

Introduction of the Teaching of Traditional Medicine in Medical Schools in Togo

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How to cite this paper: Kpelao, E., Teclessou, J. N., Ntimon, B., Pegbessou, E., Salifou, S., Adjita, S., & El Kader Moumouni, A. (2018). Introduction of the Teaching of Traditional Medicine in Medical Schools in Togo. *Creative Education*, 9, 633-637. <https://doi.org/10.4236/ce.2018.95045>

Received: February 11, 2018

Accepted: April 16, 2018

Published: April 19, 2018

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Abstract

Objectives: The use of traditional medicine is widespread in many countries of the world. A study found that 80% of rural populations living in developing countries depend on traditional medicine for their health needs. African Traditional Medicine remains poorly documented. However, because of this large attendance by the population, African physicians cannot continue to ignore this fact. The purpose of this study was to conduct a survey among physicians to find out what they think about the introduction of the teaching of ATM in medical schools in Togo. **Methods:** This is a cross-sectional survey of Togolese physicians over a period of a year, from December 1st, 2016 to November 30th, 2017. An anonymous questionnaire was sent to them and retrieved after filling. The socio-demographic and the general data on traditional medicine were asked. **Results:** 276 physicians completed the questionnaire. Their average age was 34.41 years. These physicians exercised mainly in public hospitals (91.3%). General practitioners were predominant (67.4%). The majority (62.7%) of the physicians surveyed believed in the existence of the ATM and 57.6% had at least once witnessed its success. ATM teaching in medical schools was approved by 209 (75.7%) of the physicians surveyed. **Conclusion:** The teaching of African traditional medicine in medical schools is widely accepted by the physicians surveyed. The challenges of this teaching are important because of the lack of documentation and resource persons.

Keywords

Traditional Medicine Teaching, Medical Schools, Togo

1. Introduction

Traditional medicine (TM) is defined by World Health Organization (WHO), as

“health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness” (World Health Organization, 2013). The use of traditional, complementary and alternative medicine is widespread in many countries of the world (Barnes, Powell-Griner, McFann, & Nahin, 2004; Mak & Faux, 2009). In Africa, more and more people have been using traditional medicine to treat their ailments, either as a complement or substitute to more bio-medical treatment regimens (Singh, Raidoo, & Harries, 2004). A study found that 80% of rural populations living in developing countries depend on traditional medicine for their health needs (Peltzer, Preez, Ramalagan, & Fomundam, 2008). Other traditional medicines like the Chinese have been able to modernize while keeping their specificity. African Traditional Medicine (ATM) remains poorly documented with practices that are difficult to transpose from one individual to another. However because of this large attendance by the population, African physicians cannot continue to ignore this fact even if the aim of their training is to master the so-called modern medical knowledge. It is thus important to understand this medicine and to recover the best of it to associate to their knowledge. The purpose of this study was to conduct a survey among physicians to find out what they think about the introduction of the teaching of ATM in medical schools in Togo.

2. Methods

This is a cross-sectional survey of Togolese physicians over a period of a year, from December 1st, 2016 to November 30th, 2017. An anonymous questionnaire was sent to them and retrieved after filling. The socio-demographic data (age, year of defense of thesis, specialization ...) and the general data on traditional medicine were asked (existence, efficiency, operating bases, the profile of a traditional therapist) were collected. The opinion of the participants on the introduction of the teaching of ATM in medical schools and the modalities of this teaching was put forward. The data was analyzed with epi-info 7 software.

3. Results

A total of 276 physicians completed the questionnaire. The average age of the physicians was 34.41 years \pm 5 (with extremes of 27 years -56 years) completed the questionnaire. These physicians had obtained their doctoral thesis in medicine between 1989 and 2017 and exercised mainly in public hospitals (91.3%). General practitioners were predominant (67.4%) compared to 32.6% specialists. The majority (62.7%) of the physicians surveyed believed in the existence of the ATM and 57.6% had at least once witnessed its success. The diseases in which they were witnessed were: organic (58.5%), mystical (35.8%) psychological (25.2%). According to them, several reasons explain the attendance of traditional healers by the population (Table 1).

Table 1. The reasons explaining the success of ATM with the population.

	Number	Percentage (%)
Poverty of the population	187	67.7
Ignorance of the population	107	38.8
Efficiency	102	37.0

The basics of ATM cited by the respondents were scientific (19.2%), mystical (27.2%) or placebo (22.1%). According to the physicians, the herbalist (62.3%) corresponded at best to the profile of traditional therapist ahead of the healers (using rituals and incantations) in 12.7%.

