

An Appraisal of Laws and Regulatory Mechanisms on Traditional Methods of Healing in Nigeria

By

Adesoji Kolawole Adebayo*, Ademola Taiwo and Ajibade Toluwalase Toyosi*****

Abstract

Plants, herbs, and animals are commonly used for treating people with ailments especially in Africa. The usage of plants and herbs for healing was developed by the interaction of indigenous people with their unique environment and studies on animals which passes from one locality to another. Before orthodox medicine, our fore father relied on herbs to cure various diseases. In Nigeria, traditional method of healing is recognized by the people because it is less expensive and beneficial to the people at the grassroots especially on childbirth and diseases. However, despite the significance of traditional method of healing in Nigeria, there are no well-structured and direct national regulations in terms of practice, control, and usage. This paper examines the roles and efforts of Nigerian government on traditional medicine, the position of regulatory mechanism on traditional medicine, the need for Nigerian government's intervention and the future of traditional health care delivery in Nigeria. The paper adopts doctrinal method of research with the use of online journals, articles, textbooks, newspaper and research works. The paper concludes that Nigeria has no direct national regulation on the practice, control and usage of traditional medicine and suggests the need to synergize the two methods of health delivery in Nigeria for the benefit of the citizens.

Keywords: Traditional Medical Practice, Regulatory Mechanisms, Government intervention, Future of traditional health care delivery

Introduction

Traditional medicine can be explained as the alternative or non-conventional mode of treatment often involving the use of herbs in a non-orthodox manner, and it is the process of consulting herbalists, mediums, priests, witch doctors, medicine men and various local deities when seeking a solution to diverse illness¹. A traditional medical practitioner is a person who is acknowledged by the community in which he resides as competent to provide health care by using vegetables, animals² and/or mineral substances and certain other methods based on the social, cultural and religious background and beliefs that are rampant in the community³. Traditional method of healing is primordial, and the practice preceded the advent of the colonialist who introduced orthodox medicine to Nigeria. Plants and herbs have long been used for medicinal healing and it is difficult to ascertain the exact time traditional method of healing began⁴. Traditional method of health care was developed by the beliefs and interaction of the

¹ Fokunang C. N., Nidikum V., Tabi O. Y. and other, 'Traditional Medicine: Past, Present and Future Research and Development Prospects and Integration in the National Health System of Cameroon' (2011) African Journal of Traditional, Complementary and Alternative Medicine (AJTCAM) Vol. 8 (3) page 1. Available online at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3252219/>. Accessed on 15th February, 2021

² Animals like tortoise, rat, boars' fat, snakes head, local chalks, bitter leaf, mango leaf etc.

³ Temitope Borokini and Ibrahim Lawal, 'Traditional Medicine Practice Among Yoruba People of Nigeria; A Historic Perspective' (2014) Journal of Medicinal Plants Studies Vol. 2(6) Page 20

*LL. B (EKSU), BL., LL.M (UNILORIN), PhD Candidate (Babcock University); Lecturer, Department of Private and Commercial Law, School of Law and Security Studies, Babcock University, Ilishan Remo, Ogun State. Email: adebayoad@babcock.edu.ng.

**LL. B (UI), LL.M (UI), BL, PhD, BABCOCK, Associate Professor, Department of Jurisprudence and Public Law, School of Law and Security Studies, Babcock University, Ilishan Remo, Ogun State. Email: taiwoa@babcock.edu.ng Phone: 08130948386.

indigenous people with their unique environment⁵. Traditional method of health delivery became well known through its survival for several generations as the practice was passed on either by inheritance or by apprenticeship.

Traditional medical practice which can also be referred to as unorthodox allopathic practices has various areas of specialization ranging from bone setters, traditional psychiatrists, traditional paediatricians, traditional birth attendants (TBA), herb sellers etc. Methods of traditional medical healing consist of use of herb, roots, sacred water, satura, incantations, rituals, sacrifices and magical practices⁶. Traditional medicine practitioners (TMP) are called various names from different parts of Nigeria. For instance, the Yorubas of Southwest Nigeria call them “*Babalawo*.” The Igbos of Southeast Nigeria call them “*Dibia*” while in Hausas in the North of Nigeria call them “*Boka*”⁷.

Health is wealth and it is tantamount and synonymous to the source of happiness. Every individual deserves to enjoy the benefit of good health care delivery which can either be through orthodox or traditional medicine. Health care enjoys a statutory flavour by provision of Section 33 of the Constitution of the Federal Republic of Nigeria, 1999 (the 1999 Constitution) which makes provision for right to life⁸. Thus, for right to life to be freely enjoyed by the citizens, health care delivery must be given much attention in either as an orthodox or traditional practice. This is further emphasised in section 17 (3) (d) of the Constitution which provides that:

“17 (3) The State shall direct its policy towards ensuring the: ...
(d) there are adequate medical and health facilities for all person”

As a result of this, it is important to have effective laws and regulatory mechanisms on traditional methods of healing in Nigeria.

Government’s Efforts on Regulation of Traditional Methods of Healing in Nigeria.

The Nigerian government has shown various medium of support for traditional method of healing. Since traditional method of health delivery is our own heritage before the advent of orthodox medicine in Nigeria. The genesis of and official acknowledgement of the Nigerian government involvement in the promotion of Traditional Medicine can be traced to 1966 when the Federal Ministry of Health formally gave permission to the University of Ibadan to

***LL. B (OAU), LL.M (BABCOCK), BL., PhD Candidate (Babcock University) MCI Arb, Lecturer II, Department of Private and Commercial Law, School of Law and Security Studies, Babcock University, Ilishan Remo, Ogun State. Email: ajibadet@babcock.edu.ng Phone: 07034401290.

