HERBAL MEDICINES: ALTERNATIVES TO ORTHODOX MEDICINES IN EZEAGU AND NSUKKA COMMUNITIES IN ENUGU STATE, NIGERIA

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Abstract

Reports show that in-patient and out-patient hospital attendance declined from 45,000 in 1980 to just 25,000 in 1985. This work sought to establish the factors responsible for the dwindling patronage. A total of 255 respondents were randomly selected for the survey that used questionnaire to elicit information. Data were analyzed using simple frequencies and percentage tables. The Chi-square test was used to test the hypotheses. Findings revealed, among others, that the most common ailment in these communities is malaria, use of herbs is common in these communities, reasons for use of herbs depend on the nature of the ailment, belief in herbal option is widespread, males are more inclined to the use of herbs than women, using herbal medicine is believed to be less expensive than orthodox medicine, hospital/health centres are widely known to be available within less than 1km. Recommendations include creating awareness on efficacy of herbal medicines in order to encourgae their use, facilitating the formation of clusters among herbal practitioners for collective impact, enhancing sustainability of the commendable indigenous health practices, and craetion of databank for herbal use, healer skills and cultural resources in Nigeria.

Introduction

Health is an important and reoccurring issue for individuals, communities, and nations. The World Health Organization sees health as "a state of complete physical, mental and social well-being and not mere absence of disease or infirmity" (WHO, 2003). Health also occupies a prominent place in the United Nations declaration of the Millennium Development Goals (MDGs).

The health status of a people in any geographical setting is so important that if the leaders of that nation fold their arms and do nothing to improve citizen's health condition, it will only be a matter of time before plagues or diseases will ravage such people. It is for this reason that health care delivery forms a very important aspect of any nation's policy. When individuals are in good health, they can engage fully in their daily social, economic and religious activities. For this reason, countries place great premium on health to enjoy the fruit of their labour.

In realization of the importance of health, all tiers of Government in Nigeria devote large sums of money in their annual budgets to health care. For instance, in 2009, a total sum of =N=103.46 billion was earmarked for the health sectors (Nigerian Village Square, 2008). For the 2011 budget the Federal Government of Nigeria proposed to spend a

total amount of N235, 866, 438,244 for the health sector. Out of which the total personnel

cost was put at =N=192, 885,136,258; total overhead cost N9,453, 716, 258; total recurrent N202, 338, 852,916; total capital cost N33, were allocated to the health care sector. Despite the huge amount allocated to the health sector, most Nigerians especially the rural dwellers are yet to enjoy the health facilities in their various areas. They still lack good and proper medical services, hence they resort to the use of the alternatives to solve their health problems (Omeje, 2000). Issues of concern include access, distance, cost, inadequate personnel and drugs amongst others facilities. This explains why many Nigerians are going for alternative forms of healthcare.

Aside from these, Onah (1995) is of the opinion that the nature of illness very much determines where people seek for treatment. Diseases perceived to emanate from the spirits or with peculiar manifestations like "ogbuoo o gbalaa" the healthy killer of pregnant women, or " itebi" that distorts a pregnant woman's breasts enlarging them out of proportion and rendering them useless for suckling, clearly belongs to the traditional healers.

It is, therefore, not surprising that Ukwu and Nwakoby (1989) in their study of the use of health facilities noted a declining patronage of Anambra government facilities. In-patient and out-patient hospital attendance according to them declined from 45,000 in 1980 to just 25,000 in 1985. Concerned with the declining patronage in these hospitals, the State Government set up a panel of enquiry to establish the factors responsible for low patronage. Memoranda received by panel set up to investigate the problems in the health service showed that the most serious obstacles to health sector included deficient basic facilities, inadequate drug supplies, poor staff attitude and performance, deficient 24-hour coverage and time wasting protocol (Ukwu and Nwakoby, 2000).

