IMPACTS OF REGULATORY MECHANISMS ON TRADO-MEDICAL PRACTICE IN NIGERIA

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Introduction

The method of administering health care and the preparation of traditional medicine has been subjected to adverse comments and criticism especially by pro-western medicine who advocates sons which includes the lack of standardization and safety which makes it technically difficult to identify with precision the hundreds of chemical constituents of the plants, roots, herb and other ingredients used and the dosage, Lack of scientific diagnosis is also a factor, methods of treatment which cannot be verified by scientific means, lack of scientific proof of its efficiency, quackery[1] and unhygienic conditions under which traditional medicine is prepared and preserved.

In some countries, especially China[2] and India the policy direction is to train, retrain trado-medical practitioners and control their practice by special national legislations.[3] Some African countries like Ghana are presently emulating these other countries to update traditional medicine and practice.[4]

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1 In a prospective study carried out in Nigeria and India, 25 percent of childhood blindness was attributed to traditional eye medicines. See Harris A.D. and Cullinan T.; "Herbis et Orbis: the dangers of traditional eye medicines" Lancet, 344 : 1588, (1994).

2 In China for instance, traditional herbal preparations account for 30–50 percent of the total medicinal consumption while in Ghana, Nigeria, Zambia and Mali, the first line of treatment for those with high fever resulting from malaria is the use of herbal medicines. *See* WHO, *Traditional Herbal Medicine and Human Health*, REGULATORY SITUATION OF HERBAL MEDCINES: A WORLDWIDE REVIEW, (August 26, 2014, 12:45pm), http://www.allcountries.org/health/traditional_medicine.html.

3 *See* the Central Council of Indian Medicine Act of 1970 which mandates the Council to among others standardize training by prescribing minimum standards of education in traditional medicine, advice the Central Government in matters relating to recognition/withdrawal of medical qualifications in traditional medicine in India and the State Administration of Traditional Chinese Medicine which prescribe the annual screening of traditional practitioners.

4 *See* 572 T.M.P. Act, § 8-17 (2000) which establishes a Council to regulate the practice of traditional medicine, register practitioners and issue them with

Before attempting to gauge the impact of the regulatory mechanisms of trado-medical practice in Nigeria, it is pertinent to highlight the said mechanisms which a combination of legislations and agencies at both the national and state level.

The Trado-medical Regulatory Mechanisms in Nigeria

- **The 1999 Constitution of the Federal Republic of Nigeria (as amended)**

Section 33(1)[5] of the Constitution provides that every person has a right to life. This right is however not absolute because it can be denied in the execution of a court's sentence in respect of a capital offence of which an individual has been found guilty in Nigeria. In other words, the section has not abolished the death penalty. Section 34(1) further provides that every individual is entitled to respect for the dignity of his person. This section accords every individual respect for the dignity of his person and therefore no person should be subjected to torture or inhuman or degrading treatment or held in slavery or servitude or shall be required to perform forced or compulsory labour.[6] The fact that a patient has submitted or surrendered himself to trado-medical treatment should not entitle a trado-medical practitioner to give him counterfeit or incompetent treatment which is capable of or actually destroys his life. The principle of *volenti non fit injuria* will not apply as a defense if actual loss of life or avoidable physical injury is caused to a patient.

This is the safeguard guaranteed by the 1999 Constitution, but this per se is not enough. There should be justiciable laws, rules and regulations specifically applicable to trado-medical practitioners and their practice. Trado-medical practice is a parallel but different modus of general medicare; accordingly it should have rules and regulations different from those applicable to the orthodox Medical and Dental Association or Council.

- **National Health Bill, 2008**

Numerous statistics say a great deal about the deplorable living condition revealing that the average life expectancy in Nigeria has

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practicing licenses in Ghana. The Act also regulates the preparation and sale of herbal medicines.

5 1999 Constitution (as amended). The Constitution is the supreme law of the land and our grundnorm and it is against this background that issues of right to life and respect for the dignity of life becomes germane.

6 *See* N.A. INEGBEDION and J.O. ODION, CONSTITUTIONAL LAW IN NIGERIA, 171 (Ameitop Books 1st ed. 2000).

declined to between 40-45 years[7]. To combat this menace, the bill regulating and managing the National Health System which will set standards for rendering health services was passed by the Nigerian National Assembly[8].

The Bill provides the framework for the regulation and provision of National health services; defines the rights of health workers and users; and stipulates guidelines for the formulation of a national health policy. The Bill allows users to hold government to account for their rights to health including equitable access to care. Sections 1, 2 and 6 are relevant in this respect because they make provision of the establishment of the National Health System and its objectives,[9] functions of the supervisory ministry[10] and composition of technical committee of the National Council on Health.

In addition to the powers conferred in Section 2(1) (a)–(m) of the Bill, the Federal Ministry of Health is further empowered by Section

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7 CHAMLAIN PETERSIDE, *What a Health Care System*, NIGERIA'S MEDICINE AND THE STRAIN ON HUMAN CAPITAL (July 2, 2013, 5:25pm) http://www.nigeriaworld.com/feature/publication/peterside.html.

8 The President's assent to the bill to become an Act is being awaited.

9 § 1 (1) (a)–(e) provides that: "There shall be established for the Federation the National Health System which provide a framework for standards and regulations of health service which shall encompass public and private providers of health services, promote a spirit of cooperation and shared responsibility among all providers of health services in the Federation and any part thereof, provide for persons living in Nigeria the best possible health services within the limits of available resources, set out the rights and duties of health care providers, health care workers, health management and users and protect, promote and fulfill the rights of the Nigerian people to have access to health care services". § 1(2)(a)–(h) further provides that the National Health System shall comprised of the following: the Federal Ministry of Health, State Ministries of Health and the Federal Capital Territory, Parastatals under the Federal and State Ministries of Health, Local Government Health Authorities, Ward Health Committees, Village Health Committees, private health care providers and traditional and alternative health care providers.

10 § 2 (1) (a)–(m) of the Bill provides that the Federal Ministry of Health shall ensure the development of a National health policy and issue guidelines for its implementation, ensure the implementation of the National health policy, collaborate with National health departments in other countries and international agencies, promote adherence to norms and standards for the training of human resources for health, ensure the continuous monitoring, evaluation and analysis of health status and performance of the functions of all aspects of the National Health System, co-ordinate health and medical services delivery during national disasters, participate in inter-sectoral and inter-ministerial collaboration, conduct and facilitate health systems research in the planning evaluation and management of health services, ensure and promote the provision of quarantine and port health services, determine the minimum requirement to monitor the status and use of the resources, promote the availability of good quality, safe and affordable essential drugs, medical commodities, hygienic food and water and issue guidelines and ensure the continuous monitoring, analysis and good use of drugs and poisons including medicines and medical devices.

2(2) (a)–(c) with the additional responsibilities to wit: prepare strategic, medium term health and human resources plans annually for the exercise of its powers and the performance of its duties under this Act; ensure that the national health plans referred to in paragraph (a) of this subsection shall form the basis of–the annual budget as required by the Federal Ministry of Finance; and other governmental planning exercises as may be required by any other law; and ensure that the national health plans shall comply with national health policy. A technical committee of the National Council on Health is also established under the Bill[11] with the mandate to advice the National Council on Health on its functions as enumerated in Section 5(1) (a)–(b) of the Bill.

