaboration is the joint work of several practitioners, from the same or different sectors of activity. In the context of health, collaboration between practitioners of traditional medicine and conventional medicine is the most successful form of communication of the relationships that can be established. Within the framework of this study, the collaboration between the actors must allow the prevention of the impact of pesticides on traditional medicine. But on analysis, this seems to be quite rare and difficult in the health sector. Barriers to this collaboration can take different forms. It should be noted that one of the obstacles lies in the rejection of collaboration. The words of a traditional healer note that this rejection is related to the problem of recognition of traditional medicine treatments:

Collaborating with other practitioners doesn't cross my mind. There are too many people who take advantage to distort the treatment. I am for a frank collaboration. I want to be given all the guarantees that my treatment will be recognized (T. Traditional practitioner).

Thus, the rejection of collaboration can be explained in particular because of its perception and its practice. It is based on several factors including the absence of guarantees and non-compliance with the content of the drug.

The results obtained from the analysis of the relationships between traditional healers and other health practitioners show almost a virtual absence of collaboration. This is clearly underlined in the speeches of a traditional healer and the scientists who follow.

There was a time when I should collaborate with a doctor I knew from a prostate patient. But so far this collaboration has not yet taken shape (G., traditional healer).

The use of medicinal plants is not without risk. For millennia, the notion of remedy/poison ambivalence has been well known. With the development of new technologies, the dangers become more complex. Plant poisoning can occur in the event of misuse, if there is a lack of information. But a certain toxicity can be avoided when advice is associated with production and sale (L. Pharmacist).

The challenge facing the ivorian pharmaceutical sector is the development of a close partnership between so-called modern pharmacy and the African pharmacopoeia. A partnership is still non-existent due to a lack of trust (S., Doctor).

These comments highlight the lack of trust as one of the major obstacles to collaboration between practitioners of traditional medicine and institutional biomedicine. These discourses also show uncertainties in the relations of traditional healers with doctors.

Perceptions of constraints to collaboration between traditional healers and practitioners of toxicological analysis laboratories

The results show that memories of the past contributed to strengthening the mistrust of traditional healers towards practitioners of analysis laboratories and toxicity tests. Indeed some traditional healers tormented by, lack of attention to the practitioners of the analysis laboratories. Indeed, the bad experiences of collaboration experienced by traditional healers have reinforced their skepticism of the use of toxicity analysis laboratories. In the words of a traditional healer, the frustrations and discontent resulting from the attitude of indifference of laboratory technicians are explained through personal testimonies, from colleagues and relatives. The latter relates how their drugs are diverted by toxicity analysis laboratories.

In the bush, there is an antibiotic tree that effectively treats buruli ulcer. I introduced this tree to a pharmacist who tested it and found it to have potent antibiotic content. He unilaterally decided to lower the dose. This displeased me because such a treatment no longer produced the same effect. He even said that he made a mistake in forming me about the quality of the tree extract at the beginning of the analysis. Modern medicine over uses our products (Y., traditional healer).

Under these conditions, recourse to the laboratory and to analysis tests is dictated by the fear and incomprehension of the technicians in the analysis laboratories.

However, others do not have this consideration given to analytical laboratories. We note the complexity in their practices and the red tape that explain the disarray of traditional healers. According to them, the misunderstanding of their problems and expectations gives rise to anxieties and problems that make it more difficult to use the analysis laboratory. A traditional healer explains that the refusal to use pharmacological analysis laboratories is based on fear of their reception conditions and treatment methods.

You can wait for days or even weeks to get your results. And it's to come and tell you that there's nothing good. It's because of all that that I prefer not to do these tests (K., traditional healer).

It should however be added that the imbalance of the relations between these practitioners, which is supposed in this intervention of this traditional practitioner. Moreover, traditional healers produce a discourse that translates a form of inferiority complex faced with the rejection of their know-how by modern medicine. The example of the speech of a traditional healer translates this idea of complex.

It's because we consider them our superiors. But that's no reason for us to give up our rights to our drugs. It's up to them to get closer to us and guide us so that everything goes well and everyone benefits... (A., traditional healer)

This kind of discourse leads one to think that the refusal of traditional healers to use pharmacological analysis laboratories expresses their desire to demand better consideration and more human relations from those responsible for toxicity analysis laboratories.

