

Seminars in Zimbabwe September – October 2006

By Keith Lindsey

If you would like to take part in a training seminar on Natural Medicine in Zimbabwe, please contact one of the following:

1. Mutare and Manicaland: Mr Joachem Nyamande, Diocese of Mutare Community Care Programme (DOMCCP), Email: hatizivinj@yahoo.co.uk.
2. Harare and countrywide: Rumbidzai Mabambe CEDAR Family Care, Harare, Zimbabwe ruebonde@zol.co.zw and westgate@zol.co.zw

How the idea to conduct a seminar arose

Dr Bori Lampérth Hounnou is a Swiss housewife and mother who was living at the Regina Coeli Mission, 40 km north of Troutbeck in the Eastern Highlands of Zimbabwe. Dr Bori is herself a medical doctor, married to the man who was doctor of the mission hospital.



Artemisia seedlings. Thanks to a Zimbabwean farmer, every participant was able to go home with a healthy plant.

About three years ago she learnt about anamed and purchased some anamed books. She read them avidly, and began to practise the Natural Medicine that she learnt with a number of the local people suffering from HIV/AIDS. She had some significant successes, began to grow medicinal plants in her garden and often sent me emails full of questions and stories. She said that the Home Based Care team was also beginning to practise Natural Medicine. Dr Bori had the feeling that, with help, this work could be extended and become even more effective.

Together we decided that a week-long training seminar in Natural Medicine for people engaged in Home-Based Care would be an excellent means of improving their skills. We subsequently received a letter of invitation to run such a seminar from Sister Eveline Murray, the Project Director of the Diocese of Mutare Community Care Project (DOMCCP). This letter was passed on to the Catholic Diocese of Rottenburg in Germany, which very kindly agreed to fund the seminar. To them we owe a special vote of thanks.

Diocese of Mutare Community Care Project (DOMCCP)

The project is extremely well organised! It covers most of the eastern Province of Manicaland, and has 6 district programmes, each with its own manager. The number of stations is given in brackets: Nyanga (3), Makoni West (2), Makoni East (2), Chipinge (1), Mutasa (3) and Mutare (2). Each station has a coordinator and 3 or 4 supervisors. They in turn support and visit 4000 volunteer care givers. Such organisation is very impressive!

As a result of Dr Bori's initiative, Mr Nyamande and Mrs Chitewu, who are responsible for the Home Based Care work at Regina Coeli Mission, first used herbal therapy in 2003. They have established a large medicinal garden, and have a solar drier for preparing herbal teas and drying herbs for use in ointments. Now each station is developing a garden of medicinal plants.

I received the following information from Sister Eveline in November 2005:



Irene (left) with her baby and mother. Irene was one of the first seriously ill HIV patients in the Regina Coeli Mission to benefit from Natural Medicine and artemisia tea. Many considered her recovery a miracle – who knows, it may have been due to artemisia tea, or to prayer, or her drugs for TB, or all these things together?

“Under the home based care component, our programme is aggressively promoting the establishment of herbal gardens and use of herbal medicines by people living with HIV/AIDS and the community at large as conventional drugs are hard to come by.

A week-long seminar for 30 people will help our programme to effectively develop and administer herbal medicines from an informed base especially in managing opportunistic infections common to people infected and affected by HIV/AIDS.

Experience so far obtained from using some of your anamed recipes at Regina Coeli Community Care Project, where Mr Nyamande our manager is working closely with Dr Hounnou, has indicated that your medicines are quite effective in treating conditions where even the conventional medicines have failed.

The use of Artemisia annua powder as a remedy for boosting the immune system for people with low immunity and other related ailments proved an instant hit when it was introduced 7 months ago. So far 150 clients are on the treatment and the results are encouraging.

Neem and Aloe vera soap and ointments have proved popular in clearing skin disorders and treating stubborn wounds. So far 250 clients have been successfully treated using these products. Using the stramonium tincture and supportive treatment of Euphorbia hirta and papaya dried leaves 5 clients who used to suffer from chronic asthma for a long time are no longer experiencing severe attacks but mild ones.”



Sister Eveline chats with Mr Mashoko of ZINATA (Zimbabwe National Traditional Healers Association). Both participated fully in the seminar.

