

Integrating Modern and Traditional Health Practices in Nigeria: Challenges and the Way Forward

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Abstract: This paper provides valid reasons necessitating the integration of modern and traditional health practices and systems in Nigeria in view of the growing national and global demand for herbal products. Integration of modern and traditional health systems in Nigeria is important in order to harness the enormous benefits inherent in an integrated healthcare system such as: more health manpower, wider health coverage, better utilization of the vast biodiversity of the country and better health status of the people among others. Inherent challenges militating against this integration include; absence of standardization, secrecy associated with the practice, lack of respect and outright denial of the contributions of traditional medicine by western trained doctors and policy makers, informal methods of training the practitioners, lack of documentation, unhygienic manner of handling the products and inadequate government support. Despite these challenges, the way forward includes: official training of practitioners of traditional medicine, standardization of the practice, adequate government support, establishment of a legal framework and regulatory council, independent development of the practice among others.

Keywords: Integration, Modern medicine, Traditional Health Practices, Healthcare, Traditional Medicine.

I. INTRODUCTION

Health is a crucial issue in the definition of development and wellbeing of a nation and individual, and is of great value as it enables people to enjoy their potentials as human beings (Raji, 2018). All over the world, individuals with health needs have the possibility to seek assistance from different healthcare providers such as western trained medical professionals or from traditional/alternative health practitioners (Ahenkan *et al.* 2019). However, as from 1978 the World Health Organization observed that modern medicine alone could not sustain the health needs of the world in view of the proliferation of modern intractable diseases, and consequently recognized indigenous and alternative health practices among member states. Since then, the trend has been to integrate traditional and modern health practices especially in African countries such as it is in China, India Cuba and Japan. Meanwhile, some African countries such as Ghana, Tanzania and Mali have started the process of integration (Asante and Avornyo, 2013). The process of developing traditional medicine practices has also started in Nigeria but that of integrating it into the main healthcare system is beset with official and unofficial constraints. Some of these challenges include the followings: absence of standardization, secrecy associated with the practice, lack of respect and outright denial of its contributions by orthodox doctors and policy makers, informal methods of training, lack of documentation, unhygienic manner of handling the products, inadequate government support, very poor public image among others (Sofowora, 2006). Conversely, Raji (2018) reported that China, Cuba and India have developed traditional medical systems. In Ghana, since 2011, the government has been piloting the integration of herbal medicine in 17 public hospitals (Appiah *et al.* 2018).

The integration of traditional and modern health practices in Nigeria is an issue of great importance considering the fact that World Health Organization (WHO, 2002) estimated that over 80% of the population worldwide, Nigeria inclusive use herbal medicines for their healthcare needs. According to Omeleke (2013), there is need to properly integrate and blend African traditional medicine and the orthodox medicine because such reinforcement will be of immense advantage to the sick and humanity in general. Yuan *et al.* (2016) observed that humans have used natural products such as plants, animals, microorganisms, and marine organisms in medicine to alleviate and treat diseases since prehistoric times. Earlier, Adefolaju (2011) observed that traditional medicine had existed in Nigeria prior to the era of colonialism serving the health needs of the people. However, with the advent of colonialism, traditional medicine experienced restrictions and obstacles in the face of the introduction of Western medicine. According to Mordeniz (2019), modern medicine often fails to cure and just tries to alleviate the symptoms. The patient feels better but symptoms reappear after elimination of the drug. Integration of modern and traditional health practices will therefore change the medical philosophy and treatment will be become synergized with the philosophy of individualized and holistic approach.

In Nigeria, modern medicine is officially recognized while traditional medicine is merely tolerated. Although these health systems have the same objective: to maintain health and treat ailments, their principles, methods and origin differ. As a result, the co-existence of these health systems has been fraught with antagonism, hatred and strained relationship among the practitioners to the detriment of the populace (Owoseni *et al.* 2014).

