

EDITORIAL

In this issue

African Health Sciences has come a long way since its long anticipated birth in August 2001. You are very much welcome to this first issue of volume 2, of 2002 which contains very interesting papers.

The papers include studies of the effect of Ugandan herbal extracts on measles virus¹, sugar as a potential for vitamin A fortification², experience with Directly Observed Therapy (DOT) for TB in South Africa³, the Bwamba virus in Tanzania and Uganda,⁴ an exploration of an interesting western lifestyle condition now on the rise in Uganda: diverticular disease of the colon⁵; as well as sexuality in Kenya .

In their paper, Olila, Olwa-Odyek and Opuda Asibo¹ tested the claimed efficacy of some plants in the treatment of measles - a disease of public health significance. They performed *in vitro* antiviral assays of extracts of two medicinal plants using measles virus as the test organism. One of the two plants had antiviral activity in seed extracts and it was established that this was due to the compound skimmianine. Clearly this is an important finding which needs to be followed up with further studies.

The paper on sugar² as a potential for vitamin A fortification is timely in that there is a resurgence of interest in Vitamin A as an important micronutrient with antioxidant properties, among others. The use of sugar seems to be widespread in eastern Uganda and therefore, the author argues that sugar is a potential vehicle for vitamin A fortification. However, there is need for caution here since the use of sugar has been associated with obesity and dental ill health. No doubt the debate on this issue will continue.

Poor patient adherence to prescribed medication is one of the hindrances to effective TB control and is the rationale for DOT advocated by WHO. However this is a labour intensive practice, which over burdened health systems find difficult to implement. Kironde³ and Kahirimbanyi's paper in today's *African Health Sciences*, report on their experience with community involvement in the delivery of TB treatment in the northern Cape Province in South Africa. One third of the TB patients received treatment from lay DOT volunteers who had been trained and supported to administer and record the treatment. Treatment outcomes for new patients supervised in the community were equivalent to those who received treatment from the health units. For patients on re-treatment, community based treatment was superior to self-administered therapy. Clearly, community participation might be a viable way of achieving effectiveness of DOT.

In this issue we also bring you the study of the Bwamba virus (genus Bunya virus, family Bunyaviridae) from Uganda and northern Tanzania⁴. As it causes an identified fevers because of its benign nature, this may be more common than previously believed. The virus was isolated from several sources: mosquitoes obtained during the O'nyong-nyong virus fever outbreak in Rakai in 1997, and from a refugee in a camp in Ngara in north-eastern Tanzania. As the virus causes an illness similar to malaria, further studies are needed to clearly define its epidemiology and natural history.

Dr. Elsie Kiguli-Malwadde's⁵ article reminds us that adoption of western life-styles such as the consumption of refined, fibre-poor foods might be responsible for the emergence of diverticular disease of the colon in Uganda.

Finally Missie Oindo's article on contraception and sexuality among the youth in Kisumu Kenya brings out the gap between knowledge and practice - a serious situation in this era of HIV and AIDS⁶.

We wish you enjoyable reading.

Editor

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