



# **Public Perception on the Effectiveness of Alternative Medicine in the Management of Chronic Ailments in Nasarawa State-Nigeria**

**Edward Dauda Ibrahim Anzaku MSW**

**Department of Social Work, Federal University of Lafia, Nasarawa -Nigeria**

**E; mail: [edwardanzaku@yahoo.com](mailto:edwardanzaku@yahoo.com)/GSM:+2348036567234**

**Janet P. Plang (PhD)**

**Department of Sociology, University of Jos, Plateau State-Nigeria**

**E; mail: [plangjja@yahoo.com](mailto:plangjja@yahoo.com)/GSM:+2348034523831**

**Prof. Ezekiel Oluwole Olumodeji – PhD**

**Department of Sociology, University of Jos, Plateau State-Nigeria**

**E; mail: [ezekiel.olumodeji@bazeuniversity.edu.ng](mailto:ezekiel.olumodeji@bazeuniversity.edu.ng)-----/GSM:+2348036041903**

## **ABSTRACT**

The arguments against traditional or alternative medicine as unscientific and unsafe for the treatment of all kinds of illnesses came under serious scrutiny among the inhabitants of rural communities of Nasarawa State-Nigeria. The objective was to find out from users the effectiveness of alternative medicine in the treatment of chronic health conditions. The opinions of four hundred (400) household heads out of a total population 1,192,057 of rural people of Nasarawa State were sought across the three senatorial zones. The sample frame was INEC Electoral Wards and household heads constituted the respondents in this study. The respondents were administered a questionnaire; while key informant interview was conducted on 105 community stakeholders occupying seven social statuses. Data collected were analyzed using SPSS and contents analysis. Mathematical tools used were cross-tabulation using frequency tables and percentages. One fundamental question asked was ‘how has traditional or alternative medicine helped you manage a chronic condition? The result revealed that, traditional medicine has proven to manage certain health conditions even better than orthodox medicine. Cases of traditional bone setting, management of cancerous conditions, typhoid, and malaria fevers among others were cited. This has contradicted the stand of the medical profession that traditional or alternative to orthodox medicine is unsafe for the treatment of all ailments. Though certain aspects of traditional medication may be harmful or unsafe, it has but only called for critical researches into such claims by the medical professional and for possible collaboration and improvement of healthcare delivery in the State. The paper concluded with a recommendation that the government of Nasarawa State should sponsor studies on the efficacy of traditional medicine for possible collaboration between the two providers of healthcare services within the State.

**Keywords:** Effectiveness, alternative medicine, chronic ailments, and orthodox medicine

## INTRODUCTION

Health is an asset to humanity in making a meaningful and joyous life. It is a basic necessity for coping with the challenges of living well. Given that fact, Talcott Parsons in his “Sick Role Theory”, stated the need for individuals to seek healthy well-being through the right process. The right process here is seeking healthcare outside safe medication. Health by implication is precious and the foundation of all happiness and development (Adesina, 2003; Alubo 2008 & World Health Organisation WHO, 2015). The means and forms of seeking to be well may differ from person to person or even as a result of cultures or beliefs. Traditional and Orthodox or conventional medicine has co-existed among many African societies. In Nigeria, traditional medicine is used either alone or combined with orthodox medicine. In furtherance to establish this fact, Adesina (2003) linked the development of traditional medicine in many communities in Nigeria to the health challenges and needs of the people. That fact implies the means of seeking healthcare before the advent of conventional medicine. Adesina (2003) further stated that Nigeria as a nation is rich in herbal medicine and is blessed with eminent and respected herbalists (men and women) who could attend to people with all kinds of ailments outside orthodox medicine. This fact explains the coexistence of two major healthcare providers in Nigeria with particular reference to the rural people of Nasarawa State-Nigeria. These two health providers are the traditional/alternative and conventional/orthodox.