Although the Bill recognizes the trado-medical practitioner as part of the National Health System,[12] the mere fact that trado-medical practitioners and alternative health care providers are recognized is however not enough to regulate their practice because there is presently no recognized statutory body to regulate the activities of trado-medical and alternative health care practitioners. Secondly, from the provision of the Bill the government seems to have deliberately relegated the relevance of traditional medicine and alternative health care. For instance, there is lack of representation of trado-medical and alternative health care practitioners in the National Health Ethics Committee which is responsible among other functions for adjudicating complaints about the functioning of health research ethic committees and hear any complaint by a researcher who believes that he has been discriminated against by any of the health research ethics committees, recommend to the appropriate regulatory body such disciplinary action as may be prescribed or permissible by law against any person found to be in violation of any norms and standards, or guidelines set for the conduct of research under the Bill[13] and also non representation in the Technical Committee.

Finally, there is presently the problem of enforceability of the Bill due to the fact of the refusal or continued delay by the President of Nigeria to assent the Bill into law. This is rather surprising considering the fact that the National Assembly passed the Bill after its third and final reading for the President's assent on the 14th of May 2008 and the National Assembly on its part has neglected to invoke its powers under Section 58(1)–(5) of the 1999 Constitution (as amended) which empowers it to pass a Bill into law 30 days after the President's refusal to assent such Bill. Consequently, the National

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11 § 6 of the Bill.
12 § 1 (2) (h) of the Bill.
13 *See* § 33 (1)–(7) for functions of the Committee.

Health Bill does not presently have the force of law and therefore unenforceable.

- **Federal Ministry of Health**

Traditional medical care preceded the use of conventional medical knowledge and practice in all parts of the world, Nigeria inclusive. For decades the Federal Government of Nigeria through the Federal Ministry of Health has intervened intermittently in the area of traditional medicine but such inconsistent attempts did not yield significant progress on the roadmap of the integration of traditional medicine into the formal National Health System. Therefore, in order to expedite the process towards this integration, the Federal Ministry of Health decided to follow some of the guidance and direction of the World Health Organization (WHO). For decades, the Federal Ministry of Health has shown interest through various resolution, commissions and other initiatives in upgrade traditional medicine administratively.

Traditional medicine has, for many centuries, been part of our health culture and if the desirable aspects of the culture are incorporated into the existing health care system, all stakeholders stand to benefit.

Traditional medicine plays appreciable role in health care delivery in the country. Despite the rapid expansion of conventional medicine in the last three decades and the rapid increase in its human resources, a majority of Nigerians still utilize traditional medicine.

The Nigerian Government in realization of the indispensable role which traditional or alternative medicine could play in the country's health care delivery system in 1977 sponsored four experts to India and China at different times to study alternative medicine as practiced in those countries.

The report and recommendations given by the experts on their return among other things included the establishment of institution of learning where complementary and alternative medicine could be studied in Nigeria. It was also recommended that research documentation and retraining of existing practitioners should be given urgent attention. Such step would facilitate the eventual intervention of alternative medicine in the health care delivery system and thus enhance the quality and availability of healthcare to the Nigerian populace. As a result of the above mentioned recommendation, the Government in 1988 promulgated Decree 38

establishing alternative medicine and recognizing the practitioners as members of the Medical Rehabilitation Board of Nigeria.

The Federal Ministry of Health has established a college for the same reason and purpose called the Federal College of Complementary and Alternative Medicine with its head quarters in F.C.T. Abuja. The curriculum includes Certificate or Diploma in Alternative Medicine, Bachelor of Science in Alternative Medicine and a Master of Science in Alternative Medicine in the area of Acupunture, Naturopathy, Homeopathy etc.

- **Traditional Medical Practitioners Commission**

The Commission is established by the Traditional Medical Practitioners Bill, 2003 and shall consist of an Executive Chairman, a representative of the Federal Ministry of Health, the Nigeria Council of Physicians of National Medicine, Alternative Medicine Association, National Expert Commission on Research and Development in National Medicine and the geo-political zones of Nigeria.[14] And they shall hold office for a period of 5 years and may be re-appointed for a further period of 5 years.[15] The functions of the Commission as elaborately enumerated in Section 4 of the Bill includes: to improve the efficacy of traditional medicinal plants and herbs; encourage the combination of traditional alternative medicine with its western counterparts, so as to use the latter's advanced technologies to improve, formulate and employ uniform cultivation and production standards of traditional medicine, so as to prevent pollution from pesticides and fertilizers; ensure the purity of traditional medicine; reconcile the impact of different geographical environments on herbal medicines and thus establish fixed manufacturing bases; validate through scientific research of the various claims of traditional medicine by the practitioners; improve and integrate traditional medicine in the National Health Care System; prepare or formulate a criteria for the registration and maintenance of a register of all nature medicine practitioners, herbalist, healers birth attendants etc. throughout Nigeria; development and promotion of traditional medicine and pharmacy including drug manufacturing from Nigeria's local medicinal plant and herbs, other natural materials as it relates to practice in traditional medicine, and other specialists, homeopathic, osteopathic, naturopathic spiritual medicine, acupuncture and other forms of healing arts; establish training centers with approved syllabus for the practitioners of traditional medicine; increase public interest in the development and utilization

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14 *See* § 2 (1) (a) (i)–(iv) of the Bill.
15 § 2 (3) of the Bill.

of traditional medicine; educate practitioners of traditional medicine and improvement of the medicine services currently rendered by them, through improved level of hygiene and standard practices; improve training of specialists in traditional medicine, acupuncture, naturopathic, osteopathic, homeopathic, herbal medicine and other forms of healing arts; explore the possibility of manufacturing units attached to some of the existing hospitals and also a model clinic of traditional medicine in all zones, states and local governments in Nigeria; promotion of scientific research and clinical trials into medicinal plants, herbs and pharmacy; cultivate and plant medicinal plants and proper identification of mineral substances used in traditional medical practice and the translation of relevant information into Nigerian languages; establish collaboration and co-operation with similar agencies, institutes within or outside Nigeria; collect, publish disseminate and exchange information on traditional medicine and the establishment of informative library; integrate benefits aspects of traditional medicine into the health care delivery system; develop, produce and supply applications required for diagnosis and treatment in traditional medicine, promote interaction between practitioners of traditional medicine, allopathic doctors and other health related workers, participate in conducting seminars, workshop and conferences in traditional medicine; validate through scientific research of the various claims of traditional medicine practitioners; collaborate with international research centers, NGO, Universities, Industries and other national and international agencies and authorities in the areas that are relevant to the traditional professional; promote active participation of Nigeria in the activities of the World Health Organization on the proper use of traditional medicine and other specialist and agencies involved in traditional medicine applications and practices and carry out such other activities as are necessary or expedient for the actualization of the purpose of this Act.[16]

While the establishment of the Commission is laudable as it is the regulatory body for the traditional medicine practice throughout Nigeria, this is only but a pipe as the Bill has not been passed into law.

