

The World Health Organisation (WHO) estimates that around 80% of the population in Africa use traditional medicines. In sub-Saharan Africa there is one traditional healer for every 500 people, whereas there is only one medical doctor for every 40 000 people. It has been estimated that 70% of the South African population consult traditional healers and that the whole industry is worth well over R250 million. This section includes information on the following: Traditional Healers' Council Traditional Healers' Organisation Role of traditional healers in HIV and AIDS Traditional medicines and HIV and AIDS Scientific research into traditional medicines Clinical trials - stages in testing potential medicines Traditional medicines currently under investigation Traditional Healers' Council As a result of new legislation, the Traditional Health Practitioners Bill, an interim National Traditional Healers' Council was established. This Council will oversee the registration and regulation of all types of traditional healers (including inyangas, sangomas, traditional birth attendants and traditional surgeons), and will set practice standards. It is estimated that 200 000 traditional healers will be eligible for registration. Once the new law comes into full effect only registered healers will be allowed to practise medicine. The new law does not allow for traditional healers to diagnose or treat terminal diseases, including HIV and AIDS, and cancer. Traditional healers who are registered will be able to claim fees from the medical aid schemes of their patients. The register is still in the process of being set up and there have been some legal challenges to the new legislation, which has delayed its full enactment. The Bill states that traditional healers who are not registered and attempt to practise medicine, or claim to be able to treat or cure a terminal disease, will be fined or imprisoned. Traditional Healers' Organisation The Traditional Healers Organisation (THO) is the biggest umbrella organisation of traditional healers in South Africa and was established in 1970. It has nearly 70 000 members, 25 000 of whom live and work in South Africa. Membership includes a compulsory one-day workshop on THO activities and a five-day workshop on traditional primary health care. Members also need to produce a good character reference. The national office of the THO is in Johannesburg and there are provincial offices in Mpumalanga, Limpopo, KwaZulu-Natal and the North West. The registered telephone number of the national office is 011 337 6178. Role of traditional healers in HIV and AIDS Due to the importance of traditional healers in South African society the government needs to actively involve them in its HIV and AIDS Care, Management and Treatment Plan. This means providing training for traditional healers on the science, prevention, treatment and care of HIV and AIDS. This will be on the understanding that traditional healers are not allowed to diagnose or treat HIV and AIDS using their own methods. They can only support the care and treatment plan endorsed by the government. Traditional medicines and HIV and AIDS Many people are using traditional medicines to treat the symptoms of HIV and AIDS, and lots of claims have been made that some of these medicines can even cure HIV disease. These claims are totally incorrect, as no treatments, including antiretroviral medicines (ARVs), have been shown to cure HIV and AIDS. There is also evidence that several common traditional medicines do more harm than good. The virus that causes HIV disease stays in a person's body forever once he or she has been infected. ARVs work by attacking the virus and stopping it from making lots of copies of itself. A person starts to feel better as the number of viruses in the body is reduced. ARVs do not remove the virus totally from the body; as soon as a person stops taking the medicines the number of the viruses starts to increase again. Some herbal treatments may help by attacking the virus directly or by stimulating a person's immune system, which then attacks the infected cells. However there is very little proper scientific research about the safety and effectiveness of these herbal treatments. It is therefore important that these

medicines are properly researched first so that the safe and effective ones can be identified and used, and the ones that can harm people are withdrawn. Scientific research into traditional medicines

**The South African Traditional Medicines Research Unit of the Medical Research Council (MRC)** Director: Prof. Peter Smith (Acting) E-mail: psmith@uctgsh1.uct.ac.za Tel: 021 938 0911 Website The MRC's Traditional Medicines Research Unit was founded in 1997 and its principal objectives are to: Establish a research culture, and to introduce modern research methodologies around the use and understanding of traditional medicines Create an environment that will pokies attract young scientists and potential leaders in the field In the longer term, the research unit has even harder objectives, which are to: Develop a series of patents for promising new entities derived from medicinal plants by developing potential new drugs to the point of proof of concept Create special opportunities for development of this scientific field in Southern Africa The Unit also intends to develop strong and sustained links with other institutions in South Africa, Africa, and beyond.

