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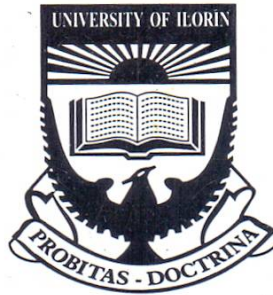
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PROBLEMS AND PROSPECTS OF AFRICAN TRADITIONAL MEDICINE IN NIGERIA

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Abstract

Traditional medicine is the oldest known method of healing the sick. Traditional medicine is being used all over the world for the treatment of all ailments. Inadequate accessibility to modern medicine coupled with high cost of drugs to treat diseases in Nigeria may have contributed to the widespread of use of traditional medicine. In spite of these contributions, however, traditional medicine has been marginalized and its value to communities underplayed. It is within this context that, this paper examines the problems and prospects of African Traditional Medicine in Nigeria. However, integration of traditional medicine to national health programs would invariably go against the situation at which successive governments in Nigeria have continued to neglect this indigenous health care issue in their health policy. After the analysis of the various challenges, the paper then recommends that, there is a need for urgent investment and support of traditional healers and traditional medicine– not only by government, but also by civil society and the private sector.

Keywords: African traditional medicine; healthcare; health policy; traditional healers

Introduction

Traditional medicine is the oldest known method of healing the sick. Most people in Africa have no alternative than traditional health care (Dime, 1995). According to Ajisefinni (1989:5), traditional medicine is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses.

Traditional medicine has been applied over the years among different ethnic groups in Africa. The experts of this area have conserved this knowledge through oral transmission. This knowledge varies from one ethnic group to other, thus it is distributed among these ethnics (Mwangi, 2000:21). Africa has a long and impressive list of medicinal plants based on local knowledge.

The practitioners of traditional medicine specialize in particular areas of their profession, in the same way as orthodox medical practitioners. There are traditional medical practitioners who are experts in the use of herbs (herbalist), others who are proficient in spiritual healing, especially the use of incantations, while still others combine both. There are also traditional bonesetters and birth attendants (Iroegbu, 1994).

In fact, African-traditional medicine remained pivotal to the success of the health provisions of the Millennium Development Goals (MDGs) and the vision 2020. African

people, following the dictates of their culture, will always patronise traditional medicine and the very evidence before our eyes today is the huge patronage enjoyed by what has come to be generally called food supplement, treated and packaged in attractive capsules for our health and cosmetic needs. Apart from the health benefits, therefore, traditional medicine also has socio-economic potential for development, particularly for us in view of our vast healthcare system for the prevention of diseases and the preservation of lives in a modern mega-city. Against this background, this paper examines the problems, challenges and prospects of African Traditional Medicine in Nigeria.

Conceptual Clarifications

The term traditional medicine (TM) has been variously conceptualized largely because the range of items and structure which TM applies has been described with different terminologies by different authors (Jimoh and Abdullahi, 2008:153). Traditional African medicine is a holistic discipline involving indigenous herbalism and African spirituality, typically involving diviners, midwives, and herbalists. Practitioners of traditional African medicine claim to be able to cure various and diverse conditions such as cancers, psychiatric disorders, high blood pressure, cholera, most venereal diseases, epilepsy, asthma, eczema, fever, anxiety, depression, benign prostatic hyperplasia, urinary tract infections, gout, and healing of wounds and burns (Helwig, 2010).

WHO (2002:32) observes that it is difficult to assign one definition to the broad range of characteristics and elements of traditional medicine, but that a working definition is essential. It thus concludes that traditional medicines: [Include] diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness.

World Health Organisation (WHO), defined African traditional medicine as the sum total of all the knowledge and practical, whether explicable or not, used in the diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing. Traditional medicine might also be considered as a solid amalgamation of dynamic medical known-how and ancestral experience.

Traditional African medicine involves diviners, midwives, and herbalists. Diviners are responsible for determining the cause of illness, which in some cases are believed to stem from ancestral spirits and other influences. Traditional midwives make extensive use of indigenous plants to aid childbirth (Gale Encyclopedia of Alternative Medicine. 2001).

