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Traditional healthcare practices: Growing demands and emerging trends

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Abstract

The issue of health is seen as an accomplishment of harmonious integration of an individual with the entire universe, both spiritual and material. Thus understanding the issue of health and illness is predicted to hinge on a variety of diversified and distinctive factors such as cultural, geographical, social, political and economic dimensions. Due to this circumstance, many societies have a case to develop a healthcare system being acknowledged as an indispensable sphere to tackle a variety of health-and life-threatening ailments and diseases of their members. It is within this context that this paper reviews certain phenomena and factors galvanising the people in Nigeria to seek their healthcare needs in traditional healthcare which include its accessibility and acceptability, low cost treatment practitioners proximity, potency and efficacy, herbal formulations, enhancement of services and practices among others. The paper went further to highlight some emerging trends in this form of healthcare system.

Keywords: Traditional healthcare; Practices; Preference; Emerging trends; Nigeria

1. Introduction

Globally, the health and wellbeing of the populace assume to be the primary focus of most governments of many countries. This is due to the fact that a healthy nation is a wealthy nation. It is no wonder that a healthy population guarantees the survival of human existence but also these sets of people have a far-reaching role to play towards achieving growth, positive development and wealth creation in the society (Adefolaju, 2011; Akanle et al, 2017). For this reason, one can categorically say that different societies have evolved various forms of useful healthcare systems aimed at tackling life and health threatening ailments and diseases.

Meanwhile, traditional healthcare has been an integral part of healthcare systems for survival when it comes to healthcare needs among many cultures and societies in almost all countries of the world including Nigeria. Taking into cognizance that, this mode of healthcare was considered immemorial prior the advent and domination of Western forms of medical practices (Kwame, 2016; Haque et al., 2018; Agama and Onyeakazi, 2021). The World Health Organisation survey statistics showed that the world population's growing demand and reliance on traditional healthcare is increasing exponentially. Figures show that, for their primary healthcare needs, eighty percent of the ailing population across countries of the world including Nigeria rely on traditional healthcare. This implies that two in every three people on earth go for traditional healthcare for their primary healthcare needs (WHO, 2013).

Further, many studies in the world have even shown that traditional healthcare was the key development that led to the rise of conventional healthcare as such; a vast majority of people across countries depend on traditional healthcare for their primary healthcare needs. Seventy percent of Nigeria's population for instance sought their primary healthcare

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needs from traditional healthcare (WHO, 2003). In buttressing the cognizance of traditional healthcare as a fountain of primary health care most people sought prevailed on the World Health Organization to organise the Primary Health Care Declaration of Alma Ata Convention in 1978. Thus, it can be deduced as the first official recognition given to traditional healthcare.

2. Material and methods

This study is a desk review analysis of traditional healthcare upsurge utilization among the populace and its originating dimensions in Nigeria. The review undertook a qualitative approach to underscore various phenomena and factors behind the traditional healthcare growing patronage and utilization among the majority of people both in rural areas and urban centres. The factors identified as rationale behind its utilization include accessibility and acceptability; low cost treatment; practitioners proximal; potency and efficacy and; government recognition and approval among others. Likewise chronicle accounts of some emerging trends in this form of healthcare system are presented.

2.1. Theoretical Approach

The theory is a product of the analysis of hypotheses which is usually based on an informed guess. Theories are propounded to explain important concepts in research. Kerlinger (2000) defined a theory to mean a set of systematic views of a phenomenon by specifying relations among variables, to explain and predict the phenomenon. Therefore, this study revolves around two main theoretical frameworks in examining the dynamics and emerging trend in traditional healthcare practice in Nigeria. They include cultural ecology and modernization theories (Adefolaju, 2011; Akanle et al, 2017).

2.2. Cultural Ecology Theory

The concept of ecology is most common among students and teachers of Anthropology and Sociology, especially concerning treatises surrounding cultures and environment. This is to say, discourse and study relate to interaction among human beings, their culture as well as their environment. Anthropologists and Sociologists often describe human ecology as the study of relationships and interactions among humans, their biology, their cultures, and their physical environments. Many scholars have contributed to the development of Cultural ecology theory. However, the contribution of Julian Steward, an American Anthropologist, cannot be overemphasised. He coined the term Cultural ecology after the late 1930s to describe his ecological studies approach in anthropology. Steward (1955) asserted that the ecology of the human population is bound together around distinct cultural and distinct biological aspects, though these aspects were connected. Steward further maintained that what sets human beings and their cultures separate and above is the cultural element and aspect that has to do with technology. Human ecology, according to him, is interplay of culture, biology, and environment.

