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Challenges Associated with Anti-epilepsy Medication and Use of Complementary or Alternative Medicines among People with Epilepsy in Rural Communities of Zimbabwe

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ABSTRACT

The main objective of this study was to analyze challenges associated with anti-epilepsy medication and use of complementary or alternative medicines among people with epilepsy in rural communities of Zimbabwe. The study opted for qualitative research because it is culturally specific and data collected is contextually rich. The target population was people with epilepsy and caregivers of children with epilepsy and using a snowball sampling technique, a sample of 15 people with epilepsy and 5 caregivers of children with epilepsy was selected. The study purposively selected 2 traditional healers, 2 faith healers and 2 psychiatric nurses to have their insight on complementary and alternative medicines in the community and data was collected using face-to-face in-depth interviews. Findings revealed that anti-epilepsy medication is associated with a number of challenges in rural communities, chief among them that people with epilepsy are not informed about the side-effects of anti-epilepsy medication such as stomach upset, dizziness, blurred vision and sexual dysfunction. As a plateau to these anti-epilepsy medication side-effects, they make use of traditional and spiritual medicines either as complementary or alternative to anti-epilepsy medication. They are also facing challenges of Anti-Epilepsy Drugs shortages and long distances to health facilities and consequently, they opt for complementary or alternative medicines to sustain their livelihoods. The study recommends modern healthcare providers to supply people with epilepsy with adequate information on the side-effects of drugs. Healthcare providers must have enough information on complementary and alternative medicines. Traditional and faith healers must be accommodated in epilepsy treatment because of sociocultural aspects, and they too must be educated on the relevance of the modern healthcare system in epilepsy treatment. The study finally recommends a study on the multi-cultural approach of epilepsy management in Zimbabwe.

Key words: Anti-Epilepsy Medication, Complementary and Alternative Medicines, Traditional and Spiritual Medicine, People with Epilepsy

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INTRODUCTION

Epilepsy is the most common serious chronic brain disorder estimated to affect at least 50 million people around the world, of which 10 million live in Africa alone (Diop, 2003). In a study on health seeking behaviours of people with epilepsy in rural communities, Mutanana and Mutara (2015) posited that the most marginalized when it comes to epilepsy are people who live in rural communities. Research studies carried elsewhere have proved that many people, in particular those in rural communities opt for traditional and spiritual medicines because of several challenges associated with anti-epilepsy medication. This study now explores various challenges associated with anti-epilepsy medication and their effects on use of complementary and alternative medicines in rural communities of Zimbabwe using Sanyati Rural District, located in Mashonaland West Province of Zimbabwe as a case study.

BACKGROUND

The World Health Organisation (2012) describes epilepsy as a disorder of the brain characterized by a recurrence of unpredictable interruptions of the normal brain function called epileptic seizures. Munthali et al (2013) remarked that an individual has a 1 in 10 chance of experiencing at least one epileptic seizure in his or her life, but this is not active epilepsy. Active epilepsy is defined by WHO (2004) as one that has caused two or more unprovoked seizures on different days in the year prior to the assessment date. To date, studies have proved that people with epilepsy, in particular those in the rural communities continuously default anti-epilepsy medication because of various challenges. Some have attributed these challenges to distance as a barrier (from the community to the local hospital), lack of knowledge, shortage of drugs supply and beliefs in traditional herbs. Munthali et al (2013) believes that many African countries suffer from a healthcare system that is generally under-resourced. This argument is premised on the assumption that there are very few trained personnel specializing in epilepsy and there are a limited number of drugs available for use in rural communities, a similar problem that Sanyati Rural District could be experiencing.