- **Complimentary and Alternative Medical Council of Nigeria**

Another major regulatory body in Nigeria is the Complimentary and Alternative Medical Council of Nigeria[17] whose purpose is to promote the growth and regulate the practice of alternative medicine. Under

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16 *See* § 4 (i) (a)–(z) of the Complimentary and Alternative Medical Council Bill.
17 Complimentary and Alternative Medical Council of Nigeria Bill.

the enabling law, the Council is primarily concerned with the alternative and complimentary medicine to the exclusion of traditional medicine,[18] but an analysis of this agency as part of the regulatory framework becomes germane due to the fact that traditional medicine and complimentary/alternative medicine are used interchangeably in some countries.

The Complimentary and Alternative Medicine Bill sets up the Council and charges the Council with the following responsibilities: prepare and formulate criteria and standards for the registration and maintenance of an e-register of complimentary and alternative medical practitioners in Nigeria;[19] determine what standards of knowledge and skill are to be attained by persons seeking to become members of the relevant professions and raising those standards from time to time as circumstances may require;[20] secure in accordance with the provision of this Act the establishments and maintenance of an e-register of persons registered under this Act as members of the relevant profession and to publish from time to time the list of those members;[21] conduct assessment examinations in the relevant disciplines, register and/or issue practicing license to qualified candidates as appropriate, and for such purpose as the council shall prescribe fees in respect thereof;[22] create and regularly upgrade minimum standard required for the establishment of clinics, hospitals of complimentary and alternative medicine;[23] register, de-register, expel, suspend, seal and apply any form of disciplinary measure that is deemed fit by the council for any erring practitioner, clinic, hospital, or private medical institution of complimentary and alternative medicine;[24] validate through scientific research the various claims on complimentary an alternative medicine products by the manufacturers and practitioners;[25] promotion of scientific research and clinical trials in complimentary and alternative medicine;[26] collate, publish, disseminate and exchange information on complementary and alternative medicine research;[27] establish a data base management system/library on all forms of alternative complimentary medicine resources;[28] determine the standards required for academic and non-academic staff, offices, classrooms,

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18 *See* § 14 of the Bill.
19 *See* § 4 (1) (a) of the Bill.
20 *See* § 4 (1) (b) of the Bill.
21 *See* § 4 (1) (c) of the Bill.
22 *See* S 4 (1) (d) of the Bill.
23 *See* § 4 (1) (e) of the Bill.
24 *See* § 4 (1) (f) of the Bill.
25 *See* § 4 (1) (g) of the Bill.
26 *See* § 4 (1) (h) of the Bill.
27 *See* § 4 (1) (i) of the Bill.
28 *See* § 4 (1) (j) of the Bill.

structures, equipment and learning environment in respect of institution(s) established in Nigeria for the purpose of awarding certificates of diplomas and degrees in any discipline(s) of complementary and alternatives medicine;[29] evaluate foreign diplomas and degrees in any discipline(s) of complementary and alternatives medicine for purposes of registering the practitioner in Nigeria;[30] ensure the full integration of complementary and alternative medicine in the national healthcare delivery system;[31] promote integration between practitioner's complementary and alternative and other health related workers;[32] and to carry out any other activity that would assist in achieving the objectives of the Council.[33]

The Council consists of an executive chairman,[34] a registrar who also doubles as the secretary to the council,[35] the national president, deputy president and secretary of the Complimentary and Alternative Association of Nigeria,[36] a representative each from the six geopolitical zones in Nigeria who must be a registered member of Complimentary and Alternative Medical Association of Nigeria;[37] a representative from Federal Ministry of Health,[38] a representative from the armed forces alternative medical.[39] The executive chairman and registrar of the Council shall be appointed by the President of the Federal Republic of Nigeria[40] and they shall together with other members of the Council shall hold office for a period of 5 years and may be reappointed for a further period of 5 years on such terms and conditions as may be specified in their letters of appointment.[41]

Despite the elaborate functions and scope of the Council as enumerated in the Bill, the Bill has not been passed into law therefore rendering the proposed regulation of alternative medicine via the bill impossible. We humbly contend that this provision therefore compromises the independence of the Council. Our argument on this point is further justified by Section 3 (3) (a)–(c) of the Bill which empowers the president to remove a member of the Council at any time for either the inability of that member to

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29 *See* § 4 (1) (k) of the Bill.
30 *See* § 4 (1) (l) of the Bill.
31 *See* § 4 (1) (m) of the Bill.
32 *See* § 4 (1) (n) of the Bill.
33 *See* § 4 (1) (o) of the Bill.
34 *See* § 2 (a) of the Bill.
35 *See* § 2 (b) of the Bill.
36 *See* § 2 (c) of the Bill.
37 *See* § 2 (d) of the Bill.
38 *See* § 2 (e) of the Bill.
39 *See* § 2 (f) of the Bill.
40 *See* § 3 (1) of the Bill.
41 *See* § 3 (2) of the Bill.

discharge the functions of the office (whether rising from infirmity of mind or any other cause) or for misconduct or if the president is satisfied it is not in the interest of the Council that the member should continue in office.

- **National Agency for Food and Drugs Administration Control (NAFDAC)**[42]

This Agency is the government agency in charge of the regulation of food, drugs and other consumer products. It is Nigeria's sole body that regulates and controls the manufacture, importation, exportation, advertisement, distribution, sale and use of food, drugs, cosmetics, medical devices, chemical and locally produced pre-packaged water. National Agency for Food and Drug Administration and Control is a parastatal of the Federal Ministry of Health and it is under the direct control of the minister for health. Its functions are specified in Section 5 of the Act as follows; regulate and control the importation, sale and use of food, drugs, cosmetics, medical devices, bottled water and chemicals; conduct appropriate tests and ensure compliance with standard specification designated and approved by the council for the effective control of the quality of food, drugs, cosmetics medical devices bottled water chemicals and their raw materials as well as their production process in factories and other establishments; undertake appropriate investigation to the production premises and raw material for food, drugs, cosmetics, medical devices, bottled water, chemical and establish relevant assurance system including certification of the production sites and of regulated products; undertake inspection of imported food, drugs, cosmetics, medical devices bottled water; chemicals and establish relevant quality assurance systems, including certification of the production sites and of regulated products; compile standard specifications and guidelines for the production, importation, exportation, sale and distribution of food drugs, cosmetics, medical devices bottled water and chemicals; undertake the registration of food, drugs, cosmetics, medical devices, bottled water and chemicals; control the expectation and issue quality certification of food, drugs, cosmetics, medical devices, bottled water and chemicals intended for export; establish and maintain relevant laboratories or other institutions in strategic areas of Nigeria as may be necessary for the performance of its function under the Act; pronounce on the quality and safety of food drugs, cosmetics, medical devices bottled water and chemical after appropriate analysis; undertake measures to ensure that the use of narcotic drugs and psychotropic substance are

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42 Cap N29, Vol. 10, Laws of the Federation of Nigeria 2004, *especially* § 14 (3) of the Act.

