

DISTRIBUTION OF TRADITIONAL HERBAL MEDICAL SERVICES IN SOKOTO METROPOLIS, SOKOTO STATE

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Abstract

Traditional herbal medical practice remains the mainstay of healthcare delivery particularly in Nigeria and other developing countries and makes health care available, accessible and affordable to many. Despite the challenges faced by the system and government efforts in providing many and better equipped modern healthcare facilities traditional medical practice and in particular herbal medicine is still widely patronized. The paper is an attempt to analyze the spatial distribution of traditional herbal medical services in Sokoto metropolis. The objectives for the research study is to examine the sources of traditional herbal medical products and the problems associated with traditional herbal medical care services in the metropolis. A total of 82 traditional herbal medical practitioners were sampled using a combination of purposive and snowball sampling techniques in Sokoto metropolis. Data were analyzed using descriptive statistics. The paper concluded that traditional herbal medical services are evenly distributed in Sokoto metropolis but lack official recognition. The paper recommended that financial assistance should be offered to traditional herbal medical practitioners (THMP) in the state in order to advance the quality and standard of their practice and service to ensure effective health care delivery for all. Government should in this regard officially recognize traditional medical Practice in health care delivery in the State, in order to ensure a safe health care delivery system.

Keywords: traditional, herbal, medicine, Sokoto metropolis, healthcare delivery.

Introduction

The use of herbal medicines for the treatment of diseases was documented several thousand years ago, as seen from books, journals studies on herbal medicines have been encompassed under several different names such as plants medicine, pharmacognosy, and natural product. Herbal medicine is used to treat many conditions such as asthma, eczema,

premenstrual syndrome, rheumatoid, arthritics, migraine, menopausal symptoms, chronic fatigue, irritable bowel syndromes, and cancer among others (Steven, 2011). The traditional medical herbs are more accessible and affordable to most of the population in the Third World nations. In fact, it is reported by Djukanovic and March, (1975) that 60-65 percent of the population in every country of the developing world

relies on traditional or indigenous forms of medicine. This is mainly because of a shortage of orthodox health centres, socio-cultural background as well as the medical and paramedical staff needed to man modern health care delivery system.

Spatial distribution is the arrangement of phenomena such as health care, facilities, firm, industries, markets etc on the surface of the earth. This arrangement of phenomena, location, size and pattern on the surface of the earth is concern by most Geographers and environmentalists. (Okafor 1982).

Spatial location has been looked at differently, Geographers look at spatial location or distribution from a physical perspective where spatial location has to do with the position and distance facilities are located. Spatial location entails the geographical proximity of services to users. In the broad sense the notion of spatial location goes beyond physical dimension it connotes both geographical and social issues. Physical proximity does not necessarily increase utilization. For instance no matter the nearness of traditional medical practitioner to the settlement of a poor patient, the patient would find it extremely difficult to utilize the facilities and vice versa (Dansabo, 2002).

Dawso (1983) attempted to explain the spatial distribution of a particularly landscape through the use of what he referred to as "nodes". "Nodes" are considered as basic elements used to explain any spatial structure of an area, and their elements include institutions, health care centers, schools, markets etc.

Getis and Boot (1978) looked at the concept of the spatial distribution in space and said that "elements" come together in space and are referred to as "agglomeration" or they may even be

spread in space through the process of "diffusion". According to Onokerhoraye (1984) Geographers have a vital role to play in spatial distribution of some elements over the earth surface, and pointed out the constrains which any political, social or economic decision making tools may bring about.

Research Problem

In Nigeria even with the officially recognized healthcare delivery system spatial consideration have usually not been given adequate concern in designing health care delivery systems. This is why despite the huge amount of resources both human and natural invested in medicare delivery, there still exist a wide disparity in the distribution and allocation of healthcare facilities between rural and urban centres and even within each of rural and urban areas (Dansabo, 2002). The spatial disparity of modern health care delivery system creates in accessibility of their facilities and services due to poor transportation, poverty, proximity, and in adequate personnel's and make people to depend on available, affordable and accessible traditional herbal medical services for their health care delivery.

Accordingly, the traditional herbal Medicare being a principal system used in most rural community and no doubt urban areas cannot be lacking of this spatial inequality. It is against this background the paper will try to analyze the spatial distribution of traditional herbal medical services in Sokoto metropolis.

Aim and Objectives of the Paper

The aim of this study is to critically examine the spatial distribution of traditional herbal medical practitioners in Sokoto metropolis. The specific objectives for the study are to:

- i. identify the diseases mostly treated by traditional herbal medical practitioners in Sokoto metropolis,
- ii. examine the problems associated with traditional herbal medical care services in Sokoto metropolis with a view to make some recommendations.
- iii. Ascertain the pattern of distribution of existing herbal medical services
- iv. provide information on the source of herbal products used by traditional herbal medical practitioners for their sustainable development.
- v. assess the factors affecting the utilization of traditional health care services in general and herbal medicine in particular with a view of integrating them with modern or orthodox services, and
- vi. encourage government, agencies and organizations to establish the necessary institutional and financial support to promote the role of herbal medicine in the primary health care delivery in the State

Scope and Limitation

The paper is limited to the distribution of traditional herbal medical practitioners who use medicinal plants, animal products, organic and inorganic substances in their practices. It is therefore not concerned with other forms of traditional medical systems such as; folk medicines, spiritualists, traditional bone setters (TBS) traditional birth attendants, or traditional midwifery among others, Empirical data for this paper came from a major study (Sani 2012). During the data collection some difficulties due to the time factor and the nature of practice of some traditional medical practitioners who usually operate without much publicity and those that were not willing to give

information concerning their practices were encountered.

Concept of Traditional Medicine

Traditional medicine has been defined by several people and organizations. The world health organization (WHO, 2000) defines traditional medicine as:

the total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental or social diseases, and which may rely exclusively on past experiences and observation handed down from generation to generation, verbally or in writing depending on the religion, socio cultural belief and practices of the people.

The WHO (2002) sees traditional medicine to include

“Various health practices, methods, styles, knowledge and beliefs, combination of plants, animals, and or mineral based medicine, spiritual therapies, and manual techniques and exercises applied singularly or in combination to maintain wellbeing as well as to treat, diagnose or prevent illness”.