### Statement of the problem

The advent of conventional or orthodox medicine has discredited the hitherto traditional medicine in the treatment of ailments. This is founded on the fact that; traditional or alternative medicines are unscientific and treatments are based on assumptions. Tella and Iwu (1986) stated that, the conventional medicine is superior to alternative medicine because it is scientific and safe as a means of attaining good health. This argument or contention regards alternative/traditional medicine as unscientific and unsafe means of seeking health well-being; because treatments are based on assumption. This stand had been challenged with several studies conducted in the usage and healing powers of traditional/alternative medicine by the World Health Organisation (WHO, 2003), Gaylord, Norton & Curtis 2004, Korankye, 2014 & Sayer, 2019). The listed authors in their separate studies found out that traditional or alternative medicine is used all over the world and through improvements, can collaborate with orthodox medicine for better healthcare for the people. The claims of efficacy of traditional medicine as tested and used elsewhere like China, Australia, Belgium, Canada, The USA, Africa, and Nigeria is established among the rural people of Nasarawa State concerning specific health conditions. For instance, the paper sought the perception of the rural populace of Nasarawa State on the effectiveness of herbal medicine on chronic health conditions like cancer, traditional bone setting, hypertension, epilepsy, diabetes among other chronic health conditions.

Although traditional medicine has long been in use, there is little systematic evidence regarding its safety and effectiveness. The evolution of traditional medicine has been influenced by cultural and historical conditions, making systematic evaluation difficult, since factors such as the philosophy and theory which underlie its use must be taken into account. The absence of evaluation has in turn slowed down the development of regulation and legislation. Also, there is a lack of cooperation and sharing of information among countries as to the regulation of herbal products on the market. A national expert panel of the United States National Institutes of Health concluded in 1997 that clear evidence that needle acupuncture treatment is more effective and has fewer side-effects for certain symptoms than conventional treatments. In Germany and the United Kingdom and Northern Ireland, 70% and 90%, respectively, of pain clinics use acupuncture. Traditional medicine has also been used in the treatment and care of such life-threatening illnesses like Malaria and AIDS. In Ghana, Mali, Nigeria, and Zambia, herbal medicines are the first-line treatment for more than 60% of children with a high fever. Studies in Africa and North America have shown that up to 75% of people living with HIV/AIDS use traditional medicine alone or in combination with other medicines for various symptoms or conditions (WHO, 2003). The usage of alternative or traditional medicine across the world is no longer in question but what is in doubt is the problem associated with using it and the impact on the well-being of the users. For instance, traditional medicine is used as a first-line treatment for more than 60% of children with fever in Nigeria, but the

effect on the overall well-being of the children is not stated. It is a well-known fact that all medicines (traditional and orthodox) alike have side effects. However, society is only critical on the side effects from traditional or alternative medicine. This has to do with the orthodox view of the approved method of healthcare. The treatment of cancer using herbal roots has been approved as a better option than chemotherapy (Sayer, 2019). According the author, Ginseng may work better than Chemotherapy and Radiation. Ginseng is a powerful health tonic; known for thousands of years. This has been confirmed by new research results by (Sayer, 2019); that ginseng and other cancer stem cell killing plants may provide highly effective cancer treatments. The need to also confirm this fact in the case of the rural people of Nasarawa State has called for the study that culminated in this paper.

**Research Questions:** Two research questions are answered in this paper. 1) How is traditional medicine acknowledged and used among the rural people in Nasarawa State? 2) How effective is traditional medicine in healing of chronic ailments?

#### **An Operational Definition of Keywords**

**Effectiveness:** In the context of this paper, efficacy is the power of traditional herbs or alternative medicine to successfully manage ill-health experienced by the people. The reliability of the traditional remedy in the treatment of chronic health conditions has proven and placed alternative medicine over orthodox in the treatment of certain health conditions. For instance, Sayer (2019) stated that, ginseng tonic from ginseng roots is a better option than chemotherapy in the management of cancer.

**Alternative medicine:** In this study, refers to any form of medication other than the formal health centres, hospitals or cottage hospitals meant towards achieving health wellbeing which may be medical, psychological, and social. The herbal medication under this study includes visiting and taking herbs, roots, and barks of trees, ointment, and all forms of herbal remedies as prescribed by herbalists, or the self-medication using herbal remedies. Others under this category are traditional bone setters and traditional birth attendants (TBAs). Spiritual medication, considered in this study includes visits to Churches, Mosques, and Traditional shrines, for prayer, fasting, consulting diviners, and offering of sacrifices. The researcher is interested in finding out community-issues that could lead to or hinder a community-based integrated healthcare system that ensures wholistic care for the rural populace of Nasarawa State.

**Chronic Ailments:** In the sense of this paper, refers to a health condition that can only be managed for some time. Such a condition has no cure but can only be managed to attain some level of relief. As a variable, a chronic condition is discussed in line with terminal illnesses suffered by the people of Nasarawa State. This includes: Heart failure, Hypertension, Diabetes, Leukemia/sickle cell anemia, HIV/AIDS, Hepatitis, Various types of cancer, Brain tumor/epilepsy, Asthma, Liver cirrhosis, Kidney disease, Ectopic pregnancy, Erectile dysfunction amongst others. How alternative medicine helps in these health conditions has left much to be considered in respect to effectiveness of traditional medicine.

