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Research Article

The Weight of Traditional Therapy in The Management of Chronic Skin Diseases in Donka National Hospital

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Abstract

Chronic skin diseases affect patients' physical, psychological and social well-being. They lead patients to seek care in conventional and traditional medicine. The aim of this study was to determine the contributions of traditional therapists in the management of patients with chronic skin diseases attending the Donka National Hospital. We have conducted a descriptive cross-sectional study from 10 January 2021 to 15 August 2023 in the Dermatology - STD Department of the Donka National Hospital.

We considered a chronic skin disease to be one in which the duration of the disease is greater than or equal to 3 months, with repercussions on the daily life of the patient and/or those around him. Recruitment was exhaustive. A questionnaire was designed for this purpose. The Patient Global Impression Improvement Scale (PGI-I) was used to assess response to treatment. The contribution was considered positive if the patient had been referred by the traditional therapist to the specialist centre. Fifty-three of the 1011 patients suffering from chronic skin diseases were included, i.e. 9.23%.

The mean age of the patients was 35.94 years, ranging from 5 to 80 years. The male/female sex ratio of patients was 0.70. Chronic skin diseases were autoimmune in 37.70% of cases. Only 17% of patients had been referred to a dermatologist by their traditional therapist, with good improvement noted in 37% of cases. This positive contribution needs to be reinforced by setting up a formal framework for collaboration between traditional and conventional medicine.

Keywords: Chronic Skin Diseases; Conventional Medicine; Traditional Medicine; Traditional Therapists; Donka National Hospital

Introduction

Chronic skin diseases affect a patient's physical, psychological and social well-being [1]. They put patients in search of care in both conventional and traditional medicine. Traditional medicine is defined by medical and healthcare practices and products that are not currently considered to be part of conventional medicine [2]. For the WHO, the term "Traditional Medicine" is used in reference to Africa, Latin America, South-East Asia and/or the Western Pacific, while the term "Complementary, Alternative or Parallel Medicine" is used in reference to Europe and/or North America and Australia [3]. A study conducted in the United States in 1993 revealed that one adult in three used complementary medicine [4]. Current estimates suggest that up to 80% of

African populations rely on traditional medicine for their primary healthcaré needs [5]. People who practise this traditional medicine are referred to as traditional therapists. The aim of this study was to determine the contributions of traditional medicine practiced by traditional therapists in the management of patients with chronic skin diseases consulting at the Donka National Hospital.

Material and Methods

We conducted a descriptive cross-sectional study over a period of 30 months (from 10 January 2021 to 15 August 2023) in the Dermatology- Sexually Transmitted Diseases department of the Donka National Hospital, the only one in the country, in the capital. The department has a capacity of 20 hospital beds and 10 dermatologists. Patients with chronic non-transmissible skin diseases with a note of traditional treatment, received in the department and who agreed to answer our questions were included. We considered a chronic skin disease to be one with a duration of evolution greater than or equal to 3 months, with repercussions on the daily life of the patient and/or those around him. Recruitment was exhaustive. A questionnaire was drawn up for this purpose, including socio-demographic data, the chronic skin disease, how long it had progressed, the patient's first recourse to treatment and how it had progressed, the reasons for seeing a traditional therapist, the time spent by the patient with the traditional therapists, the follow-up to the traditional therapist's treatment, referral of the patient by the traditional therapist to the dermatologist and the follow-up to conventional treatment by the dermatologist and the type of chronic skin disease.

The Patient Global Impression Improvement Scale (PGI-I) was used to assess the response to traditional and conventional treatments, classified into three levels:

1. mild = less than 30% improvement
2. moderate = 30-60% improvement
3. good = more than 60% improvement

If there has been an exacerbation of the chronic skin disease, it has been classified as "worsening". Our data were analyzed using R software, highlighting the sex ratio, mean age of patients and other proportions. We considered the contribution to be positive if the patient had been referred by the traditional therapist to the specialist centre (Dermatology Department). The confidentiality of the data was ensured by their anonymization.

Results

Fifty-Three out of 1011 patients with chronic skin diseases were included, i.e. 9.23%. The mean age of the patients was 35.94 with extremes of 5 and 80 years. The male/female sex ratio of patients was 0.70. The 58% of patients were from Conakry (Table 1). Chronic skin diseases were autoimmune in 37.70%, the others were represented by Ekbom's disease, psoriasis and chronic leg ulcer in 5% each and neurofibromatosis in 3% (Table 2). The mean duration of these chronic skin diseases was 48.16 months. The 1st line of treatment was conventional medicine in 50.90%, with a slight improvement in 9%.

The main reason for seeing traditional practitioners was the affordable cost of care in 34% of cases. The average time spent with traditional healers was 14.73 months, with no improvement in 79%. Only 17% of patients were referred by the traditional healers to the dermatologist, with good improvement noted in 37% of cases (Fig. 1,2 and Table 3).

Socio-Demographic Variables	N = 53	Percentage (%)
Age of Patients (Year)		
≤15	12	22.6
15 - 24	6	11.3
25 - 44	19	35.8
≥45	16	30.2
Sex		
Female	31	58.5
Male	22	41.5

Instruction		
No	17	32.1
Primary	8	15.1
Secondary	18	34
Higher	10	18.9
Origin		
Conakry	31	58.5
Outside Conakry	22	41.5

Table 1: Socio-demographic variables of patients included in the Dermatology Department of the Donka National Hospital from 2021 to 2023.

