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# Traditional and orthodox medical systems in Nigeria: The imperative of a synthesis

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**Abstract:** Every society makes provisions for health care delivery systems for its members. This is with a view to providing medical and related services for the maintenance of good health, particularly through the prevention and treatment of diseases. This is in recognition of the pervasive importance of good health upon which life is contingent. These societies thus developed indigeneous medical systems through interactions with their environment wherein the health needs of the people were met. The aftermath of colonisation in Nigeria has however presented two health care systems- traditional and orthodox- which seem to work at cross purposes in meeting the health needs of the people. While orthodox practice enjoys official recognition, traditional practice is derided by the authorities. Yet a significant proportion of the population (about 70 per cent) still patronise the traditional health practitioners. It is obvious that the two forms of medical practice have come to stay and it is logical therefore to explore the possibility of both being available to the people for improved health care delivery system for the people. This paper, through literature reviews, examines the structures and features of both medical systems in Nigeria with a view to finding a convergence that will be to the advantage of the populace.

**Keywords:** Traditional, Orthodox, Medicine, Health Care, Nigeria

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## 1. Introduction

Various countries have enunciated health care policies geared towards the maintenance and improvement of the health status of their populations. This is borne out of the realization that good health care is paramount for the well-being of the citizens and subsequently the socio-economic development of their various societies. According to [1], Nigeria's Federal Ministry of Health, the national health policy is 'based on the philosophy of social justice and equity'. This policy is aimed at preventing, treating and managing illnesses as well as preserving mental and physical well-being of the people through the services of health personnel. The policy is in tandem with the traditional healing system in Nigeria prior to the introduction of orthodox medical practice. Health care delivery was the sole responsibility of traditional healers whose medical knowledge and the understanding of their environment made the people to patronise them for their medical needs.

The traditional health care system has continued to thrive not only in the rural areas where over 70 per cent of the population live but also in the urban centres which have

greater access to orthodox medical facilities. The stiff opposition to traditional medical practice from official quarters has not whittled down its level of patronage by the people simply because it was developed in response to the dictates of their environment. Consequently it is affordable, accessible and considered efficacious by the people. As at today, Nigeria runs a dual system of health care delivery- the officially recognized orthodox system and the barely tolerated traditional system. Yet it is now obvious that the realization of the goal of the national policy on health to harness all available resources for health care delivery hinges on a collaborative, rather than a competitive system by the two medical practices. This paper therefore argues for the integration of both systems of health care for the benefit of the people and sustainable national development.

## 2. Theoretical Focus

This paper is discussed using two theoretical constructs- functionalist and modernization theories. Functionalism posits that society is an organic whole whose various parts work to maintain others. Basic to this theory are the concepts

of structure and function [2, 3, 4]. As behaviour in society is structured, relationships between members of society are organized into roles [5]. This structure reflects the sum total of normative behaviour which is governed by norms and roles. This perspective analogically sees society as a system or an organ in the human body, such that an understanding of a part would require same of its relationship to other organs as well as its contribution towards the maintenance of the organism. In like manner, an understanding of any part of the society should involve an analysis of its relationship to other parts especially its contribution towards the maintenance of society [4].

That the same way an organism survives on the satisfaction of certain basic needs, so also society requires that some basic needs must be met to guarantee its continued existence. Functionalism therefore posits that social life persists because societies find means (structures) through which needs (functions), the prerequisites of organized social life, are met. Thus that a structure exists presupposes that it is functioning and therefore relevant to the continued existence and survival of the whole system. Both traditional and orthodox health systems have been developed to enable the people to meet their health/medical needs. Traditional medicine in particular has survived great pressure and condemnation from westernized professionals. Yet both systems continue to be patronized by the people depending on their socio-cultural and economic situations. This therefore suggests their functionality and continued relevance to the health needs of the citizens.

