



AN ASSESSMENT OF HERBAL MEDICINE TREATMENT IN NIGERIA

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ABSTRACT

The focus of this research was on patronage of herbal medicine and its relationship with public health and how it could be integrated into public healthcare delivery in Plateau State. The study adopted a cross-sectional design involving the administration of questionnaires to 381 respondents and key informant interview with relevant stakeholders in the fields of herbal medicine and public health in Plateau State. The data obtained was analysed and presented in simple percentages, tables and charts using thematic content analysis. The study found a positive relationship between herbal medicine and public health, and the need to include herbal medicine into essential medicine list in Plateau State. The study also established impressive patronage of herbal medicine in public health care delivery in Plateau State with families very often using herbal medicine for treatment of diseases or for personal wellbeing. The study therefore recommended that Plateau State government should build the capacity of herbal medicine practitioners on dosage, efficacy, and safety measures of herbal medicine and on primary healthcare delivery, and subsequently establish policy to guide the use of herbal medicine and its practice on the Plateau.

Keywords: Herb, Herbal Medicine, Healthcare, Health, Plateau State

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1. Introduction

The World Health Organisation (WHO) defined herbal medicine (HM) to comprise herbs, herbal materials, herbal preparations and finished herbal products that contain, as active ingredients, parts of plants, other plant materials or combinations thereof (WHO, 2022). The WHO describes public health (PH) as the delivery of health services where people receive a continuum of health promotion, disease prevention, diagnosis, treatment, management, rehabilitation, and palliative care services, according to their needs at different levels and sites of care within the health system (WHO, 2018). According to the WHO, about 80% of the world population depends on HM for their primary healthcare needs (Ahmad and Ahmad, 2019). Herbalism, a practice of herbal medicine by the practitioners has a long tradition of use outside conventional medicine. The practice is becoming a mainstream as improvements in analysis and quality control reveal the value of herbal medicine in treating and preventing diseases (University of Maryland, 2016). A market research report put together by the HexaResearch revealed the global HM market size growing to USD 44.6 billion by 2024 (HexaReserch, 2017). This estimate could be attributed to the increasing preference of consumers towards herbal medicines which they believe do not cause overdose toxicity or believe to have fewer side effects and increasing interest in research investments in the field of HM.

The practice of herbal medicine is adjudged to be compatible with peoples' cultural values, beliefs, and world views regarding the meanings of health, illness, and healing (Barimah, 2013). This holistic nature of traditional medical therapies is what makes them favourable among many rural and low-income populations (Krah et al, 2018). It has been argued that in Ghana, Mali, Nigeria, and Zambia, herbal medicine is the first option for treating 60 per cent of children with malaria-induced high fever (Ofosu-Amaah, 2005). Monitoring health trends is a core function of the WHO and is key to supporting countries in generating evidence-based policies and strategic plans. It was in this regard the WHO, reviewed global progress in traditional and complementary medicine, which HM is part of, spanning over two decades based on contributions from 179 Member States. The report clearly revealed that more countries are recognising the role of traditional and complementary medicine in their public healthcare delivery (WHO, 2018).

Globally, HM is being used and is making significant contributions to meet the healthcare needs of populations in developing countries and many other developed countries, including the United Kingdom, Canada, the United States, and Australia (Hussain and Malik,

2013). It has been reported that countries like China, Japan, Singapore, India, the Republic of Korea, and Hong Kong have long integrated HM into their mainstream healthcare systems (Nimoh, 2014).

In Africa, research programmes on traditional herbal remedies and the regulation of their use have been developed in few countries such as Ghana, Kenya, and Zimbabwe. Governments of these countries have long put in place, policies and legislations regulating the use of traditional medicine (Ofosu-Amaah, 2005).

In Nigeria, although the accessibility to the Western healthcare has improved due to the introduction of the National Health Insurance Scheme in 2005, the availability of both healthcare facilities and health personnel, especially in rural areas, is still a major challenge. The establishment of Nigerian Traditional Medicine Policy (FMH, 2007) following the first WHO Traditional Medicine Strategy of 2002-2005 (WHO, 2002), did not yield significant progress on the road towards the integration of HM into formal national healthcare delivery fifteen years now due to lack of implementation strategies. This in addition to the fact that the WHO has already updated the first strategy covering 2014 - 2023, to enhance the framework for action laid out in the previous strategy, which is critical to WHO Member States (WHO, 2022). Therefore, Nigeria needs to step-up effort towards the integration of HM to meet the desired goal of health for all, which will also contribute to strengthening local governance in Nigeria.

