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Ethnomedicinal plants used by traditional healers in the management of HIV/AIDS opportunistic diseases in Rundu, Kavango East Region, Namibia

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ABSTRACT

Since human immunodeficiency virus (HIV) infected persons seek treatment from traditional healers, there is an urgent need to document plants used by traditional healers to manage acquired immunodeficiency syndrome (AIDS) opportunistic diseases. This study documented plants used to manage AIDS-related opportunistic diseases in Rundu, Kavango East Region, Namibia. Primary, secondary and tertiary samplings of traditional healers were conducted. During the interviews, the following ethnobotanical data were recorded: plant species, parts used, modes of preparation, administration, and diseases treated. Data were analysed by calculating percentage frequencies, familiarity index (F_i), and factor of informant consensus (F_{IC}). Seventy plant species from 54 genera and 28 families, mostly the Fabaceae, Anacardiaceae, and Combretaceae were used as ethnomedicines. Leaves, followed by roots and bark, were mostly harvested for the treatment of skin diseases, diarrhoea, STIs, TB, coughs, oral infections, malaria, meningitis, headache, hair loss, weight loss, cancer, liver, jaundice, and vomiting. Fourteen plants were used to treat four or more disease conditions: *Peltophorum africanum*, *Cucumis africanus*, *Kigelia africana*, *Aloe esculenta*, *Ficus burkei*, *Securidaca longepedunculata*, *Diospyros lycioides*, *Diospyros mespiliformis*, *Terminalia sericea*, *Acanthosicyos naudinianus*, *Combretum hereroense*, *Dichrostachys cinerea*, *Ximenia caffra*, and *Xylopia tomentosa*. These multi-use plant species may have broad antimicrobial activities but also risk overexploitation. Further work is needed to screen plant extracts for *in vitro* anti-HIV activity and cytotoxicity.

1. Introduction

Although Rundu, the administrative capital of the Kavango East Region, is one of the top four hotspots of human immunodeficiency virus (HIV) infection in Namibia (Government of the Republic of Namibia, 2012), strong cultural beliefs and rituals (*mpo yetu*) make the Kavango people of Rundu contest participation in and adherence to public acquired immunodeficiency syndrome (AIDS) prevention and treatment programmes (Shirungu, 2010). The contestation for hospital-based HIV/AIDS programmes is driven by the fact that the Kavango people are fervently dogmatic about the use and ethnopharmacological efficacy of traditional medicines. For example, instead of undertaking the prevention-of-mother-to-child transmission (PMTCT) programme, pregnant women prefer the ritual of *likuki* where traditional healers give the 3–5 day old babies herbal concoctions (*shipumuna*) to drink.

During *likuki*, traditional medications made from trees such as *Ziziphus mucronata* (*Mukekete*) and *Kigelia africana* (Uvhunguvhungu) are applied onto the baby's body (Shirungu, 2010). In the rite of *kudjamba*, various indigenous plants are also burnt in order to produce smoke to 'sterilize' the baby (Shirungu, 2010). These cultural practices detract from HIV/AIDS treatment. Corollary, the percentage of HIV positive women receiving antiretroviral therapy in Rundu is only 38.9% (Government of the Republic of Namibia, 2012).

However, there is more to the allure for traditional medicines. Mbambo (2002) posited that among the Kavango people, the type of sickness determines the selection of treatment options hence conditions such as genital herpes, haemorrhoids, and sexually transmitted infections (STIs) including HIV/AIDS are often treated by diviner-herbalists (*vanganga*) that establish the aetiological source of the illness. Reliance on traditional healers is also premised on historical disadvantages because the two Kavango regions are home to the majority of the poor Namibians that struggle with inadequate access to health services (United Nations Development Programme, 2000). Given that Namibia is the second most sparsely populated country in the world, traditional healers are more geographically accessible than public health facilities.

Besides, traditional healers are still consulted because they are deemed to provide client-centred and personalised health care that is customized to the needs and expectations of patients, paying special respect to social and spiritual matters (Homsy et al., 2004). Thus, whilst the majority of HIV/AIDS patients that need treatment can access antiretroviral therapy (ART) from local hospitals and health centres, several constraints of the ART programme compel many HIV-infected

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Namibians to use traditional medicines to manage HIV/AIDS-related conditions (Chinsembu, 2009). Others use ethnomedicinal plants to offset side-effects from ART (Chinsembu and Hedimbi, 2010).