limited to medical and scientific purposes; grant authorization for the importation and export of narcotic drugs and psychotropic substances as well as other controlled substances; collaborate with the National Drug Law Enforcement Agency in measures to eradicate drug abuse in Nigeria; advice federal, state and local government, the private sector and other interested bodies regarding the quality, safety and regulatory provisions on food, drugs, cosmetics, medical devices, bottled water and chemicals; undertake and coordinate research programmes on the storage, adulteration, distribution and rational use of food, drugs, cosmetics, medical devices, bottled water and chemicals; issue guidelines on approvals and monitor the advertisement of food, drugs, cosmetics, medical devices, bottled water and chemicals; compile and publish relevant data resulting from the performance of the function of the Agency under the Act from other sources; sponsor such national and international conferences as it may consider appropriate; liaise with relevant establishments within and outside Nigeria in pursuance of its functions; determine the suitability or otherwise of medicine, drugs, food products, cosmetics, medical devices or chemicals for human and animal use; carry out such activities as are necessary or expedient for the performance of its functions under the Act.[43]

The Agency is conferred with the power of prosecution under Section 25(7) of the Act which provides among other things, that any officer of the Agency may, with the consent of the Attorney General of the Federation, conduct criminal proceedings in respect of offences under the Act or Regulation. The Federal High Court has exclusive jurisdiction to try offences under the Act. The Agency has formulated Guidelines for regulated products for the protection of the interest of the public and food, drug and cosmetic manufacturers. Other guidelines of the Agency include guidelines for registration and production of packaged water, processed food, drugs and cosmetics in Nigeria and registration and listing of herbal medicines and regulated products.[44]

These guidelines are very important in the control of trado-medical practice as they ensure that the herbal medicine produced locally is of set standard and also aimed at checking substandard herbal medicine and adulteration which are major challenges of trado-medical in Nigeria. Once the agency approves a new herbal medicine,

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43 *See generally* § 5 (a)–(t) of the Act.

44 The guidelines has as its main thrust and focus, the need to ensure quality and safety of herbal medicinal products which include large scale manufactured products, imported herbal medicinal products, homeopathic medicinal products. *See* PAXHERBALS, THE ROLE OF NAFDAC, (Dec. 16, 2013. 10:08 am) http:// magazine.paxherbals.net/paxmag/issue-09/the-role-of-nafdac.html.

the new herbal medicine becomes valid for trado-medical practitioners to use or prescribed it to their patient. The trado-medical practitioner must continue to submit every two years the same product for reassessment and also submit to the agency periodic report on any cases of adverse reaction.

- **Nigeria Natural Medicine Development Agency (NNMDA)**

The Federal Ministry of Science and Technology (FMST) is conferred with the critical and strategic mandate of research and development activities in Nigeria. The Ministry charts the course of scientific and technological development of the nation through research and development (R&D) in all areas, targeted at improving the quality of life of the citizens, national socio-economic growth and development, and positioning the country to be relevant and competitive in a growing global competitive knowledge based economy.

It executes its mandate through various targeted extra ministerial department agencies, institutions, programmes and centres and its mandate in research and development in natural medicine is pursued through the Nigeria Natural Medicine Development Agency (NNMDA). The Agency's R&D efforts are designed to fit in the overall improved healthcare delivery, job and wealth creation, improve quality of life and socio-economic growth development plans of the nation.

The Nigeria Natural Medicine Development Agency (NNMDA) was established in 1997 by a Ministerial Order, in accordance with the National Science and Technology Act of 1980 which empowers the Honourable Minister of Science and Technology to establish research institutes where local materials are available.[45]

This is to enable the Federal Ministry of Science and Technology (FMST) actualize its critical and strategic mandate to research, develop, document, preserves, conserve and promote the nation's natural medicine defined as "Traditional (indigenous) Healthcare Systems, indigenous medication and non-medication healing arts, science and technologies" and assist facilitate their integration into the National Healthcare Delivery System, as well as contribute to the Nation's efforts towards improved healthcare delivery, wealth and job creation and national economic growth and development.

This was further reinforced by the Government White paper on the 199 Report of the Presidential Policy Advisory Committee (the General Danjuma Report) of the Federal Government which in its views and

[45] § 1 (1) of the Act.

comments acknowledges the relevance of the Agency stating that: "The Nigeria Natural Medicine Development Agency, a parastatal of the Federal Ministry of Science and Technology, which is responsible for the promotion and development of indigenous medicine, would be adequately funded to enable it step up its research and development activities". A draft Bill to finalize the establishment of the Agency is awaiting Federal Executive Council consideration and subsequent onward transmission to the National Assembly for consideration.

The mandate of the Agency includes: research, collate, document, develop, promote and preserve knowledge, practice and products of Natural Medicine (Traditional Systems, Traditional Medication and non Medication Healing Arts, Science and Technology) with a view to facilitating its integration into the National Healthcare Delivery System; identify, document and maintain a comprehensive National Inventory of Nigeria's Medicinal, Aromatic and Pesticidal Plants (MAPPs), animal and animal parts and minerals and other natural products used for human and veterinary/livestock healthcare management, maintenance, care and support; promote the production of standardized extracts, nutraceuticals, health foods, dietary supplements, body care products and galenicals of traditional remedies from local herbs and MAPPs through appropriate public-private partnership schemes, for further research and commercialization; develop a Digital Virtual Library, a dedicated focal reference centre for research and development of Traditional Medicine and Medicinal, Aromatic and Pesticidal Plants (MAPPs) of Nigeria; initiate appropriate mechanisms for the development of Intellectual Property Right regime (IPR) for Traditional Medicine Knowledge and Practice (TMKP); facilitate the development of low cost and appropriate process and packaging technologies for small and medium scale industrial production and commercialization of Traditional Medicines; initiate policy that would enhance the knowledge, attitude, practice, products, science and technology and potentials of natural medicine with a view to fully developing and integrating it into the National Healthcare Delivery System; facilitate the cultivation, preservation and conservation of MAPPs and maintain pilot and/or experimental medicinal farms, gardens and herbaria in the six geopolitical zone of Nigeria and promote sustainable use of natural medicine resources through the development of good Agro-techniques for the cultivation and conservation of medicinal plants; develop post-harvest and process technologies on collection, process and storage of medicinal aromatic and pesticidal plant materials to ensure good quality stock and proper value addition to end products and formulations; promote manpower development and training, public sensitization and awareness creation in all areas of natural medicines (indigenous traditional health systems, medication and

non-medication healing arts, sciences and technologies); develop and implement any other activities aimed at developing, improving and promoting natural medicine.

8 Standard Organization of Nigeria[46]

This Organization is primarily concerned with manufactured products, their marketing, exports, imports and industrial standards generally. Standard Organization of Nigeria (SON) was established by an enabling Act.[47] The aims and objectives of the Organization include preparation of standards relating to products, measurements, materials and processes, among others and their promotion at national, regional and international levels.

The Organization through the Nigeria Industrial Standard (NIS) ensures that a material, product or procedure is fit for the purpose for which it is intended. Under the laws industrial standards fall into six categories namely glossaries or definition of terminology, dimensional standards performance standards, standard method of tests codes of practice and measurement standards. To bring the advantages of standardization within the reach of all consumers, the organization operates a certification scheme manufacturers whose products meet the requirement of Nigerian Industrial Standards (NIS) are issued with permits to use the certification mark or the Nigerian Mark of Quality. The significant of this mark is to convey to the consumer an assurance that the goods bearing the mark have been tested and certified by the organization to have complied with the relevant Nigerian industrial standard and that they may therefore be purchased with reasonable assurance of quality.

