

Traditional Herbal Remedies Used In The Management of Sexual Impotence and Erectile Dysfunction

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ABSTRACT

The purpose of this study is to unveil the misconception that reproductive health issues and rights are only for women. Men are also part of it. The documentation of information about Herbal remedies for male reproductive health problems may help in the planning of future services, needs for screening, prevention and treatment as male sexual impotence and erectile dysfunction is world Topic all over the globe and major cause of most forms of domestic violence.

Keywords: Reproductive Health, Male sexual impotence, erectile dysfunction, planning.

BACKGROUND

The utilization of Traditional medicine indigenous knowledge is vital in male sexual reproductive health care delivery in the Rwenzori Region.

Reproductive health care is the most prevalent health care problem in Africa. However this concept of reproductive health care has been focusing mainly on women disregarding men. Thus some diseases such as erectile dysfunction and sexual impotence that deserve mention are regarded Petty though important in economic productivity, family stability and sexually transmitted disease control including HIV/AIDS.

METHOD

The medicinal ethno botanical indigenous knowledge will be collected by visiting traditional healers and documenting the medicinal plants used and social cultural aspects allied with sexual impotence and erectile dysfunction. The methods that will be used to collect the relevant information regarding the medicinal plants used will include informal and formal discussions field visits and focused semi – structures interview.

OBJECTIVE

1. To document medicinal plants used in the treatment of sexual impotence and erectile dysfunction disorders in the Rwenzori Region in Western Uganda.
2. To encourage human capacity building, training and education of traditional medicine practitioners to enhance products development, practice skills and as a gents of positive information dissemination, prevention and control of diseases.

JUSTIFICATION

About 70-80% of the Ugandan population still rely on traditional healers for day to day health care. In some rural areas the percentage is a round 90% compared to 80% reported worldwide.

WHO had earlier estimated that the usage of traditional medicine in developing countries is 80%. This is an indication that herbal medicine is important in primary health care provision in Uganda & whole world. There are several reproductive ailments that local committees have been handling and treating for ages such as sexual impotence and erectile dysfunction (ED). The concept of reproductive health care has been focusing mainly women disregarding men and yet men are part.

Erectile dysfunction, sometimes, which also may imply to refer to “impotence” is the repeated inability to get an erection firm enough for sexual intercourse.

The Word “Impotence” may also be used to describe other problems that interfere with sexual intercourse and reproduction such as lack of sexual desire and problems with ejaculation or orgasm. Roper defines erectile dysfunction as the total inability to achieve erection, an inconsistent ability to do so, or a tendency to sustain only brief erections (premature ejaculation).

Pamplona – Roger defines impotence as the inability to finish sexual intercourse due to lack of penile erection.

These variations make defining ED and estimating its incidence difficult. The estimated range of men worldwide suffering from ED is from 15 million to 30 million.

According to National Ambulatory medical care survey (NAMCS), for every 1,000 men in the United States, 7.7 physician office visits were made for ED in 1985. By 1999, that rate had nearly tripled to 22.3. This is in U.S.A, where statistics are clearly compiled, the level of awareness and education is high as compared to sub-Saharan countries like Uganda. This is a clear indication that there are many silent men, particularly couples affected by ED.

Reproductive health care is the second most prevalent health care problem on African continent. Reproductive health care did not appear on the health agenda until recently after the Cairo conference on population and the pecking conference on women that indeed became alive issue.

In some instances RH certainly includes the RH needs of the youth or adolescents. According to Uganda's health policy priorities, men's reproductive health is not given any priority / mention. The National health policy focuses on services like family planning, diseases control like STI/HIV/AIDS, Malaria, paternal and maternal conditions, tuberculosis, diarrheal diseases and acute lower respiratory tract infections that are given priority.

The sexual and reproductive health rights in Uganda focus on maternal and child mortality, family planning and the like exclusive of men's sexual needs and rights.

The causes of ED varies from one individual to another.

For whatever cause, since an erection requires a precise sequence of events, ED can occur when any of the events is disrupted. This sequence includes nerve impulses in the brain, spinal column and area around the penis and response in muscles, fibrous tissues, veins and arteries near the copora carvenosa.

Thus ED causes reported include, damage to nerves, arteries, smooth muscles, and fibrous tissues. These are often as a result of disease, such as diabetes, kidney disease, chronic alcoholism, multiple sclerosis, atherosclerosis, vascular disease and neurologic diseases that accounts for about 70% of ED cases.

According to NIH 35 and 50% of men with diabetes experienced ED. NIH further reported that usage of many common medicines such as blood pressure drugs, antihistamines, antidepressants, appetite suppressants, and cimetidine (ulcer drug) can produce ED as a side effect. Nevertheless psychological factors such as stress, anxiety, guilt depression, low self esteem and fear of sexual failure causes of 10 – 20% of ED cases. Other possible causes are smoking, which affects blood flow in veins and arteries, and hormonal abnormalities such as not enough testosterone. The availability of viagra has brought millions of couples to ED treatment. Oral testosterone can reduce ED in some men with low levels of natural testosterone but it's often ineffective and may cause liver damage.