⁴ In the written record, the study of herbs dates back over 5,000 years to the Sumerians, who described well-established medicinal uses for such plants as laurel, caraway, and thyme. Ancient Egyptian medicine of 1000 B.C. are known to have used garlic, opium, castor oil, coriander, mint, indigo and other herbs for medicine. See Falodun. A., ‘Herbal Medicine in Africa-Distribution, Standard and Prospects’, Research Journal of Phytochemistry, (2010) Vol. 4 Page 155. Available online at <https://scialert.net/abstract/?doi=rjphyto.2010.154.161>. Accessed 15th February 2021.

⁵ Toyin Adefolaju, ‘The Dynamics and Changing Structure of Traditional Healing System in Nigeria’, (2011) International Journal of Health Research Vol. 4(2) page 99.

⁶ Ibid.

⁷ In Yoruba land various names are attached to the traditional health providers such as Babalawo, Adaunse, Olosanyin, Elegbogi, Onisegun and many more.

⁸ Section 33 of the Constitution of the Federal Republic of Nigeria 1999 (as Amended) Cap 23 Laws of the Federation of Nigeria, 2010.

undertake research into the medical benefits of local herbs⁹. This initiative gave landmark recognition to traditional medicine practice in Nigeria.

The Nigerian government through the Federal Ministry of Health has taken further steps to promote the practice of traditional medicine in Nigeria and these are;

- 1) The Expert Committee on Traditional Medicine was set up in 1978¹⁰.
- 2) In 1973, Lagos Ministry of health in collaboration with the Department of Chemistry, University of Lagos sponsored an international scientific conference on traditional medical therapy¹¹.
- 3) In 1979 the Federal Ministry of Health organized the 1st National Seminar on Traditional Medicine in which both orthodox and traditional medicine practitioners in Nigeria participated¹².
- 4) In 1984, the Federal Ministry of Health set up the National Investigative committee on Traditional and alternative Medicine (NICTAM).¹³
- 5) In 1987 the Federal Ministry of Health inaugurated the National Committee on the training of Traditional birth Attendants.
- 6) In 1988 the Federal Ministry of Science and Technology inaugurated a committee mandated to undertake research and development and alternative medicine.
- 7) Two National research institute for the traditional medical practice were created by the Federal Ministry of Health for Training in Traditional Medicine Practice in 1988 and 1992 respectively¹⁴.
- 8) The National Institute for Pharmaceutical Research and Development (NIPRD) Abuja was established by the National Science and Technology Act to promote research on traditional remedies¹⁵.
- 9) In 2004, National Policy on Traditional Medicine, Laws and Regulations was developed in Nigeria¹⁶.
- 10) In 1997 the Federal Ministry of Health established National Traditional Medicine Development Programme (NTMDP)¹⁷.
- 11) In August 2006, the Federal Executive Council established the Nigerian Traditional Medicine Policy¹⁸.

⁹ Erhun W. O., Babalola O. O. and Ehrun M. O., 'Drug Regulation and Control in Nigeria. The Challenge of Counterfeit Drugs', (2010), Journal of Health and Population in Developing Countries Vol. 4(2) Page 23.

¹⁰ Yusuf Abdul A. and Abdullahi Saliu I., 'Alternative Medicine in Nigeria. The Legal Framework', (2015) Journal of International Conference on Language, Literature, Culture and Education, Page 63.

¹¹ National Policy on Traditional Medicine and Regulation of Herbal Medicines - Report of a WHO Global Survey on Essential Medicines and Health Products Information Portal A World Health Organization resource. Available online at <https://apps.who.int/medicinedocs/en/d/Js7916e/9.1.html>. Accessed on 16th February 2021

¹² Ibid.

¹³ Temitope Borokini and Ibrahim Lawal, Op cit. Page 23

¹⁴ Ibid.

¹⁵ NIPRD is an essential part of Nigeria's health system. Established as a parastatal under the Federal Ministry of Science and Technology in 1987 and transferred to the Federal Ministry of Health in 2001, NIPRD's primary objective is developing drugs, biological products, and pharmaceutical raw materials. See Nigeria's National Institute for Pharmaceutical Research and Development Attains International Accreditation. Available online @ <https://www.usp-pqm.org/news/program-news/niprd-attains-accreditation>. Accessed 16th February 2021.

¹⁶ National Policy on Traditional Medicine and Regulation of Herbal Medicines - Report of a WHO Global Survey on Essential Medicines and Health Products Information Portal A World Health Organization resource. Available online at <https://apps.who.int/medicinedocs/en/d/Js7916e/9.1.html>. Accessed on 17th February 2021

¹⁷ Ibid.

¹⁸ Awodele, Olufunsho, Amagon I. Et al, 'Traditional Medicine Policy and Regulation in Nigeria: An Index of Herbal Medicine Safety' (2014) Current Drug Safety, Volume 9, Number 1, 2014, pp. 16-22(7). Available online at <https://www.ingentaconnect.com/content/ben/cds/2014/00000009/00000001/art00003?crawler=true>. Accessed 17th February 2021

- 12) In 2007 the Federal Ministry of Health established the Nigeria Natural Medicine Development Agency (NNMDA)¹⁹.
- 13) In 2007 Traditional Medicine Practitioners Published the National Herbal Pharmacopoeia in Nigeria and records shows that as at 2015 approximately 107 herbal medicines have been registered²⁰.

