Informal Health Strategies: The Use of Traditional Home Remedies in the Fight against COVID-19 in Urban Harare, Zimbabwe

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Abstract

COVID-19 is currently a global pandemic that has resulted in more than two million deaths to date. Due to the limited supply of vaccines and poor health systems across developing countries, people have resorted to home remedies as a means of managing COVID-19. In Zimbabwe, the use of home remedies has increased during the COVID-19 pandemic. This article documents and examines the home remedies that were utilised to treat COVID-19 symptoms by patients in Harare, Zimbabwe. It utilised a qualitative research approach to collect primary data about home remedies used during COVID-19. Eight in-depth interviews were conducted with people who have recovered from COVID-19 in Harare, Zimbabwe. Most of the respondents recommended home remedies to manage COVID-19. Home remedies used by the participants include routine exercises, herbal concoctions and self-isolation. These home remedies may provide a way to manage COVID-19.However, to attain this goal, extensive research followed by clinical studies are needed.

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INTRODUCTION

The Coronavirus disease of 2019 (COVID-19) is an emerging respiratory disease that is caused by a novel coronavirus and was first detected in December 2019 in Wuhan, China (Bao-Liang, 2020). The COVID-19 pandemic has had far-reaching consequences for humanity and economic development globally, regionally and Zimbabwe is no exception. Globally, as of 23 July 2021, the prevalence and mortality attributed to COVID-19 were 192284207 and4.136518 respectively (World Health Organisation (WHO), 2021). However, while Asia and Europe had significant proportions of COVID-19 cases, 31% and 26%, respectively, the proportion of COVID-19 cases to the global prevalence in Africa was 3% (ibid.). On the other hand, Europe (27.6%) had the highest proportion of COVID-19 deaths, 27.6%, when compared to Asia (20.1%), and Africa (3.7%) (ibid.). Ever since Zimbabwe recorded her first COVID-19 case on 20th of March 2020, the prevalence and mortality attributable to the virus have increased to 93421 and 2870, respectively, as of 23 July 2021 (WHO, 2021). However, it should be noted that COVID-19 is an additional health burden on Zimbabwe in light of other already existing communicable and non-communicable diseases, maternal and under five mortalities.

Notwithstanding the aforementioned morbidity and mortality associated with COVID-19, Orish *et al*. (2021) and Robinson (2021) observe that there is no ideal anti-COVID-19 medication that, in spite of thousands of clinical trials that are underway globally. Yet as El Sayed *et al*. (2020) posits that there is a need for an ideal anti-COVID-19 medication, should not only be safe for patients but should also have three basic therapeutic effects (and/or preventive health benefits), enhancing the antiviral immunity, tissue-protection (and tissue repair) and exerting potent antiviral effects.

LITERATURE REVIEW

In the absence of clinically proven medication for COVID-19, Orish *et al.* (2021) argue that the world population, regardless of location, had resorted to home remedies for the prevention, treatment and post-care of

COVID-19, however, with an orientation skewed towards exploring natural spices and compounds. It should, however, be noted that the use of home remedies in the prevention and treatment of diseases is not typically only common to the COVID-19, but historically used to treat other ailments. Mahomoodally (2013) and Petran, Dragos, Gilca (2020) concur that historically, the use of medicinal plants is one of the oldest and the most assorted of all therapeutic systems that is a fundamental component of the Asiatic and African traditional healthcare system in particular. Studies by Cummingham (1998), Hostettamann *et al.* (2000), Petrovska (2012), Pan *et al.* (2014) and Oziom and Chinwe (2017) have also found the use of traditional medicinal herbs for the treatment of diseases. Specifically, studies by Shama *et al.* (2009), Kim *et al.* (2014), Hwelings (2017) and Shimizu (2019) highlight how herbal medicines, such as *Echinacea, Curcumin*, Cinchona bark have been used in treating respiratory infections in Asia, Europe and North America. Gelfand (1985), Kambizi (2001) and Maroyi (2013) also document how traditional medicine is a key component in the health delivery system in Zimbabwe.

