



Comprehensive Health Care System without Traditional Medicine: A Distorted Approach

Innocent A. Nwosu¹, Joseph Ekpechu², Vivian C. Njemanze³,
Bukola Popoola⁴ and Kennedy Ololo⁵

*Department of Sociology, Federal University Ndufu-Alike Ikwo, P.M.B. 1010 Abakaliki
Ebonyi State Nigeria, Postal Code - 480213*

*Phone: ¹<08067653411>, ²<08064744193>, ³<08035809527>,
⁴<08132906276>, ⁵<08036439596>*

*E-mail: ¹<innoglo22000@yahoo.com>, ²<ogbonnaya_ekpechu@yahoo.com>,
³<chizon55@gmail.com>, ⁴<popoolatabitha@gmail.com>, ⁵<kenololo@yahoo.com>*

KEYWORDS Cross-Breeding Integrative Approach. Healing. Health Care Policy. Health Sector. Indigenous Medicine

ABSTRACT The major purpose of Nigeria's National Health Policy is comprehensive health care. Nigeria's healthcare system is actually patterned in line with the universal levels; primary, secondary and tertiary. Unfortunately, traditional medicine (TM) is not recognized at any of these levels. Therefore, this paper assessed the level of successes and weaknesses inherent in orthodox medicine and the aspects that require traditional medicine to improve the system. To achieve this, different articles and documents were reviewed. The result shows that a high profile initiative has been put together by the Health Ministry to articulate Nigeria's comprehensive actions to fast track the achievement of sustainable development goals (SDGs). However, the current National Health Policy in Nigeria did not incorporate TM. There are idiopathic illnesses, whose causes are unknown to orthodox medicine. This is where TM excels both in prevention, diagnosis and treatment. Therefore, a good health care system must incorporate TM through the application of cross-breeding integrative approach.

INTRODUCTION

The goal of the National Health Policy is to bring about a comprehensive health care system for all citizens of Nigeria. Unfortunately, Nigeria is presently confronted with a health crisis, driven by enormous burden of poverty and disease. Under the current health care system, orthodox medicine has taken the centre stage. Traditional medicine has been relegated to the background. In some cases, traditional medicine has been regarded as fetish, evil, unhygienic and sign of backwardness. This is in spite of the fact that Kaya (2017:16) pointed out that the World Health Organization (WHO) defined traditional medicine (TM) as the "sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures..... used in the maintenance of health as well as in the prevention, diagnosis, in improvement or treatment of physical and mental illness." However, with the neglect of TM, it

has been realized that many Nigerians are still dying of preventable and/or curable diseases. Comprehensive healthcare therefore, has been a mirage due to poor quality of services, inefficient service delivery and inadequate resources to finance the system.

Actually, health care services mirror society's cosmology and political structure. That is why it has been difficult to achieve comprehensive health care without recognising the culture and worldview of the people, of which traditional medicine is part. Traditional health care system, which is the oldest medical system in Nigeria, has been the initial avenue of assessing care for seventy-five percent of the Nigerian population (Baidoo2009). This is why Yuan et al. (2016) noted that TMs use natural products and are of great value. According to them, TMs have been practised in different parts of the world for centuries and have in some cases changed to become orderly-regulated systems of medicine. This is particularly common among Asian countries like China. Dong (2013) also added that Chinese Traditional medicine is based on 5000 years of medical practice and experience and is rich in data from "clinical experiments" that portrays its efficacy and effectiveness.

Address for correspondence:

Dr. Innocent A. Nwosu

Phone: 08067653411

E-mail:innoglo22000@yahoo.com

As a result, it can be seen that traditional health care system is a comprehensive medical system on its own. This is because it attends to man's health needs – biological, psychological, social and spiritual. Traditional medicine (TM), of which traditional healthcare is an integral part, is very effective, efficient, cost less and mostly supported by the people's culture. Sometimes those problems that are beyond orthodox medicine are successfully handled by traditional healthcare.

To buttress the efficacy of traditional medicine, Berube (2015:1) noted:

I have an early childhood memory of my grandmother boiling water on a wood stove. A soft cedar scent emanated from the pot. Grandma was coming down with cold, so she was making a rust-coloured tea from a mix of leaves and branches she had gathered in the woods. The tea was going to help her feel better, help her get better.

Berube (2015) went further to ask the golden question: "Is there a place for traditional medicine in the present health care system?" The answer he gave was affirmative. Therefore, comprehensive health care system, as an evolving system, should recognise the relevance of the forms of medicine and healing that are steeped in culture and history. The World Health Organisation has acknowledged the importance of traditional medicine and healing in bringing about a new face of health care that includes thinking about and applying a system that has been effective in various societies for centuries.

