Ethnobotanical Leaflets 14: 435-44, 2010.

An Appraisal of the Contributions of Herbalism to Primary Health Care Delivery in South West Nigeria

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Issued April 1, 2010

Abstract

Herbalism contributes significantly to the primary health care delivery system in the southwest Nigeria through sale and administration of different herbal medicinal preparations which are available in a number of ways like tinctures, herbal wine and elixirs, tisanes, decoctions, macerates, topical, poultices, whole herb consumption, syrup, extracts, inhalation, local rings, incision and rubbing, charm belt, and other charm apparels. Medicines may be hawked by the ambulatory vendors (apothecary) or patients consulting practitioners. Charges are relatively cheap, consultation is prompt and the medicines are reportedly efficacious. Non-exclusion of anybody from patronizing and being organized around people's needs and expectations, which are two of the key elements of WHO to achieve the ultimate goal of primary health care of better health for all are affectively entrenched in the practice. We adopted and employed basic scientific method, anthropological training skills and study approaches in Humanities to elicit our findings. Government support is highly solicited
Key words: Primary health care, hebalism, Nigeria.

Introduction

Ethnobotany is the scientific study of the relationships that exist between people and plants (Cunningham, 2001). It aims to document, describe and explain complex relationships between cultures and uses of plants: focusing, primarily, on how plants are used, managed and perceived across human societies such as foods, medicines, tools, currency, clothing, textiles, in divination; in cosmetics; in dyeing; in construction; in literature; in rituals; and in social life (Cunningham, 2001). John William Harshberger, a US botanist coined the name in 1895. Dioscorides, the author of "De Materia Medica" provided information on how and when some 600 plants were gathered, whether or not they were poisonous, their actual use, and whether or not they were edible, he also provided recipes and stressed the economic potential of these plants in the Mediterranean. Leonhart Fuchs cataloged 400 plants native to Germany and Austria in 1542. Leopold Glueck in 1896 published the first modern ethnobotanical work on traditional medical uses of plants done by rural people in Bosnia. The field of ethnobotany requires a variety of skills: botanical training for the identification and preservation of plant specimens; anthropological training to understand the cultural concepts around the perception of plants; linguistic training, at least enough to transcribe local terms and understand native morphology, syntax, and

semantics (Cunningham, 2001). The information on the traditional uses of plants is still intact with the natives who reluctantly or almost totally decline information sharing with researchers (Sofowora, 2006). Herbalism is a traditional medicinal or folk medicine practice based on the use of plants and plant extracts. Herbalism is also known as botanical medicine, medical herbalism, herbal medicine, herbology, and phytotherapy. The scope of herbal medicine is sometimes extended to include fungal and bee products, as well as minerals, shells and certain animal parts (Sofowora, 2006). The ultimate goal of primary health care is better health for all (WHO, 2007, 2008, 2009). WHO has identified five key elements to achieving that goal. These include: reducing exclusion and social disparities in health (universal coverage reforms), organizing health services around people's needs and expectations (service delivery reforms), integrating health into all sectors (public policy reforms), pursuing collaborative models of policy dialogue (leadership reforms) and increasing stakeholder participation.

All of these key elements are entrenched in the practices of traditional medicine which is wildly gaining popularity in the country because of the intrinsic advantages of efficacy, prompt delivery, cost effectiveness and easy accessibility. Public health is battered by the consequences of bad policies made in other sectors. Already, the costs of health care push an estimated 100 million people below the poverty line each year; the market does not solve social problems but public health does (WHO, 2007, 2008, 2009). The world health watch dog has declared that people should not be denied access to life-saving and health-promoting interventions for unfair reasons, including those with economic or social causes. WHO contended further that it should be pursued for its own sake, its own intrinsic worth as a condition that allows people to develop their human potential. In fact, as a basic human right, the Declaration of Alma-Ata launched primary health care as the route to health for all, this was a deliberate effort to tackle huge, and largely avoidable, differences in the health status of populations. The declaration put health equity on the international political agenda for the first time. By this declaration, it means that health is of life-and-death importance. Traditional medicine has bridged the differences the inequalities in health outcomes, access to care, and what people pay for care. All too often, people who are well-off and generally healthier have the best access to the best care, while the poor are left to fend for themselves. However, it is noted in the present finding, both the rich and the down trodden poor seek medical treatment in the traditional way. They have boycotted the unnecessary tests and procedures, more and longer hospital stays, higher costs, and the exclusion of people who cannot pay.

The primary health care, as observed by WHO (2007, 2008, 2009), is a people-centered approach to health that makes prevention as important as cure; the approach is expected to tackle the root causes of ill health, also in non-health sectors, thus offering an upstream attack on threats to health. With the proper mechanism being in place, it can prevent much of the disease burden, and also prevent people with minor complaints from flooding the emergency wards of hospitals. Health is the very foundation of productivity and prosperity and a contribution to social stability; in fact the practice of herbalism in the cosmopolitan south west Nigeria has offered this.

