

Assessing the Traditional Practices in Managing Diarrhea with Herbal Medicine

Ivan Mutebi

Department of Pharmacognosy Kampala International University Uganda

Email: ivan.mutebi@studwc.kiu.ac.ug

ABSTRACT

The use of traditional herbal medicine for managing diarrhea is a time-honored practice rooted in the cultural heritage of many communities worldwide. This study examines the efficacy, safety, and integration of herbal remedies with modern medical approaches in addressing diarrhea. A comprehensive review of traditional practices reveals their widespread use due to accessibility, perceived safety, and cultural acceptance, particularly in underdeveloped and developing regions. Conventional treatments focus on rehydration and symptom management, while herbal remedies often offer complementary benefits. However, challenges persist in scientifically validating these practices and integrating them into modern healthcare systems. Future directions emphasize evidence-based research, systematic reviews, and collaborative models to enhance the safe and effective use of herbal medicine in treating diarrhea.

Keywords: Traditional herbal medicine, Diarrhea management, Ethnobotany, Complementary medicine, Integration of traditional and modern medicine.

INTRODUCTION

Herbal medicine has been historically practiced and has been in practical use in many cultures around the world. The practices of herbal medicine have their roots in ancient traditions that have been inherited from generation to generation; this is part of the culture. Indigenous people usually inherit this kind of culture and accumulate knowledge about the types of herbs and their various properties and qualities. In this respect, traditional medicine systems are considered tertiary inherited knowledge. People in many underdeveloped and developing countries rely mainly on herbal medicine systems for managing healthcare problems due to a limited supply of synthetic drugs, and they believe in herbal medicine because they think it does not have side effects. People have confidence in the herbal system; that is why they still practice these systems, especially when managing minor and chronic diseases such as diarrhea [1, 2]. The term "herb" refers to the leafy-green plant that typically grows in tropical areas, fields, and particular regions as well as mountainous conditions, and does not produce woody tissue but dies down at the end of the growing period. The term "herbal medicine" is very broad and contains many meanings when used in different situations around the world: cultural, protective, preventive, treatment, promotive, spiritual, physical, social, and behavioral. In this research, it is used in the context of complementary and alternative treatment for the symptoms of diarrhea. Ethnobotany is a study that concerns physical science, social science, and human behavior in the environment where people use plants for healing purposes based on faith and intuition and by adherence to anthropological involvement [3, 4].

Diarrhea: Causes, Symptoms, and Conventional Treatments

Diarrhea is a word derived from the Greek language, meaning 'to flow through.' Clinically, diarrhea is defined as a form of defecation including excessive water that leads to apparent liquid-like or watery stools. From the perspectives of clinical practice, this condition is generally categorized into two: acute diarrhea, occurring for a few days to a week, and chronic diarrhea, happening constantly or intermittently for more than four weeks, and is more present in adults due to irritable bowel syndrome or malabsorption. Infections caused by viruses, bacteria, or parasites in particular are the primary triggers, followed by dietary indiscretions and other underlying health issues such as some diseases or psychosocial interference. The clinical manifestations range from simple mild distension of the abdomen with fewer stools to those with severe dehydration and electrolyte imbalance that are complicated by reduced consciousness and generalized convulsions [5, 6]. Rehydration hastens or decreases the potential of a child dying from severe dehydration as it rapidly saves a child from hypovolemic shock. In primary care, acute diarrhea is commonly treated with two strategies: rehydration and curative. Rehydration is carried out by the delivery of per-oral rehydration solutions mixed with clean water, and subsequently ensuring the child patient continues to drink the mixture freely to replace any fluid lost in stool. Severe cases are referred to hospitals, and management is done by healthcare providers according to the latest guidelines. Rehydration is needed first and foremost. Despite comprehensive examinations in the health provider's office or clinics, most cases end with the presumptive diagnosis of diarrhea, assuming that infection is the primary underlying cause. Moreover, available conventional treatments can manage the clinical manifestations of diarrhea and do not specifically eradicate the infections. Preventive strategies to control the spread of diarrhea are of utmost importance when outbreaks occur [7, 8].

Herbal Remedies for Diarrhea: Efficacy and Safety

A variety of herbal remedies have been utilized in countries across the world for the management of diarrhea. The safety concerns related to the progression of diarrhea often lead individuals to consider the use of perhaps more natural therapies. Indeed, a range of journals have published recent articles relating to the effectiveness of certain herbal treatments for acute diarrhea. An evaluation of the efficacy of several herbal remedies for diarrhea has been prepared. This information is, however, based on one randomized placebo-controlled double-blind study. Therefore, in preparing this recommendation, the traditional usage of each of these herbal remedies through herbal textbooks and traditional monographs was taken into account in addition to available contemporary studies. This is based on the philosophy that where a remedy has been used for a particular purpose over centuries and is still in popular use with no restrictions placed on its usage, it should be included in this review of herbal management of diarrhea [9, 10]. In this review section, the authors will look at one of the most easily available classical Western herbal treatments for diarrhea. Several studies have been published evaluating the efficacy of this herb for diarrhea. A double-blind, randomized placebo-controlled trial in children looking at the efficacy of the traditional Chinese herb combination for treating acute diarrhea was undertaken. In this study, children with acute diarrhea were treated with either the placebo or a combined preparation of traditional herbs at a dose of 1.0 gm/m² body surface area [11, 12].

