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Research Article – Ethnomedicine

Documenting Baganda Ethno-medicine: A Step towards Preservation and Conservation

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Abstract

The continued use of ethno-medicines among some indigenous communities in the contemporary Uganda remains as one of the clearest evidence that indigenous people do not only have close relationship with nature, but also have always had the ability to use various environmental elements (flora and fauna) to their health advantage. Given their continued relevance and use, this study engaged in a task of documenting the commonly used ethno-medicines among the Baganda people, informed by a participatory study undertaken in Gombe Sub-county. Taking stock of the herbal resource in local environments is essential to making their conservation, preservation and use appreciated in potential user communities. Presented herewith are the herbal medicines identified by herbalists, traditional healers and local community members who use them. They are presented according to their local and botanical names, the disease they treat, plant parts used, and how they are prepared and administered.

Key words: Ethno-medicine, indigenous knowledge, conservation

Introduction

For centuries, indigenous people have had a close relationship with nature. Nature has not only provided food but also ethno-medicines against several ailments. In Africa, it is believed that all flora has healing properties, and these have been discovered over generations through trial and error methods. Like in other indigenous African communities, healing among the Baganda is both physical and spiritual. Baganda spirituality respect nature and the needs of future generations, this manifests in the practice of totemic association – the practice of promoting conservation of flora and fauna through establishing (spiritual/symbolic) links between human beings and the aforementioned. Conceptually and existentially, people are connected to both the organic and inorganic components of the earth (natural environment) through their totems and clans. As such, every Muganda must be associated with an animal, bird, fish or a plant as a symbol of identity, to which he/she has an obligation to ensure its continuity in existence. Thus, traditional Baganda consider land to be the mother of their livelihood.

In this study, we engaged traditional healers,

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[1]This refers to the practice among the Baganda people to associate with animals or plants is a way that forbids use of such plants or animals for food or endanger them. This practice reduces an aspect of human chauvinism (of communities seeing themselves as conquerors and exploiters of nature) but instead as cautious stewards of nature; who have responsibility and limits towards nature.

elders and youth into a collaborative inquiry seeking to document Baganda ethno-medicines in a bid to revitalize its application in health care management. This initiative is intended to provide a record of traditional medicines that are mainly stored as oral traditional and passed on from oral tradition passed on from generation to generation by elders.

The dissemination and preservation of indigenous ethno-medical knowledge has been increasingly declining mainly due to forces of globalization, religious biases as well as trust issues on the part of the custodians of this indigenous knowledge. As a result of globalization, modern scientists have tended to validate indigenous medicines only if they conform to their school of thought. Similarly, some 'modern' religions usually associate traditional health care systems and practices with satanic power, partly due to their spiritual angle to healing. About 70 - 80% of the Ugandan population still relies on traditional healers for their health care (Kamatenesi Mugisha & Oryem-Origa, 2005). In support of this fact, the World Health Organization reports the application of traditional medicine to be estimated at 80% (2002). Furthermore, the Traditional Medicine Programme of the WHO call upon member states to take stock of existing ethno medicines, traditional healthcare systems and to ensure their preservation for both the present and future generations.

This study is intended to fill the lacuna in extant literature on the Baganda ethno-medicine and traditional healthcare systems. Dissimilar to similar studies that are researcher driven, this study takes on a participatory- collaborative approach jointly with the custodians of the indigenous knowledge to document ethno-medicines used to treat common household ailments. In view of this, local practitioners and community members participated in the study.

The herbal medicines studied herewith are those traditionally (and currently) used by the Baganda tribe of central Uganda. Baganda belong the widely spread Bantu speaking group of Africa, among whom the use of ethno-medicines has been reducing despite its low cost implication and easy local access. This is mostly due to the elite influence and co-optation to values of modernity, dominated by a tendency to undermine what is local in favour of what is foreign- after all, the education and economic systems that reign are foreign too. With over 80% of the Ugandan population Christian (Index Mundi, 2014), the use of ethno medicines (herbal) is associated with witchcraft by some people- a thinking popularized by missionaries and subsequent clergy. They were regarded as ungodly and primitive by the religious and the educated, respectively. Interesting though, the use of such medicines is slowly picking up, and their use in reproductive is always higher, even among the elites. Therefore, this project is focused on documenting commonly used ethno-medicines of Baganda, with an aim creating awareness among potential users and providing them with quick and simple reference information for the use of herbal resources in their environment.