The practice has the crude but rapid delivery system that is capable of reaching those in greatest need, If the world desires to have health to work as a poverty-reduction strategy; then, the exploit has to be extended beyond the modern medicine but cover the whole gamut of the operations of the herbal traders in the delivery of primary health care in all countries of the world. A serious research work on scientific and humanistic study of herbalism as well as anthropogenic and cultural investigations should be funded by government to achieve these laudable goals. Similarly, government should help in conservation, setting up herbal drug manufacturing centres and establishment of traditional medical centres.

Herbalism is a traditional medicinal or folk medicine practice based on the use of plants and plant extracts. Herbalism is also known as botanical medicine, medical herbalism, herbal medicine, herbology, and phytotherapy. The scope of herbal medicine is sometimes extended to include fungal and bee products, as well as minerals, shells and certain animal parts. Long practiced outside of conventional medicine, herbalism is becoming more popular as improvements in analysis and quality control along with advances in clinical research show their value in the treatment and prevention of disease. Countries in Africa, Asia and Latin America use traditional medicine (TM) to help meet some of their primary health care needs. In Africa, up to 80% of the population uses traditional medicine for primary health care. In industrialized countries, adaptations of traditional medicine are termed "Complementary" or "Alternative" Medicine (CAM). Medicinal plants are able to produce substances that have therapeutic properties. Such plants are able to produce and accumulate substances that have medicinal properties. In rural areas where access to orthodox medical care is difficult to get, knowledge of herbal medicine is commonly shared such that most people know which plants to harvest in their environment for minor ailments which may be symptomatic for a more a more serious one. Plants were collected from nearby bush as at when needed. For a number of more serious ailments, people consult herbalists who are specialized in herbalism; they collect plants from far and near, administer their preparations and charge a fee. However, in urban areas sick people either go to herbal homes or patronize ambulatory vendors (Kadiri, 2008). The ambulatory vendors (male and female) hawk and dispense already prepared drugs from plants for several ailments to users belonging in all the social strata.

The contributions of herbalism: herbal trade, usage and handling to primary health care delivery system in the south-west Nigeria is investigated, in this study, with the view to evaluate and document the various ailments that are attended to by the practitioners; to report all the plant specimens which are used and transported on daily basis within the southwest and from other parts of the country to this area and to shed more light on the activities of the herbal traders, users and government with a view to determine how far traditional medicine has become contributory to health care delivery in the south west Nigeria. We adopted and employed basic scientific method, anthropological training skills as well as study approaches in humanities to investigate the phytomedical practices of the herbalists and their consequences on primary health care delivery system in the study. In the area, herbalism has been revitalized and attracts more people in recent times than before. Many of the activities of the herbalists have touched the lives of the people on daily basis because the health issues that are addressed have direct link to productivity at work, reproduction, body immunity, common vector borne ailments, few congenital maladies, minor injuries and mishaps, sound health maintenance, inexplicable acclaimed uses such as protection from witchcraft and accidents, undue favouritism or luck, spiritualism and so on.

Materials and Method

The data were obtained from herbal traders across the south western Nigeria (Lagos, Ogun, Oyo, Osun, Ondo and Ekiti states) by means of oral questions and structured questionnaire, which was sometimes interpreted in order to cater for communication inadequacies. Some difficulties were encountered in getting information from the respondents because of their loss of confidence in government and previous questioners who promised to help present their issue of patency and better livelihood among others to the government. Table 1 contains some of the questions that were asked. A total of 1,861 people were interviewed out of which 549 (29.5%) were males and 1,312 (70.5%) were females. Many of the plant used for treatment were collected and bought for nomenclatural determination in the herbarium of Universities of Lagos and Ibadan, and Yoruba names of the

plants given were confirmed and scientific names were obtained from Gbile (1984).

Result and Discussion

The medicinal plant specimens that were used on daily basis and the various ailments that were treated almost on daily basis too are presented in Tables 2 and 3. 1,861 health services providers were interviewed, out of which 29.5% were males and 70.5% were females. Both males and females use herbal medicine. The ages of the service providers ranged from 32 to 85, their year of experience varied from 7 to 55 years and 89.7% of them were literate with the minimum educational level of first school leaving certificate or its equivalent, while 0.9% of the respondents had university education and the rest were illiterates. Knowledge transfer is usually from parents to children, sometimes some of the respondents enroll as apprentices where they either receive training free of charge or pay a reasonable fee for tuition. Plant materials were obtained from neighbouring forest areas within the country and the surrounding countries like Cameroon and Republic of Benin. The respondents were all inclined to early treatment of ailments, less than 5% accept late ailments for treatment. Charges were largely dependent on the nature of sickness. 95% of the respondents agreed to own medicinal farms where they cultivate their plants whereas 5% believed that plants were nature's gift, and so they cannot be depleted.