This leads us to the fact that traditional medicine involves working with people to help them heal, not just physically but mentally, emotionally and spiritually, that is, healthcare with focus on patients. That is why Berube (2015) regards traditional healing as a holistic healing because it involves an integrative approach that seeks balance of the environment, the physical, the emotional and the spiritual. In other words, traditional medicine involves the use of healing properties of many medicines found in and on the land and water to bring sick persons back to health. This involves physical materials and healing ceremonies (which at times serve as placebo). The aim of all these is to achieve holistic wellness.

It is as a result of all these that World Health Organisation (WHO) emphasized that traditional medicine can be a useful approach to resolve

community health problems (Park et al. 2014). Apart from that, traditional medicine is getting significant attention in global health debates. For instance, it helped to manage severe acute respiratory syndrome in some countries like China. Eighty percent of African people use some form of traditional medicine and the world wide annual market for herbal products has reached US \$60 billion. There is also hope that traditional medicine research will play a critical role in global health (WHO 2003; Wilcox and Bodeker 2004; Tilburt and Kaptchuk 2008).

As attention and public interest for comprehensive health care system grow, more detailed analysis of critical issues in health management in Nigeria is desirable. Scanty literature have addressed selected issues such as the weakness of orthodox medicine under a strange culture, relationship between policy positions and actual practice, different views on integration and views of traditional medicine as a partner with orthodox medicine.

Objectives of the Study

Therefore, this study applied a practical and widely acceptable anthropological microscopic approach to examine the socio-medical value of traditional medicine, its scientific validity and favourable risk-benefit ratio.

Specifically, the study aims at the following:

1. To examine the nature of traditional medicine.
2. To identify the position of traditional medicine in the National Health Policy of Nigeria.
3. To assess the success and weakness of orthodox medicine without TM.
4. To find out the importance of traditional medicine in healthcare system.
5. To identify the most suitable approach towards the integration of orthodox medicine and traditional medicine.

METHODOLOGY

The paper is based on the assessment of secondary sources in different areas in order to investigate the relationship between traditional medicine and national healthcare policy. This method of data collection involved the assessing of information from research articles, journal materials, books, monographs, newspapers and

magazines relevant to the issues under discussion. The researchers adopted this method because it provided a wide range of data about the past and present. Conducting primary research can only provide information about the present events and activities in a specific environment. With secondary sources, it was discovered that most of the required information for the discussions was already available and accessible.

RESULTS AND DISCUSSION

Nature of Traditional Medicine

It should be realized from cross-cultural studies of medicine that in all societies, health care activities are interrelated. Therefore, traditional medicine according to World Health Organisation (2013:7) is the “the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illness and maintain well-being.”

It is as a result of this that Yuan et al. (2016) pointed out that since the prehistoric era, human beings have been using natural objects like plants, animals, microorganisms and even marine organism as medicine to treat and manage diseases. According to fossil evidence, the use of plants as medicine dates back to 60,000 years. Li and Weng (2017) in their study pointed out that the therapeutic value of plants has been recognized a long time ago.

They also noted that for several years, indigenous societies in different parts of the world have used traditional medicine for the treatment of various illnesses. Therefore, the use of traditional medicine cuts across all nations and all ages.

On the other hand, the growth of modern pharmaceutical industry has been based on exploiting the active compounds in plants to solve a particular health challenge. This system has produced useful drugs widely utilized in the health centres. However, it has failed to provide effective cure for complex human diseases with complicated causes, such as diabetes, cancer, autoimmune disorder and degenerative diseases. Therefore, as plants continue serving as an important source of chemical entities supporting drug discovery, the rich value of traditional

medicine still contains invaluable biomedical information that is yet to be fully tapped (Li and Weng 2017).

The basic philosophy underlining all indigenous medical knowledge systems is their acceptance of a shared worldview, which is an inherent relationship and sharing of major elements between the big and small – the outside universe and a living being. Other major angles are ecological dimension, attention on extra-mundane dimensions and a summative approach to health, bearing in mind the mental, emotional, physical, spiritual, social, ecological factors in human health (Unnikrishnan 2015). Again, the main unifying characteristics of traditional medical knowledge are its popularity as it relates to self-help; a social character; religious dimension; orientation to prevention and comprehensive concepts of health and illness than those seen in orthodox medicine. Again, theoretically, traditional medicine is concerned with effective health and elimination of diseases using multi-causality strategy and so on. Knowledge is generated through careful observations and experiences within the context of health (Van der Geest 1997; Unnikrishnan 2009).

Generally, it is known that traditional medicine is prevalent in all regions of the world; however, statistical data at present is very scanty (Bodeker et al. 2005).

