

PERCEPTIONS, USES, AND BENEFITS OF HERBAL MEDICINES IN TREATING UTERINE FIBROIDS AMONG BLACK WOMEN IN SOUTH AFRICA

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Abstract: Studies on racial disparity of uterine fibroids (UFs) indicate that Black women are three times more at risk of being diagnosed than other racial groups. Yet most available trusted medical treatments for UFs and public health policy overlook this common illness as well as the needs of Black women. This study examines the perceptions, uses and benefits of herbal medicines used for the treatment of UFs amongst South African women. Online testimonies and reviews from clients were retrieved from the suppliers' online pages (n=60) and social media platforms: Instagram (n=6) and TikTok (n=18). Data analysed through thematic analysis revealed seven themes. i.e. i) 'regulating the menstrual cycle, ii) 'relief from unpleasant menstrual symptoms', iii) 'proof that the medicines are working -confirmed by a medical practitioner', iv) 'proof that the medicines are working confirmed by medical practitioner', v) 'reasons for using herbal medicines', vi) 'time lapse before feeling the effects of the herbal medicines and vii) 'other female reproductive benefits'. Women appreciate the ability of herbal medicines to relieve menstrual pains, regulate the cycle, and improve overall sexual reproductive health. However, the research gaps in ascertaining herbal medicines' efficacy still need to be addressed. Further studies are required to investigate the correlation between reduced symptomology, a placebo effect, the mechanism of action and the associated safety profile of herbal medicines.

Keywords: black women's health, herbal medicine, herbal remedies in South Africa, sexual reproductive health, uterine fibroids management

Introduction and Background

Uterine fibroids (UFs) affect approximately 70% of women in their reproductive years (Charifson et al., 2022; Morhason-Bello & Adebamowo, 2022). Clinical manifestations of UFs include abnormal (and extended days of) heavy uterine bleeding (menorrhagia), anaemia, pelvic pain and pressure, back pain, pollakiuria (frequent urination during the day), bloating and infertility (Arip et al., 2022; Couliadiaty et al., 2021). Although the exact aetiology of fibroids is not known, current UF origin theory points to a mixture of environmental factors such as high levels of oestrogen and progesterone and vitamin D deficiency (Millien et al., 2021; Morhason-Bello & Adebamowo, 2022) which is highly prevalent among Black populations due to higher melanin concentrations which hinders optimal the absorption of ultraviolet sun rays (Ciebiera et al., 2020; Coovadia et al., 2009; Stewart et al., 2016; Wise et al., 2005). Together with family history, these factors may influence processes that cause immunological changes, resulting in impaired DNA and cell mutations that eventually lead to the formation of fibroids (uterine leiomyomas) (Ciebiera et al., 2020).

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The well-documented studies on racial disparity of fibroids indicate that Black women carry the burden of UF (Al-Hendy et al., 2017; Baird et al., 2003; Charifson et al., 2022; Wise et al., 2005), as they are likely to be diagnosed at an earlier age and become more symptomatic (Arip et al., 2022; Igboeli et al., 2019). However, most research in this area is from higher-income countries like the United States (US) and Haiti (Baird et al., 2003; Millien et al., 2021), thus excluding black women from the global south, particularly Africa (Ciebiera et al., 2020; Igboeli et al., 2019; Morhason-Bello & Adebamowo, 2022). This alludes to a paucity of literature on black African women (Morhason-Bello & Adebamowo, 2022). The currently available literature has been instrumental in revealing the existing disparities in the distribution of health expenditure which may lead to Black women receiving significantly less medical attention (Charifson et al., 2022). This is, due to their socioeconomic status which renders them less likely to access the necessary medical treatment and specialized health services. Consequently, the US stance to declared UFs as a public health issue, takes into consideration that socioeconomic status and race influence access to appropriate health care and some therapies, as this is determined by whether one has medical insurance or adequate finances for health (Al-Hendy et al., 2017; Heba et al, 2008; Stewart et al., 2016). This study zooms into the experiences of South African women with UF and explores their reasons and experience in using herbal medicines as treatment.