Most of the modern medication available for ED in men is very expensive for most of the rural people in Uganda and other developing countries. Yet, in traditional medicine, there are several medicinal plants that have been relied on for use in the treatment of ED. This ethno botanical indigenous knowledge has not been earlier documented and scientifically validated for efficacy and safety in future drug discovery and development.

The usage of herbal remedies in managing male sexual disorders is useful because of long cultural history of utilization and the current renewed interest in natural products to sustain health globally. As a way of recognizing the values and roles of traditional medical knowledge in health care provision, further research into the efficacy and safety of herbal remedies in male sexual disorders is precious in Uganda and beyond. More so the establishment of rapport between relevant government department in ministry of health, modern health workers through collaborative and net working ventures with Traditional healers under close supervision and monitoring of herbal treatments is noble as shown in the table below.

COLLABORATIVE INSTITUTIONS / MINISTRIES.

Institution	Category	Role
National Drug authority	Government	Traditional medicine guidelines and safety analysis
Ministry of Health public private partnership in Health (PPPH)	Category	To update the status of the traditional medicine policy
Mbarara University of science and technology (MUST)	Research Institution	To lead the research investigation
Buhinga Regional referral hospital	Government	To Host the investigations of the E.D treatment on the clients
NACOTHA (National council traditional healers and Herbalists association (NACOTHA) North Western Region	Non government organization	To coordinate and manage overall activities of the project

STUDY AREA AND METHODOLOGY

The study will be carried out in areas in and around Queen Elizabeth Biosphere Reserve (QEBR) and Rwenzori Mountainous National Park, Kibale forest National Park in Kasese. Semlik forest National Park, Rwenzori mountains National park, in Bundibugyo District. Kibaale forest National park, Rwenzori Mountains national park – Kabarole District. Kibaale Forest National park – Kyenjojo, Kamwenge. Katerera, Kichwamba and Kitagata – Rubirizi District all these areas adjacent queen Elizabeth national park. This means all the Districts that are crossed and have communities living adjacent the forest or National parks will benefit and in general these includes: - Kasese, Kabarole, Ntoroko, Bundibugyo, Kyenjojo, Kamwenge, Rubirizi a new district.

The study will be conducted by collecting Data indirect asking of questions and investigations that do not refer or offend any one will be used since nobody especially men can say openly that they have this problem, visiting the traditional healers to document the indigenous knowledge (IK), regarding medicinal plants used, gender and social cultural aspects and where the plants are harvested .informal and formal conversations, discussions and interviews, market surveys and field visits will be conducted.

Informal conversations will be held with the specialist resource users and other knowledgeable people on particular ailments. The meeting places will be the gardens, women group meetings, at their homes and any other places convenient to them. Through conversations, the source of the knowledge of healers on medicinal plants, the medicinal plants used and changes in the availability of medicinal plants will be established. Those who are more knowledgeable will later be followed and interviewed further especially the traditional birth attendants and some knowledgeable men healers. FGDS (focused group discussions) will be held with them later for formal recording. In some instances, young mothers will be visited too. This will be done to verify the information gathered and the spread of the indigenous knowledge (IK) in reproductive health are among the different reproductive groups particularly on ED management. The semi- structured interviews and discussions will be held with the specialist resources users and other knowledgeable people on particular ailments by use of interview schedules for each respondent.

Interviewed people will be mainly the herbalists (both men and women) and Traditional birth attendants. In this selection to some extend, ethnic and minority groups the Batwa (pygmies) in Bundibugyo District formerly living in semlik forest National park but now living in Ntandi peri urban town adjacent the park will be recorded where possible because different people use the same plants differently. The time and place for interviews will be arranged according to the schedules of the respondent. Depending on where interviews and discussions will beheld, recording will be done immediately or afterwards or appointments will be made for more details in a more convenient place arranged with the respondent.

Key informants will be identified and later interviewed separately and even followed for further details. Some of the key questions that will be asked include name of the respondents, village, parish and Sub County, where he or she is coming from diseases treated, plant local names used, parts harvested, methods of preparation and administration. In addition, ingredients and incantations with which the plants are used for preparation and where the herbal medicines are harvested will be documented. Field visits and excursions will be arranged with the healers for places far from their homesteads or take place concurrently with their interviews and discussions.

SPECIFIC RESEARCH ACTIVITIES

- Development of a digital / virtual library- a dedicated focal reference center for the development and promotion of traditional medicine to assist promote documentation, protection and preservation of IK (indigenous knowledge) of traditional medicines and intellectual property and enhance research, training and commercialization of natural medicine products, healing arts, science and technologies.
- Development of pilot / experimental medicinal, Aromatic and pesticides (mapps) plant farms / nurseries in the 8 Geopolitical zones aimed at cultivation of MAPPS as raw materials.
- Development of dedicated digital and physical herbarium for medicinal, Aromatic and pesticide plants for specie identification and referencing, voucher sampling, training and learning and entrepreneurship development.
- Laboratory and pilot production unit (PDU) for primary efficacy safety analysis and production of low cost, safe and efficacious traditional therapies for topical health challenges

EXPECTED OUT PUTS.