Available literature shows that the world population, regardless of location, resorted to the use of home remedies in the prevention and treatment of COVID-19. One such remedy is the use of herbal medicines. The use of lemongrass, artemisia, ginger, turmeric powder, *Curcumin, tetrapleura*, lemon, black pepper, mango leaf, unripe pineapple, onion, black seed oil, lime orange, pawpaw leaf, Heliotropium, Indicum root, *Echinacea*, *Cinchona*, *Curcuma longa*, and *Curcuma xanthorrhiza*, *curcumin*, *Euicalyptusglobulus* (Labilli), *Ziziphus lotus* (Lam), *Zingiberofficinale* for prevention and treatment of COVID-19 was noted in studies by Charan *et al.* (2020), Orich *et al.* (2020), Nugraha *et al.* (2020) and, Silveira *et al.* (2020), Paynod *et al*. (2020), Khadka *et al.* (2021). Azam *et al.* (2020) posit that traditional herbal medicines help enhance a person's immunity and keep in check the symptoms of COVID-19.

Population-based studies by Swain and Sahu (2020), Marvi *et al.* (2020), Giancarlola *et al.* (2020) and Swain, Lenka and Das (2021) have revealed the widespread use of steam inhalation for the prevention and treatment

of COVID-19 across developed and developing countries. For example, Swain and Sahu (2020) found that steam inhalation has been a historical traditional home remedy that has been used in patients suffering from upper respiratory tract infections and common colds. It is not only believed that stem inhalation loosens the mucus and clears the nasal passages, but also reduces the inflammation of the mucosal lining of the upper airway or inhibits the replication of the viruses because of the heat of the steam (*ibid.)*. In addition, Giancarlola *et al.* (2020) posit that steam inhalation stabilises the nasal mucosa and so decreases mucus production and vascular permeability. Nonetheless, contrary to Swain and Sahu (2020), Giancarlola *et al.* (2020) and Swain, Lenka and Das (2021) studies that noted that patients with mild and moderate infection of COVID-19 showed signs of recovery after steam inhalation, the study be Marvi *et al.* (2020) revealed insufficient evidence to support the use of steam inhalation for the treatment and prevention of COVID-19.

The WHO (2019) recommended isolation as a clinical and home remedy strategy against the transmission of COVID-19. Population-based studies by Hu *et al.* (2020), Girum *et al.* (2020), Shen *et al. (*2020) and Lagier *et al.* (2020) revealed evidence of how isolation was used in preventing the spread of COVID-19. Specifically, Shen *et al*. (2020) indicated that isolation not only reduces the incidence of COVID-19 by 84.7%-89.5% but also averts COVID-19 mortality by 75.1% - 83.5%.

Notwithstanding, the aforementioned home remedies for COVID-19 prevention and treatment, it should be argued, in Zimbabwe, there is a lacuna of scholarly inquiry from population-based studies to ascertain individual experiences in using COVID-19 home remedies strategies and the underlying factors to the practice. For instance, while Murehwanhema *et al*. (2020), Mackwarth-Young *et al*. (2020) and Chirisa *et al.* (2021) have carried out studies on COVID-19 in Zimbabwe, it should be noted that the gist of their studies was on COVID-19 impact and policy implications, and the community's perspective on the pandemic's response strategies. Thus, the current study aims at filling a literature gap and examines the home remedies that were utilised to cure COVID-19 by

patients against a background where there are no preventative and curative measures globally and in Zimbabwe.

RESEARCH METHODOLOGY

The study was conducted in Harare from 01st May to 30th June 2021 in Zimbabwe with eight former COVID-19 patients aged at least 18 years. The study utilised a descriptive phenomenology design. Qualitative data were collected using the in-depth interview method. An in-depth interview guide was used to solicit the information. In-depth interviews enabled recovered COVID-19 patients to describe their lived experiences of using home remedies to relieve COVID-19 symptoms. COVID-19 patients were brought to the knowledge of the authors through an informal network consisting of friends, neighbours and relatives. They were informally interviewed through mobile phone and particularly questioned as to: (i) whether they used home remedies to treat COVID-19; (ii) description of how each of the home remedies mentioned was used/administered; (iii) other medications that were used to cure COVID-19 symptoms; (iv) how other medicines were used/administered; (v) outcome after taking this remedy; (vi) length of time taken to be completely free of the symptoms; (vii) whether COVID-19 is completely cured; and (viii) whether they recommend the use of home remedies and reasons why. In this article, no personal identifying information is provided because COVID-19 patients are more likely to be shunned. Qualitative notes from in-depth interviews were transcribed and analysed using content and thematic analysis. Atlasti version 8 was used for data analysis. This research observed the ethical principles of respect for persons, beneficence, confidentiality, voluntary participation and justice. Participants participated voluntarily and no persons were interviewed without their informed verbal consent. Confidentiality was guaranteed as no personal identifying information was collected.

