



The Use of Musukutšwane Together with Kwena and Matlapaneng to Manage COVID-19

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DOI: 10.31080/ASMS.2022.06.1335

Received: May 04, 2022

Published: June 30, 2022

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Abstract

Introduction: The coronavirus (COVID-19) is the pandemic believed to be currently not having cure. The preventative measures used are the use of facemask, social isolation and frequent handwashing. The individuals and nations tried various methods of treatment to manage this pandemic. The communities used different herbs and various methods and modes in treatment of ailments.

The purpose of this article was to explore the use of Mušukutšwane (*Lippia javanica*) together with Kwena (Mint plant) and Matlapaneng (*Myrothamnus flabellifolius*) by the people infected by coronavirus.

Methods: The researcher used qualitative interpretive approach to explore the people experiencing the COVID-19 related signs and symptoms. The participants selected Mušukutšwane (*Lippia javanica*) together with Kwena (Mint plant) and Matlapaneng (*Myrothamnus flabellifolius*) based on their claims that they can treat coronavirus. The researcher selected fifteen participants, from Sekhukhune District in Limpopo, who were actively showing the signs and symptoms of coronavirus and treated with steam inhalation using Mušukutšwane, Kwena and Matlapaneng in the morning and evening before bedtime.

Results: The findings suggest that steam inhalation using Mušukutšwane, Kwena and Matlapaneng leaves has reversed all the signs and symptoms the participants presented with before treatment.

Keywords: Kwena; Matlapaneng; Mušukutšwane

Introduction

The outbreak of COVID-19 in 2019 in Wuhan, China, was a shock to the world. The infection affected the respiratory system. Science was not yet evident enough with the clear treatment of the virus [1]. The elderly people and those with chronic conditions were more affected than other. The African traditions are inclined to treating the respiratory conditions with various herbs. The herbs can be used as individuals or as sophisticated mixtures depending on the severity of the condition [2]. Different chronic and nonchronic respiratory conditions are managed by various medicinal plants' roots, bulbs, barks, rhizomes, tubers, fruits and leaves. Amongst others, the root of Morarwana (*Strophanthus speciosus*) or Mothokolo (*Carissa bispinosa*) can be used to treat tuberculosis or Chronic cough [3].

During the pandemic, there were many African traditional medicines that were more used than others. Other authors such as [4,5] found that many other herbs such as Curcuma longa, Echinacea species were used to fight the virus. In South Africa, Lengana (*Artemisia afra*) was in every corner of the streets sold by the young and old. Africans of all religious background believed that Lengana can manage the virus. This was concurred by [1] who found that participants suffering from COVID-19 are likely to seek such herbal medications to manage the problem.

A greater number of the people in South Africa relied mostly on the services of the traditional healers for the management of the virus. The traditional medicines have gained popularity ever

since the outbreak of COVID-19. Consultation with the traditional healers has increased as they see this as the accessible and cheap means of primary health care during this period. Relying on their pre-COVID-19 experience of managing respiratory conditions, they make use of various herbs to help their clients. They have been using these successfully for decades without scientific data to back up their efficacy. The traditional healers use their combination of knowledge and practice to select which herb to use or mix dependent of the severity of the condition.

For this study I selected Mušukutšwane (*Lippia javanica*) together with Kwena (Mint plant) and Matlapaneng (*Myrothamnus flabellifolius*) as the healthy, recovered and the sick talked about them as the trump card of the community when it comes to the management of COVID-19 in their area. Moreover the community indicated the easy availability of these herbs to in their gardens and environment.

Methods and Materials

The study sample was fifteen male and female participants aged 32 to 60 years from Sekhukhune District in Limpopo, who volunteered to take part. The participants volunteered after the researcher announced through the local leaders that he is looking for people who suspect to be suffering from COVID-19 and intend to use the traditional methods of treatment. The researcher left the contact details with the leader so that those interested could contact him. The participants then would invite the researcher to their homes. The researcher included the participants based on six or all of the following signs and symptoms: sneezing, cough, tiredness, loss of taste or smell, headache, fatigue and body pains. The selection criteria were based on the clinical signs than COVID-19 tests. The participants who volunteered to take part but not presenting with the above signs and symptoms were exclude from the study. The participants indicated that they use or intend to use steam inhalation to treat the signs and symptoms they perceived to be those of COVID-19 infection. After physical assessment and history taking, the researcher confirmed that the signs and symptoms were exactly similar to those of COVID-19. With strict observation of all the government restrictions and safety guidelines, the participants volunteered into the study. The study duration was from July to December 2021. The participants preferred that the interviews and the procedure be in their homes. The participants gave informed

consent and confidentiality maintained. The participant allowed only family members and the researcher to be present during the procedure.

The materials used were the wood to make open fire, water, medium sized rocks, blanket or double sheet, bench, 20L Galvanised steel tub, 12L Galvanised steel bucket, Mušukutšwane, Kwena and Matlapaneng leaves. The participants made fire in an open fire pit, put one or two rocks in the open fire. They used 12L Galvanised steel bucket to boil water.

The participant sat on the bench and an assistant put the 20L Galvanised steel tub in front of her/him, put a blanket/sheet over the head hanging around the bench and tub, put Mušukutšwane, Kwena and Matlapaneng and poured the boiling water in the 20L Galvanised steel tub and the hot rock/s in the hot water and covered the participant with a blanket/sheet. The participants chose Mušukutšwane, Kwena and Matlapaneng because these herbs were commonly available and used in the area for ages. The participant inhaled the steam through the nostrils and the mouth interchangeably, taking deep breaths in the process. The procedure lasted 5 to 20 minutes depending on the individual participant's endurance of the heat.