In addition to these efforts, there are some legislations and regulatory bodies dealing with the development of traditional medicine. Some of these are:

- 1) **National Health Act, 2014**²¹. The National Health Act is one of the major legislation on health care delivery in Nigeria. The Act provides for the regulations and provisions of health services, the right and obligations of health workers and users, formulation of national health policy and more. Section 1 (2) (h) g, of the Act recognise the trado-medical practitioners as part of National Health System²². The Act provides for recognition of traditional method of healing; however, the Act does not include representatives of trado-medical and alternative health care practitioners in the National Health Ethics Committee created by the Act and saddled with the power and duty to entertain complaints about discrimination and the effectiveness of health researchers. Furthermore, there is non-representation of trado-medical practitioner in the Technical Committee of National Health Service and the Act does not provide for the regulation of the practice of traditional medicine as part of the national health care delivery as envisaged by the Act.
- 2) **The Medical & Dental Practitioner Act 2010 (MDPA)**²³. This Act is directly applicable to the medical practitioners in Nigeria. With respect to the necessary requirements for qualification, registration, and standard of practice of health care delivery in Nigeria. By general application of the provision of Section 17(6) of MDPA, it ought to cover for the registration, recognition, and regulation of Traditional Medical Practice in Nigeria but a careful perusal of the interpretation of the section reveals that the provision applies only to orthodox medical practice and exempted the need for registration of traditional medical practitioners in Nigeria. The omission can be seen in Section 17 of the Act which provides that

“where any person is acknowledged by the members generally of the community to which he belongs as having been trained in the system of therapeutic medicine traditionally in use of that community, nothing in paragraph ‘a’ of sub-section (2) of this section shall be constructed as making it an offence for that person to practice or to hold himself out to practice that system”.

¹⁹ Available online at <http://nnmda.gov.ng/>. Accessed 17th February 2021.

²⁰ Ameenah Garib-Fakim, ‘Promoting African Medicinal Plants through an African Herbal Pharmacopoeia’ (2010), Journal of African Health Monitor. Available online @ <http://www.who.int/en/ahm/issue/13/reports/promoting-african-medicinal-plants-through-african-herbal-pharmacopoeia..> Accessed on 26th February 2021.

²¹ National Health Act, 2014, Laws of the Federation, 2010

²² Section 1 (2) (h) of the National Health Act, 2014 provides that the national health system shall include traditional health care providers. It is submitted that this Act only acknowledged the existence of traditional medicine without any regulation.

²³ Medical and Dental Practitioners Act (2010) Cap M8 Laws of the Federation, 2010. Section 17(7) provides that any activities involving an incision in human tissues or to administering, supplying, or recommending the use of any dangerous drugs within the meaning of the Part V of the Dangerous Drugs Act. This is a proviso to the recognition of medical practitioners who are not registered as stated in Section 17(6) where Traditional Medical Practitioners fall into.

The implication of this provision is that registration of traditional medicine practitioner under this Act is not mandatory, but it can be construed to confirm that the criteria for the qualification of a traditional medicine practitioner to practice health care delivery is the recognition accorded the traditional medical practitioner by his community where he has been practicing.²⁴ One of the challenges with this provision is that until a person is acknowledged by his community to possess the required skills for traditional health care delivery system he is not eligible to practice. In a situation where the person relocates to another community does it mean that he must wait until he is recognized and acknowledged by the community of the new location before he can practice? It is opined that this section should be reviewed to remove this seeming confusion and apparent restriction of the traditional health practitioner.

- 3) ***Pharmacists Council of Nigeria Act (2010)***²⁵. This Act regulates the activities of pharmacists in Nigeria. The Act makes it mandatory for all the pharmacists in Nigeria to register with the Pharmacists Council of Nigeria (PCN)²⁶. Traditional Medical Practitioners are Pharmacists because they produce and dispense drugs from medicinal herbs for cure and consumption in Nigeria. Thus, by inference, traditional medical practitioners are ought to register under this body²⁷. However, the questions begging for answers are:

- i. Is there any workable synergy between the orthodox and traditional pharmacists?
- ii. Which is more important between the mere registration of the practitioner, or the products produced by the practitioners?

It is submitted that there is a need to create an accommodating atmosphere for both orthodox and traditional pharmacist to work together with attention being paid to the traditional medical products in terms of laboratory text, usage, and registration.

- 4) ***Medical Rehabilitation Therapist Act (2010)***²⁸. This Act centres more on the aspect of health delivery which covers physiotherapy, chiropractic, occupational therapy, osteopathy, or speech therapy etc. The Act prohibits anyone to practice any of the listed therapist treatments without being registered and licensed by the Medical Rehabilitation Therapist Body. This Act by correspondence applies to traditional medical practitioners

²⁴ See generally Section 17 of the Medical and Dental Practitioners Act (2010) Cap M8 Laws of the Federation, 2010. It appears the level of patronage by the community members will determine the recognition of such a person. However, what if the person moves to a new community, does it mean he cannot practice there until he is acknowledged?

²⁵ Pharmacists Council of Nigeria Act (2010) Cap P17 Laws of the Federation of Nigeria, 2010. Section 10 provides that a person shall not hold appointment or practice as a pharmacist in Nigeria unless he is registered with the Council under the Provision of this Act. Section 11 further provides for the requirements for the qualification some of which are; the person must have good character, fit and proper, attended a course of training approved by the Council under Section 15 of the Act, holds a qualification approved by the Council, has undergone the statutory continuous internship training for not less than a year under a registered pharmacist approved by the Council for the purpose and has obtained certificate, has registered as associate member, has paid prescribed fee etc.

²⁶ Ibid.

²⁷ Section 20 (1) of Pharmacists Council of Nigeria Act (2010) provides that a person shall be deemed to practice as a pharmacist, if in consideration of remuneration received or to be received and whether by him or in partnership with any other person where; he engages himself in the practice of pharmacy or holds himself out to the public as a pharmacist or he renders professional service or assistance in or about matters of principle or detail relating to pharmacy or he renders any other service which may be regulations made by the Council, with the approval of the Minister, be designed as service constituting practice as a pharmacist.