According to a regional overview of WHO in the African region, only fifty percent of the population has access to essential health care, while eighty percent continue to rely on African traditional medicines. African traditional medicine is predominantly (90%) plant based (Kasilo et al. 2005). The use of indigenous herbs has been on the rise. This is noticed in the area of spiritual therapy, acupuncture, herbal healing and even homeopathy (Gupta 2005). Among the European nations, United Kingdom has a specialized hospital for traditional medicine (Bodeker et al. 2005). Traditional medicine can be said to be strong, reliable and progressive.

Policies and Traditional Medicine in Nigeria

The goal of National Health Policy in Nigeria is to ensure productive life, social wellbeing and enjoyable living. Three levels of health practice were adopted. Unfortunately, traditional medical practice was not properly captured at any of the levels. Yet, the policy opted for government

to work closely with NGOs, voluntary agencies and private medical practitioners. The aim was to align their services with those of government.

In May 1999, the government of Nigeria created National Health Insurance Scheme which focused on government workers, the private sector and the informal sector. It should be noted that the power of the scheme was increased in 2004 through the amendment of the 1999 legislative act. However, treatment given under the traditional healthcare was not covered by the National Insurance Scheme. According to NSHDP (2009), the Nigerian health sector is known for lack of seriousness on the part of the government and the inability to organise major actors. Therefore, the federal government of Nigeria established the Health Reform Program (HSRP) from 2004-2007. The programme took care of government's stewardship role, the managing of the Nigerian health scheme, the control of diseases in addition to other matters. Despite these efforts, the constraints of the health sector persist. This is as a result of the fact that traditional medicine was not included in the scheme. Based on that, Federal Ministry of Health started the National Strategic Health Plan (NSHDP) that was meant to bring together the federal, states and local governments' plans into one scheme. The framework is based on the principles of one health policy, one national plan, one budget and one monitoring and evaluation framework for all the levels of government.

NSHDP Report in its section 2.2.4.6 recommended that the National Policy on traditional medicine be adopted and implemented at all levels. However, up till now, such policy has not been mentioned again. Similarly, in section 2.7.4.6 of its report, NSHDP agreed that many people still patronized the services of traditional health care providers. The report pointed out that this has a link with the belief system inherent in Nigeria. Therefore, they suggested that there is need to find out what works and what does not and find ways in which both approaches can be integrated where necessary.

However, of the 35 members of the technical working group of the NSHDP team, no traditional medical practitioner was involved. The whole plan was a top-down approach to health care policy. This is actually a departure from what was done in Cameroon. To achieve effective use of traditional medicine in Cameroon, there was the formulation of national policy and regula-

tion for the proper use of TM/CAM and its incorporation into national health care systems as provided by WHO strategies on TMs. The government of Cameroon also went ahead to create awareness about safe and effective TM therapies among the public and consumers (Fokunang et al. 2011). The Nigerian situation is quite different and downwards tending.

Successes and Weaknesses of Orthodox Medicine

According to Osler (2013), medicine came up due to man's sympathy for fellow human beings. There was the desire to assist fellows who were ill and/or in sorrow. The practice began when it was noticed that man could easily fall prey to injuries or accidents. Gradually, such experiences led to useful and great knowledge. The first major event that led to the success of modern medicine was achieved by Hippocrates, who came up with the theory of the cause of disease. The next step was achieved by Galen, who stressed the importance of knowing the anatomy of human body. However, the errors of Galen were corrected by Andreas Vesalius, who bisected humans instead of apes as Galen did. Again, Medical knowledge was advanced through the discovery of circulation of blood by William Harvey (Osler 2013).

In the area of surgery, one of the first people to improve surgery was Ambrose Pare. One day, when he was treating wounds of soldiers (using the normal method of pouring burning oil into them), his oil got exhausted. Desperate to treat the injured soldiers, he improvised with his own mixture of egg yolks, oil of rose and turpentine. After a while he discovered that those he treated with his own mixture improved better than those treated with the boiling oil. Then, he decided to always use his new mixture when curing wounds (Osler 2013).

From the angle of public health medicine, John Snow developed an epidemiological approach to the understanding of diseases by proving that unclean water causes cholera. In the same vein, Edward Jenner, towards the end of 18th century, developed the first vaccine that was used for the treatment of smallpox. There was strong criticism. However, with time the vaccine overcame all oppositions (Smith 1942). This was followed by the discovery of germ theory by Louis Pasteur. Another achievement of modern medi-

cine was the discovery of the process for blood transfusion (Shaw 2013). Generally, the factors that have influenced the success of orthodox medicine are religion, war, individuals, teamwork, government intervention and most importantly, chance.