They inhaled the Mušukutšwane, Kwena and Matlapaneng combined extracts in the form of the steam and in the process denaturing the virus' capsid protein coat present in the respiratory airway mucosa. The procedure performed in the morning and evening over ten days depending on individual subsiding of the signs and symptoms.

There was no instrument used to measure the steam temperature, but the boiling of the water was enough to produce the required steam from the concoction leaves. The participant regulated the temperature if assumed to be high, by lifting the blanket slightly off the participant to allow the steam to escape underneath. The communication during the procedure between the participant and the assistant was vital for the safety of the participant. After the procedure the participant will be will sit or sleep in the closed room to prevent draught. During the cooling off time the participant will be taking a warm lemon and honey drink.

Results

All the fifteen participants managed to complete their course of treatment. Discharging the participants from the treatment was at various levels:

- At 5 days, five participants were free from all signs and symptoms except loss of smell. Three were aged 34 to 40 and two were aged 42 and 50 years.
- At day seven, six participants verbalised only loss of appetite and smell and feeling free of all other signs and symptoms. They were all aged between 49 and 55 years.
- At day ten, the last three participants reported to be no longer experiencing the signs and symptoms they had before they started the Mušukutšwane, Kwena and Matlapaneng steam inhalation therapy. They were aged 57, 58 and 60 years. In narration of their experiences various opinions were verbalised.

Participant A said

"I was so scared, I heard that this disease kills. I never thought this treatment will help me". When asked what encouraged her to try the treatment, she said that "it is customary practice in my place, but I never thought one day it will be me using it".

Participant B echoed the same fears as she said that "when my aunt advised me about this concoction, I thought she was just taking chances on me. She insisted saying she heard that others benefited from this".

The participants did not claim to be knowing the treatment before. They heard that the treatment works but they experienced it for the first time with themselves.

Others had to consult the traditional healers when they started to suspect that they are not feeling well. Participant D narrated that "I was coughing and not smelling the food when cooking. I decided to go to our traditional healer to check what the problem was. He prescribed me this treatment. This treatment does miracles".

It was Participant F who added that "I was coughing and feeling weak," that his tradition healer warned him about "the deadly disease around and suggested that I should use Mušukutšwane, Kwena and Matlapaneng to steam. I am so happy that it has helped me".

Sometimes referral to the traditional healers was by the parents or relatives when they are aware that the next of kin does not appear well.

Participant C indicated that "my mother said I should not go to the clinic as it is full of sick people, I should go to the traditional healer. The traditional healer gave me three packets of fresh Mušukutšwane, Kwena and Matlapaneng to use at home for steam".

It was Participant I who cited her sister as the one who proposed the use of the local traditional healer for treatment. "...my sister said that he is helpful,...I consulted him, and he gave me treatment to steam. Indeed this helped me, I have been steaming for three days now, and I already feel much better".

Some of the participants used their own traditional healers that they have been working with all along. Participant K narrated that by saying that "I consulted my traditional healer who help me with many ailments. When I started to suspect that I have the much talked about COVID-19, I consulted him....the treatment worked, and I am feeling much better now".

Participant M said that "I got frustrated with transport and distance to the clinic, but I immediately thought about my traditional healer who was just a walking distance. I immediately consulted him. He prescribed me the Mušukutšwane, Kwena and Matlapaneng. He even directed me where to get the fresh one. I used it he ordered me to, and indeed two steaming a day helped me".

Discussion

This study is the first of this nature to use these three herbs combined to together to manage COVID-19. COVID-19 brought fear and confusion amongst the communities. It is through oral tradition and indigenous experiences that the communities explored alternative medicine when in need of medical help. The participants narrated the advice they received from the relatives and the community members who are knowledgeable about the alternative medicine. Through the panic that COVID-19 pandemic spread, people who never used alternative medicine ended up finding refuge in it. The number of deaths sent shockwaves through the once happy and peaceful friends and relatives. It was through these pains that people sort any type of remedy with the sole purpose

of survival. Stringent measures such as lockdown exacerbated the need for alternative medicine. Such experience indicates that there is a room for alternative medicine within the communities.

According to Demeke, Woldeyohanins and Kifle [6] there is evidence that herbal medicine reduces and manages the risk of COVID-19. The use of herbal medicine is not new amongst the traditional healers who have been using this for centuries. The traditional healers consulted in this study concurred that in their experience the use of the Mušukutšwane does interfere with the COVID-19 pathogenesis by inhibiting the replication and entry into the host cell. More traditional healers in the rural areas have more knowledge of this method of disease management. Xu and Zhang [7] observed in their study in China where the elderly people come up with various herbs to manage COVID-19. It is true that in this study the contribution and the advice about combining the herbs came from the ordinary elderly as well as the elderly traditional healers in the community.

Conclusion

The findings indicated that the communities did not practise the use of traditional medicine for the first time during COVID-19. This was concurred by the World Health Organisation in their conclusion that “the use of traditional medicine has got a long history”. The participants in this study narrated their various indigenous experiences from diverse cultures. Their affirmation that some of them referral was by relatives and advised by their own traditional healers on what to use, is indicative that some South Africans use the traditional and complementary medicine. The participants narratives and the findings in this study are in line with WHO’s conclusion that its 170 member states acknowledged their use of traditional medicine

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