Despite the significant progress made around the world in addressing the relevant issues in relation to HM, such as legislation, human resources development and partnerships between traditional and conventional medicine practitioners around the world. Nigeria continued to experience such challenges especially in relation to development of policy and criteria for inclusion of HM into the mainstream healthcare delivery. The inappropriate use of HM, lack of government patronage for research and development in HM, the widespread public perception that herbal products are safe, research has demonstrated that these products carry the same dangers as other modern drugs.

2. Historical Context of Herbal Medicine in Nigeria

Herbal medicine is the oldest form of healthcare known to mankind as herbs had been used by all cultures throughout history. Herbal medicine was an integral component in the development of modern civilisation as primitive people observed and appreciated the great

diversity of plants available to them. As plants provided food, clothing, shelter, and medicine, much of the medicinal uses of plants were developed through observations of wild animals, and by trial and error. As time went on, different tribes gathered knowledge on uses of herbs around them and added into their knowledge base. Information on medicinal herbs was methodically collected overtime and developed into herbal pharmacopoeias. Even well into the 20th century, much of the pharmacopoeia of scientific medicine was derived from herbal folklores of the native peoples (Falodun and Imieje, 2013). It has been reported by the WHO that since early 19th century, the use of traditional herbal medicine, has expanded globally gaining much popularity. It has also been noted that it has continued to be used for primary healthcare for not only in developing countries but also in the so-called developed countries where conventional medicine is predominant in their national healthcare system (WHO, 2022).

The historical context of indigenous herbal medicine in contemporary Nigeria must first be located within the nation's historical context. Although our indigenous medical practices have existed for many years, conflict of interest in its continued knowledge and development began essentially when European cultures established contact with ours around the fifteenth century. In the pursuit of their objectives, some aspects of our local cultural practices including traditional herbal medicine were seriously distorted over the years not only among the Europeans but also among the so-called educated Nigerians, particularly in the medical profession. As a result of such distortion, our educational system classed the study of indigenous medical beliefs and practices with research on religion, anthropology, and magic rather than as a foundation formed education as practiced in China and the orientations (Emmanuel, 1973). However, since the 1960s, a new realization has dawned on the Nigerian research community and indeed on many other post-colonial states in the developing world that the colonially inherited healthcare system is not only expensive but also does not meet the health needs of the majority populace (Harrison, 1973). Added to this consciousness was the global renaissance towards herbal medicine as attested to by the WHO showing increasing global trend to incorporate herbal medicine in the healthcare systems of both developed and developing countries to combat chronic ailments for which conventional medicine has not proved efficacious (WHO, 2018). There was also the growing appreciation that all people have modes of dealing with their health problems and therefore, health policies and programmes must be made to operate meaningfully within a medical pluralistic milieu (Orgah, and Orgah, 2015). Consequently, that has provided Nigeria with the elixir to explore ways of linking indigenous healing practices with biomedical system. This has also provided clinical

researchers the opportunity to seek the needed translational evidence for integration of herbal medicines into the mainstream healing system.

3. Historical Context of Public Health in Nigeria

Over the years, the public health system in Nigeria has had huge landmark achievements. For example, in 2014 and 2019-2021, the swift public health response to the Ebola and COVID-19 outbreaks were responsible for containing such deadly epidemic and pandemic respectively without causing much setback to Nigeria’s health and economic systems. Typically, the response to disease outbreak in Nigeria has been the combined effort of the Nigerian Government and international donor agencies. But beyond these, there is a need for the government to protect against these threats by installing strong public health infrastructures and healthcare systems. One of the mainstays of a robust public health system is the presence of a functioning healthcare system, which starts from the most basic level which is the primary healthcare system. Although the inadequate programs designed to address these health problems in Nigeria have led to the little improvement in health status of the populace, the launch of the health policy in 2016 seems to be changing things for the better Nigerian.

4. Analysis

Three hundred and eighty-one (381) questionnaires were administered to the selected respondent and all the questionnaires (100 %) were retrieved as shown in Table 4.1. This response rate has clearly revealed the high enthusiasm, commitment and high level of importance the respondents attached to this study which deals with herbal medicine and public health in Plateau State. The efforts of the leaderships of the associations of the respondents in making sure that all questionnaires were filled and returned are quite commendable.

Table 4.1: Response Rate of Administered Questionnaires

Questionnaire	Number	Percentage
Number returned	381	100.0
Number not returned	0	0
Total number administered	381	100.0

5. Demographic Analysis of the Respondents

This section presents the demographic analysis of the respondents in various clusters of gender, age-group, marital status, highest educational qualification, occupation, period of practice, and location of practice in Plateau State.

6. Gender

Figure 4.1 indicates that out of the 381 respondents, there were more male respondents (59.6 %) compared to females (40.4 %). The higher response from the male could be due to the greater number of male personnel in both the field of herbal medicine practice as well as the public health in the State. Hence, the gender disparity does not distort the validity of the outcomes of the research.