Consequences that may be associated with anti-epilepsy medication defaulters are recurrent seizures. For those adhering to anti-epilepsy medication, there are also side effects associated with anti-epilepsy. These are issues of sexual dysfunction and some women are said to be failing to conceive, allegedly because they are on anti-epilepsy medication. Children living with epilepsy have equally been affected, as some teachers have complained that they are always drowsing in the class. To this end people with epilepsy, in particular those in rural communities need adequate psychological support, which they are not receiving. Studies have also shown that rural communities rely heavily on traditional modes of counselling. Mutswanga and Mafunga (2009) explain that the indigenous healer or diviner (n'anga or sangoma) occupies a central place in communities' participation in life events. Eventually, some people with epilepsy ignore anti-epilepsy medication and use traditional and spiritual medicines as an alternative on the advice of traditional healers or diviners. With combined efforts between people affected with epilepsy (family members), traditional healers and or diviners some people who are living with epilepsy complement anti-epilepsy medication with traditional and spiritual medicines. Epilepsy is continuously associated with evil spirit evils.

To help people with epilepsy, the public health and social welfare sector has historically been involved in the care and treatment of people with psychiatric disabilities. On the contrary, rural communities are under-resourced, for instance clinics in Sanyati rural community are widely spaced. The majority of medical healthcare staff members in rural communities are primary care nurses and they are not well conversant with modern health counselling services. Consequently, some have resorted to self-treatment using traditional and spiritual medicines instead of anti-epilepsy medication or use anti-epilepsy medication in association with these indigenous practices. There is a strong belief that these complementary and alternative medicines are effective in epilepsy treatment. The study will now analyse challenges associated with anti-epilepsy medication, explore how these challenges are linked to complementary and alternative medicines and examine perceptions of the community on complementary and alternative medicines in epilepsy management.

LITERATURE REVIEW

Epilepsy

Epilepsy is not a disease, nor is it a mental illness and it can affect people at all levels of intelligence (Mutanana and Mutara, 2015). Walker (1999) explain that epilepsy observes no social, racial or geographical boundaries but anyone may develop epilepsy. For Diop et al (2003) in African societies the causes of epilepsy include childhood febrile convulsions, various infections, injuries, tumours and vascular diseases. Another school of thought, Asindi et al (1995) claims birth asphyxia; infections and hypoglycemia are some of the causes of epilepsy amongst infants in 48% of the cases. Contrary to the belief by many, the Edmonton Epilepsy Association (2007) clearly states that epilepsy is not a disease, it is not contagious and it is not a psychological disorder. Rather, epilepsy is a seizure disorder.

In his findings, Diop (2003) observes that epilepsy is the most common serious chronic brain disorder estimated to affect at least 50 million people in the world, of which 10 million live in Africa alone. Still on the statistics of epilepsy, Scott et al (2001) discovered that the prevalence of active epilepsy in developing countries ranges from 5 to 10 per 1000 people. Zimbabwe is classified as a developing country and in a study on non-attendance of treatment review visits among epileptic patients in Zimbabwe, Dewa (2012) in Mutanana and Mutara (2015) highlights that it was observed in the Zimbabwe National Health Strategy that epilepsy contributed to 56% of all conditions reported through the mental health surveillance system (psychiatric returns) in Zimbabwe in 2004.

Anti-Epilepsy Medication

According to the Federation of Disability Organisations in Malawi [FEDOMA] (2011) epilepsy is a significant neurological disorder for which effective and cost efficient treatment is available. Many people with epilepsy have traditionally used suppressants such as Phytoene, Sodium Valproate, Carbo maphizine, Phenobarbital, all drugs

widely dispersed at private pharmacies and health institutions (Mutanana and Mutara, 2015). FEDOMA (2011) argues that if properly treated, up to 70% of people with epilepsy have the potential to live independent and productive lives, free from seizures. Sadly, in a study conducted by FEDOMA (2011) it was discovered that an estimated 80% of people with epilepsy living in developing countries are excluded from treatment because of lack of knowledge, stigma and discrimination, inaccessible health services or general levels of poverty. To support the effectiveness of anti-epilepsy medication, the Patient Education Institute (2008) has evidence on record that shows that more than 80% of patients with epilepsy can have their seizures controlled with medication.