527, 630, 328 (Federal Ministry of Finance, 2011). These yearly expenditures show that enormous budgetary resources

The poor state of health is not peculiar to Anambra State alone. The health system in Nigeria and the health status of Nigerians are in a deplorable state. Nigeria's overall health system performance was ranked 187th position among the 191 Member States of World Health Organization in 2000.At the sub-national level, available statistics for Enugu state shows that, health status indicators are worse than the average for sub-Saharan Africa. For example, infant mortality rate of 115/1000; under 5 mortality rate 205/1000; and maternal mortality ratio of 948/100,000 (339/1000, 000 to 1,716/100,000) is one of the highest in the world (SEED, 2004).

Disease programmes, such as HIV/AIDS; Tuberculosis (TB), Malaria and other programmes like reproductive health are currently implemented within a weak health system and hence have had little impact. Routine immunization coverage rate of over 80% in the early 1990s has dropped to less than 25% and is only now beginning to show marginal improvements. Primary health care facilities serve only about 5-10% of the potential load. Public expenditure on health is less than $10 per capita compared to the $34 recommended internationally. Private expenditures are estimated to be over 70% of the total national health expenditure with most of it coming from out-of-pocket expenditures, in spite of the endemic nature of poverty in Nigeria. Given this background, it is thus not surprising that the herbal medicine use is on the increase in Nigeria.

Health facilities have over the years been disproportionately concentrated in urban areas, to the disadvantage of the rural peripheries, where majority of the populace reside. The local governments whose responsibility it is to implement the health

policy as it concerns the rural areas are politically, financially and professionally handicapped. Poor funding of the local governments also compounds the problem, since almost all funds allocated to them are used to service salaries and emoluments. Most rural areas across the country therefore lack adequate access to health facilities. Other issues that rural dwellers contend with which include poverty, illiteracy, ignorance, and power structures (within and among households, inter and intra-gender which affect their use of orthodox health care facilities. The problem of low usage of orthodox medicine in the treatment of ailments is also compounded by the issue of fake and substandard drugs.

As it were, many Nigerians are increasingly relying on traditional medicine in the treatment of ailments. In most rural areas in Enugu State, it is common for individuals to rely on herbal medicine, even when there are orthodox health care facilities. This study is, therefore interested in investigating the indigenous knowledge and alternative health care practices in selected communities in Ezeagu and Nsukka Local Government of Enugu state, Nigeria.

Objectives of the study: The specific objectives include the following:

i. To determine the peoples attitude to the use of herbal medicines in treating health issues in these communities.
ii. To assess the socio- economic effect on the citizens using the herbal medicines and the practitioners in these communities.
iii. To assess the relationship between the income of the users of herbs and the continued patronage to the herbal medicine in these communities.

Hypothesis

The null hypotheses formulated to guide the study were:

$H_{0\ 1}$ There is no significant difference between people’s attitude to the use of orthodox medicine and traditional medicine in treatment of ailments

H_{02} There is no association between socio-economic status of the people and the use of alternatives to orthodox health care facilities

H_{03} There is no association between the income of the users of herbs and the reliance of the people on the herbs.

Research questions

To guide enquiry, the following research questions were posed.

i. What are the people’s attitude to the use of orthodox medicine and traditional medicine in treatment of ailments?
ii. What are the socio-economic status of the people using herbal treatment for their ailments?
iii. What is the relationship between the use of herbs and the income of the users?

Significance of the study

Findings from this work will enable the Local Governments and the State Governments to see the need to create enabling environment for enhancement of indigenous knowledge in tackling the health needs of the people. The local practitioner will equally benefit from the study, which will reveal their beneficial role as partners in development.

The scope of the study

This study restrictedit self to the study of the citizen's indigenous practices in the use of herbal medicine in selected communities in Ezeagu and Nsukka Local Government Aeas of Enugu State, Nigeria. The communities selected in Ezeagu Local Government Area were Awha Imezi and Awha Ndi Agu in Imezi:,Ihile Akpa and Edem-ani communities in Edem were selected from Nsukka L.G.A.