According to Thibault (2018), vaccinations, antibiotics and antivirals are the major successes that orthodox medicine has used to save millions of lives in the 20th century. Tognotti (2010) added that the eradication of smallpox is also part of the success of orthodox medicine. However, Tognotti (2010) also pointed out that these successes are just paradoxical because as diseases are progressively brought under control, the public seeks less after orthodox medical treatment and more after an alternative medicine that can handle more complex health challenges. Again, The Straits Times (2018) revealed that medical doctors today are actually practicing defensive medicine because of illustrations of waste in healthcare by health economists. So, in this increasingly litigious environment where the regulatory agencies do not appear to understand the challenges in medical diagnostics and therapy, the doctors appear to be the victims. Making the matter to appear clearer, Khalik (2018) noted that out of every ten patients hospitalized in developing countries, one usually suffers an adverse consequence that would add thirteen to seventeen percent to the cost of care. Under TM, seventy percent of these events can be avoided.

Therefore, medicine has become more complex and demanding. The doctors have to match their knowledge with the deluge of new drugs and equipment. There is also the problem of maintaining the human face of medicine in the face of growing technology (UK Essays 2015; Lim 2007).

According to Lipman (2010:29) and Abdulrasheed (2017), some of the weaknesses of orthodox medicine include:

- (a) Modern medicine is based on only “scientific” model and does not recognise any medical system that does not fit the model.
- (b) Orthodox medicine perceives mind and body as separate entities instead of applying a holistic approach which is more suitable.
- (c) Orthodox doctors are trained in “crisis care” medicine, not to treat the “walking wounded”, which constitutes a majority of the populace.
- (d) Doctors mostly manage symptoms of diseases instead of tackling the underlying causes of illness.
- (e) Symptoms are not seen a pointer to some underlying imbalance but as something that must be suppressed.
- (f) Orthodox medicine does not understand the total load of illness. It seeks for a “magic bullet” instead of series of factors that lead to the total load.
- (g) Orthodox medicine does not believe that the body has self-healing ability. Therefore, it does not make any effort to boost this ability.
- (h) Orthodox medicine treats everybody who has similar disease the same way without recognising individual peculiarities.
- (i) Orthodox medicines are by far more concentrated, more toxic than traditional medicines.
- (j) Doctors view the human body like a machine with separate parts that can be attended to independently rather than in holism. In addition, the mind and body are viewed as separate entities while emotions are not recognised.
- (k) Man is not seen as part of nature, and how what happens in nature affects humans.
- (l) The orthodox healers treat disease, not the patient. There is a reliance on numbers and tests rather than how the patient is feeling and what is found on examination. There is hardly any attempt to recognise the correct use of supplements to optimize health.
- (m) Orthodox medicine does not recognise the importance of toxicity on human bodies and do not know how to boost the body’s own detoxification systems.
- (n) The healer-patient relationship is not emphasized and the role of the patient as a partner in their own health care are not encouraged.
- (o) The pharmaceutical organisations have strong control over the medical system. They usually cut corners and influence doctors to prescribe their drugs and also influence researchers to present their drugs in a positive light. In other words, orthodox doctors are gradually loosing

stronghold over the healing of their patients. They are at the mercy of what the pharmaceutical industries produce.

- (p) Orthodox healers have agreed that there are diseases that have no known cause. This is because it does not fit into the germ theory. They classify such as idiopathic caused diseases. When faced with such diseases, the orthodox healers are usually confused and lack answers to such problems (Osemene et al. 2011).

Therefore, traditional medicines are ideal materials for the restoration of damaged physiological processes. This is possible because they are made up of several of chemical components which ensure that active constituents are available, thereby checking harmful side effects.

Importance of Traditional Medicine in Health Care System

In the African setting, traditional medicine is generally employed to remedy disrupted physiological process in order to restore homeostasis rather than meet disease head on. Traditional medicine enhances the body's healing potentials thereby terminating diseases in the process. Sometimes, such process may be slow; the patient is expected to be patient for perfect healing to be achieved. Traditional herbs are not so much concentrated; they are not toxic and require little doses than orthodox medicine to function effectively (Osemene et al. 2011).

Similarly, herbal medicine treats patients leaving only little or no side effects of toxic build up in the body that comes from the use of orthodox medicine. Herbs can be the sole or supportive object for treatment and is not harmful to useful healthy flora in our guts unlike orthodox treatments, especially when antibiotics are involved, which wipe out useful (pro-biotics) and harmful bacteria in the body (Abdulrasheed 2017).

Traditional herbs possess in-built safety mechanisms especially when mixed with water. Therefore, they are capable of restoring damaged physiological processes. Traditional medicine is usually based on the culture of the people and this makes it an ancient tradition. It should be realized that Hippocrates (father of modern medicine), Theophrastus (father of botany), Galen (originator of pharmaceutical galenicals) and Dioscoroides were formerly herbal-

ists who advanced medical knowledge (Osemene et al. 2011).