In another definition Hill (2003) sees traditional medicine as a way of life and to include everything from diet, life style, identity, knowledge of language, and cultures and expressions of love and comfort. It is within these broad definitions that Traditional herbal medicine is said to connect all spheres of human activities such as happiness, good thought and a good state of being.

Herbal Medicine within Traditional Medicine

Herbal medicine is also called botanical or phytomedicine. It refers to the use of a

plants seeds, roots, leaves, barks, or flowers, for therapeutic reason

(www.umm.edu/almed/articles/herbal)

Herbal medicine includes herbs, herbal materials, herbal preparation such as decoction (WHO, 2002). Hill (2003:9) defines the herbal practice “as a process that emphasizes on botanical and pharmacological knowledge of the indigenous plants and fauna”.

According to Adesina, (1998:9) “herbal medicine products are finished, labeled medicinal products that contain as active ingredients, aerial or underground part of plants or other plant materials, or combinations thereof, either in the crude state or as plant preparation”.

Sofowora (1982) “describes herbalist as a traditional healer whose specialization lies in the use of herbs, inorganic substances to treat various illness, which are expected to be highly knowledgeable in the effectiveness, toxicity, dosage administration, and composition of herbs”. Adesina, (1998) states that herbal medicine is used by a large percentage of the world population and it appears to be a tireless aspect of present’s day health care in Africa and all over the world. Herbal practice uses medicinal plants which are considered generally essential and important aspect of people’s cultural heritage. Okongwu (2007) stipulates that the drug NIPRISAN (i.e drugs made from herbs) was used for the treatment of sickle cell disease and secured strong rights for the drug in 1990. Over 70% of Nigerians now depend on natural medicine. In Africa and other parts of the world, millions of people are holding natural medicine as food supplements, and now, the women virtually in all countries, have made various cosmetics made from natural products (Okujaku, 2006). Herbal medicine treats many conditions such as asthma, eczema, premenstrual syndrome,

rheumatoid arthritis, migraine, menopausal symptoms, chronic tiredness and ill-tempered bowel syndrome, among others (www.umm.edu/altmed/articles/herbal/medicine003htm).

Traditional Herbal Medical Practitioners/ Herbalists

A traditional herbalist or practitioner has been defined by several authors for instance as Sofowa (1982) defined him as

a person who is recognized by the community in which he lives as capable or proficient to provide health care by using herbal or plant pharmacopoeia, parts of animals and organic or inorganic substances and certain other approaches to aid in attaining a cure or treatment for ill people.

These are based on social, cultural and religious backgrounds as well as on the knowledge, and attitudes regarding physical, mental, and social wellbeing and courses of diseases and ill health, (Lewis 1981; and Bakuwai 1997). According to Omame (2007) most traditional medical practitioners live and operate from small poorly built houses such as hamlets, surrounding villages. In the past most of the traditional medical practitioners had no formal education, today some practitioners are well read. Odukuya (2007:31) defined traditional herbal medical practitioners (TMP) or herbalists “as persons who specialize in the use of herbs to treat various sickness and other natural products.” The TMP is supposed to be highly knowledgeable in the efficacy, toxicity, dosage, and multiple of herbs.

According to Mbiti, (1976) traditional healers are specialists that have suffered most from Euro- American writers and speakers. They can be found in every villages and towns in Africa and are affordable and

accessible to everyone at most all time. Some specialist healers set up hospitals, to which they admit and diagnose patients for lengthy period. Their medications include the use of divination, herbal medicine, physical control, and work therapy (Microsoft Encarta encyclopedia, 2008).

Background of the Study Area

Introduction

Sokoto State is located to the extreme North-West of Nigeria between longitude 4°8'E and 6°54'E and between latitudes 12°N and 13°58'. By its location, it shares boundaries with the Republic of Niger to the North, Kebbi State to the West and South-West, and Zamfara State to the East. The state covers a total land area of about 28,232.37 square kilometers and has a population of 3,696,999 (NPC 2007) in 23 local government areas. Sokoto metropolis comprises of two major local government councils, namely; Sokoto North and Sokoto South local government and parts of Dange Shuni, Kware, Bodinga and Wamakko local governments areas (Sokoto, 2006).

Population of the Study Area

The 2006 population census reveals that the Sokoto State had a total of 3.7 million people made up of 1,872,057 Male and 1,824,930 females growing at a rate of 2.6% per annum (NPC, 2006). The total population of Sokoto metropolis was estimated at 485,483 people based on 2010 population projection with an average annual growth rate of 2.6% with an average density of 1000 persons per kilometer square estimated. Although the state is one of the ten states with high population, it is also among the ten states with the lowest population density due to its share land mass. Its relatively high population and low

population density are assets to socio-economic and political development. It has one of the highest numbers of Local Government Areas and thus has more federal constituencies than other states within the region. On the other hand, its sparse population has made available a large area of agricultural and grazing land than other states, within the region (Sokoto, 2006).

The Demographic Feature of the Population

The demographic feature of Sokoto State shows that 45% of the population is less than 15 years of age while 55% fall within the active age group of 15-64 years. This is suggestive of a high youth dependency rate, which is inimical to development. According to literature, three critical factors are important in the distribution of population and settlement within the state. These are historical development since the 1804 jihad, availability of water and fertile soil as well as state and local government creation since the mid-1970s (Sokoto, 2006, Swindell 1982).

Climate

Sokoto State has a tropical continental type of climate dominated by two opposing air masses. The Tropical Maritime wind from the south and Tropical Continental from the north, while the Tropical Maritime wind brings moist conditions and rainfall, the Tropical Continental brings cold, dry and dusty weather. The annual rainfall is about 550mm with a high peak in August. The dry season sets in first with the cold harmattan from October to March and a hot period comes in from April to the end of May when temperature reach 100 of (45°C) (Davis 1982).

