

Herbal treatment for HIV-patients in Tanzania

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ABSTRACT

In Pangani and Tanga, Tanzania, HIV-Patients were treated in close collaboration of the author (medical doctor) and Mr. Waziri Mrisho and Mr. Saleh Wazili (traditional healers) with modern medicine and a decoction of herbs. Compared with a group, only treated with modern medicine, the group also treated with herbs showed significant increase of survival rate and significant improvement of body weight, Hemoglobine and Erythrocyte Sedimentation Rate. Literature studies, botanical classification and pharmaceutical analysis are done. Further clinical studies are conducted in Tanzania and Norway as well as *in vitro* studies. The treatment is cheap and locally available for a poor and highly affected population. Treatment must always be combined with health education and prevention. Further details by correspondence with the autor.

1. INTRODUCTION

In Tanzania HIV-prevalence is exceeding 10% of the population. In Pangani/Tanga, Tanzania, the Village Health Project successfully improved health services and health education in close collaboration of the modern sector (with poor facilities) with the traditional sector (traditional healers and traditional birth attendants). During the training of traditional healers on prevention of HIV-infections, some healers claimed, that they can treat AIDS. After tests with some ineffective herbs, the treatment of Mr. Waziri Mrisho and his son Saleh Waziri was used to treat HIV-patients in close collaboration with the District Hospital Pangani.

2. FIRST CLINICAL RESULTS

21 patients with HIV-infection could be recorded from April 1990 to January 1991 (five cases of ARC and 16 cases of full blown AIDS). The patients received medical treatment plus the decoction of three herbs. During this period only one patient died. ESR, body weight and Hb of the patients showed significant improvement. In a control group of 27 HIV-Patients (five cases of ARC and 22 cases of full blown AIDS) 13 patients died in the same periode.

FURTHER RESEARCH

A. LITERATURE STUDIES

The three herbs were classified as

Muogola = *Steganotaenia araliacea*

The plant contains Stegnacine, which inhibits HeLa-tumor-cells and has also antileucaemic activity due to its immune-modulatory properties. Also antibacterial, antiviral and molluscicidal activity is reported. Traditionally its antiinfective, antiallergic and molluscicidal properties were used.

Mkusu = *Harrisonia abyssinica* Oliv.

The plant has very good antifungal activity and is traditionally known as a medicine for gastroenteritis and to regain strength after serious diseases.

Mvuti = *Aspilia mossambicensis*

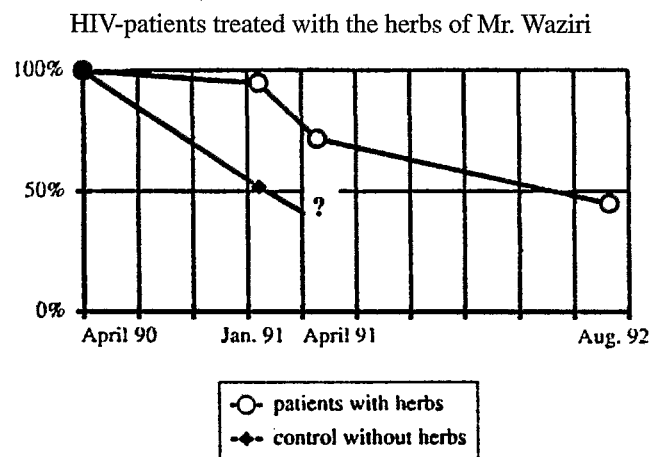
The plant is reported to have good antibacterial, antifungal and antihelminthic activities.

All the three plants are locally available. First trials showed, that the plants can also be cultivated to avoid over exploitation.

B. IN VITRO TESTS

In-vitro-tests of the herbs were conducted by the National Institute of Cancer, USA, and by Shaman Pharmaceuticals Inc., USA. Preliminary reports show medium strength anti-HIV-Activity of *Steganotaenia* and *Harrisonia* and good antifungal and antibacterial activity of *Harrisonia* and *Aspilia*.

Life Table



C. HOME BASED CARE PROJECT

With minor funds from Denmark and Norway the home-based-care-project was started in Tanga to ensure herb supply and social and psychological support for HIV-patients and to intensify health education to prevent further HIV-infections. Preliminary reports by Angelika Prochanke-Alff and Ilse Höhn show, that in terminal cases of full blown AIDS the life is prolonged for some weeks with fair life quality, but death is unavoidable. In less serious cases (opportunistic infections) life experience and health condition is improved significantly. The project is now extended to Muheza and Pangani Districts.

D. TREATMENT BY THE HEALERS

Waziri Mrisho and Saleh Waziri have treated much more than 500 patients in the meantime. They are trying to record the cases.

E. CLINICAL STUDY

At Oslo University a clinical study has been started. A preliminary report by Ruth Nesje seems to show good results, recorded with modern scientific means.

4. PROBLEMS

Follow-up of the patients in rural Africa without functioning infrastructure is very difficult. Reliable laboratory-checks (CD4-cell-count, p 24-antigene) are not available.

Many of the patients or their families have given up their hope, so it is difficult to motivate them to continue the treatment. Others stop taking the herbs after first improvement. This factor is very important to explain the deterioration after first improvement. The herbs must be taken in regular (*e.g.* monthly) courses.

Funds and facilities are very limited. Pharmaceutical industries are not interested, because they are not expecting a (paying) market, and donors seem to have given up Africa and withdraw from Africa or only support prevention and health education.

It is very important to combine treatment with health education to avoid the infection of new patients by our HIV-patients, when they are improving under treatment.

5. FUTURE PLANS

Future plans depend on the access to donor funds. On the local level it is very important, that the herbs are locally available and cheap, so that almost all patients can afford the treatment. AZT-treatment can not be paid, neither by the patients individually nor by the poor Tanzanian health system.

Systematic screening of other plants used by traditional healers to beat HIV-patients should be carried out. Other —perhaps— more effective herbs or combination of herbs will be found.

Clinical studies with all modern scientific means of international standard should be carried out, either versus AZT, ddI and ddC or in combination. Molecular biological studies should

find out the mechanisms of function. Scientists in the northern hemisphere should consider these effects very seriously to find out new solutions for the treatment of AIDS in close collaboration of the modern and the traditional medicine.

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