Conceptual and theoretical Framework

Rural community

The term rural communities are used to describe people, places, traditions and spaces. It is also employed as a setting of study as well as an object of study (AvRuskin, 2000). In spite of these descriptions, there is no universal agreement on what the definition should be. In fact, the concept of rurality has been a subject of long-standing debate. The debate arises because it has been an impossible task to build an objective or incontrovertible definition of " rural" (Study Programme on European Spatial Planning, 1999). The problem of definition arises because the patterns of spatial occupation are culturally and historically determine, and so vary among regions of the world. One outstanding debate on the rural concept is whether 'rural' is a geographical concept, a location with boundaries on a map, or whether it is a social representation, a community of interest, a culture or a way of life (Plessis *et al*, 2001). This explains why questions as to what is rural, the identification of its features and the attempt at its understanding are continuing themes in literature (Blunden *et al*, 1998).

It is generally agreed that a population supported by extensive land use within a sparsely populated, open country is rural. These features, according to Wolf and Fischer (2003), are the primary marks of rural areas. These primary marks are supported by distinctive cultural patterns, which are usually exhibited by people residing in rural areas. In accordance with the primary and cultural perspectives, rural areas have been characterized by specific open landscape, a relatively low population,the greater part of the population is associated with agriculture and forestry,traditional (closes nature) life style and habits,extensive use of land, a scarcity of built up areas and settlement that is dispersed, and a preponderance of inhabitants considering themselves country dwellers (Halfacree, 1995; Banski and Stola, 2002). Following the characteristics outlined above, It becomes obvious that 'rural' is a spatial entity. It is in this regard that Madu (2008) defines rural as an area of low population density utilizing land extensively and exhibiting distinctive socio-cultural characteristics. The characteristics of rural communities have been shown to be related to relatively, high level of poverty (Ite, 2001). In this regard it might be very difficult for the rural dwellers to make use of orthodox medicine when they are sick, because of their economy.

Herbal medicines

Herbal medicines are extracts from plants, such as herbs, barks of woody trees, roots, seeds, berries, flowers and leaves. They are organic in chemistry, and are endowed with elements that are harmonious with the health chemistry of man. Herbal remedies are not used to treat diseases alone, but are used to rehabilitate and modify the tissues, to build up the body immune system, so that it can fight diseases on its own. This is to say that a disease is not cured by adding chemical poison to the body, but by a systematic elimination of them. Western medicine, sometimes, seem to do exactly the reverse.

Health care delivery

The concept health care delivery connotes health care in general and specifically, to examine the role which is assigned to the health sector in terms of services delivery. Health care is a complicated and many-sided subject. Quite apart from economic considerations, there are other equally important and sometimes overriding considerations; regarding health care delivery concept. For instance health care has its policies, as well as its logistic, and overall, its philosophy or lack of it (Akinkugbe *et al*, 2001).

Orthodox versus traditional medical practices

The Webster's Ninth New College Dictionary defines traditional as the handing down of opinions, doctrines, practices, rites, and customs, especially by oral communication. The World Health Organization (WHO) (http://www.unescobkk.org 2003), defines traditional medicine as "knowledge based on the theories, beliefs, and experiences indigenous to different cultures either codified in writing or transmitted orally and used in maintenance of health as well as the prevention, diagnosis, improvement, or treatment of physical and mental illness (or social imbalance)".

Indigenous knowledge

Indigenous knowledge (IK) is the local knowledge - knowledge that is unique to a given culture or society. IK contrasts with the international knowledge system generated by universities, research institutions and private firms. IK is a basis for local-level decision making in agriculture, health care, food preparation, education, natural-resource management, and a host of other activities in rural communities (Warren, 2001). It is the information base for a society, which facilitates communication and decision-making.

The Oxford Advanced Learner's Dictionary 6th Edition provides a more agreeable perspective by defining orthodox as beliefs or behaviour generally accepted or approved. Therefore, orthodox medicine can be rightly considered as synonymous with accepted, approved, established, sanctioned and authoritative approach to medical practice. Each of these words clearly connotes a high degree of credibility. Macintosh (http:www.tldp.com/medicine, 1999) alluded to the difficulty of finding appropriate definition of orthodox or conventional medical practice when he noted the term "does not appropriately describe the practice of that form of medicine (as does allopathic), but rather it provides it with a sanctioned power."