Seminar in Mutare, 6-11 October 2006

In my role of seminar leader I was joined by Dee Watts, a nurse and a Peace Corps Volunteer who had been in Malawi for 18 months. For the past year she had been working almost full time on Natural Medicine with anamed in Malawi. She is particularly knowledgeable on nutrition and health. I enjoyed and benefited from her support very much.

The seminar was opened by the Catholic Bishop, Bishop Patrick Mutume, and on the final day Certificates were presented by the Provincial Governor, Mr Tinaye Chigudu. We were greatly encouraged by the very positive support from both these eminent people.

The programme was based on the anamed Seminar Handbook “Natural Medicine in the Tropics: Treatments”, which was distributed to all participants. Practical activities included the following:

Topic	Practical demonstration
Malaria	Use of clinical thermometers.
<i>Artemisia annua</i> : cultivation and use	Sowing seeds, taking cuttings.
Diarrhoea	Production of anti-amoeba tea and ORS. Production of a “tippy-tap” for hand-washing. Production of medicinal charcoal.
Skin problems	Production of ointment (with chillies and neem).
Wounds	Use of aloe gel, garlic and sugar with pawpaw sap.
AIDS	Role play to demonstrate the difference between HIV and AIDS, and the function of the immune system.
Moringa	Production of moringa leaf powder and water clarification.
<i>Carica papaya</i>	Taking sap from an unripe fruit. Papaya sugar mixture for septic wounds.
Garlic	Production of garlic sugar, garlic honey and garlic oil.
Nutrition	Production of an “energy drink” with aloe, ginger and garlic

Additional activities included:

- Presentation of plants brought by participants.
- Testimonies from participants whose lives had been tremendously improved by the use of herbal medicines.
- Production of black stones for scorpion and snake bites.
- Viewing of videos on malaria and moringa, and slides of many plants.
- Walk to identify and discuss various medicinal plants.
- Groupwork which examines broader aspects of health and development issues.
- Use of three buckets for rubbish separation and disposal.
- Discussion of the Code of Conduct for Natural Medicine practitioners.
- Making soap.
- A continual emphasis on the importance of planting trees.
- Demonstration of the “A” frame and its use for finding the contour lines in preparation for planting hedges of soil improving plants in a medicinal garden.
- Planting of lemon grass and artemisia.
- Role plays to emphasise the importance of a good diagnosis, keeping patient notes and follow-up.



Adam (right) tells his testimony of how, with the help of herbal remedies, he got up from his death bed. Mr Nyamande (left) translates into English.

Seminar in Harare, 24-28 September 2006

After giving information about the planned seminar in Mutare on the internet, we were invited to run a seminar for Cedar Family Care, a project connected to the River of Life Church (a New Frontier Church) in Harare. Cedar Family Care supports 65 projects scattered throughout the country that work with the victims of HIV/AIDS. It is connected also to the project “Conservation Farming” or “Farming God’s Way” which trains farmers across the country in improved farming methods that require less labour, and at the same time conserve moisture and soil fertility.

We were disappointed that the intended co-organisers, World Vision (northern region), pulled out at the last minute. We were pleased, however, that World Vision were represented by a delegate from the southern region (Beitbridge). Participants attended also from Kafunda Village and ZOE.



A hopeful sign for the future of Zimbabwe – in anamed seminars black and white work together in harmony. The picture shows the planting of a moringa tree.

The seminar was held in the training centre of the Westgate River of Life Church. How very serious this church is in its training work designed to improve the effectiveness of small scale farmers was demonstrated by the fact that, where most churches may just have nice flower gardens, alongside the flowers and shrubs this church had experimental plots for crops using conservation agriculture techniques. There was also a newly established medicinal garden.

Our programme was similar to that in Mutare. The food was excellent! Again, the level of interest was immense. Cedar Family Care are also benefiting from the expertise of others in Zimbabwe with experience of herbal medicine, and are preparing an extensive training programme for their country-wide projects.

The broader Zimbabwe situation

The political picture: Because of catastrophic politics, Zimbabwe has tumbled from being one of the richest African countries and a food exporter to being one of the poorest, and a food importer. Inflation currently stands at about 2000%. There are frequent fuel shortages.

The social situation: In spite of all the difficulties, Zimbabweans are cheerful, hard-working people. The churches and NGOs with which I worked were extremely well organised, and their staff were highly motivated.