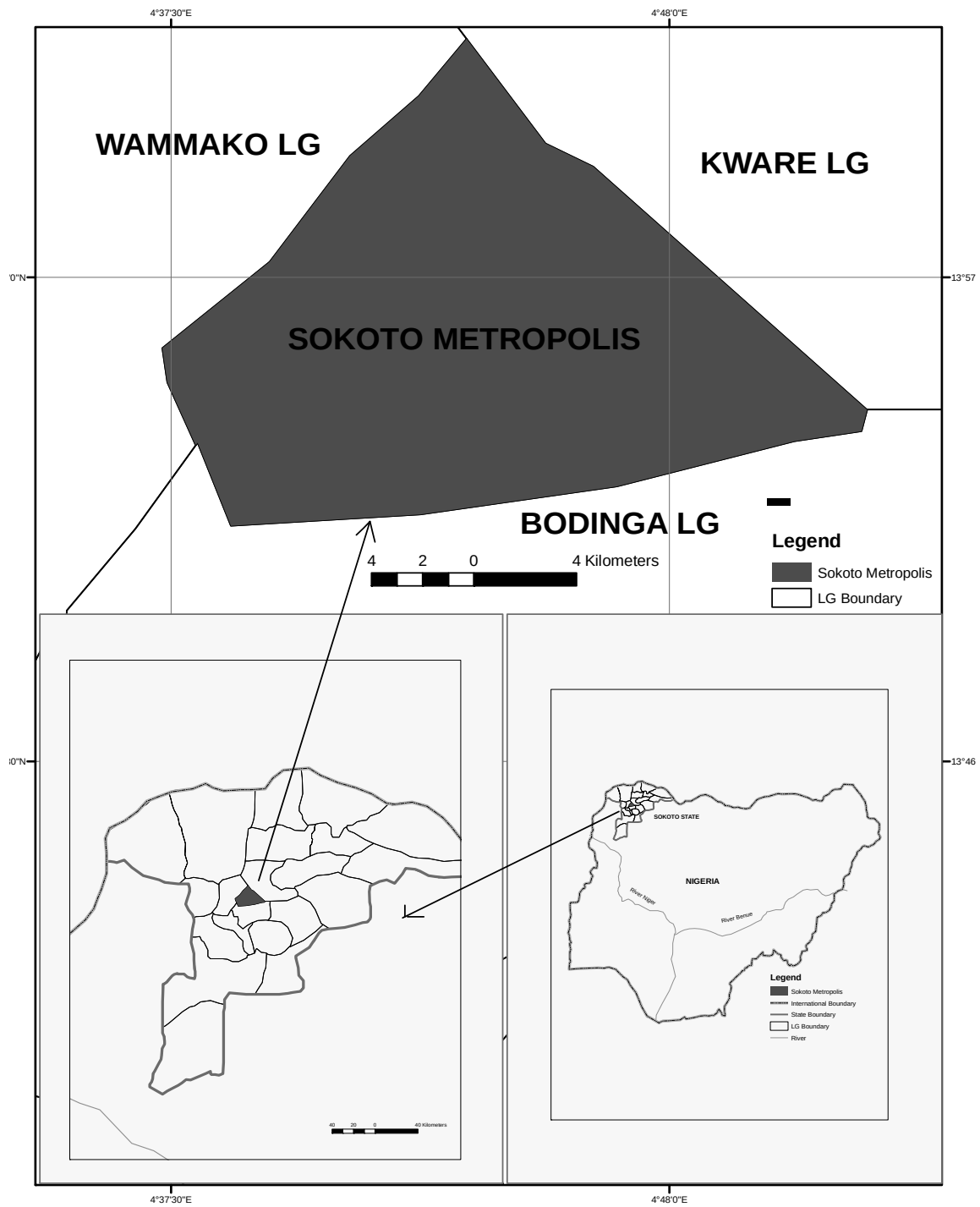
Vegetation

Sokoto State falls within the Sudan Savannah belt of the great Hausa Plain of Northern Nigeria. Plants generally have adapted to what many would call a harsh environment. It is characterized by thorny species of trees and shrubs with deep tap root system, broad or umbrella like branches, thick barks and they shed their leaves during the dry season. Thus open grass land has maintained a large number of domestic animals that graze and constitute a means of survival for the population (Davis, 1982).

However, the vegetation also provides medicinal plants used for therapeutic reasons such as *Boscia Seneglensis*, *Salvadora Persica*, *Datura metal*, *Accacia Nilotica*, *Termenlia Spp*, *Jatropha Curcas*, *Boswellia Dalzielli*, *Mistletoe*, *Phyllanthus*, *Danillia Oliveria*, *Perguleria Daemia*, etc.

People of study area

Sokoto State is populated mainly by Hausa, Fulani, and Zabarmawa. With the colonial conquest in 1903, and the emergence of Nigeria as a political entity in 1914, many other ethnic groups from the south and north central of the country have migrated and taken permanent residence in the state. Although, the Ibos and Yoruba, top the list of southern migrants, one can find large numbers of almost all the over 250, other ethnic groups in Nigeria comfortably pursuing their legitimate business as employees of federal, state and private organization in the state. This multicultural situation is seen in the large number of registered cultural associations and ethnic groups meetings that take place on weekends in various locations of the state (Boyd, 1982).



Research Methods

Method of Data Collection

In order to achieve the set objectives of this study relevant data and information were collected from primary sources. Primary data were collected during a major study (Sani, 2012) using a set of structured interview administered to traditional herbal medical practitioners. However, plants, trees, organic and inorganic substances used in traditional herbal medical practice in the metropolis will be observed and photographs were taken during the interview.

Sampling design

An attempt was made to collect the names of Traditional Medical Practitioners (TMP) from their Association to serve as a frame for the study but the list was not available. This necessitated the use of combination of purposive and snowball sampling techniques where eighty two (82) traditional herbal medical practitioners were sampled in Sokoto Metropolis. The first traditional medical practitioner was interviewed purposively and was asked to name other traditional medical practitioners known to him. The same was applied to subsequent practitioners. The reasons for the lack of record for herbalist are due to the nature of some practitioners who usually operate without much publicity and lack of cooperation and unity among traditional medical practitioners.

The criterion for the choice of a respondent was if his/her trade was in herbal medicine. The snowball sampling technique was used to reach traditional medical practitioners who usually prefer to operate without much publicity. Zango (2006:123) terms snowball as a “network, chain referral or reputation sampling”. The

technique entails asking the first respondent to name other traditional medical practitioners known to him who could be included in the sample. The essence of this was to ensure that no other major traditional medical practitioners were left out. In doing so, care was taken to ensure that traditional healers in all the selected areas were represented to avoid bias.

Sample Size

In order to ensure that the respondents selected for interview reflect the total population to allow for meaningful and accurate generalization, a total number of eighty two (82) traditional herbal medical practitioners were sampled in Sokoto metropolis. The metropolis consists of Sokoto South, Sokoto North local government, parts of Wamakko, Kware and Dange Shuni Local government areas.

