

The Effects of Traditional Medicines in Pregnant Women: A Case Study in Lesotho

Gertrude Mothibe^{1*}, Nomalima Tshabalala²

¹ Pharmacy Department, Faculty of Health Science, National University of Lesotho, Roma, Lesotho.

² Medical Arts Pharmacy, Maputsoe, Leribe. Lesotho.

*Corresponding author: Phone: (+266) 63735667; Email: gertiemothibe@gmail.com

Abstract: About 9% of pregnant women in Lesotho do not attend antenatal care services but use traditional medicines for their pregnancy related medical needs. Some attend the services but use the medication simultaneously with traditional medicines [1]. Although traditional medicines are natural, the safety, pharmacological effects and potential drug interactions of these products is not established and they may potentially harm both the mothers and unborn babies. The aim of this study was to establish the effects of traditional medicine in pregnant women. Interviewees were 20 pregnant women, 100 mothers, 10 midwives and 3 traditional healers. Results showed that 14% (n=120) of the women interviewed used traditional medicines during pregnancies. 88% (n=17) of the women who used the traditional medicines reported that the medicines had worked very well for them. 48% (n=120) women reported that they had refused recommendations from relatives and parents to use traditional medicines during pregnancy. Midwives reported negative effects of precipitate labour with women who use *pitsa*, and positive effects of induction of labour and shortened labour time. Traditional healers reported that *pitsa* helps prevent miscarriages and shortens labour. With these results, the researches recommend a laboratory based analysis of the traditional medicines used in pregnancy, for the purpose of clinically ascertaining the effects of these medicines on mother and child.

Keywords: Traditional medicine, Pregnant women, Anti-natal clinic, Labour, Trimester

1. Introduction

1.1 Background:

The World Health Organization (WHO) explains traditional medicines as products that are used based on traditional knowledge, beliefs and diverse health practices and approaches, including plant, animal and/or 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. Traditional medicines have been an integral part of the practice of health care to improve health and well-being of people throughout the world, and are classified as complementary and alternative medicines (CAMs) [2]. It was from the very natural products where many useful therapeutic drugs were successfully developed in the past decades, especially the plant sources. Research and identification of a vast array of natural products with interesting biological activities have been the productive source of lead compounds in the development of new synthetic drugs [3].

In Lesotho traditional medicines have been used for centuries, for a vast array of purposes, in addition to

those that are mentioned above. These include among others protection against witchcraft, magic, lucky charms and sorcery. As a measure of protection, a total of 303 plant species are in this case reported to be used medicinally. In some traditions, the pregnant woman takes a concoction called *pitsa* orally from the time the family knows about their pregnancy until the last trimester [4] [5].

1.2 Problem statement:

Most pregnant women in Lesotho do not attend antenatal care services but use traditional medicines instead [1]. Some attend the services but they use the medication from the clinics simultaneously with traditional medicines. Although traditional medicines are natural, the safety, pharmacological effects and potential drug interactions of these products are not established and they may potentially harm both the mothers and unborn babies.

Some women are aware of the importance of antenatal care services but are however torn between the advice of the nurses and that of their own parents. Cultural beliefs drive parents to advice their daughters to take traditional medicines, “for the wellbeing of the baby”, or “for protection against evil”.

On the other hand, financial problems, limited availability of health care services, long distance from health facilities and poor road conditions, especially for women living in remote areas, hinder women from attending proper antenatal care services [6]. Moreover, wrong information, beliefs and superstitions about modern medicines are reported to influence the use of traditional medicines during pregnancy instead of doctors' prescribed medicines.

1.3 Study justification:

This study intends to stir up cognizance among the public, modern health care personnel, and traditional practitioners that it is important for them to all unite to address issues concerning reproductive health.

1.4 Research objectives:

The aim of this study is to establish the effects of traditional medicines in pregnant women for purposes of educating the public, traditional doctors and modern health professionals.

1.4.1 Specific objectives:

- To find out why Basotho women use traditional medicines in pregnancy
- To investigate the prevalence of the use of traditional medicines among pregnant Basotho women.
- To find out if there are any dangerous effects of traditional medicines in pregnant women.
- To create awareness that there should be collaboration between traditional doctors and modern health workers as far as reproductive health is concerned.

2. Material and Methods

2.1 Methodology:

The study was conducted in Leribe, Motebang hospital and surrounding villages, Roma valley, St Joseph's hospital., as a qualitative study using questionnaires, phone call interviews, and individual person interviews to collect data.

Pregnant women from around Roma who attended antenatal health services at St Joseph's Hospital in May 2017, and from around Leribe, those who attended at Motebang Hospital in March 2017, were interviewed. Women were also included in this study who were in the maternity wards (antenatal and postnatal wards), in the above hospitals. Midwives and traditional healers also took part in this study.

The sample was 20 pregnant women, 100 mothers, 10 health professionals (midwives) and 3 traditional healers, from around the above mentioned places that were willing to participate.

Convenience sampling method was used; participants were individuals who were available and willing to participate.

2.2 Ethical issues:

- Ethical approval was obtained from the Internal Review Board of the National University of Lesotho, and then from the Ministry of Health.
- Confidentiality of the interviewees was taken into consideration
- Consent was sought from all participants.
- Approval was obtained from the hospitals to conduct the study in these institutions.

