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Palliative versus curative beliefs regarding tropical epilepsy as a function of traditional and medical attributions

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SUMMARY

Although epilepsy may be successfully managed with appropriate medication, in Africa epileptics are often vilified, sometimes because of traditional beliefs about the illness. We investigated the strength of beliefs which 112 rural Malawians held regarding traditional and medical explanations for the cause, treatment and cure of epilepsy. Those who believed in traditional causes of epilepsy also endorsed traditional treatment for it, though they did not see such treatment as curative. Those who believed in a medical treatment, did however see such treatment as curative. Knowledge of a local medical facility for the treatment of epilepsy was also positively related to the belief that epilepsy is curable. The ability of people to simultaneously hold medical and traditional beliefs about epilepsy was noted.

INTRODUCTION

Epilepsy is a disturbing and relatively common neurological disorder. However when it is well controlled, epilepsy need not diminish the quality of life of a sufferer or socially disadvantage them.[1] Such control may be achieved by medicating with phenobarbitone, phenytoin sodium or sodium valporate. However choice of medication, especially in developing countries, is

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likely to be dictated by availability and cost.[2]

In many developing countries, in the tropics, knowledge about the cause, treatment and cure of epilepsy come from apparently contradictory sources. For instance, in Malawi, the influence of traditional non-medical beliefs is still strong[3,4] with regard to both physical and mental disorders. Unfortunately however, within the African tropics, epilepsy may not be well controlled and the sufferer is often vilified because of beliefs in the role of witchcraft and spirits in causing seizures and in its incurability. As such, epileptics are likely to be excluded from communal feedings, school education, formal marriage, inheritance and employment.[2] The belief that evil is involved in epilepsy probably stems from the dramatic and frightening onset of *grand mal* seizures along with the range of psychiatric symptomatology (delusions, hallucinations, thought disorder) which occurs in a minority of cases.[5]

The fact that Western medicine can provide effective treatments should not however rule out a role for traditional treatments, if they are beneficial.[4] Perhaps a first step to effective integration is to understand how people in the traditional cultures, in many tropical regions, view medical and non-medical (traditional) ideas about cause and treatment, and how these relate to the belief that epilepsy can be effectively treated. The present study therefore sought to investigate the relationship between these variables in a sample of rural Malawians.

MATERIALS AND METHODS

Subjects: A stratified sample of 56 males and 56 females was drawn from two rural cites in Malawi: Zomba and Mzimba. The quota was reached by systematic sampling from every second house.

Apparatus and procedure: A questionnaire was translated into the predominant language at each sample site: Chichewa in Zomba, and Chitumbuka in Mzimba. Items were divided into questions on beliefs about cause and treatment, medical/non-medical, cure, and knowing the existence of a local health unit. Each item took a closed option likely type, format, ranging from 'strongly disagree' through to 'strongly agree'.

RESULTS

From Table I causative attribution does not predict belief about the alternative cause (see Table I). However, degree of believing in a traditional cause of epilepsy is clearly associated with degree of belief in traditional treatment (rho+0,530; df = 111; $p < 0,01$, 2-tailed) and negative beliefs about medical treatment (rho = -0,223; df = $p < 0,05$; 2-tailed). In contrast, degree of belief in medical causation is not significantly associated with degree of belief in medical treatment or traditional treatment.

Strength of belief in a cure for epilepsy is not predicted by strength of belief in cause. Nor is strength of belief in a cure predicted by strength of belief in traditional treatment. But, there is a significantly close relationship between strength of belief about medical treatment and belief in a cure (rho = 0,305; $p < 0,01$, 2-tailed). Degree of medical orientation to treatment thus predicts a belief in curative powers, whereas degree of traditional orientation to treatment, by implication, predicts a belief in palliative powers (a preference for traditional treatment but with no expectation of cure).

A similar analysis, though not described in Table I, was conducted regarding knowledge of a local health facility for epilepsy. Knowing of the existence of local heath unit facilities for epilepsy is not associated with either strength of belief in traditional causes or strength of belief in traditional treatment. While knowing of facilities is not linked to strength of belief in a medical treatment, it is linked to strength of belief in a medical cause (rho = 0,201; $p < 0,05$; 2-tailed). Finally, knowing of the existence of a health unit clearly predicts degree of belief in a cure (rho = +0,342; $p < 0,001$; 2-tailed).

Table I: Spearman's rho intercorrelations between ratings for causative, treatment, and curative beliefs.

	Traditional Cause (TC)	Medical Cause (MC)	Traditional Treatment (TT)	Medical Treatment (MT)	Cure (C)
MC	NS				
TT	+0,53	NS			
MT	–0,22	NS	–0,26		
C	NS	NS	NS	+0,31	

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DISCUSSION

A belief in either a medical or traditional cause of epilepsy did not preclude a belief in the other. The lack of a significant correlation between the two beliefs indicates that those who believe in a medical cause may or may not also believe in a traditional cause. Thus, some people may see epilepsy as having a dual cause – both medical and traditional.

Of great interest is the finding that a belief in a traditional cause is strongly associated with a belief in traditional treatment, but that neither of these beliefs (in traditional cause or treatment) are associated with a belief that epilepsy is curable. Hence traditional methods may be seen as appropriate for treatment of epilepsy, but not as effective cures. As such, traditional treatments may be seen as palliative for those who believe in a traditional cause of epilepsy. Furthermore, those who do believe in such palliative traditional treatment do not believe that medical methods of treatment should be used.

Those who believe in a medical treatment for epilepsy also believe that it is curable. Medical treatment is therefore seen as curative. The finding, noted above, that those who believe in traditional treatment tend to believe in medical treatment, may therefore be attributed to a differing focus on palliative and curative treatments.

Our results suggest that beliefs in the curability of epilepsy are significantly related to whether an individual is aware of the existence of local medical facilities for epilepsy. Where a medical health unit exists and is known about, people are more inclined to see epilepsy as curable. Of course, many medical practitioners will view the control of epilepsy with appropriate medication as a palliative rather than curative treatment, but clearly the perception of epilepsy as curable is likely to diminish the social stigma particularly associated with the disorder.[2]

Conclusion: the perceptions of rural Malawians suggest that there is a differentiation between the effects of medical and traditional treatment. Because one is seen as palliative while the other is seen as curative, it may be that these two approaches could be blended into one approach. Any approach to the treatment of epilepsy, which includes medical treatment, has the proven potential of effectively controlling seizures.[1] Further research is called for to address the relationship between beliefs in medical and traditional treatments for epilepsy in order that a coherent approach to patient management may be developed.

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Cancer of the larynx at Harare Central Hospital in Zimbabwe

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SUMMARY

This study presents a review of 114 patients with carcinoma of the larynx who presented at Harare Central Hospital (HCH) between January 1985 and December 1991. Ninety seven of the patients were mainly in the 50–75 age group. Most of the patients presented late and there were no cases of carcinoma *in situ* noted. Twenty pc had receiving treatment as asthmatics or they came with a referral diagnosis of asthma which contributed to delay in proper treatment.

Sixty two pc were glottic, 26pc supraglottic and two pc were subglottic. It was not possible to state the

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