



TRADITIONAL MEDICINE PRACTICE IN AFRICA; A PERSPECTIVE REVIEW

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Abstract:

Introduction: Traditional medicine (TM) occupies a very important place in health care in the world in general, in Africa and Ghana in particular: In Ghana the process to effectively develop TM is in progress due to a favourable integrated environmental, an ongoing national dialogue between stakeholders of traditional medicine and agencies set up by the Government. The Governments of African countries should establish the necessary institutional and financial support to promote the potential role of herbal medicine in primary health care delivery due to their inabilities to fully and efficiently fund orthodox medical systems. A second chance should be given to the development of herbal medicines in standardised scientific processes to support section of the population who voluntarily opt for traditional medicine treatment.

Methodology: The authors laid much emphasis and reviewed in totality the work done by (Barimah, K. B. & Okyere, B., 2018) on traditional medicine in Ghana. Google scholar, web of science, pub med were used to search for peer reviewed works done on the field of traditional and herbal medicine. In all about 170 articles were sorted and 80 were admitted as extremely useful to the article of the authors

Findings: Despite support from the world health organisation, the various ministries of health of African countries, donor agencies and non-governmental organisations, the traditional medicine(TM or TRM) sector is plague with numerous constraints relating to the development of traditional medicine that can be summarised as follows: The lack of institutional support for production and dissemination of key species for cultivation; The low prices paid for traditional medicinal plants by herbal medicine traders and urban herbalists; Lack of appropriate technology for post-harvest and pre-processing purposes adapted productively and effectively; Insufficient documentation and scientific experimentation for verification of the herbalist's claims; Lack of preservation of medicinal extracts for extended shelf life. This findings highly confirm a similar finding in the work of (MINSANTE, 2007; Jiofack et al., 2009)

Conclusion: There has been a tendency in Western medical journals to play down the expertise of African healers by predominantly presenting the iatrogenic risks of their traditional therapies. It cannot be denied, of course, that sometimes there is genuine cause for concern (Stafford et al., 2008).

The authors agree with the work of ((Noumi, 1984; Ngameni et al 2007) and make emphatic statements that it would be unfair, however, to pass judgement on the biomedical merits of African traditional medicine on the basis of its worst outcomes. Instead, African healing should be considered with a sympathetic eye putting in all rigorous legislations, clinical trials, scientific processes for efficacy before any can be rolled out for public acceptance based on its highly data proven efficacies by regulators.

Keywords: Traditional medicine, herbal, efficacy, cure, ethics.

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Introduction

Traditional Medicine (TRM) is not just a Complementary Alternative Medicine (CAM) as some would want us to believe. Indeed in most cases TRM and CAM are used interchangeably (Khilijee et al, 2011) in Kofi Bobi Barimah & Okyere Bonna's book: traditional medicine in Ghana. Around the globe, native or indigenous healing practices have been given various names and classified broadly as CAM (Mpofu, 2006). According to Abdullahi (2011:1) in Kofi Bobi Barimah & Okyere Bonna's book: traditional medicine in Ghana, Traditional medicine variously known as ethno – medicine, folk medicine, native healing, or complementary and alternative medicine is the oldest form of health care system that has stood the test of time. Traditional medicine is a culture bound ancient method of healing that humans have continued to rely on for dealing with health problems (Abdullahi, 2011).

Traditional Medicine (TRM or TM) As Defined

Traditional medicine refers to health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being. The high cost of drugs and increase in drug resistance to common diseases like malaria, bacterial infections and other sexually transmitted diseases has caused the therapeutic approach to alternative traditional medicine as an option for concerted search for new chemical entities (NCE) (Fokunang et al., 2011). Traditional healing is flourishing in urban settings because it adapts itself to these new surroundings (Robbers et al., 1996). Traditional medicine has also been defined as the sum total knowledge, skills and practices indigenous to different cultures, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness (W.H.O, 2013). Thus traditional medicine includes a diversity of health practices, approaches, knowledge and beliefs incorporating plant, animal, and or mineral based medicines: spiritual therapies, manual techniques and exercises, applied singularly or in combination to maintain wellbeing, as well as to treat, diagnose or prevent illness (Kofi Bobi Barimah & Okyere Bonna 2018).