Modernization theory represents the other framework for this paper. It is within the concept of modernity which is about what is 'up-to-date' in space and time. According to [6], it is an aspect of westernization which involves changes usually in contrast with the previous traditional situation. It is a far-reaching process wherein peripheral societies transit from traditional or less developed institutions to those characteristic of more advanced societies [7]. Modernization thus means the change towards those social, economic and political systems developed in America and Western Europe between the 17<sup>th</sup> and 19<sup>th</sup> centuries. In short, it means the westernization of ideas, processes, procedures, institutions and behaviour, etc. Social aggregates, like organic ones, grow from relatively undifferentiated states (simple), in which the parts resemble one another, into differentiated states (complex) in which these parts have become dissimilar and functions become differentiated, growing interdependence and consequently, integration [3]. The differences in societies and cultures will diminish as a result of industrialization and urbanization which forebear modern society. This transformation is usually caused by internal dynamics within the system.

Modernization theorists note that in many respects, tradition and modernity are regarded as antithetical and contradictory. People, values, institutions and societies were either traditional or modern and their combination portends instability in the social system. The best available option is a kind of symbiotic interaction which is usually temporary.

Nigeria healthcare system today houses both traditional and western medical systems. This non-cordial relationship depicts traditional medicine as fetish, primitive and therefore not 'modern'. This accounts for its relegation to the background in favour of western medicine. This is consequent upon the labelling of traditional medicine as "non-rational" and therefore deprived of recognition and funding from government like its western counterpart. This contrasts with the situation in most South East Asian countries like China, South Korea and Taiwan where traditional medicine is already fully integrated into the healthcare system [8]. In Nigeria, a dichotomy still exists between traditional and orthodox medical practices even though there are now moves towards policies of some tolerance and recognition.

### 3. Traditional Medicine in Nigeria

The various societies that make up the Nigerian State have for long relied on the indigenous health system which was developed as a response to their environment and it involves the use of locally available resources to prevent and cure diseases. It is a natural health care system which many generations of Nigerians have used. The practice transcends the maintenance of good health of the people as it also protects them from the menace of wild animals, evil spirits, accidents, provide bountiful harvest, good luck and other human activities [9, 10]. Nigerians therefore, have a deep belief and reliance on traditional medicine, hence about 80 per cent of the population uses it almost exclusively while about 95 per cent use it concurrently with western medicine. This is because, to the Nigerian, traditional medicine treats the entire individual rather than one aspect of him or just his disease. According to the World Health Organization, traditional medicine is:

*The total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental or social diseases and which may rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing [11].*

At the centre of this practice are health professionals variously called Babalawo (Yoruba), Dibia (Igbo), Boka (Hausa), and among whom different expertise in healing has emerged. These include herbalists, bone-setters, traditional birth attendants, and psychiatrists among several others. They usually rely on vegetables, mineral substances, animal parts and certain other methods such as prayers, divinations, and incantations [12,13]. Traditional medicine exists in four major categories viz: Nature healing (bone setting, hydrotherapy, use of air, fire and hypnotism etc.), Natural healing (telepathy prayers, incantations, hypnotism etc.), Herbal healing (use of leaves, branches, fruits, stem bark, roots, whole plants); Spiritual healing (involving spirits such as demons, witchcraft, water mermaid etc.) [14].

The practitioners acquire herbal knowledge either through inheritance or apprenticeship or as a call and the training

period is usually long and expensive, even starting the preliminary preparations at the age of five in some cases. Part of the training involves some apprenticeship where candidates acquire knowledge pertaining to medicinal value, quality and use of different herbs, the causes, cure and prevention of diseases, among others. Overtime, they have created lasting impressions on the minds of the people and are given due recognition as competent health care providers [15]. The typical medicine-man devotes much time and personal attention to the patient and this enables him to penetrate deep into the psychological state of the patient. According to [12], traditional health practitioners symbolise the hopes of society, hopes of good health, protection and security from evil forces, prosperity and good fortune, and ritual cleansing when harm or impurities have been contracted.