Traditional healers are generally divided into two categories – those that serve the role of diviner-diagnostician (or diviner-healers) and those who are healers (or herbalists). The diviner uses spiritual means, while the herbalist then chooses and applies relevant remedies in changing the cultural landscape and practices of traditional healers and their patients and have disrupted the distinction between diviners and herbalists (Jolles and Zulu, 2000:32).

Brief History of African Traditional Medicine

African traditional medicine is as old as man itself from primitive to modern. Traditional herbalists drew upon extensive knowledge of healing methods and materials, collected and passed down from one generation to another and based upon complex social, cultural and religious beliefs. Modern science has, in the past, considered methods of traditional knowledge as primitive (Conserve Africa Foundation, 2002). Under colonial rule, traditional diviner-healers were outlawed because they were considered by many nations to be practitioners of witchcraft and declared illegal by the colonial authorities, creating a war against witchcraft and magic. During this time, attempts were also made to control the sale of herbal medicines (Helwig, 2010).

The diagnoses and chosen methods of treatment in traditional African medicine rely heavily on spiritual aspects, oftentimes based on the belief that psycho-spiritual aspects should be addressed before medical aspects. In African culture, it is believed that "nobody becomes sick without sufficient reason" (Stanley, 2004:23).

African Traditional Medical Practitioners in Nigeria

The various categories of traditional healers, perhaps specialists known in traditional medicine today include.

Herbalists: Herbalists use mainly herbs, that is, medicinal plants or parts of such plants-whole root, stem, leaves, stem bark or root bark, flowers, fruits, seeds, but sometimes animal parts, small whole animal — snails, snakes, chameleons, tortoises, lizards, etc; inorganic residues - alum, cam phor, salt, etc — and insects, bees, black ants etc. are added. Such herbal preparations may be offered in the form of (i) powder, which could be swallowed or taken with pap (cold or hot) or any drink, (ii) powder, rubbed into cuts made on any part of the body with a sharp knife, (iii) preparation, soaked for some time in water or local gin, decanted as required before drinking; the materials could also be boiled in water, cooled and strained (iv) preparation pounded with native soap and used for bathing; such "medicated soaps" are commonly used for skin diseases, (v) pastes, pomades or ointments, in a medium of palm oil or shea butter, or (vi) soup which is consumed by the patient. Herbal preparations may also be administered as enema. The herbalist cures mainly with plants which he gathers fresh. When seasonal plants have to be used, these plants are collected when available and are preserved usually by drying to eliminate moisture. Herbs were the first medicines used by pre historic man. They are, therefore, part of every cultural tradition and have helped the development and growth of herbalism in Nigeria.

Traditional Birth Attendants (TBAs): The World Health Organisation defines a traditional birth attendant (TBA) as a person who assists the mother at childbirth and who initially acquired her skills delivering babies by herself or by working with other birth attendants. In the northern parts of the country, TBAs are of the female sex only, whereas in some other parts both males and females are involved.

TBAs occupy a prominent position in Nigeria today as between 60-85 per cent of births delivered in the country and especially in the rural communities are by the TBAs. They know how to diagnose pregnancy, confirm it and determine the position of the growing foetus. They have been seen to provide pre-natal and post-natal care and so combine successfully the duties of the modern-day mid-wife. Highly experienced TBAs

have been recognised to assist in obstetric and paediatric care, as they manage simple maternal and babyhood illnesses.

Because of their exposure and experience, and more particularly the TBA's concept of human reproduction, as exemplified by pregnancy and childbirth being normal biological functions of human life linked holistically to cultural/social practices, TBAs have been trained to assist in orthodox medicine practices at the primary health care level. With their extra hands, a greater coverage of primary health care leading to improved material or child health and the lowering of maternal and child mortality and morbidity, have been achieved.

TBAs are usually old and experienced women who see their assignments primarily as contributing their skill for the good of the community. With experienced TBAs, child delivery by Caesarean section is not common since it is hardly necessary to seek surgical help during child birth. If there is a difficult labour, for example, the TBA will massage and press on the abdomen and work on the foetus. It may be necessary to wash the womb or the vulva a few days before delivery, using some plant preparations now known to have muscle relaxant properties. The use of words according to different religious and social or cultural beliefs have helped in many cases. For example, to deliver a bridged baby, a TBA said these words (Adesina, 1995).

