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2008
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Abstract
This study was conducted in seven parishes adjacent to Bwindi Impenetrable National Park between 2004 and 2006. The major objective was to evaluate the efficacy of selected antifungal medicinal plants used by communities in this area. The rationale underlying this study was that fungal infections are known to be among the opportunistic infections with high prevalence and incidence in HIV / AIDS patients yet their corresponding biomedical drugs were relatively scarce and expensive particularly for the rural poor. Meanwhile people in Bwindi use herbs to treat some of the fungal infections but the impending verification of efficacy and quality control of herbal remedies they use was still a hindrance to commission this practice as a valid and safe treatment.

This study involved ethnobotanical survey, bioassay and phytochemical screening. During the ethnobotanical survey, twenty six antifungal medicinal plants were documented and ranked according to community prioritization. Among the top ten, five of the plants that had not been studied for antimicrobial and phytochemical properties were considered for screening. These were Tetradenia riparia, Conyza summatrensisis, Erucastrum arabicum, Coleus latifolius and Crasocephalum bojeri. Microbial test organisms used was isolate of Candida albicans of the American Type Culture Collection (ATCC). The solvents used for extraction were ethanol and diethyl ether. Antimicrobial activity was determined by agar well diffusion method while minimum inhibitory concentration was determined by serial dilution of plant extract in nutrient broth. Nystatin was used as the antifungal positive control.

Out of the 415 adults who attended the village meetings, 86% revealed that they had contracted at least one fungal infection in the previous ten years and 72% of them had only used herbal medicine to treat fungal infections on their bodies. Among the 71 herbalists visited, only 5.6% kept records of clients attended to, 4.2% had records of recipes for herbal preparations they used and 52.1% did not know how to write. The study further revealed that whereas 70.4% of the herbal remedies used by herbalists in the study area were acquired or inherited from other people, 29.6% were obtained by experimenting on new plants through trial and error. Therefore not every remedy dispensed by herbalists has ever been used before hence their safety and efficacy should not be taken for granted. Also, the dosage of antifungal herbal remedies was inconsistent. On the other hand, Tinea corporis was the most common fungal infection among adults in the study area while T. capitis was common among the children. 63.4% of the herbalists were still collecting antifungal medicines from the wild. The mode of harvesting medicinal plants was destructive hence not sustainable. Different plant parts were used in preparing antifungal herbal remedies depending on the plant used but 88.5% of the remedies were from leaves.
Phytochemical tests revealed that some compounds known to have antifungal properties were present in some of the plants screened. Two extracts were very active against *Candida albicans* even more than Nystatin a standard antifungal pharmaceutical drug. The activities of four other extracts were also more than 50% of the activity exhibited by Nystatin. Generally, 80% of the tests on the plant extracts were very active against *C. albicans*. Therefore use of herbal preparations from the screened plants can offer healing benefits against fungal infections.