

Traditional couching for cataract treatment: A cause of visual impairment

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Summary

Background: Cataract is the most common cause of blindness both in Nigeria and in the world over. Couching as an ancient method of treatment usually practiced by traditional healer is discouraged and has been abandoned as a result of the attendant complications and also because of the availability of better techniques in the treatment of cataract.

Study Design: Records of 9 eyes of 6 patients (4 males, 2 females) who presented at the eye clinic of the University of Ilorin Teaching Hospital following traditional treatment of cataract known as couching between April 1999 and December 2001 were reviewed retrospectively.

Result: The male: female ratio was 2:1. The age range was from 43 years to 80 years. The period between couching and presentation was between 3 months and 10 years. All the patients presented as a result of poor vision in the couched eyes. The complications recorded include glaucoma, optic atrophy and panuveitis. None had previous spectacle correction. Couching was done biocularly in 3 patients and unilaterally in 3 patients. The visual acuity at presentation was less than 3/60 in 8(88.8%) eyes. The patients received treatment, ranging from surgical, medical to optical as indicated. Their visual acuity improved to between 6/36 and 6/18 in 6 (66.6%) eyes, while the remaining 3 (33.3%) eyes remained blind.

Conclusion: Scientifically proven atrocities performed by those who practice medicine without any medical knowledge often referred to as "traditional doctors" as shown here are reasons enough to discourage such practices as they exist at present.

Keywords: Couching, Cataract, Visual acuity, Complications.

Résumé

Introduction:- La cataracte est une cause la plus courante de la cécité au Nigeria et partout dans le monde les deux, couching, une méthode ancienne du traitement mis en pratique, d'habitude par des guérisseurs traditionnels, est découragée et été abandonnée à la suite des complications concomitantes et aussi à cause des meilleures techniques disponibles pour le traitement de la cataracte.

Plan d'étude:- Dossiers des 9 yeux des 6 patients (4 du sexe masculin, 2 du sexe féminin) qui se sont présentés à la clinique oculaire du centre hospitalier universitaire d'Ilorin à la suite du traitement traditionnel de la cataracte appelé couching. Entre avril 1999 et décembre 2001 sont passé en revue ont été révisés rétrospectivement.

Résultat:- La proportion: sexe masculin: sexe féminin était de 2 pour 1. L'ordre d'âge était 43 ans aux 80 ans. La période entre le couching et présentation était entre 3 mois et 10 ans. Tous les patients se sont présentés à la suite de la mauvaise

vision dans les yeux traitée à travers le couching. Des complications notées comprend glaucome, atrophie optique, et panuveite. Aucun n'avait pas subi la correction à travers la lunette. Couching a été fait à travers la méthode binoculaire chez 3 patients et unoculaire chez 3 patients. L'acuité visuelle au cours de la présentation était moins de 3/60 en 8(88,8%) des yeux. Les patients ont été soignés d'ordre chirurgical, médical à l'optique comme on l'avait indiquée. Leur acuité visuelle a amélioré entre 6/36 et 6/18 chez 6 soit 66,6% des yeux, tandis que les autres 3 soit (33,3%) des yeux restaient aveugles.

Conclusion:- Méthode atrocité scientifique opérée par ceux qui pratique la médecine sans la connaissance médicale souvent designé sous le nom de "médecine traditionnel" comme on l'avait démontré ici sont assez des raisons pour décourager telles pratiques comme ils existent à present.