Traditional medicine is “the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses” (WHO, 2008). Traditional healer, on the other hand, is “a person who is recognized by the community where he or she lives as someone competent to provide health care by using plant, animal and mineral substances and other methods based on social, cultural and religious practices”. Thus, African traditional medicine originates as a cultural adaptation or response to manage illnesses and maintain health (Nwachukwu *et al.* 2010). In Nigeria, the healers are variously addressed as *Babalawo*, *Adahunse* or *Oniseegun* among the Yorubas, *Abiaibok* among the Ibibio community of Nigeria, *Dibia* among the Igbos of Nigeria, and *Boka* among the Hausas, etc.

In indigenous African communities, traditional medicine practitioners are well known for treating patients holistically. Thus, treatment of any illness episode involves either use of herbs or ritual, but most often treatment is both natural (physical) and spiritual. This is because in Africa, the concept of illness or disease was historically embedded in witchcraft, angry gods and desecration of the land. However, recent studies have shown that etiologies of illnesses in Africa are viewed from both natural and supernatural perspectives. African healing systems became officially stigmatized, marginalized and relegated to the background as fetish, unhygienic and unscientific (Adodo, 2010). Traditional medicine uses rudimentary technology. The practice is usually preserved as a family occupation often passed from father to son and to other relations or friends via apprenticeship (Ekere and Echem, 2011).

II. BRIEF INFORMATION ON THE STATE OF TRADITIONAL MEDICINE IN NIGERIA

From 1966 till date, the Federal Government of Nigeria has been making concerted efforts to reform and develop traditional medicine for integration into the main healthcare delivery system. This was prominently demonstrated in the National health policy of 1988 and in the profile of Nigeria Natural Medicine Development Agency (NNMDA) established in 1997 and charged with the development and promotion of traditional medicine in Nigeria. A significant development has been achieved in traditional medicine especially with the research and promotion activities of the agency. As a result of these efforts, there have been many herbal products listed by National Agency for Food and Drug Administration and Control (NAFDAC) that could compete favorably with foreign herbal products. Few examples are: Pax Herbal Clinic & Research Laboratories products, Ewu in Edo state, with more than 35 listed herbal products. *Solamin*, a herbal product, made by Esoma Herbals, Abuja, has been confirmed to be the best therapy for the management of sickle cell anaemia in Nigeria and the world presently. There are more than twelve states in Nigeria with functional boards of traditional medicine. Among them are: Lagos, Ondo, Ebonyi, Bauchi, Delta, and Edo states charged with the registration and regulation of traditional medicine practices and its practitioners (Etatuvie, 2018).

Globally, there has been a significant increase in the use of traditional medicine due to its holistic approach, relatively low cost and apparent lack of side effects. The development of traditional medicine for subsequent integration into the healthcare delivery system has made the World Health Organization to start several initiatives and resolutions aimed at

harnessing the rich potentials of traditional Medicine. The global markets for traditional medicine products are booming mainly in Europe and North America, which together account for about 63% of the world market in this field (Nirmal *et al.* 2013). It is difficult to put a reasonable monetary value on the market for herbal, medicinal and aromatic plant (HMAP) products in Nigeria because the market is young, emerging and characterized by small size (Mafimisebi *et al.* 2013). Ginger and African black pepper (uziza in Igbo) are the major Nigerian spices in international market, the rest are consumed locally (Onwualu *et al.*, 2013). Despite possessing a great variety of herbal traditions than any other continent, despite its rich diversity of plant life and the fact that an estimated 80% of Africans rely on traditional medicines for their health care needs, global impact of research, development and marketing of traditional medicines in the African continent remains insignificant to a large extent.

III. INTEGRATION OF MODERN AND TRADITIONAL HEALTH PRACTICES IN NIGERIA

In this paper, integration refers to a process of incorporating traditional medicine into the formal healthcare delivery system. This involves the introduction of traditional practices, techniques and knowledge into the country's mainstream healthcare delivery system and the exposure of the practitioners of both systems to the philosophies and theories of the systems in order to provide an effective preventive and curative treatment for all Nigerians.