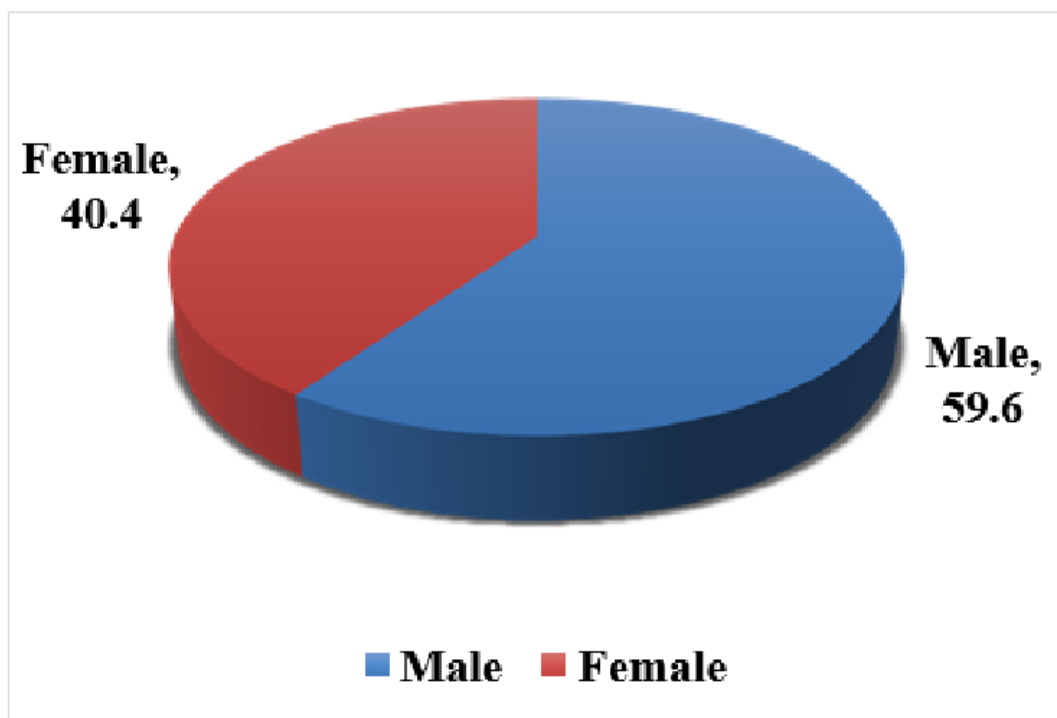


Figure 4.1: Distribution of Respondents by Gender

7. Age Group

Figure 4.2 indicates that majority of the respondents were distributed within the age bracket of 21 and 50 years old. This includes ages of 21 to 30 years old being 74(19.4%); ages of 31-40 old being 127 (33.3%); and ages of 41-50 old being 113 (29.7 %). The age group of

over 50 years old had the least respondents being 67 (17.6 %) with none of the respondents had less than 20 years of age. It is not surprising that the least respondents were those above 50 years old as retirement age for public servant in Nigeria starts at 60 years of age.

