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Future Role of Herbal/traditional Medicines in Improving Demographic Factors Affecting Quality of Life Among HIV-Infected People Attending a Primary Health Care Clinic in South Africa.

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Abstract

It is well known that there is no known cure for HIV/AIDS yet HIV infection is a chronic disease whose progression to acquired immune deficiency syndrome (AIDS) varies depending on the patient's state of immunity. The introduction of highly active antiretroviral therapy (HAART) in 1996 which reduces morbidity and mortality, prolongs lives and improves QoL of infected patients. HAART has dramatically reduced the development of HIV-related disease.

Worldwide especially in developing countries, it is observed that there is an increased number of HIV-infected people who seek the use of traditional medicines and 'alternative' therapies.2 Therefore the establishment of collaboration between traditional and conventional medicine is inevitable and vital. African traditional medicine and traditional healing has been in existence since well before the advent of Western Medicine. This includes plant, mineral and animal remedies, and spiritual therapies including participation in ritual ceremonies.

It is reported by UNAIDS (2006)3 that the initial attempts to foster collaborative work between allopathic medicine and traditional medicine in light of the AIDS epidemic began in the early 1990's when WHO recommended that traditional medicine be roped in, in national responses to HIV.

According to Geurtsen (2010)4 the term Quality of life (QoL) and more specifically, Health-related Quality of Life (HRQoL), refers to: the physical, psychological, and social domains of health, seen as distinct areas that are influenced by a person's experiences, beliefs, expectations and perceptions.

Given the chronic and disabling nature of HIV infection, HRQoL is an significant therapeutic result identified to the patient in order to better understand the effects of this infection and its treatment on the lives of the patient.

Therefore, measuring QoL is currently at the forefront of various fields of science.5In the research performed by Mandizadza & Chavunduka,2significant parts of the traditional therapies are used by communities, mainly from developing countries like Zimbabwe. This involves the use of plant extracts and their active principles. Studies have indicated that patients with chronic diseases including those infected with the human immunodeficiency virus make use of medicinal plants or herbal remedies to improve their quality of life and increasing their life expectancy(Taylor et al., 2008).6

The study assessed Quality of life (QoL) among HIV-infected patients and its association with demographic factors. Ethical approval for the study was obtained from WSU - Research Innovation, Higher degrees and Ethics Committees of the faculty of Health Sciences (approval # 031/2017). The participants were first explained the objectives of the study and therefore the benefit of the study through patient participant form. Then they were asked to sign written informed consent forms. One hundred HIV-infected adults who were 18 years of age or older were included in the study. These patients are attending the primary health care clinic on a monthly basis either for their repeat prescriptions of medical reviews. The participants were recruited through convenience sampling, as they attended their health care centre.

A cross-sectional study was conducted using adults patients recruited from the clinic. The QoL was assessed using a WHOQOL-HIV-BREF questionnaire.Demographic information was collected using a semi-structured questionnaire. Data were analyzed using SPSS 22. Correlations and ANOVA were performed for determining significance differences between domain scores and QoL variables. Post-hoc analysis was performed using Tukey's to find contributing pairs to the differences. Of 100 participants interviewed, 52% were females and 48% males. The mean-age was 37.53±9.127 (range 18-60 years), 35(36.1%) had secondary-level of education, 38(40%) singles, 40(40.8%) permanently employed with 40; 40.8% earning more than R4000 monthly and (64; 65.3%) lived 94(96.9%) had chronic diseases in rural areas and 45; 48.9% were asymptomatic. The overall median scores for health-related QoL were 41±1.9 for psychological, 68.9±17.0 for physical, 39.7±26.6 for social, 58.1±13.2 for environment, 29.5±28.7 for personal / spiritual / religious, and 54.0±20.9 for independence.

Associations of statistical significance were found between the following domains and demographic factors: Physical and gender (p=0.008); Psychological and Marital status (p=0.040); Psychological and Employment status (p=0.090); Social and Employment status (p=0.008); Level of independence and HIV serostatus (p=0.028); Personal and Chronic disease (p=0.075) and Social and Place of residence (p=0.030). The

QoL of PLWHIV is significantly affected by gender, marital and employment status, HIV serostatus, chronic diseases and place of residence. As revealed in this study, gender, marital and employment status, HIV serostatus, chronic diseases and place of residence Intermolecular responses can lead to dimeric and higher molecular weight species. Concentrated arrangements of ampicillin, an amino-penicillin, continuously shape dimer, trimer and ultimately polymeric debasement items (Bundgaard, 1976). Table 1 lists examples of restorative are demographic characteristics that significantly affect the QoL of PLWHIV. Therefore, a sustained effort towards improving the QoL remains the mainstay of dealing with PLWHIV, second only to treatment. A dedicated effort by the government and the private sector to help the HIV affected individuals financially by various schemes would likely bear fruit results.

There is great need for collaboration to be established between biomedical health practitioners and traditional medical practitioners in running Antiretroviral programmes. This should be readily applicable in referral system, adherence counselling, social mobilization and management of opportunistic infection.

In other words, biomedical health practitioners need to embrace collaboration with traditional health practitioners, where the latter are not involved in actual administering of treatment.

Traditional health practitioners (THPs) may only play a complementary role in antiretroviral services, as most new drugs are still being tested for protection, equity and effectiveness.. THPs are vital health personnel who are readily available and can be considered in scaling up ARV treatment, support and care. A dedicated effort by the government and the private sector to help the HIV affected individuals financially by various schemes would likely bear fruit results. And looking at the key development of herbal / traditional medicines in PLWHIV is of prime significance.