With the higher and increasing health care cost and lack of affordability for orthodox medicine (Adu Gyamfi 2015) people have started looking for alternative ways to meet their health care needs. In the current economic and stability state, most people are trying alternative medicines especially in sub Saharan Africa as never before and looking at the poverty rate there is the need for most governments to consider and streamline traditional medicines and includes them in their national health insurance. In order to integrate TM into the national healthcare system of Cameroon the WHO in collaboration with the Cameroon Government has put in place strategic route map for TM integration by 2012 (Burkhill, 2000; Ngadjui et al., 2000). The limited scientific evidence about TM/CAM's safety and efficacy as well as other considerations make it important for governments to step into the TM practice, research and development within the frame work of integration into the primary, communal and the national health care system in Cameroon (Noumi, 1984, CIFOR, 2005; Nkongmeneck et al., 2007). Traditional medicine has long been vital and a valued part of health care systems in Africa and Asia. Even though it has been

practiced in other parts of the world as well, it has not attracted as much attention in Africa and Asia (Kofi Bobi Barimah & Okyere Bonna). The pharmaceutical industry has come to consider traditional medicine as a source for identification of bio-active agents that can be used in the preparation of synthetic medicine. However, they are not looking to study the rare plant species; they want to test the most commonly-used species (LeBeau, 1998; Nguenang et al., 2005; Khan et al., 2009). Many of the more commercial pharmacologically interesting medicinal plant species in use around the world are employed in more than one community, and often in more than one country, for multiple uses (Dooley et al., 2008; Focho et al, 2009). In order to solve the problem of drug shortage or high cost in part, many health-oriented ministries are now encouraging the use of local medicinal plants for disease treatment. The Cameroon ministry of health have established departments of traditional pharmacopoeia within the ministerial organigram so as to implement this policy of TM. Education ministries, the Ministries of Forestry and Wildlife, Research and Innovation have started to introduce conservation and bio-diversity of medicinal plants into their school programmes and the general sensitization of the population (Nkongmeneck et al., 1996; Nguenang et al., 2005).

The Ghanaian Health System and TRM or TM

According to (Barimah., 2006), it has been observed that in Ghana, traditional healers are so close to the people, yet they are so far away from the basic health delivery system. Two major systems in Ghana are the modern and traditional which have been documented. Elsewhere (Boadu & Asase, 2017; Boateng, Danso – Appiah, Turkson & Tersbol 2016) as stated in chp 9 pg 95 of Kofi bobbi barimah & Okyere bonnas book: traditional medicine in Ghana. In Ghana TRM is regulated by the Traditional Medicine Practice Council. The role of traditional healers (THs) received international legitimacy with the Alma – Ata Declaration on primary health care in 1978 which stressed the need for bringing health care as close as possible to where people live and work. Since 1977 Ghana has continued to use primary health care for bringing absolute health care services to majority of its citizens and this makes the role of TH crucial. Yirenkyi, 2017: 36 states that the Alma Ata declaration in 1978 cited traditional practitioners among health workers that the primary health care (PHC) relies on to respond to expressed health needs of the community. The government has been slow in regulating and streamlining the activities of TH who are held in high esteem to be very knowledgeable in the potency of plants, herbs and animals in the treatment of various diseases (Barimah 2013). Based on a tolerant medical orthodoxy, traditional healers are informally recognized and tolerated in Ghana and allowed to practice on condition that they do not claim to be medical doctors. Even though over 70% of Ghanaians rely on traditional healers for reasons of cultures, cost and personal preference, the national health insurance scheme (NHIS) does not cover the services of TH who are the gate keepers of primary health care (Barimah 2013). In a tolerant system (or one of co – existence) the national health care system is based entirely on conventional medicine but some TRM/CAM practices are tolerated by law. No country in the region fall under this category as TM is practiced even in countries which have not yet developed TRM policies or have included it in their national health policies or national health strategic plans (Lapnet Mmoustapha, 2017:2)

Evolution of Traditional Medicine in Ghana

Ghana has made a significant progress in enhancing the development of TRM (Abdullah, 2011; Essegbey and Awuni, 2016). Medical systems in Africa and around the globe have broad ringing ties to the cosmology and the way if; of a people. In Ghana colonialism an external orientation have had a negative effect on the development and practice of traditional medicine that is based on the cultural values of the local; people. For instance in 1878, the British passed the native customs regulation ordinance that outlawed any practices or customs that offended the sensibilities of the Whiteman. As a result most traditional healers went underground to practice their trade to the detriment of the holistic health needs of the indigenous people. It has been observed that most health promotion programs designed in the western nations for the developing nations in Africa fail because the initiators neglected indigenous knowledge as part of the process (Airhihenbiwa, 1990).

