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Medicinal plants used in gynecological procedures in Uganda

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Distress and pains among other gynecological challenges mothers go through during childbirth result in mortality. This has compelled people particularly in developing countries to use traditional medicine to induce birth due to lack of more effective alternatives. In Uganda, from time immemorial most child birth and pregnancy related problems have been solved using medicinal plants as a primary alternative to conventional drugs. Although research has been done to document and validate effectiveness of these plants, it is not compiled for communication to the wider community. This study, therefore, reviewed the medicinal plants used in Uganda for easing childbirth. The study collated and documented medicinal plants used by Traditional Birth Attendants and Traditional Health Practitioners to induce labor and ease child birth in local communities in Uganda and show the gaps that need to be investigated. The available literature on medicinal plants used in Uganda for childbirth were selected from reputable journals using citation databases including Google Scholar, Institute for Scientific Information, PubMed, Scopus, Hinari, and Scientific Information Database among others. Asteraceae, Fabaceae, and Lamiaceae, respectively were the most cited for gynecological uses by various local communities in Uganda. The commonly reported species were *Laggera alata* Sch. Bip., *Tagetes minuta* L., *Clitoria ternatea* Linn and *Ocimum lamiifolium* Hochst ex Benth among others. Authors were also determined to ascertain scientific evidence against analgesic, anti-inflammatory, oxytocic and phytochemical properties of the selected plant species.

Key words: Childbirth, medicinal plant, gynecology, Uganda.

INTRODUCTION

The painful experience women go through during pregnancy and childbirth remains a nightmare for many despite being an essential part of human existence. In sub-Saharan Africa, high maternal mortality has offset

high fertility rate whereby 1 out of 20 live births results in mortality yearly (Neema, 2002). This has immensely affected population growth rates in the region. In Uganda specifically, neonatal mortality rate (NMR) remains high

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at 27 deaths per 1000 live births (Kananura et al., 2016). There is paucity of data on factors associated with NMR in rural communities in Uganda (Kananura et al., 2016). Some of the mortalities could be due to the misuse of herbs due to insufficient scientific evidence. A World Health Organization (WHO) report indicated that about 80% of the world's population depends on herbal medicines for treatment of various diseases (WHO, 2012) and to induce child birth. In Uganda, the Ministry of Health Statistics estimates that about 60% of Ugandans depend on Traditional Medicine for treatment of common diseases and conditions (MoH-UG, 2012). The inaccessibility and severe side effects of many allopathic pharmaceutical medicines could be major contributing factors as to why the rural people resort to the use of herbal medicine as an alternative to treatment of common diseases and conditions in Uganda (Kwesiga, 2002). Medicinal plants belonging to different families and species are used by birth attendants to induce labor, attain relatively painless delivery and hasten fetal delivery (Lipton, 1964; Ojewole and Elujoba, 1982). However, the information is scattered in different papers and repositories and cannot easily be a profitable reference. This study, therefore, collated and compiled the list of medicinal plants generally used in gynecological procedures at birth in Uganda.

METHODOLOGY

The available literatures on medicinal plants used in the management of gynecological conditions during child birth in Uganda were selected from reputable journals using citation databases including Google Scholar, Institute for Scientific Information, PubMed, Scopus, Hinari, Scientific Information Database, etc. A critical review of these medicinal plants was thereafter carried out to collate the information for scientific bases. Specific information sought included plants and parts used, method of preparation, mode of administration and ethno pharmacological use. Also recorded was the scientific evidence on the pharmacology and chemical constituents in the plants.

RESULTS

Twenty two plant families and forty two plant species were cited for review in this study. Seven plant parts were evidently used from the same plants and out of which five modes of administration were prescribed. Bathing as one of the most used modes of administration is mainly for energy boosting in pregnancy (Table 1). There are nine methods of preparation and water is used most during the preparation of the medicinal plants.

Herbal plants used to induce labor and ease childbirth in Uganda

Plant species belonging to different families used to induce

labor, ease pain and solve other related gynecological problems during childbirth are presented. In addition, the distribution of the plants is presented in Table 1. The plant parts used, methods of preparation, different modes of administration and their traditional use by the local communities are provided. A summary of the plant parts and their preferred mode of administration are shown in Figure 1.