Population of the Study

The samples for this study were the traditional herbal medical practitioners in Sokoto metropolis. These traditional herbal medical practitioners refer to the people who are recognized by their society as capable or proficient to provide health care by using herbal or plant pharmacopeia. In order to acquire general and specific information on the distribution of traditional herbal medical practitioners in Sokoto metropolis, different groups of people which include males, females, were selected using a combination purposive and snowball sampling techniques, in the metropolitan city of Sokoto State.

Data Presentation and Analysis

The data collected as explained were analyzed using descriptive statistical

methods to present frequency distribution, table, graphs, and chart.

Data Presentation and Discussion

Introduction

This segment analyses and presents results of the investigations conducted as explained above. The segment is divided into two sections A and B: Section A deals with the profile of the respondents while section B deals with the practice of traditional herbal medical practitioners and their services.

SECTION A: Profile of Respondents

Age Distribution

Figure 4.1 shows the age group of the respondents. The result shows that the 34% of respondents fall in between 31-40 years, and 27% between 41-50 years and only 9% are less than 20 years of age group. This shows the demographic feature of traditional herbal medical practitioners in which the greater proportion of the respondents fall within the productive age of 31 to 50 years after which it starts to decline.

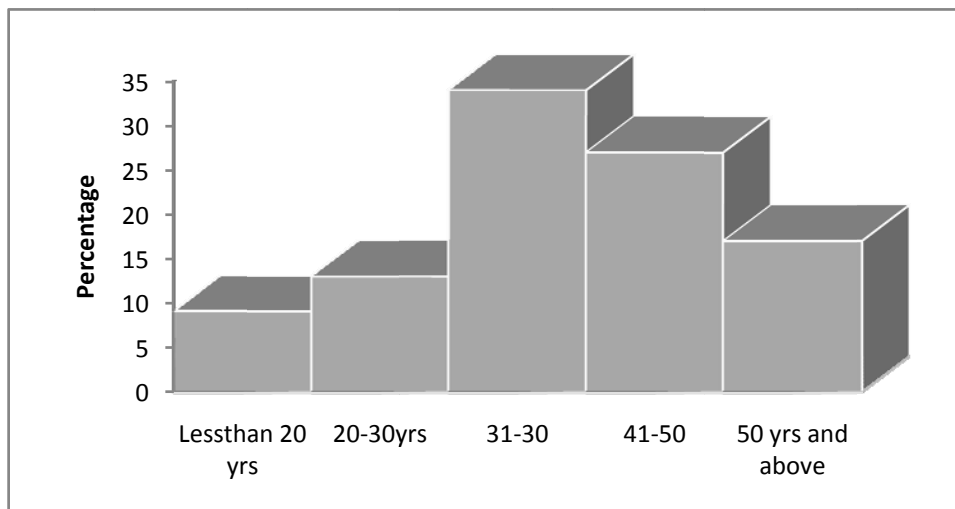


Figure 4.1 Ages of the respondents

Source: Authors Fieldwork, 2012

Sex of respondents

Figure 4.2 presents responses on the sex of the respondents in which 82% are male and only 18 are female. This shows that most traditional herbal medical practitioners in Sokoto metropolis are male. This is attached to socio cultural setting of the area, whereby men dominate most of the socio-economic activities as women are in kulle or purdah.

The female's practitioners are women who mostly practice in their residence; only few of them can be found practicing in the market. These practitioners deal mostly with diseases concerning women and children's such as maternal health care (anti natal and post natal) burns, dental problems and some endemic diseases.

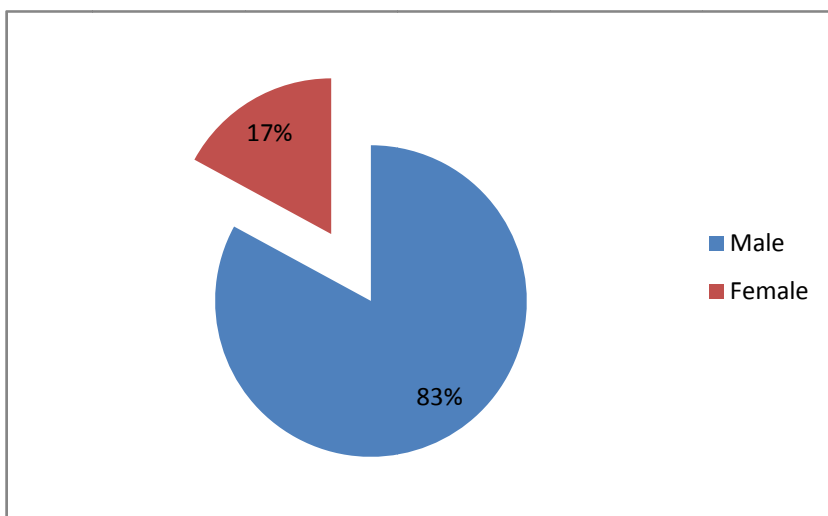


Figure 4.2 Sex of respondents

Source: Authors Fieldwork, 2012

Marital status of respondents

Figure 4.3 above shows that 76% of the respondents are married only 15% are single. This shows that the greatest percentage of traditional herbal medical practitioners in Sokoto metropolis are family own practitioners who earn their living from their business.

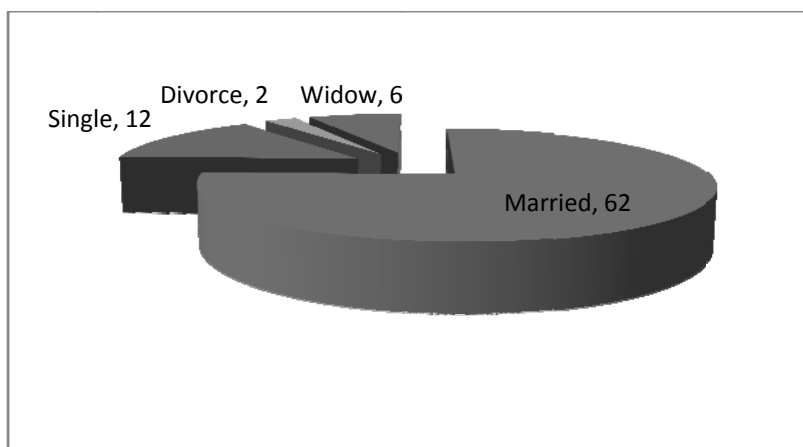


Figure 4.3 Marital status of respondents

Source: Authors Fieldwork, 2010

Major Occupations of Respondents

In Figure 4.4, shows that 40% and 29% are self employed and farmers respectively, while 14% and 10% are civil servant and students respectively. Only 5% and 2% represent unemployed and paramilitary. This attest to the high level of self reliance usually associated with urban

population. They engage themselves in various nonagricultural activities, such as trading and white collar job, once they are 20 years and above.