The lack of health care systems in rural areas forces local people to treat themselves, either by using medicinal plants or by buying high-cost medicine in the rural markets, or still further, going for cheap road side medication, predisposing themselves to health dangers caused by the unknown source of these poor medications (Ndhlala et al., 2009). In the rural areas, as a whole, people begin by treating themselves before going to a traditional practitioner or a modern doctor. Medicinal plants are used at an early stage of the disease at low cost and conveniently replace the indiscriminate consumption of drugs without prescription. (Fokunang et al., 2000; Horan et al., 2003; Oyama et al., 2009).

Traditional medicine is recognized by the government of Ghana as a component if the health care delivery system since independence. This recognition dates to the days of the first republic. Since then ensuring governments of Ghana have also shown interest in preserving TRM. Actions taken by the government or Ghana to sustain TRM over the years are laudable but not adequate. Many associations have been formed all in the pursuit of restructuring TRM to suit national standards.

1. The Ghana Psychic and Traditional Healers Association: was established in 1961 under the ministry of health with the sole aim of bringing all traditional medicine practitioners under one umbrella. Ghana psychic and traditional healers association was to uphold, promote and protect the best in psychic and traditional medicine healing in Africa, secure and maintain the unity between traditional medicine practitioners and African medical herbalist with the idea to protect culture and traditional religion. However the association has contended that it had never benefited under the ministry of health as intended and is now seeking to collaborate with the traditional authorities since traditional healing is purely based on African traditional culture and norms (GNA, may 24, 2013)

2. Ghana Federation of Traditional Medicine Practitioners Association (GHAFTRAM): it was formed in 1999 and is the national umbrella organization for traditional healers in Ghana.

3. Center for Scientific Research into Plant Medicine (CSRIPM) Act: this act was made in 1975 by NRCD 344 to establish a center for scientific research into plant medicine and to provide for related matters. The organization is now known as the Center for Plant

Medicine Research (CPMR). CSRIPM or CPMR functions include : to conduct and promote scientific research relating to the improvement of plant medicine, to ensure the purity of drugs extracted from plants, to cooperate and liaise with the Ghana psychic and traditional healers association, research institutions and commercial organizations in any part of the world in matters of plant medicines, to undertake or collaborate in the collation, publications and the dissemination of the results of research and nay other useful technical information, to establish where necessary botanical gardens for medicinal plants and to perform any other function that the government may assign to it.

4. Food and Drugs Authority : it is the national regulatory body established under the ministry of health with the responsibility of implementing fod and drugs law of 1992, (PNDCL 305B) to regulate the manufacture, importation, exportation, distribution, use and advertisements of food, drugs, cosmetics, medical devices and household chemicals with respect to ensuring their safety, quality and efficacy. In exercising this mandate, the food and drugs authority ensures the safety and wholesomeness of foods we eat.

5. The Ghana Food and Drug Board: is charged with (among other duties) of making sure medicines and vaccines are registered and approved, allopathic and herbal medicines permit regulation, OTC and prescription drug labelling and drugs safety monitoring. Despite of its progress there are many challenges on the ground: many traditional practitioners do not have the required licenses and approval.

6. Ghana Traditional Medical Council was also established in 2000 with the responsibility for registering all traditional medical practitioners in Ghana but there are many unregistered people posing as traditional healers.

7. The Traditional Medicine Practice Council (TMPC): was formed in 2011 by an act of parliament (Traditional Medicine Practice Act – 2000, Act 575) to regulate the practice of TRM in Ghana. The TMPC has been mandated to set standards for the practice of TRM, issue certificate of registration to qualified practitioners and license premises for the practice, determine and enforce a code of ethics for TRM practice in conjunction with an association of TRM practitioners recognized by the minister of health referred in this act as the association, promote and support training in TRM, approve in consultation with such educational and research institutions as it may determine the curriculum for training in TRM in the institutions.