Types of Chronic Skin Diseases	**N = 53**		**Percentage (%)**
Auto-immunes	Lupus disease	10	18,86
	Dermatomyositis	1	1,88
	Scleroderma	4	7,54
	Vitiligo	4	7,54
	Pelade	1	1,88
Others	Postherpetic neuralgia	1	1,88
	Hamartomas	1	1,88
	Chronic lymphoedema	2	3,77
	Ekbom's disease	3	5,66
	Ochronosis	2	3,77
	Chronic leg ulcer	3	5,66
Inflammatory	Pyoderma gangrenosum	1	1,88
	Fibrosing Folliculitis of the Nape of the Neck	1	1,88
	Psoriasis and eczema	3	5,66
	Verneuil's disease	1	1,88
	Chronic urticaria	2	3,77
	Behçet's disease	1	1,88
	Periarteritis nodosa	1	1,88
Tumoral	Buscke-Loweinstein tumour	1	1,88
	Heck's disease	1	1,88
	Darier-Ferrand dermatofibrosarcoma	1	1,88
	Kaposi's disease	2	3,77
	Squamous cell carcinoma	1	1,88
	Mycosis fungoides	1	1,88
Genodermatosis	Xeroderma pigmentosum	1	1,88
	NeurofibromatosIS	2	3,77
	Albinism	1	1,88
Progression Time			
≤60 mois	39,0		73,6
>60 mois	14,0		26,4

Table 2: Types of chronic skin disease in included patients and their progression time in the Dermatology Department of the Donka National Hospital from 2021 to 2023.

Traditional Therapist Variables	N = 53	Pourcentage (%)
Reasons to consult a traditional therapist		
Easy access	15	28.3
My own initiative	19	35.8
Parent / Affordable cost	19	35.8
Number of therapists seen by patients		
≤2	33	62.3
>2	20	37.7
Estimated age of therapists consulted by patients		
≤50	28	52
>50	25	48
Time spent by patients with traditional therapists		
≤ 12 mois	40	75
>12 mois	13	25
Types of treatment received by patients from traditional therapists		
Oral herbal therapy	34	64.2
Phytotherapy in mouthwash	2	3.8
Incantations	2	3.8
Talisman	16	30.2
Herbal bath therapy	46	86.8
Referral of patients by the traditional therapist to the dermatologist		
No	44	83
Yes	9	17

Table 3: Variables on traditional therapists consulted by patients with chronic non-communicable skin diseases seen in the Dermatology department of the Donka National Hospital from 2021 to 2023.

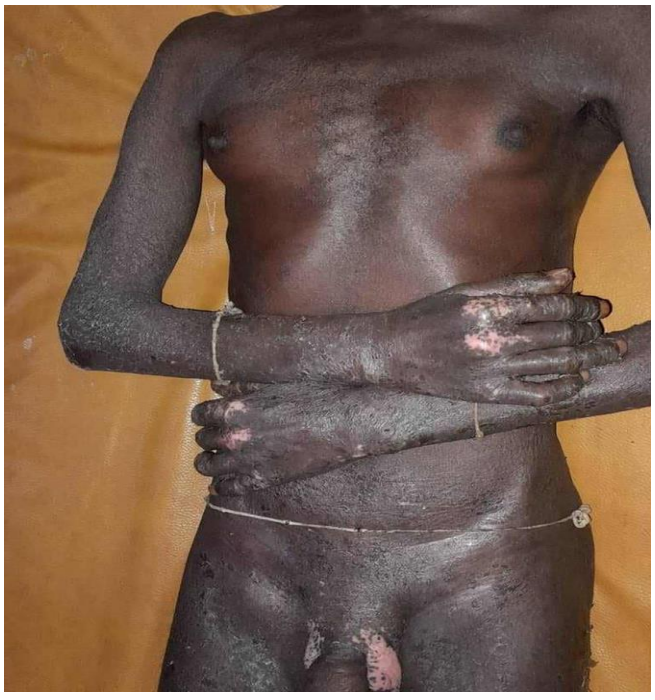

Figure 1: A patient with erythrodermic eczema treated by a traditional therapist using a talisman on the forearms and hip,

consulting the dermatology department of the Donka national hospital.

Figure 2: A patient with bilateral chronic venous leg ulcers being treated by a talismanic practitioner consulting the Dermatology Department of the Donka National Hospital.

Discussion

Chronic skin diseases in patients were diagnosed on the basis of clinical and paraclinical findings and sometimes on the basis of established diagnostic criteria, as in the case of Behçet's disease in this study. The information on traditional therapists was provided by the patients and we were unable to contact the traditional therapists, which is the main limitation of this study. Chronic skin diseases often lead patients to see a traditional practitioner in Africa. This is mainly due to the fact that traditional medicine is an intrinsic cultural value, but also the fact that imported medicines are out of the reach of a large majorityý of populations in developing countries and in developed countries, this renewed interest is explained by the preference for natural products [6]. This frequent practice in our African countries could defeat the efforts of conventional medicine in the management of these diseases. There are many treatment methods used by traditional therapists (Table 3), some of which have no scientific basis and some of which bring relief to patients. This was observed in this study.

Conclusion

Patients are sometimes obliged to stop long-term treatment, even if it is effective in slowing the progression of their disease towards complicated stages, as we noted in this study, where in 79% of cases no improvement was obtained in these patients with traditional therapists. It also happens that patients combine the treatments of these two medicines without worrying about drug interaction, which could either increase drug toxicity or inhibit drug efficacy. Only 17% of patients had been referred to dermatologists by conventional medicine, with 37% showing good improvement. This positive contribution needs to be reinforced by setting up a formal framework for collaboration and training for traditional therapists and demonstrates the absolute need for collaboration between these two types of medicine to ensure that patients are rapidly referred, better treated and followed up by specialists over time.

Conflict of Interests

The authors have no conflict of interest to declare.

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