

Scientists should tap into natural medicine

AS part of the National Education and Training for Health Policy, developed by both the education and health ministries, the Government last week laid a formal place for traditional medicine in our education system.

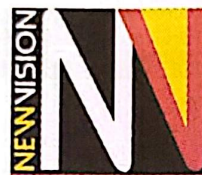
Under the policy, the Government has also allowed medical schools and health training colleges to develop programmes related to traditional medicine.

Through the policy, all universities that teach medical courses will streamline training, qualifications and certifications of traditional, as well as complementary medicine practitioner trainers.

This timely intervention will not only set the pace for the integration of the long-abandoned and cherished traditional medicine into the mainstream medical training, but it will also shape Uganda's healthcare and pharmaceutical industry.

It will also help the country revive its abandoned traditional medicine and herbal sector. The colonial narrative that herbal medicine is synonymous with witchcraft had also stigmatised research in traditional medicine.

Yet long before the arrival of the British colonialists, several communities around Lake Victoria in present-day Uganda were conducting the caesarean section, a surgical procedure used to deliver babies by opening the abdomen.



EDITORIAL

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In 1879, when British medical explorer R. W. Felkin came to Bunyoro region, he was mesmerised by how the healers performed such a dangerous procedure, saving both the mother and the baby, using rudimentary tools, including *mwenge bigere* (banana wine).

To date, this incident remains the first documented C-section procedure in the world and it has since become a lifesaver for many mothers and babies.

While this historical medical procedure has put Uganda on the global map, these skills or the medicines that were deployed by the Uganda healers have since faded following the adoption of British education, which declared local medicine to be witchcraft.

So, there is a need to de-stigmatise research in traditional medicine and give universities the green light to teach it as one way for the country to jump out of this trap.

Science is not witchcraft because the trees used in herbal and traditional medicine were created by God. So, why should the country's scientists not tap into this natural medicine?

What needs to be done now is for scientists to collaborate with herbalists to clinically validate, patent and commercialise local herbs.

This arrangement was ably applied when the country faced the COVID-19 pandemic. The joint alliance between traditional and modern medicine came up with Covidex, a local Ugandan herbal remedy extracted from the Warbugia local tree.

Instead of running away from raw traditional herbal materials in favour of internationally competitive pharmaceutical products, Ugandan scientists must invest time in clinical trials on indigenous herbal medicines.

In fact, the World Health Organisation estimates that almost half the citizens in many industrialised countries now regularly use some form of traditional and complementary medicine.

So, the introduction of traditional medicine courses at medical schools of universities and other health training institutions is a timely intervention.