²⁸ Medical Rehabilitation Therapists (Registration, Etc) Act (2010) Cap M9 Laws of the Federation of Nigeria 2010.

because they have different areas of specializations depending on the practice of the practitioner. However, this appears as a paper tiger which does not have much effect.

Most of the traditional healers who perform these practices are not in urban centres. Therefore, there is no connection, implementation, or enforcement of this Act for and against them. It is worthy of note that aside the legislations which are direct on the production, and consumption of drugs in Nigeria, there are some other related laws and agencies put in place to regulate drugs generally in Nigeria²⁹. Few of these agencies will be considered which as follows:

- 1) ***The Nigeria Natural Medicine Development Agency (NNMDA)***³⁰. This agency was established by ministerial order in 1997 with a responsibility to improve quality health care delivery, quality of life and preservation of socio-economic growth and biodiversity. The motive of establishing this agency by the Federal Ministry of Science and Technology was to promote and develop indigenous medical delivery and adequately fund it to meet international standard³¹. It was also to create a fair global competitive knowledge in health delivery in Nigeria. The Agency was visited by the Presidential Policy Advisory Committee of the Federal Government in 1999. A report was prepared by the committee (the Daryma Report) for the promotion of the Agency. A Bill was drafted to reinforce the Agency with obligations, rights, and duties and also to finalise its establishment. The Bill has not been passed into law.
- 2) ***Consumer Protection Council*** – This council has its life from the provision of Consumer Protection Act of 1992³². This is also applicable to traditional medical product because it must satisfy the standard set down by the Act. The major importance of this Act is to provide a redress to customers' complaints about any product consumed which are inimical to their health by way of amicable settlement. The consumer Protection Council Act equally mandates the producers of any consumable product including medicinal herbs to call for a withdrawal of such product in case of any unforeseen hazard to the people³³.
- 3) ***Standard Organization of Nigeria*** – The organization was established under Standard Organization of Nigeria Act³⁴ and it is also relevant to traditional medicine in Nigeria with respect to its marketing and meeting the Nigeria Industrial Standard of Production in Nigeria. This organization's primary assignment is to maintain that all the products for consumption by the masses are of standard for usage and producers of such products receive certification marks to convey an assurance of its fitness for consumption having been tested in the laboratory. The challenge with this organization in relation to herbal medical health system is registration and regulation. Most of the traditional medical practitioners are not aware of this law and as a result, there is no bridge between the organization and many traditional medical practitioner.

²⁹ Pharmacy and Poison Act 1979 amended in 2013. It regulates compounding sale distribution, supply and dispensing of drugs, Food and Drugs Act, an Act to make provision for the regulation of the manufacture, sale and advertisement of *food, drugs*, cosmetics and devices, Counterfeit and Fake Drugs (Miscellaneous Provision) Act, it prohibits the production, importation, manufacture, sale and distribution of any counterfeit, adulterated and banned or fake drugs.

³⁰The Nigerian Natural Medicine Development Agency established in 1997 by the Federal Government through the Federal Ministry of Science and Technology to research, develop, document, preserve, conserve and promote Nigeria Natural Medicine. Available online at nnmda.gov.ng. Accessed on 4th March 2021.

³¹ Eric A. Okojie, 'Impacts of Regulatory Mechanisms on Trado-Medical Practice in Nigeria', (2015) Journal of Law, Policy and Globalization, Vol. 38, Page 126

³² Consumer Protection Council Act (2010) Cap C25 Laws of the Federal Republic of Nigeria 2010.

³³ See Section 9 of Consumer Protection Council Act (2010)

³⁴ Standard Organization of Nigeria Act (2010) Cap S9, Laws of the Federation of Nigeria, 2010.

4) ***National Administration for Food and Drug Administration Control (NAFDAC).***

This Agency operates as a parasternal of the Federal Ministry of Health and under the supervision of the Minister of Health. The agency was created by the National Administration for Food and Drug Administration Control Act³⁵. NAFDAC is one of the prominent if not the major one that gives much recognition and applies directly to traditional method of health care. NAFDAC is saddled with many functions³⁶ ranging from registration, certification, labelling, advertisement, sales, consumption, regulation and control of all the food and drug products which include herbal medicine. Thus, both the orthodox and traditional medical health care delivery are subject to this agency for effective control. It is important to note that it will be an offence against any traditional medical practitioner to manufacture, advertise, sell or distribute any herbal product without proper registration, certification and approval of NAFDAC under the Herbal Registration Regulations for a period of a year.

It is submitted that the effort of NAFDAC cannot cover all the challenges affecting the regulatory mechanism of traditional health care delivery, despite the efforts made by the agency. The challenges include:

- i. Compulsory registration for all the drugs manufacturers,
- ii. Control and test of the content manufactured to prevent risk
- iii. Mandatory requirement of using a label in the herbal products which must disclose the Agency's registration number, brand name of the manufacturers, distinct design of the product etc.
- iv. Payment of ₦50, 000.00 (Fifty Thousand Naira) fine against erring member.

Much is expected from the government with respect to the recognition and regulation of traditional medical practice in Nigeria. Besides, the 2 years reassessment of most drugs are not practicable because most of the traditional medical practitioners are in remote areas and not registered with NAFDAC. Thus, it is not in doubt that the Nigerian Government recognizes traditional medical practice, but the effort made by the government on the regulation at the National level is inadequate and not effective. Therefore, it is important to consider the present situation of regulatory mechanism on traditional method of healing in Nigeria.