Cultural ecologists believe that the classification of elements in the environment such as soils, animals, plants, minerals, rocks, earth surfaces, climate, weather and astronomical phenomena is based on cultural construction and knowledge-based systems. The assumption is that every culture attaches meaning(s) and classifies things with their habitat. For instance, one culture may classify the usefulness of a plant or animal based on its morphology, while another culture might classify them based on their habitat. Based on this, the theory highlighted the concept of ethnomedicine. Ethnomedicine refers to medical traditional knowledge for healing and treatments. Thus the classification and use of plants, animals, and other substances for medical purposes are knowledge-based which is encoded in the area where it is being found. It has components including ethnopharmacology and ethnozoology. Another component is Ethnozoology.

The study of the inherent classification of, the significance of, and the use of animals in folk and indigenous societies is called Ethnozoology (Overall 1990). Animals' classification is based on a great variety of knowledge including their reproduction, biology, edibility, utility and seasonality among others. A detailed understanding of animal species is needed as some are suitable for food, some for bone, some for poison, some for hiding skins and some for other utilisation. This is required and significant for successful usage and exploitation. In this regard, however, this form of knowledge and many others that would be very useful that traditional people about animals and insects eluded Western science (Lee, 1984; Sutton and Anderson, 2010). As a way of justification, an instance of such knowledge and understanding can be found in the people of Navajo. These people living in the western United States can rightly identify close to seven hundred insects with their classification. In another instance, the hunter-gatherers who live in the Kalahari Desert in southern Africa have considerable sophisticated knowledge to identify multifarious animals and insects (Lee, 1984).

According to the argument of this theory, the current study applied Cultural ecology theory to understand the shade of culture, and social and geographical (environment) factors as they relate to traditional knowledge in collecting herbs, roots, animal materials, and other substances for medical use and advantage. Ethnobotany is another component which is the study of the knowledge of, classification of, the significance of, and use of plants (Ford 1994, 2001; Minnis 2000). Such knowledge encompasses how different plants are used for a myriad of purposes such as a source of food, cloth, tools, decoration, building material and much more. Some species may be used for food, some for skins, some for bone, some for poison, and some for many other things.

The more intimate knowledge the traditional people have about the general chemistry, the season of availability, biology and durability of different plants has placed them at greater flexibility and opportunity of using them. This knowledge on the contrary is unknown to the Western folk. In many situations also detailed understanding and knowledge of specific plants for medicinal uses and benefits are greatly acquired. Specifically, in traditional societies, this area of specialisation is called ethnopharmacology. This domain constitutes a set of people who with their religious beliefs acquire all sorts of medical knowledge in making use of herbs and other substances to treat illness as well all make magical spells to caponize human beings (e.g., psychotomimetic, hallucinogenic drugs). Despite the concept's popularity indeed, there is a cluster of arguments surrounding the classification of elements in cultural context; how knowledge is acquired and confined; and why such demarcations of knowledge are demographically, sociologically and economically relevant in social environment context.

Concerning the current study, Cultural ecology theory puts forward a significant framework to understand how people in different cultures and climes make use of plants, animals, and other substances in the environments for medicine. In other words, it elucidates the acquisition, perception and classification of traditional knowledge of medical healthcare. The criticism against the cultural ecology model has been moderate. The chunk of the criticism, according to Sutton and Anderson (2010) has to do with human placement. According to them, even though Cultural ecology theory acknowledges that there exist in biological and cultural contexts and aspects of human ecology different forces and factors shape them, it fails because it concentrates on viewing human beings in their cultural environment at the expense of other environments or has nothing to do with them.

2.3. Modernization Theory

The second theoretical framework is located in modernization theory. Essentially the process of change which accounts for those social, economic and political changes that happened between the 17th and 19th centuries in Western Europe and America is what is referred to as modernization. According to Harrison (1988), the aspects of westernisation that are in contrast and anonymous with the previous traditional societies and settings are therefore accepted to drive changes in modernising such traditional societies. This theory, as its name suggests, is a pointer to the concept of modernity which means what is 'in vogue in a particular place at a particular time. Spencer (1910), had earlier likened social aggregates to organisms which grow and become complex from relatively undifferentiated states (simple) in which the parts resemble one another into differentiated states (complex) in which these parts (institutions like health, education and economy) become dissimilar and functions become differentiated. It is against this backdrop, that the differences in traditional societies and cultures will dwindle as sequential to industrialization which brings about a shift toward modern society.

