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Importance of the integration of African traditional medicine into the existing health care system

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Background: It has been estimated that in Africa, there is one traditional health practitioner for every 200-400 people, whereas the availability of trained medical personnel is typically one per 20,000 people. In the light of this statistical data and because of the alarming increased rate of HIV/AIDS epidemic, and other diseases in Africa, there is an urgent need for more research into the efficacy and safety of the herbal medicines being used by the majority of the population, and how they can be improved and further developed. This study would like to investigate another approach for an integration of traditional medicine into health system using the support of those community-based organizations.

Methods: A large number of African plants including Rooi bos tea (RT, *Aspalathus linearis*), Bambara groundnut (BB, *Vigna subterranean*), Ligusha (LI, *Corchorys tridens*), Calabash (CA, *Lagenaria siceraria*), Cancer bush (CB, *Sutherlandia frutescens*), Devil's claw (*Harpagophytum procumbens*), Isibaha (ISI, *Warburgia salutaris*), and Lumba (LU, *Polygonum multiflorum*) have been selected for their traditional use and efficacy to treat various diseases including HIV/AIDS, Cancer and inflammatory diseases. Various methods including chemical and biological analysis have been used to evaluate successively their antioxidant, antimutagenic, chemopreventive, anti-tumor and anti-metastatic activities.

Results: The data have demonstrated that RT, BB, CA, CB, ISI and DEV used possess antimutagenic, antioxidant and chemopreventive activities. ISI and DEV show the most potent antioxidative activities among the tested plants, and CB and DEV, displayed substantial chemopreventive/anti-inflammatory activity by inhibiting TPA-induced COX-2 expression in mouse skin through the reduction of catalytic activity of ERK. Both extracts inhibited TPA induced expression of c-Fos and DNA-binding of AP-1. Antimetastatic activity of DEV has been demonstrated in its suppressive effects on MMP-7 protein (Matrix Metallo-proteinase- 7) in HT-29 cells.

Conclusion: Understanding the mechanism underlying activity of Traditional preparations, will lead to a better management of patients. Having the general ethical approval from WHO, this new approach constitutes an alternative to a time consuming and expensive classical clinical trial required by international norms. By assessing those traditional practices and trying to validate them, we could reach more patients in rural areas as 80% of those populations seek medical care first from traditional practitioners. Therefore, particular attention should now be given to those palliative treatments utilized by those who are working with the communities.

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