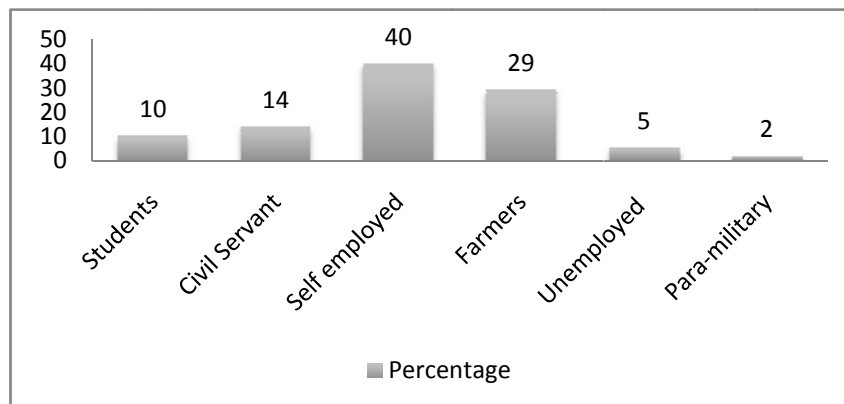


Figure 4.4: Occupational status of respondents

Source: Authors Fieldwork, 2012

SECTION B: Traditional Herbal Medical Services in Sokoto Metropolis

Distribution of traditional herbal medical services in Sokoto metropolis

Figure 4.6 shows the distribution of traditional medical practitioners in Sokoto metropolis in which 37% and 32% are found in the markets and at their various residences. 22% are located or hawk their practice along major streets. Only 9% are located along the major Jumu'at Mosques in Sokoto metropolis.

The markets where traditional herbal medical practitioners are located include herbal market in Kara market, old market behind Maryam Abacha Hospital Sokoto, Marina mini market, along Modibbo Adama Road, Kofar Rini mini market along Mudagel Road, Kofar Atiku mini Market along Atiku Road, Sokoto Central Market and its surrounding, Unguwar rogo mini Market along Waziri Abbas Road and traditional herbal medicine trade fair Market behind Giginya Memorial Stadium in Sokoto metropolis. These practitioners located in the market especially those in herbal market

in kara and old market behind Maryam Abacha is because, it serve as a centre or nodal point where most of the herbal practitioners and patients visit for medicinal plants, nature of herbal preparation, diagnosis and therapy of some plants. They also serve as a center where most of the hunters and gatherers supplies their herbal products in large quantity to the whole sellers, while the reasons why some herbal medical practitioners located in different markets is because markets serve as centre of commerce and trade where people from different area in the metropolis visit for their demand, these also increases the patronage of their product and services.

Meanwhile their clients consist of patients from different areas in the metropolis searching for their medical help and traditional herbalist who purchase different herbs for their practice and preparation. However, to ascertain the actual area of specialization is very difficult because most of them operate general

practices which include eyes problems, fever, dental problems respiratory diseases, heart diseases, burns, urinary diseases, swollen, rheumatism and endemic diseases among others. The challenges faced by these practitioners include lack of financial assistance to improve their practices efficiently, lack of relevant facilities to store and process their products and lack of government official recognition among others.

Distribution of traditional herbal medical practitioners in residential areas in Sokoto metropolis

Also the result of the analysis shows that 32% of traditional herbal medical practitioners operate in their residence in different areas of Sokoto metropolis such as T/wada, Gagi, Marina, Danfili, and nakasari in Sokoto south local government. There are others in Gandu, kanwuri, Gidadawa, Alkammawa, Asada, Helele, Hubbare, Runjin Sambo, and Gidan Igwai, in Sokoto North local government. Many are found in Guiwa, Arkilla and Bado areas in parts of Wamakko; in Danbuwa and More areas of Dange Shuni and kware local government areas respectively. These practitioners are mostly women and old men who prefer to operate in their residences because of the nature of socio cultural background and religious belief of the people of this area in which women are in purdah or kulle. While the old men have no much capacity to practice in the markets or any public place, for this reason therefore, they practice in their respective residence. The major customers of these practitioners are women and children's. However, most of these herbal practitioners make general practice with an element of specialization in the following field such as maternal healthcare (ante natal and post natal healthcare) burns,

abdominal problems and dental problems among others. The challenges faced by these practitioners include lack of financial assistance and lack of official recognition by the government

Distribution of herbal practitioners along the major streets in Sokoto metropolis

The result of the analysis reveals that a number of traditional herbal practitioners are located along the major street in Sokoto metropolis which represents 22% of the respondents such as Zaria Road, Abdullahi Fodio Road, Maniru Road, Modibbo Adama Road, Sultan Bello Road, Ahmad rufa'l Road, Marafa Danbaba Road, Bauchi Road, and Waaziri Abbas Road. These practitioners are operating in small scales that either have a shop or hawk along the street, the reasons is that major streets link other small Road that link up several areas in the metropolis the flow of people ensures patronage of their services. The major clients of these practitioners are Male adult who usual stay in the nearby areas. However, most of these practitioners specialized in abdominal diseases such as dysentery, fever, tissues reaction and diseases of the reproductive organs. The challenges faced by this herbal practitioners is almost the same with other herbal practitioners residing in a fore mention places which include lack of financial assistance to improve their practices for wider acceptance, lack of relevant facilities to process their product in a scientific form, lack of stalls for practice and lack of official recognition by the governments.