The world frameworks such as Millennium Development Goals (MDGs) and now the Sustainable Development Goals (SDGs) are set up among others for countries towards achieving growth in GDP and development in healthcare delivery systems that is accessible and affordable to all users irrespective of class. Therefore with particular reference to the transformation in traditional healthcare practice, modernization theorists assume that modernization comes into being through internal dynamics developed by the Nigerian society to ensure pervasive and sustainable good health for its members (Akanle et al., 2017). In many instances, According to modernization theorists tradition and modernity are incongruous. Consequently, the coming together of these momentums in the social system heralds imbalance along with instability. Be that as it may, they must coexist in such a symbiotic relationship to achieve the best. Here we are, in which Nigeria accommodates both traditional and Western medical systems (Akin, 2005; Adefolaju, 2011; Akanle et al, 2017).

3. Traditional Healthcare: A Historical Approach

Historically, traditional healthcare, also known as indigenous healthcare, ethno-healthcare, complementary healthcare or community health, is the oldest form of healthcare system that has stood the test of time (Abdullahi, 2011). A form of medicinal practice is culturally associated with local people who use it to combat various ailments that affect their lives. The World Health Organization (2006) defines traditional medicine as "the sum of knowledge, skills and practices

based on the theories, beliefs and practices of indigenous people in different cultures, used, understood or not, to maintain the physical and mental health of patients".

The healthcare practice which is as old as man himself entails collection of medicinal plants (roots, stems, leaves, bark, flowers, fruits, seeds, etc.), animal and insect extracts such as snails, snakes, chameleons, turtles, lizards, cats and bees are also used to solve problems of human diseases and ailments (Aquaowo, 2000). According to the World Health Organization (WHO), traditional healthcare is "a body of knowledge, skills, and practices based on the theories, beliefs, and practices of various cultures that are used to promote health, prevent disease, diagnose disease, improve or treat physical and mentally ill." According to Owete (2014), traditional healthcare (medicine) is the amount of knowledge, ideas and practices used to diagnose, treat or eliminate physical, mental, social or social or genetic diseases that can only be acquired through knowledge passed down from generation to generation from past experiences and observations.

Traditional healthcare is often associated with magic and superstition because people lack the scientific understanding to explain and predict the healing effects of plants. An example of such an absurd concept is the doctrine of the hand found in many healing cultures of the world (Boehme, 1982). In some countries, traditional healthcare often uses crude medicines such as drops, teas, poultices, powders, and other herbal formulations, and the methods of use for specific diseases are passed down orally (Back and Cox, 1997; Samuelsson, 2004). All human beings, regardless of gender, caste, tribe, community or place of residence, have their own beliefs and practices regarding health and illness. Community cultural practices not only affect health but also all aspects of life; contribution to community functioning and disease status (WHO, 2013).

Furthermore, Centre for the Study of Religion and Culture (CSRC, 2005) has conceptualised the term traditional healthcare to represent the alternative or non-conventional modes of treatment often involving the use of herbs in a non-orthodox manner as well as the process of consulting herbalists, mediums, priests, witch doctors, medicine men and various local deities when seeking a solution to diverse illnesses. Consequently, new dimensions and emerging trends are showing up in traditional healthcare practices in various ways in terms of the mode of dispensing healthcare treatment, diagnosing illness, drug description and a lot of others to their users.

Hence, countries of the world inclusive of India, China, Canada, Korea Republic, South Africa, Ghana and many other countries have integrated traditional healthcare into their health care delivery system (Ofosu-Amaah 2005; Adefolaju, 2011; Kwam, 2016). In Nigeria, abreast the prohibitive and expensive cost of modern healthcare services, lack of access to it, together with momentous inequalities that both exist in the provision of healthcare facilitated amenities and workers in the seam of rural communities and urban centres makes traditional healthcare attractive to many in rural areas. Nevertheless, Niggemann and Grüber (2003) and Akanle et al, (2019) argued that the use of traditional healthcare services has lingered to flourish and make headway among the rural inhabitants where unarguably more than half percent of the population reside because getting access to modern health care facilities and service is lesser. It is worth noting that even in urban centres the reality of seeking traditional healthcare products and services among the populace is gaining significance.