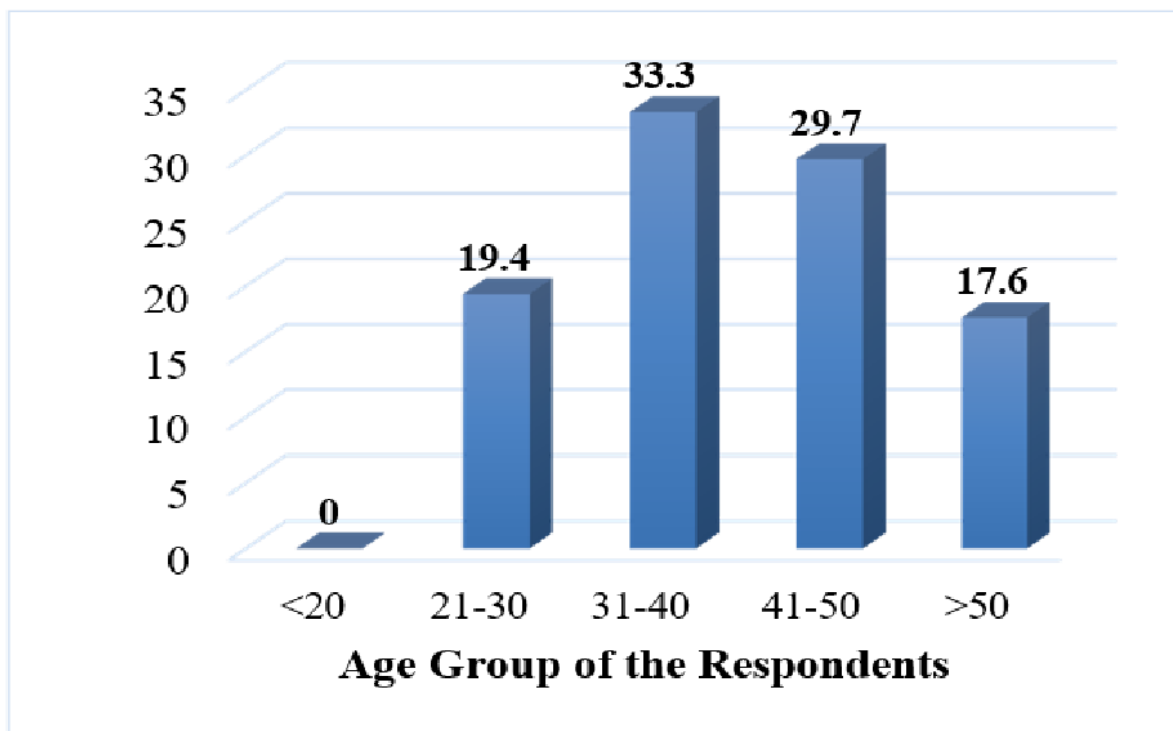


Figure 4.2: Distribution of Respondents by Age Group

8. Marital Status of the Respondents

The marital status of the respondents as shown in Figure 4.3 revealed that majority of the respondents 287 (79.5 %) was married. This is followed by respondents who were single being 36 (10 %). However, 27 (7.5) of the respondents were found to be widowed and 11(3.0%) of respondents were found to be divorced respectively.

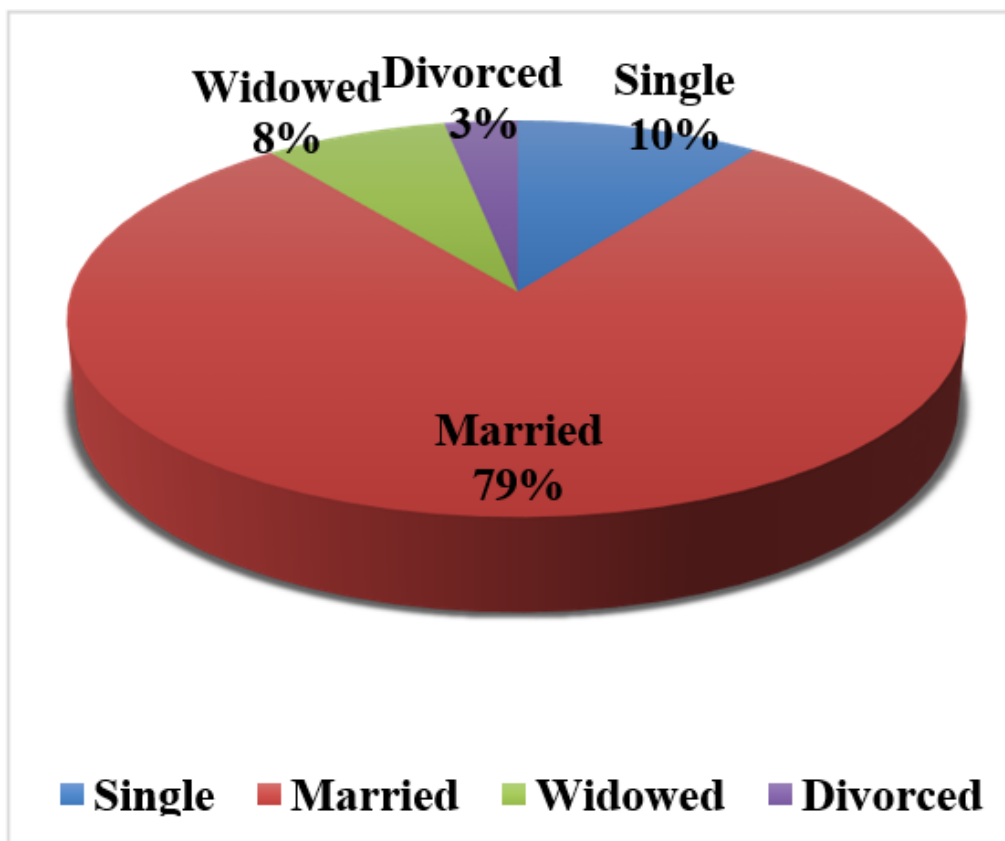


Figure 4.3: Distribution of Respondents by Marital Status

9. Educational Qualification of the Respondents

From Figure 4.4, the study indicates that majority (74.2 %) of the respondents only hold secondary school leaving certificates as their highest educational qualification. The highest educational qualifications of other respondents included tertiary education, 17.9 per cent; postgraduate education,

3.1 per cent; and the rest constitute 4.8 per cent. This distribution, therefore, reflects the categorization of the respondents, majority of which were herbal medicine practitioners, who do not necessarily need tertiary education to practice.