The prevalence of UFs in Africa is hard to measure because there is a scarcity of studies focusing solely on this issue. Where available, prevalence reports are based on samples, areas, locations and not regions. For example, one review reported a prevalence of between 3,1% and 67% from different studies in Nigeria and the highest prevalence in Ghana, 79% (Sefah et al., 2023). Whereas a review by Morhason-Bello and Adebamowo (2022) reported nine (N=9) studies which were from Nigeria (n=4), Ghana (n=2) Cameroon (n=1), Kenya (n=1) and SA (n=1). The challenge with these studies was the use of different study populations, reporting periods and denominators (Morhason-Bello & Adebamowo, 2022; Sefah et al., 2023) and a likely misrepresentation of the extent of the issue in the region.

Sexual reproductive health services in Africa

Reproductive health is a global concern, especially around inadequate access to sexual reproductive health and rights (SRHR) for adolescents, youth and women (Ninsiima et al., 2021; Watara et al., 2020). However, there remains very scarce information on the available health services for women living with UFs in Sub-Saharan Africa (Igboeli et al., 2019; Sefah et al., 2023). The limited healthcare infrastructure and the scarcity of qualified healthcare providers (HCPs) in most African countries lead to black women from rural areas finding themselves excluded from specialised medical services and therapies recommended for UFs (Akpenpuun et al., 2019; Heba et al., 2014; Mdhluli et al., 2021; Nolen et al., 2005). In addition, the costs of traditional medical therapies and procedures are hefty (Akpenpuun et al., 2019; Couliadiaty et al., 2021; Teng et al., 2017), and some procedures come with significant risks and side effects (Esiobu, 2023).

In South Africa, where approximately 70% of the population depends on public health clinics for their health care, it is concerning that current national sexual reproductive health (SRH) policies tend to focus on prevention (through the Human Papillomavirus vaccine), early detection (pap smear and breast cancer) and treatment of selected cancers only (National Department of Health, 2017; 2019). This leaves little to no appraisal of health issues such as endometriosis, fibroids or polycystic ovary syndrome (PCOS), thereby rendering the public health sector ill-prepared to deal with these matters. Moreover,

from an African perspective, UFs are perceived to be of spiritual origin (Dlamini et al., 2024; Esiobu, 2023); hence, a lack of information and service delivery, together with a cultural emphasis on fertility, could redirect most women to treatment alternatives that are deemed to maintain reproductive health and not risk a surgical procedure (Akpenpuun et al., 2019). Table 1 provides an overview of the challenges that may lead women to opt for herbal medicines for the treatment of UFs.

Table 1 Challenges with traditional medical procedures versus preference of herbal medicines

Challenges with traditional medical procedures	Preference for herbal medicines
The desire to maintain reproductive health (Akpenpuun <i>et al.</i> , 2019).	Perceived risks and complications of surgical procedures, including complications and potential loss of fertility (Dlamini et al., 2024).
Accessibility and affordability of specialized health care are challenging in rural areas. (Akpenpuun <i>et al.</i> , 2019)	Herbal medicines seem easier to access and self-administer (Dlamini et al., 2024)
Many women may associate these with potential complications and loss of fertility (Akpenpuun <i>et al.</i> , 2019)	Since uterine fibroids can be perceived to be of spiritual origin (Dlamini et al., 2024; Esiobu, 2023), Herbal medicines are historically, culturally and traditionally a norm (Akpenpuun et al., 2019).
Women and health practitioners lack sufficient knowledge about the available options (Dlamini <i>et al.</i> , 2024; Esiobu, 2023).	Women may opt for herbal medicines out of fear of reliance on Western medicine (Dlamini et al., 2024)