#### **Empirical Review**

Traditional medicine has developed in various communities in Nigeria in response to the health needs of the people (Adesina, 2013). The implication of Adesina's contention regarding traditional medicine is the need to develop a collaborative healthcare system for better and holistic care. This is necessary as it complements orthodox/Western medicine. World Health Organisation (WHO, 2015) and Alubo (2012) also affirmed that better health is central to human happiness and well-being. The two authors also stressed the importance of health as a factor in development. WHO (2015) and Alubo (2012) contention however, differed from that of Adesina (2003) as they considered better health through orthodox/Western medicine (approved means) of health service. Several reasons such as cost/poverty (Friedman, 2017); distribution of health facilities and inadequate personnel, attitudes of health personnel, non-availability of medical social workers to attend to psycho-social patients, traditional and cultural beliefs amongst others have been advanced by writers for patronizing herbal or alternative medicine. Korankye (2014), explains the situation regards the distribution of social services and infrastructure in rural areas. The country's rural women and men depend on agriculture for food and income and 90 per cent of Nigeria's food is produced by small-scale farmers who cultivate small plots of land and depend on rainfall with no capacity for

irrigation systems. Sayer (2019) in his study of ginseng; made an optimistic conclusion that, ginsenosides may be considered as a good drug candidate for cancer treatment than chemotherapy. The patronage of traditional medicine has come as a result of loss of confidence in the efficacy of orthodox/western medicine (Ann, 2013). Ekeopara and Ugoha (2017) attributed this loss of confidence in orthodox medicine to drug counterfeiting, drug reactions and the affordability and accessibility of traditional healthcare delivery. From the empirical literature, one sees continuously arguments between two providers of healthcare services. While the argument is on, the issue of the claim of effectiveness of traditional medicine was given little attention. Only Sayer (2019) attempted to carryout a study on ginseng roots and was optimistic of its effectiveness in managing cancer.

### **Theoretical Framework**

The paper used the Parsonian sick role theory and belief model to explain health-seeking behaviour. This theory and model have been experimented in several health-related researches and confirmed to be reliable in explaining health-seeking behaviour.

**The Sick Role Theory-** is concerned with the social aspects of becoming ill and the privileges and obligations that come with it. Essentially, Parsons (1951) argued that a sick individual is not a productive member of a society and therefore, this type of individual is exempted from normal functions because he/she is unable to carry out the required tasks. Sickness in this sense impedes the individual's social functioning. Notwithstanding, the sick must search for a cure, whether in orthodox or alternatives. While the sick role theory focuses on treating a patient and excusing him or her from certain responsibilities, it is also considered important for society to provide reasonable accommodations for those with illness and disability so that they can be included as possible into the plan of the society/family. In this context, health care becomes necessary, but the means to access this health care and its availability are not the concern of the theory. Indeed, it was observed that the aspect of Parsons' Sick role model is important where the sick person's role of really willing to get well matters in any healing process. Psychologically it helps to ensure healing.

**The Health Belief Model (HBM):** The Health Belief Model (HBM) is one of the first theories of health behaviours, put forward by social psychologists (Hochbaum, Rosenstock and Kegels 1950). The health belief model proposes that a person's health-related behaviour depends on the person's perception of four critical areas: the severity of a potential illness, the person's susceptibility to that illness, and the benefits of taking a preventive action, and the barriers to taking that action. HBM has the following concepts/constructs: Perceived susceptibility, perceived severity, perceived benefits and perceived costs. The model also sees personality variables such as patient satisfaction, and socio-demographic factors as modifying factors. The model assumes that a person's beliefs and attitudes about health behaviours influence his/her actions just as much as the knowledge of the consequences of these behaviours. It also assumes that everyone has access to equal amounts of information on the illness or disease; and that cues to action are widely prevalent in encouraging people to act and that "health" actions are the main goal in the decision-making process. The benefit of this model is that it helps us to remember that people's health choices are based not only on rational thought, but also on emotions, habits, social conditioning, and personal preference. Thus, it opens our eyes to what might be more effective social teaching methods around healthy habits.

