



Integrating traditional medicine into orthodox medicine for effective health care delivery in Nigeria: Inter jurisdictional perspectives

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Abstract

In Nigeria, medical health care had always operated at two levels – the traditional and the orthodox mode respectively and the majority of the people patronize the traditional mode. But the traditional mode has not been adequately harmonized with its orthodox counterpart. This paper x-rays the role of traditional medicine in healthcare delivery in Nigeria. It presents both the evolution of the concept, the framework for its practice and the statutes regulating its practice in Nigeria. It presents a comparative study of the integration of the concept into orthodox medicine in some developed countries such as Japan and India and its acceptability in those countries. The paper concludes that traditional medicine reflects the culture and traditions of the people and greatly accepted by the populace in Nigeria. It therefore advocates for an adequate legislative framework and the formulation of policies towards harmonizing both concepts. This will consequently make way for the integration of the traditional mode into the orthodox mode for effective health care delivery in Nigeria.

Keywords: Traditional medicine, orthodox medicine, integration, Nigeria

Introduction

Traditional medicine is derived from two words “Tradition” and “Medicine”. The World Health Organization (WHO) defines the concept as:

The sum total of knowledge and practice, whether explicable or not, used in diagnosis, preventions, and elimination of physical, mental and social imbalance and which relies extensively on experience from and observation handed down from generation to generation whether verbally or in writing ^[1].

The Holy Bible recognizes the efficacy of traditional medicine and stated in the book of Ezekiel that:

Fruit trees of all kinds will grow in both banks of the river. Their leaves will not wither, nor will their fruit fail. Every month, they will bear because the water from the sanctuary flows to them. Their fruit serve for food and their leaves for healing ^[2].

In each society, traditional medicine reflects the culture in that society. There are many systems of traditional medicine in Africa, Nigeria inclusive. Even within individual cultures, there may be more than one system of traditional medicine ^[3]. Health care delivery in Nigeria has always operated at two levels – the traditional and the orthodox ^[4].

Consequently, many countries have made serious efforts at not only standardizing their traditional medicines but also at regulating the practice and integrating into orthodox medicine practice.

1. Evolution of trado-medical practice in Nigeria

Traditional medicine is used as a last resort for health care by the poor in Nigeria. Collective modern medicine is relatively unaffordable and inaccessible to rural dwellers ^[5]. However, the failure to sustain and expand community-based or oriented mental health programme as a standalone or through primary health care in Nigeria has created a vacuum. The vacuum that has been created by the inadequate Nigeria psychiatrist to reach as many millions as possible who require mental health care through community

oriented mental health care programme is being occupied by “charlatans, traditional bodies, religious bodies/sects ^[6].”

The age of traditional medicine lost prominence with the renaissance of British colonial policy in Nigeria. Since that period, the practice by traditional medicine has become increasingly scientific. New dimensions have been introduced. The introduction of modern medicine in Nigeria brought about a revolution in modern health care in Nigeria. Ever since, medical health care has always operated two levels – the traditional and the orthodox ^[7].

The introduction of Western style medicine into a country that relied solely on traditional healers in the “Frath” and as “Maraboat” who are trained in the Quranic healing arts in the North led to problems. Among the traditional medical practice procedures such as “tonsillectomy, circumcision, bone setting, abortions and child delivery” were and continued to be common problems ^[8]. The light of modern medical practice, traditional medical procedure is now viewed as a potential source of risk because trado-medical practitioners dispense their drugs often under conditions that leave much to be desired.

However, it should be remembered that Western medicine evolved from what we now term alternative medicine, especially from traditional and religious healing practices. ^[9] Indeed, traditional medicine practitioners have revolutionized their mode of operation and procedures. Disease such as “Etagban” ^[10] and “Chronic mental disorders” ^[11] which previously defiled orthodox medical treatment are now being cured by traditional medicine practitioners with the use of herbs ^[12]. In each society, traditional medicine reflects the culture of that society. There are many systems of traditional medicine in Africa, Nigeria inclusive. Even within individual cultures, there may be more than one system of traditional medicine ^[13]. Professor Makinjuola asserts that in Yoruba land for example, there are at least two major types of traditional healers involved in mental health care, the “Onisegun” and the “Babalawo”. The Babalawo are practitioners of Ifa

Divination ^[14]. These two systems of mental health care overlap. In most other parts of Nigeria, divination of one form or another is widely employed in the treatment of illness, including mental illness ^[15].

However, it is now common knowledge that in some specific and specialist area such as orthopedics, orthodox medical practitioners refer complicated cases to traditional healers for solutions ^[16].