Materials and Methods

Participants were purposively selected from each parish of Gombe sub-county to form five focus groups. The respondents were mainly old men and women, traditional healers, traditional birth attendants and married youth. Married youth (most sexually active age bracket) were particularly chosen because of their regular use of herbs for their children and themselves. Besides, many youth do not have stable employment, making it practically hard to afford 'modern medicines'.

The study was carried out between March 2015 and February 2016 and was conducted in phases. In the first phase we worked on a preliminary searching of Baganda oral tradition as well as historical and recorded data from community meeting notes, and recorded conversations with land holders, traditional healers and birth attendants, that had been conducted by previous researchers. This helped to enhance our understanding of the research area. We also got an insight into the social, economic and political factors shaping resource use in the sub-county. The information was helpful in designing, jointly with the local people, questions that ensured a culturally sensitive research process. The second stage involved forming parish research groups in the five parishes. Community elders helped in the identification of participants who formed the respective research groups.

Table 1. Various ethno medicines identified by the participants in Gombe sub- County

Local Name	Botanical Name	Disease/ Diseases Treated		Parts Used	Preparation	Administration
		Local Name	English Name			
Jambula	*Syzygium cuminii*	Sukaali	Diabetes	Seeds	Dry seeds, roast them then pound	Oral. Mix with hot water and drink
Ekifa bakazi	*Spathodea campanulata*	Kabotongo	Syphilis	Tree bark	Boiling	Oral in water
Setaala	*Polyscias fulva*	Okubulwa amanyi mu mubiri	general body weakness, low in munity	Tree bark	Boiling	Oral in water
Omutuba	*Ficus natalensis*	Akawago	Bladder diseases	Leaves	Boiling	Oral in water
Omubajja ngalabiri	*Alstonia boonei*	Ssikoseero	Sickle cell	Tree bark	Boiling	Oral in water
Omusasa	*Sapium ellipticum*	Ssikoseero	Sickle cell	Tree bark	Boiling	Oral in water
Ejirikiti	*Erythrina abyssinica*	Ssikoseero	Sickle cell	Tree bark	Boiling	Oral in water
Olukandwa	*Flueggea virosa*	Okuweweza kusirimu	Relief against HIV/AIDS	Leaves and stalks	Boiling	Oral in water
Papaali	*Carisa papaya*	Akawago	Bladder diseases	Seeds	Dry the seeds, pound them	Oral. Mix with hot water and drink
Ekiroowa	*Jatropha curcas*	Ensigo	Kidney diseases	Roots	Boiling	Oral in water
Ekikindukindu (Lukindu)	*Phoenix redinata*	Ensigo	Kidney diseases	Roots	Boiling	Oral in water
Kamunye	*Hoslundia opposite*	Enkaka	Yellow fever	Leaves	Boiling	Oralin water
Kanyeebwa	*Oxalis nutifollia*	Enkaka	Yellow fever	Leaves	Boiling	Oral in water
Katengotengo	*Solanum campylacanthus*	Enkaka	Yellow fever	Roots	Boiling	Oral in water
Omujaaja	*Ocimum sauve*	Olubuto ngalukuluma	Stomachache	Leaves	Boiling	Oral in water
Makaayi	*Aspilia sp.*	Olubuto ngalukuluma	Stomachache	Leaves	Boiling	Oral in water
Kamunye	*Hoslundia opposite*	Olubuto ngalukuluma	Stomachache	Leaves	Boiling	Oral in water
Papaali	*Carisa papaya*	Puleesa	High blood pressure	Seeds	Dry the seeds, pound them	Oral. Mix powder in hot water and drink
Ovakedo	*Persea Americana*	Puleesa	High blood pressure	Seeds	Dry the seeds, pound them	Oral. Mix powder in hot water and drink
Ekigaji	*Aloe sp.*	Omusujja gwe nsiri	Malaria	leaves	Squeeze leaves in boiled water	Oral in water
Omululuuza	*Vernonia amygdalina*	Omusujja gwe nsiri	Malaria	leaves	Squeeze leaves in boiled water	Oral in water