Sofowora (1993) stated that there are two identified forms of integration for developing countries:

1. Integration of the two systems into the officially recognize health services and the training of health practitioners to know something about both systems e.g. This is the integration system that is practiced in China.
2. The practice of the two systems in parallel and the independent training of their practitioners at recognized institutions at all levels. In this type the population will then be given the choice to consult practitioners of either type of medicine e.g. This is the type practiced in India.

Other forms of integration which are currently being practiced in the country though informally include what Asante and Avornyo (2013) categorized as:

1. Institutional integration: In institutional integration, both traditional medicine practitioners and medical doctors learn from each other and have a harmonious co-existence. It also promotes increase in the numerical strength of the practitioners, thereby eventually widening the healthcare coverage for the population.
2. Consumer engendered integration: This is the movement of clients from one health system to another or the simultaneous utilization of several health systems at the same time perhaps due to cost, beliefs, familiarity, experience and social contacts.
3. Integration through adaptation: This involves the adoption of modern paraphernalia of modern medicine such as telephones, business cards, reception rooms, consulting rooms, use of white over-all coats, use of computers and diagnostic kits such as thermometers, stethoscopes and X-Rays among others, especially among those who have received training in some aspects of modern medical sciences.
4. Cognitive integration: This is a form of integration where the traditional medicine practitioners and the medical doctors learn and exchange background knowledge and skills of traditional medicine and modern medicine through workshops/seminars. This can also be achieved by incorporating traditional medicine into the curricula of medical schools and other health training institutions.

Generally, for integration to work, Opoku *et al.* (2015) suggested that the following factors should be considered:

1. Practitioners' preparedness to work together
2. Proper monitoring of medical activities
3. Proper training of medical personnel to co-habit cordially
4. National recognition of traditional and scientific medicine as equal means for treatment
5. Proper regulatory policies to govern the integration of medical treatment
6. Eradication of ill-conception about traditional medicine for development and *vice-versa*.

IV. THE COEXISTENCE OF MODERN AND TRADITIONAL HEALTH PRACTICES IN NIGERIA

According to Nwachukwu *et al.* (2010), the traditional and modern forms of medicine are disharmoniously coexisting in Nigeria and this has been generating a cultural clash and a strained relationship among the two sets of health practitioners. Owoseni *et al.* (2014) observed that the relationship that exists between traditional medicine practitioners and medical doctors can best be described as that of cat and mouse. The medical doctors regard traditional medicine practitioners' method of treatment as fetish, primitive and unscientific. On the other hand, traditional medicine practitioners regard the medical doctors as usurpers of their cultural heritage i.e., knowledge and skill in healing (Ekere and Echem, 2011). As this silent war rages between the two health practitioners in Nigeria, the patients are at the receiving end. Hence, a scientific approach is needed to resolve the strained relationship by means of formal training of the traditional medicine practitioners since traditional medicine is ingrained in the culture of the people. However, the coexistence of medical western services and traditional medicine provides an opportunity to learn about the potential strengths and limitations of each method and to examine opportunities for cultural synthesis and collaboration (Nwachukwu *et al.* 2010).

V. REASONS FOR INTEGRATING MODERN AND TRADITIONAL HEALTH PRACTICES INTO THE HEALTHCARE DELIVERY SYSTEM IN NIGERIA

A wealth of theoretical and empirical evidence exists to suggest that integrating the two health systems would enhance healthcare delivery in the country. Traditional healers have contributed immensely to health care needs that include disease prevention, management and treatment of non-communicable diseases as well as mental and gerontological health problems. The use of traditional medicine is attributed to safety, acceptability, affordability, compatibility and suitability for the treatment of various diseases particularly chronic ones. Besides accessibility to traditional healers, traditional medicine provides an avenue through which the nation's cultural heritage is preserved and respected.