2. Framework of traditional medicine in Nigeria

It is unequivocally true that traditional medicine practitioners exist in all nooks and crannies in Nigeria and the majority of the people patronize them ^[17]. In Nigeria, traditional medicine practitioners are closer to the people. They enjoy the confidence of the people and hence they record high patronage.

The Traditional Medicine Practitioners Association of Nigeria is vested with the powers of admitting new members into the profession. The Association seems to be inactive because, there are different Associations in all the States of the Federation which are under different control outfits. While one Association's requirement for admitting new member is that the prospective new member is required to pass an examination before the issuance of a certificate, other Associations' requirement is the performance of entry initiation ceremony ^[18]. Applicants are questioned on the length of time they have been practicing, the kinds of medicine (roots, herbs, etc) they use, and the kinds of plants when if eaten, may cause death ^[19]. Another group does not believe in giving the candidates' examination but reliance is placed as observing the applicant, the ways the applicant treats patients before the applicant is admitted and membership fee is collected from the applicant ^[20]. When admitted, the new member is issued a certificate to enable him practice. The certificate must be displayed in the place of practice. And in order to regulate the practice, members meet from time to time in designated areas approved by the Association.

3. Statutes Regulating Trado-Medical Practice in Nigeria

Law is aimed at maintaining orderliness in the society. It is also to regulate the practice within any profession thereby creating channels for remedy, establish and enforce standards. Therefore, a legal perspective of trado-medical practice has to be rooted in statutes which spell out rights, obligation and remedies of practitioners and their prospective patients. This becomes imperative as where there is no enabling law regulating the practice, "professional breach of obligations and patients' rights of legal actions for remedy or compensation becomes blurred provisions ^[21]. Unless statute expressly or by necessary implication excludes a common law remedy which will be readily available to a plaintiff, it will be deemed that he has a choice and can decide or pursue either the common law remedy or statutory remedy which the statute gives a special or particular form of remedy different from what obtains in common law ^[22]. Okojie ^[23] asserts that uncertainty under such circumstances is somewhat inevitable and no general principle can be stated for all cases. This confused state led Lord Denning ^[24] to comment that the legislature "had left the court with a give guesswork puzzle, the dividing line between the pro-cases and the contra-cases is so blurred and so ill-defined that you might as well toss to decide it".

Similarly, Professor Graville Williams ^[25] is quoted to have expressed his views on the issue thus:

.... in effect, the judge can do what he likes and then select one of the conflicting principles stated by his predecessors in order to justify his decision.

This lacuna in trado-medical practice can be bridged by the legislature with the provision of an enabling statute to moderate the practice. However, the 1999 Constitution of the Federal Republic of Nigeria (as amended) and some states in Nigeria have impliedly made provisions to this effect. Accordingly, section 33(1) ^[26] of the Constitution states that every person has a right to life. On its part, section 34(1) ^[27] further provides that every individual is entitled to respect for the dignity of his person. Therefore, the fact that an individual has opted for treatment in a trado-medical home should not entitle a trado-medical practitioner to give the individual counterfeit, substandard or incompetent treatment capable of or actually destroys his or her life. The principle of "volenti non-fit injuria" – meaning "one cannot claim damages for injury he acquiesced to" will not avail a trado-medical practitioner as a defence of actual loss of life or avoidable physical injury is caused in patient. These constitutional safeguards notwithstanding, we are of the view that there should be justiciable enactments specifically applicable to trado-medical practitioners to regulate the practice.

However, section 460 ^[28] of the 1999 Constitution (as amended) envisages redress in the State High Courts. The section provides that:

Any person who alleges that any of the provisions of this chapter has been, is being or likely to be contravened in any State in relation to him may apply to a High Court in that State for redress.

Viewed from the legal perspective however, the above provision does not specifically relate to trado-medical practice, but rather, it is based on the general law of tort.

Integration of Traditional Medicine into Orthodox Medicine

However, in the recent past, there have been a growing interest in Traditional Medicine/Complimentary and Alternative Medical (TCAM) and their relevance to public health both in developed and developing countries. ^[29] Consequently, many countries have made serious efforts at not only standardizing their traditional medicines but also at regulating the practice, and integrating into orthodox medicine practice ^[30].

For instance, China, after almost forty years of virtually unregulated endorsement of Traditional Chinese Medicine (TCM), the national and local governments began a widespread effort "to standardize traditional Chinese medicine products, education and distribution both domestically and internationally" ^[31]. Traditional Chinese Medicine (TCM) attaches great importance to the "prevention and preventive treatment of disease" ^[32]. The practice maintains that the primary cause or root of a disease must be found and that a patient must be treated according to their physique as well as their seasonal and local condition ^[33].