Forty two plant species belonging to twenty two different plant families were reviewed and recorded. The family Asteraceae had the highest number (21%) of plant species used to induce labor and ease childbirth, followed by Fabaceae (10%), Acanthaceae (7.4%), Basellaceae and Euphobiaceae (5%), respectively. Five different modes of administration were observed of which bathing (31.8%) was the most commonly used. Other modes include drinking (22.72%) and oral (22.72%) administration (could be by swallowing or gargling), chewing (15.9%) and topical application (6.81%), respectively.

The pharmacological and chemical compositions of the medicinal plants used by local communities during childbirth in Uganda are shown in Table 2. Most of the plants recorded have at least two chemical constituents that could be responsible for pain relief and associated gynecological activities.

A total of thirty two pharmacological activities were identified in this study. Anti-inflammatory activity was found to be the most common in the validated plants (44%) while antimicrobial (30%), antidiabetic (19%) and analgesic (13%) activities were also reported.

Most of the phytochemicals present in the different plants were: flavanoids (76%), saponins (52%), alkaloids (40%), terpenoids, and glycosides (36%) among other compounds.

Plant parts used in medicinal plant preparations

There are seven recorded plant parts commonly used in traditional treatments (Figure 1). The leaves are used in more than two ways: They are used for bathing (31.8%) and for drinking (22.72%).

Leaves are the most commonly used parts (59%) followed by roots (23%), bark (6%), vine (4%), and flower (4%). While fruits (2%) and seeds (2%) were the least used.

DISCUSSION

This review has documented a number of different plant species belonging to different families used in gynecological procedures in Uganda's local communities. The families Asteraceae, Fabaceae, and Lamiaceae were the most cited for gynecological uses by various local communities in Uganda and the commonly reported

Table 1. Plants used in child birth with other ethno-medicinal use.

Family	Scientific name	Parts used	Method of Preparation	Mode of administration	Ethno pharmacological use	Reference	
Acanthaceae	<i>Acanthus pubescens</i> L	Root	Decoction	Oral	Fasten up labor	Tugume et al. (2016)	
	<i>Justicia heterocarpa</i> L	Leaf	Juice	Bathe early in the morning	Energy booster in pregnancy		
Alliaceae	<i>Justicia betonica</i> L	Leaf	Juice	Bathing	Energy booster in pregnancy	Kamatenesi-Mugisha and Oryem-Origa (2007)	
	<i>Allium cepa</i> Linn	Leaf	Squeezing by hand	Chewing	Induction of labor		
Amaranthaceae	<i>Psilotrichum elliotii</i> Baker	Leaf	Crush in cold water	Bathing	Energy booster in pregnancy	Tugume et al. (2016)	
Asteraceae	<i>Vernonia auriculifera</i> Heim	Leaf	Leaves crush in water	Bathing	Delayed labor	Tugume et al. (2016)	
		Root	Root is crushed in water	Bathing	Energy booster in pregnancy		
	<i>Mangifera indica</i> L	Bark	Decoction	Drinking	Infertility in women		
	<i>Tagetes minuta</i> L	Leaf	Squeezing by hand	Oral	Induction of labor		Kamatenesi-Mugisha and Oryem-Origa (2007)
	<i>Acmella caulirhiza</i>	Leaf	Squeezing by hand	Oral	Induction of labor		Kakudidi et al. (2016)
	<i>Laggera alata</i> Sch.Bip	Leaf	Squeezing by hand	Oral	Induction of labor		Kamatenesi-Mugisha and Oryem-Origa (2007)
	<i>Ageratum conyzoides</i> L	Leaf	Crush and mix with water	Bathing	Energy booster in pregnancy		Tugume et al. (2016)
	<i>Microglossa angolensis</i> L Oliv.&Hiern	Leaf	Pound and add water	Oral	Energy booster in pregnancy		
	<i>Vernonia lasiopus</i> Schreb	Root	Burn	Chew	Fasten Labor		Tugume et al. (2016)
		Leaf	Crush in cold water	Bathing	Energy booster in pregnancy		
<i>Vernonia amygdalina</i> Del	Root	Boil in water	Drinking	Unblock fallopian tubes	Nalumansi et al. (2017)		
Basellaceae	<i>Basella rubra</i> L	Leaf	Decoction from leaves	Drinking	Reduce hip pain during pregnancy	Kamatenesi-Mugisha and Oryem-Origa (2007)	
	<i>Basella alba</i> L	Leaf	Dry, pound	Chewing	Delayed in labor	Tugume et al. (2016)	
Bignoniaceae	<i>Kigelia africana</i> (Lam) Benth	Leaf	Half teaspoon boiled	Taken orally as tea	Ease labor	Nalumansi et al. (2017)	
Capparaceae	<i>Cleome gynandra</i> L	Root	Chew the roots	Chewing	Ease delivery	Tugume et al. (2016)	
Chenopodiaceae	<i>Chenopodium procerun</i> Hochst	Leaf	Squeezing leaves in water	Bathing	Energy booster during pregnancy		
Convolvulaceae	<i>Hewittia seblobata</i> L	Vine	Tie in the waist	Topical	Pregnancy care (widens pelvic girdle)		
Crassulaceae	<i>Kalanchoe crenata</i> Adan	Leaf	Squeezing by hand	Drinking	Induction of labor	Adjanohoun et al. (1993)	
Euphobiaceae	<i>Jatropha curcas</i> L	Leaf	Crush in water	Bath in cold water	Energy booster in pregnancy	Tugu Tugume et al. (2016)	
	<i>Recinus communis</i> L	Leaf	Pound, add to water	Bathing			
	<i>Croton macrostachyus</i> L	Vine		Tie in the waist			
Fabaceae	<i>Clitoria ternatea</i> L	Flowers	Flowers mixed with honey	Orally and taken early morning	To clean the uterus after delivery and check the bleeding from the uterus	Kamatenesi-Mugisha and Oryem-Origa (2007)	