Traditional Surgeon: The various forms of surgery recognised in traditional medical care include:

- (i) **the cutting of tribal marks:** traditional surgeons usually cut tribal marks into the cheeks, bellies, etc. and charred herbal products are usually rubbed into these bleeding marks to effect healing,
- (ii) **male and female circumcision (Clitori dectomy):** traditional surgeons carry out these simple surgical operations with special knives and scissors; blood-let ting operations and wounds that result from these operations are usually treated with snail body fluid or pastes prepared from plants. These practices are, however, fast dwindling out in urban areas.
- (iii) **removal of whitlow:** diseased toes or fingers are usually cut open and treated.
- Piercing of ear lobes: particularly in the youth to allow the fixing of ear rings.
- Extraction of tooth: infected teeth or teeth with holes that bring pain to the mouth are removed and treated with herbal medicines prepared in local gin.
- Performance of amputations: occasionally and very rarely too, there are amputations performed with 'anaesthesia'; usually, the patient is sent to sleep with a strong narcotic concoction and the amputation done with a very sharp knife. The excision has to be achieved with the very first stroke. The stump is packed with a suitable herbal preparation and healing usually occurs within some four or five weeks

Cutting of the uvula (uvulectomy); the cutting of the uvula is widely practised. It is believed that uvulectomy can protect the patient from various infections of the pharynx and the respiratory system. Traditional surgeons in the northern part of Nigeria are versed in cutting off the upper end of the throat flap commonly referred to as epiglottis for the treatment of many illnesses. The traditional surgeon performs his skill without the aid of X-rays and with only a little knowledge of anatomy. While he may still be respected in some local communities, complicated surgery is better achieved with modern facilities and better trained hands these days.

Bone Setters: Bone setting or orthopaedic surgery is the art of pairing fractures and other orthopedic injuries. It is recognised to have attained a level of success comparable to that in orthodox medicine in Nigeria. Traditional bone setters are those knowledgeable in the art and skill of setting broken bones in the traditional way, using their skill to see that bones unite and heal properly.

There have been reported cases of fractures resulting from motor accidents or falls from trees. Such fractures may be simple, compound or complicated. Wounds resulting from such fractures are usually cleaned; the bones are set making sure that the ends of the bones unite properly to prevent any deformity. Bleeding is usually stopped on application of plant extracts, basil or cassava leaf extracts or the giant snail's body fluid. It is common to use banana leaves as lint. Wooden splints made from bamboo plants are used to immobilise the fractures while fresh or dry banana stem fibre (a fibrous plant), have served as bandage. Various methods are known for applying traction to fractured legs. Patients are usually also subjected to radiant heat treatment or hot applications of peppers to reduce inflammation and swelling. The occurrence of deformities or abnormal shapes of post-treatment limbs is very rare.

An interesting aspect of the bone setter's approach is the selection of a chicken whose leg would be broken and re-set. The fracture caused on the chicken is treated alongside that of the patient at the same time and in the same way. This is usually used to determine the time the patient's fracture would heal, and the time to remove the wrapped splints and clay caste. It is particularly note-worthy that bone setters are often capable of arresting the deterioration of gangrenous limbs that may lead to amputation. This feat makes amputation rare. Situations have arisen when patients have had to be withdrawn from hospital for treatment in the bone setters clinics.

Traditional Medicinal Ingredient Dealers: These dealers, more often women, are involved in buying and selling of plants, animals and insects, and minerals used in making herbal preparations. Some of them who indulge in preparing herbal concoctions or decoctions for the management or cure of febrile conditions in children or some other diseases of women and children, may qualify to be referred to as traditional healers.