Introduction

Cataract is the most common cause of blindness both in Nigeria and in the world over^{1,2}. The surgical treatment of cataract is an ancient art that spans 2 millennia while couching as a method of treatment of cataract is an ancient practice that dates back to 800BC in ancient India³. In couching, the cataractous lens is dislocated usually into the vitreous using either sharp or blunt instrument through the pars plana. This was discouraged because of the poor visual outcome and a high complication rate in many of the cases.⁴ Cataract extraction has since undergone several changes from the early Extra Capsular Cataract Extraction-ECCE, which dates back to the period between 1696-1762 in which case the lens capsule is incised, the nucleus expressed, and cortex removed by curettage. This was complicated frequently by endophthalmitis because cortex removal was usually incomplete. This procedure was largely abandoned. Intracapsular cataract extraction-ICCE (1753) – is another method of cataract surgery- a procedure in which the lens is removed en bloc, using various methods ranging from tumbling, to the use of suction with cup-like devices called cryoprobe and lastly the use of cryoprobe which freezes the lens capsule, cortex and the nucleus thereby lessening the risk of capsule rupture as the lens was removed from the eye. ICCE was a very successful operation which is still being practiced in many eye centers in Africa. However, a 5% potential blinding complications, including infection, haemorrhage, retinal detachment and cystoid macular oedema remained formidable and the problems of optical rehabilitation of the aphakic patients remained. These drawbacks encouraged further research and led to a shift from ICCE to modern ECCE techniques. This is coupled with the development of intraocular lenses and viscoelastics and operating microscopes with co-axial illumination. This has helped to establish the current trend in the surgical treatment of cataract with extracapsular extraction and insertion of an

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intraocular lens producing a much superior visual, psychological and functional outcome even in the most elderly of the patients in the absence of other significant ocular morbidities⁵. In Nigeria and in other African nations couching is usually done by traditional healers who are readily available in the communities where the patients live. They are patronized because the people are ignorant⁶ of alternatives, payment modalities are made flexible, sometimes in kind^{7,8}. Other cost such as those of transportation, feeding and revenue loss as a result of absence from work are reduced, also outcome is usually measured by the ability of the patients to see moving objects immediately after the procedure while long term complication are usually regarded as "God's wish" and so are readily accepted⁹.

The purpose of this paper is to highlight the danger of this practice by the traditional "healers"

Materials and methods

Nine eyes of 6 patients who presented to the eye clinic of University of Ilorin Teaching Hospital, Ilorin, Nigeria between April 1999 and December 2001 with poor vision as a result of having undergone couching in one or both lenses formed the material for this study. The records were reviewed retrospectively and the result presented below. Data collected included age, sex period of couching, presenting complaints, visual acuity before and after treatment which included drugs glaucoma and inflammation, surgery for dislocated lens and spectacle correction following objective refraction.

Result

The age range of the 6 patients was between 43 years and 80 years (Table 1) with a mean of 65.5 years. There were 4 males and 2 females with a male/female ratio of 2:1.

The period between the couching and presentation ranged between 3 months and 10 years. All the patients presented with poor vision in the affected eyes, and none of them had spectacle correction for the aphakia. Two (22.2%) patients presented also with pain in the eyes while one patient has associated redness of the eyes. The left eye cataract was couched in 5(55.6%) eyes and the right in 4(44.4%) eyes. Three (50%) patients had couching done in both eyes while the other 3 (50%) patients had it in only one eye. The other (none couched) eye of the unilateral cases had a visual acuity of 6/9 in 2 patients and 6/24 in the third patient. One of the patients (patient no 4) who had couching done that resulted in a vision of NPL still went for couching of the other eye and presented at the clinic only when he developed complications. The presenting visual acuity in 9 eyes of the patients at presentation was less than 3/60 in 8(88.8%) eyes and 6/60 in only 1(11.1%) eye (table 2). Two of the eyes had the lens nucleus dislocated into the anterior chamber. All the couching was done by traditional healers (mallam) who the patients considered more readily accessible.