Traditional medicine has endeared itself to the people especially in the rural areas who lack access to western medical practice. Furthermore the prohibitive cost of western medications present another attraction for traditional medicine. Throughout Nigeria, traditional medicine is very popular because the practice takes full account of the socio-cultural background of the people. This is viewed against its western counterpart who engages its patients in a “distant” and “disconnected” way from the spiritual elements of the human body. Moreover the efficacy of western drugs has been questioned. The Voice of America, recently reported that 60 per cent of drugs circulating in Africa are fake just as ‘orthodox medical practitioners look forward to only between 30 and 35 per cent success rate for the efficacy of their drugs [16]. Dr Azugbo, President-General of Herbs and Leaves Traditional Medicines Practitioners’ Association of Nigeria, opines that ‘in the ancient days, our forefathers did not take modern medicines. They used to take herbs and leaves and that is why they lived longer and stronger’ [17].

The prime of place of traditional medicine in health care systems of many developing countries including Nigeria prompted the interest of the World Health Organisation (WHO), which acknowledged the central role traditional medicine plays in the 21<sup>st</sup> century in the areas of prevention and management of diseases such as Tuberculosis, Malaria, and HIV/AIDS, etc. Thus in 2002, it launched its first-ever comprehensive traditional medicine strategy designed to assist countries to:

- Develop national policies on the evaluation and regulation of Traditional Medicine (TM)/Complimentary or Alternative Medicine (CAM);
- Create a stronger evidence base on the safety, efficacy and quality of TM/CAM products and practices;
- Ensure availability and affordability of TM/CAM including essential herbal medicines;
- Promote therapeutically sound use of TM/CAM by providers and consumers; and
- Document traditional medicines and remedies [18].

However, in spite of the popularity of traditional medicine worldwide and especially in Nigeria, it has been challenged on several grounds [19, 11], one of which is that its

popularity is based on the anecdotal experiences of the patients. According to [10], the practitioners inflate the claims attached to advertisement and its products as well as not having scientific basis about its effectiveness, therein making it difficult to ascertain legitimate and effective therapy and therapists. Other arguments against the practice of traditional medicine include:

- That traditional medical practitioners lack the skills required for correct diagnosis of serious disorders;
- That they are always unwilling to accept the limitations of their knowledge, skills and medicine particularly in complicated organic disorders;
- That traditional medicine lack standard dosage and have not been subjected to scientific verifications;
- That even though the educated are convinced that the healers have supernatural knowledge and that this knowledge is medically useful, they have found them to be unscrupulous and dubious; and
- That healers lack equipment required to conduct physical examinations [19].

Regulatory agencies have also noted their frustration in regulating traditional medicine due to ‘lack of documentation, inadequate coordination of the practitioners’ activities, poor communication between the practitioners and their patients, secrecy of actual contents and/or difficulty in determining actual ingredients’ [20]. Some of the drawbacks of traditional medicine as identified by [21], include incorrect diagnosis, imprecise dosage, low hygienic standards and the absence of written records about the patients. The greatest challenge facing the practice in Nigeria is perhaps government attitude towards it which is with disdain and disrespect. This definitely is a carry-over from the colonialists who needed to uproot this traditional practice for their own health system to thrive and therefore portrayed the former as nothing but ‘witchcraft’ and ‘fetish’. The successor local elite have not proved better; rather they have continued the same western propaganda to smear the historical and indigenous health care system. This is evident in the fact that Nigeria has not accorded traditional medicine its primate position in its health care delivery system.

Consequently today, traditional medicine is practised without an enabling legislation, as the National Assembly is yet to pass the Traditional Medicine Council Bill (TMCB) presented to it since 2007. The bill is expected to ensure the integration of traditional medicine into the mainstream health care delivery by setting up a council parallel to the Medical and Dental Council of Nigeria (MDCN) and the Pharmacy Council of Nigeria (PCN). However, as noted by [12], whatever abuses may be apparent in the activities of medicine-men, it would be extremely unjust to condemn their profession. What is required by government is to upgrade and regulate the practice through necessary legislations as it is more available to the people. The developing world including Nigeria faces a lot of health challenges that can be mitigated by infusing the positive aspects of traditional medicine into the existing health policy of the country.