Anti-epilepsy medication has its own side-effects, for instance the Sunday Mail on 22 June 2014 reports that scores of epileptic women across the country were failing to conceive while several men are experiencing erectile problems after they took drugs that were later discovered to cause severe side-effects, including fertility. Karceski (2007) identified decreased sexual function, diminished fertility and disruption of the normal menstrual cycle as some of the side-effects of anti-epilepsy medication. Although the burden for men is indeed less severe vis-à-vis women, Karceski (2007) also claims that some male patients do experience sexual dysfunction while on the anti-epilepsy medication regimen. For children, the effects of medication are drowsiness, inattention and restlessness which can affect brain function and can make learning more difficult (Epilepsy Support Foundation of America, 2009). If the doctor recommends anti-epilepsy medication, he/she should discuss the benefits and risk of it.

Complementary and Alternative Medicines

Beliefs in traditional treatment of epilepsy contribute to under-utilization of anti-epilepsy medication (Saburi, 2011; Baxendale, 2012; Asadi-pooya and Amami, 2013 and Asadi-pooya et al, 2014). Studies have shown that some people with epilepsy use anti-epilepsy medication in conjunction with indigenous medicines whereas some abandon these anti-epilepsy medications completely for these indigenous practices. This brings the subject of Complementary and Alternative Medicines (CAM) into play. According to Baxendale (2012) definitions of what constitutes complementary or alternative medicine vary. The National Centre for Complementary and Integrative Health (2016) considers “complementary” as a non-mainstream practice that is used alongside conventional medicine and “alternative” as a non-mainstream practice that is used in place of conventional medicine. However, CAM is an umbrella term that is generally used to describe any treatment outside the sphere of any conventional Western medical school syllabus (Baxendale, 2012).

According to Baxendale (2012) some CAM treatments derive from mystical or spiritual schemas of health and disease understanding, some are based on theories and hypothesis and depart to some extent from mainstream scientific thinking. Baxendale (2012) also suggests that this alternative or conventional distinction is not relevant because what matters most is whether a treatment has worked or not. What it shows is that this approach has a considerable clinical appeal because if it works, it is a treatment, and if it doesn't, it is not a treatment. From his observations, anti-epileptic medications have proved efficacy, but they are not universally effective. However, Baxendale (2012) agrees that the standard test of conventional treatments is a randomized controlled trial (RCT) as well as double blind with a cross over design and very few CAM therapies were subjected to this scientific rigor.

Asadi-Pooya et al (2014) observe that CAM has been considered and is used by many people with epilepsy to treat their seizures. Asadi-Pooya (2014) is convinced that cultural issues are playing an important role in the faith on CAM and is consequently used to treat seizures. Asadi-pooya and Amami (2013) identify herbal drugs, exercises and traditional medicines as forms of CAM often considered as helpful in treating seizures. Saburi (2011) suggests that community resources such religious, worship groups, traditional and faith healers should be accommodated in epilepsy management because of socio-cultural aspects. She also reports that herbs are used in addition to conventional treatment but non-disclosure is common. In the United States of America, prayer and spirituality is a commonly used form of Complementary and Alternative Medicine followed by AEDs and stress management (Saburi, 2011). This is supported by the National Centre for Complementary and Integrative Health (2016) which states that in America more than 30% percent of adults and 12 percent of children make use of healthcare practices developed outside conventional medicine. Similarly, Mutanana and Mutara (2015) observe traditional and spiritual medicines as the most commonly used form of CAM in rural communities of Zimbabwe.

Shizha and Charema (2011) observed that in the African traditional culture, one of the most venerated health components is the significant presence of traditional beliefs and the use of African traditional medicine in matters of health and wellness involving diviners, midwives and herbalists. As such, most African people with epilepsy usually seek help from traditional faith healers first. Watts (1989) observed that the healing method employed in psychosocial disorders revealed that rural African people with epilepsy considered treatment of seizures to the domain of traditional healers and attend hospital only when they require treatment for burns which they suffer during fits.