Table 1. Contd.

	<i>Senna absus</i> Mill	Leaf	Pound and add water	Oral	Delayed labor	
Fabaceae	<i>Crotalaria spinosa</i> L	Leaf	Crush and mix in water	Oral Bathing	Delayed labor Energy booster in pregnancy	Tugume et al. (2016)
	<i>Dalbergia boehmii</i> L F	Root	Decoction	Drinking	Induction of labor	Pakia and Cooke (2003)
Lamiaceae	<i>Ocimum lamifolium</i> Benth	Leaf	Squeezing by hand	Orally	Induction of labor	Kamatenesi-Mugisha and Oryem-Origa (2007)
	<i>Tetradenia riparia</i> Hochst L	Leaf	Pound, mix in water and bathe	Bathing	Energy booster in pregnancy	Tugume et al. (2016)
	<i>Ocimum bacillicum</i> L	Leaf	Crush and smear	Topical application	Easing pain in pregnancy	Tugume et al. (2016)
Malvaceae	<i>Sida acuta</i> Burm.F	Leaf, root	Pound leaf and add water	Drinking	Pain relief	Karou et al. (2003)
	<i>Gossypium herbaceum</i> L	Root, bark	Decoction	Drinking	Induction of labor	Maundu et al. (2001)
Minespasmaceae	<i>Cissampelos mucronata</i> A Rich	Leaf	Pound and add water	Bathing	Energy booster in pregnancy	
Moraceae	<i>Ficus natalensis</i> Hochst	Root	Decoction	Drinking	Ease labor and expel retained placenta	Tugume et al. (2016)
Musaceae	<i>Musa Sapientum</i> L	Root	Burn the root	Chewing	Induce labor	
	<i>M.paradisiaca</i> L	Flower	Pound the sheath	Chewing	Delayed labor	
Myrsinaceae	<i>Maesa lanceolata</i> Forssk	Leaf, bark	Squeezing by hand, chewing	Chewing	Induction of Labor	Kamatenesi-Mugisha and Oryem-Origa (2007)
Poaceae	<i>Cynodon dactylon</i> L	Seed	Decoction	Drinking	Delayed labor	Tugume et al. (2016)
Portulacaceae	<i>Talinum portulacifolium</i> Forssk	Leaf	Squeeze leaf and add water	Bathing	Ease labor	Nalumansi et al. (2017)
Rosaceae	<i>Rubus pinnatus</i> L	Fruit	Eat fresh	Oral	Energy booster	Tugume et al. (2016)
Rubiaceae	<i>Catunaregam nilotica</i> (Stapf) Tirveng	Root	Decoction	Drinking	Induction of labor	Chhebra et al. (1991)