Again, about one-quarter of prescription drugs dispensed by the community's pharmacy in United States contain at least one active ingredient derived from plants (Farnsworth 1988). In Nigeria, about 205 medical plants species are endemic in nature in different part of the country. Similarly, it has been known that isolation of a single active ingredient from herbs is not the best way to determine the efficacy of traditional medicine. What makes African medicine peculiar and efficacious is the composition of multiple active ingredients that must be taken together for full effect. For instance, water has two molecules of hydrogen and a molecule of oxygen. If you isolate these elements, two molecules of hydrogen cannot solve the problem of water neither can one molecule of oxygen quench thirst. This is the case with traditional herbs.

Some scholars have argued that orthodox medicine is scientifically based and as such is more reliable, safer and more effective. This is not always true. There have often been cases where drugs once thought to be safe were withdrawn from the market for causing severe side effects and even fatalities. The thalidomide fiasco of the 1950s and 60s was a tragic example when hundreds of women given thalidomide for early morning sickness gave birth to deformed babies. Again, antibiotics has always given false hope that modern medicine could eradicate diseases caused by bacteria but it ended up weakening human body's resistance to destructive bacteria. Similarly, in Nigeria, the National Agency for Food Drug Administration and Control (NAFDAC) banned the use of Novalgine (a potent analgesic and an antipyretic agent) because it has serious side effects that can cause death in children.

High per capita distribution of traditional medical practitioners and the high level of patronage in developing countries has been the major reason why TM is spreading. According to WHO (2013:13), in Tanzania, Zambia and Uganda, the ratio of human population to traditional doctors is between 1:200 and 1:400. But a little less than ninety percent of Nigerians make use of this indigenous medical system.

According to Osemene et al. (2011), sixty percent of Nigerians visit traditional healers first before any other healing centre. Today, as chronic diseases increase in number and the weak-

nesses of orthodox medicine are becoming obvious coupled with the proven efficacy of traditional medicine in selected conditions as well as growing interest in holistic healthcare, there is renewed interest in traditional medicine (Unnikrishnan 2015). Traditional medicine is important because the market value has improved and is steadily growing (WHO 2013).

Generally, traditional medicine has been playing a key role in public health. This is because according to the WHO, one third of the global population has no regular access to essential modern medicines and in parts of Africa; about half of the population faces shortage of minimum health care. There have been inadequacies in health care financing by states. On the other hand, in many regions of the world, the public continue to rely on traditional medicines which are based on locally available natural resources and cultural knowledge. In public health context, availability, accessibility, affordability, utility, quality, efficiency and equity, in the respective order, have relevance in the promotion of traditional medicine (Bodeker and Kronenberg 2002; McBride 2017). Making the picture clearer, Kleinman (2002) noted that there are three levels of health seeking arena – home level, informal and professional sectors. According to him, home level covers seventy-five percent and in every 1000 illness episodes 750 never get outside of the family sector and are managed through household means. Only twenty-five percent is divided between professional traditional healers and professional orthodox healers. In other words, most homes in Nigeria are healing centres of some sort but their approach is dependent on their belief and culture.

Traditional medicine is quite relevant to public health because most communicable diseases such as malaria, HIV and infections have been successfully treated or managed through traditional medicine. It is the traditional medical knowledge in China and Peru that gave birth to the two major drugs used for treatment of malaria: quinine and artemisinin respectively. A study carried out in 2002 showed that seventy-eight percent of HIV/AIDS patients living in USA patronize traditional healers. The same pattern has been reported in developing and even developed nations (WHO 2013). Again, a number of systematic studies on efficacy are slowly emerging, suggesting the antiretroviral, immunomodulatory and opportunistic infection reducing ef-

fects of traditional management methods (Liu 2007).

Generally, in developing nations, traditional healers continue to have major impact in health-care delivery as they make human resources available. Apart from general traditional medical practitioners, traditional orthopaedic practitioners, birth attendants, poison healers, spiritual therapists, mental health providers, healers specializing in eye, paediatric conditions, skin diseases etc. are some of the specialty areas. According to Nwosu (2010), traditional medical diagnosis methods examine the totality of man with reference to biological, spiritual, psychological and social make-up. In his study, Nwosu (2010) revealed that the most efficient in the treatment for infertility is obtained from traditional healers. This is because the traditional healers are always around, use simple methods, materials and procedures and are easily approachable. Generally, traditional healers try to bring a balance between the spirit and the body. It is an area of health management that must not be neglected.

Achieving Realistic Comprehensive Health Care System in Nigeria

The overall goal of the present National Health Policy in Nigeria is to make the national health system stronger so that efficient, effective, quality, accessible and affordable health-care services can be achieved in Nigeria for Nigerians. In other words, the goal of the national health policy was to establish a comprehensive health care system.