Ekifumufumu	*Leonotis leonorus*	Omusujja gwe nsiri	Malaria	leaves	Squeeze leaves in boiled water	Oral in water
Ekifumufumu	*Leonotis leonorus*	Entununsi, endwadde z'omutima	Hypertension	leaves	Squeeze leaves in boiled water	Oral in water
Ekifumufumu	*Leonotis leonorus*	Olukusense/ Mulangira	Measles	Leaves	Squeeze leaves with ash	Oral. The juice droplets should be swallowed by the sick child
Emwanyi	*Coffee robusta*	Amabwa g'omubulago	Tonsillitis	Leaves	Boiling	Oral. Drink the mixture/ swallow the boiled leaves
Kayayana	*Vernonia*	Amabwa g'omubulago	Tonsillitis	Leaves	Boiling	Oral. Drink the mixture/ swallow the boiled leaves
Ejjirikiti	*Erythrina abyssinica*	Alusa	Ulcers	Tree bark	Boiling	Oral
Ebbombo	*Momordica foetilda*	Eyaabwe	Measles	Leaves	Squeeze leaves with ash	Oral. The juice droplets should be swallowed by the sick child
Embutamu	*Hydrocotyle manii*	Obwoka mu bato	Worms among children	Leaves	Boiling	Oral. Give the child one tea spoon
Namirembe	*Ageratum conyzoides*	Obwoka mu bato	Worms among children	Leaves	Boiling	Oral. Give the child one tea spoon
Namirembe	*Ageratum conyzoides*	Yeyambisibwa mukyogero	Used for herbal bath. Boosts immunity of the baby.	Leaves	Boiling	It is commonly added/used in the '*kyogero'* a boiled concoction (comprised of medicinal and food plants) prepared as herbal bath for babies.
Katazamiti	*Bridelia micrantha*	Embiro	Diarrhea	Leaves	Squeeze the leaves in water	Oral. Give patient to drink
Endaggu	*Hibiscus aethiopicus*	Embiro	Diarrhea	Leaves	Squeeze the leaves in water	Oral. Give patient to drink
Enimu	*Citrus limon*	Okuwunya akamwa	Bad breath	Fruit	Squeeze lemon in the mouth and rise with lemon juice	Oral. Rinse the mouth with lemon
Oluwoko	*Endod*	Omuliro	Burnt by fire	Seeds	Squeeze the seeds	Apply the squeezed seeds to burnt area
Omululuza	*Vernonia amygdalina*	Omuliro	Burnt by fire	Leaves	Squeeze the leaves until they produce lather	Apply to affected burnt area

Bbuza	*Dicrocephala integrifolia (L.f.)*	Omuliro	Burnt by fire	Leaves	Squeeze the leaves until they produce lather	Apply to affected burnt area
Enzirugaze	*Phragamathera usuiensis*	Ebinywa ebiruma	Muscle pull, sprains	Leaves	Boiling	Oral in water
Ettwatwa	*Bothriodine longipes*	Olubuto okwesiba	Constipation	Leaves	Boiling	Oral in water
Omukyuula		Olubuto okwesiba Lyoza mulubuto	Constipation Stomach cleansing	Leaves	Boiling	Oral in water
Papaali	*Carisa papaya*	Embalabe	Pimples	Leaves	Squeeze the leaves in water	Clean the face with the mixture for a week
Omusasa	*Sapium ellipticum*	Ekifuba kyomundu	Bronchial pneumonia	Tree bark	Boiling	Oral in water
Omusasa Omujaaja Jirikiti	*Sapium ellipticum* *Ocimum sauve* *Erythrina abyssinica*	Amabwa g'omulubuto	Stomach ulcers	Tree bark (omusasa, Omujaaja) and leaves of Omujaaja	Boiling	Oral in water
Akasaana	*Acacia hockii*	Ekifuba kyomundu	Bronchial pneumonia	Tree bark	Boiling	Oral in water
Kamulari	*Capsicum frutescens*	Amaanyi gekisajja	Erectile dysfunction	Leaves tree bark	Boiling Boiling	Oral in water
Omukondwa	*Securidaca longipedunculata Fres.*	Amaanyi gekisajja	Erectile dysfunction	Leaves tree bark	Boiling Boiling	Oral in water
Nabaluka	*Securidaca longipendunculata*	Amaanyi gekisajja	Erectile dysfunction	Leaves tree bark	Boiling Boiling	Oral in water
Olusambya	*Cannabis sativa*	Amaanyi gekisajja	Erectile dysfunction	Roots	Boiling	Oral. Drink two cups of the concoction one in the morning and the others in the evening oral
Omumwanyi omuganda	*Coffee robusta*	Amaanyi gekisajja	Erectile dysfunction	Roots	Boiling	Oral. Drink two cups of the concoction one in the morning and the others in the evening Oral
Kazunzanjuki	*Justica exigua*	Amaanyi gekisajja	Erectile dysfunction	Roots	Boiling	Oral. Drink two cups of the concoction one in the morning and the others in the evening Oral
Mulondo	*Mondia whitei*	Amaanyi gekisajja	Erectile dysfunction	Roots	Chewing	Oral