Distribution of traditional herbal medical practitioners around Jumu'at mosques

The result of the analysis shows that 9% of the respondents are found around major Jumu'at mosques in the metropolis such as

Shehu Usmanu Jumu'at Mosques, sultan Abubakar Jumu'at Mosque, and sultan Bello Jumu'at Mosque. The main reasons why these practitioners reside around the Jumu'at Mosque, the mosque serve as a central place where people from different area in the metropolis converge for congregational prayers. The practitioners reside there to take that advantage to advertise their products and services for high patronage of their service. The major clients of these practitioners are people who visit mosque for congregational prayer, likewise these practitioners makes general

practice to treat different sickness which include Headache, eyes diseases, dental problems, respiratory diseases, heart diseases, maternal healthcare, abdominal diseases, burns problems, urinary diseases, swollen problems, bone diseases, / rheumatism, nervous diseases, poisoning, endemic and epidemic diseases among others

In nutshell the traditional herbal medical services are evenly distributed in Sokoto metropolis which increases availability, and accessibility of traditional medical care services in an affordable rate.

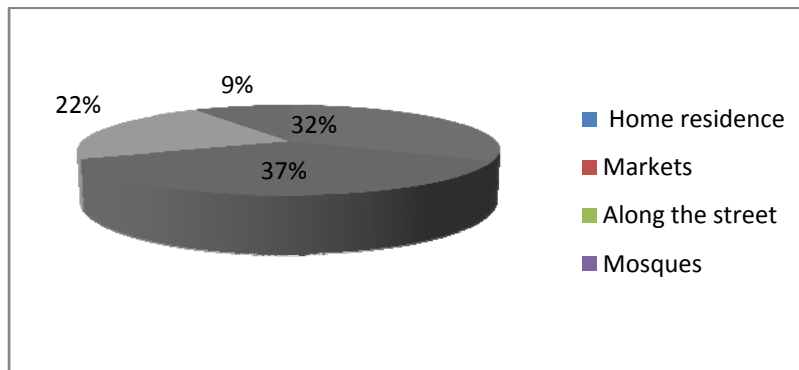


Figure 4.6 Distribution of traditional herbal medical services in Sokoto metropolis

Source: Authors Fieldwork, 2012

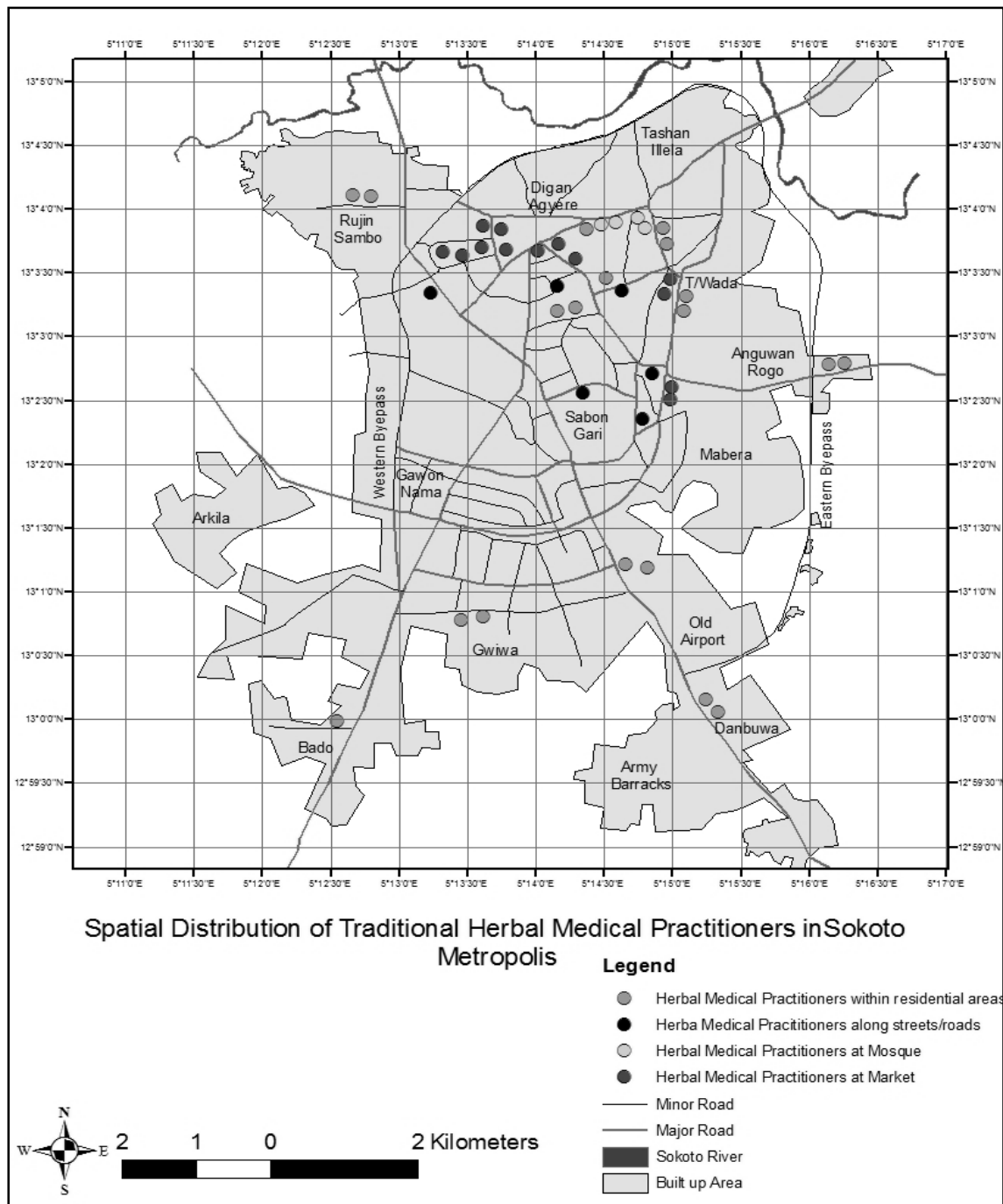


Figure 4.7 Distribution of traditional herbal medical practitioners in sokoto metropolis
Source: Adapted from Eniolorunda (2010)

Sources of Traditional Herbal Products in Sokoto Metropolis

Figure 4.7 reveals the result of analysis where the respondents in Sokoto metropolis were asked where they sourced their herbal products. Where 44% said within the metropolis, 32% said other local

government areas in Sokoto state. Only 6% said outside the country. This is showing the nature of vast vegetation resources in the state and the role of herbal markets in the metropolis where majority of traditional herbal medical practitioners source their products for their practices