Categories of Traditional Medical Practitioners

The world health organization defines a traditional healer as a person who is recognized by the community where he or she lives as someone competent to provide health care by using plant, animal and mineral substances and other methods based on social, cultural and religious practices (WHO, 2000a:11)

Herbalist: they are believed to be well versed and knowledgeable in herbs and other natural products and their medicinal use (Appiah – Kubi, 1981: Anfom, 1986: Olupona 1992). Senah (1997) has identified three main types of herbalists in Ghana namely: modernized herbalists, traditional herbalists and herbalist – diviners. Herbalists have a wide knowledge of medicinal properties of many roots, herbs, bark, leaves, minerals and parts of birds or animals (Owoahene –Acheampong, 1998). This knowledge is acquired through formal apprenticeship. Herbalists (nnunsinfo) do

not form a uniform group in Ghana (Ventevogel, 1996). The herbalist who works with medicinal plants (roots, herbs etc) may not be possessed by a powerful god although they can work with less powerful spirits (Opoku 1978: Sarpong, 1974, Senah, 1997, Twumasi, 1975, Ventevogel, 1996). According to Ventevogel (1996), the Akans make distinction between two types of traditional healers, the priest healers (akomfoo) and the herbalists (nnunsinfoo). However, Senah (1997) found this distinction to be problematic.

Bonesetters: these groups of people who specialize in fractures without the application of modern medicine. Although this is a specialized practice, it is common to many healers mostly passed from one family member to the other (Owoahene – Acheampong 1998). The bonesetter is a herbalist who specialize in treating fractures (Ventevogel 1996). Like herbalists and Traditional Birth Attendants (TBAs), bonesetters also go through formal apprenticeship. Evans Anfom (1986) noted however that his personal dealings with some of them reveal that most of them have been exaggerating their performance, although the majority of them are good. According to Owoahene – Acheampong (1998:70) most bone setters are also skilled in handling rheumatism and arthritis, for most of the herbs, roots and barks of some trees which are used in treating broken bones are also medicines for treating rheumatism and arthritis.

Fetish Priests/Healers: these are healers who practice with the aid of the supernatural (Adum Gyamfi, 2015, Olupona 2014). These healers are attached to shrines and temples of gods and they normally do not act without directions of particular deities that they serve. As noted earlier, the term fetish has negative connotation (Appiah – kubi 1981: Mbiti 1991: Olupona 1992). Their role is to act as media for their gods during periods of possession, transmit messages through them. Some of them may see themselves as messengers and not healers. There is variety of these practitioners depending on the environment and the community, priest healers practice magic.

Traditional Birth Attendants (TBA): Traditional Birth Attendants are usually old women in villages with considerable experience and knowledge in conducting child birth, TBAs has been used by the world health organization to describe a traditional midwife in Africa, Asia and elsewhere. Like herbalists, TBAs also undergo a period of training (Appiah kubi, 1981: Evans Anfom, 1986). TBAs focus on pregnancy and birth management, sex education (Senah, 1997) and given their nature of work, they are usually made up of women who also play a very important role in female puberty rites. TBAs are mostly without formal training and they have considerable knowledge of the medical needs of children and women (Owoahene Acheampong 1998). However, Graham et al, (2001) have forcefully argued for the need for skilled attendants to be present during child birth. According to WHO/UNFPA/UNICEF/WORLD BANK (1999), the term skilled attendant refers exclusively to people with midwifery skills example doctors, midwives and nurses who have been trained to proficiency in skills necessary to manage normal deliveries and diagnosis, manage or refer complications (Graham et al 2001:100)

Faith healers: it is interesting to note that Ghana the then Gold Coast was an ancient Islamic state in the southern Sahara which flourished in the 11th century before (Christian council of Ghana 1990). In an introduction to its book: the rise of independent

churches in Ghana: the Christian council of Ghana has provided a summary of the order of entry of the earlier missions to Ghana. The Akan became a Christian by cleaving to the new order introduced by the missionary rather than by working out salvation within the traditional religious milieu (Williamson 1965, 170). A point worthy of note is that most Ghanaians consider the Pentecostals and the African or independent churches as spiritual churches and see little between them (CCG 1990). Since these churches significantly account for faith healing component of TRM, this thesis will be devoted to activities of these churches as a basis of the belief in and practice of faith healing. Their (traditional medical practitioners, healers etc) concepts of health and illness are more comprehensive than those of biomedical doctors. Other prominent features of traditional healers are a deep personal involvement in the healing process, the protection of therapeutic knowledge by keeping it secret, and the fact that they are rewarded for their services. The social context of the therapeutic process requires reciprocity and this payment contributes to the effectiveness of the treatment. (Owira and Ojewole, 2008; Jiofack et al., 2009)