Botanical drugs have gained rapid attention due to their accessibility, cost-effectiveness, and the potential to experience fewer side effects (Baakeleng et al., 2023; Mashaah et al., 2024; Mdhului et al., 2021). Studies on using traditional, complementary and alternative medicine in developed countries have showcased the benefits of treating several types of tumours and cancers (Arip et al., 2022; Ciebiera et al., 2020). These include reducing the volume and symptoms of UFs and managing infertility (Li et al., 2021; Su et al., 2015; Shi et al., 2020; Teng et al., 2017). Asian herbal medicines possess anti-microbial, anti-inflammatory, anti-tumorigenic, anti-mutagenic and antioxidant properties (Aril et al., 2022). These are herbs like berberine and *Scutellaria barbata* (a Korean drug), green tea extract (*Carmellia sinensis*), turmeric (*Curcuma longa*), *Euonymus alatus*, and Fucoïdians (Arip et al., 2022; Ciebiera et al., 2020). Chinese berberine, green tea extract (*Carmellia sinensis*) or Epigallocatechin Gallate (EGCG) all have abilities to inhibit cell proliferation in various cancers (Arip et al., 2022; Sefah et al., 2023).

The use of herbal medicines in Africa

Indigenous African practitioners have relied upon herbal medicines for managing female reproductive challenges for many years (Baakeleng et al., 2023; Mashaah et al., 2024). However, amongst the few available studies, the names of the herbs are either not disclosed or not directly linked with their specific use for UFs (see Table 2). In West and Central Africa, an unripe oil made of palm kernel seeds is trusted for its fibroid-shrinking properties, which are not outlined (Esiobu, 2023). *Leonotis Leonurus* and *Uvaria acuminata* are herbal medicines that alleviate menstrual cramps and excessive bleeding in Sub-Saharan African countries like Kenya (Van Andel et al., 2014). A few studies in Cameroon have attested to the abilities of certain medicinal plants in treating both male and female infertility. Other African herbs include *Cassia sieberiana* DC and *Lannea acida* A. Rich, whose root bark extract and leaves have antioxidant activities (Coulidiaty et al., 2021). The notable effects of these plants have been their

usefulness in dysmenorrhoea (menstrual pain or cramps) and for vaginal cleaning, which are symptoms associated with UFs (Tsobou et al., 2016).

Table 2 Herbal medicine used for reproductive health in Africa

Author	Region/Country	Types of herbal medicines used	Benefits for women's reproductive Health
Esiobu, 2023	West and Central Africa	Native Unripe African Oil (Elaeis guineensis) Palm Kernel Seeds	Shrinks UFs
Andel et al., 2014	Sub-Saharan Africa	Leonotis leonurus	Relaxing effects and alleviation of menstrual cramps
Kaingu et al., 2013	Kenya	Uvaria acuminata	Manages Menorrhagia (menstrual bleeding), Dysmenorrhea (menstrual pain), irregular menses and UFs
		Markhamia zanzibarica	Foetal health, infertility, and UFs.
Tsobou et al., 2016	Cameroon	Acanthus montanus, Vernonia inulaefolia, Cissus quadrangularis, Cyphostemma adenaucole	Treatment of female and male infertility, dysmenorrhoea, leucorrhoea (vaginal secretions) and vaginal cleaning

Another study in a Burkina Faso treatment centre investigating a mixture of roots or leaves of Bignoniaceae, *Trichilia emetica* Vahl and *Securidaca longepedunculata* Fers, found that these plants were effective in the reabsorption or reduction of pelvic mass, as well abdominal pain. The researchers concluded that these herbs were thus effective in treating UFs (Coulidiaty et al., 2021; Esiobu, 2023). In Eastern Nigeria, the unripe African oil (*Elaeis guineensis*) also demonstrated effective fibroid shrinking abilities, as was seen through the inferred hindrance of the rise in oestrogen or progesterone levels (Esiobu, 2023). These are amongst the few studies which single out the effects of herbal medicines on UFs, and so emerges one of the few gaps in the literature about the use of herbal medicine in treating UFs amongst Black women in SA.