Njayi	*Cannabis sativa*	Amaanyi gekisajja	Erectile dysfunction	Leaves	Chewing/ smoking	Oral, inhaling fumes
Ntangayuzi	*Zingiber officinale*	Amaanyi gekisajja	Erectile dysfunction	Rhizome	Pounding, boiling	Oral in teas as beverage
Binyebwa	*Arachis hypogae*	Amaanyi gekisajja	Erectile dysfunction	Seeds	Roasting	Eaten as food
Akakwansokwanso		Enziku	Gonorrhea	Roots	Boiling	Oral in water
Olusambya	*Cannabis sativa*	Omutwe omuteezi	Migraine	Flower	Squeeze the flower until few water drops	Put drops in the nose
Musaali	*Garcinia buchananii*	Ekifuba	Cough	Tree bark	Boiling	Oral in water.
Kibeere	*Kigelia africana*	Ekifuba	Cough	Tree bark	Boiling	Oral in water
Muwafu	*Canarium schweinfurthii*	Ekifuba	Cough	Tree bark	Boiling	Oral in water
Omutta njoka	*Cassia occidentalis*	Njoka	Worms	Leaves	Boiling	Oral in water
Jirikiti	*Erythrina abyssinica*	Okusesema	Vomiting	Tree bark	Boiling	Oral in water
Olweeza	*Aerva lanata*	Okusesema	Vomiting	Leaves	Boiling	Oral in water
Ekitonto	*Crassocephlum vitellinum*	Okusesema	Vomiting	Leaves	Boiling	Oral in water
Ennanda	*Commelina benahalensis*	Kasikonda	Hiccups	Leaves	Boiling	Oral in water
Oluwawu	*Ficus exasperate*	Atayagala kulya	Low appetite	Leaves	Boiling	Oral in water
Olumbugu	*Digitaria abysinica*	Olukusense	Measles	Leaves	Boiling	Oral in water
Ekyewamala	*Securidaca longipendunculata*	Olukusense	Measles	Leaves	Boiling	Oral in water
Obutiko	*Agaricus biosporus*	Olukusense	Measles	Mushroom	Boiling	Oral in water
Matovu/Etovu	*Acanthus africanas*	-Enkovu -Ezisiiwa	Itching scars on the body	Flowers and Roots	Dry them and pound to form a powder	Mix with petroleum jelly/ Vaseline and smear
Ekitafeeri	*Graviola*	-Puleesa -Kokolo -Sukaali	-High blood pressure -Cancer -Diabetes	Fruit Seeds	Eat ripe fruits Dry them and pound to form a powder	Oral. Eat plenty of ripe fruits Mix powder in hot water and drink
Muvule	*Milicia Excelsa*	Muvule	Wounds	Roots Leaves	Boiling	Oral in water
Muvule	*Milicia Excelsa*	Ekifuba, endwadde z'omutima	Cough Heart diseases	Bark	Dry and pound to form a powder	Oral. Mix with boiled water and drink

In addition, participants recruited other members who were well informed and grounded in traditional health care management into their respective research teams. Each focus group had a minimum of twelve participants.