Notwithstanding the development of a far-reaching network of orthodox medical care services all over the country, traditional healthcare still plays an important role in healthcare delivery services at the community level (Adefalaju, 2015; Ndubisi and Kanu, 2021). Fundamentally, some phenomena and factors have been adduced for its preference which includes its low cost, availability, accessibility, perceived efficacy and safety, inclined with the patient's cultural and religious belief and values. Inherently, new trends are also becoming apparent in this form of healthcare practice which hitherto is not to be found.

3.1. Genesis of Traditional Healthcare Knowledge

From the literature, copious postulations have been put forward with respect to the fountain of traditional healthcare knowledge and practices among the Yoruba people for instance in Nigeria. This is particularly apparent because of the intuition that it has different layers of origin. Borokini and Lawal (2015) offered many sources of traditional healthcare knowledge in Yoruba cosmology. In buttressing their findings, they categorised that Yoruba traditional healthcare knowledge was acquired from the following sources: Allah, Angels, visions and dreams, animals, signatures as well as the esoteric world. According to them, the alpha source of medicinal knowledge is acknowledged by Allah, the Creator of the universe. It is worth mentioning that traditional healthcare practitioners strongly believe that the Almighty Allah inspires the curative and healing knowledge of plants and the like to His messengers who in turn transmit such conversance to their followers and/or mankind. This is further buttressed by the fact that the use of herbs, and honey as treatment can be found in the revealed books such as the Torah, Gospel and Holy Quran.

Moreover, as a complement to the one mentioned above, some traditional curative knowledge springs from Angels that informed, instructed or briefed such to mankind. Thus, the Yoruba hold the belief that since the angels are intermediaries between the Creator and human beings, many of the traditional healthcare practitioners who can communicate with them received knowledge from these celestial beings. Visions and Dreams also form the sources of knowledge of traditional healthcare practice among the Yoruba people. The process involves creating a nexus between diagnosing the cause of an illness of a patient when s/he consult a healer and carrying out the healing process through divination. Part of this may involve communication with extraterrestrial beings through visions/dreams to know the actual cause of the illness and more importantly, its cure.

Sources of knowledge for traditional healthcare practice in this respect are acquired by being observant of animals chewing specific leaves as antidotes for wounds or relieving pain. In an actual sense for instance, when a hunter shot an Antelope If such animal run away and chewed a specific plant and did not die, the hunter quickly noted the plant as a possible antidote for relieving pain or wound or otherwise when a separate animal chewed a leaf and accidentally died such leaf will be marked as poison (Sofowora, 2018). Succinctly Borokini and Lawal (2015), asserted that the knowledge of the use of coffee leaves (Coffee spp.) for blood clotting was documented from monkeys who were shot and quickly ran to eat and rub coffee leaves on the wounds and the bloody wound and blood loss stopped. Likewise nowadays, in testing the therapeutic ability, toxicity level, and pharmacokinetics of a novel drug, animals are kept in laboratories for these purposes.

Another source of acquiring traditional healthcare knowledge among the Yoruba is through signature. This is a situation in which a plant structure that resembles an ailment or sickness is used to treat such ailment in human beings. For example, to increase the amount of milk production in the case of breastfeeding mothers, plants that contain white latex are used and those with big ripe fruits are used to increase fertility. Similarly, in treating kidney problems, red kidney beans among other legumes are used while walnuts are used to treat brain problems.

A distinct source of traditional healthcare knowledge that eluded the imagination of an ordinary man is gained through having access to an esoteric and mystical world. In a nutshell, the origin of knowledge is characterised and stems from supernatural contact of the spirits involving esoteric communications, in dreams, imaginations, trance, visions, guesses, and communication with extraterrestrial beings.