Most recently, the African Union declared the period 2001 to 2010 as the decade of African traditional medicine (UNAIDS, 2010). A survey by WHO (2001) on the legal status of traditional and complementary/alternative medicine

revealed that of the 44 African countries surveyed, 61% had the legal statutes regarding traditional medicine. The traditional practice is widely accepted and used in prevention and treatment of physical and mental disorders, including epilepsy as well as social imbalances. A study by Mohammed and Babikir (2013) revealed that 70, 5% among Sudanese use the traditional and spiritual medicine for the treatment of epilepsy. Spiritual and socio-cultural beliefs influence the nature of treatment and care received by people with epilepsy (Sidig et al, 2009). Some studies have indicated that the traditional medicine has its own shortcomings. For instance, Addis (2002) argues that the knowledge surrounding traditional medicine incorporates a number of harmful practices. Knowledge is conveyed verbally which may result in the inevitable distortion of original information. However, Al-Safi (2007) observed that in spite of the reported and unreported complications in traditional practice, people seek traditional healers regularly and confide in them, they respect them and hold them in high regards.

RESEARCH METHODOLOGY

The study opted for the qualitative research method, which differs from the quantitative research method in many aspects. According to Flick et al (2004) the qualitative research relies on the use of subjective meanings, and as such, reality is created interactively and becomes meaningful subjectively. This was found relevant in this study as it seeks to find out the challenges associated with anti-epilepsy medication as well as the perceptions of the community towards complementary and alternative medicines in epilepsy management. For Key (1997) the qualitative research focuses on the complete picture of the problem, it uses natural conditions during investigations and also focuses on the need to gain 'real' and 'deep' data. Unlike the quantitative methodology, qualitative research methodology rely more on language and interpretation of meaning, so its data collection methods tend to involve human development and a creative process of theory development rather than testing (Walliman, 2006). The target populations were people who have been diagnosed with epilepsy, their families and colleagues. Data was also collected from traditional healers, pastors, psychiatric nurses and care givers of people living with epilepsy. A sample of 26 participants was chosen to participate in the study. These were 15 people who are living with epilepsy and 5 caregivers of children with epilepsy who were identified through a snowball sampling technique. The study also purposively interviewed 2 traditional healers, 2 faith healers and 2 psychiatric nurses to have their insight on challenges associated with anti-epilepsy medication and complementary or alternative medicines in Sanyati rural community. Data was collected using face-to-face in-depth interviews.

DELIMITATION OF THE STUDY

The study may suffer from methodological limitations particularly in the sample size. The study will focus on only one community, which is Sanyati Rural District in Mashonaland West Province of Zimbabwe. However, the number of respondents for the study should be large enough to ensure a representative distribution of the population and to be considered representative of groups of people to whom results will be generalized or transferred.

FINDINGS AND DISCUSSIONS

The main objective of this study was to investigate challenges associated with people on anti-epilepsy medication, complementary and alternative medicines of epilepsy treatment in rural communities of Zimbabwe. The following were the specific objectives;

- To analyse challenges associated with Anti-Epilepsy Medication and their effects on use of complementary and alternative medicines in rural communities.
- To evaluate perceptions of rural communities on complementary or alternative medicines used for epilepsy treatment.

To answer the research question, a total of 15 participants with epilepsy and 5 caregivers of children with epilepsy were selected from Sanyati Rural District. The study interviewed 2 psychiatric nurses (key informants 1 and 2), traditional healers (key informants 3 and 4), and 2 faith healers (key informants 5 and 6) on complementary and alternative medicines to epilepsy treatment. Findings revealed that some participants on anti-epilepsy medication were making use of traditional and spiritual medicines to complement anti-epilepsy medication and some participants were now using traditional and spiritual medicines as an alternative. This shows interplay between western anti-epilepsy management systems and indigenous practices of epilepsy management in Zimbabwe. Many people opt for indigenous practices of epilepsy management as a complementary and alternative medicine to western anti-epilepsy medication. Epilepsy Support Foundation Zimbabwe (2015) indicates that 86% of people with epilepsy are not on anti-epilepsy medication, which shows they are using alternative medicine. In this context, it is widely believed that traditional and spiritual medicines being easily accessible play an important role in treating people with epilepsy (Mpofu, 2001; 2003). What then comes into one's mind are the challenges associated with anti-epilepsy medication in rural communities of Zimbabwe.