Challenges with herbal medicines

There are a few challenges that come with the use of herbal medicines in Africa. Some of which pose significant research gaps. The reliance on the experience and knowledge of healers results in the mechanisms of these herbal medicines not always being written or documented (Ozioma & Chinwe, 2019; Tsobou et al., 2016). For instance, the lack of documented clinical trials and published literature leads to uncertainties about the dosages and methods of preparation (Ozioma & Chinwe, 2019; Wambebe, 2009) and their mechanism lacking scientific weight. This is in contrast with Western medicines, where dosages are standardised. The dosages of herbal medicines also depend on the preparation method (Kaingu et al., 2013; Ozioma & Chinwe, 2019). For instance, the dosage and method of administration of some herbs vary depending on whether the mixture is for drinking, bathing, or steaming (Kaingu et al., 2013). Herbal medicines may also come with risks and dangers. For example, some medicinal plants possess poisonous properties, which can lead to adverse side effects such as liver problems or death. In contrast, not all traditional healers are well-versed in the side effects of the herbal medicines they prescribe. This leads to clients not being aware of contra-indications or interactions with other medications that they might be taking (Dlamini et al., 2024; Mdluli et al., 2021).

The literature above reveals the underutilised appraisal of a broader spectrum of female reproductive challenges, such as the incidence of UFs, which diminishes the effectiveness of the system to serve this group of women. However, a glaring research gap is the dearth of research that outlines crucial knowledge of the mechanisms of medicines, such as their precise and measurable effects on sexual reproductive health, especially in the treatment and possible healing of UFs. Very few studies from South Africa discuss the effects of herbal medicines on UFs. Based on these research gaps, this study aimed i) to explore women's perceptions of herbal medicines, ii) to identify cultural and systemic barriers influencing treatment choices, and iii) to assess the reported benefits and potential risks of using herbal medicines.

Methods

This study was a cross-sectional qualitative study that initially hoped to conduct semi-structured interviews with women using herbal medicines in SA and the herbalists. When this sample was not easily obtained, this research used client reviews and testimonies available on the suppliers' pages and social media platforms Facebook, Instagram and TikTok. This method was guided by the research on using social media platforms for data analysis (Schober et al., 2016). The suppliers were selected randomly based on their frequent appearances on social media (through adverts and client reviews) and the availability of client reviews that pertain to UFs. This is because there were other reviews on the same pages, but these suppliers were selected because they had content on UFs specifically. All five traditional healers and herbalists contacted did not honour the interview agreements or appointments and thus could not be interviewed. The dataset, which included (n=60) reviews from the suppliers' website, (n=6) Instagram reviews and (n=18) TikTok reviews and testimonies, was analysed through thematic analysis. A method which allowed the researcher to identify, analyse, and report patterns (themes) by following Braun and Clarke's (2019) six-phase framework: i) Becoming familiar with the data, ii) Generating initial codes, iii) Searching for themes, iv) Reviewing themes, v) Defining themes and then the vi) the write up (Maguire & Delahunt, 2017).

Results

Becoming familiar with the data

The testimonies revealed the use of three different types of herbal medicines. Yoni Steaming herbs are meant to help with cleansing, fertility, menstrual issues, fibroids, and cysts. The herbs contained Lavender, Basil, Calendula, Oregano, Yarrow, Rosemary and Lemon Balm. Steaming can be done twice a month, preferably before and after one's period.

Next, the fibroid and cyst fertility tonic aims to shrink and remove fibroids and cysts, whilst assisting in restoring the female reproductive system. The tonic is taken orally twice or thrice a day (mixed with water or by placing droplets under the tongue). The mixture contains *Tribullus Ter*, *Carmella sin*, *Taraxacum off*, *Herba*, *Vitex agnus, castus*, *Trifolium prat*, *Curcuma longa* and ethanol (as an inactive ingredient).