Even though there are some anecdotal reports regarding the traditional uses of ethnomedicinal plants to manage various diseases in Rundu, knowledge on the specific repertoire of plant species used to manage HIV/AIDS-related diseases is still scanty and not well recorded. This paper gives valuable data on the plant species used by traditional healers to treat HIV/AIDS opportunistic diseases. Indeed, the current effort is a modest but first detailed empirical account of the status and use of ethnomedicinal plants in the management of HIV/AIDS opportunistic infections in Rundu, Kavango East Region, Namibia. Documentation of putative anti-HIV plant species can help preserve this critical tacit indigenous knowledge resource.

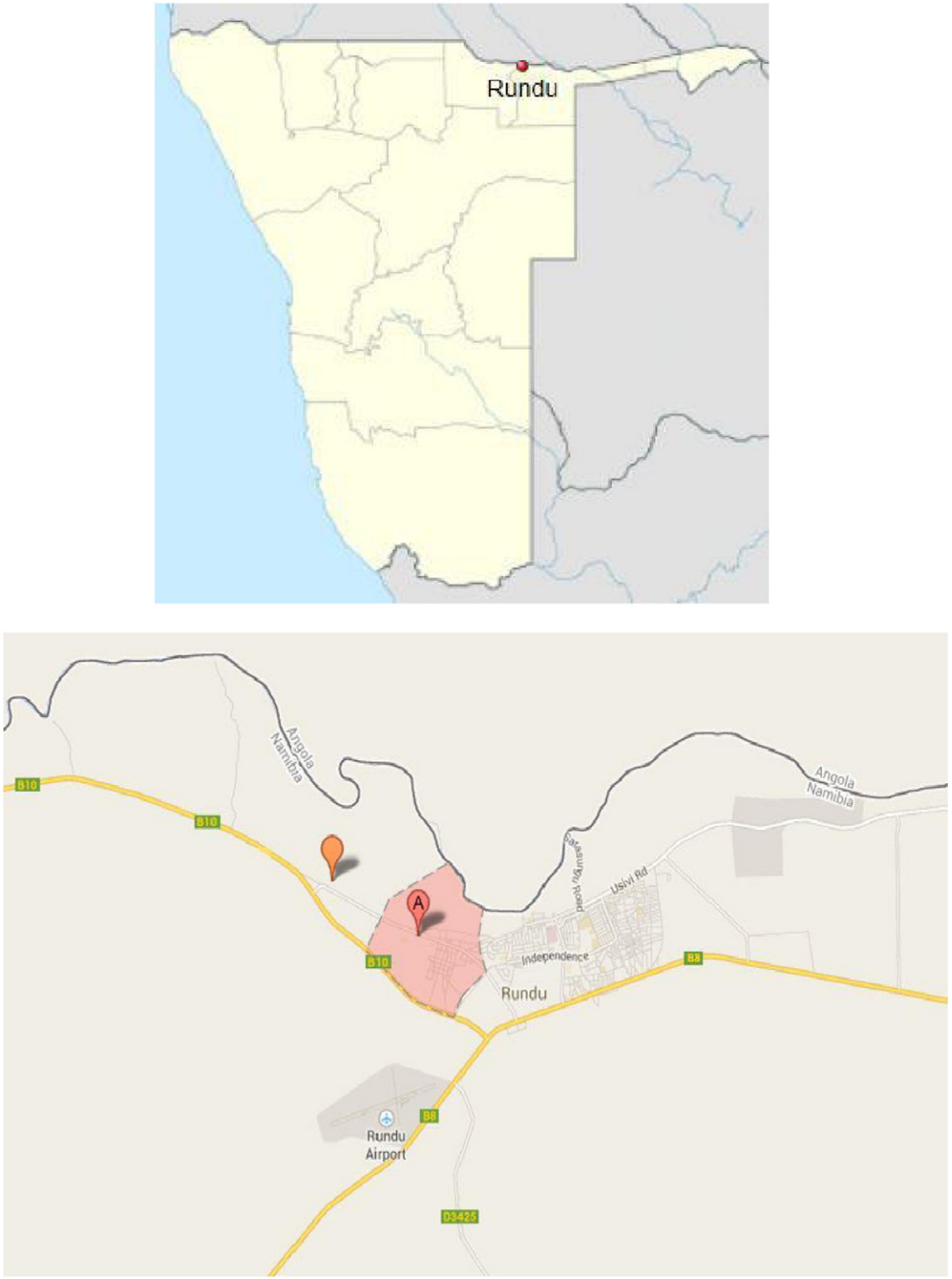

Fig. 1. A: Map of Namibia showing the location of Rundu. B: Rundu town.