Traditional Psychiatrists: The traditional psychiatrist specialises mainly in the treatment of lunatics and those with mental disorders. Lunatics are usually restrained from going violent by chaining them with iron or by clamping them down with wooden shackles. People with mental disorders who are violent, particularly those that are demon possessed, are usually caned or beaten to submission and then given herbal hypnotics or highly sedative herbal potions to calm them. Such herbal preparations include extracts of the African *Hauwolfia*. Treatment and rehabilitation of people with mental disorders usually take long periods.

Emerging Trends of Traditional Medicine in Nigeria

According to Leslie [1969], the process of transforming the old in terms of the new is called symbolic traditionalism (in Bonsi, [1982]). This is the process by which great traditions are modified by combining new elements with old practices. In the traditional medical practice, therapy is supposed to vary according to the peculiarity of each illness. This is different from the controlled and standardized procedures of the

chemical and biological sciences that underlie modern medicine which most traditional healers are now emulating. These new-style healers who adopt modern techniques are posing challenges to the practice of traditional medicine. They end up reviewing the practices by rediscovering and reclaiming traditional wisdom.

Thus modernity and tradition are no longer placed at polar ends, rather they are brought together. Traditional medicine in Nigeria has come a long way. Most people believe and rely upon the services of the practitioners for the relief of physical illnesses as well as psychological and spiritual comfort. Their success is enhanced by their understanding of the personal, social, cultural and political conditions of the individuals, families and communities (Roan [1999]). To many therefore, traditional medicine is indispensable as it is more accessible, cheaper and more holistic than the western alternative. In response to its high level of patronage and the need to give money for value, the traditional medicine practitioners are overcoming some of their challenges by modernizing in the following areas:

Recruitment and Training

In the past, entry into traditional medical practice was through long period of apprenticeship or through inheritance. On the other hand, it could be a call by a spirit and the practitioners therefore saw it as a hobby or as a form of service to the community with low or no financial expectations from their clients. In most cases only those whose genealogy has a claim to the history of traditional medicine are allowed to become practitioners. Bonsi [1982], notes that non-members of the family are now accepted to train as medical practitioners. Training now goes on until the trainee's competence is ascertained. As a result, training institutes are now emerging in many parts of the country, training men and women through formal courses. As stated by Bonsi [1982], the institutes provide training organized mainly under supervision and instructorship of literate healers. Today, many successful traditional medical practitioners claim to have been trained in India, China and other Asian countries where traditional medicine has gained prominence, practice and organization. Given their literate background, most of the modern traditional medicine practitioners have changed the processes and procedures of herbal preparation. Sophisticated machines are now used in transforming plants and ingredients to soluble granules and tablets in clean and standard forms. The medicinal herbs are also researched, documented and preserved. The drugs are now hygienically bottled and corked or put in sachets for preservation. They are properly labelled and the labels contain the names of the manufacturer and address, preparation, dosage, methods of preservation, and the diseases for which they are meant. The labels also contain the manufactured date, expiry date and the drugs registration with the regulatory authority, which in Nigeria is the National Agency for Food and Drugs Administration and Control (NAFDAC).

Table 1 shows some of the drugs, manufacturers, style of packaging/preservation and level of regulatory authority's approval. While many of the drugs are undergoing laboratory tests and are given the symbol 'L' meaning listed, trials have been conducted on some others and are listed with numbers thus, '04-8464L, others are not yet considered by NAFDAC. However, no herbal product has been approved by NAFDAC (The Punch [May 23, 2011]). Many of the traditional doctors now use stethoscopes and

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other simple instruments to determine signs. A typical patient now commences treatment by obtaining a registration card, pays consultation fees and has his blood pressure taken (Adefolaju, 2011).