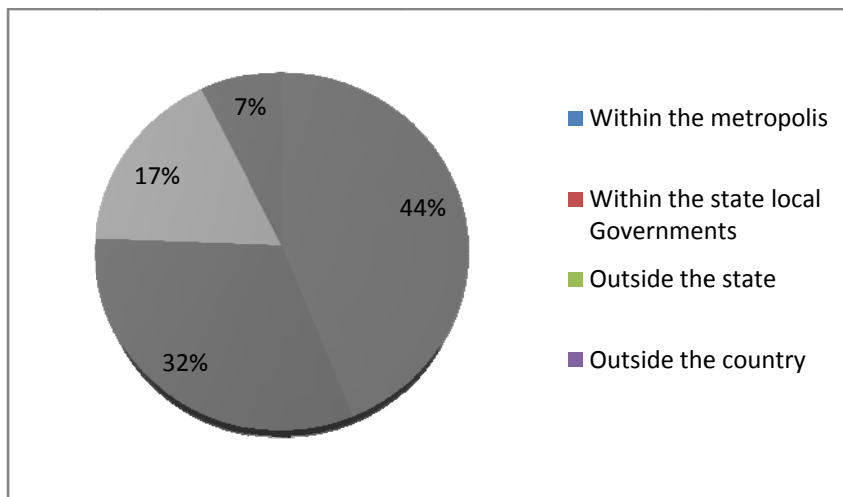


Figure 4.8 Sources of herbal products in sokoto metropolis

Source: Authors Fieldwork, 2012

Table 1. Therapeutic regime used by traditional herbal medical practitioners

Therapeutic regimes	Frequency	Percentage
Drugs	07	03
Divination	12	06
Decoction	17	08
Medical Herbs	76	36
Chemist / Shops	05	02
Aqueous Extracts	72	34
Exorcism	14	07
Psychotherapy	08	04
Total Multiple response	211	100

Source: Authors Fieldwork, 2012

Table 1. Shows the findings of the research when traditional herbal medical practitioners in the study area were asked to indicate the therapeutic regimes used in their healing practices. Some 36% said they

used herbs from different medicinal plants in the preparation of medicine such as liquid extract, tinctures, decoction or dry extract for the treatment of different forms of illnesses. Another 34% said aqueous extract

of different herbs where the medicinal plant is placed in cold water simmering for some minutes in the pot, then the aqueous extract

is decanted or filtered as required and given as medicine.



Plate: 1 Grinded medical herb used in therapeutic regime by the traditional medical practitioners in Sokoto metropolis

Source: Authors Fieldwork, 2012

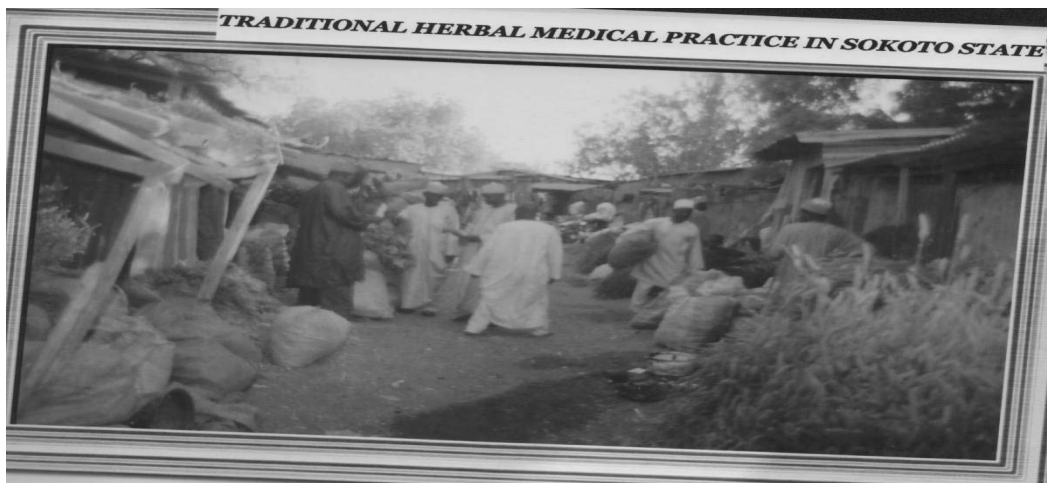


Plate: 2 Part of Traditional Herbal Medical Market in Kara Market, Sokoto

Source: Authors Fieldwork, 2012



Plate: 3 Plants Products used by the Female Herbalist in Traditional Medicine behind Maryam Abacha Hospital Sokoto

Problems for Traditional Herbal Medical Practice in Sokoto metropolis

Table 2 : The challenges for Traditional herbal medical Practitioners in Sokoto metropolis

Problem of traditional herbal medical practice	Frequency	Percentage
Lack of scientific proof	70	18
Lack of standard dosage precision	51	13
Lack of enough hygiene standard	63	16
Indefinable aspect or magic practices	23	6
Lack of enough standardization	56	14
Quack medical practitioners/doctors	95	24
Lack of government cooperation and official recognition of traditional herbal medical practitioners (THMP)	09	2
Lack of cooperation of its members	04	1
Lack of enough knowledge of toxicity of medicinal plants	07	2
Lack of professionalism	08	2
Lack of assistance	07	2
Lack of modern health care facilities & equipment	06	1
Total Multiple response	397	100

Source: Authors Fieldwork, 2012

In Table 2 shows responses to the problems associated with Traditional Herbal Medical care practices in Sokoto metropolis. Some 24% said the prevalence of traditional quack medical practitioners, and 18% said lack of scientific proof. The lack of enough hygienic

standards and enough standardization were attested by 16% and 14% respectively. The reason why lack of hygienic standard is one of the most significant problems of traditional medical practice is because of environment most practitioners reside. They

live in high population density areas where a number of diseases such as bacteria, protozoa, virus etc are found. The presence

of quack medical practitioners in the system is a cause of serious concern to most practitioners.

Table 3 Suggestions to improve the Quality, Safety, Efficacy and Standardization of Traditional Herbal Medical Practice in Sokoto Metropolis.