The third medicine is called *Fibroid Doctor* and supports a regular menstrual cycle alleviating period pains and shrinking fibroids. The ingredients could not be determined because the healer insisted, they were only written on the container. This mixture is also taken orally, two tablespoons twice a day.

Codes were not predetermined, as the researcher wanted the data to dictate its emerging themes. Seven themes were established once the codes were confirmed (Braun & Clarke, 2019; Maguire & Delahunt, 2017). The resultant themes (outlined in Table 3) were i) 'regulating the menstrual cycle' (*subthemes*: heavy bleeding, improvements in the menstrual cycle), ii) 'relief from unpleasant menstrual symptoms' (*subthemes*: period or abdominal pains, relief from other symptoms), iii) 'proof that the medicines are working: confirmed by a medical practitioner' (*subthemes*: confirmed shrinking of UFs, other positive outcomes confirmed by a doctor), iv) 'proof that the medicines are working -not confirmed by medical practitioner' (*subthemes*: seeing excretions, fibroid reduced in size), v) 'reason for taking herbal medicines', vi) 'time lapse before feeling the effects of the herbal medication' (*subthemes*: after the first or second bottle (of fibroid tonic and after one/two/three months) and vii) 'other female reproductive benefits.

Table 3 Identified themes

<p>Theme 1: Regulating the menstrual cycle <i>Heavy bleeding</i></p> <ul style="list-style-type: none"> Reduced menstrual bleeding Reduced heavy menstrual bleeding <p><i>Improvements in the menstrual cycle</i></p> <ul style="list-style-type: none"> Complicated period cycle Improvement in periods Balanced hormones Regulated period cycle Regulated periods flow Bring back periods 	<p>Theme 2: Relief from unpleasant menstrual symptoms <i>Period or abdominal pains</i></p> <ul style="list-style-type: none"> Relief from period pains Relief from cervical pain Relief from fibroid pains Relief from cancer cell pain Relief from endometriosis pain Relief from pain (unspecified) <p><i>Relief from other symptoms</i></p> <ul style="list-style-type: none"> Relief from PMS Relief from period symptoms and paid such as backache, swelling 	<p>Theme 3: Proof that the medicines are working- Confirmed by a medical practitioner <i>Confirmed shrinking fibroids</i></p> <ul style="list-style-type: none"> Fibroids shrinking doctor confirmed Fibroids have doctor confirmed No sign of fibroids-doctor confirmed Fibroids tiny and non-cancerous-confirmed by gynae <p><i>Other positive outcomes confirmed by a doctor</i></p> <ul style="list-style-type: none"> Clear positive pap smear
<p>Them 4: Proof that the medical practitioner working-not confirming the medicines <i>Seeing excretions</i></p> <p>Saw fibroids with my own eyes Fibroid excretions</p> <ul style="list-style-type: none"> Excreting particles from the womb <p><i>Fibroid reduced in size</i></p> <ul style="list-style-type: none"> Free from fibroids- not confirmed by the doctor Reduced fibroid- belly no longer feels hard <p><i>Other growths reduced in size</i></p> <ul style="list-style-type: none"> Shrunk cysts-not confirmed by doctor 	<p>Theme 5: Reasons for using herbal medicines <i>Avoid operations</i></p> <ul style="list-style-type: none"> Prevent surgery/invasive procedure Because these things can come back after surgery 	<p>Theme 6: Time-lapse before feeling the effects of the herbal medicines <i>After the first/second or third bottle (of fibroid tonic)</i></p> <p>After 1st bottle Feeling change after the 2nd bottle On my 3rd bottle Feeling good after the 2nd bottle</p> <p><i>After one/two/three months</i></p> <p>Used for three months Seeing difference after months Relief in two weeks After 1st month</p>
<p>Theme 7: Other female reproductive health benefits</p> <p>Relief from smelly discharge No pain during sexual intercourse Abnormal pap smear Clear positive pap smear</p>		

Discussion

Under the theme, "regulating the menstrual cycle," most of these testimonies were about the improvement in the period's cycle, either through regulated bleeding or reduced number of days, as well as bringing back periods that had stopped.