The organization has three principle laboratories of which food and chemical laboratory is one of them which are relevant to this study and this laboratory performs physical chemical and microbiological test on foods and chemical samples.

The organization also carries out the registration of both locally manufactured and imported products. The registration programme is primarily designed to provide data or inventory of products and their specified quality parameters. It further provides information about the manufacturer and therefore affords trace ability of the especially when considering specific quality requirements and consumer protection.

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46 Standard Organisation of Nigeria Act Cap S1 Laws of the Federation, 2004.
47 No. 56 0f 1971.

There are some products termed life danger items which non-conformance to required specification pose potential danger to life and property and therefore must be not allowed to reach the consumer unless they have been tested and conformed suitable for example food products.

It is pertinent to say that the Organization has the mandate from the Act to examine all goods and seal up warehouse where substandard products are stored. It activities are not aimed essentially at trado-medical medicine.

- **Consumer Protection Council**

The Consumer Protection Council Act, 1992 provides for the establishment of Consumer Protection Council and the various state committees with the mandate to carrying out the function under Section 2 as follows; provision of speedy redress to consumer's complaints through negotiations, mediation and conciliation; seek ways and means of removing or eliminating from the markets hazardous products and causing offenders to replace such products with safer and more appropriate alternatives.

In the exercise of the above functions, the Council has power, amongst other things to: apply to court to prevent the circulation of any product which constitutes an imminent public hazard; compel manufacturers to certify that all safety standards are met by their products and cause as it deems necessary, quality tests to be conducted on consumer products.

Section 9(1) of the Act states that a manufacturer or distributor of a product, on becoming aware of any unforeseen hazard is under a duty to notify the public and withdraw the product from the market. In addition, Section 11 provides that any person who issue or aids in issuing a wrong advertisement about a item is guilty of an offence and failure to attend and or testify before the Council or the state committee is also an offence. The same also applies to a failure to answer any lawful inquiry.

Finally, supply of false information and violation of an order of the council or state committee make one liable for an offence. The offences mentioned above may attract a fine or imprisonment or both.

Other major regulatory legislations at the national level include the Trade Malpractice (Miscellaneous Offences) Act, 1992 which prohibits deceptive practices, sharp practices relating to weights and measures, advertisement for nonexistent products and holds liable any

individual who labels, package, sells, offer for sale or advertises any product in a manner that is false or misleading or is likely to create a wrong impression as to its quality character, brand name, value, composition merit or safety, commit an offence. There is also the Counterfeit and Fake Drugs and Unwholesome Processed Food (Miscellaneous Provisions) Act, 1999 which prohibits the production, importation, manufacture, sale and distribution of any counterfeit, adulterated, banned or fake drugs. It also prohibits person from selling any drug in an open market without permission from the proper authority. The Act further provides that that any one which produces, import, manufacture, sells, distribute, or is in possession of or sells or displays for the purpose of sale, or aids or abet any person to produce, imports, manufacture, sell, distribute or display for the purpose of sale, any counterfeit, adulterated banned or fake, substandard or expired drug or unwholesome processed food, in any drug or poison whatsoever in any market, kiosk, means of transportation or in any other place not duly licensed or registered for the purpose of sale and distribution of drugs or poison shall be guilty of an offence.[48]

- **Bendel State (Applicable in Edo State) Traditional Medicine Board Edict**[49]

The Edo State Ministry of Health is in charge of traditional medicine in Edo State by virtue of the Bendel State Traditional Board Edict of 1985. The State Government took over the administration of traditional medicine in 1983 when a Steering Committee was constituted. Thereafter, a Traditional Medicine Board was inaugurated in 1984. The Board has a membership of 11 persons and their duties are spelt out in Section 8(1) of the Edict. The registration of traditional doctors is provided for in the Edict under Section 9(1) and (2) as follows: details of the nature and scope of traditional healing practice, nature and identity of herbs used in such practice; suitable place or premises for practice; satisfaction of any conditions it may impose and any information it may require.[50]

An applicant for this registration may be required to satisfy the board regarding the adequacy of his experience by passing a proficiency test to be conducted by the Board. Once a person is registered as a traditional doctor, he is expected to live up to the ethics or code of conduct which are as follows: he must not carry out major operation; he must not involve himself in a practice, whereby he purports to say that his medicine can make people very rich; he

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48 § 1 of the Act.
49 Edict No. 17 of 1985 applicable in Edo State.
50 *See* § 1 (a)–(e).

must not accuse people of being wizards or witches; he must not commercialize traditional healing and he must not commit adultery with the patients. The license of a traditional practitioner can be withdrawn if he is found wanting and his recognition is also withdrawn and may be prosecuted.[51]

The problem according to the secretary of the Board is that since all the traditional doctors are self employed, control is not usually easy. Another problem cited in traditional healing method is that trado-medical practice is closely associated with religion. Because to some practitioners, knowledge of the healing arts, resides in the bosom of a divine being this dispenses it through the agency of traditional doctors. Some patients interviewed believed that healing comes directly from God. In Africa in general and in Nigeria in particular, the oral tradition have it that traditional medicine and religion are inseparable, much as it came directly from the supreme deity and operated through a tutelary divinity or spirit. Among the Nupes, in preparing or administering medicine the name *Soko* (god) is mentioned and the medicine is applied with reference to God, hence some trado-medical practitioners claim to be directed by the spirit.

The Edict lacks the potency of enforceability of discipline among the traditional doctors. There is no penalty for non registration or withdrawal from the Association. Every trado-medical practitioner in Edo state is at liberty to practice traditional medicine whether he is a registered and licensed trado-medical practitioner or not and since there is no section in the Edict that empowered the Board members to stop non licensed traditional practitioners from practice, the issue of discipline of practitioners will remain a problem. Similar trado-medical regulatory boards are also established in the 36 states of Nigeria with similar functions and problems[52]

Impacts of regulatory mechanisms on trado-medical practice in Nigeria

Having analyzed the current regulatory framework in Nigeria, it can be safely argued that the following areas of trado-medical practice have been immensely impacted with the introduction of a regulatory framework.

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51 *See* § 19.

52 *E.g.*, *see* the Traditional medicine Board Law of Delta State, 1985 Cap 45, Vol. 2 which creates the Delta State Traditional Medicine Board with powers to carry out the directives of government on traditional medicine among other functions and the Lagos State Health Reform Law 2006 with similar provisions.

1. License and regulation of trado-medical practice

Prior to the advent of the regulatory framework on trado-medical practice in Nigeria, the Traditional Medical Practitioners Association was supposed to be responsible for the admission of new members into the profession and regulation of their practice.[53] The Association was largely ineffective in fulfilling its mandate because there were different trado-medical associations for a specific branch of trado-medical practice or locality with their unique modus operandi and control of members.[54] For instance, while one association's requirement for membership is for the prospective member to pass an examination before getting a certificate, another association's requirement may involve the participation in an entry initiation ceremony. Applicants are also questioned on the length of time they have been practicing, the kinds of medicine (roots, herbs etc.) they use the person under whom they learnt the art or skill,[55] and the kinds of plant which if eaten, may cause death. Another group may not admit prospective members based on success at an examination but would rather place the said applicant under strict observation, the treatment style of the applicant and if satisfied then such applicant would be admitted. Membership of these association come at a price such payment of fees and levies in other to be issued a practicing license, obeying the rules and regulations of association, must submit himself for discipline by the association whenever he is in breach of the rules of the association.