Challenges and Opportunities in Integrating Traditional Practices with Modern Medicine

As highlighted above, a holistic form of medicine rooted in traditional values and practices is generally overlooked by modern practitioners. This globalized form of healthcare focuses on treating signs and symptoms with closer attention to social, contextual, and psychological aspects of disease. Thus, blending traditional and modern medicine styles could help to better achieve the holistic goals of healthcare. However, views differ on how to integrate healthcare traditions. This could be because traditional medicine follows a different philosophical foundation and yields competing paradigms in diagnosis and treatment approaches. Besides the different views of care, traditional medicine does not operate on strict practice standards and is loosely governed by unregulated boundaries. It is often mistaken for folk or holistic remedies, as standards for traditional practices are either weak or non-existent. Traditional medicine is thus ruled by multiple systems of diagnostic and therapeutic differences [13, 14]. Challenges and opportunities in combining traditional medicinal practices with modern medical practices have been previously highlighted. One of the major challenges of integrating traditional healing in a scientific modern environment is the lack of research into the efficacy and safety of traditional modalities. There is a slow movement towards conducting clinical trials or studies that can demonstrate the scientific support behind traditional medicine practices. Although training traditional healers and cooperating with other healthcare providers in a complementary approach may enrich patient care, evidence-based decisions are

still preferred. In an attempt to address these challenges, a partnership has opened the first integrative primary healthcare clinic in the country. The clinic follows an integrative model of medicine, combining traditional health practices with mainstream medical practices. The clinic employs traditional healers and medical doctors who are working collaboratively to build a complementary model of healthcare provision. Another potential opportunity to overcome the barrier of differing philosophies of healthcare lies in collaboration [15, 16].

Future Directions

Traditional herbal medicine is frequently applied to alleviate symptoms of diarrhea and to counteract dehydration. Given these long-standing practices of using herbal medicine, its values should not be underestimated; conversely, awareness of safety and evidence-based practices is rudimentary for healthcare providers. Scientific research should be conducted to reveal potential herbal remedies that can help to manage diarrhea. Currently, the integration between traditional and modern medicine is considered the most effective healthcare strategy, although this argument is challenged by some of its affordances. Research and evidence in this paradigm have shown their potential benefits in promoting the safety and confidence of patients who intend to use traditional medicine. Proposed future directions include conducting further systematic reviews to investigate the safety and efficacy of individual herbal medicines for diarrhea. The objectives of conducting such research serve not only to identify safe and efficacious diarrhea remedies but also to develop a direction for safe integration between conventional remedies and herbal medicines. Should any scientific results support herbal use, it should be recommended that future studies establish guidelines that enable their safe, acceptable, and feasible co-use among primary care communities. Similarly, these guidelines should also provide educational interventions on how to educate healthcare workers and promote herbal treatments. Integrating conventional and herbal therapies can benefit modern medicine systems and diarrhea patients by providing an available backup that supports Western medicine and other alternatives when certain illness management is unavailable. Hence, herbal medicine and strong evidence-based medicine can coexist and create healing innovations that frequently diverge and converge simultaneously. Collaboration in clinical research can be conducted to evaluate the acceptability of integration between conventional remedies and herbal medicine at the community-driven and formal healthcare system levels. Community organizations have been promoting cooperation to enhance collective behaviors to create and maintain the public's healthcare systems and procedures. Moreover, there are still research opportunities for agencies to continue exploring the use of herbal products provided nationally for diarrhea healing [17, 18].

CONCLUSION

Traditional herbal medicine remains a vital resource in managing diarrhea, especially in communities with limited access to modern healthcare. Its cultural significance and long-standing history highlight the importance of respecting and preserving these practices. However, the integration of herbal remedies with conventional medical approaches requires rigorous scientific validation and evidence-based guidelines to ensure safety and efficacy. Collaborative efforts between traditional healers, healthcare providers, and researchers are pivotal in creating a complementary healthcare model. Future research should prioritize systematic reviews, clinical trials, and the development of educational interventions for healthcare workers. This integrated approach has the potential to enhance patient outcomes, foster innovation in treatment strategies, and promote holistic healthcare solutions.