Current Situation of Regulatory Mechanism on Traditional Methods of Healing in Nigeria

In Nigeria at present, it is difficult to assert that there is a particular regulatory body or agency with primary responsibility for the control traditional method of health care delivery³⁷. There is no distinct legal framework created by the Federal government to monitor or control the practice of traditional medicine in Nigeria. Laws are not adequate on traditional method of health delivery and the implementation of the related legislation or regulation is even worse. The agencies, organizations, councils, and related task forces are ineffective. There is no national policy on traditional health care delivery. As stated earlier the efforts made to have traditional medicine unified regulatory bodies in the past a way of legislation³⁸ did not materialized.

³⁵ National Agency for Food and Drug Administration and Control Act (2010), Cap N1 Laws of the Federation of Nigeria, 2010.

³⁶ See generally Section 5 of National Agency for Food and Drug Administration and Control Act.

³⁷ Yusuf Abdul A. and Abdullahi Saliu I., 'Alternative Medicine in Nigeria. The Legal Framework', (2015) Journal of International Conference on Language, Literature, Culture and Education, Page 66.

³⁸ Traditional Medical Practitioner Commission Bill 2003. It appears the Bill was revisited in 2017 as a Bill for an Act to provide for the establishment of the Traditional Medicine Council of Nigeria also passed the third

The Traditional Medical Practitioners Commission Practitioners Bill 2003 provided for organization, administration and control of a regulatory body. The Commission was to be headed by the Executive Chairman, Representative from the Federal Ministry of Health, Nigeria Council of Physicians of National Medicine, Alternative Medicine Association, National Expert Commission on Research and Development in National Medicine from the geo-political zones Nigeria³⁹. The major aim of establishing the commission was to improve the usage of traditional medicinal plants and herbs and promote a synergy between the traditional and orthodox medicine. The commission would have provided a lasting solution to registration of herbal medical practitioners, traditional birth attendants, maintenance of hygienic environment for production, monitoring of the herbs usage to a move at the appropriate content to extract from the medicinal plants for usage and improve the number of the traditional specialist such as acupuncture⁴⁰, osteopathic⁴¹, homeopathic⁴² naturopathic⁴³ and many more across the various states and local government in Nigeria.

However, despite the good motive of this commission which could have made a hall mark transformation of traditional medical practice in Nigeria, the Bill was not passed into law by the National Assembly. In addition to the above, another Bill⁴⁴ on traditional medical practice was proposed on complementary and alternative Medical Council of Nigeria with several function synonymous with the Traditional Medical Practitioners Commission⁴⁵. It is pathetic that this Bill suffered same fate as the earlier one as same never matured into law.

Kwara State and Edo State held the bull by the horn on proper regulations on traditional medical practice in Nigeria. This appears as a good reference point for the Federal government to have a revisit mind-set about traditional medical practice in Nigeria. For instance, Section 6 of the

reading at the House of Representatives. Available online at <https://www.vanguardngr.com/2017/03/bill-regulate-promote-traditionalmedicine-nigeria-passes-2nd-reading/>. Accessed on 6th March 2021.

³⁹ Eric A. Okojie, Op cit. Page 119

⁴⁰ Acupuncture is a form of alternative medicine and a key component of traditional Chinese medicine (TCM) in which thin needles are inserted into the body. Acupuncture is a pseudoscience because the theories and practices of TCM are not based on scientific knowledge. Available online at <https://www.miridiatech.com/news/2016/05/acupuncture-point-bladder-40/>. Accessed on 21st March, 2021.

⁴¹ Osteopathic a system of medical practice based on a theory that diseases are due chiefly to loss of structural integrity which can be restored by manipulation of the parts supplemented by therapeutic measures (such as use of drugs or surgery). Available online at <https://www.merriam-webster.com/dictionary/osteopathy>. Accessed on 25th March 2021.

⁴² Homeopathic is a system of alternative medicine created in 1796 by Samuel Hahnemann, based on his doctrine of like cures like. This it is described as a remedy for a variety of neurological and behavioral symptoms including general prostration, drowsiness, tiredness, mental apathy, lack of muscular coordination and discomfort when confronted with novelty or unfamiliar situations; these symptoms are alleviated by motion and aggravated by emotion and excitement. See. Paolo Bellavite, Paolo Magnani, Elisabetta Zanolin, and Anita Conforti, 'Homeopathic Doses of Gelsemium sempervirens Improve the Behavior of Mice in Response to Novel Environments'. (2011) Evidence-Based Complementary and Alternative Medicine Vol. 2011, Article ID 362517, Page 1. Available online at <https://www.hindawi.com/journals/ecam/2011/362517/>. Accessed on 18th March 2021.

⁴³ Naturopathic Naturopathy or naturopathic medicine is a form of alternative medicine that employs an array of pseudoscientific practices branded as "natural", "non-invasive", and as promoting "self-healing". The ideology and methods of naturopathy are based on vitalism and folk medicine, rather than evidence-based medicine. Naturopathic care provided significantly greater improvement than physiotherapeutic advice for patients with chronic low back pain. Available online at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1976391/>. Accessed on 20th March, 2021.

⁴⁴ Complementary and Alternative Medical Council of Nigeria Bill. It appears the Bill was revisited by the House of Representatives in 2017 as a Bill for an Act to provide for the establishment of Complementary and Alternative Medicine Commission and it has passed the third reading on the House of Representatives.

⁴⁵ See generally Section 4 of the Bill

Traditional Medicine Laws of Kwara State⁴⁶ provides for the recognition of Traditional Birth Attendants as traditional medical personnel that can be registered under the state authority. This appears encouraging, although the law is limited and might be ineffective if any of sections is in contravention with an Act, but it is submitted that it is a mirror for a guide and adoption.