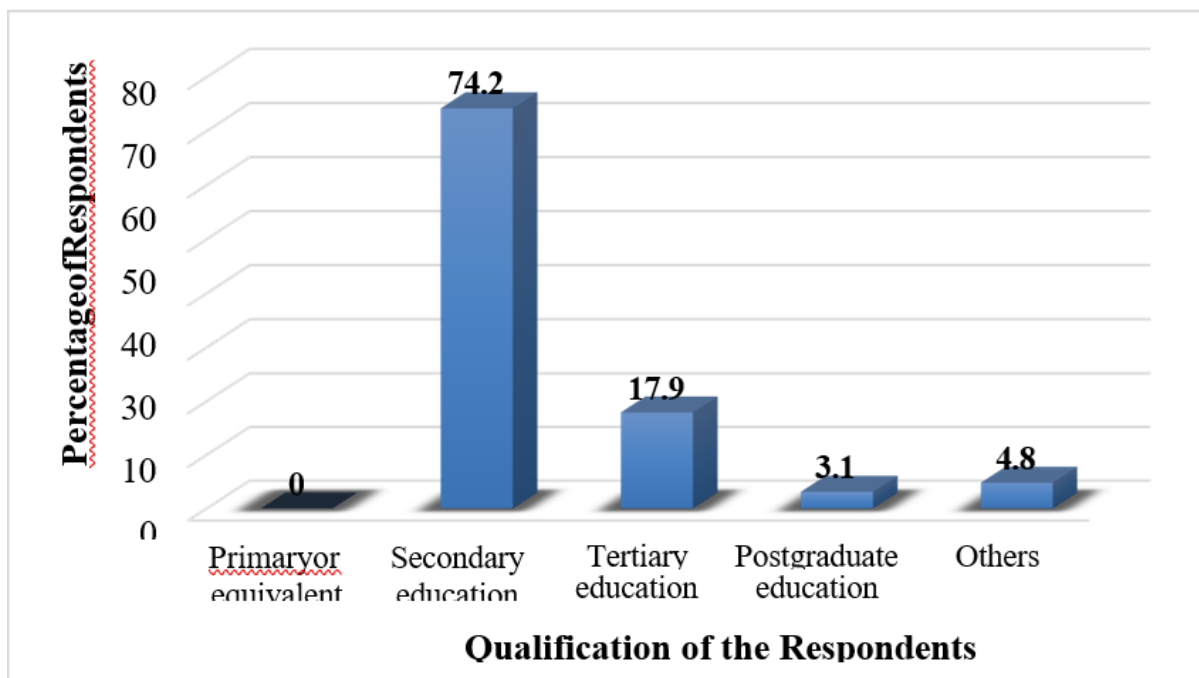


Figure 4.4: Distribution of Respondents by Highest Educational Qualification

10. Analysis on the Herbal Medicine and Public Health in Plateau State

This section highlights the analysis of data on herbal medicine and public health in Plateau State. The analysis is guided by the research objectives. The tables for the analysis of the survey are presented in Appendix IV.

A. Opinion of the respondents on the knowledge about herbal medicine on the Plateau

The question here sought to find out the knowledge of the respondents about what constitute herbal medicine. The respondents had the liberty to select as many of the options as they thought were correct and their responses are presented in Figure 4.8.