species were *Laggera alata*, *Clitoria ternatea* and *Ocimum lamifolium*, respectively. While the most commonly observed plant parts are the leaves; followed by roots and bark. Leaves are commonly used in herbal preparations and this may be advantageous because there is a high benefit to plant conservation as compared to the harvesting of roots and other plant parts (Busia, 2016). Leaves also have high concentrations of secondary metabolites hence their effectiveness. Most herbal preparations in the local communities by traditional attendants are done by squeezing the plant materials by hand or using the plant part in its whole form. The administration is usually

done at the onset of labor for the herbs that fasten labor (Kamatenesi-Mugisha, 2004). Most of the plants with oxytocic activity are labor inducing and when taken in wrong dosages or even before onset of labor; they may act as abortifacients (Kamatenesi-Mugisha, 2004) such as *Sida acuta* commonly used for labor induction but when taken in wrong dosages has abortifacients activities (Karou et al., 2003).

The chemical constituents recorded in this study are of significance as they could be responsible for the pharmacological activities in these plants. Different plants were recorded to have various pharmacological activities. Plants such as *L.*

alata, *C. ternatea*, and *O. lamifolium* were reported to have analgesic properties by 73, 29.7 and 23.8%, respectively (Wu et al., 2006; Panthong et al., 2007; Maity et al., 2012). *Sida acuta* was reported to have hepatoprotective and antiemetic activities (Kirtilar and Basu, 1975).

Several chemical constituents such as essential oils, flavonoids, alkaloids, and saponins were reported to have analgesic, anti-inflammatory and oxytocic activities in the various listed plants. The presence of alkaloids in plants could be responsible for the oxytocic activities observed, for example, Ergot alkaloids (Bowman and Rand,

Table 2. Plants used for child birth, pharmacological effects and their chemical components.

Family name	Plant name	Part used	Pharmacology of the plant	Chemical constituents	Reference
Acanthaceae	<i>Justicia betonica</i> L	Leaf	Antitumor, anti-platelet, cytotoxicity, anti-inflammatory, anti-diarrhea, ant malarial	Alkaloids, flavonoids	Caprio et al. (2000), Day et al. (1999), Kanchanapoon et al. (2004), Subbaraju et al. (2004), Sridhar et al. (2006), Navarro et al. (2001a), Katuura et al. (1999), and Bossa et al. (2013)
Alliaceae	<i>Allium cepa</i> Linn	Leaf, Bulb	Antiplatelet, antidiabetic, anti-cancer, anti-microbial, anti-oxidant, hepatoprotective, anti-inflammatory	Flavonoids, terpenoids, volatile compounds, minerals (Calcium, Iron, Magnesium) and vitamins (A,E,K,B ₆)	Yoichi Ueda et al. (1994), Wang et al. (2012), Kadan et al. (2013), Benmalek et al. (2013), Obioha et al. (2009), and Dorsch et al. (1990)
Asteraceae	<i>Vernonia auriculifera</i> Hiern	Leaf, Root	Antibacterial	Tannins, flavonoids, terpenoids, saponins	Prashant et al. (2011), Pradeep et al. (2014) and Dermarsh et al. (2011)
Asteraceae	<i>Vernonia amygdalina</i> Del.	Leaf	Oxytocic	Saponins, alkaloids, tannins, flavonoids	Katuura et al. (2019)
Anacardiaceae	<i>Mangifera indica</i> L	Bark, Leaf, Fruit	Antioxidant, Antidiuretic, Anti-inflammatory, Anti-parasitic	Flavonoids, triterpenoids, polyphenols, alkaloids, saponins, vitamins (A, B, Carotene)	Scartezzini and Speroni (2000), Shankamarayanan et al. (1979), Ross (1999), Rocha et al. (2007), Sharma et al. (1997), Diplock Atet al. (1998) and Das et al. (1989)
Asteraceae	<i>Tagetes minuta</i> L.	Leaf	Antiseptic, antiplasmodic, anti-inflammatory, antispasmodic, antioxidant, cytotoxic, antibacterial, antihelminthic, antimicrobial, diuretic, antispasmodic	Essential oils, flavonoids terpenoids	Amat (1983), Tereschuk et al. (1997), Shirazi et al. (2014), Shirazi et al. (2014), Oliveira et al. (2016), Giarratana et al. (2017)
Asteraceae	<i>Laggera alata</i> (D. Don) Sch.-Bip ex Olivier	Leaf	Hepatoprotective, anti-inflammatory	Essential oils flavonoids	Ekundayo et al. (1989) and Wu et al. (2006);
Basellaceae	<i>Basella rubra</i> L	Leaf	Hypoglycemic, larvicidal antibacterial, anti-hyperglycemic, anti-oxidant, anti-inflammatory cytotoxic antiangiogenic anti-proliferative	Phenolic acids, sterols, carotenoids, tannins flavonoid terpenoids, saponins	Das et al. (2007), Nirmala et al. (2009), Murakami et al. (2001, 2013), Kumar et al. (2015), Priya et al. (2015), Kilari et al. (2016) and Kumar et al. (2018)
Bignoniaceae	<i>Kigelia africana</i> (Lam)Benth	Leaf Root Bark	Cytotoxicity, anticancer, anti-ulcer, anti-inflammatory, and analgesic	Alkaloids, tannins, saponins, glycosides, and flavonoids	Saini et al. (2009), Olatunji and Atolani (2009), Picerno et al. (2005), Adoum (2008), Hussain et al. (2007), Owolabi and Omogbai (2007) and Gouda et al. (2003)
Caesalpinaeaceae	<i>Cassia fistula</i> Linn	Leaf/ Pod/ Root	Laxative, antiperiodic, depurative, anti-inflammatory antibacterial, antifungal	Tannins, terpenoids, alkaloids, flavonoids saponin, steroids, glycosides, anthraquinone, proteins amino acids	Bhalodia and Shukla (2011), Seyyednejad et al. (2014)