Indigenous information systems are dynamic, and are continually influenced by internal creativity and experimentation as well as by contact with external systems (Flavier et al, 2005). Indigenous knowledge is important in the emerging global knowledge economy. A country's ability to build and mobilize knowledge capital is equally essential for sustainable development (World Bank, 1997). The basic components of any country's knowledge system are its indigenous knowledge. It encompasses the skills, experiences and insights of people, applied to maintain or improve their livelihood.

To concretize its genuine interest in traditional medicine, WHO opened a Traditional Medical Unit in Geneva, headed by a Nigerian. The World Health Organization believes that traditional medical practice does not pose any dangers as it has always been feared by most orthodox medical practitioners. In support of this Organization's stand on traditional medicine, the WHO Regional Director General for Africa insisted that "we must not neglect a weapon that is valuable."

(WHO, 2003). The WHO realizes the decisive role played by traditional medicine in the Medicare delivery system especially in Third World countries. For example in Nigeria alone, it is estimated that 75% of the population rely on traditional medicine for Medicare. But for the meantime, WHO has shown that we may drive out nature with a pick fork, but she will always hurry back. "We respect the knowledge of Traditional Health Practitioners. We learn from their experiences. We try to cooperate with then. We learn from what they know. They have the trust of their communities; this status we must fully support. We will not change who they are, only improve their capability wherever necessary. We must let them speak. We should always consult them when developing strategies for collaboration. We should involve them in decision taking. Sharing mutual trust; if want their help, we must show our respect for them in return. They are the richest source of community health care. We should remember that we want them as allies".
treatments. There must be an alternative to this" (Stanway, 1986).

We might ask some pertinent questions. Is traditional medicine really significant enough to attract government budget and financial support? How is traditional medicine tackling grassroots health care delivery to merit governments' sympathy and financial and moral support? A critical look at the health care coverage of traditional medicine especially in rural areas will reveal the significant role it is playing in the health care system of this country. Due to lack of motorable roads, pipe-borne water, electricity supply, and other essential amenities in rural areas, many Western-trained doctors do not seem to have keen interest to work in remote villages, and these harbour the bulk of the population of this country. So the healthcare of those citizens remains at what the traditional healers can

On the other hand, traditional medicine practitioners argue that before the advent of orthodox medicine, it had been in existence and had been taking care of the health problems of the people. For this reason, it claims to be the mother of orthodox medical practice. However, despit the rigorous training coupled with the scientific researches and skills, orthodox medicine has not yet found the cure for diabetes, sickle cell anaemia, arthritis, ulcers, cancers, and the likes. This shows that no science is independent of each other and underscores the need for cooperation. Traditional medicine further recognizes that in the past 100 years of orthodox medical practice in Nigeria supported by Federal and State governments, it covers and serves only 25% of the population. Finally, traditional medicine laments the incidence of serious problem which needs urgent attention, that of iatrogenic or drug-induced diseases: "A survey conducted showed that somewhere between 3 and 18 percent of all patients in hospital are suffering from side-effects caused by their drug afford to provide. Moreover, there is a declining interest and confidence in orthodox therapies due to drug side-effects and the inability of orthodox therapies to tackle certain cases (especially chronic ones).

There is also another aspect of people's yearning which orthodox medicine does not take into account, and that is the socio-cultural values. According to Ayodele, 1983, as already noted, majority of Nigerians, about 75% simply have to make do with traditional medicine (Chukwura et al, 2003). Many rural communities have great faith in it because it takes account of their particular socio-cultural background which orthodox medicine has often complexly ignored. Clearly therefore, the choice before us is to recognize the potentialities of traditional medicine in an organized official manner.

It is worth noting that under the current 1999 Constitution, only vague reference is made to the responsibility of Local Government for health. In Section 45, the Constitution makes provision of among other things, public health. The current Constitution, therefore falls short of specifying what roles the State and Federal Governments must play in the health care delivery system. For the health sector, this is a very serious omission since Nigeria's current health system is built on a three-tier system, with Local Government Areas (LGAs) being the main implementing agents of primary health care.