Proliferation of uncommon and modern intractable diseases that defy orthodox treatment and increasing resistance of antibiotics to micro-organisms that afflict man also encourage the integration (Shetty, 2010). Majority of the medical doctors available in Nigeria are concentrated in the urban areas and cities with exorbitant charges. Therefore, for millions of people in rural areas, traditional medicine practitioners with cheaper charges remain their health providers. Also anxiety about the adverse effects of chemical drugs, changing values and proliferation of fake drugs are some of the factors that necessitate the development and integration of the two health systems. Apart from the above reasons, the gap between the ratio of traditional medicine practitioners to the population and that of the medical doctors to the population is very wide. For instance, in Africa generally the ratio is 1: 500 traditional medicine practitioners compared to 1: 40,000 medical doctors respectively (Abdullahi, 2011). However, for valid integration, pharmacological and clinical studies must be conducted on herbal remedies and adverse effects, including drug-herb interactions must also be monitored to promote a safe integration of efficacious herbal medicine into conventional medical practices (Fong, 2002).

VI. BENEFITS OF INTEGRATING MODERN AND TRADITIONAL HEALTH PRACTICES

According to Igwilllo *et al.* (2019), the benefits of integrating orthodox and natural/traditional health practices include: (i). Inclusion of indigenous herbal products in the national drug list. (ii), Deployment of better technologies in traditional medicine practices, and development of new drugs for orthodox use, (iii). Exposition and censuring of myths which cannot be scientifically substantiated. (iv). Empowerment of the local populations who are farmers and custodians of medicinal plants and knowledge. (v). Development of medicinal plant plantations and for mass employment. The integration of natural medicines in Nigeria's healthcare delivery system is expected to guarantee greater access to healthcare delivery for low-income earners. The usually pleasant patient-specific diagnosis and treatment procedures usually employed by traditional medicine practitioners (TMPs) may improve doctor-patient relations and trust if integrated into the orthodox practice.

VII. CHALLENGES MILITATING AGAINST INTEGRATION OF MODERN AND TRADITIONAL HEALTH PRACTICES INTO THE HEALTHCARE DELIVERY SYSTEM IN NIGERIA

1. Traditional and modern medicines are incompatible due to the differences in their origin, principles and methods of practices. While traditional medicines are a national constructions originating from basic conceptions of the universe and man and as a cultural response to illnesses and diseases, modern medicine is a scientific method that originated from the principles of chemistry and physics (Sofowora, 1993).

2. Lack of standardization of traditional medicine is a major challenge. Standardization starts from the collection of raw medicinal materials, processing, packaging among others. While the physical aspects of traditional medicine can be subjected to scientific analysis using the conventional scientific methods of investigation, the spiritual realm may not (Asante and Avornyo, 2013). The biggest challenge, therefore, is how to scientifically analyze the spiritual aspect of traditional medicine e.g. incantations known as *Ifain* Yoruba and *Ofo* or *Igba afa* in Igbo.
3. Lack of Good Laboratory Practice (GLP) to ensure the quality of preclinical safety test and other tests. Without GLP, herbal products manufactured locally cannot be perceived to be qualitative and safe. Lack of good agricultural practices (GAPs) i.e., standardization in the farming of medicinal plants, lack of preclinical and clinical trials, *in-vitro* and *in-vivo* studies (animal studies) also constitute a problem.
4. Lack of legal frame work. For instance, the National Health Insurance Scheme (NHIS) does not cover treatment by traditional medicine practitioners (TMPs).
5. Inadequate, inconsistent and epileptic government support for traditional medicine. Despite all the lofty strategies set in place by the Nigerian government, there is a huge gap between planning and implementation. The reasons for this are very glaring: corruption, selfishness, nepotism, and lack of human centered government development among others.
6. Informal method of training the practitioners. Recently, the teaching of traditional medicine is included in the curricula of medical schools and nurses' training colleges, but medical practitioners do not support collaborations with traditional medicine practitioners. Attitudes of physicians towards the integration have been negative.
7. The lingering mutual distrust between traditional medicine practitioners and modern medical practitioners in Africa generally and in Nigeria in particular has continuously hampered the process of integration and cooperation between these practitioners (Abdullahi, 2011). According to him, western-trained physicians appear unwilling to allow traditional medicine and their practitioners to be included in the official healthcare system.
8. The introduction of western culture into rural Africa has had a tremendous negative impact on the role traditional medicine plays. With western education, religion (e.g. Christianity) and globalization, taboos, traditions and customs have been affected and in some instances abandoned completely.
9. The struggle for superiority among the practitioners of the two health systems is another challenge. With integration, an attempt will be made by health planners and administrators to modernize traditional medicine, thereby losing its independence and cultural significance.