Table 1: List of Some Traditional Medicines, Manufacturers and Approval Status

Drug	Manufacturer	Tablet	Capsule	Liquid	Ointment	Powder	NAFDAC status
KabalS.C.Herbal Powder	Idlak(Nig)Ltd	-	-	-	-	-	04-8464L
KabalS.C.Herbal Mixture	Idlak(Nig)Ltd	-	-	√	-	-	-
DatumaD.Bherbal Capsule(30x10g)	Idlak(Nig)Ltd	√	-	√	-	-	04-8209L
DatumaD.Bherbal Mixture	Idlak(Nig)Ltd	-	-	√	-	-	-
Viracomb(740mg)	Piecedove Pharmacist (Nig) Ltd	√	-	-	-	-	-
Pilopin	Lifecare Holistic International	√	-	-	-	-	√
Vitron	Lifecare Holistic International	-	-	-	√	-	√
Eniton	Lifecare Holistic International	-	-	-	√	-	√
Pax Herbal BK	Pax Herbal Centre	-	√	-	-	-	A7-0773L
Pax Herbal Logotine	Pax Herbal Centre	-	√	-	-	-	A7-0193L
Pax Herbal Skin Ointment	Pax Herbal Centre	-	-	-	√	-	A7-0342L
Pax Herbal Cough Syrup	Pax Herbal Centre	-	-	√	-	-	04-7540L
Energy 2000	Yet-Kem International	-	-	√	-	-	L
M&T	Yet-Kem International	-	-	√	-	-	L
M2Formula	Yet-Kem International	-	-	√	-	-	L

Source: NAFDAC (National Agency for Food and Drugs Administration and Control, Nigeria) and Manufacturers' List 2011.

Packaging and Marketing

It was a common sight in the past in many Nigeria cities to come across hawkers of herbs in strategic locations such as roadsides, markets, moving vehicles and motor parks. With the advent of modern technology and greater awareness, practitioners have resorted to more aggressive marketing drive in both the print and electronic media. In

addition, traditional medical practitioners also buy airtime to sponsor programmes that are of greater public importance, like drama, football, etc, on radio and television. They also exhibit their products at various trade fairs organized to showcase their products. One area in which traditional medical practitioners have attracted the attention of the public is packaging. Not only do they now make their ingredients in tablets and capsules, they are now packaged like orthodox drugs. They are packed in attention-catching labels and given suggestive names such as *Energy 2000*, *Hero*, *Vision 2010*, *Hyper 5000*, among others, to gain patronage. There is no doubt that traditional medical practitioners are more organized now than before. This is due largely to the influx of literate practitioners and high acceptability level by the public (Erinosho, 1998).

Problems of Traditional Medicine in Nigeria

It is a general belief in medical circle that TM defies scientific procedures in terms of objectivity, measurement, codification and classification. Even then, there are indications that the physical aspects of TM (i.e. the physical ingredients) can be scientifically studied and analysed. In Yoruba culture, for instance, TM comprises of the physical and spiritual realms. While the physical aspects can be subjected to scientific analysis using the conventional scientific methods of investigation, the spiritual realm may not (Oyelakin, 2009). The biggest challenge therefore, is how to scientifically analyse the spiritual aspect of Yoruba TM e.g. "ofò" (incantation). It is part of these difficulties that some scholars suggest that both TM and cosmopolitan medicine be allowed to operate, develop and flourish independent of one another (Konadu, 2008; Oyelakin, 2009). "After all, the western people did not develop their medical aspect in order to integrate it with anyone else. Theirs was to first make themselves and later the rest of the world live a healthy life" (Oyelakin, 2009: 83).

From this point of view, if TM is co-opted into the modern medicine, it would further justify and promote the "supremacy" or "superiority" of the cosmopolitan medicine thereby jeopardising the identity and integrity of TM in Africa. Another fundamental challenge to TM is the widespread reported cases of fake healers and healing, though, this is not limited to TM practice only. Ebomoyi (2009) observes that since the proficient healers could be rendering beneficial services to a large population, it might be a common place to encounter quacks among the practitioners. In the same vein, Pretorius (1999: 253) notes that "in the current economic climate and amid the concomitant unemployment, there is a marked increase in the ranks of traditional healers, among whom there are, unfortunately, quite a number of charlatans".

Finally, the acceptance of Western religion, education, urbanisation and globalisation phenomena in Africa is affecting the use of TM. Feierman (2002) has noted a 'passionate ambivalence' towards African TM and plants in some segments of the African populations particularly among the educated elites. Teshome-Bahiru (2006) found out that the process of urbanisation has greatly impacted on the use of TM in both rural and urban communities of Addis Ababa, Ethiopia, albeit both in positive and negative ways. Despite the relevance of traditional medicine to health care service in Nigeria, it is being faced with some problems such as thus:

- i) Traditional medical resources may be doomed to extinction by over exploitation resulting from excessive commercialization.