Discussion

The results obtained show that these contradictions crystallize around the collaboration of traditional healers with institutional actors as a strategy to improve the balance of power relations at work. This contradictory crystallization results in a lack of collaboration between traditional healers and practitioners. biomedicine This contradiction between traditional healers and institutional actors above all shows the desire of traditional healers not to resort to collaboration as a means of preventing the risk of poisoning by medicines from the traditional African pharmacopoeia. This analysis joins that of other writings according to which one of the major obstacles of the prevention vis-a-vis the risks of the professional use of pesticides on human health resides in the coordination of the various actors involved (WHO et al., 1997, pp. 45.79; Clayton, 2007). Indeed, memories of the past have helped to strengthen the distrust of traditional healers with regard to practitioners of analysis laboratories and toxicity tests. This state of affairs translates a refusal of domination of traditional healers by the institutional actors of public hygiene. In Côte d'Ivoire, numerous studies reveal the practices of traditional medicine generally deviate from conformity with the requirements of conventional medicine. Because it has been recognized that traditional healers do not subject their medicines to analysis and toxicity tests, but use plant and animal extracts in their raw form (Yoro et al., 2015; Konan, 2012). While some are considered traditional healer which could constitute a constraint to their professional integration into the public health system (Yao et al., 2021, p. 37). This situation leads many scientists and public authorities to be increasingly concerned about the impacts of pesticides and toxic substances in medicinal plants on human health. Thus, the problems of collaboration on the regulation and use of herbal medicines have become the main difficulties of recognition of traditional medicine. (WHO, 2016, 2005, 2001; Niagia, 2002; Ajai, 1990). In some African countries, increased regulatory measures focused on improving the quality, safety and efficacy of herbal medicines, are coupled with improved outreach strategies to health professionals on the safety of phytotherapy to meet the challenges of the quality of collaboration between practitioners. These national initiatives are considered to facilitate active collaboration between the various stakeholders and actors in the pharmacovigilance of herbal medicines (Dodoo et al. 2006; Mokgobi, 2013, pp. 4-6; Hasen & Hashim, 2021, pp. 2003-2005). These national initiatives are considered to facilitate active collaboration between the various stakeholders and actors in the

pharmacovigilance of herbal medicines (Dodoo et al., 2006; Mokgobi, 2013, pp. 4-6; Hasen & Hashim, 2021, pp. 2003-2005). This collaboration emphasizes an integrative coordination of the psycho-social, cultural and biological dimensions of traditional medicine. That is to say a scientific reflection that is attentive to the holistic approach and systemic collaboration between traditional healers and practitioners of modern medicine. It is ultimately a collaboration that guarantees the rights of traditional healers in the traditional medical system.

Implications

The contradictions noted between traditional healers and institutional biomedical actors testify to a lack of appropriation of traditional medicine in certain Ivorian intellectual circles. According to the position of the actors of the modern health system, traditional medicine can be defined as a professional field where various social practices interfere with technicalcultural codes and regulations. In this case, collaboration with traditional healers calls on socioanthropology, which knows how to establish the parallelism between the two medicines. Thus, any collaborative project between traditional healers and practitioners of modern medicine must call on socioanthropology, which is capable of removing all obstacles.

Conclusion

In this study, the axes raised revolve around the search for performance in order to motivate the traditional healer to resort to analysis and toxicity tests. The collaboration advocated between practitioners of traditional medicine and conventional medicine as a strategy for preventing the risk of poisoning by herbal medicines is ineffective. Unfortunate experiences from the past have contributed to the deterioration of relations between traditional healers and other practitioners in the health system. This situation, which is at the origin of the distrust of traditional healers towards institutional actors, is not likely to promote effective collaboration. In short, the results show that the weak capacity of traditional healers to better understand the evolution and the diffusion of scientific knowledge in contemporary societies. This is due to the fact that the two medicines are mutually ignorant. Indeed we are in the presence of two rationalities on the one hand the positive rationality which is reflected in the biomedical model. By its Cartesian principles and its approach based on observation, positivism cannot grasp belief systems and all popular non-Western medical practices in their complexity and its actors. Thus, according to Yao Y. L. (2004), far from trivializing African therapeutic practices,

socioanthropology rather sees two parallel medicines in them: biochemical medicine and sacred medicine organized respectively by different rationalities, one positive and the other phenomenological. Thus, any collaborative project between traditional healers and practitioners of modern medicine must call on socioanthropology, which is capable of removing all obstacles.

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Conflict of interest

We have no conflict of interest.

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