Two (22.2%) eyes had vectis lens extraction with sponge vitrectomy, 3(33.3%) eyes had medical treatment for glaucoma. The 3 patients with couching in both eyes had aphakic spectacle correction, while the other 3 patients with unioocular aphakia had the refractive error in the non-couched eye corrected with spectacle. All the patients were counseled

Table 1 Age, sex and presenting presentation of 6 subjects who had couching as seen at UITH

S/N	Age (Years)	Sex	Period of Couching (Months)	Presenting Complaints
1.	75	F	6	Poor vision in BE
2.	60	M	18	Poor vision LE
3.	43	M	12	Poor vision LE
4.	80	M	3(RE) 24(LE)	Poor vision BE Pain BE
5.	65	M	24	Pain, redness and poor vision BE
6.	70	F	120	Poor vision BE

BE = both eyes

LE = Left eye

Table 2 Visual acuity before and after treatment in eyes that underwent couching

Visual acuity	At presentation		After treatment	
	No of eyes	%	No of eyes	%
6/18	—	—	1	11.1
6/24	—	—	1	11.1
6/36	—	—	4	44.5
6/60	1	11.1	—	—
<3/60	6	66.7	1	11.1
NPL	2	22.2	2	22.2
Total	9	100	9	100

Table 3 Complication of couching

Complication	No. of eye	Percentage %
Glaucoma	3	33.3
Anterior lens dislocation	2	22.2
Optic atrophy	1	11.1
Pan uveitis	1	11.1
None	2	22.2

against couching as a method of treatment of cataract. While the visual acuity of 6(66.7%) eyes improved to between 6/36 and 6/18, 3(33.3%) eyes remained blind on follow up. Glaucoma was the most common complication seen in 3 eyes while 2(22.2%) eyes had the lens dislocated into the anterior chamber.

Discussion

The age range of the patients included in this study was between 43 and 80 years. Cataract is a disease of the elderly who are mostly dependent on other people for their subsistence. This is similar to the observation of other workers.^{6,7} The male dominance is also similar to a study in Mali where 61.3% of the patients were males. In spite of the availability of the current surgical treatment of cataract with intraocular lens implantation in this centre and in other eye centers in this environment, couching as a traditional method in the treatment of cataract unfortunately still persists in this community. These patients are not necessarily uneducated but they are largely poor,⁸ ignorant, have deeply entrenched belief in the traditional (mallam) healers who are readily accessible to them and who also provide flexible payment modalities, either instalmentally in cash or kind⁷. The outcome is

measured in terms of the patient's ability to see moving objects immediately after the procedure, while long term complications are readily accepted as being from "God" or from luck or witchcraft. Also, blindness is well accepted by the aged as an inevitable event they have to live with.⁹

The interval between couching and presentation to the hospital varied widely between 3 months and 10 years depending on the interplay of associated complications and the overall visual acuity of the patients. This can be seen in patient no 4 who having gone blind in the left eye from couching 2 years earlier, subjected the right eye to the same procedure and presented 3 months after as a result of complications and visual loss from the procedure. This implies that the patients who reported to the hospital form the tip of the iceberg of patients who have undergone couching. Many of those who are yet to present to the hospital are probably still using one normal eye or they might have accepted their fate in good faith.

The poor visual acuity following couching for cataract have been reported.^{4,6} This is shown in this study by the visual acuity of patients at presentation where only 1 (11.1%) of the 9 eyes had a visual acuity of 6/60, while the remaining 8(88.9%) eye had visual acuity less than 3/60.

Treatment (which was either a combination of surgical, medical or optical improved the visual acuity (Table 2) to 6/18 (normal) in 1(11.1%) eye; between 6/36 and 6/24 (visual impairment) in another 5(55.6%) eyes; while the remaining 3(33.3%) eyes remained blind as they had irreversible complications such as optic atrophy, absolute glaucoma and panuveitis (Table 3). This result compares well with that of other workers.^{4,6}

The visual outcome following hospital care in some of these eyes is certainly significant especially in patients who had couching done in both eyes; they functioned better visu-

ally and are able to appreciate hospital treatment.

Conclusion

Scientifically proven atrocities performed by those who practice medicine without any medical knowledge often referred to as "traditional doctors" as shown here are reasons enough to discourage such practices as they exist at present.

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