### **METHODOLOGY**

The study used an inductive research method. This has to do with meeting and administering a questionnaire to selected respondents. Also, key informant interview was conducted to complement data from the questionnaires. This was done to triangulate the two methods of data collection and by extension verify the results. Four hundred (400) respondents were drawn from a total population of 1,192,057 rural people of Nasarawa State using Yamane (1967) sample size determination formula. A key informant interview was conducted on selected social statuses within the communities selected. Data was collected through face-to-face interaction with the respondents. Data collected were analysed using SPSS and contents analysis.

**FINDINGS**

**Table 1: Knowledge and Use of Orthodox and Alternative Medicine**

Use and frequency	Responses			
	Yes	%	No	%
<b>Knowledge of alternative and orthodox medicine</b>				
I know where orthodox health care services are provided	394	96.34	15	3.66
I also know where herbal or alternative medical services are provided	354	86.59	55	13.41
<b>Frequency of Usage of alternative and orthodox medicine</b>				
I use alternative healthcare some times	279	68.30	130	31.71
I use alternative healthcare often	339	82.93	70	17.00
I use orthodox healthcare some times	344	84.15	65	15.85
I use orthodox healthcare often	349	85.37	60	14.63

The summary of the responses in Table 1; confirmed that majority of the respondents have a clear knowledge of both alternative and orthodox medicine. Most of the respondents also acknowledged the usage of both healthcare systems. The table also shows an overwhelming majority of the respondents confirming the use of alternative and orthodox medicine. This revelation agrees with Adesina (2003 & 2013), on the use and importance of herbal or traditional medicine. The presence of Primary Health Centres in all the political wards in Nasarawa State complies with the Alma Atta Declaration of 1978 and the adoption by the Federal Ministry of Health in Nigeria. It makes it possible for people to trek to the nearest Health Centre, where orthodox healthcare services are available. In many rural communities also, there are Private Clinics, Chemists, and Patent Medicine Stores where orthodox medicines are dispensed to those who need them. Despite the presence of primary healthcare services in almost all the communities within the research setting, a good percentage of the respondents (N=354 or 86.59%) still used alternative/herbal medicine.

The result from an in-depth interview was in agreement with that of the questionnaire. Almost all respondents during the interview acknowledged knowledge and usage of herbal or alternative medicine at one point in time. For instance, most of them (N=98 or 93.3%) declared that they use traditional/herbs to treat even malaria, before sometimes going to the hospital. One of the respondents during the interview session stated that: "I sometimes start with the hospital for treatment of ailments, but when it failed, I recourse to herbal medicine". This is a confirmation of dual loyalties in health-seeking behaviour. This confirms the tenets of both the Health Belief Model and Parsons' sick role theory- that individuals would likely utilize any form of healthcare service when they believe it will heal them from an ailment. The step taken to even find and receive treatment from a particular healthcare service is a function of wish would provide a cure from an ailment. This dual loyalty may explain the existence of the two healthcare providers within communities in Nasarawa State.

**Table 2: Effectiveness of alternative medicine in the management of some chronic health conditions**

S/No	Ailments better managed by alternative or traditional healthcare system	Rating (%)					
		SA	A	UD	D	SD	Mean
1	Cancerous health conditions	19.32	68.70	3.42	3.91	4.65	<b>3.94</b>
2	Bone setting	20.05	67.97	9.54	1.71	0.73	<b>4.05</b>
3	Hypertension	11.98	68.70	4.65	5.13	9.54	<b>3.68</b>
4	Diabetes	18.34	57.46	13.20	8.56	2.44	<b>3.81</b>
5	Hepatitis	22.98	55.75	17.60	2.44	1.22	<b>3.91</b>
6	Epilepsy/brain tumor	8.07	33.50	1.47	22.49	34.47	<b>2.59</b>
7	HIV/AIDS	0.00	4.89	1.22	52.81	41.08	<b>1.94</b>
8	kidney disease	3.18	12.47	1.47	25.67	57.21	<b>1.79</b>

\*SA=Strongly Agree; A=Agree; UD=Undecided; D=Disagree; SD=strongly disagree

Table 2 is the perception of rural people of Nasarawa State on ailments that alternative to orthodox medicine is considered more effective in treatment. From the table, five ailments (Cancerous health conditions, Bone setting, Hypertension, Diabetes, and Hepatitis) are opined by the people to be better managed by herbal or alternative medicine.