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- ii) Inadequate technology and limited techniques in traditional medicines.
- iii) Lack of appropriate documentation and scientific experimentation for verification of traditional medicine.
- iv) Low prices paid for traditional medicinal plants by herbal medicine traders and urban herbalists.
- v) The proof requirement that the active components contained in medicinal plants are useful, safe and effective.
- vi) Research and training activities for traditional medicine have not received due support and attention.
- vii) Traditional medicine has not yet been officially recognized, and the regulation and registration of herbal medicines has not been well established.
- viii) Unethical practices and exploitation of unsuspecting customers of traditional medicine.

Controversy between Orthodox Medicine and Traditional Medicine

The controversy between orthodox medicine and traditional medicine surrounds the myth behind supernatural explanation of disease. While modern medicine does not recognize the role of supernatural powers in health problems, traditional medicine holds it in high esteem and tends to factor the healing theory along that line. The general feature of this type of disease is that the perceived signs and symptoms are obscured in such a way that therapeutic management becomes ineffective. Although the diseases may start as natural problem at the onset, they later defy necessary medical cure. Therapeutic management usually involves both herbal remedies and therapeutic rituals like incantations, prayers, and sacrifices to appease the supernatural forces. Such rituals may involve taking bath at sacred and specific spots where the agents are believed to be present (Jegede, 1998: 33-34).

The health problems that are considered as being caused by supernatural forces revolved around barrenness, infant death as well as mental illness among others. They are all anxiety – provoking and they pose problems to the victims and the family members. It is very difficult to explain for these types of disease. For instance, Kluckhohn (1951) wrote in his analysis of witchcraft: “nothing is more intolerable to human beings than being able persistently disturbed without being able to say why or without being able to phrase the matter in such a way that some relief or control is potentially available.” Certain diseases believed to result from the neglect of gods, angered ancestors, broken taboos or ritual errors are categorised under mystical cause. Sacrifices and rituals are the usual means of remedies. Such rituals may involve slaughter of animal, preparation of special food or depositing a pot containing variety of items at a junction (ebo). Such diseases as infant diseases, epidemics, barrenness, sudden death, mental illness, stroke, smallpox, tuberculosis, and a host of others are caused by mystical forces.

Integration of Traditional Medicine to National Health Programmes

There are catalogue of formal government interventions in traditional medicine in Nigeria which paved the way towards integrating the herbal medicine into our national health programmes.

- In 1966, the federal ministry of Health approved research at the University of Ibadan into the medical properties of Local herbs.

- In 1973, the Lagos State Ministry of Health in collaboration with the department of chemistry, University of Lagos, sponsored an international scientific conference on traditional medicine therapy.
- In 1977, the federal Ministry of Health sponsored a delegation of four experts on an overseas fact-finding tour to India and China, to examine the systems of traditional medicine in these two countries.
- On return home, the delegation submitted a report, which included recommendations. This report, called the "Tella Report" was submitted to another group led by Prof. Sofowora, for appraisal. The Sofowora group also submitted comments and recommendations.
- In 1987, a National committee on the training of Traditional Birth Attendants (TBAs) was inaugurated. This committee produced a National Syllabus by which TBA(s) in the various States of the Federation were to be trained and retrained on Specific courses designed to up-grade skills.
- In 1979, the Federal Ministry of Health organised the first nation-wide seminar of Traditional medicine at which both Orthodox and traditional medicine practitioners participated actively.
- In 1980, the Lagos State Government set up a Board of Traditional medicine, Chiefs among whose function was the accreditation and registration of bona-fide traditional healers. The Board also monitors and regulates their practices.
- In 1984, the Federal Ministry of Health set up the National Investigation Committee on Traditional and Alternative Medicine (NICTAM). The highlight of NICTAM recommendations was that every State in the federation should set up a Board of Tradition medicine and regulate the practice of traditional healers in the respective States.
- In 1988, the Federal Ministry of Science and Technology inaugurated a committee mandated to undertake research and development on alternative medicine.
- In 1985, Professor Layi Erinosho et al submitted the report titled "Traditional Medicine in Nigeria" at the end of a study commissioned by the federal ministry of health.
- At the national council on Health in October 1994, in Jos, it was decided that all the states ministries of Health should set up Boards of Traditional medicine.
- The communique of that meeting read interalia "council recommended the establishment throughout the federation in order to enhance their contribution to the nation's health care delivery system.

