

## Ethnomedicine

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Ethnomedicine refers to the study of traditional medical practice which is concerned with the cultural interpretation of health, diseases and illness and also addresses the healthcare-seeking process and healing practices (1). The practice of ethnomedicine is a complex multi-disciplinary system constituting the use of plants, spirituality and the natural environment and has been the source of healing for people for millennia (2).

Research interest and activities in the area of ethnomedicine have increased tremendously in the last decade. Since the inception of the discipline, scientific research in ethnomedicine has made important contribution to the understanding of traditional subsistence, medical knowledge and practice. The explosion of the ethnomedicine literature has been stimulated by an increased awareness of the consequences of the forced displacement and/or acculturation of indigenous people, the recognition of indigenous health concepts as a means of maintaining ethnic identities, the search for new medical treatments and technologies (1).

The components of ethnomedicine have long been ignored by many biomedical practitioners for various reasons. For example, the chemical composition, dosages and toxicity of the plants used in ethnomedicine are not clearly defined (2). However, it is interesting to note that the ethnomedicinal uses of plants is one of the most successful criteria used by the pharmaceutical industry in finding new therapeutic agents for the various fields of biomedicine (3). Some outstanding medicinal drugs which have been developed from the ethnomedicinal uses of plants include: vinblastine and vincristine from *Catharanthus roseus* (the periwinkle) used for treating acute lymphoma, acute leukaemias etc, reserpine from *Rauwolfia serpentina* (Indian snake root) used for treating hypertension, aspirin from *Salix purpurea* (willow) used for treating inflammation, pain and thrombosis and quinine from *Cinchona pubescens* (cinchona) used for treating malaria.

Today about 80% of the world's population rely predominantly on plants and plant extracts for healthcare (4). In addition, of the top 150 proprietary drugs used in the United States of America (USA), 57% contain at least one major active compound currently or once derived from plants (5).

The spiritual aspects of health and sickness has been an integral component of the ethnomedicinal practice for centuries, a dimension ignored by biomedicine practitioners, because of the difficulties involved in validating its success using scientific principles and experiments. The ethnomedicinal systems (primitive medicinal systems or traditional medicine) has two universal categories of disease aetiology – natural and un-natural (supernatural) causes. Natural illness explains illness in impersonal systemic terms. Thus, disease is thought to stem from natural forces or conditions such as cold, heat and possibly by an imbalance in the basic body elements (6). Un-natural illnesses are caused by two major types of supernatural forces: occult causes which are the result of evil spirits or human agents using sorcery and spiritual causes which are the results of penalties incurred for sins, breaking taboos or caused by God (6).

However, despite the lack of scientific validation of the usefulness of the spiritual component in ethnomedicine, some institutions in the USA are incorporating it into their services (7). Similarly, spiritistic practitioners working in the Puerto Rican and Balican hospitals have indicated positive results, based on the fact that patients spent reduced time in these institutions (8, 9). Today, ethnomedicinal practices and beliefs are part of a total belief system that transcends class, ethnicity and religious belief in such a manner that the terms “folk or traditional” can be used to describe practices that are truly universal (2). In North America, Europe and the Caribbean, the return to the traditional (ethnomedicinal) aspect of healthcare is not restricted to the poor, but extends to all social classes (2).

According to data released by the World Health Organization (WHO), ethnomedicine has maintained its popularity in all regions of the developing world and its use is rapidly expanding in the industrialized countries (10), for example, in China traditional herbal preparation account for 30–50% of the total medicinal consumption. In Ghana, Mali, Nigeria and Zambia, the first line treatment for 60% of children with malaria is the use of herbal medicine. In San Francisco, London and South Africa, 70% of people living with HIV/AIDS use traditional medicine. Today the annual global market for herbal medicine stands at over US \$60 billion (10). Western trained physicians should not ignore the impact of ethnomedicine on their patients.

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