According to a practitioner while answering questions on mode of registration of members by his association: "The applicant is required to pay the prescribed fee of ₦500 (five hundred naira only) to enable him get a license to practice as a traditional doctor, and the applicant is also required to provide the following information: the name of the trado-medical doctor under whom he did his apprenticeship, area of specialization, duration of apprenticeship". The applicant was further required to submit two passport photographs and a physical

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53 The association was not backed by a statutory instrument and was one in a number of associations of trado-medical practitioners. The practice is however different in a jurisdiction like Ghana which has the Federation of Traditional Medicine Practitioners as the umbrella body of trado-medical practitioners in Ghana.

54 Associations were based on the area of specialization like bone setters, psychiatric/mental healers, birth attendants Trado-Medical Associations etc., but membership was optional and largely unregulated.

55 Trado-medical practitioners acquire herbal knowledge either by inheritance or apprenticeship. *See* B.E. Owunmi, *The Place of Traditional Medicine in Primary Health Care in* PRIMARY HEALTH CARE IN NIGERIA: THE STATE OF THE ART (E.A. Oke and B.E. Owunmi eds., Ibadan, University of Ibadan, 1993).

inspection of applicant's clinic is also conducted in order for the applicant to be granted Grade A, B or C license.[56]

Among the Oregbeni Society of Herbal/Traditional Medical Practitioners of Ikpoba Okha, Edo State, after the applicant has been admitted into the profession, a placard listing codes of conduct is given to the successful applicant including the following that: a member must not administer in the course of treatment; a member must not tell lies; a member must not connive with thieves; if a woman is brought to the trado-medical doctor, he must not have sexual relationship with the woman or marry her-if he likes to marry her, he must obtain permission from the woman's family; a member must not use harmful drugs for the treatment of his patients.

In order to regulate the practice, members met from time to time in their designated area of practice approved by the association in which they reside and practice. The agenda at the monthly meetings include reading the rules and regulation of the association, settling quarrels among members and discipline of members. Despite the elaborate rules in place, some of the associations have been ineffective in regulating the conducts of their members due to different factions and differences among members.

With the introduction of a regulatory mechanism, it is now mandatory that trado-medical practitioners must obtain license for their products to be sold or administered to patients after satisfying all safety and precautionary measures.[57] Furthermore, upon being admitted into the association of professional trado-medical doctors, members are given a certificate. The issuance of a certificate signifies the prestige which it gives to the doctor. The certificate must be displayed in the place of practice of the doctor. Anyone who does hold this certificate is recognized as a genuine trado-medical doctor.

The certificate often reads as follows:

> "This is to certify that the above named association, have studied the treatment method and therapeutic applied by this clinic for the past 12 months and found out that he is efficient and experience in the handling and treatment of patient. We have no evidence of harsh and cruel treatment and we hereby confer on him grade "A"

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56 Dr. Aiziegbe is a member of the Agbazilo Associaton of Traditional Doctors, Ubiaja, Edo State. *See Legal Perspective of Trado-Medical Practice in Nigeria* a Ph.D. thesis by Eric Ayemere Okojie PG/LAW/08/010/110, Oba Erediawa College of Law, Igbinedion University, Okada, Edo State, Nigeria. p. 68.

57 *E.g., see* § 5 of the NAFDAC Act, Cap P17, Laws of the Federation, 2004.

license to practice as a traditional doctor. (This certificate is signed, by the Chairman and Secretary of the Association)."

2. Professional discipline

The responsibility of a trado-medical doctor commences as soon as the doctor agrees to treat the patient and such responsibilities would include the maintenance of secrecy and commitment towards his patient. Any complaint against a trado-medical doctor is made to the association in his area of practice. Such a complaint must first be investigated by the executive of his association before it is brought to the association in full session. The executive has the duty to investigate whether a case is made out against the trado-medical doctor. The association has the duty and power to make a final decision on the complaint.

The disciplinary function of the association is rendered ineffective because it cannot punish a trado-medical doctor who is found to be in breach of recognized rules and regulations. The Orthodox Medical Practitioners Council has no such handicap as it has a structure that accommodates an effective disciplinary organ of the Council.[58] The Trado-Medical Practitioners Association cannot debar an erring trado-medical practitioner by striking off his name from the register of trado-medical practitioner due to lack of legal backing and even where sanctions are imposed; the erring member may decide to relocate his practice to another part of the country where the sanction is ineffective on the basis of geographical jurisdiction. There is also no structural appeal system by a trado-medical doctor dissatisfied with the decision of the association. As stated earlier, his best option may be to relocate to another area.

The duty of the Committee setup to discipline erring members is to consider whether the allegation complained of amounts to "professional misconduct or infamous conduct". The phrase is not defined hence the explanation of "professional misconduct or infamous conduct" as distilled from the case of *Dougherty v. General Dental Council*[59] is instructive in this respect. The Privy Council held in that case the words "serious professional misconduct" indicated conduct connected with (the) profession in which the (practitioner) had fallen short of the standards expected of him as a member of the profession. Also in the case of *Medical and Dental Practitioners Disciplinary Tribunal v. Okonkwo*[60], Ayoola J.S.C. stated that the meaning of what should be regarded as an infamous conduct should

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58 Known as the Medical and Dental Practitioners Tribunal.
59 (1988) A.C. 104.
60 (2001) FWLR pt 4, 045 p. 42.

be confined to a code of ethics that unambiguously gives a meaning to this expression. He went further to say that the words connote conduct so disreputable and morally reprehensible as to bring the profession into disrepute if condoned or left un-penalized.

With the introduction of the regulation of trado-medical practice however, erring members are now being disciplined and prosecuted in the law court for breach of the laws and regulations on trado-medical practice.[61]

3. Diagnosis

As a way of identifying the cause of a particular ailment, trado-medical practitioners have progressively adopted the diagnostic approach. In many instances, they ask patients to bring samples of urine and sputum sometimes for laboratory test even before treating diseases like malaria and some sex-related diseases. The problem is the absence of written records of their findings on the samples produced. Furthermore, the testing of the samples provided is not scientific. Nevertheless, the procedure is better than merely looking at the patient. To improve on the situation, some universities now offer third-level training of trado-medical practitioners and their staff by way of local affiliation.[62] With the influence of the regulatory framework, some text on traditional systems of medicine known as traditional medical pharmacopoeia are now being published. Trado-medical practitioners now also refer patients for blood and urine tests and some trado-medical research based laboratories and clinics with modern medical gadgets like X-rays machines, microscopes and scanning equipments with the aim of achieving better results are been established all over the countries. Many trado-medical practitioners now wear laboratory coats, gloves, and insist that their workers also wear them before commencing treatment and also emphasis on the need for clinical hygiene.