RESULTS

Ability to self-isolate after testing positive for COVID-19.

The WHO recommends isolation as a strategy to prevent the spread of COVID-19. The current study reveals that isolation was a home remedy for preventing the transmission of COVID-19. All respondents reported that they self-isolated at home until symptoms were gone or achieved

remission. Argue that following remark from a female in-depth interviewee aged 26 years:

> I started having flu-like symptoms and I went to the nearby clinic for testing. When the result came out, I had tested positive. I quickly instructed my maid to move my daughters away to stay with my brother. I moved into my daughters' bedroom as an isolation centre for several days while I was recuperating.

In contrast, not all who tested positive had the opportunity to self-isolate nor had a clear-cut living arrangement.

> I continued with my life and did not tell anyone that I was sick on. Whether its cured or not, I am not sure because I was never tested for the second time, I just returned to work after isolation, but not sure whether it's still within the body or not. But COVID-19 has stigma and psychological trauma. (Female aged 31 years).

The study also noted inconsistencies in self-isolation, especially among married couples. For instance, one respondent reported that he self-isolated for only a single day then subsequently continued sharing the matrimonial bed with his spouse. However, the spouse did not contract COVID-19. Describing his experience, the 41-year-old male survivor had this to say:

> Yes, I was isolated for one day only and later on I was sheltered in my bedroom with my wife although she was negative. In fact, she did not contract the virus even though we shared the same bedroom.

While some in-depth interviewees reported that they self-isolated to prevent the spread of COVID-19, the study argues that some study participants did not isolate. Fear of stigma associated with COVID-19 patients in society was the major factor underlying the reluctance to isolate. "I could not entirely self-isolate due to fear of stigma from society. (Male aged 41 years)."

COMMON REMEDIES/CONCOCTIONS TAKEN TO CURE COVID-19

The study explored the common herbs that in-depth interviewees used in preventing and treating COVID-19. The absence of completed clinical trials to ascertain the efficacy of home remedies meant the study relied mainly on the survivor's acknowledgement of therapeutic benefits of remedies that they took. The study argues that COVID-19 survivors

practised ethno-medicine in preventing and treating COVID-19. Seven out of eight in-depth interviewees reported that they had used both the medication prescribed by their doctors and complementing it with herbal medicine. The most commonly used herbal medicine that was reported by five out of eight in-depth interviewees was *Zumbani* (*LippiaJuvana*). Of importance to note also was that *Zumbani* was not only mixed with other herbs to make concoctions/mixtures, but was also an ingredient in steaming. Argue that narration below from a male in-depth interviewee aged 41 years:

> I used many home remedies. I would steam boiled water with *Zumbani* for 10 to 15 minutes. I would also mix the *Zumbani* with guava and eucalyptus leaves in the morning, afternoon and evening. In addition, l would also drink hot lemon juice in the morning, afternoon and evening. I ate warm to hot food always and warm water as well, I never took anything cold during the whole duration of my illness.

Another female in-depth interviewee aged 29 years also highlighted the use of *Zumbani*as a concoction with Vicks and *Artemisia annua.* Note her remark*:*

> I used Vicks, *Zumbani, Artemisia annua* and breathing exercises. I rubbed Vicks, steamed and drank the concoction.

Other concoctions that were used, however, without *Zumbani*, include guava leaves, Eucalyptus leaves and whole lemon. The participant argues that these concoctions were boiled and either inhaled or drunk. A male in-depth interviewee (46 years) explained that: "I mixed guava leaves, gumtree leaves and whole lemon and boiled everything together and inhaled."

Some home remedies were tried but discontinued, such as:

> I also wanted to try to steam and rub my chest with a herb called *Tsunami* that my brother had bought for me but I discontinued using it (Harare male 41 years).

USE OF MODERN DRUGS AND HOME REMEDIES

The study argues that COVID-19 survivors practised ethno-medicine in the treatment of the virus. Seven out of eight in-depth interviewees reported that they used both modern drugs in complementarity with

home remedies/traditional medicines. These modern drugs may assist in the prophylaxis and treatment of COVID-19 infection. One Harare male aged 41 years narrated his experiences:

> I was given a prescription of Hydroxyl chloroquine that some said works and others saying it doesn't. Also, azithromycin, zinc tablets and vitamin D were the conventional medicine that I was taking. My illness was severe and at one time I was put on a drip. I was also very prayerful at the time. My wife would also pray for me and we would have a holy communion, so that's also a strong home remedy that we used.