"I've been struggling with periods pains and heavy periods for years... I've been to medical doctors; they can't help me...to the point that I can't make it to work and to the point I don't have sick days anymore. I used yoni pearls and the last month, today I'm on my periods and I'm happy to say that I'm at work after years of pain and agony"

Improvements in the menstrual cycle dealt with unpleasant symptoms such as abdominal pains. Testimonies reported the immediate relief from pains and that of other discomfort such as pre-menstrual stress, backache and swelling.

"... to be honest I've never felt this great going through my periods since I started this product, it has regulated my cycle to a point where I don't even experience unbearable pain anymore".

These findings are supported by studies in Southern Africa, where *Leonotis Leonurus* and *Uvaria acuminata* (particularly from Kenya) have assisted with the relief of menstrual or abdominal pains (Kaingu et al., 2013; Van Andel et al., 2014). Although encouraging, the results also demonstrate the challenge whereby simply alleviating abdominal pains, herbal medicines cannot be said to have treated or cured UFs.

The theme' proof that the medicines are working confirmed progress by seeing a medical practitioner' spoke to observed shrinking of fibroids and other positive outcomes. Several women reported that a practitioner had confirmed this through a scan or ultrasound, confirming that the fibroids were shrinking or had disappeared entirely.

"I went to the scan, my fibroids are going away, the doctor said they are too small, there are 2 only"

Another positive outcome included the confirmation of clear test results such as a pap smear which can be linked to the theme of other female reproductive health benefits, which attests to the belief that African women have that herbal medicines heal the whole female reproductive system. This includes relief from smelly discharge, pain during sexual intercourse and the chances of an abnormal pap smear result.

"Did I ever tell you that I went for a papsmear...and it came out negative...I was told to repeat after 6 months just to confirm its gone..."

Medicinal plants can potentially treat or improve several SRHR needs (Kaingu et al., 2013; Mdhluhi et al., 2021; Tsobou et al., 2016). However, the exact effects of UFs are hard to track, as demonstrated by studies in Southern Africa that have not only targeted UFs but somewhat broader fertility or sexual reproductive health issues (Ninsiima et al., 2021; Tsobou et al., 2016; Watara et al., 2020). In contrast, the advantage of surgical methods is the ability of medical doctors to perform scans, ascertain the success of the procedures, and attribute these to the treatment given.

On the other hand, the theme, 'proof that the medicines are working- not confirmed by medical practitioner', accommodated women who had not necessarily gone to a medical practitioner but reported shared experiences of vaginal excretions, with some even claiming that they saw the fibroids with their own eyes. Some just referred to particles or masses that came out of the vagina. Other testimonies implied that this was inferred from reduced bulging or bloating in the stomach area, making the stomach feel softer.

"My fibroid is shrinking usually when I go to the toilet blood comes out to show that the fibroid is shrinking and when I touch my lower abdomen it's no longer feels hard"

"...her sister says I must ask exactly what it is that she is drinking, when she was going to the toilet to pee she just heard a sound going 'phahla' (splash) in the toilet, she says a huge mass of something came out with blood, is this ok, I said to her drink the miracle, and keep quiet. So we will now order them for them weekly for 3 months".

Although not confirmed by a medical practitioner, these findings allude to antitumor research, where anti-tumorigenic, anti-mutagenic properties may lead to UF shrinkage (Arip et al., 2022; Esiobu, 2023; Sefah et al., 2023). However, there remains the unconfirmed possible effects and lack of empirical data on the positive outcomes that characterise discourse on herbal medicines (Wambebe, 2009).

