

**EDITORIAL****HERBAL MEDICINE**

If one were to telescope the entire human history into twenty-four hours, the last 2000 years (since the birth of Christ) would be represented by the last 40 seconds, while the modern medicine era (orthodox medicine) would be represented by less than 2 seconds. Yet, few of us can imagine the practice of medicine 100 years ago, when over 95 % of drugs in current use had not been discovered and people had to rely on natural products, mostly herbs. Herbal medicine and witchcraft or Voodoo practices represent the acceptable and the ugly face of traditional medicine practices, respectively. In between, there are many gray areas. A lot of herbs used by early man have had their medicinal properties confirmed. The list is too long to enumerate here. Early man believed that the benevolent Creator had placed a cure for each ailment afflicting him within easy reach but challenged him to discover which ones had medicinal values and which ones were harmful. One of the methods used to discover medicinal herbs was what came to be known as “the Doctrine of Signatures” where physical characteristics (such as colour and shape) were considered indicative of medicinal value. In this way the Rauwolfian root (snake root) was used for snakebites while Chenopodium (worm seed) was used for helminth infestations. When Eve prompted Adam to eat the purple, heart-shaped apple in the Garden of Eden, she was responding to this imperative.

The use of medicinal herbs is inextricably interwoven with other aspects of traditional medicine. One has to wade through a pervasive web of myths to recognize the positive aspects of traditional medicine, unfortunately, often based on subjective value judgment. This is because use of herbs played a secondary role in the overall management of ailments. Traditional medicine was defined as “totality of all knowledge and practices, whether applicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium and which rely exclusively on past experience and observations handed down from generation to generation, verbally or in writing” (African Traditional Medicine – Afro Technical Report Series No.1 WHO Regional Office for Africa, 1976). With such a broad definition, it is no wonder that opinion on traditional medicine practices is polarized varying from contemptuous dismissal to romantic glorification of “our medicine”. Arguments by herbal medicine protagonists that it is safe because it is natural, border on the ridiculous. Others argue that herbal medicine is good because it has vitamins, flavonoids and trace elements among other beneficial components. The importance of herbal medicine does not lie in proving that it is superior to modern medicine but rather that it is yet another form of “alternative complementary medicine”, neither superior nor inferior. It is in recognition of this fact that August 31<sup>st</sup> has been declared “Day of African Traditional Medicine” and is celebrated all over Africa.

At the time Africa was colonized, the practice of medicine in Europe was not significantly different from that in Africa. In the area of mental illness, the practitioners of African medicine were more advanced as they had adopted a holistic approach where patients were treated in a familiar environment, surrounded by close relatives and often by medicinemen they could recognize. This is in sharp contrast to the practice in Europe where patients were chained and tortured to exorcise the devil. The African medicineman was a medical practitioner, a religious consultant (seer), a marriage counselor and social worker. He spent much time trying to help people to come to terms with their medical, social and spiritual needs.

What is the legal position regarding the practice of African traditional medicine? This is recognized though in an oblique manner. In Kenya, the requirements for registration of medical practitioners are set out in Chapter 253 of The Laws of Kenya. The relevant section concerning traditional medicine is reproduced below: -

Nothing contained in this Act shall prohibit or prevent the practice of systems of therapeutics according to African or Asian methods by *persons recognized by the community to which they belong* to be duly trained in such practices.

Provided that nothing in this section shall authorize any person to practice any African or Asian system of therapeutics *except among the community to which he belongs* or the performance of an act on the part of any persons practicing any such systems which is dangerous to life or the giving of an injection by any persons practicing such systems (Chapter 253, Section 26, Medical Practitioners and Dentist Act, Laws of Kenya).

This Act was enacted during the colonial days in the 1950s and similar Acts probably exist in former British Colonies such as Tanzania, Uganda, Zambia, Zimbabwe, Ghana and Nigeria.

The above legislation rightly emphasizes “recognition by own community” rather than proven knowledge of efficacy and safety of traditional medicines. In Kenya, Tanzania, Zimbabwe and probably some other African countries, practitioners of African traditional medicine are registered in the Ministry of Culture and Social Services, the sole criteria being acceptance and recognition as genuine practitioners within their community. The successful practitioners are highly esteemed while those who cause death are ostracized.

In the past, an attempt has been made to control and standardize the traditional medicines. For example, the Kenya National Drug Policy (1994) recognized the role of herbalists and mandated the Pharmacy and Poisons Board to “determine the suitability of medicines and provide specifications for the practice and utilization of these medicines”. This is a tall order almost requesting the Board to come up with an African Herbal Pharmacopoeia. The Chinese and Indian (Ayurvedic) traditional medicines have a long history and often the scientific basis for use is well documented. This is not the case in Africa where, with few exceptions, the information is handed from generation to generation orally. The knee-jerk response by most African herbalists when challenged to justify their extravagant claims is, “if you don’t believe it, that is your problem”. Whether we can prove it or not, there is no reason why herbalists should be allowed to continue advertising medicines for the cure of diabetes, cancer, sexually transmitted diseases, impotence and infertility since this is against the law.

**Editor-in-Chief**