85% of the respondents were afraid of meeting with government for fear of depriving them of their knowledge, according to them, government is deceptive and exploitative. We found out from the study that the preparations marketed were available in the following forms:

Tinctures - Alcoholic extracts of herbs.

Herbal wine and elixirs - Herbal wine is a maceration of herbs in wine, while an elixir is a maceration of herbs in spirits.

Tisanes - Hot water extracts of herb.

Decoctions - Long-term boiled extract of usually roots or bark.

Macerates - Cold infusion of plants with high mucilage

Vinegars - Prepared at the same way as tinctures, except using a solution of acetic acid as the solvent.

Topicals: This involves soaking in plant oils to extract certain phytochemicals. Ointments used for dressing wounds are prepared this way.

Poultices and compresses - Whole herb (or the appropriate part of the plant) is usually crushed or dried and re-hydrated with a small amount of water and then applied directly in a bandage, cloth or just as it is.

Whole herb consumption - This can occur in either dried form (herbal powder), or fresh juice, (fresh leaves and other plant parts).

Syrups - Extracts of herbs made with syrup or honey.

Extracts - Include liquid extracts and dry extracts. Liquid extracts are liquids with a lower ethanol percentage than tinctures. Dry extracts are extracts of plant material which are evaporated into a dry mass. They can then be further refined to a capsule or tablet.

Inhalation as in aromatherapy can be used as a mood changing treatment to fight a sinus infection or cough or to cleanse the skin on a deeper level.

Other preparations include local rings that have been soaked in many plant concoctions, incision and rubbing, charm belt, and other charm apparels which are worn.

In conclusion, all the respondents suggested funding by governments, teaching of traditional medicine in

schools, supply of incentives such as machines for drug processing, establishment of medicinal plant garden across the country, provision of good roads, consistent public enlightenment and availability of bank loans as means of improving the contributions of herbalism to primary health care delivery.

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Table 1: Ethnobotanical Research Questions.

Question	**Response**
Name of Market	
Sex	
Tribe	
Age / Level of education	
Year of experience / Have you attended any refresher course(s)	
Source of Knowledge	
Method of transferring knowledge Any training cost?	
Do you have another source of income aside herb selling?	

Source of plant material and plant parts that are commonly used	
Which do you prefer to treat, early ailments or late (advanced) ailments	
Position as to release of information to government	
Known common ailments that have been cured by herbs	
Daily financial gains / Name of herbal association membership	
Cost of herbs and in what quantity	
Names of commonly used plant specimens	
Do you think the supply of the plants can diminish? Any reason your answer?	
How do you think the business can improve?	
What do you think about owning a medicinal plant farm?	
If invited, will you like to share your knowledge with government? If no Why? An advice for government	
What time of the day do you collect plant specimens? What's the reason for the choice?	

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Table 2: Scientific names of plants used in primary health care delivery in south western Nigeria.

Dracaena surculosa, Aristolochia repens, Lannea welwitchii, Xylopia aethiopica, Euphorbia lateriflora, Cassaia tora, Hannoa undulate, Cymbopogon citratus, Calotropis procera, Mangifera indica, Citrus medica, Bambusa arundinae, Alstonea congensis, Ageratum conyzoides, Kigelia africna, Camellia sinensis, Pseudocedrela kotschyi, Dioscorea sp., Carica papaya, Aloe vera, Eugenia aromaticum, Zingiber officinale, Parkia biglobosa, Azadirachta indica, Cassia occidentale, Allium sativum, Anacardium occidentale, Cassia podocarpa, Cassia alata, Garcinia kola, Nauclea latifolia, Abrus prcatorius, Annona senegalensis, Ficus exasperata, Cola spp., Morinda lucida, Caesalpinia bonduc, Mucuna pruriens, Mucuna poggei, Piper guineense, Rauvolfia vomitoria, Lawsonia inermis, Abelmoschus esculentus, Adansonia digitata, Nicotiana tabacum, Mondia whitei, Xanthoxylum xanthozyloides, Ocimum spp., Cocos nucifera, Acalypha wilkesiana, Colocynthis citrullus, Allium ascalonicum, Terminalia, Vernonia amygdalina, Telfaria, Jatropha curcas, Elaeis guineensis, Zea mays, Talinum triangulare, Bryophyllum pinnatum, Musa spp., Crotolaria retusa, Citrus spp., Dioclea reflexa, Thaumatococcus danielli, Sorghum bicolor, Ricinus communis, Sida acuta, Tatracarpidium Conophorum syn Kenettia conophora, Vitex doniana, Ananas comosus, Pterocarpus osun, Capsicum spp., Anthocleista nobilis, Croton penduliflorus, Cissampelos owariensis.