The National Health Policy in section 2.6a (ii) noted that there is need to seek collaboration of the traditional health practitioners in health programmes. It also stated that traditional health practitioners shall be trained to improve their skills; that Governments of the federation shall seek to gain a better understanding of traditional health practices and support research activities to evaluate them. Nigeria health policy is still talking about evaluating the traditional health care system, when the world is advancing speedily towards integration of the orthodox medicine with traditional medicine (Kaya 2017). After several years of initiating the policy, no educational institution has been established in Nigeria to train traditional healers.

There is strong indication that Nigeria is ignorant of a resolution on the integration of traditional medicine into the global healthcare system, which was passed at the 67th World Health Assembly. The whole world hopes that it will help to bridge the gap between orthodox medical practice and traditional medicine for the benefit of mankind. WHO believes that the measure will promote universal health coverage when the traditional medicine service is integrated into health care services delivery and home care (Sun Newspaper 2014).

This is the moment to have a divine marriage between the traditional medicine and orthodox medicine. This is because traditional medicines can now treat diseases that defy modern medical approach. This marriage is actually long overdue in view of their complementary roles in health care delivery systems of many communities in Nigeria. Asian countries, especially China and India, have for long formally used both traditional and orthodox medicine for the benefit of their people (Ameade et al. 2018).

In actual fact, different approaches concerning the integration of traditional medicine with orthodox medicine do exist. These are utilitarian, syncretic, complementary, co-evolution, trans-cultural and trans-disciplinary synergy, romantic and paternalistic perspectives.

However, none of these perspectives can suit Nigerian situation. Integration must recognise the cultural patterning of health care among the people. Therefore, the researchers advocate for cross-breeding perspective of integration for orthodox and traditional medicines in Nigeria. In this situation, the traditional healers should be encouraged to leave their comfort zones and come out to learn at least the elementary part of orthodox medicine. They should also be encouraged to drop the secrecy approach to their practices so that the orthodox healers can learn at least the elementary part of traditional medicine. This will lead not only to proper integration of both medical systems but also to universal medicine.

CONCLUSION

The present approach towards the achievement of comprehensive health care in Nigeria cannot bring about the expected result. This is because while the policy is still talking about evaluating the traditional health system, the world has moved to proper integration of ortho-

dox medicine with traditional medicine. Therefore, the marriage between traditional medicine and orthodox medicine in Nigeria is a necessity. This can best be realized through the cross-breeding integrative approach.

RECOMMENDATIONS

To achieve this, traditional medicine should officially be recognised by government and religious groups and be incorporated into all areas of health care provision, which means that it should be included in Nigeria's national drug policy; providers and products should be registered and regulated; therapies should be available at hospitals and clinics (both private and public); treatment with traditional medicine should be reimbursed under health insurance; government institutions should accept medical reports from traditional healers; relevant researches should be carried out and educational knowledge in traditional healing should be available at all times and all levels. This type of integration has been achieved by countries like China, Republic of Korea and Vietnam (WHO 2013).

Putting it differently, Nigeria should ensure that the integration of traditional and orthodox medicine is carried out in a way that the health care systems do not suffer. New entrants into the practice of traditional medicine must have a prescribed minimum educational qualification (possibly secondary school certificate). This will enable them to undertake their training with open mind and be able to keep field notes of the herbs they use. There is also need to develop curriculum for the study of traditional medicine in Nigerian universities. Professionals in botany and pharmacy should join hands with traditional healers to develop a study of herbal pharmacy in Nigerian colleges.

On the other hand, the practitioners of the two branches of medicine should be properly sensitized on how the new development can assist health care delivery. They should also be assured that this new cross-breeding integrative approach will not endanger their career; rather it is aimed at repositioning Nigerian medical practice on the universal health map and agenda. This requires a drastic change in our medical curriculum so that aspects of traditional medicine could be studied alongside Western orthodox medicine. To fast track all these ideas, schools or colleges of traditional medicine can

be set up in existing medical colleges or separate ones established to educate practitioners of traditional medicine on the rudiments of new approaches that would be in line with global best practices and standards.

It is important to note that no attempt should be made to gauge the efficacy of traditional medicine based on Western models. Traditional healers should be assisted by open minded researchers and scholars especially in African studies to set up new models and theories for assessing traditional medical practices. This will help to identify those practices that are cosmetic rather than medical and drop them so as to focus only on those practices that encourage healing.

It has also become necessary for governments at all levels and NGOs to sponsor intensive research on traditional medicine and traditional medical practices in Nigeria. This call is urgent because on daily basis, these old traditional medical healers are dying and their knowledge buried with them. There is need to harvest, synthesize and preserve this medical knowledge before most of these experienced medical gurus disappear. Such researches must be able to document such medical practices the way they are without attempting to compare or make judgement over them. Future scholars can later study such documents and improve on the practices as we saw among the founding fathers of modern medicine.