ROUTINE EXERCISES

WHO recommends physical activity of 30 minutes and 60 minutes per day for each healthy adult and child per day. While general exercise is highly recommended for a healthy lifestyle, the current study revealed that routine exercises were used as a home remedy against COVID-19. Of importance to note also was that respondents acknowledged that they obtained the information of exercising in preventing and treating COVID-19 from social media and friends. One male aged 39 years narrated:

> I would wake up and exercise breathing, exercise my lungs, take a 15-minute walk outside the house, breathe in with my nose and breathe out with my mouth, every day (Harare male aged 39 years).

OUTCOME/NUMBER OF DAYS TAKEN TO THE RELIEF OF SYMPTOMS

Retesting after an infection is important in not only preventing the spread of the virus, but also in establishing the effectiveness of the treatment that was used. The current study argues that one participant did not go for retesting to find out if he was cured. However, for those seven in-depth interviewees who went for re-testing, it was noted that the number of days reported to achieve remission or relief of pain, symptoms and total cure varied from four days to over two weeks. The number of days taken by patients to heal also varied among those who took a combination of home remedies and conventional drugs. Argue that explanation from one of a male aged 41 years who had practised ethno-medicine: "I began to feel better after a month although I was still experiencing some chest pains, but I have fully recovered now."

RECOMMENDATION ON THE USE OF HOME REMEDIES

Currently, there are no ideal COVID-19 medications that are effective and supported by high level evidence. Thus, the study assessed the in-depth interviewees' recommendations with regards to home remedies. Variations were noted. Seven out of eight participants highly recommended the use of home remedies in the fight against COVID-19. They perceived them to be effective, abundantly available and cheap when compared to conventional medicine. Fear of hospitalisation, where hospitals were perceived as death traps, was also noted as another contributing factor to the recommendation of using home remedies. Argue that remark from a female aged 29 years:

> I am fine and would recommend the use of home remedies anytime. I never visited the hospital to get treatment as hospitals are perceived as death traps and even the COVID vaccine I do not need it at all.

In some situations, COVID-19 participants recommended the use of home remedies given the relief they provide, especially on fear of death and stigma in the society. One female participant aged 31 year had this to say:

> I used steam, garlic, mango and guava leaves and vodka for treatment of fever, coughs, headache, sore throat. But I do encourage anyone who gets infected with COVID-19 virus to go to hospital. I had a difficult time by not seeking proper medication. I did not want people to know that I was infected with the virus.

As noted earlier, the recommendation to use home remedies was not uniform across participants. One participant regretted having used home remedies as therapy against COVID-19. He felt the use of home remedies gave false relief that delayed him in seeking medication from a health institution. It worsened his health. For example, a male respondent aged 33 highlighted that:

> I will not recommend home remedies. For instance, steaming was bad for me. I developed blisters on my upper abdomen. Steaming made me to have breathing problems and once I stopped steaming, I did not have any breathing challenges.

On the other hand, participants believed that home remedies gave them a false sense of healing. They narrated how they tested positive to COVID-19 regardless of having used home remedies:

> Currently, I do not have any symptoms. But after three months of being tested for COVID-19, I wanted to travel so went for a COVID-19 test and I tested positive. The doctor said the virus might take 4 to 5 months to be cleared in my body (Male aged 41 years).

DISCUSSION

The study examined home remedies that were utilised to prevent or cure COVID-19 by patients against a background where there are no preventative and curative measures. The WHO recommends self-isolation by a COVID-19 infected person as a way of protecting other family members and the community from COVID-19 infection. The study revealed that the participants were fully aware of the need for self - isolation as one of the WHO home-based measures that can be taken to prevent the spread of COVID-19. Nevertheless, the practicality of self-isolation varies according to a number of parameters, such as duration of isolation and nature of isolation. Some reported scenarios, such as a situation whereby a married person infected with COVID-19 decides to "self-isolate" together with an uninfected wife. This shows gender dynamics of the practical isolation process at household level. In Zimbabwe's patriarchal society, women are responsible for caring for the sick hence, more vulnerable to COVID-19 since they are expected by society to take care of the COVID-19 infected person especially their children and spouses. The study showed some situations in which women had to travel any distance to take care of infected partners despite COVID-19 lockdown measures. It emerged that some people infected with COVID-19 were given an option to either go for institutional isolation or to self-isolate and the majority chose self-isolation, yet the study showed that some could not self-isolate as strictly and recommended by WHO COVID-19 guidelines. This portrays the inadequacy of home-based self-isolation as opposed to institutional isolation. A situation in which children are sent to other relatives for care during parents' self-isolation may increase the mobility of the children that again increases the risk of COVID-19 infections or may compromise the child's safety, a requirement spelt out by the United Nations Convention on the Rights of Children.