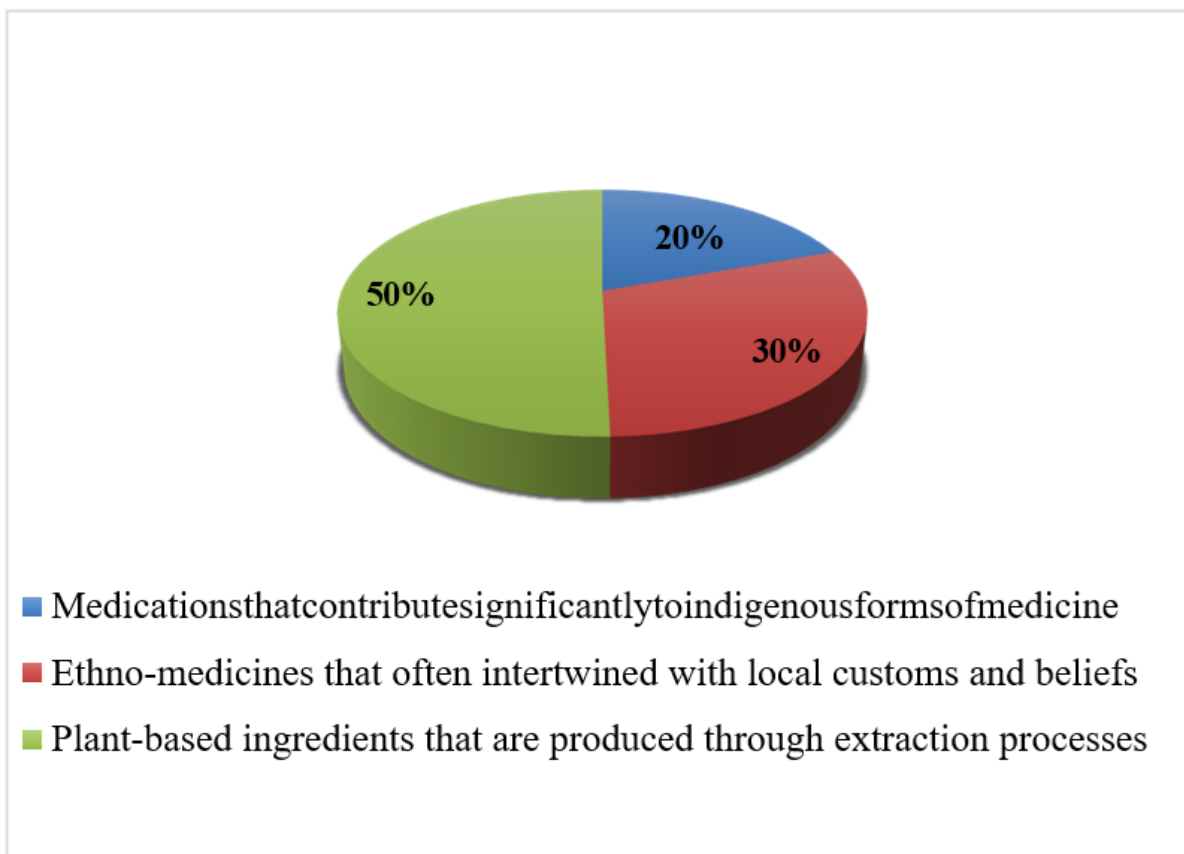


Figure 4.8: Knowledge of Respondents on what constitute Herbal Medicine

When asked to identify in their own opinion, what constitute herbal medicine, Figure 4.8 revealed that 50.0 per cent of the respondents indicated “plant-based ingredients that are produced through extraction processes”. Thirty (30.0) per cent of the respondents indicated “ethno-medicines that often intertwined with local customs and beliefs”, whereas the remaining respondents (20.0%) indicated “medications that contribute significantly to indigenous forms of medicine”. The finding implies that on individual basis, plant-based ingredients that are produced through extraction processes, followed by ethno-medicines that often intertwined with local customs and beliefs, and then medications that contribute significantly to indigenous forms of medicine were in the opinion of the respondents are what constitute herbal medicine. More than 50.0 per cent of the respondents were aware that not all the listed options constitute what could be referred to as herbal medicine, thus, majority of the respondents know this fact.

B. Opinion of the respondents on the use of herbal medicine in public healthcare delivery in Plateau State

Here the respondents were asked if herbal medicine should be used in public healthcare delivery in Plateau State. The opinions of the respondents are depicted in Figure 4.9.

