

Abstract of Dissertation submitted by (Ezzan Kunna)

The use of traditional medicines among mycetoma patients
(マイセトーマ患者における伝統医療の利用)
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Introduction:

Sudan is considered the homeland of mycetoma with around 370 new cases every year. Mycetoma is a severely neglected tropical disease, which is a chronic granulomatous destructive inflammatory disease. Mycetoma patients in Sudan frequently present with advanced disease, the causes of which are multiple, but the use of traditional medicine modalities has been shown to be an important factor. Traditional medicine is an integral part of the Sudanese culture, and many mycetoma patients utilise it because it is accessible, cheap and available, and because of the knowledge gap in mycetoma. It is also due to the dissatisfaction of many mycetoma patients with modern treatment methods and outcomes, and hence traditional practices are thought to provide a suitable alternative. Thus, it is imperative to study the pattern and characteristics of the traditional medicine use among the mycetoma patients.

Materials and Methods:

To confirm this anecdotal observation, a group of mycetoma patients seen at the Mycetoma Research Center (MRC) in Khartoum, Sudan were studied in the period from June to December 2019. The study was conducted to investigate the patterns and determinants of the use of traditional medicine (TM) in mycetoma treatment, its prevalence and the commonest modalities accessed, and the characteristics of those who access the TM and the commonest types of traditional healers who claim to treat mycetoma as well as their opinion regarding medical treatment. The data were collected in a pre-designed, pre-tested structured questionnaire. The data analysis was conducted via a one-way table to calculate distribution frequency, while inferential analysis was performed by chi-square and logistic regression. Significant level was set at $p < 0.05$.

Results:

In this descriptive, cross-sectional hospital-based study, 389 mycetoma-confirmed patients were included. The study showed that the majority (78%) of the studied patients were males, 51% of them were in the age group 20 to 40 years; 56% were married and, 59% were from urban settings and low level of education (18% illiterate and 29% having only primary education). All had used traditional medicine at some stage in their mycetoma treatment. 47% of the participants used TM because they believed it is beneficial and 42% it was available to them. Amongst them, 66% had consulted traditional healers first for mycetoma treatment.

Urban residents were more likely to have consulted modern health care providers first than rural residents. It was found that 58% had consulted religious healers known as faki, while the majority (72%) of those who consulted specialist healers had consulted herbalists. While some patients (4%) were advised by the traditional healers to stop mycetoma medical treatment, 32% of them were asked by their traditional healers to obtain medical advice. Some patients (23%) continued visiting traditional healers even after they had started allopathic mycetoma medical treatment. The most frequent type of traditional medicine received by patients from religious healers was al-azima (31%), and the commonest treatment given by the specialist healers was herbal medicine (46%) and the most commonly used herbal treatment was *Acacia nilotica*. 38% of patients used traditional treatment for less than six months, 12% had continued traditional treatment for more than 10 years. Most of the patients (75%) were not satisfied with the traditional treatment for mycetoma, the main reason cited for this dissatisfaction was the lack of clinical improvement (98%). 18% of the respondents experienced complications after receiving the traditional medical treatment for mycetoma. 48% of the respondents believed the traditional treatment to be more expensive compared to modern medicine.

Discussion:

Traditional medicine is widely used by the study population due to its availability, accessibility, affordability and the scarcity and high cost of modern medicine, particularly in mycetoma endemic areas. Reverting to TM can lead to a delay in seeking medical care and, potentially, has serious consequences like extensive tissue damage, deformity, and disability. It is important to make policies and regulations for traditional medicine to regulate its use and limit its side effects. Collaboration with traditional healers, training, and educating them to refer mycetoma patients to specialised centres is a vital step to ensure they receive proper treatment in a timely and efficient manner.