#### 4. Western and Traditional Medical Systems: The Need for a Convergence

Western/Orthodox medicine was introduced to the Africa continent in the wake of colonialism through missionaries of the Christian faith [12]. This new medicine prepared people psychologically to become more receptive to western culture and education. This led to the relegation of traditional medicine to the background and the practitioners were derided and tagged ‘witch-doctors’. In Nigeria, traditional medical practice suffered a decline during the era of British colonisation which virtually out-lawed it. This is coupled with the rise of Christian ideology especially of the Pentecostal genre which considered most aspects of the practice as un-Christian and therefore ‘evil’ [14]. The rejection and derision of the indigenous healing practice has continued till present time, leading to government’s unwillingness to recognise and harmonise it with the global system of health care delivery.

The African Union, reports the tardiness on the part of the Nigerian government as follows:

*A Nigerian panelist coined a phrase “The Village Pharmacist”. The term referred to the practice of harnessing the healing knowledge of herbs. He did this to produce a malaria powder product called “MAMA Powder” for the fight against malaria parasite, plasmodium falciparum. Clinical trials proved efficacious at every trial. Additionally his organization produced MAMA PAEDIATRIC ANTI-MALARIAL SYRUP, which after clinical trials involving about 77,880 participants, there were no side effects. His biggest challenge is the difficulty of getting government permits (from the same government that gave him permits for research and clinical trials) for commercialization of the two products perfected from ATM by 100% local capacity. [22]*

However the recent surge in the acknowledgement of the efficacy of traditional medicine by many people all over the world emanate from the dismal performance of the present health system. In its 2003 World Report, the World Health Organisation, scored many African countries very low and this was attributed to inadequate harnessing of all human resources in the health sector especially traditional medicine healers [23, 24].

In spite of the continued growth of the Gross Domestic Product (GDP), the state of health care delivery in Nigeria remains abysmal due to poor funding and infrastructural development. The country has one of the lowest health practitioner-to-patient ratios in Sub-Saharan Africa with 0.3 Physicians per 1000 persons, 1.7 hospital beds per 1000 persons, 1.7 Nurses, 0.02 Dentists, 0.05 Pharmacists, 0.91 Community Health Workers and 1.7 Midwives, per 1000 persons [18, 25]. On the other hand [26] found out that the traditional doctor/patient ratio was 1:208, in the former Bendel State of Nigeria, (now Edo and Delta States) while in Benin-City, Edo State, there is one traditional healer to every 110 people [27]. Unfortunately many of these skilled personnel (orthodox) have relocated to Europe, America and

the Middle- East, to ply their trade and thereby creating a brain drain costing many African countries especially Nigeria, about \$2 billion annually and also a supply gap at home [28].

In 2009, government’s investment in the health sector as a percentage of GDP was a paltry 5.8 per cent. This is against the 15 per cent of national budgetary provisions recommended by the African Union in what is now referred to as ‘Abuja Declaration’ [22]. Nigeria also has fifty-nine (59) Teaching hospitals and Federal Medical Centres, 3,303 General Hospitals and 20,275 Primary Health Centres, for a population of 170 million people (July, 2012 estimates). All in all, as noted by [29], of the 101,041 communities in Nigeria only 14,474 or 14.3 percent have access to some form of modern health care facility and most of these facilities are concentrated in urban areas. It goes to show that only about 14 per cent of Nigerians have access to conventional medical care leaving the remaining population to look elsewhere, notably traditional medicine. To Dr Agan, Chief Medical Director, University of Calabar Teaching Hospital, Calabar, “health care delivery in Nigeria is dead” [30] as the country now ranks 51 out of 53 countries in the evaluation of health care systems in Africa [31]. In fact lack of basic health personnel and infrastructures has led many government officials and other rich Nigerians to go abroad for medical care. According to the Nigerian Medical Association (NMA), 5000 Nigerians seek overseas treatment on a monthly basis at a cost of over \$500 million in India and other countries, with India alone raking \$260 million.