Table 2. Plants used for child birth, pharmacological effects and their chemical components.

Capparaceae	<i>Cleome gynandra</i> L	Root, Leaf	Anti-inflammatory, anti-Cancer, anti-diabetic	Flavonoids, phenols, saponins, triterpenes,	Adhikari et al. (2014), Paul et al. (2012), Narendhirakannari et al. (2005), Nagpal et al. (2017) and Das and Ahmed (2017)
Euphobiaceae	<i>Ricinus communis</i> L	Leaf	Antifertility, antinociceptive, antioxidant, Hepatoprotective, anti-inflammatory	Steroids, saponins, alkaloids, flavonoids, glycosides	Sani and Sule (2007), Taur et al. (2011), Gupta et al. (2006), Shukla et al. (1992), and Saini et al. (2010)
Euphobiaceae	<i>Croton macrostachyus</i> L	Vine	Anthelmintic activities, anti-convulsant, Antidiabetic, anti-diarrhea, anti-inflammatory, antioxidant	Alkaloids, cardiac glycosides, Flavonoids, coumarins, phenolic compounds, saponins, tannins	Eguale et al. (2006), Bum et al. (2012), Geyid et al. (2005), Kamanyi et al. (2009), Teugwa et al. (2013), and Arika et al. (2015)
Fabaceae	<i>Clitoria ternatea</i> Linn. (CT)	Leaf	Antipyretic, anti-inflammatory analgesic, diuretic, local anesthetic, antidiabetic, antimicrobial and insecticidal	Triterpenoids, flavonol glycosides, anthocyanins and steroids	Parimaladevi et al. (2004), Kelemu et al. (2004), Mukherjee et al. (2008), Maity et al. (2012)
Lamiaceae	<i>Ocimum lamifolium</i> Benth	Leaf, Flower	Antibacterial, antimicrobial, analgesic, epatoprotective, antioxidant, antimalarial, anti-inflammatory, antifungal, insecticidal, antipyretic	Essential oils (Bornyl acetate, P-cymene, alpha-pinene, beta-pinene, Camphene)	Desta (1993), Makonnen et al. (2003), Mequanint et al. (2011), and Mukazayire et al. (2011)
Lamiaceae	<i>Tetradenia riparia</i>	Leaf	Antimicrobial, antifungal, antiallergic, antispasmodic	Alkaloids, saponins, flavonoids, phenols	Sultana and Ata (2008) and Farquar (1996)
Malvaceae	<i>Sida acuta</i> Burm. f.	Leaf, Root	Hepatoprotective anti-helminthic, antiemetic, analgesic, abortifacient, anthelmintic, diaphoretic, antipyretic, antimicrobial, antiplasmodial, antimalarial	Alkaloids coumarins, flavonoids, terpenoids, steroids, glycosides and phenolics	Kirtikar and Basu (1975), Prakash et al. (1981), Karou et al. (2003), Karou et al. (2007), Banzouzi et al. (2004), Malairajan et al. (2006), Sreedevi et al. (2009), Ahmed et al. (2011); Konaté et al. (2012)
Malvaceae	<i>Gossypium herbaceum</i> Linn	Leaf, Root	Antioxidant	Glycosides, saponins, flavonoids	Tiwari et al. (2011)
Myrsinaceae	<i>Maesa lanceolata</i> , Forssk.	Leaf	Anthelmintic, larvicidal antiviral, molluscicidal antibacterial cytotoxic, antioxidant antileishmanial	Saponins, benzoquinones, flavonoids, glycosides, phenolic compounds, tannins, terpenoids, anthocyanins	Sindambiwe et al. (1999, 2000), Foubert et al. (2009) and Elisha et al. (2017)
Poaceae	<i>Cynodon dactylon</i> L	Seed	Anti-diabetic, antibacterial, cardiovascular, antiparasitic, antioxidant, anti-inflammatory	Flavonoids, alkaloids, glycosides, terpenoids, saponins, tannins	Paranjpe (2011), Kumar et al. (2011), Annapurna et al. (2013), Abhishek and Thakur (2012), Nafisi et al. (2012), Pranita et al. (2012), Kazembe and Makusha (2012), Saroja et al. (2012), Rajaretinam and Vincent (2012) and Garg et al. (2011)