There is also need for government and private individuals to develop herbal gardens. This is to ensure that different herbs are grown and can be assessed by traditional healers without much discomfort. It will also provide employment for successful herbs gardeners. In this way, herbal plants that are endangered species can be preserved and their usefulness made readily available. Professionals in Botany can be of help in achieving this process. Even traditional healers could be encouraged to maintain such herbal gardens in their homes.

It is clear that traditional medicine can be a useful approach to resolve community health problems. This is because traditional health care system is the most frequently used and assessed health care in Nigeria and in some cases; it is the only primary health care available to the people. Therefore, it is difficult to talk about comprehensive health care system without accepting the relevance of traditional health care services towards the management of illnesses in Nigeria.

The cross-breeding perspective integration of traditional and orthodox medical systems being advocated involves government, medical practitioners (traditional and orthodox), individuals (patients and potential patients), educational institutions, researchers, NGOs, and even religious bodies. Generally, there is need to encourage the medicine that heals. This is the only route to achieving effective comprehensive health care for Nigeria and by extension, Africa.

REFERENCES

- Abdulrasheed M 2017. The Pros and Cons of Orthodox versus Herbal Treatments. From <<https://yourhealthatitude.com>> (Retrieved on 19 November 2018).
- Ameade EPK, Ibrahim M, Ibrahim HS, Habib H, Gbedema SY 2018. Concurrent Use of Herbal and Orthodox Medicines among Residents of Tamale, Northern Ghana, who Patronize Hospitals and Herbal Clinics. Evidence-based Complementary and Alternative Medicine. From <<https://www.hundawi.com>> (Retrieved on 2 November 2018).
- Baidoo R 2009. *Toward a Comprehensive Healthcare System in Ghana*. Master of Art Thesis. Ohio: International Development Studies of Ohio University.
- Berube K 2015. Why Traditional Healing has a Place in Modern Healthcare. From <<http://www.theglobeandmail.com/life/HealthandFitness/health/>> (Retrieved on 27 July 2015).
- Bodeker G, Kronenberg F 2002. A public health agenda for traditional, complementary and alternative medicine. *American Journal of Public Health*, 92(10): 1582-1591.
- Bodeker G, Ong CK, Grundy C, Burford G, Shein K 2005. *WHO Global Atlas of Traditional, Complementary and Alternative Medicine*. Kobe: World Health Organisation.
- Dong JC 2013. The relationship between traditional Chinese medicine and modern medicine. *Evidence-based Complementary and Alternative Medicine*, Article ID #153148, 10 pages.
- Farnsworth NR 1988. Screening Plants For New Medicine. Biodiversity. From <<https://www.ncbi.nlm.nih.gov/books/NBK219315>> (Retrieved on 12 November 2018).
- Fokunang CN, Ndikum V, Tabi OY, Jiofack RB, Njame-ni B, Guedje NM, Tembe-Fokunang EA, Tomkins P, Barkwan S, Kechia F, Asongalem E, Ngoupayou J, Torimiro NJ, Gonsu KH, Sielinou V, Ngadjui BT, Angwafor III F, Asonganyi A, Colizzi V, Lohone J, Kamsu-kom 2011. Traditional medicine: Past, present and future research and development prospects and integration in the national health system of Cameroon. *African Journal of Traditional, Complementary and Alternative Medicine*, 8(3): 284-295.
- Gupta MP 2005. Regional overview: Region of the Americas. In: G Bodeker, CK Ong, C Grundy, G Burford, K Shein (Eds.): *WHO Global Atlas of Traditional, Complementary and Alternative Medicine*.