Furthermore, the National President of Medical Laboratory Science Council of Nigeria (MLSCN), Dr Okara, revealed that 20 per cent of foreign patients in India are Nigerians [31]. The association attributes this to many years of systemic decay due to a lack of political commitment, cancerous levels of corruption and mismanagement of the collective wealth which has adversely affected the health sector [32], thus putting the attainment of the health-specific targets of the Millennium Development Goals (MDGs) in jeopardy due to poor funding [33]. The World Health Organisation (WHO) also acknowledged the resilience of traditional medicine and noted its spread in industrialised regions of the world like the United States of America (USA) and Europe, where over 50 per cent of the population use complimentary medicine [23]. In the USA in particular in 2000, 158 million of the adult population used complimentary medicine worth US\$17 billion. For Brazil, herbal medicine revenue was US\$160 million in 2007 [11].

Studies have also revealed that about 70 per cent of Australians used at least one form of complementary and alternative medicine (CAM), as 44 per cent visited CAM practitioners in 2007. The per cent age of the population who has used CAM at least once in Canada, France, USA, China and Belgium are 70, 75, 42, 50 and 38 per cent, respectively [34,11]. For the African continent the use of traditional medicine as a proportion of the population of some countries are:

*Tanzania and Uganda, 60 per cent; Benin, Ghana, Mali, Cote d'Ivoire, Sudan and Rwanda, 70 per cent; South Africa, Burkina Faso and Democratic Republic of Congo, 80 per cent; Ethiopia and Burundi, 90 per cent [35].*

Several decades of disregard from the government have created mistrust and suspicion between the practitioners of western medicine and those of traditional medicine. Advocates of conventional medicine argue that traditional medicine is fraught with problems of imprecise disease, poor diagnosis, and charlatanism, exaggerated claims of abilities and inadequate knowledge of anatomy, hygiene and disease transmission, all of which put their patient's health and lives at risk. However traditional medicines' relevance to man's quest for the prevention and treatment of diseases is confirmed by the fact that many drugs known to orthodox medicine derive from herbs. This is reiterated by [36], which notes that 25 per cent of medications produced and marketed in the world are from herbs. For example, Aspirin is a derivative of a plant called Meadonas sweet, Artemisinin from Artemisia Annual and Quinine from Papover Somniferun.

The Nigerian government nevertheless has come up with a document tagged *Traditional Medicine Policy for Nigeria* [37]. The main objectives of the policy paper are:

- To develop and facilitate the use of traditional medicine in Nigeria in the official health care system,
- To harness the potential and economic benefits of traditional medicine practice to accomplish the provisions of the National Economic Empowerment and Development Strategy (NEEDS), and
- To establish a country-specific institutional medicine.

The goals of the government policy are three dimensional - Health, Economic and National development. It therefore envisaged that both traditional and conventional health care delivery systems would be empowered to deliver good quality health care to Nigerians and to derive economic benefits. Specifically the policy is set out:

- To promote the appropriate use of traditional medicine.
- To incorporate traditional medicine into the national health care delivery system.
- To reduce the use of foreign currency for the importation of unnecessary medicine and to promote the exportation of manufactured traditional medicines.
- To promote jobs in the area of conservation, cultivation and harvesting of medicinal plants.
- To provide traditional medicine locally at industrial scale.
- To build up capacity in all areas of traditional medicine development (e.g. agro-forestry, manufacturing, distribution and marketing) [37].

This policy declaration by the Nigerian government is a follow-up to the launch of the 2000-2010 Decade for African Traditional Medicine (ATM) by the Summit of the Organisation of African Unity (OAU), [now African Union (AU)], in July, 2000, in Lusaka, Zambia. This is in realisation of the fact that in some communities, traditional medicine is all the health care services available, affordable

and accessible to majority of the people on the African continent to whom traditional medicine is certainly, not an alternative. The main objective of the Plan of Action of ATM is the recognition, acceptance, development and integration of Traditional Medicine by all Member States into the public care system on the continent by 2010 [22].

Additionally the AU in collaboration with partners declared 31<sup>st</sup> of August of each year as the day to commemorate ATM. During the 2008 commemoration of ATM (31 August 2008) in Yaoundé Cameroon, Ministers of Health deliberated on the Mid-Term Review of the Decade of ATM. Among other recommendations, the Ministers emphasized that member States should strengthen their political will and infrastructural commitments for institutionalization of ATM into national health systems at all levels. Furthermore, a national mechanism should be established whose objective is to promote a dialogue between traditional and conventional practitioners of medicine [22].