The first attempt at standardizing Traditional Chinese Medicine (TCM) was made in 1955 with the establishment of the country's research centre for traditional medicine. ^[34] However, not until the late 1980s and early 1990s did China create any comprehensive regulation of TCM and since

1982, the State Administration of Traditional Chinese Medicine (SATCM) has promulgated 170 industrial rules relating to TCM while “regulation in eleven local provinces and municipalities supplement the national movement”.^[35] The international community continues to debate the benefits of TCM in regards to standardization and its products, practitioners and treatment. In 1983, the World Health Organization (WHO) held a conference in the Philippines on integrating traditional medicine into primary health care. The conference featured several Chinese TCM products^[36].

A similar WHO conference occurred in Guangzhou in October 1985 to aid the education of the international community, and in 1991, representatives from over forty countries participated in an international conference in Beijing^[37]. These large conferences with high-ranking international delegations in attendance indicate the status gained by the TCM in the international community. The acceptance of TCM cuts across several nations. In Australia, for example, the country created a commission to draft legislation on the training and practice of TCM – including Specific clauses regulating Chinese practitioners and other practitioners currently working in alternative medicine fields^[38].

The United States of America lacks national regulations on the practice of TCM. However, several States, for example, Mississippi and Ohio regulate the practice of TCM. Some have even created examinations to test practitioners applying for licences. Most of these regulations are aimed solely at acupuncture^[39].

Similarly, European nations generally allow traditional products to claim actual medical benefits “based upon known traditional uses”^[40]. In Germany, the German Federal Health Agency is a special commission working to approve TCM products. Also, the United Kingdom allows approval of TCM based medicines upon prior use^[41].

It is worth noting that beyond the regulation of TCM, herbal products, the international community increased their demand for local TCM practitioners. An applicable number of international medical students are studying TCM in China. The first program accepting international acupuncture students opened in 1992 at Shanghai Hospital with “twenty students” while “100 international students” have been trained there^[42]. Also, the first joint study programme was created in 1997 between Middlesex University and Beijing University. This programme is a five-year full-time Bachelor of Science Studying TCM^[43]. The TCM is regulated by the “Regulations on Protection of Traditional Chinese Medicines Law, 1992 which took effect from January 1, 1993^[44].

In sum, over the years of the history of TCM in its various forms, it has been the main form of health care in China and many other countries in Asia. Its theories and techniques are studied and practiced alongside “Western Gio-medicine in countries such as Japan, Vietnam, Singapore, Taiwan and Mainland China” and it has become one of the main forms of alternative medicine in North America and Europe^[45].

1.1. Japan

Another country which has integrated its traditional medicine with orthodox medicine and has gained international recognition and acceptance is Japan. Initially, Japan adopted the ancient Chinese medicine pattern. But because the medicines used were unique to China, and

needed to be adjusted to suit conditions in Japan, the country started to modify the Chinese medicine to accord with conditions in Japan^[46].

In Japan, there is no separate medical licence for traditional medicine as government adopted a one-licence system for medical practitioners^[47]. This differentiates Kampo from what operates in China and Korea where there are two distinct licences. In Japan, only Western-style physicians are allowed to prescribe Kampo drugs, and currently, more than 70% of Japanese physicians (including nearly 100% of Japanese obstetricians/gynaecologists) use Kampo medicine in daily practice – even in university hospitals^[48].

This transcends to “high-tech medical treatments such as organ transplantation and robotic operations”^[49]. Also Kampo medicines are government-regulated prescription drugs and currently, “148 formulas” are listed under the Japanese insurance programme and practitioners are able to select several herbs from among “243 kinds of herbs available under the insurance system”^[50].

In 2001, the Ministry of Education, Culture, Sports and Technology decided to incorporate Kampo medical education into the core curriculum of medical schools and currently, all 80 medical schools in Japan provide Kampo medical education^[51]. Similarly, in 2001, the model core curriculum for medical education (Guidelines for Educational Contents) in Japan clearly stipulated that all medical students should know Japanese Kampo preparations, that is, they should learn the material requirements and have minimum knowledge about Kampo medicine^[52]. Consequently, in 2004, 80 domestic medical universities offered courses on Kampo medicine^[53]. Currently, the Japan Society of Oriental Medicine, which is responsible for the development of clinical skills and academic activities in Kampo medicine comprises “8,570 members and 2,161” Kampo Specialists across the country. The members of this society are doctors licenced to practice Western medicine, and they provide high quality medical care by actively combining Kampo and Western medicine thereby impacting the benefits of both systems to patients^[54].