3.2. Specialists in Traditional Healthcare

Generally, in Africa and Nigeria in particular, there are emerging facts from the literature that the quintessence of traditional healthcare practitioners is considered as attaining knowledge in traditional healthcare delivery to treat all sorts of illnesses, ailments, afflictions and disorders (Paul 2018; Ndubisi and Kanu, 2021; Agama and Onyeakazi (2021). These practitioners are considered to be versatile in indigenous herbalism and spirituality. They affirm that they are capable of providing treatment, medication and remedies to a variety of diverse illnesses, venereal diseases, afflictions, and other ill-health conditions, including fever, eczema, burns and wounds, cholera, stroke, asthma, high blood pressure, epilepsy, cancer, mental disorders etc. Ndubisi and Kanu, (2021) lend credence to the fact that initiation into a secret cult or society is mandatory before gaining knowledge of traditional healthcare practices. As an ordinance, some speciality or personality in this aspect of healthcare practices can only be handed over to initiates (Ndubisi and Kanu, 2021). In addition, Paul (2018) reiterated that in the Yoruba traditional healthcare system, knowledge of healthcare delivery in all ramifications is not exclusively claimed by an individual. He espoused that there are specialists and specialities in the Yoruba traditional healthcare system. However, the following are some categories of traditional healthcare practitioners known as specialists:

3.2.1. Herbalists

herbalists specialised in healing, curing, treating and preventing various illnesses or misfortune through the use of indigenous plants or parts of the tree including whole root, stem, leaves, stem bark or root bark, flowers, fruits, herbs, seeds, as well as animal parts, therapy, sacrifice as well as incision (*'gbere'*). They are knowledgeable and well-versed personages endowed with an acquaintance of medicinal properties of plant species in addition to needful herbal combinations to make drugs plants as well as compounding dosage, efficacy and toxicity (Tabuti, 2006; Otto et al., 2020; Paul, 2018). In the Yoruba traditional healthcare setting, the Herbalists are designated as *Adahunse, Oniseegun or Baba-Ologun* (Zacchaeus, 1969; Cook, 2009).

3.2.2. Diviners/spiritualists

These are a set of people who specialise in consulting the supernatural world. Diviners commonly known as *Babalawo* engage in the divination method to get information with reference to an individual, condition or happenstance of illness

through the use of randomly arranged symbols to gain healing knowledge. These categories of traditional healthcare practitioners employ human palm, sand, mirror, or oracle divinity ('Ifa') to unearth the basis and causes of ill health, malady, misfortune, calamity or any life challenges when such problems or challenges convey a spiritual impression. As part of the remedy to health challenges and adversities they always prescribed necessary sacrifice. They presuppose that calamities, adversities and ailments causation alongside their antecedents are traceable to the instrumentality of spiritual or supernatural, invisible and natural origins (Zacchaeus, 1969; Otto et al., 2021; Paul, 2018).

3.2.3. Shrine priests

The Yoruba designated name for the shrine priests are *Onimaleor Baba olorisa*. The Shrine priests are knowledgeable in ordinance knowledge and rituals. Essentially, they are primarily concerned with offering sacrifices. These sacrifices are executed as solace, appeasement or thanksgiving. They carry out such sacrificial functions on the side of a community to avert social-cultural disasters, calamities, pandemics or epidemics for instance chicken pox, and smallpox. (Zacchaeus, 1969; Paul, 2018)

3.2.4. Diviner-herbalists

These groups of individuals combine the features of a diviner and herbalist together. The Yoruba christen names for the Diviner-herbalists include *Adahunse*, *Ologun*, *Oni-ifa*, and *Babalawo*. They specialise in treating the whole person. They have recourse to diagnose, counsel and prescribe to their clients taking into consideration their psychological framework, beliefs and expectations. In traditional healthcare settings and practice, they are seen and exhibit great boldness, reverential faith and great eloquence (Zacchaeus, 1969).

3.2.5. Traditional surgeons

The Yoruba generic name for traditional surgeons is *Alaabe*. The *Alaabe* are specialists that engage in all sorts of surgery and incision customarily in traditional healthcare ambiances and settings. These include male and female circumcision (Clitoridectomy), cutting of the Vulva (Vulvectomy), incising tribal marks, and removal of Whitlow (Ngozi, 2014). These practitioners utilise a knife, a blade, a sword or a sharp object to do surgery, abscission and make an incision on impaired body parts and consequently administer a solid crumble minim on the area for appropriate healing. This minim is a mixture of indigenous leaves, barks, roots or creature parts branded or burned together to form embers and thereupon smeared on the affected spot.

