

ter if filtered through four chambers, are one available option. Due to a lack of testing systems, however, households don't often know whether the removal system is working properly. We also find that the distribution of these filters is usually done in an ad hoc manner through government projects or by NGOs.

The distribution of arsenic removal systems should be linked with suppliers to ensure post-installation services for repairing, replacing and changing the filter for long-term sustainability. Proper pricing plans are also essential for running a community-managed water point sustainably, and ensuring they are not abandoned due to financial problems.

Most importantly, an integrated approach between the health and water sectors is needed for working with the communities in arsenic affected areas. We would also like to see government mapping of awareness levels among communities, as this is something we just do not know presently. All patients suffering from arsenic poisoning – arsenicosis – have less capacity to work, their income reduces, and their households are gradually marginalized. The provision of safe water alone is not enough; proper treatment for arsenic poisoning is also essential.

The Following Research and surveys show that the environmental conditions of Bangladesh and its citizen are at chronic needs of the world's attention. The surveys show the effect of arsenic is seen more on children's who are not just the future of a country but a potential human who deserves the same life as an average happy human would hope. Though different national and international organization are working to provide safe drinking water to the people, but still there not enough technology which are economically affordable to exposed people, technically feasible and environmentally sustainable.

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MUKELANGE BAFAKULERA ROSINE, student (Congo)

ВОЛКОРЕЗОВА В.В., студент (Республика Беларусь)

Scientific adviser **Kuntsevich Z.S.**, d.p.s., as. professor

Vitebsk State Order of Peoples' Friendship Medical University, Vitebsk, Belarus

MEDICINAL USE OF PLANTS IN CONGO

The use of plants to alleviate human suffering is as old as the evolution of human civilization itself. From the early stages of human civilization, plants, especially medicinal plants have played a pioneering role for the welfare of human beings. Congo has very rich in Bio-diversity. Increasing population pressure and multifarious anthropogenic activities on

the natural ecosystems are posing severe and serious threats to once dense and rich genetically diversified plant communities of Congo.

Chemical compounds in plants mediate their effect on the human body through processes identical to those already well understood for the chemical compounds in conventional drugs; thus herbal medicines do not differ greatly from conventional drugs in terms of how they work. This enables herbal medicines to have beneficial pharmacological effects, but also gives them the same potential as conventional pharmaceutical drugs to cause harmful side effects. Moreover plant material comes with a variety of compounds which may have undesired effects, though these can be reduced by processing. The use of herbs to treat disease is almost universal among non-industrialized societies and is often more affordable than purchasing modern pharmaceuticals.

Regulations in countries for the assessment of the quality, safety and efficacy of medicinal plants, and the work of WHO in supporting the preparation of model guidelines in this field, have been helpful in strengthening recognition of their role in health care. It is hoped that assessment of these traditional remedies could become the basis for a future classification of herbal medicines, as well as for evaluative studies on their efficacy and safety, and their potential use in national health care systems in different parts of the world.

African traditional medicine is the oldest, and perhaps the most assorted, of all therapeutic systems. Africa is considered to be the cradle of mankind with a rich biological and cultural diversity marked by regional differences in healing practices [1]. African traditional medicine in its varied forms is holistic involving both the body and the mind. The traditional healer typically diagnoses and treats the psychological basis of an illness before prescribing medicines, particularly medicinal plants to treat the symptoms [2].

Ten medicinal plants (*Acacia senegal*, *Aloe ferox*, *Artemisia herba-alba*, *Aspalathus linearis*, *Centella asiatica*, *Catharanthus roseus*, *Cyclopia genistoides*, *Harpagophytum procumbens*, *Momordica charantia*, and *Pelargonium sidoides*) of special interest were chosen for more detailed reviews based on the following criteria: medicinal plants that form part of African herbal pharmacopeia with commercial importance and those plants from which modern phytopharmaceuticals have been derived.

References. 1. A. Gurib-Fakim, "Medicinal plants: traditions of yesterday and drugs of tomorrow," *Molecular Aspects of Medicine*, vol. 27, no. 1, pp. 1–93, 2006. 2. A. Gurib-Fakim and M. F. Mahomoodally, "African flora as potential sources of medicinal plants: towards the chemotherapy of major parasitic and other infectious diseases- a review," *Jordan Journal of Biological Sciences*, vol. 6, pp. 77–84, 2013.