Limiting factors of traditional medicine (TM) practice and collaboration in Africa

One of the main problems that have caused a slow collaboration between orthodox medics and Traditional medicine practitioners is the lack of legal framework and official recognition of TM by conventional medicine. (UNESCO, 1994; White, 2000; Tiwari et al., 2009). Tradition medicine practitioners are not accepted but tolerated because of the decree that has created a harmonization of the primary health care involving all stake holders. There are no laws guiding the TM practice in Cameroon. The TM sector is volatile and isolated and uncensored, and anyone can enter the trade and this has consequently led to breeding quacks or what is known as “charlatans”. There are also competitions in the trade between medics and tradition medicine practitioners for patients, “thus the saying goes that the winner takes it all”. The party with provisions of the best incentive gets the patients. Lack of proper integration of traditional medicine in health care systems: Traditional healers are not attached to bodies like the malaria or HIV/AIDS control committees, they are not involved in the running of services in charge of their work in the ministry of health, are not attached to top research centres, and are rarely given the opportunity to consult in health care institutions as in other countries in Africa. (Mabberly, 1987; Ngadjui, 2000; Kuete et al., 2007; Xu et al, 2008).

African countries such as Ghana, morocco, Egypt have undergone restructuring making the practice of traditional medicine more official and regulated. Ghana has set up an office at the ministry of health to enhance police and superintend over all herbal, traditional medicine and homeopathic practice in the country to help guide the continuous safety of the population.

Efficacy of Traditional Medicine (TM)

One cannot deny the drawbacks of traditional medicine, which include incorrect diagnosis, improper dosage, and low hygiene standards, the secrecy of some healing methods and the absence of written records about the patients (LeBeau, 1998; Teklehaymanot, 2009). Most of the time practitioners are unable to have a limit on what they can cure. There is a hit and miss operation going on most

of the time. They have very little knowledge on drug-herbal interactions. This had led to severe problems in patients during or after treatment outcomes. Though there is certainly cause for concern, it is unfair to pass judgement on registered or accredited traditional medicine (TM) healing systems on the basis of their worst outcomes; concerns about romanticising the traditional practices have to be taken seriously (Nkongmeneck et al., 2007; Zhou et al., 2009)

Improving collaboration between Orthodox Medics and Traditional Practitioners

Traditional medicine should be officially legalised and made part of the official health care system. In a gradual process, with pilot stations in orthodox health settings where in adverse situations medical doctors can reach in an help solve such medical emergencies. Intellectual property rights protection should be extended to traditional medicine because some of them have treasured products they have worked with over generation and need to be supported for protection rights. Government of African countries should emulate Ghana by openly and effectively supporting scientific research into traditional medicine therapies and products before it entrees the population for mankind's consumption.

Harnessing Medicinal Plant Research

Many medicinal plants with antimicrobial activities, anti-inflammatory, anti-oxidant, anti-cancer, anti-diabetic etc of pharmaceutical importance in developing new chemical entities (NCE), have been phyto-chemically screened and characterized by natural product chemist; and activities tested by biochemist, toxicologist and pharmacologist, in animal models (in vivo), cell lines, pathogen (bacteria, fungi, viruses), parasites (malaria Plasmodium, sleeping sickness (Trypanosome) and many others ((Hepinstall et al., 1992; Kuete et al., 2007; Garrido et al., 2009). Some of these research have produce good results leading to clinical trials that have shown confidence in safety, efficacy and good pharmacokinetics and pharmacodynamics parameters for a potential drug (Pernham, 1996; Mann and Staba, 1998; Asongalem et al., 2008). The outcome of continuous research has led to some progress in research and development of lead compounds that are under clinical trials in Cameroon from some natural products such as *Enantia chlorantha* that had produced drugs marketed under the brand name HEPASOR, used for hepatitis virus treatment (Nkongmeneck, 2007).