3.2.6. Traditional psychiatrists

Traditional psychiatrists are practitioners whose area of specialisation is treating irrational human beings. They handle and manage cases of persons that are unbalanced, deranged, lunatics and those with mental deterioration. In consonance with the type of imbalance the individual is experiencing, the traditional psychiatrists use a wide array of healthcare treatments ranging from appropriate herbal formulae and spiritual therapy which is highly regarded for its significance as well as symbolism (Ngozi et al, 2014).

3.2.7. Traditional birth attendance

The practitioners in this category do the function of midwives or gynaecologists. They centralise in granting assistance in childbearing, ante-natal care, parturition (childbirth delivery) and post-natal care to their patients. *Eleweomq* or *Olugbebi* are the designated names for this group of practitioners among the Yorubas.

4. Traditional Healthcare Patronage and Utilization: A Chronicle Phenomena

Certain induced phenomena and factors have been put forward to explain the growing patronage in traditional healthcare by the majority of people both in rural areas and urban centres. These phenomena and factors explain the antecedent developments that are galvanising the people to seek their healthcare needs in traditional healthcare.

4.1. Accessibility and Acceptability

There is massive patronage and accessibility in traditional healthcare practice by the majority of the populace in third world countries. Primarily, in terms primary healthcare needs close to eighty percent of the world's ailing population across countries including Nigeria is estimated to be utilising traditional healthcare in this direction. This is as a result of scarcity of both modern medical facilities and personnel that can cater for the healthcare needs of residents in urban centres and rural areas. Besides, this form of healthcare is sought after because its practice inclined with most patients' religious and cultural beliefs and values.

4.2. Low Cost Treatment

One of the major factors or potentials identified for growing demand in traditional healthcare service and treatment is its low cost treatments. Low cost of treatment and services of this healthcare system is among others evident in making users inclined to this mode of healthcare. A case in point is the average cost of Artesunate Combination Therapy (ACT), an orthodox malaria medicine marked at ₦3500 approximately 3 US dollars. This is a princely sum for the average Nigerian in the rural areas who are in a majority characterised with low household incomes. On the contrary, the same ailment can be treated with traditional therapy for cost on average of ₦200 approximately 0.35 US cent or even sometimes get it complimentary if such have access to medicinal plant species and other healing substance or materials in their community (Lawal and Borokini, 2015; Ajala et al, 2019).

4.3. Practitioners Proximal

It needs to be mentioned that the number of traditional healthcare practitioners in the country is not only adequate to cater for the healthcare needs of the people but equally live and stay within the vicinity (neighbourhood) of the people i.e. rural areas. Putting side by side the figure of medical physicians to patients is about 1:16,400, while for traditional practitioners, the ratio stands at about 1:110. This in the short and long run plays a leading role in health care decision making.

4.4. Potency and Efficacy

Unarguably there are an array of illnesses that the traditional healthcare system provides potent and effective medication, antidote, cure and remedy to which however the western medicine has not yet got headway or found solution to these predicaments. These include for instance in the case of mental disorder, barrenness, insanity and even pile, only which the western medicine only proffer an assuagement measure (Ajala et al, 2019).

4.5. Herbal Formulations

Non-pathogenic resistance to traditional herbal formulation also adheres people to this form of healthcare. In the words of Lawal and Borokini (2015) many herbal recipes by virtue of their usually poly-herbal formations and formulations are anti-pathogen and anti-parasite. Going by this breeding and development of microbes, organisms and the rest will be quite difficult if not impossible in herbal formation. This case in point is a variant to western medicine. In buttressing this WHO (1992), reported that Chloroquine therapy is no more effective in combating malaria as the composition of the drug is pathogenic to Plasmodium spp (a minute organism which causes malaria fever in human beings). Consequently other therapies had to be developed.

4.6. Enhancement of Services and Practices

As Heraclitus said, “the only constant in life is change”. Change as a trend has cut across many facets and aspects of life even in medical treatment and practice. Thus the change here points to the fact that before now, herbal medicines used to be hand-made packaged, but now according to Borokini and Lawal (2014) and Akanle et al., (2019) advanced and sophisticated machines are being used. The working of the above mentioned machines include transforming plants materials and other locally-sourced materials and ingredients to tablets, soluble granules, syrups and capsules in well redefined forms and as well packaged them in an ideal form. Added to this, is that preparation prescriptions and preservation of the product are clearly stated together with its manufacturer identity.