The Prospects of Traditional Medicine in Nigeria

The prospects of traditional medical practices in Nigeria cannot be overemphasized. In the first place, traditional medicine possesses certain characteristics that make it increasingly relevant in the dispensation of health care in Nigeria. For instance, traditional medicine is cheaper than modern medicine. The high cost of health care is attributable to its high technological base which in many instances may be inappropriate or irrelevant to the immediate needs of Nigerians. Again, the cost of training modern medical practioners is much higher than for traditional medicine. (Yusuf,

1994). In addition, tradition medicine is more readily accessible to a large proportion of the population. For example, it is reported that 60-85% of the population in every country of developing world relies on traditional or indigenous forms of medicine (Djukanovic and Mach, 1976).

The wider acceptability which traditional medicine enjoys among the people of developing nations is also attributing to the favourable healing environment of the traditional practitioners. Many people feel more comfortable in the traditional healing environment where as many consider the hospital environment as strange. Traditional medicine appears to be the only source of care for many people in developing countries, and for them "primary health care" is synonymous with traditional medicine. Traditional healers play an important role in their communities especially with regard to common ailments and medical disorders.

It is important to stress the relevance of traditional medicine to the majority of Nigerians. Most Nigerians, especially those living in rural communities don't have access to orthodox medicine and it is estimated that about 75 per cent of the populace still prefer to solve their health problems consulting traditional healers. Similarly, many rural communities have great faith in traditional medicine, particularly the inexplicable aspects as they believe that it is the wisdom of their fore-fathers which also recognises their socio-cultural and religious background which orthodox medicine seems to neglect.

Numerous diseases or health complaints of a special nature such as hernia, snake bite, arthritis, gout etc. have been treated using herbs alone or in admixture with animal parts and minerals. Plant extracts and chemicals with muscle relaxant properties have been used by the TBAs to assist in child deliveries. These facts point to the values of medicinal plants and their importance in traditional medicine in present day Nigeria (Adesina, 1995). Traditionally, rural communities have relied upon the spiritual and practical skills of the traditional medicinal practitioners, whose botanical knowledge of plant species and their ecology and scarcity are invaluable. (Iroegbu, 1994).

Traditional health care is also a function of socio-economic factors such as poverty, gender, unemployment, income, culture and religion. Poverty which is synonymous to rural areas influences people choice in visits to traditional health care. An interesting consideration of rural residence with those than residents of other geographic zones is the culture and its influence on health care. Home remedy and non-traditional healers is a substitute product that is used more by rural dwellers than others, because of the retention of the African tradition. While urban and other town residents were exposed to this culture and socialization, their higher level of education, access to more information and financial resources account for re-socialization and new re-adaptation to traditional medical care utilization.

Conclusion and Recommendations

This paper provided an insight into the problems and challenges of African traditional medicine in Nigeria. It has been found that though traditional medicine is relevance to healthcare services with attendant problems. In order to improve the practice of traditional medicine in Nigeria, it is imperative to make the following recommendations. There is therefore a need for urgent investment and support of

traditional healers and traditional medicine– not only by government, but also by civil society and the private sector.

More resources and infrastructure need to be committed to test and promote the use of safe and efficacious traditional medicines, as well as to regulate the traditional healing profession. It is vital that the traditional healing profession be regulated and be brought into the ambit of current legislation. All practicing traditional healers should adhere to standardized norms and qualifications.

There is a need for a campaign that raises awareness of the rights of patients to adequate care, treatment and support by traditional healers. Unscrupulous traditional healers must be reported and disciplined by a regulating body. Finally, African traditional medicine should be incorporated in the school curriculum like the western medicine.

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