

Abstract

Background: Risks and benefits of concomitant use of herbal medicine and ARVs have been claimed but there is no epidemiological or biomedical data to support such claims. HIV Treatment programmes lack pharmacovigilance system or collaboration with biomedical research organizations to detect adverse drug reactions or beneficial effects. The use of herbal medication has increased due to encouragement of community participation in HIV and AIDS care. Cultivation of herbal medicines and regular use is common among communities of PLWHA. The composition of the herbs used are not known nor their performance with ARVs. Health workers are expected to monitor and advice clients on HIV disease and medications but the information about herbal medicines are often not disclosed at the clinics.

Study Objective: The objective of the study was to establish the incidences of concomitant use of herbal medicine and ARVs, to identify the factors associated with disclosure to health workers, reasons for herbal medications and effects on users.

Methodology: Data was collected from 120 clients attending major CCC at Webuye, Bungoma, Teso (Kocholia), Busia , Mumias and Vihiga District hospitals. The clients were selected through convenient sampling and requested to respond to self administered questionnaire comprising 21 questions.

Results: The results showed that prevalence of herbal medicine use was at 54.2% among patients taking ARVs and 37 medicinal plants were identified. Reasons for taking herbal medicine were varied but were grouped into 4 categories; 0.8% used it to boost immunity, 1.7% took it because of side effects of ARVs, 7.5% took herbs for reasons not related to HIV. The majority, 11.7% took herbal medicine because of opportunistic infections. Only 12.3% discussed herbal use with health workers. Reasons cited for lacks of disclosure were; failure of health workers to ask about herbal medication, lack of knowledge about the importance of disclosure, fear of health workers and communication barrier. Higher percentage of those with post secondary education and above 49 years of age disclosed their herbal medication to health workers compared to younger clients and lower education. Of the 70 who made general comments about herbal medicine 24% felt that herbal medicine should be available at medical facilities, 18% expressed need for research, 17% said they were useful and another 17% commented that they were harmful. Another 6% expressed doubt about the use of herbal medicine. Of the 120 clients who responded to the questionnaires, 23 testified about their

experiences with concomitant use of ARV and herbal medicine. Out of 23, beneficial effect was reported by 12 but 11 reported adverse effect or no benefits.

Conclusion: The study concluded that lack of specific inquiry about herbal medicine, lack of supportive relationship between health workers and clients plus lack of awareness was the major causes of non-disclosure. There were both beneficial and adverse experiences with concomitant use of herbal medicine and ARVs.

Recommendations: Collaboration with biomedical research institutes to investigate performance of ARVs with herbal medicines, particularly those used regularly by the clients. Better provision of medication counseling by health workers.