In an interview with respondents, on why they use the alternative (herbal) medication in the presence of orthodox care services, most of the Pastors, Imams, Traditional rulers, Principals and Headmasters interviewed stated that (this use of herbal remedies) was occasioned by ailments that the hospital could not cure completely. The ailments mentioned in this category included: hypertension, bone setting and all kinds of cancer, among others. They believed that the herbal remedy was a better option in the management or treatment of these health conditions. However, other secondary reasons were; the cost of orthodox medical services, long process and time before treatment, unfriendly attitudes of some health personnel, availability and cheap alternative options, and Individual belief” and existing “cultural’ traditions. Even though some of the Health personnel in charge of the respective Primary Healthcare Centres were negatively disposed to using herbal remedies, others accepted using herbal tea from lemon grass and a combination of herbs to treat malaria and other feverish conditions. Individual belief that herbal drugs are safe and the culture associated with the treatment of certain diseases make many rural dwellers to look up to ‘alternative’ medication. In other words, on the feeling of sickness (symptom), rural people would first look for the usual herbs for treatment, and may even have to change the first herb to another one if the first one fails. In this context, orthodox medication may become a last resort if the herbal ones failed. This is in consonance with the World Health Organization’s (World Bank & W.H.O. 2017) and Akeju, Oladipo, Vidler, Akinwande, Gbenon and Lalere (2016) findings that “beliefs system” and culture that influence traditional ways of treatment of sicknesses are major factors in health seeking behaviour amongst rural populations across developing countries of the world.

On whether, there are physical evidence of betterment in this regard, the respondents obliged that successful cases of bone setting abound around as proves. Whether the processes are physical or mystical, most of the respondents (N=87 or 83%) explained they are not in position to state. For example, a respondent who was a beneficiary of traditional bone setting testified of how his two legs were to be amputated due to car accident if not for traditional bone setter who salvaged the situation. The cases of this nature included a claim of healing from HIV/AIDS through prayer and or herbal medication. The attestations from respondents in this study confirm earlier studies in herbal/alternative medicine by Sayer (2019), on how tonic from ginseng roots was used to manage cancer. Furtherance to Sayer (2019), Awade, Houetengnon, Djrolo, Gbenon and Lalere (2015), Gaylord, Norton and Curtis (2004) and WHO (2003); in their separate studies confirmed the use of alternative to orthodox in treatments of ailments. In this study however, the importance of recognising traditional bone setting in healthcare system just as Traditional Birth Attendants (TBAs) in the delivery process was stressed by respondents.

The result revealed that alternative medicine is been used inter-changeably by the rural population of Nasarawa State. Secondly, alternative medicine is able to manage certain ailments such as cancer, hypertension, bone setting, and hepatitis among others. These ailments are associated with conditions that are not curable especially by the orthodox healthcare system. The implication of this revelation is a pointer to the need for Nasarawa State to re-examining its health policy for an inclusive healthcare system.

## **DISCUSSION**

On the effectiveness of alternative medicine, the findings in this paper revealed that, there are certain disease conditions that orthodox medication was unable to provide long lasting solution but that, alternative medicine does. The result also revealed that, alternative medicine is been used inter-changeably by the rural population of Nasarawa State. This was confirmed when respondents said that alternative or traditional medicine was effective in the management of ailments such as cancer, hypertension, bone setting, hepatitis among others. These ailments are said to be ailments that orthodox medicine is unable to cure completely. This finding is in consonance with the findings by Titus,

A (the Health Belief Model) that, a person's health-related behaviour depends on the person's perception of four critical areas: the severity of a potential illness, the person's susceptibility to that illness, and the benefits of taking a preventive action, and the barriers to taking that action. This has proved orthodox health provider wrong on the assertion that alternative medicine is ineffective in treatment of illnesses. The implication of this revelation is a pointer to the need for Nasarawa State to re-examining its health policy for an inclusive healthcare system.

## CONCLUSION

The need for serious considerations regard collaboration between traditional and orthodox health providers for all-round health care in Nasarawa State is inevitable. Though the study is not a laboratory study, the test of efficacy can be done. However, the effectiveness of traditional medicine in treating chronic ailments has been proved; based purely on the views of the respondents and evidence of cases of cure put forth during the study. The need for the test for efficacy may be needed to confirm the result from rural communities in Nasarawa State; and this can only be done through a medical laboratory test.

## RECOMMENDATIONS

- i. Nasarawa State government should consider the possibility of sponsoring researches on traditional medicine to verify the claims of efficacy.
- ii. Establish research Centre to test-run possible collaboration between the two providers of healthcare services.

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