From the fore-going and given the state of infrastructural development in the health sector it is apparent that one particular health type cannot claim self-sufficiency and adequately meet the health needs of the country alone. All that government needs to do to promote traditional medicine in the country according to [38] are the:

- establishment of the efficacy of native therapies/medicines;
- systematic organisation and codification of the knowledge base of the medicines;
- standard dosage of medicines;
- establishment of the framework for the control of the practice of healers; and
- protection of the public from the harmful practices of quacks.

It is worthy of note that traditional medical practitioners in Nigeria are now trying to 'modernise' their methods and practices. This is more apparent in the areas of recruitment, education and training (for instance, many qualified pharmacists are now involved in the practice), specialisation, use of modern equipment for diagnosis, packaging and marketing. This is in addition to routine evaluation and monitoring by the regulatory agency, the National Agency for Food and Drug Administration and Control (NAFDAC). Also many of them now own medicinal/botanical gardens where herbs are grown and thereafter collected for use thereby, reducing the threat to the forests through over-harvesting of medicinal plants and thus contributing towards the conservation of natural resources.

## 5. Recommendations

Nigeria has proposed many policies with a view to revamping the health sector. In spite of these, not much can be said to have been achieved and the reasons for this are many and varied ranging from paucity of funds, to poor infrastructural development. It is now obvious that exclusive reliance on one particular health practice cannot assuage the

health needs of the populace. There is no doubt that traditional medicine remains in the forefront in meeting the health needs of the people especially in the rural areas of the country in spite of the expansion of orthodox medicine. The Nigerian government should therefore make do with its promise 'to see both the traditional and conventional health care delivery systems empowered to deliver good quality health care to Nigerians and to derive economic benefits' [37].

This integration process should be pursued in order for the country to realise the health, economic and national development benefits of traditional medicine. The two practices should de-emphasise their areas of differences but rather concentrate on their respective strengths that is, areas of comparative advantage and work as professional colleagues in the interest of the people. One area that should interest government is the prompt promulgation of the traditional medical practice bill which has been at the National Assembly since 2007. When passed into law it will provide for the standardisation and control of the practice and also the establishment of ethics and practice.

## 6. Conclusion

There is the general belief that health care delivery system in Nigeria is very poor. Various reasons have been adduced for this state of affairs and they include inadequate supply of health professionals, poor distribution of health facilities with concentration of the available few, in the urban centres, poor access to safe drinking water, poor harnessing of all available medical and health systems and poor infrastructural development, among others. This has made Nigeria to lag behind many other developing countries because a large proportion of Nigerians especially in the rural areas can still not access affordable health care. However to a large majority of the populace their main source of health care is traditional medicine which is available, accessible and affordable to them. This is the ancient medical practice that has sustained them over the centuries and which, in spite of government lukewarm attitude towards it, continue to wax stronger. For a practice which more than 80 per cent of the population rely upon for care and cure, it deserves to be fully developed and sustained by all stakeholders. Government should therefore create the enabling environment for the development of traditional medicine and its eventual integration into the health care delivery system of the country and for the benefit of the people.