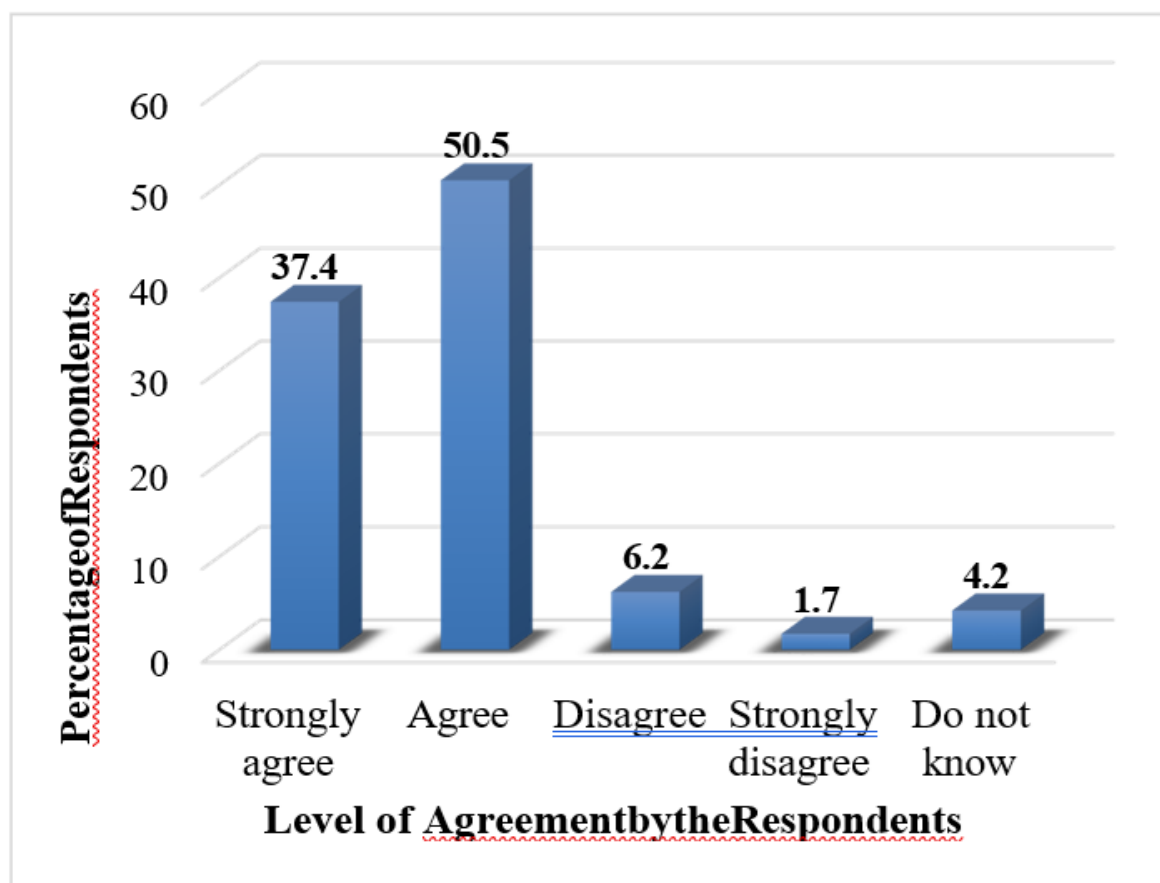


Figure 4.9: Opinion of the Respondents on Use of Herbal Medicine in Public Healthcare Delivery

Figure 4.9 indicated that 87.9 per cent of the respondents cumulatively agreed that herbal medicine should be used in public healthcare delivery on the Plateau. Only about 8.0 per cent of the respondents indicated their disagreement on the use of herbal medicine in public healthcare delivery on the Plateau. This finding clearly shows that the disparity between the responses (agreed, 87.9 % and disagreed 7.7 %) is very adequate to make deductions on the need to deploy the use of herbal medicine in public healthcare delivery on the Plateau. The finding agrees with the views of the key stakeholders interviewed by the researcher. Most of them in separate interviews with the researcher stated that herbal medicine has been in existence long before the coming of modern medicine and quite several of the modern medicines have their origin in herbal medicine. The Chairman, Pharmaceutical Society of Nigeria, Plateau State Chapter, averred that considering that majority of the population of the State are residing in the rural and semi-urban areas with little or no conventional health facilities and health professionals make herbal medicine an option for the sick people in such areas many of which are located in the hard-to-reach areas.

C. Opinion of the respondents on positive relationship between herbal medicine and public health in Plateau State

This question ought to ascertain the kind of relationship that exist between the herbal medicine and public health in Plateau State as opined by the respondents. The views of the respondents are presented in Figure 4.10.