**Bioprospecting Research Group, Biosciences, Council for Scientific and Industrial Research (CSIR)** Website The Bioprospecting Research Group focuses on adding value to South Africa's wealth of bioresources and indigenous knowledge (IK) through scientific innovation. This includes identifying potential new drugs from biodiversity and IK based on the use of medicinal plants. CSIR works with other research institutes and universities as well as traditional healers. It has established a database providing information on over 500 commonly used plant medicines.

**The National Reference Centre for African Traditional Medicines** is a government initiative launched with the support of both the CSIR and the MRC. Its aims are to become a comprehensive resource and research centre for all aspects of traditional medicines, including the protection of intellectual property rights to the use and development of the different plant medicines.

**Indigenous Healthcare Systems, Nelson R Mandela School of Medicine, University of KwaZulu-Natal** Tel: 031 260 4238 Website In 2007 the Nelson R Mandela School of Medicine was awarded a Research Chair on Indigenous Healthcare Systems from the Department of Science and Technology. The mission of the chair is to promote African traditional medicine through excellence in research and to become a centre of choice for traditional health practitioners, indigenous knowledge holders and scientists for research of African Traditional Medicine. Training will include short courses, bridging modules and undergraduate courses.

**Clinical trials - stages in testing potential medicines** There are four stages in testing medicines before they can be registered with the Medicines Control Council as treatments for HIV and AIDS. The first stage is to test that the traditional medicine is not harmful to animals or human cells. Three different types of human clinical trials must then follow this research before the treatment can be registered with the Medicines Control Council. These different clinical trials are classified into three different phases. A Phase I human trial involves a relatively small number of healthy human volunteers in order to test the herb for possible side effects. A Phase II trial involves about 200-500 human volunteers with HIV disease and tests for safety and an indication of a positive immune system response. This phase also tries to determine the optimal dosage. A Phase III trial involves several thousand human volunteers with HIV disease and assesses whether the herb has any positive effects on disease progression. This type of trial is called a double-blind, placebo-controlled trial and is considered the gold standard in measuring the efficacy of a medicine. All three phases usually make use of placebo groups. This means that some of the participants will receive a harmless substance that looks like the herb being tested but does not contain any active substance. The 'placebo' group is then compared with the group that received the actual test

herb. This is important to show that it is the herbal treatment that is making people feel better. Some people feel better simply by believing that they are taking a strong medicine. This is called the placebo effect and needs to be accounted for in all human trials because it is so strong. On average 30% of people will feel better after taking a placebo medicine. No African traditional medicines have yet been tested with any Phase III human trials, and therefore cannot be registered with the Medicines Control Council or be prescribed as treatments for HIV and AIDS.

**Traditional medicines currently under investigation**

**Lessertia frutescens**, (formerly *Sutherlandia frutescens*), known as uNwele, Cancer bush or Kankerbos. This plant has undergone safety trials on animals and humans. A clinical trial is being planned but has not yet started. Evidence suggests that it works as an immune support and has possible anti-HIV actions. For further information contact the MRC or Dr Nigel Gericke of Phyto Nova at 021 702 0063.

**Hypoxis hemerocallidea**, (formerly *H. rooperii*), known as iNkomfe or African Potato. Some initial research has also been done on this bulb, which suggests that it may have immune-boosting properties in the short-term. However laboratory research at Tygerberg Hospital by Prof P Bouic indicated that it might harm the immune system when taken long term. This illustrates the need to properly investigate all these plants before they are given as treatments.

**Moducare** This is a patented formulation of plant sterols and sterolins, which has been investigated in an open clinical trial at Tygerberg University by Prof P Bouic. This trial involved 135 HIV-positive patients who took Moducare over a six-year period. Sterols and sterolins are plant fats that are present in all plant foods, particularly nuts, seeds, legumes and potatoes. The sterols and sterolins present in Moducare are extracted from pine oil. Moducare is not made from the African Potato as is commonly believed. It is therefore not a traditional medicine but a type of nutritional supplement. The results of this trial suggest that Moducare has potential as an immune support treatment and could help to delay the progress of HIV disease to AIDS. A placebo-controlled Phase III trial needs to be done before any proper conclusions can be drawn as to its effectiveness. For further information about the Moducare research contact the distributors, Aspen Pharmacare at 011 239 6200.

**Important Reminder**  
If you are about to start taking antiretroviral medication it is important to tell the doctor or nurse if you are taking any traditional or herbal medicine. These can be harmful when taken with antiretroviral medicines and must not be taken at the same time.