## References

- [1] FMOH, (1988). *The National Health Policy and Strategy to Achieve Health for All Nigerians*. Lagos. Federal Ministry of Health.
- [2] B. Malinowski, (1944) *A Scientific Theory of Culture and other Essays*. London, Oxford University Press
- [3] H. Spencer, (1910) *Principles of Sociology*. New York, Dappleton.
- [4] A. R. Radcliffe-Brown, (1952). *Structure and Function in Primitive Societies*, London. Cobham and West.
- [5] I.O.A. Adelola, (2001) "Functionalism: The Ideas, the Prospects and the Problems" in, *Perspectives in Sociology*. I. O. A. Adelola (ed). Ado-Ekiti, Kaycee Publishers.
- [6] D. Harrison, (1988) *The Sociology of Modernisation and Development*. Routledge, London.
- [7] R.T. Schaefer, (2004). *Sociology: A Brief Introduction*. (5<sup>th</sup> edition). New York. The McGraw-Hill Coy.
- [8] National Open University, (2001), *Review of Community Health in India*. New Delhi, National Open University.
- [9] S. Roan, (1999). *Alternative Medicine*. Encarta Yearbook, November. The Nation, August, 28, 2008. P. 44.
- [10] O. Osborne, (2007). *Health Care System in Post-colonial Africa*. Microsoft Student 2007 Dvd.
- [11] WHO, (2008). *Traditional Medicine*. Fact Sheet 134.
- [12] J. S. Mbiti, (1976). *African Religions and Philosophy*. London. Heinemann.
- [13] B.E. Owumi, And P.A. Jerome, (2008) "Traditional Medicine and National Healthcare Reforms in Nigeria: Which Way?". *Proceedings of National Conference on Social Dimensions of Reforms and Development*. NASA. Sokoto. August 20-22. Pp 149-160.
- [14] *Nigerian Tribune*, September, 8, 2010. Pp. 42-43.
- [15] O. A. Erinoso, and A. Ayomide (1985). *Traditional Medicine in Nigeria: A study prepared for all Nigerians*. Abuja. FMOH.
- [16] *Nigerian Tribune*, September, 13, 2012. P.23
- [17] *Vanguard*, May, 2, 2012, P.17.
- [18] WHO, (2006). *Country Health System Fact Sheet: Nigeria*. <http://who.int/countries/nga/en>.
- [19] O.A. Erinoso, (1998). *Health Sociology*, Ibadan. Sam Bookman Educational Communication Services.
- [20] *The Nation*, August, 7, 2012. P. 28
- [21] O.B. Akinleye, (2008) "Plants and their Products: Natural Wealth for Better Economic and Primary Health Care Delivery in Nigeria" Prof. E. K. Obiakor Lecture Series. The Federal Polytechnic, Ado-Ekiti. 7th August.
- [22] African Union, (2009). *Progress Report on the AU Decade of Traditional Medicine (2001-2010)*. 4<sup>th</sup> Session of the AU Conference of Ministers of Health, Addis Ababa, Ethiopia.
- [23] WHO, (2003). *Traditional Medicine*. Fact Sheet. No. 134. Geneva. WHO.
- [24] O. A. Erinoso, (2012). "Some Thoughts on Accountability and Responsibility for Health in Nigeria". *Quarterly Newsletter of the Health Reform Foundation of Nigeria*. Vol.1. No. 1. (New Series), March-April. Pp. 1-5.
- [25] Y. Ogbolu, (2007). *Neonatal Mortality: A Critical Global Issue*. *Neonatal Network*. 26(6): Pp. 357-360.

- [26] O. A. Oyeneye, And I.O. Orubuloye, (1985). Some Aspects Of Traditional Medicine In Bendel State Of Nigeria. Ibadan. Nigeria Institute Of Social And Economic Research.
- [27] M. S. Onyekaba, (2008) Conference of Healers: Traditional African Medicine: Minnesota Dept. of Health. Minnesota.
- [28] K. Kelland, (2012), Doctor brain drain costs Africa \$2Billion. Reuters.
- [29] I. O. Orubuloye, and O. Ajakaiye,(2002). Health Seeking Behaviour in Nigeria. Ibadan. Nigeria Institute of Social and Economic Research.
- [30] Vanguard, May, 17, 2012, P.7.
- [31] PM News, September, 11, 2012. P. 18
- [32] The Punch, October, 13, 2012. P.17.
- [33] Leadership Newspaper, January, 20, 2012. P. 22.
- [34] WHO, 2002 World Health Report. Geneva, WHO
- [35] WHO, (2000).World Health Report. Geneva, WHO
- [36] IDRC. (2001). Canada to participate in the Decade for African Traditional Medicine. <http://www.idrc/>
- [37] FGN/WHO, (2007). Traditional Medicine Policy for Nigeria 2007. Abuja. Federal Ministry of Health.
- [38] O. A. Erinoso, (2005). Sociology for Medical, Nursing, and Allied Professions in Nigeria. Ijebu-Ode Bulwark Consult