

Chapter 6

Indigenous Plants Used for Primary Healthcare by the Members of a Rural Community in Limpopo Province, South Africa

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ABSTRACT

Reliance on traditional plant-derived medicine motivated the World Health Organization recommendation to improve, regulate, and integrate it into the primary healthcare model to offer affordable, reliable, and community-specific primary healthcare. The objective of this chapter was to describe the uses of medicinal plants in traditional medicine to meet the healthcare needs of the members of a rural community in Limpopo Province, South Africa. Structured interviews conducted with 164 participants give evidence of the use of indigenous plant-derived medicine to meet the healthcare needs. This type of healthcare correlates with the World Health Organization primary healthcare, which emphasizes health promotion through curative and preventive care. The study results also present evidence of indigenous knowledge of medicinal plant conservation practices, which embrace observance of cultural taboos and following the prescribed methods of harvesting the plant materials.

INTRODUCTION

Traditional medicine was the dominant medical system for millions of people in Africa prior the arrival of the Europeans who introduced science-based medicine, which was a noticeable turning point in the history of this tradition and culture (Abdulla, 2011). The suggestion to use traditional medicine to meet primary health care needs goes back to 1978 when the World Health Assembly (WHA) drew attention on the potential use of traditional medicine by urging member states to utilize its practices to meet pri-

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mary health care needs (The World Health Organization [WHO], 1986). This was reinforced during the Alma Ata Conference of 1978 (WHO, 1986) where it was recommended that governments should give priority to the full utilization of human resources by defining the role, supportive skills and attitudes required for each category of health workers according to the functions that needed to be carried out to ensure effective primary health care. It was further recommended that a team composing the medical health team, community members, traditional medical practitioners and traditional birth attendants be constituted for primary health care delivery (WHO, 2004).

The Alma Ata Declaration mandated the member states to define the role that traditional health practitioners and birth attendants could play as members of the primary health care team. It became apparent that the goal of Health for All by the year 2000 would never be achieved unless all existing community resources, including traditional health practitioners, are mobilized and used more effectively in community health initiatives. Therefore, the WHO launched Traditional Medicine Strategy in the year 2000 (WHO, 2002). The strategy was designed to assist countries to develop national policies on the evaluation of traditional medical practice for the possibility of its integration into the National Health Plans. For Helman (2000) traditional medicine, it is believed, could provide a sound basis for cheaper, accessible, and reliable health care delivery because it is culture-bound. A Traditional Medicine Policy was developed for the regulatory and legal mechanisms regarding the promotion and maintenance of good practice to ensure the authenticity, safety, and efficacy of traditional medicines (WHO, 2005). The World Health Organization supported the development of traditional medicine by facilitating regional information exchange, and supported efforts to ensure product safety, and availability of trained, qualified human resources. However, the member states explored the possibility for developing their well-known and tested herbal medicines for use in primary health care (WHO, 2005). Therefore, primary health care devolved on the herbalist, traditional midwife and other traditional health practitioners. Ndeta et al. (2013) attest that traditional health practitioners remained true community health care workers in their societies and invariably have the confidence of their community members, and whatever their level of skills, they understand the real health needs of their communities. Traditional health practitioners became important allies in primary health care because they are knowledgeable about the types of diseases that attack their community members, and are well known health care providers offering holistic treatment. Traditional medicine was regarded as the most common type of health care throughout the world, which is developed as an essential component of primary health care (WHO, 2005).

Ndeta et al. (2013) show that an exploration of the role of traditional medicine in primary health care, addresses key elements of medical anthropology, namely; curative and preventive health care through the application of several products dominated by plant-derived medicines. For Akerele (1992 (1983) traditional medicine is a means to maintain good health and well-being through the discovery and use of indigenous plants as medicine. The value of medicinal plants in traditional medicine has attracted scientists across the disciplines, with a recent focus on the value that traditional medicine could play in the prevention and cure of COVID-19. In the forefront of researchers, there are medical anthropologists and botanists with the knowledge accumulated from their research on medical ethnobotany. The need for basic scientific investigation on medicinal plants became imminent, and the desire to capture the wisdom of traditional healing systems has led to a resurgence of interest in plant medicines (Bussmann et al. 2011; Hosseinzadeh et al. (2015). De Wet et al. (2011) and Mutta (2016) agree that indigenous plant-derived medicine is the mainstay of primary health care among people who have the knowledge of plant properties and their health potential.

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