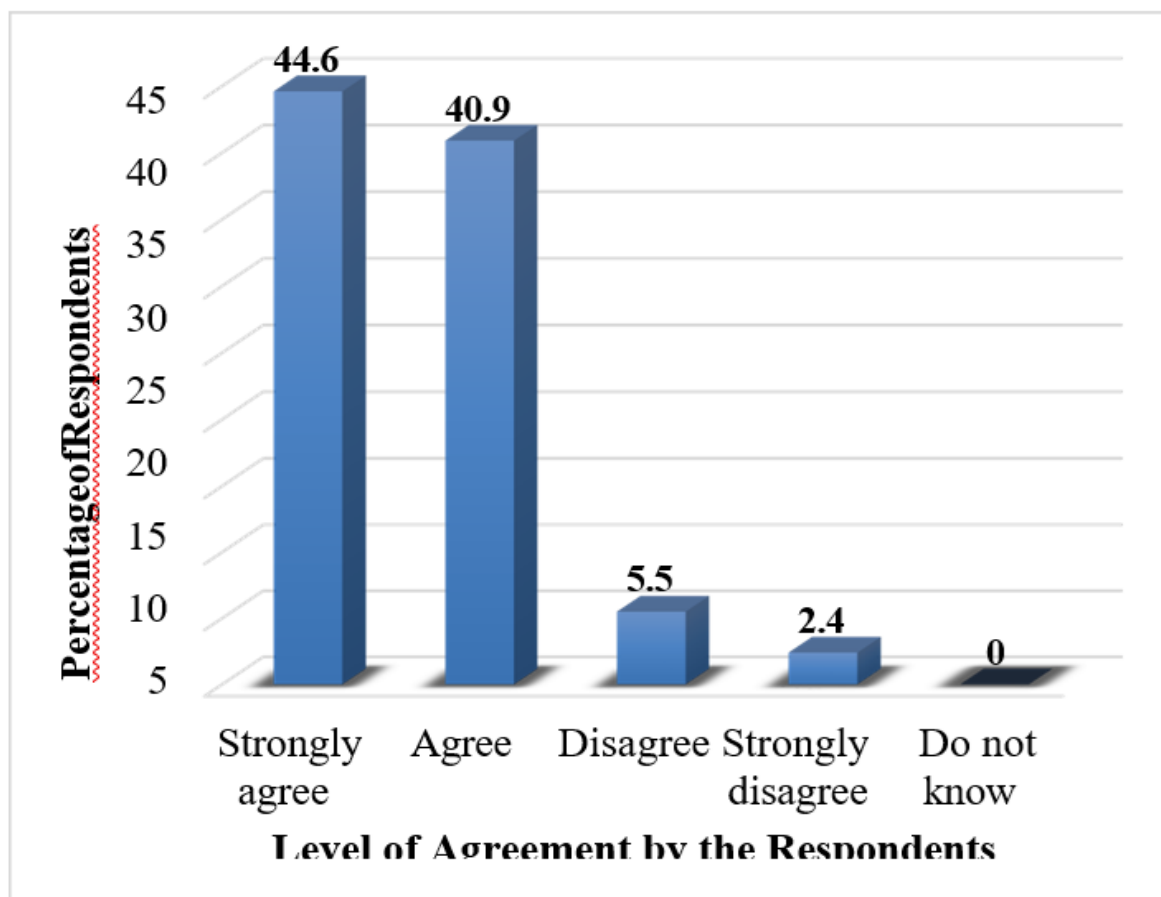


Figure 4.10: Opinion of the Respondents on Positive Relationship between Herbal Medicine and Public Health

To the question, do you agree that there is positive relationship between herbal medicine and public health in Plateau State, Figure 4.10 reveals that 44.6 per cent of the respondents indicated “strongly agree”, 40.9 per cent indicated “agree”, 5.5 per cent indicated “disagree”, whereas only 2.4 per cent indicated “strongly disagree”. The finding cumulatively reveals that more than 90.0 per cent of the respondents indicated “strongly agree/agree”, hence, it can be adjudged that there is positive relationship between herbal medicine and public health in Plateau State. This finding is in accordance with the view of the Director of Pharmaceutical Services, Plateau State Ministry of Health who stated that “although informal, in the sense that

there is no official statement, there is positive relationship between the herbal medicine and public health in Plateau State.”This was also substantiated by the Director, Primary Health care and Disease Control, Ministry of Health, Plateau State who opined that although herbal medicine in public health has not been given the desired acceptance and therefore exist as a parallel form of healthcare delivery, there exist a positive relationship between the two variables.

11. Discussion of Findings

The study established that what is known to constitute herbal medicine on the Plateau to include plant-based ingredients that are produced through extraction processes (50.0 %), ethno-medicines that often intertwined with local customs and beliefs of the local people (30.0%), and medications that contribute significantly to indigenous forms of medicine (20.0%). The finding implies that on individual basis, plant-based ingredients that are produced through extraction processes; followed by ethno-medicines that often intertwined with local customs and beliefs; and then medications that contribute significantly to indigenous forms of medicine were in the opinions of the respondents what constitute herbal medicine. More than 50.0 per cent of the respondents were aware that not all the listed options constitute what could be referred to as herbal medicine, thus, majority of the respondents know this fact. In a recent publication, the World Health Organisation (WHO) defines herbal medicines to include herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients parts of plants, or other plant materials, or combinations (WHO, 2022). It could be stated here that what the study established to constitute herbal medicine on the Plateau agrees with what is provided by the WHO, hence, majority of the people on the Plateau know what is referred to as herbal medicine.

12. Recommendations

1. The Plateau State government should establish policy on herbal medicine and herbal medicine practice on the Plateau.
2. The Plateau State government should build the capacity of herbal medicine practitioners on the Plateau on efficacy, dosage, and safety measures of herbal medicine and on the primary healthcare delivery.

3. National Association of Nigerian Traditional Medicine Practitioners Plateau State Chapter should register all herbal medicinal products on the Plateau with the National Agency for Food and Drug Administration and Control (NAFDAC).

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- [16] World Health Organization (WHO) (2022). Regional framework for harnessing traditional and complementary medicine for achieving health and well-being in the Western Pacific, A Publication of the World Health Organisation, Switzerland, www.who.int thus affect everyone. In the event of ill-health, the first consideration is often the location of a health care facility, and the type of care sought is often only as important as the health it brings. Where one therapy is ineffective, another is considered, and the process

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