Options	Frequency	%
Financial assistance to Traditional herbal medical practitioners	57	20
Government to recognize traditional herbal medical practice	10	4
Ensuring honesty and trust in their healing practices	20	7
Encouragement of researches on traditional medicine	08	3
Procurement of relevant scientific equipments and facilities	43	15
Recruitment of expert herbalists in health care delivery system	06	2
Establishment of board to regulate and coordinate their practices	25	9
Formulation of sound policy and programme on their practices	10	4
Organizing seminars to Traditional Medical Practitioners (TMP)	28	10
The association of Traditional Medical Practitioners (TMP) to supervise, guide and regulate the practices of its members	19	7
Integrating traditional medical system with orthodox medical system	15	5
Holding meetings to discuss best ways to improve their practices	15	5
Establishment of Traditional Health Care centres to qualified/expert (TMP) to perform their practice and educating other citizens	10	4
Ensuring proper diagnoses and treatment of patients effectively	06	2
Improving dosage specification and expiry date.	07	3
Training and retraining of Traditional Medical Practitioners in the state.	04	1
Total Multiple response	283	100

Source: Authors Field survey, 2012

In Table 3 above the Respondents were asked to state suggestions that can improve the quality, safety, efficacy and standard of traditional herbal products for effective and efficient patronage in the study area. Table 4.9 shows that 20% said financial assistance and loans should be offered to Traditional Medical Practitioners. This is due to the fact that finance serves as the most significant tool through which all the necessary materials needed for the advancement of quality and standard of Traditional Medical Practice can be achieved. Another 15% said disbursement of relevant scientific equipment /facilities. This is due to the fact that no healthcare delivery system can run smoothly without government cooperation and

assistance in providing the basic facilities required such as grinded, bottling, packaging, machines, generators and other clinical apparatus.

Furthermore, 10% suggested organizing regular seminars and workshops for Traditional Medical Practitioners. This is because it serves as forum through which all experts and professionals can share ideas and exchange views concerning the Traditional Medical Practices; usage, dosage and problems and suggest the way forward for better practice. All these correspond with the statement by Erinosh, (1998) that various attempts were made by the indigenous people especially the practitioners of the therapy themselves to convince the government officials on the

need to officially recognize them and if possible to integrate traditional medicine with orthodox medicines in order to improve the health needs of the people.

Summary, Conclusion and Recommendations

Introduction

This segment presents the summary of research findings, conclusion drawn from the study, some recommendations on how to improve the quality, safety, efficacy and standardization of traditional herbal medical products in health care delivery system in Sokoto metropolis and suggestions for further researches.

Summary

The research study found that the traditional herbal medical practitioners that specializes in different form of health care delivery are evenly distributed in Sokoto metropolis in which majority of them are located in different markets and home residences in different part of Sokoto metropolis, while others are distributed along the major street and Jumu'at mosques in Sokoto metropolis. The major markets are herbal market in kara and old market behind Maryam Abacha women and children's hospital Sokoto, these markets serve as a central point where most herbalist and patient visit for medical help, nature of practice, herbal preparation among others, and also serve as a deport for herbal products. The practitioners residing in residential areas can be found in most of the areas that constitute Sokoto metropolis i.e. Sokoto South, Sokoto North local government, part of Wamakko, Dange Shuni, and Kware local government areas in which the majority are found in Sokoto north local government. These practitioners are women and old men that deals with females and children are as their client.

While practitioners practice along the streets are the small practitioners that operate in various shops or hawk in the street. The practitioners residing in major Jumu'at mosques hold it as central place where people meet for prayers and take that advantage to meet with their customers in order to increase patronage of their services and facilities.

Also the study found out that majority of traditional herbal medical practitioners sources their herbal product within the metropolis and other local government areas in Sokoto state, only few of them sources their product from outside the country.

Also the study found out the problems associated with traditional herbal medical care services in the study area include, lack of scientific proof, lack of standard dosage precision, lack of enough hygienic standard, indefinable aspect or magic practices which cannot be verified scientifically, lack of enough standardization, quack practitioners/ doctors, lack of government cooperation and official recognition of traditional herbal medical practice, lack of enough cooperation among its members, lack of enough knowledge of toxicity of medicinal plants, lack of professionalism, lack of assistance, and lack of modern healthcare facilities and equipment's.

Conclusion

After careful analysis of the data obtained, the conclusion made is that traditional herbal medical services are evenly distributed which can be found in different markets, home or residences, along the major streets and major jumu'at mosques in Sokoto metropolis. It also concludes that lack of official recognition of traditional herbal medical practice and services constitute a significant problem for traditional herbal medical practitioners in Sokoto metropolis. This

is an area the government should look in to for it is sustainable development. There is no doubt the number of these practitioners and their customers cannot be ignored in healthcare delivery development.

Recommendations

This research examined the spatial distribution of Traditional Herbal Medical practice in healthcare delivery in Sokoto metropolis. The recommendations that follow are aimed at improving the accessibility, quality, safety, efficacy and standardization of Traditional Herbal Medical Products for sustainable development in health care delivery in Sokoto metropolis.

- i. Financial assistance and loan should be offered to Traditional Herbal Medical Practitioners (THMP) in the state in order to advance the quality and standard of their practices and services to ensure effective health care delivery for all.
- ii. Further research should be encouraged in Traditional Medicine in order to improve our knowledge of its practices, methods and techniques for a successful health care delivery in the state.
- iii. Government should officially recognize Traditional Medical Practice in health care delivery in the state, in order to enable it give all the necessary support and assistance for the advancement of the system towards ensuring a safe health care delivery system.
- iv. Relevant scientific equipments should be procured for Traditional Medical Practitioners to help in standardizing their practices and services.
- v. Traditional Medical Practices should be integrated with orthodox medical system in health care delivery.
- vi. There is need to formulate sound policies and programmes to encourage easy access to all health care delivery services both traditional and orthodox in the state. such as free medication, social and health insurance schemes etc
- vii. A board to regulate and coordinate the practice and services of Traditional Medical care practitioners should be established at the national and state levels.
- viii. Government should establish traditional health care research centres (THCRC) to aid in traditional herbal products research in the state.
- ix. Experts in Traditional Medical Practice (TMP) should be recruited into existing Orthodox health care delivery system to improve and ensure a comprehensive health care delivery in the state.
- x. Seminars and workshops should be organized for Traditional Medical Practitioners (TMP) to provide a forum where they meet with professionals, academicians and government officials to share ideas on how best to move traditional medical practitioners forward.
- xi. The Association of Traditional Medical Practitioners (TMP) should supervise, guide and regulate the practice of its members over quack or illegal traditional practitioners. The Association should be the link with government and nongovernmental organizations and to serve as a conduit for all the necessary support and assistance that would promote traditional medicine in primary health care delivery in the state.

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