3. Results and Discussion

3.1 Why Basotho women use traditional medicines during pregnancy:

Traditional antenatal care: One traditional doctor reported that the concoction contains a herb called *sehlapetso*, taken every day during the first trimester, then more ingredients are added as the pregnancy progresses. She explained that a vast array of plants (e.g. *qobo*, *khamane e kholo* and a mixture of *mahorametsa*, and *phakisane*) and other natural products (e.g. horse's uteral lining) are used as a concoction. Different people use different mixtures, depending on which part of the country they live in, and which plants are available around them. These traditional remedies are used to protect the mother and baby from evil and witchcraft, to make a healthy baby, to avoid complications during pregnancy, and to attain quick and easy delivery.

3.2 The prevalence of the use of traditional medicines among pregnant Basotho women:

A total of 10 midwives from Leribe and Roma were interviewed, all of whom admitted that they have encountered at least 3 to 5 cases of women who had used traditional medicines during their pregnancy per month. They reported that this was discovered mostly during labour, when the effects were manifested.

17 out of 120 women (14%) who took part in the study were found to have used traditional medicines for pregnancy related matters during their past or present pregnancies. 15 out of the 17 (88%) reported that the medicines had worked very well for them. 2 pregnant women however had not started attending antenatal care services yet, they said it was still early in their pregnancy, and they would start later. 58 out of the 120 (48%) women reported that they had denied recommendations from relatives and parents to use traditional medicines during their pregnancies.

3.3 Effects of traditional medicines in pregnancy:

Midwives reported that there are positive, and negative effects to the use of traditional medicines during pregnancy, and there are seemingly more undesirable than desirable effects. None of the women who accepted that they had used traditional medicines during pregnancy however reported having experienced any problems.

Dangerous effects of pitsa, as reported by nurse midwives

Precipitate labour: Normally, the birth of a baby occurs in three stages, active labour, birth of the baby, and delivery of the placenta. On average, the stages of labour last for 6 to 18 hours but precipitate labour is characterised by a sudden of intense, closely times contractions and a delivery that occurs very shortly after labour has begun; less than 5 hours, or as little as 3 hours. This is common among Basotho women, who use pitsa.

Precipitate labour may result in complications such as extensive tearing of the birth canal leading to extensive bleeding after birth (post-partum haemorrhage), failure of the uterus to contract back to normal size. Sometimes uterine rupture occurs and if not detected early, the woman may bleed to death.

Precipitate labour does not only harm the mother, but it also harms the baby. Due to the rapid exit through the birth canal, the baby may experience difficulty in breathing. The heart activities of the baby may also be affected, leading to foetal distress.

Changing the position of the baby: Traditional medicines are said to change the position of the baby. This is a disadvantage if the baby is already in the right foetal position, because it might result in a breech position. In this case a caesarean delivery is recommended, but it gets difficult if the patient is in precipitate labour because then there is no time to go to theatre.

Positive effects of pitsa: Some nurse midwives reported that this concoction seemed to work wonders for some women as far shortening and inducing labour is concerned.

3.4 Common contents of pitsa and what they are believed to do:

Sehlapetso - It is given in the first trimester for the treatment of heartburn, and to protect the baby from evil plots.

Khamane e kholo- This plant is boiled and taken orally to prevent nausea and vomiting

Phakisane - The English translation of the word is “to quicken”. This plant was named after the fact that it speeds up the labour process

Mohlana wa pere and *Qobo* - These are cooked together and taken in the 8th month of pregnancy, they are said to help shorten the labour and help the baby come out fast and easily.

Phethola - It is believed to help turn the baby and it is given in the second trimester of pregnancy. It is named after the action of turning.

4. Conclusion and Recommendation

Traditional medicines are effective when they are used for pregnancy related conditions. They, however, lack dosing limitations and have not been tested for safety in pregnancy, as a result pregnant women may consume dangerous amounts unknowingly and experience undesired effects. It is thus recommended to conduct a laboratory based analysis of the traditional medicines used in pregnancy, for the purpose of identifying the active molecules and scientifically ascertaining the effects of these medicines on mother and child.

5. References

1. Lesotho Sector Strategic Plan 2012/2013-2016/2017 2013 13.
2. World Health Organization; Traditional medicine strategy 2002-2005 1.
3. T. Vlachogianni, S. Loridas, K. Fiotakis and A. Valavanidis; From the traditional medicine to the modern era of synthetic pharmaceuticals; *Pharmakeftiki Rev.* **26** 2014 16-30.
4. A. Moteetee and B. Van Wyk; The medical ethnobotany of Lesotho; *Bothalia Rev.* **41** 2011 209-228
5. P. Masupha, L. Thamae and M. Phaqane; Analysis of traditional healers in Lesotho: Implications of intellectual property systems; Nairobi Kenya: African Technology Policy Studies Network, 2013 8-9.
6. R. Kooi and S. Theobald; Traditional medicine in late pregnancy and labour; *Afr. J. Traditional Complementary Alt. Med.* **3** (1) 2006 11-22.