Reasons for using the herbal medicines seemed to centre around efforts to avoid surgery or felt that the medicines might help combat the fibroids and prevent them from going in for surgery.

"After months of experiencing severe pain and heavy bleeding due to fibroids, my husband decided to google a natural product as did not want to opt for an invasive procedure. I have been taking this product for a month now and I truly and sincerely vouch for it. My pain has reduced by 70% and my flow has severely decreased. I would fail if I did not recommend this product. It has made a step change in my life"

Research does indicate that women's choice of traditional or herbal medicines has usually been influenced by the positive experiences of friends or relatives (referral) who have undergone similar treatments successfully. However, these referrals are word of mouth (Akpenpuun et al., 2019). Furthermore, these medicines are accessible online from suppliers without the need for a medical script and are cost-effective (Baakeleng et al., 2023; Mashaah et al., 2024; Mdhuli et al., 2021), whereas traditional surgical procedures, though effective, are expensive; thereby excluding those who may not have the necessary funds or medical insurance.

When it comes to the time lapse before feeling the effects of the herbal medicines, most were written after the first/second, or third bottle of the fibroid tonic or fibroids doctor, or one/two or three months after yoni steaming and the fibroid tonic.

"I'm on my 2nd bottle of the fibroid and cysts combo and I'm so loving it. I didn't feel much pains of my fibroids since I started it and my last cycle was just normal..."

“Hi I was using the combo for fibroids for three months and its working coz I was with big sizes fibroids in numbers but today I was from gynae and they confirmed that the fibroids are now tiny and non-cancerous so I’m so happy that I saw a big change thank you for the medication I’m going to by again so that the next visit they will say its vanished”

This theme further reiterates the impact of the non-standardised dosages of herbal medicines (Ozioma & Chinwe, 2019). Though it is acknowledged that people's bodies and immune systems may respond differently to any medicine, the varying times at which the testimonies or reviews were done indicate that users of the herbs users may not be taking the same dosages; hence, the changes are seen at different times.

Looking at the research objectives, the results show that these South African women have turned to herbal medicines as an alternative to avoid surgery for less invasive or expensive treatments (Akpenpuun et al., 2019; Arip et al., 2022; Couliadiaty et al., 2021; Mashaah et al., 2024). However, there seems to be an insufficient collaboration between medical doctors and herbalists (Wambebe, 2009), whereas the advantage of collaboration would be that conventional Western medical procedures can produce proof of success through scans and laboratory tests, which is absent in the use of herbal medicines.

Conclusions

This study suggests that women's preference for herbal medicines over traditional surgical lies in their cost effectiveness and skepticism about traditional surgical procedures. Many women report relief from menstrual pains, a regulated cycle, and improved overall sexual reproductive health. However, the effectiveness of herbal medicine remains inadequately established through empirical research. More studies are needed to establish how herbal medicines may treat uterine fibroids.

Relevance for clinical practice

This study highlights opportunities for policymakers to give attention to the issues of women with UFs to promote awareness, education and service delivery that covers overall sexual reproductive health and fertility issues for women of all ages. Comprehensive policies will empower health care providers with knowledge and skills to foster informed choices amongst their clients whilst respecting their cultural beliefs and preferences. Collaborations between herbal and conventional medicines may assist in paving the path toward more clinical trials to establish the clinical efficacy and safety of herbal medicines. This will impact the standardisation of these medicines' composition and dosage, which is currently missing from the literature.

Limitations of the study

Reliance on social media testimonies and not interviewing limits this study's ability to confirm the participants' diagnoses and may impose biases since people have different reasons for sharing content on social media. Some of the content available may already be the selection bias of the website or special media account holders. The inability to interview the healers means the absence of a massive chunk of data and a voice on the exact preparation, dosages and effects of the herbal medicines. This

information would have been useful in addressing the already raised challenge of inadequate research on these aspects of herbal medicines.

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