HARMFUL TRADITIONAL EYE PRACTICES IN CHILDREN: A POTENTIAL CAUSE OF CHILDHOOD BLINDNESS- A CASE SERIES SEEN IN NORTH EAST NIGERIA.

Tenmang P.E, Umar SJ, Abdullahi A.

ABSTRACT.

Background: Traditional eye practices are form of eye practices rooted in culture and tradition of people handed down from generation to generation. These traditional healers are members of the community, hence, traditional eye practices are still common with us and are a potential cause of blindness even in children.

Presenting compliant: We present two cases both children under five years of age who were both taken by their parents to traditional healers who carried out procedures on them that resulted into occlusion of the eye in case one with potential cause of amblyopia and reversion of the lid with potential cause of exposure keratopathy in case 2.

Intervention/treatment: Both cases had surgical intervention with the release of the Ankyloblepharon in case 1 and the release of the cicatricial ectropion and full thickness skin grafting in case 2.

Conclusion: Traditional eye practices are still a common practice with us and potential cause of amblyopia and blindness in children increasing their blind years hence the need to intervene and discourage such practices within our communities.

Key words: Traditional, eye practice, blindness.

INTRODUCTION

Traditional eye practices are eye care behaviors and activities rooted in culture and tradition of the people handed down from generation to generation. The term Harmful eye practice is used in describing ocular morbidity from the use of traditional treatment. This is defined as application of substances, or mechanical, or thermal devices to the ocular surface or adnexae by traditional healers or lay people resulting into damage to the globe or ocular adnexae. This include application of cautery to the eyelids, external eye disease as a result of application of harmful traditional medicines.[1] Traditional healers are members of the community who may attempt to provide health care using vegetables, animal and mineral substance as well as other acceptable methods in the community.[2] In 2020, the use of traditional eye medications (TEM) is still a common practice, as a significant proportion of individual in Africa consult traditional healers before presenting to the hospital.[2] This is despite the well documented toxic effects of TEM. Poverty, illiteracy, religious, socio-cultural beliefs, poor health seeking behaviors and lack of access to health facilities have been seen to be predisposing factors to persistence of this practice amongst Nigerians.[3, 4] The use of traditional eye medications in children have the potential of causing visual impairment, amblyopia and increasing the blind years for the child, when a child is blind, it affects

their social, emotional and psychological set up.[5] There is a need for sustained public enlightenment on the effect of harmful traditional eye medication on the child.

Case 1.

A 7 month old male child of Hausa Fulani parents from Geidam Local Government of Yobe State was brought to the clinic at the Yobe State University Teaching Hospital with a 3 month history of inability to open the left eye, prior to which the child had red eye and discharge. He was then taken to a traditional healer in the community that used some hot knives on the inner aspect of the eye in an attempt to treat the said condition. However, parents noticed subsequently a fleshy growth that got the lids matted together with the child not able to open the left eye. On examination the right eye was essentially normal, however, the child was seen with the left lids joined together by an excess conjunctiva extension from the lower lid to the upper lid - Psuedoankyloblepharon (figure1) The child was then prepared for examination under anesthesia and the growth was noticed to be from the low lid conjunctiva to the upper tarsus with a free space between the growth and the globe. Using an iris repository, (figure2) this growth was then excised and the free end sutured through the inferior fornix and anchored with an improvised bolster using the cut giving set. A normal globe was then visualized, and child did well upon follow up (figure 3)

Post operatively, the child was placed on generous chloramphenicol ointment three times daily for adequate lubrication, syrup Paracetamol 100mg twice daily, syrup Augmentin 250mg twice daily and syrup Vitamin C 5ml tds for 5 days. The bolster was then removed after 14 days.

Case 2.

A 9 month old child from Borno state was brought in by the parents with a 3 months history of everted and contracted upper eyelid following a traditional intervention received on account of swollen left eye that he was taken to the tradition healer who made an incision on the upper lid to reduce the swelling that ended up healing leaving a cicatricial ectropion with keratinizing conjunctiva (figure 4). Child was then prepared and taken to the theater for scar release and application of fenestrated full thickness skin grafting taking from the posterior auricular region and sutured to cover the upper eyelid defect with the application of sofra-tulle and tie over to help with the graft take, which was removed after seven days (figure 5). He was seen to be doing well after the intervention, with daily cleaning of the donor and recipient sites with 5% povidone iodine up to fourteen days after surgery.