4.7. Comprehensive Healthcare Practice

Traditional healthcare can be referred to as an all-inclusive healthcare system. This is because it encompasses several and various forms therapies and the like just as homoeopathy, hydrotherapy, psychotherapy, herbal medicine, massage, dance therapy, mud bath, wax bath, spinal manipulation, music therapy, bone setting, dieting, circumcision, accouchement service, reflexology, mind and spirit therapies, and traditional incision services among others (Adefolaju, 2014).

4.8. Growing Religious Acceptance

Traditional healthcare practice and treatment of recent years are getting acceptance from the theological worldview. In particular reference to Christian missionaries (e.g. the Roman Catholic Church) endorsing and recommending the utilisation of herbal medicine and therapy hitherto formerly referred to as idolatry. This development may not be unconnected to the conspicuous efficacy of this herbal medicine or treatment in curing diseases that out of the scope of orthodox medicine. On the other hand, time immemorial, Islam has approved this form of treatment for its adherents. In some quarters many Islamic priests also engage and practice herbal medicine treatments (Ajala et al, 2019).

4.9. Government Recognition and Approval

The government recognition and approval for traditional healthcare practice, is very crucial in creating and maintaining conducive environment for practice. Moreover, the approval of traditional healthcare products by the National Agency for Food and Drug Agency and Control (NAFDAC); a government's agency saddled with the responsibility of certifying foods, drugs and other related products go a long way in putting confidence in people for them to use these products. It is worth mentioning that these traditional healthcare products according to Oguntade, and Oluwalana, (2009) have been subjected to laboratory tests by NAFDAC before being given approval for public use.

4.10. Power of Incantations, Sacrifices and Rituals

Some people patronize the traditional healthcare services because of the practice and use of incantations, sacrifices and rituals in healing as well as treatment of spiritual and complex ailments that defy ordinary treatment. Ailments such like mental disorder, barrenness, leprosy, insanity, stroke, poverty despite diligence and consistent ill luck or calamity are confronted with these practices-incantations, sacrifices and rituals. The incantations involve conjecture words which the traditional healthcare practitioners have strong belief that they are powerful if well-articulated at a particular time in a particular place. They use it as an instrument in warding off demons, spirits and spiritual attacks in any form. It is also use in expunging snake poisons from snake bitten patients and as well in removing bullets from war victims. Sacrifices and rituals, to traditional healthcare practitioners are forms of appeasement approach to cure certain sickness and afflictions.

4.11. Diagnosing Spiritual Mysteries

Taking a clue from the above mentioned factor, in the scope of traditional healthcare practice there is believe that some sickness, calamity or afflictions are under the circumstances of powers of darkness and evil spirits such as abracadabra, witchcraft and voodoo. By this very nature, for them to get insightful to the cause and cure of the malady or infirmity, they need to engage in some diagnostic spiritual procedure. These include:

4.11.1. Trance

The modus operandi of this diagnostic procedure involve the ability of traditional healthcare practitioners to enter the midst of spirit and communicate with these supernatural forces through a trance for them to know about an ancestral problem of people that come to them for consultancy. In actual sense, the spirit consulted by the practitioner will therefore divulge the source and form of the illness, malady or calamity together with the rightful remedy or treatment to undergo.

4.11.2. Hydro Therapy and Divination

As the name suggests, it entails using water for treatment. Ordinarily on some occasions they recommended certain temperature of water with (out) herbs for patient with regard to stabilize, revive and rejuvenate his body condition. Furthermore, according to the practitioners spiritually hydro divination is a form of diagnostic procedure encompasses viewing the chronological health related issues and circumstances of patient alongside which are responsible for the present predicament or ailment in a vessel filled water just like watching a TV episode.

4.11.3. Divination of sand, palm, mirror and others sources

In this form of diagnostic spiritual techniques, the practitioner will unearth the root cause of the malady, calamity, problem or what a view through the use of divination of sand, mirror, palm, or others source.

4.12. Emerging Trends in Traditional Healthcare Practices

Some factors have been identified as the emerging trends in traditional healthcare system. Some of them are discussed below.