Indigenous Knowledge System and Sustainable Socio-economic Development

In Nigerian society, some people embrace traditional medicine in the treatment of some ailments such as fractures & wounds, fever, convulsion, diarrhea, infectious diseases that are observed in the study as common. The issue of traditional versus orthodox medical practices generated controversy among society members and orthodox medical practitioners in the past. Traditional medical organizations, in the bid to align their modes of operation with orthodox medicine, tend toward the following choices: traditional delivery practices in obstetrics & gynecology, but local treatment of bone fractures and wounds in orthopedic surgery, local treatment of children sickness, diseases and ailments in pediatrics as well as local treatment of fever, infections, and other ailments in general medicine.

Indigenous knowledge is, generally speaking, the knowledge used by indigenous inhabitants of a land to make a living in a particular environment (Warren, 2001). Local knowledge refers to the knowledge possessed by any group living off the land in a particular area for over a period of time but not necessarily indigenous to the land. Contrary to some prejudiced assertions about its backward and static nature, indigenous knowledge is creative, experimental and constantly incorporates in selective manner outside influences and inside innovations to meet new conditions. Indigenous knowledge is dynamic and results from a continuous process of experimentation, innovation and adaptation. In this way, it recognizes the need, on one hand, for cultural continuity and on the other hand, for reform and change. Indigenous knowledge in its broadest sense includes all of the social, political, economic, technical, aesthetic and spiritual aspects of an indigenous community's way of life. It is precisely this dynamic nature that has not allowed indigenous knowledge to fossilize into historical oblivion.

Research Methodology

The study is based on survey research design. The rationale for choosing the survey method of the research design is because of the large population under study.

This study is concerned with the survey of the people's persistent use of herbal medicine in treatment of ailments even when they have the orthodox medicines available in the locality. This design is supported by Nworgu (1991), who said that the survey research design is one in which a group of people or items is studied by collecting and analyzing data from only a few people or items considered to be representative of the entire group.

Sources of data

This study made use of primary data obtained from the field through the structured questionnaire consisting of different items based on the research questions formulated to guide the study. The designed questionnaire

contains the socio-economic and demographic information of the respondents and other questions that capture the objectives of the study.

Population of the study

The population of the study consistedof residents of Ezeagu and Nsukka Local Governments Areas of Enugu State. The available data showed that both Local Governments have a population of 20,000. These comprise of both males and females. The sample population consisted of 1400 males and 1200 females from the four selected communities in both Local Government Areas respectively, making the entire sample population 2600 were used.

Sampling

A total of 347 respondents were selected from Ezeagu and Nsukka Local Government Areas of Enugu State. To select the samples, by stratified random sampling technique. Nsukka Local Government Area consists of Edem, Opi, Edeobala, Okpuje, Ala-uno, Ibeagwa-Ani, Okutu, Nsukka, Obukpa, Eha-alunona, Aluka, Ibeagwa-agu and Obimo, while Ezeagu Local Government Area consists of Iwolo, Akam ohe, Amansi, Oyoho, Neke, Owe, Awha, Olo, Agobu Awha, Imezi Owa, Mgbagu Owa, Obinihia Ndi Uno, Obinohia Ndi Agu, Obelagu Umanah, and Agba Umanah. Two communities in Edem (Akpa and Edem-ani) were randomly selected as well as Awha Imezi and Awha Ndi Agu) of Imezi in Ezeagu. The stratification used in distribution of the questionnaires was to every household after the next five households in both areas of study.

Data Analysis

Simple frequency tables are used in summarizing the answers supplied by respondents. Simple percentages (%) were used in presenting the data collected.

The data were analyzed using SPSS version 16 statistical analysis. A non-parametric statistical test instrument- the Chi-Square was used to test the formulated hypotheses.

A total of 347 questionnaires were randomly distributed among the four selected communities in both Ezeagu and Nsukka L.G.A of Enugu State. Out of this number 256 questionnaires were returned. This gives the return rate of 73.8%.