4. Health history of patients

In the course of treatment, trado-medical practitioners now keeps records of the history of the patients which enables them to appreciate the nature and enormity of the patients' ailment in

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61 By virtue of § 25 of the NAFDAC Act, the agency has the power subject to the consent of the Attorney General of the Federation to prosecute offenders.

62 *E.g.*, there is a memorandum of understanding between Pax Herbal Clinic and Laboratory, Ewu and Ambrose Alli University, Ekpoma, both in Edo State of Nigeria. There is also a similar collaboration between Pax Herbal Clinic and Laboratory and University of Port Harcourt, Rivers State. Furthermore, Pax Herbal Clinic and Laboratory also accepts research students and students on industrial attachment.

deciding the appropriate treatment to administer. This is usually done by listening to the patient and asking relevant questions like if there is a history of the ailment in the patient's family, previous treatment, and reaction to previous administered drugs. The purpose of tracing the history of the ailment is to ascertain when the illness starts and how it developed to the stage requiring trado-medical intervention. Secondly, the purpose is to ascertain whether such ailment has been prevalent among members of patient's family or not, allergies that may trigger such ailment etc.

5. Symptoms

Symptom is a subjective feeling or disturbance or experience manifested by a patient making him feel that he is not healthy.[63] The symptom is usually stated by the patient during the history taking stage. While orthodox medical practitioners attach importance to this symptom narration and the written record system before diagnosis and treatment; it is now been adopted by many trado-medical practitioners.

At the sign stage the trado-medical practitioner conducts a physical check of all areas of the body that are affected. Signs may include swelling, tenderness, change in skin or eye colour and respiratory changes. The sign stage involves the physical examination of the chest, abdomen and pelvis and it is part of the diagnostic process.

Trado-medical practitioners now requests that their patients go for laboratory tests like scanning, x-ray etc. initially.

6. Dosage

The problems of dosage are relatively similar to those of prescription. Before the impact of the regulatory framework, instructions on dosage were by word of mouth. It was left for the patient to remember and comply with the required dosage. In the process of meeting up with standards being set by regulatory mechanisms,[64] vital information including the requisite dosage is provided for on the packaged herbal drugs.

7. Dispensing

Dispensing of traditional medicine had always been practiced by

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63 *See* A.S. HORNBY, OXFORD ADVANCED LEARNER'S DICTIONARY OF CURRENT ENGLISH 1500 (Oxford University Press 7th ed.).

64 *Such as* the NAFDAC Act 2004.

trado-medical practitioners but the influence of orthodox medicine in this area is the condition under which the traditional medicines are dispensed. "Dispense" simply mean give out traditional medicine. The drugs or medicines are either the liquid medicine which are herbs squeezed into water or boiled, soaked or made into tea or the grinding of the traditional medicine into powder after drying or burning. These traditional medicines which are regarded as very potent, may be mixed with honey, water etc. for the patient to lick or drink. Such medicine could be applied externally to the affected part of the body. Roots, barks, leaves and flowers are also chewed or soaked in water, alcohol or other liquid to make traditional medicines which are dispensed to patients.[65]

8. Toxicity and effectiveness

Naturally, the use of herbal preparations would not have persisted throughout the ages if they did not induce some sort of response. All drugs, whether medications prescribed by an orthodox medical doctor, a pharmacist, or herbal preparations from whatever source, are potentially poisonous. Whether or not a drug can be used therapeutically depends upon the margin between toxicity and effectiveness. The first requirement for any therapeutic drug is that it has a beneficial effect, this is called efficacy. However, it does not matter how effective an agent is if it has intolerable side-effects.

Most developed countries have very strict rules for drugs that require documentation by pharmaceutical manufacturers of solid evidence of their products' efficacy. Moreover, the side-effects must be well-defined and the purity and potency of their preparations must be demonstrated.[66]

A lack of regulation in such situation would have two consequences. Firstly, herbal preparation may be completely useless either because it is intrinsically inactive or there was inadequate quality control in its preparation. Secondly, a person who takes herbal preparation may be poisoned. There are several reasons why this may occur, the plant may be mis-identified or the toxicity of a correctly identified plant may be unknown or ignored.[67] To add to the confusion, one particular plant may have a number of common names. Conversely, the same common name may be applied to a

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65 ADODO ASLEM, OSB NEW FRONTIER IN AFRICA MEDICINE, p. 52.

66 The National Agency for Food and Drug Administration Control's regulations makes it mandatory for all manufacturers of consumables like herbal products to submit periodic toxicology report in respect of their products.

67 R.J. Huxtable, *The Harmful Potential of Herbal and Other Plant Products*, DRUG SAFETY 5 (Supplement 1) 126-136 (1990).

number of different plants, each with its own scientific name. Furthermore, there may be wide variations in the levels of active constituents in plants according to its variety, the portion of the plant used, geographical location, soil conditions and the time of the year. Concentrations of the active components may be altered by the production process and the length of time and conditions under which the preparation is stored. In some instances, herbal preparations are adulterated, that is, contaminated with other chemicals, intentionally or otherwise.

There is no doubt that the longer the period over which a herbal preparation is consumed or the more the amount that is ingested on each occasion, the greater is the likelihood of severe toxic disease. Finally, many herbal preparations are mixtures of herbs. The more constituents that there are in a preparation, the greater is the likelihood that one of the components will be toxic, hence the need for regulation.

9. Standardization

One of the criticisms against traditional medicine by orthodox medical practitioners is the lack of standardization of herbal products which may contain hundreds of chemical constituents with little or no evidence of which might be responsible for the presumed of proven therapeutic effects.[68] Prior to the advent of any form of regulatory framework, there were no set standards to be satisfied by practitioners before their products can be certified fit for consumption and placed in the market. As a result of this lacuna, some herbal products of questionable standards were being sold to unsuspecting members of the public with adverse effects. But this is now a thing of the past as a result of the concerted efforts of the regulatory agencies like NAFDAC[69] and Consumer Protection Council[70] now lay down standards to be met before such products are certified fit for human consumption. Consequently, traditional drugs are now well packaged, labeled with expiry dates and other vital information. With the new practice of standardization, trado-medical practitioners are now working hard to refine their drugs through proper packaging in hygienic conditions to make it safe for consumption. There is also provision for preservation facilities in some trado-medical research centres and towards this end. NAFDAC is encouraging the process by giving them stamp of quality and acceptance in appropriate cases.

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68 C.R. Ekeanyanwu, *Traditional Medicine in Nigeria: Current Status and the Future* RESEARCH JOURNAL OF PHARMACOLOGY, 5(6): 91 (2011).

69 *See* § 5 of NAFDAC Act, Cap N29, Vol. 10, LFN 2004.

70 *See* §§ 2, 9 of the Consumer Protection Council Act, 1992.