Challenges associated with anti-epilepsy medication

There are more than 20 prescriptions of Anti-Epilepsy Drugs (AEDs) available and one's option depends with age, lifestyle, and type of seizure and how often he/she has seizures (Epilepsy Scotland, 2008; FEDOMA, 2011; Cherney, 2016 and Epilepsy Foundation, 2017). In an interview, key informants 1 and 2 highlighted that in Zimbabwe the commonly used drugs are Phenobarbital, Carbamazepine and Phenytoin. Key informants 1 and 2 reported that these drugs are reliable and they are the most common way of treating epilepsy. Similarly, Epilepsy Scotland (2008) have agreed that the most common way to treat epilepsy is with anti-epilepsy drugs. They also claim that findings have revealed that these AEDs allow up to 60-70% staying free from seizures. Key informant 1 reflected that these AEDs are less harmful because they are scientifically proven, unlike indigenous practices of epilepsy management.

However, key informant 2 reported that there are some side-effects associated with these Anti-Epilepsy Drugs as noted by several researchers. Key informant 1 identified some of these as stomach upset or discomfort, dizziness, blurred vision and sexual dysfunction. Similarly, Epilepsy Society (2014), Epilepsy Scotland (2008) and Garger (1999) have agreed that AEDs have some side effects associated with them and describe them as stomach upset or discomfort, dizziness, blurred vision, fatigue, headache, nausea, urinary retention and sexual dysfunction. Key informant 2 also added some unpredictable side effects such as rash, problems with liver or pancreas, serious drop of white blood cells.

The next question that comes into one's mind is; are people who are living with epilepsy aware of these side-effects? Findings revealed that this is the major challenge associated with those on anti-epilepsy medication in rural communities of Zimbabwe. Participants on anti-epilepsy medication reported that they were not aware about these side-effects and they were simply complying with medication instructions. Similarly, Dewa (2012) reports that people with epilepsy do not have knowledge about epilepsy treatment. Participants reported dizziness, blurred vision, head ache, nausea and urinary retention. Some complained sexual dysfunction, failing to conceive and caregivers were worried about aggressive behaviours. Caregivers of children with epilepsy also reported drowsiness, inattention and restlessness on children with epilepsy. Key informants 1 and 2 agreed that these were some of anti-epilepsy medication side-effects. As a panacea to these challenges, participants reported that they were now making use of traditional and spiritual medicines. For instance, one participant reported;

I was no longer performing well sexually. As you can see, I am still young and at 36 years my wife expects sexual gratification. To encounter this challenge, I visited a local traditional healer who offered me some traditional medicines. I have not abandoned the Carbamazepine drugs that I am offered at the clinic, but I am using these in conjunction with my traditional herbs.

Some participants reported that they were now making use of prophets and pastors. The majority indicated that they were using both faith healers and traditional healers to manage their epilepsy condition. The study discovered that of the fifteen participants of people with epilepsy interviewed, ten of them had completely abandoned anti-epilepsy medication in favour of traditional and spiritual medicines as an alternative. It was observed that five were still on anti-epilepsy medication, but they were using traditional and spiritual medicines to complement anti-epilepsy medication. It was a similar case on caregivers of children with epilepsy. The majority, three of them, had completely abandoned anti-epilepsy medication in favour of traditional and spiritual medicines with the remaining two complementing these indigenous practices with anti-epilepsy medication. What it shows is an absence of a robust biomedical system in Zimbabwe, particularly in rural communities. Saburi (2011) identifies inadequate information on side-effects of drugs as a stressor to people with epilepsy. She also believes people with epilepsy need adequate information on seizures which is contrary to what was observed on the ground.