In Edo State the position of Law on traditional medical practice is resounding. Thus, the Bendel State Traditional Medicine Board Edict (Applicable in Edo State)⁴⁷ empowers the state Ministry of Health in Edo State to recognize the traditional medical practice. Traditional medicine board was also inaugurated in 1984⁴⁸. The board was purposely inaugurated to monitor the practice of traditional medicine such as registration of the traditional medical practitioners, stating the required code and ethical conducts, limitation of practice by the members⁴⁹, conducting periodic proficiency test for member to determine the qualifications and promoting traditional method of healing to a lofty height with disciplinary committee for the erring members. The board has the power to withdraw the license of an erring member who is guilty of the offence alleged after prosecution⁵⁰.

It is submitted that the traditional method of health delivery is still at the crawling stage in terms of national regulatory policy in Nigeria. In view of this, it is important to consider the contributory factors to the poor regulatory mechanism to traditional medicine in Nigeria.

Factors Responsible for Poor Regulatory Mechanisms on Traditional Method of Healing in Nigeria

Both orthodox and traditional medicine are patronised by the Nigerian public. In some rural areas, the traditional health practitioners are treated like semi-god because of their high esteem and importance in the society. Thus, it is worrisome that despite the fact that there is no certain national policy on regulation of traditional medicine the general populace rely to a great extent on traditional medicine, even with the myriads of challenges of its practice. Some of these challenges include:

- 1) Documentation: Proper documentation is one of the challenges of the traditional medical practice in Nigeria. Or proper record of the members.
- 2) Nonchalant attitude of the government especially the federal government to the need for effective and efficient national policy on traditional medicine regulation. The government at times treat the Traditional Medical Practitioners with disdain and disrepute.
- 3) Improper coordination of the traditional medical practitioners. The traditional medical practitioners must be united to form a body capable of recognition with good propaganda and agenda for the association.
- 4) Uncooperative attitude and secrecy of the traditional medical practitioners. It is not in doubt that many of them are tagged with evil names and most times categorised as occultic people.
- 5) Illiteracy: This is one of the major challenges of the Traditional Medical Practitioners (TMPs). Poor communication, inadequate information, greed, and other diminishing

⁴⁶ Traditional Medicine Laws of Kwara State (2006), Laws of Kwara State Nigeria.

⁴⁷ Edict No 17 of 1985. The State Government took over the administration of traditional medicine in 1983 when a Steering Committee was constituted. See Eric A. Okojie, Op cit. Page 123.

⁴⁸ Ibid

⁴⁹ For example, Traditional Medical Practitioner must not carry out major operation or advertise ritual for riches, not to accused people of witch, wizard, not to commit adultery with their patients and so on. It is unfortunate that these cautions are what some traditional medical practitioners advertise today. Some will even go on media and on all the social networks and nothing is done about it because there is no proper regulation on the practice.

⁵⁰ See Section 19 of Edict No 17 of 1985 applicable in Edo State. See Eric A. Okojie, Op cit. Page 123.

attributes of illiteracy affects the recognition and regulation of traditional medical practice.

- 6) Corruption: some of the officials in charge of regulatory mechanism are with mind-set full of corruption. If the regulatory agency organize the required programs in various geo-political zone to reach the TMPs the rural areas it will create more awareness on why they should be identified for regulation.
- 7) Inadequate funds and good vehicles. Most of those TMPs are in rural areas. That is where they cooperate and there is a need for officials of regulatory agencies to get across to them. But his appears difficult because of the attitude of the government on the essential needs to carry out the mission.

That there is a need for government intervention on regulatory mechanism on traditional medicine in Nigeria.

The Need for Government Intervention on TMP Regulatory Mechanisms in Nigeria

A large number of Nigerians have strong belief and assurance on the usage of traditional medicine for therapeutic purposes. It is believed that an estimate of over 60% of the population still prefer to resolve health issues through traditional healers⁵¹. Traditional medicine has been observed to be used by 70% of the population in developing countries⁵². Traditional health care delivery is one of the occupations common among women in south-west region of Nigeria⁵³. The World Health Organization also recognized the challenges facing the health care delivery in less developed countries and in 1978 it declared the Primary Health Care (PHC) programme which includes the promotion and development of traditional medicine. The aim of this is to bring health care delivery to the people at the grass root at affordable price⁵⁴. It is crystal clear that the importance of traditional health delivery cannot be overlooked. An effective regulatory mechanism on traditional medicine will reduce the risk and challenges of traditional method of health care in Nigeria such as:

- 1) Ineffective enforcement of existing laws
- 2) Loose control system without check and balance
- 3) Lack of standardization and safety in traditional medical practice
- 4) Poor and crude method of production of drugs and treatment
- 5) Quackery and non-professionals in drug business
- 6) Greed and ignorance of some traditional medical practitioners
- 7) Poor and difficulty prescriptions and mixture of chemical component for treatment
- 8) Criticism and lack of solid prove of potency of traditional medicine
- 9) Erroneous impression about the traditional medical practitioner who are most times tagged with evil
- 10) Persistent unavailability or improper management of medicinal herbs in the forest.

⁵¹ Gideon Alade and Abimbola Sowemimo, 'Indigenous Knowledge and Practice of Women Herb Sellers of Southwestern Nigeria, (2008) Indian Journal of Traditional Knowledge Vol. 7 (3) Page 506.

⁵² Ibid.

⁵³ The WHO global report on traditional, complementary, and integrative medicine 2019 was developed to address the gap in reliable, credible, and official data from Member States in the area of T&CM. This report reviews global progress in T&CM over the past two decades and is based on contributions from 179 WHO Member States. It provides valuable information for policymakers, health professionals and the public for capitalizing on the potential contribution of T&CM to health and well-being. Available online at <https://www.who.int/traditional-complementary-integrative-medicine/en/>. Accessed online on 4th April 2021.