Some COVID-19 patients totally decided not to self-isolate and continued with their usual life despite posing the risk of infecting others with COVID-19. Disclosure of one's COVID-19 status is an important prerequisite for self-isolation, yet the study found that some people do not disclose their status due to fear of real or perceived stigma and discrimination in their communities. The need for a second COVID-19 test, especially at the expense of the infected person, to prove that one is COVID-19 free before ending the self–isolation process, is difficult to apply at household level and even at informal workplaces. Thus, although home-based self-isolation is cost-effective, especially in resource constrained heath systems such as Zimbabwe, its effectiveness is likely to be compromised by ignorance, household living arrangements and cultural dynamics in society. Similarly, a study by Smith *et al.* (2020) maintained that voluntary isolation at home, even of mild COVID-19 cases, will always lead to some degree of non-compliance thus furthering transmission within households and communities. Contrary to this, a study by Bhadoria *et al.* (2020)noted several challenges of institutional isolation as opposed to home based self-isolation, such as cohorting large numbers of people at one place that maybe culturally unacceptable, high-cost of managing isolation institutions and high risk of COVID-19 infection among health professionals in countries with difficulties in maintaining constant supply of post-exposure prophylaxis.

The use of herbal home-based remedies was common among the study participants. Similarly, studies by Shama *et al.* (2009), Kim *et al.* (2014), Hwelings (2017) and Shimizu (2019) highlight how herbal medicines, such as Echinacea, Curcumin, and Cinchona bark, have been used in treating respiratory infectious diseases in Asia, Europe and North America. Gelfand (1985), Kambizi (2001) and Maroyi (2013) also document how traditional medicine is a key component in the health delivery system in Zimbabwe. This study revealed that knowledge on the herbal remedies use is deeply rooted in Zimbabwe's indigenous knowledge systems (IKS). Zimbabwe's health care system incorporated traditional health practitioners in its structures through the Traditional Medical Practitioners Act Chapter 27: 1 of 1996. This was meant to ensure complementarity of modern medicine and traditional health practices. Thus, the people of Zimbabwe are always aware of the existence

of their traditional health paradigm despite widespread acceptance and utilisation of the modern/western medicines.

Being confronted with COVID-19 and the subsequent delay by the modern medicine to provide an immediate cure, local people evoked their IKS diary and resorted to the use of common herbal remedies, most of which were used to treat respiratory complications. These herbal remedies include the use of *zumbani/umsuzwane* (scientifically known as *Lippiajavanica* (Burm. F) Spreng, gun tree leaves' guava tree leaves lemon fruit and leaves, garlic and ginger. The study revealed that *zumbani/umsuzwane* was the major herbal ingredient in most of the home-based herbal concoctions/mixtures used by the majority of COVID-19 survivors enrolled in the study. Methods of preparation included boiling the herbal mixtures, draining the water and administering the solutions through drinking and/or inhaling. A study by Maroyi (2017), on the medicinal use of *zumbani*, noted that the herb has widespread use in central, eastern and southern Africa. He documented how *zumbani* has been traditionally used to treat respiratory complications, such as asthma, coughs, colds, influenza, pneumonia, tuberculosis and bronchial problems through inhalation and/or drinking of the solution. Bhebhe (2021) also recommended the use of *zumbani*.

The use of traditionally accepted herbal remedies needs further careful interrogation because this study noted the mixtures of a variety of herbs in one concoction were without any standard dosage. Bhebhe (*ibid.),* noted that safety issues are very important in the use of such herbal remedies. He further posed that *zumbani* shows no possible harm to the liver and kidneys. However, in practice, as revealed by this study, *zumbani*was being mixed with a chain of other herbs whose safety and effects are not fully understood. In line with this, Bhebhe (2020) noted that although the present-day consumer is aware and concerned about safety issues, toxicological studies on herbal remedies in Zimbabwe are scarce. It is, therefore, important to have routine "pharmacovigilance" on the use of these traditional herbal remedies. Currently, the Zimbabwe Traditional Medical Practitioners Council is mandated, through an Act of Parliament, to register the traditional medical practitioners and also ensure the safety of traditional medicines. The council, however, currently falls short in

monitoring and assessing both safety and efficacy of these traditional herbal COVID-19 home remedies, yet it remains a key government arm in the "pharmacovigilance" of herbal COVID-19 remedies. The council requires further engagement by the national COVID-19 control team and capacitation to that effect.