The study also identified other challenges associated with people on anti-epilepsy medication. These are shortage of drugs and long distances to health facilities. Participants reported that drugs are sometimes in short supply and they are forced to go and consult traditional and spiritual healers. Saburi (2011) also describes inability to get anti-epileptic drugs as a stressor to people with epilepsy. Some complained about long distances to health facilities and this also influence them to default anti-epilepsy medication and to opt for traditional and spiritual medicines. Similarly, studies have revealed that AEDs are normally in short supply (Mutanana and Mutara; 2015) because of an under resourced health care system. Chilopola et al (2001) has also identified distance (from community to hospital) and lack of knowledge as some challenges associated with AEDs.

Participants reported that they are facing challenges of inability to carry out manual labour because of recurrent seizures, stigmatization, transportation and economic challenges. Birbeck and Baskind (2013) argue that people with epilepsy are especially likely to encounter a number of challenges. They identify recurrent seizures, which they claim limit a person with epilepsy's ability to carry out manual labour for rural life resulting in economic losses. Epilepsy is also associated with stigma, and this worsens their social and economic disadvantage. People with epilepsy are not able to mobilise social networks that are needed to provide transportation, financial assistance as well as the psychological support that is needed to seek care in under resourced medical facilities. Dewa (2012) identify a number

of challenges faced by people with epilepsy in their daily activities. These are difficulties in thinking, transportation, relationship with others, daily problem solving and sexual dysfunction. Consequently, people with epilepsy seek care from traditional and spiritual healers as an alternative to modern health care provision.

Caregivers reported pain or sadness that is caused by child's seizures. Findings also revealed caregiving challenges, predominantly by mothers as a stressor associated with epilepsy management. Saburi (2011) agrees that these are some of the challenges faced by caregivers. She also adds that caregivers receive limited help from extended families. Saburi (2011) strongly believes childhood epilepsy results in what she terms 'multiple stressors' and these can cause difficulties in family adjustments as well as disruptions in family relationships and traditional and spiritual medicines become an option.

From the foregoing, it can be observed that people on anti-epilepsy medication are facing a number of challenges. The major challenge is that they are not informed about the side-effects of anti-epilepsy medication such as stomach upset or discomfort, dizziness, blurred vision and sexual dysfunction. Some women are also reporting failing to conceive. Health providers should inform people with epilepsy about these side-effects because the majorities are found in a trap, for instance failing to conceive or sexual dysfunctionality when one is still young. People on anti-epilepsy medication are also facing challenges of AEDs shortages and long distances to health facilities. Consequently, people with epilepsy make use of traditional and spiritual medicines to complement or as an alternative to anti-epilepsy medication. The next question that comes into one's mind is; what are the perceptions of the community towards the effectiveness of traditional and spiritual medicines in their community?

Complementary and Alternative medicines of epilepsy treatment

Participants agreed that traditional and spiritual medicines are effective in epilepsy management. Key informants were also in agreement that many people in the community believe in traditional and religious practices. Similarly, Maroyi (2013) and Mutanana & Mutara, (2015) have also agreed that many people in African countries, Zimbabweans included believe in African traditional practices and have consequently resorted to traditional and spiritual medicines. Key informants 3 and 4 highlighted that epilepsy is caused by bewitchment with key informants 5 and 6 emphasizing that epilepsy emanate from evil spirits. In some studies, epilepsy described as a mental condition by the western, is attributed to spirituality in African Traditional Practices (Chilopola et al, 1999; Birbeck, 2000; Munthali et al, 2013 and Diop et al 2013; Mutanana and Mutara, 2015). To this end, several studies have demonstrated that people with epilepsy make use of traditional and spiritual medicines as treatment for epilepsy (Watts, 1989, WHO, 2001; Al-Safi, 2007; Luongo, 2008, Shizha and Charema, 2011; Mohammed and Babikir, 2013 and Mutanana and Mutara, 2015).