Hepasor from Natural Plant *Enantia chlorantha*

Hepasor is used for the treatment of viral hepatitis family. After submission to the Cameroon drug and pharmacy board for approval, HEPASOR was authorized to be put on the list of essential drugs in Cameroon by the Ministry of Public Health and it is prescribed as an oral solution in a 250 ml bottle (Nkongmeneck, 2007). The hepatitis virus can vary from one geographic region to another and within individual and population. Following the geographic distribution of viral hepatitis, Africa is the most affected continent with a prevalence rate of 12.7%. Viral hepatitis has been a health concern for a long time due to lack of specific efficacious drugs. On the curative front many therapies has been used but most of the drugs have been known to be hepatoprotectant. The stem bark of *E. chlorantha* is very popular

for the treatment of viral hepatitis in the forest zones of Cameroon (Jiofack et al., 2009).

Why Traditional Medicine is Not Funded under the National Health Insurance Scheme (NHIS) in Ghana

1. Although since 1978 the world health organization has consistently called for the integration of traditional medicine and biomedicine, it has not been done due to the fact that the ministry of health Ghana is strongly controlled by biomedical practitioners who are less enthusiastic about medical pluralism and only created a broken departments of TRM and established a traditional medicine practice council (TRMPC) in 2011 to regulate the practice of traditional medicine and this strategy has never been able to incorporate TRM into the NHIS

2. The provision of TRM in the country is still too unorganized with little or no formal protocols and codes of conduct and this consequently makes inclusion of TRM in the NHIS premature although there have been calls for it to be included on the NHIS (Barimah, 2013)

3. The political power struggle among the different TRM practitioners appears to be a major problem in terms of presenting a united front to the government of Ghana in their fight for formal official recognition.

4. The relationship between TH who practice with the aid of supernatural and those who practice without supernatural aid has not been the best. It appears that major problem facing traditional healers is not the opposition by medical practitioners whom they overwhelmingly out number but their own internal factional splits over questions of secrecy, experimentation, organization and leadership.

5. Lack of formal training and certification has been one of the major challenges for the NHIS to include TM services on their list. Incomplete education and lack of evidence based practice, inadequate documentations of patient's records and secrecy in practice has always been for TH and it does not pave way for their inclusion on NHIS since everything about the NHIS is structured formally

6. Safety and efficacy: most of the traditional medicine practitioners work in unclean environments, where they prepare their medicines are unhygienic so it ends up adding pathogens like bacteria, fungi etc to the concoction and with this procedure it gives lots of health implications to patients.

Ethical issues on TM practice in Africa

On the ethical point of view there is complete absence of the code of conduct in the practice of TM. This has led to abuse of significant magnitude. Uses and sale of products without any instruction or inset and poor labelling. Sales of products without any scientific studies on the active principles and safety (Zhou et al., 2009). Lack of any norms to control what is out in the market for consumption. No formal structure or organization to train traditional medicine practitioners on basic therapeutic techniques and handling of medicinal plant products. Lack of any documentation system, data base for information on medicinal plants, conventions, treaties and decree on medicinal plants (IUCN, 2007; Jiofack et al., 2007).

Conclusion and Recommendation

There has been a tendency in Western medical journals to play down the expertise of African healers by predominantly presenting the iatrogenic risks of their traditional therapies. It cannot be denied, of course, that sometimes there is genuine cause for concern (Stafford et al., 2008). It would be unfair, however, to pass judgement on the biomedical merits of African traditional medicine on the basis of its worst outcomes. With reference to world health organisation's report on traditional medicine, herbal medicine, homeopathic treatments, one can conclude that such forms of treatment have become part of the healing and curing process of mankind; however, there should be strict regulations, education, in-service training, monitoring and constant checks on such practitioners for public and population safety. Any treatment modalities used by traditional medicine practitioners should go through rigorous scientific scrutiny, clinical trials and standardised certifications before being allowed for the consumption of mankind. There is no doubt such treatment options can help the African population; therefore the urgent need for strict regulations on same before any health insurance scheme accredits same for human consumptions and patronage for failure can lead to massive and varied complications and even death among the population. The authors shall advocate that most traditional medicine centres should have supervising medical practitioner for referrals when issues become adverse and also most piloting projects on traditional medicines should be centred in units housed in orthodox hospitals to make medical practitioners work hand in hand with practitioners of herbal medicine, traditional medicine to save emergency situations.

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