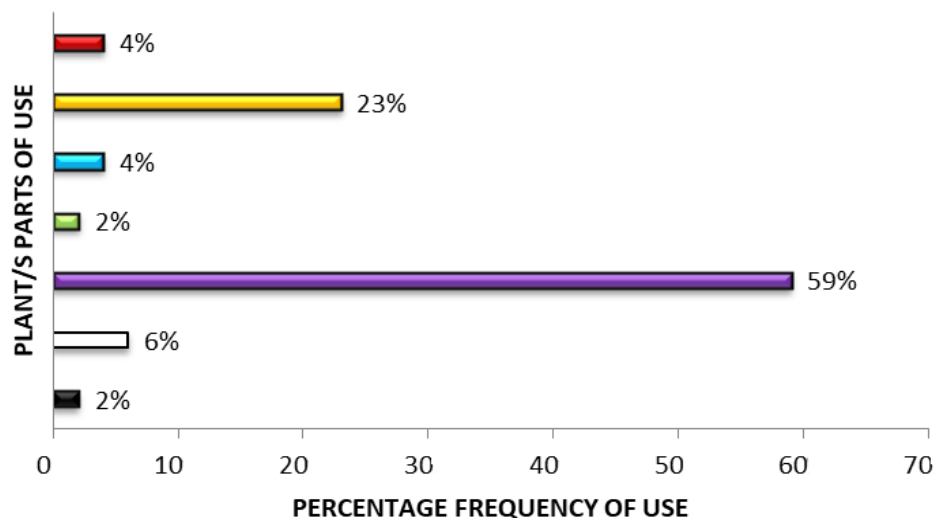


Figure 1. Frequency of the parts used from the plants.

1980). All plants have several chemical constituents which could be responsible for a number of pharmacological activities important during childbirth. Compounds such as flavonoids have a variety of different activities in the human body. They work as anti-inflammatory, anti-platelet, anti-hypertensive, antihepatotoxic, antiviral, antineoplastic, antiulcerogenic and antioxidant (Rodrigo et al., 2010). The appearance of anti-inflammatory activity in most of the plants could be justified by the presence of flavonoids in these very plants (Rodrigo et al., 2010). Coumarin derivatives exert anti-inflammatory and antioxidant activities (Casley-Smith et al., 1986). Terpenoids and essential oils occur as diterpenes, triterpenes and tetraterpenes. When they acquire oxygen, they change to terpenoids and examples are camphor, methanol, fernesol and artemisin. Artemisin is essential as an antimalarial. They also have antimicrobial, analgesic, sedative, anti-inflammatory, spasmolytic and locally anesthetic remedies (Al-Reza et al., 2010).

However, most of these chemicals have not been properly profiled. The need to quantify the active compounds for proper dosages to be derived is important. More so these compounds can be used as lead templates in production of effective medicines that can be used to relieve pain and other complications hence reduce mortalities associated with hard labor.

Conclusion

The study reviewed medicinal plants used in gynecological procedures in local communities in Uganda. Plants documented in this study have been established for their acclaimed ethno botanical use while others are still under investigation. Therefore, this study

was able to generate information on their current state in order to guide users on their research status.

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CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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