Similarly, Hussain and Malik (2013) noted that other challenges include major issues related to: recognition, regulatory status, educational standards, assessment of safety and efficacy of complementary and traditional medicine (CTM), sustainability and integration challenges, quality control, safety monitoring and lack of knowledge about traditional /complementary medicine within national drug regulatory authorities, ecological obligation, value addition and inter-cultural approach. Mordeniz (2019) also observed difficulties such as: the difficulty in setting the limits, little knowledge about drug-herb interactions, the indeterminate ethical point of view, the secrecy of healing methods, the absence of written records, incorrect diagnosis, improper dosage, low hygiene standards, the lack of a complete code of conduct, missing scientific and correct instructions, documentation and database, insufficient control in labeling and sales, non-formal structure or organization to train practioners, abuse of traditional medicinal products, improper labeling, inefficient control in the market for consumption, and no national nor international convention or treaty about traditional and complementary medicine. Raji (2018) listed similar challenges including: internal wrangling, lack of standard entry qualification into traditional medicine profession, inadequate government support, derogatory attitude of orthodox medical practitioners, incessant harassment from law enforcement agencies in case of death resulting from traditional medicine usage, shortages and disappearance of some medicinal plant species due to bush burning, tree felling, hunting and other un-conservational practices, lack of modern materials and equipment for the improvement of natural medicine, and lack of government approved institutions for the improvement of the practitioners. Egharevba *et al.* (2015) observed that due to the negative stigma associated with traditional medicine, integrating it into the formal healthcare delivery system continues to suffer criticisms, though most issues raised are compelling but they are not insurmountable.

VIII. THE WAY FORWARD

From the foregoing, the way forward includes:

1. The adoption of co-recognition type of integration as it is the most appropriate for developing countries like Nigeria.
2. Adequate government support to demonstrate enough political will to develop traditional medicine and integrate it into the national health system.
3. Establishment of training institutions for traditional medicine practitioners.
4. Establishment of or revival of the existing traditional medicine council for regulation of the practice.
5. Public reorientation for the acceptance of traditional medicine.
6. Change of attitude of the medical doctors.
7. Appropriate mechanism for the evaluation of traditional medicines.
8. Establishment of Government owned traditional medicine clinics, etc.

IX. CONCLUSION

This paper has examined one of the most burning issues in the national and international healthcare delivery discourses; the challenges and way forward of integrating traditional and modern medicines in Nigeria. These challenges can be surmounted with adequate and genuine government support for the development and integration of traditional and modern medicines in Nigeria. Meanwhile, the demand for and use of traditional medicine have continued to grow globally.

X. RECOMMENDATIONS

Examining the origin, principles and methods of the two health systems, the paper recommends a parallel co-recognition or co-operation for Nigeria to enable her benefit from the current huge global herbal market. Integration of the two health systems has become not only necessary but urgent for more health manpower, wider health coverage, better utilization of the vast biodiversity of the country and better health status of the people among others. It is also recommended that the federal government of Nigeria through the Federal Ministries of Health, Science and Technology should make and implement adequate policies and regulations and expedite action to integrate modern and traditional health practices into Nigerian healthcare delivery system. There should be inclusion of medicinal plants research into academic programmes, and inclusion of herbal medicine into medical curriculum to enable future doctors to communicate better with their patients on healthcare issues. Collaborative effort among traditional medicine boards, health organizations, ministries and agencies, and regulatory bodies is also recommended.

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