⁵⁴ Emile Cloatre, 'Traditional Medicines, Law and (Dis) ordering of the Temporalities, (2018). Available at <https://kar.kent.ac.uk/62093>. Accessed 4th April 2021.

It is submitted that there is an urgent need for the government attention to expedite the need to promote the natural policy and regulation of traditional method of health delivery. Although it is noted that the Federal Government sponsored four experts to India and China at different times to study alternative medicine. The experts come with a report that an institution of learning complementary or alternative medicine should be established and there should be a documentation of the research of existing traditional medical practitioners⁵⁵. The result was the proposal for the establishment of a College of Complementary and Alternation Medicine in the Federal Capital Territory Abuja for diploma, degree, and post graduate studies in Alternative and Complementary Medicine⁵⁶. That reports of the experts were not fully implemented.

Future of Traditional Medical Practice in Nigeria under Regulatory Policies in Nigeria

The efficacy of traditional herbal medicine cannot be over emphasized. Nigeria and other African countries celebrated the African Traditional Medicine Day (ATMD) on August 31st, 2019.⁵⁷ This celebration has been observed annually since year 2000 when the Minister for Health in Nigeria adopted the resolution at the 50th Session of the World Health Organization (WHO) Regional Committee for Africa in Ouagadougou, Burkina Faso and the theme for this year's celebration is "*Integration of Traditional medicine in the Curricula of health sciences students in the universities in the African region.*"⁵⁸

Record shows that out of over 300,000 plants on the earth, only about 200,000 have been identified in tropical areas of the world including Nigeria⁵⁹. This tells us that there is a lot more research to be done and there is the need for involvement of government with good national regulatory policy. When the active regional regulatory body is established it will not only control the production and usage of herbal medicine but also regulate the sustainability of utilization of biodiversity to maintain and reduce some of the medicinal plants going to extinction⁶⁰. It is submitted that, the benefit of a well-regulated mechanism on traditional medicine will bring better future for the usage of herbal medicine some of which are:

- 1) Proper licence and regulatory process – Traditional medical practice would be appreciated when there is a central law or regulation which will reduce the challenges of different background, training, and different method of certification by the traditional medical practitioner. Production and sale of herbal medicine would step up when adequate provision for licensing and regulatory policies are in place.
- 2) A well-organized professional discipline – there would be a nationally recognized ethics and codes of conduct for traditional medical practitioners. There would be a well organised disciplinary committee just like we have in orthodox medicine. The erring members will easily be apprehended and prosecuted are there would be proper sanction.
- 3) Proper diagnosis to reduce toxicity of herbal plants – the presence of a certain national regulatory policy on traditional medicine will help the method of diagnosis used by the TMPs, proper records will be kept, the chemical content of the medicinal herbs will be tested in the modern laboratory before production and usage to reduce adverse effect on people.

⁵⁵ Eric A. Okojie, 'Op cit. Page 117

⁵⁶ Ibid

⁵⁷ Available online at <https://www.gov.za/speeches/african-traditional-medicine-day-2019>. Accessed 5th April 2021.

⁵⁸ Ibid

⁵⁹ Gideon Alade and Abimbola Sowemimo, 'Indigenous Knowledge and Practice of Women Herb Sellers of Southwestern Nigeria, (2008) Indian Journal of Traditional Knowledge Vol. 7 (3) Page 506

⁶⁰ Ibid

- 4) Standardization of Nigerian herbal drugs – with proper regulatory mechanism on traditional medicine, Nigeria herbal medicine will compete at the International market, because there would be accurate formula contents, proper dosage, proper gauge and prescription, good transformation of herbal product in terms of package into capsules, syrups, powder, tablets, creams, and many more with proper packaging.
- 5) Modernized method of promotion – proper regulation of traditional medical products will encourage the trado-medical practitioners to be recognized. More practitioners would like to identify themselves with the association of traditional medical practitioners. Modern promotion of the products will be experienced with respect to sales through publications, sale of books, documentation, and media method of advertising especially on social media via visual and audio to cut across different areas not only in Nigeria but globally.
- 6) Formation of societies and association of TMPs – proper and adequate regulations will promote the identity of the TMPs and this will help in the spread of knowledge among the practitioners. The level of illiteracy will be drastically reduced and proper teamwork among the practitioners will revive. This will reduce quackery.
- 7) Positive economic impact – a well regulatory mechanism on traditional medical practice will not only increase employment rate, but it will also reduce poverty and be another source of income for the government. The government will benefit more because, each traditional medical practitioner will pay for registration, tax, and even excise duty on export products. It will encourage urban to rural migration and there would be more patronage from people because herbal medicine would be promoted, give more assurance and confidence to the people especially when it is scientifically approved by regulatory agencies.
- 8) Improved data collection – proper regulation will help in data collation, such as having the accurate numbers of the practitioners identifying them with their products, proper and faster means of disseminating information etc.
- 9) Joint Ventures between orthodox and traditional medical practitioners – This is one of the motives of several initiatives of government on traditional medicine for it to serve as an alternative to orthodox medicine. It is believed that if proper regulations are put in place for traditional medical practitioners, there would be synergy between the two forms of health care delivery. While the traditional medical practitioners extract raw herbs, plants, materials and even animals such as snail, elephant, snakes, chameleon, mud fish, porcupine turtle and so on.⁶¹ The orthodox medical practitioners will subject the extracted materials to laboratory tests with modern technological equipment and even the final product will be tested before it goes to the masses for consumption. With this, a better standard will be experienced, and health quality delivery will be achieved with affordable price compared to the imported drugs some of which are fake while some are also herbal medicine which we can produce better if our government

