



www.chuka.ac.ke library@chuka.ac.ke

TRADITIONAL HERBS USED TO CURE MENINGITIS AND SUSTAINABLE HEALTH AMONG THE ABAGUSII (SHORT COMMUNICATION)

Okebiro, G.N., Nyakundi, I.N. and Nyakundi, E.G.

Faculties of Arts and social Sciences and Education and Human Resource management, Kisii University-Kitale campus.

Email: Okebirog@gmail.com

Citation: Okebiro, G.N., Nyakundi, I.N. and Nyakundi, E.G. (2017). Traditional Herbs Used to Cure Meningitis and Sustainable Health Among the Abagusii (Short Communication). In: Isutsa, D.K. and Githae, E.W. *Proceedings of the Third Chuka University International Research Conference held in Chuka University, Chuka, Kenya from 26th to 28th October, 2016. 252 to 254 pp.*

ABSTRACT

The traditional drugs were effective in treating diseases like meningitis among the Abagusii. The Abagusii specialist/medicine men mixed the roots from different indigenous plants (*Omanyateti, Ekenagwa ekiogarori, omonyankene, omonyababi*) and boiled to make a concoction swallowed to cure a multiple diseases in human anatomy or body. That is why such diseases like meningitis were unheard off in the ancient Abagusii Society in Gusiiland. The problem is nowadays, the doctors, or nurses do not identify the symptoms of meningitis in the early stage, instead they treat the patient on malaria drugs to realise later the patient was suffering from meningitis on un revisable state. The objectives are to reinforce the traditional drugs to treat meningitis among the Abagusii and the rest of the other ethnic tribes and to investigate why the doctors are unable to detect the patients suffering from meningitis in the early stage. The research adopts interview method through survey design. The result is many patients lose lives due to negligence of doctors treating different diseases instead of meningitis. It is concluded that the symptoms of meningitis are similar like those of malaria and therefore, doctors' contradict on treating malaria instead of meningitis. Therefore, it is recommended doctors to be careful in identifying the patients suffering from meningitis or patients to use the traditional herbs for sustainable human health.

Keywords: *Meningitis, Sustainable health, Vocational and Technical Education*

INTRODUCTION

Geographical Location of Gusiiland and Abagusii People

Abagusii occupy an area round Lake Victoria region, formerly Nyanza province, which is characterized by a high degree of physical diversity (Ominde, 1963), Gusiiland. The currently covers two counties which comprise of Nyamira and Kisii. The area extends over approximately 800 square miles with a mean altitude of 1,950m feet above sea level. Gusiiland, according to Ominde (1963) is the most fertile and agriculturally productive region in the whole of Nyanza province. Gusiiland is well served by several permanent rivers and streams which adequately drain the waters into the area into Lake Victoria, which include Gucha, Sondo and Mogonga. Structurally Gusiiland is hilly with several ridges especially in the East. The plateau bounded on south west by vinyo escarpment, a great cliff which rises to 300 m

feet above plains of Kamagambo and its foot, and breached by the gorge of the Guja. To the north-west, the plateau is bounded by Manga escarpment. From here the Gusiiland falls down in a succession of terraces to Kendu Bay, on the southern shores of Nyanza Gulf, a distance of some twenty three kilometres (Ominde, 1963). The ridges are separated by deep flat bottomed valleys occasionally choked by swamps, streams and rivers, fed by more than 800mm of rainfall annually. Gusiiland has a cool highland equatorial climate.

In Gusiiland, the practice and theory of traditional medicine has been practised in many communities in African continent for many years and will still be widely used to cure diseases which persisted modern medicine manufactured from industries. The only difference with the traditional medicine was done on simple techniques, boiling of roots, or drying and making ass from the leaves from specific medicinal plants. According to Kokwaro (2009), it is true that the people, together with their animals, from time to time became sick or were injured under their existing environmental conditions before the arrival of the early European explores and missionaries. For many years Abagusii have developed a store of empirical information concerning the therapeutic value of local or traditional plants. Thus the art of native medicine has been practiced in East Africa for many years and is still being widely used even today (Kokwaro, 2009). The traditional drugs were effective in treating diseases like meningitis among the Abagusii.

The Abagusii specialist/medicine men mixed the roots from different indigenous plants (*Omanyateti*, *Ekenagwa ekiogarori*, *omonyankene*, *omonyamababi*) and boiled to make a concoction swallowed to cure a multiple diseases in human anatomy or body. That is why such diseases like meningitis were unheard off in the ancient Abagusii society in Gusiiland. The only limitations of the indigenous of medicine is that, the knowledge of medicinal plants is normally passed orally from generation to the next. But a lot of valuable information or knowledge can be lost or distorted whenever a medicine man or medicine woman died without revealing the knowledge to another, a common phenomenon in Abagusii society because of fear of being call witchcraft or fear of being excommunicated from the church. The other limitation is that the content in the traditional medicine is not determined and concentration of the traditional medicine.