The cities: Harare and Mutare are beautiful, with many flowering trees such as jacaranda and bougainvillea. The towns are well looked after and there is very little rubbish lying around, sadly very unusual for Africa. The country has an excellent infrastructure, tarred roads in good condition, irrigation pipes were functioning all round Harare watering crops and even keeping lawns green. The trains still run, the piped water is pure enough to drink, but sometimes the water is cut off, even in the capital city. Frequent power cuts occur in spite of the Kariba Dam hydro electric power station and the Hwankie coal fired power station.

Health in Zimbabwe: The Traditional Medical Practitioners Council has been recently become an established part of the Ministry of Health and Child Welfare. The government has recognised that the traditional health sector plays an important part in health delivery in Zimbabwe, a clear affirmation of the importance of herbal medicine. The Zimbabwe Ministry of Health readily gave permission for our seminars. Only two months before they had given the green light to the rapid development of herbal medicine – a very positive move, no doubt prompted by the fact that the country is bankrupt and lacks many important pharmaceuticals.



Zimbabwe has troubled times – but not only is the country still very beautiful, the Zimbabwean people are lovely; cheerful, energetic and warm hearted.

HIV/AIDS: Besides being expensive, essential drugs like ARVs to treat opportunistic infections are in most cases not available in rural clinics or even in major hospitals. The high cost and at times the non-availability of drugs place the lives of AIDS sufferers at great risk, if nothing is known about Natural Medicine.

Malaria: Malaria is a major killer in some areas of the country. Coartem (an artemisinin combination therapy drug produced by Novartis) was available in pharmacies Harare and Mutare, but at the very high price of US\$13, which the vast majority of the population cannot afford. Again, Natural Medicine has a crucial role to play.

Reflections on the seminars by Dee Watts

A year ago Dee, a very experienced nurse, had never heard of anamed. Now she works with Natural Medicine almost full-time, mainly in Malawi.

“Despite the hardships of the Zimbabweans, we had two great seminars. The people wanted us both to stay. They kept calling me doctor Dee. I told them I am not a doctor and they said oh, yes you are. You are a doctor of Natural Medicine. You are teaching us the things we so desperately need to know and therefore you are a doctor. I never looked at it like that. I did have fun teaching them and could be my natural crazy self and they loved it. One of the organizers who had invited us told me he really enjoyed my style of teaching. He said, “the people really like to learn from you.” Made me feel like I am soooooo doing the right thing.

Zimbabwe is a country where medicine is hard to get and very expensive. The average villager cannot afford them. The AIDS rate is over 600,000 people and only 40,000 ARVs are



Mr Nyamande, who organised the Mutare seminar and who will lead the training programme for DOMCCP.

available. Needless to say an unknown amount of AIDS patients die daily. Many people are turning to herbal drugs and traditional healers. We were welcomed with open arms to bring our knowledge and share with them. Our last seminar was videoed. I asked our host what they were going to do with the video and he said it would be used for trainings and also for marketing. They are going to try to set up more herbal gardens and herbal clinics and will use the video when talking with different organizations for funding. Sooooooo, does this make me a movie star?"

I feel encouraged because ...

... firstly, I really was working with people who have already begun to practise Natural Medicine seriously. Before my visit, they had established gardens, were making Natural Medicines and were treating many patients.

... secondly, each group with whom I worked has a structure in place to spread the knowledge of Natural Medicine much more widely.

... thirdly, they were all very lovely people to work with!

I hope and pray that they will be successful in their ongoing programme of introducing the full range of Natural Medicine treatments within their community care scheme, so that

- a) the terrible suffering of so very many people in Zimbabwe, particularly those infected by the HIV, may be alleviated, and
- b) communities, "Home-based Care" projects and hospitals may become more self-reliant in meeting their health needs, so that
- c) the quality of life (including their economic status) of thousands of people may be enhanced.

Thank you particularly to

Mr Joachem Nyamande in Manicaland who worked so hard to organise the Mutare seminar, and who carries the responsibility of managing the training of 4000 care givers in the province. Sister Eveline who efficiently managed all the administration connected with the seminar. The Diocese of Rottenburg, Stuttgart, for their financial support and encouragement. Dr Bori Lampérth Hounnou, who introduced the concept of Natural Medicine to Manicaland, and first proposed the idea of holding a seminar.

Mrs Molly Manhanga of Cedar Family Care who coordinated the Harare seminar, and carries the responsibility of training the members of at least 65 projects scattered throughout Zimbabwe.

These are both ambitious programmes – anamed wishes them every success!