- Fifty five medicinal plants used in the management of sexual impotence and erectile dysfunction will be used and identified.
- Developing of combination therapy for erectile dysfunction and sexual impotence and dispensing it to 4,000 men in the 3 years.
- Procurement of medical supplies and equipments for testing diabetes, prostate cancer vascular diseases and neurologic diseases that account for 70% of ED cases,
- Payments of salaries for principal investigator and 5 research assistants, and 2 laboratory technologies, 1 accountant, 2 drivers, procurement of 2 video cameras, 2 laptop computers / 1 computer and desk top, 1 projector for slide shows and 4 x 5 cm white cloth.
- Procurement of two (2) 4 wheel Drive vehicles and 5 motorcycles.
- 3 days a awareness workshops 15 workshops.
- Conduct 10 formal and informal discussions, field visits and 15 focused semi structured interviews.

LONG TERM PROGRAMMES / PROJECTS INDICATING MILESTONES AND TIME FRAMES

SN	Long term projects	Milestones	Time Frame
1	Development of medicinal plants experimental farms, activity centres experimental farms in each of the 3 districts in the Rwenzori Region (Kasese, Kabarole, Bundibugyo and in the North Kivu province in Buthembo in the neighbouring country democratic republic of Congo where most of the people rely on traditional medicines as the practice is intergrated in the National health care programs in that country.	<ul style="list-style-type: none"> a) Identify universities entrepreneurs and other stake holders in the respective districts in the Rwenzori region. b) Signing of memorandum of understanding (MOU) by interested parties. c) Take possession of farm land, commence development of appropriate farm infrastructure. (farm house, Nurseries, laboratories etc) and purchase farm implements. d) Develop 2 experimental farms / activity centres 2014. e) Develop 2 experimental farms / activity centres in 2015 f) Develop 2 experimental farms / activity centres in 2016 g) Develop 1 experimental farms / activity centres 2016. h) These medicinal plants experimental farms will provide job opportunities for a wide range of personnel including, i) Botanists, agriculturalist and field officers. j) Employ farm workers, commence cultivation activities and train at least 20 farmers in each district annually. k) Each farm will provide at least 2 highly demanded in MAPPs cultivars to the trainees for the commercial establishment of herbal farmers in the process generate 150 direct jobs annually through the farms. 	2013/2016

PROPOSED PROGRAMMES AND PROJECTS

If funds are realized from local resources international partners and well wishers, the following are the proposed quick win projects / programmes.

1. Product Development, Commercialization and multi level marketing of
 - a) Natured med Herbal pomade.
2. Begin survey and publish the book “medicinal plants of Ruwenzori”
3. Complete and publish full text reference documents of published research findings on Ruwenzori medicinal plants and traditional medicine practices.
4. Transfer the solar drying technology of medicinal plants as designed by the organization to entrepreneurs and traditional medicine practitioners a cross the Rwenzori region, the whole country and other parts of the great lakes region and Africa at large.
5. Build capacity and train between 100-500 traditional medicine practitioners
6. Give technical and scientific support to traditional medicine practitioners to enable the listing of 5 products for the market by National Drug Authority (NDA).
7. Commence formulation process studies for Herbal combination therapy for malaria and typhoid.
8. Commence formulation process studies for Herbal anti-diabetes therapy.
9. Commence formulation process studies for Herbal Antiretroviral therapy.
10. Development and facilitation of observational studies of Herbal therapies in various forms for the management of endemic and topical health challenges including diabetes, Athritis, malaria, HIV/AIDS etc. This is aimed at the development and provision of scientific evidence based for herbal therapies to assist address some of the nations priority health challenges.
11. Human capacity building, training and education of traditional medicine practitioners to enhance their products development, practice skills, and as a gents of positive information dissemination.
12. Developing appropriate mechanisms for the protection of traditional medicine knowledge intellectual property right (IPR) and benefits sharing scientific / commercial support to Traditional medicine practitioners to enhance product quality commercialization wealth and Job creation.

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Author's Biography



Dr. Irumba Juma siriwayo was born in 1980 in Kasese District in the slopes of the Rwenzori Mountains. He started exercising Natural Medicine from the grand parents. Later joined Black herbals international in 2002 and acquired skills in Hydrotherapy, Reflexology, Phytotherapy, trophotherapy. He joined the NACOTHA IK academic Institute in 2005 and acquired a degree in aphytochemistry. He joined African Arc Open Society institute in 2012 where he acquired a Diploma in environmental Studies. He joined and attended Action for Natural medicine (ANAMED INT,GERMANY) international seminars where he acquired several certificates in organic farming, Nutrition, connection between lifestyle and Health. He is now famous in the Rwenzori Region, whole country and around the Globe after participation in several researches in the same field and international conferences participation. He can be reached by phone on +256782872431 and through Email: irumbajuma@yahoo.com or anamedrwenzori.cso@gmail.com