Meaning of Meningitis

Meningitis is an inflammation of the meninges due to infection by viruses, bacteria or fungi. Meninges are three connective tissue membranes that line the skull and vertebral canal and enclose the brain and spinal cord. Thus, meningitis causes severe headache, fever, loss of appetite, intolerance to light (*photophobia*) and sound (*phonobolia*), rigidity of muscles, especially those in the neck and in severe cases convulsions, vomiting, and delirium leading to death. The most important causes of bacterial meningitis are: *haemophilus influenza* (especially in young children); two strains of *Neisseria meningitidis* (the meningococcus), B and C; and *streptococcus pneumoniae* (Ekeuuno). The bacterial meningitis is treated with antibiotics administered soon after diagnosis. Viral meningitis does not respond to drugs but has a relatively benign prognosis (Oxford Medical Dictionary, 2010).

Statement of the Problem

Doctors or nurses do not identify the symptoms of meningitis in the early stage; instead they treat the patient using malaria drugs, but later discover meningitis at un-revisable/unchangeable state.

Objectives of the Study

The objectives are to reinforce the traditional drugs to treat meningitis among the Abagusii and the rest of the other ethnic tribes and to investigate why the doctors are unable to detect the patients suffering from meningitis in the early stage.

METHODOLOGY

The research adopted interview method and survey design.

KEY FINDINGS

Many patients lose lives due to negligence of doctors treating different diseases instead of meningitis. This is due to similar symptoms of meningitis and malaria such as those diagnosed in the older children and adults. Despite the fact that different organisms are capable of producing meningitis, common signs and symptoms are shared by all children and adults. Infants and very young children, many of the characteristic signs and symptoms may not be present and may be non-specific. Therefore, diagnosis can be very difficult for children and even adults and that is why the Abagusii treated the patients of such common signs and symptoms with the traditional medicine/herbs.

According to Hickey (1986), common symptoms of meningitis in young children include fever, refusal to eat, vomiting, diarrhoea, listlessness, a shrill cry and bulging fontanel. In the old children and adults, the following symptoms are noted: Headache, Fever, Deterioration in the level of consciousness, Signs of meningeal irritation, Generalised convulsions, Increased intracranial pressure, Cranial nerve dysfunction, Endocrine disorders, and Hypersensitivity. There are complications related to the type of causative organization and the severity of the illness. The post-meningitis sequel includes visual impairments, optic neuritis, deafness, personality change, headache, seizure activity, paralysis, hydrocephalus, pneumonia and endocarditis.

CONCLUSION

Symptoms of meningitis are similar like those of malaria, making doctors' confuse with treating malaria instead of meningitis. The bacteria causing meningitis reach the meninges through the bloodstream or extension from cranial structures such as para-nasal sinuses or the ear. The bacteria can also enter through penetrating head wounds and skull fractures (Hickey, 1986). Viral meningitis is known as acute benign lymphocytic meningitis and acute aseptic meningitis. Any number of viruses, such as mumps (*Chinkununu*) can cause symptoms that correspond to those of meningitis caused by bacteria and other organisms. Viral meningitis occurs sporadically or in small epidemics and all age groups is susceptible. The treatment of viral meningitis is symptomatic and supportive. No drug therapy is effective against the virus. Complete recovery is possible, although some paralysis and arachnoiditis have been noted and reported (Hickey, 1986). The traditional drug is prepared from the boiled roots of the key five medicinal plants (*Omanyateti*, *Ekenagwa ekiogarori*, *Omonyankene*, *Omonyamababi*, *Omotembe*) kept in *enyongo* and the patient is given a reasonable quantity thrice a day to swallow.

RECOMMENDATION

1. Since the signs and symptoms of meningitis are similar to those of malaria, it is recommended doctors to be careful in identifying/diagnoses the patients suffering from meningitis in the early stage and patients to use the traditional herbs for sustainable human health.
2. Knowledge on traditional medicine be preserved and used to cure diseases because it is effective, but becoming extinct because of non-handing over from one generation to another.
3. Universities in Kenya should establish Faculty of Traditional Medicine to teach students African traditional medicine.

REFERENCES

- Hickey, J.V. (1986). *The clinical Practice of Neurological and Neurosurgical nursing*, 2nd ed. Lippincott company, East Washington.
- Kokwaro, J.O. (2009). *Medicinal plants in East Africa*. 3rd ed. University of Nairobi press, Nairobi.
- Ominde, S.H. (1963). "Land and population in Western Districts of Nyanza province". A Ph.D. thesis. University of London. p. 18.