4.12.1. Documentation and Transmission of Medical Knowledge

In the first place, precise trend showing up in traditional healthcare sector in Nigeria is the aspect of documentation and transmission of medical knowledge. Before now, medical knowledge is usually transmitted through oral means. But by this development, knowledge of illnesses, their causation and symptoms alongside the nature of healing practices to employ are divulged to learners (both insiders and outsiders) and even allowed them to document them. According to Adefolaju (2015) and Kwame (2016), many traditional healthcare practitioners presently considered documentation of their knowledge either by their children, siblings or apprentice who are under their tutelage. The step by step healthcare procedures, various types of plants species that are medicinal and other materials and substance used in treatment

alongside other practices are divulge to them. Still, allowing them carrying out healthcare practices and services under the supervision of their masters. Added to the above, according to Bonsi (1982) cited in Adefolaju (2015), is the establishment of training institute are becoming apparent in the country where individuals are train by literate traditional practitioners in becoming medical practitioners.

4.12.2. Modern Clinical Ward

In Nigeria, many traditional practitioners have recourse to embrace many western/modern healthcare system and practices such as building clinics, using modern clinical facilities. Actually, some of the traditional practitioners now embark in building their ultramodern herbalist clinical wards having waiting rooms. Patients are attending to and offer services in these clinics in a classical traditional manner using herbal medication and treatment. Examples are Al- Hilaj Herbal Clinic and Alternative Medicine Company Limited, Evergreen Herbs Limited, Oko-Oloyun Herbs Limited etc.

4.12.3. Using Modern Medical Equipment and Facilities

Other noticeable trend within this form of healthcare system is the fusion of remarkably biomedical instruments, techniques, facilities and equipment into its healthcare practices. Trending among the traditional healthcare practices is the use of some modern medical machines to diagnose patient's illness unlike the previously guess work. It has been observed by Kwame (2016) affirmed that, the bone setters or specialists request for X-ray (ultraviolet rays) results and pictures when consulted for treatment in order to determine the anatomy of fractures that are complicated or for correction and modification of old fractures in their patients. Besides this, they let their patients who had leg fracture use crutches instead of stick during the healing process when there is a need for them to start walking again. Remarkably the encouraging part of this trend also, is the use of biomedical modus operandi including blood and water transfusions by some traditional practitioners side by side with their traditional therapy in healthcare delivery services. Modern medications and materials usually utilized by the bone specialists are made up of bandages, gloves, penicillin powder, cotton, plaster and azole for the sake of dressing, cleaning and washing their patients' bruise, sores or wounds (Kwame, 2016; Ndubisi and Kanu, (2021).

5. Packaging and Advertising

Taking note of further trend showing up in traditional healthcare practices in Nigeria, Adefolaju (2015) stated that, in many quarters, traditional drugs are now hygienically packaged, enclosed or corked inside sachets or bottle for preservation. Alongside with this well packaged product are labels which contain manufacturer's names and address as well as the drug prescription and preservation methods. Ndubisi and Kanu, (2021), posit that the aspect of packaging and advertising products and services add to the new development in the traditional medical system. In their submission, mode of packaging and channel of advertisement proper and modern approach in labelling products and also proper advertisement of services in various media outlets really go a long way in making traditional healthcare products and service conspicuous and yearning for among the populace.

5.1. Herbal Revolution

Another emerging trend that further propels the acceptability of traditional healthcare sector in Nigeria is what can be termed as the wave of herbal revolution going round. Herbal medicine industry has now been rejuvenated by producing numerous products from herbs and plant to the taste and acceptance of the people. These products include herbal soap, body cream and moisturizer, toothpastes, teeth washing powder as well as other products which are important to mankind sustenance. Corroborating to that is the massive publicity, advertisements and holding of annual trade fairs where these products are show case to the generality of the people irrespective of class or background in respect to their effectiveness and wholesomeness (Adefolaju, 2011).

6. Conclusion

The prime focus of this paper is to highlight the important concept of traditional healthcare practice in the medical system arena. This paper therefore believe that traditional healthcare practices absolutely functional and it fulfils the health needs and wellbeing of the populace on various health issues and challenges including natural, physical, and spiritual etc from time immemorial. Consequently, an attempt has been made by the paper to underscore certain phenomena and factors adduced to be the impetus or incentives prompting the increase patronage of this model of healthcare among the generality of the people. In considering the growing demands of this form of medical care, certain emerging trends were unveiled. It was discovered that these new trends have gone a long way to shape and as well still continuing redefining the panorama and outlook of the traditional healthcare.

Compliance with ethical standards

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Disclosure of conflict of interest

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Author contributions

The authors M.A.I. and A.A.O. contributed equally to the paper. All authors have read and agreed to the final manuscript.

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