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Tree crop production of *Moringa oleifera* supports food and medicine healing practices

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Many countries are seeking ways of making best use of local natural resources. Hippocrates once said “let medicine be your food and food your medicine”. Hence the need to support African homes, institutions and local communities with domestication of natural resources for their food and medicine values. This is in line with a WHO resolution of 2000, which recognises and recommends the acceleration of local production of traditional medicinal plants. Many traditional medicinal properties of such plants like *Moringa oleifera* (Lam.) of the *Moringaceae* family are confirmed by studies that validate ethnobotanical herbal food and medicinal use practices of indigenous people worldwide. This study uses a Ghana perspective in the Volta region, Hohoe district, village of TafiAbuife, observing two groups of households belonging to local farmworkers who identified ‘yevu-ti’, (the Ewe name of *moringa*, meaning the white man’s tree). The research examines if people had knowledge and access to sustainable sources of medicinal plants for food and medicine, would they use it for healing? Hence the hypothesis ‘if people had healing knowledge and access to *Moringa* as herbal food and medicine then the latter will use *Moringa* as food and medicine for healing’. This was tested in different households and evidence used to support current domiciliary health care for farmworkers in an African village. The recruitment of participants by announcement in the village of Tafi Abuife, where baseline information suggested local people had access to *Moringa* trees planted as live fence in their localities but they had no knowledge of any current domiciliary use of *Moringa* as herbal food and medicine. *Moringa* tree crop production in household gardens and farms with the processing of herbal food and medicines was completed over five years involving participants in group 1 [Tafi Abuife local community residents (n=208)] and group 2 [workers of Bomarts Farm (n= 67)]. Face to face discussions, semi structured questionnaires and household analysis were used for data collection. From observations contrasted with baseline information there was evidence of herbal food and medicine use in some households in the studied locality. Over 38.9% of households in group 1 and 58.2% in group 2 responded positively to currently using *Moringa* in domiciliary herbal food and medicine healing practices, with a direct impact on over 30% children living in such households from an exploratory health survey completed in 2010. Both groups cited ownership of sustainable access to *Moringa* trees in household gardens and farms which also brought income from sale of raw and value added *Moringa* leaf and seeds. Peer-to-peer and common initiative groups’ stimulated discussions within and between groups at home, and at work sharing information about domiciliary food and medicine, healing practices whilst learning from one another. A change in practice from single live fence *Moringa* trees to tree crop production has supported the acceleration of sustainable access and ownership to *Moringa* natural resource for food and medicine healing practices.

Biography

Suzanne M Enoh-Arthur current study supports folklore identification of the *Moringaceae* family in ancient and current African Traditional Food and Medicine Systems to promote its role in primary healthcare settings alongside developing *Moringa oleifera* (Lam.) tree crop cultivation on degraded household farm lands to increase yields of desirable local food crops whilst ensuring value added natural resources for household nutrition, clinical health studies, apprenticeship, alternative income generation and small-scale entrepreneurship development in West (Ghana) and Central (Cameroon) Africa.

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