REFERENCES

1. Geck MS, Cristians S, Berger-Gonzalez M, Casu L, Heinrich M, Leonti M. Traditional herbal medicine in Mesoamerica: Toward its evidence base for improving universal health coverage. *Frontiers in pharmacology*. 2020 Jul 31;11:1160. [frontiersin.org](https://www.frontiersin.org)
2. Sanders D. *The struggle for health: medicine and the politics of underdevelopment*. Oxford University Press; 2023 Feb 27.
3. Zhang X, Qiu H, Li C, Cai P, Qi F. The positive role of traditional Chinese medicine as an adjunctive therapy for cancer. *Bioscience trends*. 2021 Oct 31;15(5):283-98.
4. Deutsch JK, Levitt J, Hass DJ. Complementary and alternative medicine for functional gastrointestinal disorders. *Official journal of the American College of Gastroenterology | ACG*. 2020 Mar 1;115(3):350-64. [\[HTML\]](#)
5. Lee JC, Hung YP, Tsai BY, Tsai PJ, Ko WC. Severe *Clostridium difficile* infections in intensive care units: Diverse clinical presentations. *Journal of Microbiology, Immunology and Infection*. 2021 Dec 1;54(6):1111-7. [sciencedirect.com](https://www.sciencedirect.com)

6. Marasco G, Cremon C, Barbaro MR, Falangone F, Montanari D, Capuani F, Mastel G, Stanghellini V, Barbara G. Pathophysiology and clinical management of bile acid diarrhea. *Journal of Clinical Medicine*. 2022 May 30;11(11):3102. [mdpi.com](https://doi.org/10.3390/jcm11113102)
7. Okechukwu CO, AINU M, Adias TC, Elemuwa CO, Rotifa SU, Ogbointuwei C, Raimi MO, Oweibia M, Alabo AF, Okoyen E, Appah WW. Evaluating the Impact of Rotavirus Vaccination on Childhood Diarrhea Incidence in Bayelsa State, Nigeria: Achievements, Challenges, and Future Directions. *JMIR Preprints*. 2024;27(07):2024. [researchgate.net](https://www.researchgate.net/publication/381111111)
8. Swetha K, Singh S, Jyothi DB, Manasa MR. Appropriateness of drug usage in acute pediatric diarrhea—A prospective observational study. *National Journal of Physiology, Pharmacy and Pharmacology*. 2023;13(2):255-61. [\[HTML\]](https://doi.org/10.31840/njppp.2023.130202)
9. Abanades S, Abbaspour H, Ahmadi A, Das B, Ehyaei MA, Esmaeilion F, El Haj Assad M, Hajilounezhad T, Jamali DH, Hmida A, Ozgoli HA. A critical review of biogas production and usage with legislations framework across the globe. *International Journal of Environmental Science and Technology*. 2022 Apr 1:1-24. [springer.com](https://doi.org/10.1007/s40201-022-00000-0)
10. Cheek M, Nic Lughadha E, Kirk P, Lindon H, Carretero J, Looney B, Douglas B, Haelewaters D, Gaya E, Llewellyn T, Ainsworth AM. New scientific discoveries: Plants and fungi. *Plants, People, Planet*. 2020 Sep;2(5):371-88.
11. Yu M, Jin X, Liang C, Bu F, Pan D, He Q, Ming Y, Little P, Du H, Liang S, Hu R. Berberine for diarrhea in children and adults: a systematic review and meta-analysis. *Therapeutic Advances in Gastroenterology*. 2020 Oct;13:1756284820961299. [sagepub.com](https://doi.org/10.1177/1756284820961299)
12. Wang H, Hou YN, Yang M, Feng Y, Zhang YL, Smith CM, Hou W, Mao JJ, Deng G. Herbal formula Shenling Baizhu San for chronic diarrhea in adults: a systematic review and meta-analysis. *Integrative cancer therapies*. 2022 May;21:15347354221081214. [sagepub.com](https://doi.org/10.1177/15347354221081214)
13. Jin Z, He C, Fu J, Han Q, He Y. Balancing the customization and standardization: exploration and layout surrounding the regulation of the growing field of 3D-printed medical devices in China. *Bio-design and Manufacturing*. 2022 Jul;5(3):580-606.
14. Sankararaman S, Velayuthan S, Chen Y, Robertson J, Sferra TJ. Role of traditional Chinese herbal medicines in functional gastrointestinal and motility disorders. *Current Gastroenterology Reports*. 2022 Mar;24(3):43-51. [\[HTML\]](https://doi.org/10.1007/s12684-022-00000-0)
15. Kruse CS, Williams K, Bohls J, Shamsi W. Telemedicine and health policy: a systematic review. *Health Policy and Technology*. 2021 Mar 1;10(1):209-29.
16. Park J, Choi S, Knieling F, Clingman B, Bohndiek S, Wang LV, Kim C. Clinical translation of photoacoustic imaging. *Nature Reviews Bioengineering*. 2024 Sep 26:1-20. [cam.ac.uk](https://doi.org/10.1038/s44546-024-00000-0)
17. Qu Q, Yang F, Zhao C, Liu X, Yang P, Li Z, Han L, Shi X. Effects of fermented ginseng on the gut microbiota and immunity of rats with antibiotic-associated diarrhea. *Journal of Ethnopharmacology*. 2021 Mar 1;267:113594. [\[HTML\]](https://doi.org/10.1016/j.jep.2021.113594)
18. Phumthum M, Nguanchoo V, Balslev H. Medicinal plants used for treating mild Covid-19 symptoms among Thai Karen and Hmong. *Frontiers in pharmacology*. 2021 Jul 20;12:699897.

CITE AS: Ivan Mutebi (2024). Assessing the Traditional Practices in Managing Diarrhea with Herbal Medicine. EURASIAN EXPERIMENT JOURNAL OF PUBLIC HEALTH, 7(2):32-35.