- Kobe: World Health Organisation Centre for Health and Development, pp. 41-49.
- Kasilo OMJ, Alley ES, Wambela C, Chatora R 2005. Regional overview: African region. In: G Bodeker, CK Ong, C Grundy, G Burford, K Shein (Eds.): *WHO Global Atlas of Traditional, Complementary and Alternative Medicine*. Kobe: World Health Organisation Centre for Health and Development, pp. 3-12.
- Kaya HO 2017. Perspectives on biodiversity, traditional medicine and public healthcare in Eastern and Southern Africa. *Pula: Botswana Journal of African Studies*, 30(1): 16-30.
- Khalik S 2018. Waste in Healthcare, a Costly Problem. The StraitsTimes. From <<http://www.straitstimes.com>> (Retrieved on 19 November 2018).
- Kleinman A 2002. *Medicine in Chinese Cultures: Comparative Studies of Healthcare in Chinese and Other Societies*. Washington D.C.: US Government Pressing Office.
- Li F, Weng J 2017. Demystifying Traditional Herbal Medicine with Modern Approach. *Nature Plants*, 3(17): 109. From <<https://www.nature.com/articles/nplants2017109>> (Retrieved on 19 October 2018).
- Lim P 2007. Demands and challenges of modern medicine. *Annual Academic Medicine Singapore*, 36(8): 698-701.
- Lipman F 2010. 18 Biggest Problems with Modern Medicine. From <<http://www.care2.com/...18biggest-problems-with-modern-medicine.html>> (Retrieved on 16 July 2015).
- Liu J 2007. An overview of chemical studies on complementary and alternative medicine in HIV infection and AIDS. In: G Bodeker, G Burford (Eds.): *Traditional Complementary and Alternative Medicine Policy and Public Health Perspectives*. UK: Imperial College Press, pp. 239-254.
- McBride K 2017. The Dangers of Modern Medicine. From <<https://remedygroove.com>> (Retrieved on 31 October 2018).
- National Strategic Health Development Plan Framework (NSHDP) 2009. National Strategic Health Development Plan Report. From <<http://www.internationalhealthpartnership.net/...Documents/.../nigeria%20Nati...>> (Retrieved on 27 October 2017).
- Nwosu IA 2010. *Socio-cultural Context of Infertility among Mbano Women, Imo State Nigeria*. PhD Thesis Submitted to Institute of African Studies, Unpublished. Ibadan, Nigeria: University of Ibadan.
- Osemene KP, Elujoba AA, Ilori MO 2011. A comparative assessment of herbal and orthodox medicines in Nigeria. *Research Journal of Medical Sciences*, 5(5): 280-285.
- Osler W 2013. The Evolution of Modern Medicine: A Series of Lectures Delivered at Yale University on the Silliman Foundation. From <www.gutenberg.org/files/1566/1566-h/1566-h.htm> (Retrieved on 25 July 2017).
- Park M, Park J, Kwon S 2014. Evidenced-based Complementary and Alternative Medicine. From <<http://dx.doi.org/10.1155.2014/781675>> (Retrieved on 27 January 2018).
- Shaw GB 2013. Modern Medicine: A Century of Progress. From <<https://thectoreshdelimmas.wordpress.com/.../modern-medicine-a-century...>> (Retrieved on 2 August 2017).
- Smith CE 1942. Modern Medicine – Its Progress and Opportunities. From <[www.ncbi.nlm.nih.gov/literature/pubmedcentral\(PMC\)](http://www.ncbi.nlm.nih.gov/literature/pubmedcentral(PMC))> (Retrieved on 30 November 2017).
- Sun Newspapers 2014. Integration of Traditional and Orthodox Medicine. June 3. From <<http://www.sunnewsonline.com>> (Retrieved on 3 February 2018).
- The Straits Times 2018. Doctors are Victims of Modern Medicine's Success. From <<https://www.straitstimes.com>> (Retrieved on 29 October 2018).
- Thibault O 2018. Medical breakthroughs, a victim of their success. New Vision. From <<https://medicalxpress.com/news/2018-01-medical-breakthroughs-victim-success/>> (Retrieved on 6 November 2018).
- Tilburt JC, Kaptchuk TJ 2008. *Herbal Medicine Research and Global Health: An Ethical Analysis*. New York: Contemporary Books.
- Tognotti E 2010. The eradication of smallpox, a success story of modern medicine and public health: What lesson for the future? *The Journal of Infection in Developing Countries*, 4(5): 264-266.
- UK Essays 2015. The Issues/Challenges Facing Modern Medical Environments. From <<http://www.ukessays.com/essays/sciences/theissues-challenges-facing-modern-medical-environment-science-essay.php#ixzz3i3rfzxAN>> (Retrieved on 27 July 2015).
- Unnikrishnan PM 2009. Inter-culturality in Ayurvedic practice. *Heritage Amruth*, 4(6): 10-16.
- Unnikrishnan PM 2015. Role of traditional medicine primary healthcare: An overview of perspectives and challenges. *Heritage Amruth*, 16(2): 156-163.
- Van der Geest M 1997. Is there a role for traditional medicine in basic health services in Africa? A plea for a community perspective. *Tropical Medicine and International*, 2(9): 903-911.
- Wilcox M, Bodeker G 2004. Malaria. In: G Bodeker, G Burford (Eds.): *Traditional, Complementary and Alternative Medicine Policy and Public Health Perspectives*. UK: Imperial College Press, pp. 239-254.
- World Health Organisation 2003. Fact Sheet No. 134: Traditional Medicine. From <<http://www.who.int/mediacentre/factsheets/2003/fs134/en>> (Retrieved on 4 December 2017).
- World Health Organization 2013. *WHO Traditional Medicine Strategy: 2014-2023*. Geneva: WHO.
- Yuan H, Ma Q, Ye L, Piao G 2016. The Traditional Medicine and Modern Medicine from Plant Products. *Molecules*, 21(5). From <<https://www.ncbi.nlm.nih.gov/pubmed/27136524>> (Retrieved on 27 October 2018).

Paper received for publication on May 2018
Paper accepted for publication on September 2018