

EDITORIAL

INTEGRATION OF HERBAL MEDICINE IN NATIONAL HEALTH CARE OF DEVELOPING COUNTRIES

Traditional herbal medicine is a worldwide practice that has preoccupied mankind in his evolution. World Health Organisation estimates that 70-90% of rural population in developing countries still relies on herbal medicine to meet, partially or totally, its health needs. Indeed, herbal medicine is recognised by World Health Organisation as an essential component of primary health care(1). It is estimated, for example, that overall in Kenya, the doctor: patient ratio is 1:7142. However complementary medicine practitioner: patient ratio is much better e.g. 1:987 (Mathare-urban areas) and 1:378 (Kilungu-rural area). These figures are not very different from other developing countries (1,2).

It is estimated that 33% of drugs produced in the developed countries come from higher plants. Most of these owe their origins to the tropical rain forests of Africa, Asia and South America. These products are estimated to have an annual retail value worldwide of about US\$65 billion(3).

If for example the oncologists' chemotherapeutic armamentarium today is examined, one finds that there are a number of drugs including vibramycine, vincristine, etoposide, and taxotereall developed from higher plants resulting from traditional herbal use. Others are artemisinin and its derivatives, digoxin, aspirin, d-tubocurarine and ephedrine(4,5).

The expanding use of herbal medicine is gaining recognition globally. This practice is now being treated, in many developed countries, as legitimate mainstream medicines. While in developing countries accessibility and affordability is the driving force for increasing use of herbal medicines, in developed countries, popularity of herbal medicine has been fuelled by concern about the adverse effects of conventional drugs, questioning of the approaches and assumptions of conventional medicine, and greater public access to health information. For many patients, herbal medicine appears to offer more gentle means of managing chronic, debilitating diseases such as heart disease, rheumatoid arthritis, cancer, diabetes and mental disorders than does conventional medicine(1).

In USA, more than 40 medical schools have added courses on alternative medicine, including top rated Harvard and Johns Hopkins medical schools. In 1997, Bastyr University (USA) opened the first complementary medical clinic merging natural and conventional treatments. It is estimated that over 158 million of adult population in USA regularly use these medicines spending over US\$ 10 billion. Many people (78%) living with HIV/AIDS use herbal medicine in USA. Funding for complementary medicine had reached US\$ 68.3 million by the year 2000.

In USA complementary and alternative medicine (mainly herbal medicine) is regarded so highly that there is a National Center for Complementary and Alternative medicine, established by US Congress and overseen by The White House Congress Commission (senators and experts)(1). In recognition of the need for investigation of herbal medicine, the leading American research institute, the National Institute for Health, has recently started a center for herbal/complementary medicine.

The health care systems of France and Germany provide a very strong role model in that doctor and pharmacists receive training in herbal medicine in undergraduate programmes. Herbal medicine is a core part of their treatment options. In Germany, 80% of physicians prescribe phytomedicines, which account for 27% of all over-the-counter medicines and 52% of adults first turn to natural remedies for treatment of illnesses. The same trend applies to other European countries with Canada 70%, France 49%, Australia 48% and Belgium 38% as regular uses of complementary and alternative medicine(1).

In UK there are many training/research institutions and outlets of herbal medicine. The annual expenditure on herbal medicine is estimated to be US\$230 million. European Union Parliamentary Assembly Member States have been called upon to promote official recognition of herbal medicine in medical faculties, to encourage its use in hospitals, and to encourage allopathic doctors to study it at university level. Herbal medicine together with other complementary medicine is practiced in public hospitals in Japan, USA, Germany, Canada, Nigeria, Australia and Norway. Herbal medicine is very advanced in China, Korea, Vietnam and India. Many African countries have in place legal framework, national management or coordinating body and national budget allocation e.g. Ghana, Mali, Nigeria and Rwanda.

There are many clinical studies suggesting that a number of well-formulated and standardised herbal medicines from single plants and originating from developing countries are effective in treating certain conditions. Ginkgo (*Ginkgo biloba*) for example is used for treatment of age related mental malfunction, including general dementia and Alzheimer disease (6,7). St. John's Wort (*Hypericum perforatum*) for treatment of moderate depression, anxiety and nervous unrest (8,9) and *Prunus africana* and *Urtica dioica* for benign prostatic hyperplasia(10,11). There are also many examples of polyherbal formulations, which have been proved to be useful in treatment of some ailments. Some of these are NIPRISAN® which has been found to be safe and efficacious herbal medicine for

management of patients with sickle cell disorder(12), Liv. 52® a hepatoprotective medicine(13), and MUPAL® in treatment of stomach and duodenal ulcers (14).

Several challenges face many developing countries in the integration of traditional herbal medicine in national health care. The first is lack of national policy and regulatory framework, issues pertaining to safety, efficacy, quality, access and rational use of traditional herbal medicine. The second is lack of clear policy on Intellectual Property Rights and equitable benefit sharing relating to herbal medicine, indigenous knowledge and products compounded by biopiracy and unsustainable use of medicinal plants are other challenges.

Some of these challenges have been overcome in some developing countries by having herbal medicine included in the National Drug Policy; national regulation and registration of herbal medicines and providers supported by relevant bills; the central government allocating special funds for traditional herbal medicine; traditional herbal medicine being placed as a Division in the Ministry of Health and the Ministry making a public pronouncement based on the political will on recognition of traditional herbal medicine; integrating the practice at all levels including hospitals and clinics (both public and private); health insurance coverage for treatment and products; official education at university/medical training colleges on herbal/ complementary medicine for all health care professionals; basic training on safety, quality and efficacy to herbal medicine practitioners; pharmacovigilance and reliable information for consumers on proper use of herbal medicine therapies and a traditional herbal medicine national research institute.

Many people in Kenya are already taking herbal medicines, which are usually prepared at home, obtained from herbalists, pharmacies or supermarkets. The herbalists receive more than 500 visits of patients/year/practitioner. Indeed the Faculty of Pharmacy (University of Nairobi) receives many enquiries daily on traditional herbal medicine from patients, traditional herbal medicine practitioners and doctors among others. The Ministry of Health drafted the Traditional Healthcare practitioners' Bill, 2002. This process should be completed. Pharmacy and Poisons Board should implement registration of herbal medicine and other complementary medicines. Proper placement of traditional herbal practitioners to the Ministry of Health is urgently required.

"The wise and experienced clinician never spurns an 'old wife's tale' until he has good evidence for doing so." The lore of the Country is built upon experience spanning across generations, often centuries, and the

data upon which it is based have often been obtained at a price in human lives which no modern research worker would ever dream of considering(15). With reliable information on herbal medicine, it is easier to integrate these therapies with the mainstream medicine. It is unlikely that patients will abandon use of era one medical interventions but rather in a more pragmatic manner will choose to integrate herbal medicine as a part of their overall armamentarium of medical interventions.

J. W. Mwangi, BPharm, MSc (Pharmacy), PhD, Professor of Pharmacognosy, Department of Pharmacology and Pharmacognosy, Faculty of Pharmacy, University of Nairobi, P.O. Box 19767 00202 Nairobi, Kenya

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