Simultaneous use of prescribed modern medicine and the herbal home remedies was also noted in this study. This was practised without consulting a prescribing medical practitioner. These prescribed medications include ibruffen, paracetamol, azithromycin and tramadol (pain killers), zinc tablets, vitamin D (supplements), Hydroxyl chloroquine and antibiotics. Respondents took some of the prescribed medication while at the same time continuing with their herbal home-made COVID-19 remedies. Studies by Fatima and Nayeem (2016) reported that concurrent use of herbs with therapeutic drugs increases the potential of herb-drug interactions with detrimental effects, such as increase in nephrotoxicity, hepatotoxicity, cardiotoxicity, neurotoxicity and skin toxicity.

The use of exercises was also a very helpful home-based remedy for COVID-19 survivors. The respondents considered it a COVID-19 remedy yet the WHO recommends routine physical activity of 30 minutes per day for each healthy adult and an hour for children. These routine exercises assist people in keeping healthy and also the immune system active. Nevertheless, it is helpful for people infected with COVID-19 to be as active as is possible.

The general perception among the respondents was that local COVID-19 herbal home remedies are good and are more preferred compared to seeking medical attention in hospitals. Such a perception, although it may have emanated from the failure by modern science to provide an imminent cure to COVID-19 as expected by the people, is detrimental to the fight against COCID-19, since it has potential to delay uptake of other scientifically proven COVID-19 remedies. Also, the general negative perception of having the local COVID-19 pandemic under "home remedies control", if no urgent educational interventions are done, may result in community unwarranted relaxation of some COVID-19 control measures. This may retard the achievements made so far in the

control of COVID-19, especially in light of the current third wave of COVID-19 pandemic in Zimbabwe. The same reluctance and complacence to seek immediate medical attention may later gradually be applied to other medical conditions, thereby negatively affecting the general health seeking behaviour (for modern medicines) of the people.

The use of home-made COVID-19 remedies is still evolving and varies across different geographical locations but this study showed that social media helped convey text, audio, video messages on the potential uses of some COVID-19 home based remedies. To some, the use of home-based remedies was mainly as a result of the need to deal with COVID-19 privately without revealing one's COVID-19 status. This was due to both real and perceived common stigma and discrimination associated with COVID-19, as the information about COVID-19 reached the communities. Thus, some respondents regretted ever using these herbal remedies, pointing out that it led to unnecessary delay to visit the hospital. They felt the use of home remedies gave them a false sense of relief that delayed them from seeking medication from a health institution and this worsened their health conditions. Some even lamented the laborious process of preparing herbal mixtures and sometimes posing the risk of burns during preparation, drinking or inhaling of the mixtures. However, the majority of the study participants recommended the use of herbal medication for COVID-19, basing their arguments on the fact that they were successfully relieved of the COVID-19 symptoms, and some undergoing a second COVID-19 test that then confirmed them they were now COVID-19 free.

CONCLUSION

The most popular home remedy was *zumbani*, taken in combination with other herbs or leaves of fruit trees, like ginger, guava and mango leaves, and so on. Regular exercise was also practised by some of the survivors. Home remedies were popular because they were cheap as compared to modern medicines. The issue of stigmatisation also caused some respondents to rely solely on home remedies. However, some respondents felt that home remedies alone would not work. Some claimed side effects, though the majority claimed they did not have any of these. Also, many of the respondents did not go for retesting regardless of the method used to obtain a cure. Some respondents strongly recommended the use of home

remedies though they pointed out that the length of time for a cure varied. This could be as short as five days to as long as a month. As far as the study is concerned, there are mixed views to the debate on the efficacy of home remedies as cures for COVID-19. The jury is still out because not enough scientific evidence has been gathered on this. Of course, Zimbabwe is not the only one in this predicament. This study recommends further research on effectiveness, efficacy and pharmaceutical value of traditional home remedies.

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