10. Economic impact

From an economic perspective, the regulatory framework has positively impacted trado-medical practice in Nigeria; the number of patronage has now more than doubled, particularly from urban dwellers. A reason for this change in attitude is that they now feel safer in accessing the traditional heath care system due to assurance and confidence they now how in the system which has scaled through the rigorous examination of the regulatory agencies and have been given a clean bill of health to operate. Another reason for the said change in attitude is also due to the fact that having proven its efficacy scientifically and been certified safe by the regulatory agencies the western medical practitioners now in some cases refer patients to the trado-medical practitioners for treatment of certain ailments.[71]

11. Collaborative ventures between two forms of health care systems

As a certain means of satisfying the conditions and guidelines set by the regulatory framework in Nigeria, the two major health care systems are now engaging in collaborative efforts whereby for instance the trado-medical system readily provides the raw materials such herbs, plants and roots on one hand and the orthodox heath care system problems the lab equipments and technicians such as the laboratory scientists, microbiologists and botanists to carry out research on their curative potentials and side effects if any[72]. This collaboration has further led to the production of herbal products in hygienic conditions and mass production, while ensuring the conservation of rare plants and animals' species which are obtained from the wild and either cultivated or reared to ensure their continued existence for use by future generations.

There are also collaborative ventures between some of the trado-medical research centres and institutions of higher learning where students are sent to the research centres on industrial training and some of the practices developed by the research centres are being in taught in the institutions as part of their curriculum.

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71 The Trado-Medical orthopedics Hospital at Ugbobi where western medical practitioners refer patients for treatment of broken and dislocated bones by traditional method is a classic example.

72 Paxherbal Clinic and Research Centre, Ewu, Edo State is a good example of this sought of synergy between the two main systems.

12. Improved data collection base

One of the challenges of the regulatory framework for trado-medical practice in Nigeria was that there was dearth of information on the exact number and activities of trado-medical practitioners in Nigeria. A major reason for this state of affairs was that the activities of the practitioners was shrouded in secrecy of which information of their practice was only made available to members of their guild and because in most cases the practice is handed down from father to son(s), the secrets of their practice dies with them; not to be shared with the larger community. Another reason for this problem was that because majority of the trado-medical practitioners were illiterates, records containing vital information about their patients like names, address, type of ailment, symptoms, treatment history, last appointment etc. were not kept. Furthermore, registration by trado-medical practitioners was not compulsory thereby giving them the option to either register or not and they usually end up taking the option of not registering because to them there is no incentive for registering but merely as a means by government to made to pay taxes and fines.

But with the regulatory regime, trado-medical practitioners and centres are now registered and accredited giving Nigerians and policy makers and a clear ideal of the numbers of certified trado-medical practitioners and centres where treatment can be adequately obtained.

13. Information dissemination

Trado-medical practice was shrouded in secrecy with only a few members of the community privy to the secrets about their practice. This had a negative spiral effect on prospective patronage who viewed it with suspicion. But with the advent of the regulatory framework, trado-medical practitioners now share the secrets of their practice with their partners from the orthodox medical health system and patients are now given adequate information about the alternative treatments and drugs. Furthermore, information about the practice can also be accessed from the public domain like websites put up by some of the trado-medical practitioners and centres as well as some of the regulatory agencies. This has led to a change in the attitude of people particularly the urban dwellers who no longer have negative notions about accessing the trado-medical health care system but are now comfortable with it because they are armed with adequate information about the system. Furthermore, there is now an appreciable volume of literature on the topic of traditional medicine and practice. This impact is important because lack of adequate

literary materials on the topic was blamed as of the obstacles preventing traditional medicine from becoming a part of the mainstream health care system which led to a lot of misinformation and misconception on the topic.[73]

14. Appreciable increase in the literacy levels of trado-medical practitioners

In the days of old, knowledge of traditional medicine was handed by fathers to children by word of mouth and tutelage without more. These practitioners were usually illiterates who would rather prefer spending time in the forest sourcing for herbs and plants to sitting in classrooms. With modernization, education became more popular amongst the youths who saw it as an easy means of securing a better livelihood, abandoned trado-medical practice to the already aging community and school dropouts to chase their dreams.[74] But this notion is beginning to change because there are now younger, enlightened and educated practitioners within the profession who are always in search for knowledge about the latest technologies in harnessing the health benefits from raw materials. The collaboration with international organization like the World Health Organization and regulatory institutions such as the Federal Ministry of Health and National Agency for Food and Drugs Administration for instance in the areas of organizing seminars and providing resource persons and materials for the benefit of trado-medical practitioners have been immense help because it now gives opportunities to the practitioners to train and retrain themselves in the available best practices. Some trado-medical research centres like Pax herbal Clinic and Research Centre have also made giant strides to develop trado-medical knowledge by organizing health workshops and seminars, publishing findings of its research of tropical medicinal plants in herbal journals, sending some of its staff for collaborative programmes with tertiary institutions like Ambrose Alli University, Ekpoma and Obafemi Awolowo University, Ile Ife. Trado-Medical doctors are now trained in various Institutions to acquire education relating to Trado-Medical practice. Example of such institutions is the Federal College of Complementary and Alternative Medicine.

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73 V.E. Tyler, *Phytomedicines: Back to the Future*, JOURNAL OF NATIONAL PRODUCTION 62, 1589-1592 (1999).

74 In fact, a survey carried out 129 out of 170 trado-medical practitioners agreed that level of education may play some role in their practice. See O. Awodele et al., *Towards Integrating Traditional Medicine (TM) into National Health Care Scheme (NHCS): Assessment of TM Practitioners' Disposition in Lagos*, I NIGERIA JOURNAL OF HERBAL MEDICINE 92 (2011).

The influence of the regulatory mechanisms on trado-medical practice can also be seen from the deliberate training at local, state and national levels. Trado-medical practitioners are sometimes invited to seminars and workshops organized by some of the regulatory agencies and orthodox medical institutions in a bid to share ideas.

15. Advertisement

Trado-medical practitioners were criticized for advertising or claiming to have the ability to cure certain ailment and diseases when in fact, there was no scientific proof to substantiate such a claim. With no regulatory framework to halt their activities, unsuspecting members of the society unfortunately patronized them believing that such claims must be true for a trado-medical practitioner to go public about his products with grave health consequences. The introduction of regulations[75] has helped to checkmate this unfortunate trend by imposing sanctions and ensuring regular inspections of products being advertised for sale.

Despite the positive impact of the introduction of a regulatory framework for trado-medical practice in Nigeria, there are some negative impacts which are worth a mention.

Conclusion

The World Health Assembly has adopted a number of resolutions drawing attention to the fact that a large section of the population in many developing countries still relies on traditional medicine, and that the work force represented by traditional practitioners is a potentially important resource for primary health care. In 1978, the Declaration of Alma-Ata recommended, inter alia, the inclusion of proven traditional remedies into national drug policies and regulatory measures.

The impact of the regulatory mechanisms has therefore assisted in no small ways to improve the level of trado-medical practice in Nigeria as mentioned above, however more is still needed to be done particularly in the area of enacting laws and rules for mandatory continuing professional development which will assist the trado-medical practitioners to be in tuned with the current international best practices and a possible amendment of the laws that will ensure

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75 The Advertising Practitioners Council of Nigeria Act No. 93 of 1992 is one of such regulatory agencies. Through its' Advertising Standards Panel, it regulates, monitors and enforce the regulations on advertisement of certain categories of products including trado-medicine (practice and offerings).

mandatory membership of professional bodies that will regulate the practices of members thereby positively impacting their practice.