ATM teaching in medical schools was approved by 209 (75.7%) of the physicians surveyed. They think that this teaching is possible and useful to the career of a modern physician for reasons summarized in **Table 2**.

With regards to the evaluation methods, 32.3% recommend that this teaching be compulsory against 48.9% who want it optional. This teaching will modernize (scientific rigor) the ATM (93.1%). Nearly 8% of the physicians surveyed believe that ATM is harmful and must be combated.

4. Discussion

African Traditional Medicine is very popular in Africa (Barnes et al., 2004; Gqaleni, Moodley, Kruger, Ntuli, & McLeod, 2007). Several factors explain this high attendance, namely, isolation, inaccessibility of health structures, poverty and for its effectiveness (World Health Organization, 2013; Kim, 2012; Labhardt et al., 2010). Hollenberg stressed TM was continuously being neglected by medical schools despite evidence of its significant influence within African countries (Hollenberg, Zakus, Cook, & Wei, 2008). But this global increase in demand for alternative medicine has led some medical schools in Western and many Asian countries to incorporate TM into their curricula (Fenton & Morris, 2003). Hence 85% of Korean, 77% of Canadian and 20% of Japan medical schools taught alternative medicine (Kim, 2012). In South Africa, only one medical school is taught traditional medicine practically (Chitindingu et al., 2014). The majority of physicians in our survey (75.7%) believe that their teaching in medical schools will be useful in the exercise of their profession in Africa for several reasons. First, access to ancestral knowledge of plant virtues by herbalists (which best corresponds to the definition of a traditional therapist) can be exploited as a source of research (40.5%). This is hardly surprising, as most of the drugs used in modern medicine come from plants. Another reason is that it will help them to understand the psychological and sociocultural characteristics of the populations in the environment in which they provide care. Indeed, because of the cultural weight, the majority of African populations has a different conception of the evils from which they suffer. The origin of certain diseases for the majority still remains mystical, supernatural, as result of a bad spell or linked to a

Table 2. Reasons explaining the usefulness of ATM teaching in medical schools according to the physicians that completed the survey.

	Number	Percentage (%)
Sources of research for modern medicine	85	40.5
Diversity of knowledge	62	29.7
ATM is closer to african realities	34	16.2
Promote the ATM	17	8.1
Affordable cost for the population	11	5.4
Total	209	100

transgression of a social prohibition. Traditional medicine can find solutions to these problems. Like modern medicine, the ATM is passed down from generation to generation or after initiation with a mentor. Which means that there is some knowledge that its practitioners hold. The main problem lies in the practical organization of this teaching with regard to the choice of resource persons and the determination of the educational program because it is an informal sector, little documented, made of individual practices as diverse as varied. The challenge of incorporating alternative medicine into biomedical curriculums was noted by Kim (Kim, 2012) who suggested that introducing new content faces many barriers including “a lack of an evidence-based approach, insufficiently reliable reference resources, and insufficient time to incorporate new courses”. Medical schools are therefore often resistance to fully incorporate alternative medicine due to curriculum overload or lack of adequate resources for its incorporation (Gqaleni et al., 2007). As a possible solution, we can rely on the association of traditional healers who will certify these members on the basis of the rules of ethics and efficiency practices that have already been the subject of a procedure established by the administrative authorities and the scientific community. These certified persons will be able to form the basis of the lecturers. The choice of the lecturer will be made only after validation by a scientific and ethical committee (including physicians, pharmacists, biologists, politicians, traditional healers, representatives of the patients association). To adjust the time constraints, this optional teaching can be made as suggested by 48.9% of the participants. The challenges of this teaching are enormous but not insurmountable. Difficulties often generate solutions, as some authors have pointed out: when teaching health subjects, a problem-based approach is optimal as students are provided an opportunity gain practical experience through problem-solving. They further stress that problem solving skills are the most important skills to acquire rather than memory skill only (Barrows & Tamblyn, 1980). Whether compulsory or not, the most important is to have notions of traditional medicine that will allow to modernize (93.1%) and promote it.

5. Conclusion

The teaching of African traditional medicine in medical schools is widely ac-

cepted by the physicians surveyed. The challenges of this teaching are important because of the lack of documentation and resource persons. It will allow future physicians to be better equipped in certain situations. This teaching will also help demystify and authenticate ATM best practices and at the same time provide a foundation for research fields to enrich modern medicine.

Conflict of Interest

The authors declare that they have no conflict of interest.

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