

'Couching' for cataracts remains a persistent problem in Yemen

Dermot McGrath
in Dubai

THE difficulties in providing modern eye healthcare to deprived populations living in mainly rural areas has been highlighted by a recent study from Yemen which reports that 'couching' is still widely practised there as a treatment for cataract patients.

'Couching', which involves treating the cataract by dislocation into the vitreous cavity using a lance or similar pointed object, is a cataract treatment with a long history

"In Yemen, cataract-blind people are still being treated by traditional healers. Our research shows that couching is relatively expensive, ineffective and dangerous and most patients treated in this way are not satisfied with the results,"

(see sidebar).

Mahfouth A Bamashmus FRCOphth, assistant professor of ophthalmology at the Sana'a University in Sana'a, Yemen, says that unfortunately the practise still persists today among poorer populations living in isolated regions.

"In Yemen, cataract-blind people are still being treated by traditional healers. Our research shows that couching is relatively expensive, ineffective and dangerous and most patients treated in this way are not satisfied with the results," he said.

Couching instrumentation often ruptures of the lens capsule and always ruptures the anterior hyaloid of the vitreous. Many patients develop endophthalmitis, uveitis, glaucoma, and other complications.

Lack of access to modern medicine

Dr Bamashmus found that lack of access to modern eye clinics was the primary

reason for cataract patients resorting to couching with traditional healers.

"All of the patients operated by couching did know that a modern alternative existed but found it difficult to travel to centres providing this service," he said.

The traditional healer is often paid partially in kind for the treatment and the price charged tends to vary according to the patient's ability to pay, said Dr Bamashmus. In his study, which included 50 patients who had been treated by

couching between 2002 and 2004, the average price for such treatment was about \$62 plus accommodation and meals for the healer.

"The provision of affordable, accessible, high quality modern cataract surgery with good visual outcomes would help to reduce this practice,"

Dr Bamashmus noted that while patients in remote regions were often prepared to take the risk of being treated by a local healer, the deleterious impact on the ocular health of the population should not to be understated.

"Couching remains a cause of visual loss and blindness in Yemen. The provision of affordable, accessible, high quality modern cataract surgery with good visual outcomes would help to reduce this practice," he said.

Couching has poor outcome of in majority of patients

Dr Bamashmus's study included 55 eyes of 50 patients, 32 males (mean age 63) and 18 females (mean age 65), all of whom underwent couching for cataracts and five of whom had the treatment performed in both eyes. All individuals were checked for best-corrected visual acuity, intraocular pressure, slit lamp biomicroscopy and fundal examination. All patients were questioned regarding their clinical history and their satisfaction with the procedure following the operation and presently.

After aphakic correction of eyes, 1.8% (1 patient in 55) had good vision with a visual acuity of 6/18 or better. Almost 22% of patients had low vision and 76.4% (42 out of 55 patients) were still blind. The level of satisfaction was extremely low (18%) among patients operated on with the couching method.

Among the complications noted were glaucoma (21), corneal opacity (13), uveitis (10), posterior capsule opacification (8) and retinal detachment (5). Fourteen of the patients said they were still experiencing moderate to severe pain after the couching procedure.

"I think our study clearly showed that couching used by traditional healers is relatively expensive, ineffective and dangerous and most patients are not satisfied with the results," noted Dr Bamashmus.

He added: "It is important that health policy makers and medical authorities do what they can to prevent traditional healers from performing couching, as well as informing the population about the existence of a more effective and safer

alternative. It is also important to improve the quality of ophthalmic services in order to provide cataract patients with the best, most accessible and least expensive services possible. Eye camps might play an important role in this regard for those who live in rural areas," he said.



Mahfouth A Bamashmus

Couching in history- better than a poke in the eye with a sharp stick?

There are numerous references to cataracts and their treatment in the literature of many ancient civilisations. The technique of couching dates back to the Assyrian Code of King Hammurabi around 1700 B.C., which includes a schedule of payments for the surgeon, should sight be restored, along with the penalty of the removal of the surgeon's fingers should the patient die or lose their eye. The technique was also described in 700 B.C. by the Hindu surgeon Susrata.

Couching remained popular in Greek and Roman times - as noted by the Latin encyclopaedist Celsus in 29 AD in De Medicinae - and it remained the only widely practised treatment for cataracts until the 19th century.

And in literature

The couching of cataracts attracted many quack doctors throughout the Middle Ages. In 1583 George Bertisch wrote in his book on the care of the eyes about the practitioners of the art: "Nor is there any lack of old women, vagrant hags, therica sellers, tooth-pullers, ruined shopkeepers, rat and mouse catchers, knaves, tinkers, hog-butchers, hangmen, bum-bailiffs, and other wanton good for nothing vagabonds...all of whom boldly try to perform this noble cure."