DISCUSSION

The use of traditional eye medications is a common practice that could be harmful to the eye leading to blindness. Proper health education of the public and traditional healers can reduce the prevalence of preventable blindness even in children.[3] Complications like cornea opacity, staphyloma, corneal ulcers, panophthalmitis, endophthalmitis, uveitis, cataract and bullous kerathopathy etc can occur in patients with the use of TEM.[3] Though in this our patients none of the above complications were noted as at the time of intervention. However if these children were

allowed to stay a little longer the chances of having amblyopia in the case1 will have been on an increase and also exposure keratopathy and corneal ulceration and blindness in case 2. The timely an appropriate intervention has helped to secure a future of the children with good eye sight. Most traditional practitioners reside in the rural areas and disadvantaged sides of the urban areas, modern facilities are mostly found in the city center where only a few people needing their services are able to pay and most of the tradition healers combine their practice with quasi-religious functions such as devination.[6] There is a need to identify these traditional healers in our community and dialogue with them, show them common eye conditions use them as case finders, and the need to promptly refer those patients to access better care.[7]

CONCLUSION

Use of traditional eye medication in children is harmful and a potential cause of visual impairment and blindness considering the blind years for a child. Identifying traditional healers and encouraging them to refer people with eye condition with an active campaign against TEM will help in reducing avoidable blindness. Establishing good quality, affordable and accessible eye care services within the community will also be of help.

Figure 1

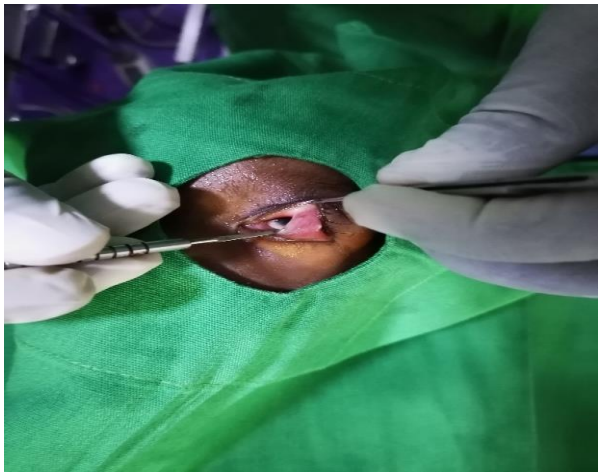

Figure 2

Figure 3.

Figure 4.

Figure 5

References

1. Foster A, Johnshon GG. Traditional eye medicine- good or bad news? Br J Ophthalmol. 1994; 78:807
2. Ilo OT, Adenekan AO, Aribaba OT, Odunneye FC. Case series of harmful eye practices following trauma seen in Lagos University Teaching Hospital. J Clin Sci. 2020; 17:154-157.
3. Ukponmwan CU, Momoh N. Incidence and complications of traditional eye medications in Nigeria in a Teaching Hospital. Middle East African Journal of Ophthalmology.2010. 17; 4:315-319.
4. Eze BI, Chuka-Okosa CM, Uche JN. Traditional eye medicine use by newly presenting ophthalmic patients to a teachin hospital in south-eastern Nigeria: Socio-demographic and clinical correlates. BMC Complement Altern Med2009;9:40
5. Adejumo O. How harmful traditional substance contribute to childhood blindness. The guardian. 23rd august 2019 accessed june 2021.
6. Nyenze E, Illako O, Karimurio J, KAP of traditional healers on treatment of eye diseases in Kitui district of Kenya. East Afr J Ophthalmol 2007; 13: 6-11
7. Chana HS, Schwab L, Foster A. With an eye to good practice: traditional healers in rural communities. World Health Forum. 1994; 15: 144-146.