⁶¹ Porcupine's intestine is used to cure stomach ache, warthog's leg are used for prevention of lameness in children, buffalo's bone is used to prevent vomiting, leopard's skin is used for anti-snake venom, squirrel hair is used for anti-poison drugs, tortoise is used for chest pain treatment, python's bone is used to treat backache and spinal cord disorder, elephant's dung for childhood diseases associated with close birth, chameleon is used for antenatal care and diseases in new born baby, mud fish is used for fertility improvement, snail's fluid and shell are used for hypertension, aggression, easy child birth, eyes problems and small pox treatments. Available online at <http://www.fao.org/3/w7540e/w7540e0c.htm>. Accessed on 10th April 2021. See also Flora John Magige 'Traditional Medicinal Uses of Small Mammal Products: A Case Study of the African Savannah Hares, Crested Porcupines and Rock Hyraxes in Serengeti District, Tanzania' *Journal of the Department of Zoology and Wildlife Conservation, University of Dar es Salaam, Tanz. J. Sci.* Vol. 41, 2015 . Page 68.

intervenes in trado-medical productions in terms of regulatory and financial support as it was done in China⁶², India and even Ghana⁶³.

- 10) Establishment of more institute for research on herbal medicine. It will be beneficial if each of the states has at least one Federal Institute for research on herbal alternative medicine. With a degree awarded to any successful candidate. This will boost the interest of the people who wish to study herbal medicine in a formalised setting and obtain a diploma or honours degree. With this, illiteracy commonly associated with the trado-medical practitioners will be eradicated.

Conclusion

Traditional Medical Practice in Nigeria is a traditional heritage, and it is practiced in all parts of the country. Every citizen deserves the right to life which is synchronized with good health care delivery. The level of patronage of traditional medical practitioners by the people cannot be overlooked especially in the rural areas. However, despite the importance of TMP there is no direct national regulatory policy on its practice, and usage in. This paper considered various initiatives by the Federal government to promote trado-medical practice since 1978 when expert committee on traditional medicine was set up by the Nigerian government to carry out research on traditional medicine. Unfortunately, many of these initiatives and efforts have not yielded satisfactory benefit. The paper also examined several pieces of legislation in respect of medical practice in Nigeria and we concluded that most if not all of these legislations are centred on orthodox medical practice only. In addition to this, it appears out of all the agencies established to regulate drugs in Nigeria, NAFDAC and Nigeria Natural Medicine Development Agency (NNMDA) are more related to traditional medical practice.

Efforts have been made to have a national regulatory mechanism on traditional medicine through various proposed Bills but non has been passed into law. Recently, a Bill on Establishment of Traditional Medical Council was introduced in the Senate in 2017 but it was not passed into law. Edo and Kwara states made efforts to regulate the activities of the Traditional Birth Attendant (TBA) and the practice of herbal medicine.

We have also examined some of the challenges of TMPs in Nigeria which might affect the effectiveness of the regulation if introduced such as improper documentation, illiteracy, secrecy of the practice, poor funding and so on. We conclude on this that the full involvement of the federal government through national regulation will reduce the negative effects of TMP in Nigeria some of which are porous control system, poor standardization, quackery, erroneous beliefs attributed to the Traditional Medical Practitioners by the general public.

⁶² In China for instance, traditional herbal preparations account for 30 – 50 percent of the total medicinal consumption while in Ghana, Nigeria, Zambia and Mali, the first line of treatment for those with high fever resulting from malaria is the use of herbal medicines. See WHO, “Traditional herbal medicine and human health: Regulatory situation of herbal medicines: a worldwide review” Available online at http://www.allcountries.org/health/traditional_medicine.html. 20th April 2021.

⁶³ The Medical and Dental Decree of 1972 and the Nurses and Midwives Decree of 1972 allow indigenous inhabitants of Ghana to practice traditional medicine, provided they do not practice life-endangering procedures. The Centre for Scientific Research into Plant Medicine was established in 1975. In addition to its research capacity, the Centre operates a hospital providing both traditional and allopathic medicine. Until the passage of the Traditional Medical Practice Act, the Government worked with the Ghana Psychic and Traditional Medical Practitioners' Association to license and register traditional medical practitioners and to ensure a standard of care (29, 30). The Traditional Medical Practice Act 595 was drafted by traditional medical practitioners, placed before the Parliament in 1999 and passed on 23 February 2000. The Act establishes a council to regulate the practice of traditional medicine, register practitioners and license them to practice and to regulate the preparation and sale of herbal medicines. See Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review. Available online at <https://apps.who.int/medicinedocs/en/d/Jh2943e/4.18.html>. Accessed on 25th April 2021.

The paper further discusses prospective benefits of having adequate regulatory mechanism on TMP in Nigeria such as issuance of proper licence with regulatory bodies in Nigeria, adequate professional discipline bodies, advanced diagnosis of patients and reduction of toxics in plants used, standardization and promotion of Nigerian herbal drugs at international market, formation of well-organized Traditional Medical Practitioners' Association to promote research and good health care delivery, positive economic impacts for the government and masses, good data collation for improvement and healthy competition of Nigerian Traditional Medical Practitioners with contemporaries in the world.

Proper national regulation of traditional medical practice will synergize the two methods of health delivery in Nigeria that is, while the trado-medical practitioners extract the materials and list the health and medical benefits, the orthodox scientist and pharmacologists will go through the necessary laboratory processes to produce more potent medicines.

Recommendations

1. Nigerian government should synergize with Federal Ministry of Health to make and enforce adequate regulations on the production, control, and usage of herbal medicine.
2. The Nigerian Traditional Medical Practitioners should collaborate and share knowledge with scientific researchers to enhance good health care delivery.
3. Federal government should encourage the study herbal medicine as part of the medical and health science courses in Nigerian tertiary institutions.