Participants reported that traditional healers and faith healers were available locally, and they have proved to be useful. Some male participants reported that they were now sexually dysfunctional, but when they visited local traditional healers they were now active. For one participant, to manage the situation, it was proper to use both herbs and anti-epilepsy medication. A female participant who complained that she was failing to conceive earlier had this to say;

You see, when I started to take those drugs, I was now failing to conceive. I had to see a traditional healer and on his advice, abandoned the drugs altogether. These herbs have proved to be quite useful and I now have another baby boy. I also go to church.

Findings revealed that participants were satisfied with the services offered by traditional and faith healers in the community. Participants reported that traditional healers, prophets and pastors were effective. Interestingly, those on anti-epilepsy medication were also supportive towards traditional and spiritual medicines. What it shows is that the community has a positive attitude towards these complementary and alternative medicines.

Key informants 3, 4, 5 and 6 explained that they are approached by several people with epilepsy and they are able to help. Mutswanga and Mafunga (2009) explain that the indigenous healer or diviner occupies a central place in communities' participation in life events, including epilepsy. Several studies have revealed traditional medicine to be more advantageous over western medication because they are the most affordable and easily accessible sources of treatment in the primary health care system, especially to the poor rural communities (WHO, 2001, Maroyi, 2013 and Mutanana and Mutara). This explains why even those on anti-epilepsy medication make use of indigenous practices as a complementary and alternative medicine in managing their condition.

However, there are some challenges associated with these indigenous practices. Key informants agreed that traditional and spiritual medicines are not documented. Birbeck and Baskind (2013) and Maroyi (2013) similarly agree that despite the increasing acceptance of traditional medicine, the rich indigenous knowledge on these indigenous medicines is not adequately documented, a knowledge gap which needs to be covered. Addis (2002) also report that these traditional medicines have their shortcomings. Addis (2002) have claimed that the knowledge surrounding traditional medicine incorporates a number of harmful practices and these medicines are not scientifically proven. Findings revealed that those who make use of traditional and spiritual medicines in rural communities are deprived of modern health care counselling services. However, this finding was not consistent with Birbeck and Baskind's (2005) finding in Zambia.

They observed that under some circumstances traditional healers recognize the role for modern healthcare and refer patients to the hospital where they are offered psychological support.

From the foregoing, it can be observed people with epilepsy in rural communities are making use of African Traditional Healing methods as a complementary and alternative medicine to sustain their livelihoods. The biggest challenge is that these indigenous practices are not documented, a knowledge gap which needs to be covered. Traditional and spiritual healers also need to be encouraged to recognize the role for modern health care and refer epileptic patients to the hospital.

CONCLUSIONS

From these findings, it can be concluded that people on anti-epilepsy medication are facing a number of challenges. The major challenge is that they are not informed about the side-effects of anti-epilepsy medication such as stomach upset or discomfort, dizziness, blurred vision and sexual dysfunction. People on anti-epilepsy medication are also facing challenges of AEDs shortages and long distances to health facilities. Consequently, people with epilepsy in rural communities are making use of complementary and alternative medicine to sustain their livelihoods. They are making use of traditional and spiritual medicines, but the biggest challenge is that these indigenous practices are not documented, a knowledge gap which needs to be covered.

RECOMMENDATIONS

Basing on these conclusions, the study recommends modern healthcare providers to supply patients of epilepsy with adequate information on the side-effects of drugs and seizures. Healthcare providers must also have enough information on complementary and alternative medicines. Traditional and faith healers must be accommodated in epilepsy treatment because of sociocultural aspects, and they too must be educated on the relevance of the modern healthcare system in epilepsy treatment. The study finally recommends a study on the multi-cultural approach of epilepsy management in Zimbabwe.

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