Participants were asked to go to their parishes and interact with the community on matters concerning traditional healthcare management and ethno-medicine use, and document these experiences as well as their own. They documented the various ailments that affect them, the herbal remedies that are used to treat the said ailments and how these herbal remedies are administered. At the third stage, each parish research group held meetings in which every participant presented his/ her findings to the group members. The field notes were discussed among members and data was corroborated to come up with a draft ethno-medicine parish document. The focus group discussions provided an opportunity to the illiterate and semi-illiterate members to freely discuss and present their contributions to groups.

In the fourth stage, a meeting was held to discuss the five ethno medicine draft documents from the groups. All participants were invited. Again, data corroboration was carried out to come up with a final ethno medicine document/ list.

Results

In the table above, we present the various ethno medicines that were identified by the participants in Gombe sub- County. The results show the local names of the plant/ tree, botanical names, disease/ailment treated, parts used, mode of preparation and administration. Because the study was participatory in nature, and was centrally interested in increasing the knowledge of the use of ethno-medicines among the custodian population- this study has been presented in both Luganda (the language of the Baganda) and in English.

Discussions

Indigenous knowledge has shown appreciable strides in promoting health care among rural communities, especially those that cannot afford the 'modern' medicines. Like other indigenous cultures, the Baganda culture maintains a system of ethno-medicine emphasizing the physical, mental and spiritual aspects of healing. In this study, we focus on the physical aspects as we document the various herbal remedies used in traditional health care management. This study demonstrates the application of traditional medicine in the treatment of common household and community ailments.

The traditional ways of preparing ethno-medicines include boiling, pounding, smearing, smoking, inhaling, chewing, roasting and squeezing liquid out of leaves and flowers. These medicines are mainly administered orally as a beverage in tea, boiled in water and administered orally; some ethno-medicines are smoked or inhaled while others are smeared to the affected area.

As indicated in the table, some ethno-medicines are remedies for more than one ailment. For example, *Erythrina abyssinica* bark extracts can be used to treat ulcers and also provide relief against sickle cell disease; *Leonotis leonorus* is used to treat hypertension, measles and malaria. Furthermore, there are instances where more than one part of the plant is used to treat a number of ailments. For instance, the seeds of avocado can be dried and pounded to produce a powder that is taken as a beverage to treat high blood pressure. Similarly, avocado leaves are boiled and the liquid taken as medicine against bronchial pneumonia. Also, depending on the severity of the health condition, some ailments may require a combination of two or more ethno-medicines in order to heal.

Unlike the clear prescription procedure in contemporary medicine, dosage in ethno-medicine administration is not explicit. Some herbs are taken as and when the symptoms show. Thus, the patient may stop taking the medicine when the symptoms clear. A half litre cup of tea (locally known as *tumpeco/ gama*) was identified as the commonest measure of most orally administered ethno-medicines. The patient takes 2-3 cups a day depending on the severity of the ailment. Young children take half a cup 2-3 times while a tea spoon is used to administer ethno-medicine to babies.

From the focus group discussions, respondents underscored the need to conserve the indigenous medicinal species. It was noted that the introduction of genetically modified plants has

'diluted' the medicinal strength of some of the plants. In particular, some newly introduced fruit species such as avocado, mangoes, oranges and lemon were identified as not being as effective as the indigenous varieties in the treatment of diseases.

Conclusion

This study was undertaken in Gombe Sub-county and it was participatory in nature. Custodians of both the knowledge presented and the community where the study was done were central in the designing of the study. The study was undertaken in four steps; which involved community leaders, traditional healers, herbalists, and birth attendants, among others. As findings show, various herbal plants were identified by their local names. They are presented according to their local names, botanical names, disease, ailments they treat, parts used, mode of preparation and the mode of administration.

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Disclaimer

The ethno-medicines covered in this study are those dominantly used among the Baganda in Uganda. The dosages and applications proposed during the study and presented herewith are according to experiences and best practices of the Baganda people. This, in a way, does not necessarily guarantee the same effectiveness of the medicines to all potential users of the same, especially those who may be hailing from a totally different eco-environmental presentation. Although not explicitly emphasized by the Baganda herbalists, it is anticipated by the researchers that eco-environmental differences between the traditional users of these ethno-medicines and other would be interested consumers (may) create a difference in the effect they cause. However, this needs to be studied.

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