

EDITORIAL

In one of the articles appearing in this issue of the journal, the authors have documented medicinal plants used in treatment of AIDS/HIV in Tanzania. In many African languages the words "treatment" and "cure" as applied to management of diseases are used interchangeably, the divide-line being rather hazy. While it is generally recognised that there is no proven cure for AIDS, many drugs are used in the management of AIDS related illnesses such as diarrhoea, general malaise, fever etc. Thus the claims by Tanzanian herbalists need to be subjected to further scrutiny.

Traditional medicine is defined as the 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.

Because of the cultural link with our ancestral roots, the practice of traditional medicine is emotive even among African scientists. It is considered bad manners to subject it to close scrutiny and many of us are content to quote traditional practitioners verbatim without critical comments. However, in the case of AIDS/HIV, the cultural link is rather weak since the disease is of recent origin. Traditional practitioners who claim to have done research on AID S/HIV herbal remedies should not be taken seriously since their methods are unlikely to satisfy the requirements of scientific research protocols. Their conclusions are based on clinical impression which at times can be misleading and certainly not definitive.

Attitude towards traditional medicine is usually polarised varying from the contemptuous dismissal to romantic glorification. Rarely does one come across people with balanced views. Many people who are disillusioned with western (orthodox) medicine go to traditional medical practitioners as an expression of protest. They are bitter, frustrated and feel betrayed by specialists who appear to have no answer to their problems. An important feature of African traditional medicine is that the sick are treated in familiar surrounding with supportive relatives and friends around. Traditional medical practice is highly personalised. The patient is usually treated by only one practitioner thus solidifying the patient-practitioner relationship. This is in great contrast to the modern hospitals where the patient is attended to by a horde of people (doctors, nurses, social workers) all appearing to play different roles from one day to the other.

It would be interesting to carry out research on the social stratification of individuals who visit traditional medical practitioners. There are stories of "important" people who visit traditional practitioners incognito or at night. Others leave their limousines several kilometres away and walk for long distances to consult the traditional practitioners. What would prompt a normal person to seek assistance from a traditional practitioner he/she is ashamed of being associated with? To get the answer we need to look at the past history of this practice.

In many African countries the colonial powers had down-graded traditional medicine to the level of a nuisance cultural practice. Even the mainstream Christian churches often condemned the practice mistaking it for witchcraft.

After independence many African governments set out to rectify this anomaly through hasty legislation. Unfortunately, the legislative measures were unbalanced thus creating further confusion. This certainly happened in Tanzania and Zimbabwe. Thus, while in many African countries witchcraft is illegal, medicinal plants to "ward off the evil eye" are tolerated. Many African governments have adopted ambivalent stances and often the official pronouncements are tailored to suit the audience and the occasion. It is probably this confusion that is reflected by the "important" people, presumably government officials, who visit traditional practitioners secretly. In the case of HIV/AIDS patients, the secrecy may also be prompted by the social stigma associated with the disease.

African traditional medical practitioners are partly to blame for the ensuing confusing. Traditional medical practice thrives on myths and by demystifying the practice, they have opened themselves to undue criticism. They can learn a lot from their Chinese counterparts who, even though their claims at times border on the absurdity, have clung to unconventional theories of disease aetiology and treatment. This strategy has worked to their advantage as evidenced by world-wide use of such herbs as 'ginseng'. The global herbal market, the cornerstone of traditional medicine practice, generated a turnover of \$16.8 billion in 1998 according to Dr. Lee-Wai-Sum, a member of Industry and Technology Development Council, Hong Kong. African share of this multibillion industry is minimal. African scientific researchers have a responsibility to promote rational use of medicinal herbs within their national borders and as international trade commodity. The editor therefore invites more contribution in this area of research.