All Kampo medicines are made by Chinese Pharmaceuticals whose manufacturing is governed by the Pharmaceuticals Affairs Laws^[55]. Kampo medicines are considered unique compared to other kinds of alternative medicines in terms of being prescribed by Western style professionals sometimes in combination with Western style medicines^[56].

1.2. India

The system of medicines which are considered to be Indian in origin or the systems of medicine which have come to India outside and got assimilated into India culture are known as “Indian Systems of Medicine”^[57]. The system has six recognized systems of medicines namely “Ayurveda, Siddha, Unani, Yoga, Naturopathy and Homoeopathy”^[58].

In India, the majority of its people still receive medical services from indigenous practitioners who treat their patients according to the principles of three ancient systems of Indian medicine – “the Ayurvedic, the Siddha medicine of South Indian and the Unani or Graeco – Arabic medicine^[59].

According to Boris^[60], both Prime Ministers Jawal Harlal Nehru and India Ghandi advocated the integration of the best of indigenous medicine with modern medicine and government then established a “Central Council of Indian

Medicine”, a statutory body to ensure conformity of standards of education and regulation of practice in respect to traditional systems. Most of the traditional systems of India including Ayurveda, for example, have their roots in folk medicine.^[61] For instance, the Unani practitioners, after considering the nature of the patient’s ailment and its cause, the practitioner undertakes treatment which may involve “Regimental Therapy, Diet Therapy, Pharmacotherapy or Surgery”^[62].

The practitioners also place great emphasis on treating certain ailments by administering specific diets or by regulating the quantity and quality of food. The physician believes also that any disturbance in excretory function leads to disease and therefore “purgatives and laxatives” have been widely used in “intestinal evacuation in certain diseases”^[63].

An aspect of Indian traditional medicine worthy of specific note is that the country’s Unani practitioners have started to use modern or orthodox medicine technologies such as “microscopic examination, chemical analysis, radiography and electrocardiography”^[64] in their practice. According to the World Health Organization, as many as “80%” of the World’s people depend on traditional medicine and in India, 65% of the population in the rural areas use Ayurveda and medicinal plants to help meet their primary health care needs^[65]. Another WHO report states that around “80%” of the population in African countries, Asia and Latin America and many governments in these regions have incorporated traditional medicine practices to help meet their primary health care needs. And similarly, in industrialized countries, almost half of the population now regularly use some form of “Traditional Medicine/Complementary and Alternative Medicine (TCAM)”^[66].

Usage of TCM in Developing and Developed Countries

Table 1: below shows usage of TCAM in some developing and developed countries.

S/No	Developing Country	Usage of TCAM (%)
1	Uganda	60
2	Tanzania	60
3	Rwanda	70
4	India	70
5	Benin	80
6	Ethiopia	90
7	China	40
8	Chile	71
9	Columbia	40

S/No	Developed Country	Usage of TCAM (%)
1	Belgium	31
2	USA	42
3	Australia	48
4	France	49
5	Canada	70

Source: WHO Traditional Medicine Strategy, 2002 – 2005

The above comparative analysis of traditional medicine practice in these countries (not including Nigeria) indicate that traditional medicine in Nigeria is still in its embryo. Therefore, we are of the view that stakeholders in the health sector – especially government should do the needful by putting up a legislative framework to harmonize or integrate

traditional medicine practice into orthodox medicine in order for it to gain universal recognition and acceptance.

Conclusion

Traditional medicine reflects the culture and traditions in a society. It is used as a last resort for health care by the poor in Nigeria. It should be remembered that Western or orthodox medicine evolved from what are now term alternative medicine, especially from traditional and religious healing practices^[67]. In Nigeria, practitioners are close to the people and they enjoy the confidence of the people and hence they record high patronage.

Interestingly, traditional medicine practitioners have revolutionized their modes of operation and procedures which were hitherto or previously considered primitive. We asserted previously in this paper that medical health care has always operated at two levels in Nigeria – the traditional and the orthodox and the populace have benefited immensely from both the traditional and the orthodox.

Recommendation

Consequently, this paper is recommending that government should make adequate legislative framework and formulate relevant policies towards harmonizing both the orthodox and traditional modes. This will be aimed at integrating the traditional mode into the orthodox mode as done in civilized countries of the world.

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