Data presentation

Social Demographic Characteristics of the Respondents

Age distribution

The majority (49%) of respondents were in 40-49 age brackets. Those in 50 and above age brackets were 53 in number (or 20.8%). Those in 30-39 age brackets were 41 in number (or 16.1%). Those within 20-29 age brackets were 31 in number (or 12.2%) (see Table 1).

Table 1: ***Age distribution of respondents***

Age	Frequency	%
20-29	31	12.2
30-39	41	16.1
40-49	125	49
50 and above	53	20.8
Total	**255**	**100**

Source: Fieldwork, 2011

Gender distribution

Male respondents were 160 (or 62.7%) and female were 95 (or 37.3%) (Table 2).

Table 4.2: ***Distribution or respondents by gender***

Sex	Frequency	%
Male	160	62.75
Female	95	32.25
Total	**255**	**100**

Source: Fieldwork, 2011

Marital status

Two hundred and twenty two (222), representing 79.2% of respondents, were married; 49 (or 19.2%) were single; and 3 respondents (or 1.6%) were widowed (Table 3).

Table 4.3: ***Distribution of respondents by marital status***

Marital status	Frequency	%
Married	202	79.2
Single	49	19.2
Widowed	3	1.6
Total	**255**	**100**

Source: Fieldwork, 2011

Income distribution

The income of the majority (52.1%) of the respondents fell within =N=5,000-10,000 per month, while the least (2.4%) fell within the =N=16,000-20,000 per month (Table 4).

Table 4: ***Distribution of respondents by income***

Income (=N=)	Frequency	%
5,000 – 10,000	130	52.1
11,000 – 15,000	68	22.8
16,000 – 20,000	12	2.4
21,000 and above	45	22.7
Total	**255**	**100**

Source: Fieldwork, 2011

Educational attainment

The majority (43.1%) had primary education as their highest education attainment, followed by those with non-formal education (28.6%) while the least (3.5%) belonged to those with TC11 (Table 5).

Table 5: ***Distribution of respondents by educational attainment***

	Frequency	%
Non-formal	73	28.6
Primary	110	43.1
Secondary	63	24.7
TC II	9	3.5
Total	**255**	**100**

Source: Fieldwork, 2011

Religion

Most respondents (239 or 93.7%) were Christians, while 14 (5.5%) were traditional religionists, and only 2 (or 0.8%) were Muslim (Table 6).

Table 6: ***Distribution of respondents by religion***

Religion	Frequency	%
Traditional	14	5.5
Christianity	239	93.7
Islam	2	0.8
Total	**255**	**100**

Source: Fieldwork, 2011

Occupation

The occupation of most respondents was trading (70.9%). Civil servants constituted %, while the least (13.3%), were farmers (Table 7).

Table 7: ***Distribution of respondents by occupation***

Occupation	Frequency	%
Farming	34	13.3
Trading	181	70.9
Civil service	40	15.7
Total	**255**	**100**

Source: Fieldwork, 2011

Results show that 29.4% of respondents were sick in the last 4-7 months, while 7.5% were sick in the 13 months ago. Majority (78.5%) of the respondents suffered malaria, while the least (3.1%) had typhoid. The common treatment option adopted by 67.8% of the respondents was use of herbs, while 32.2% of the respondents opted for orthodox medicine. Majority (69.4%) of respondents used the available herbs, and (83.9%) accepted that usage of herbs was popular and regular in these communities. Higher percentage of respondents (27.5%) used herbs in the last 8-12 months 6.7% that used herbs more than 13 months ago. About 64.5% of respondents use herbal treatment option for effective treatment, 31.0% for proper healing, 2.0% had other reasons for their preference for herbal

medicines. About 78% of respondents claimed good treatment outcome by herbs, while 3.1% believed otherwise. About 42% of respondents accepted that herbal treatment could cure infertility problems, while 18% believed that herbs were effective for treatment of stomach problems. Majority (47.5%) of the respondents believed that herbal treatment success depended on the nature of the ailment, as against 0.4% that believed otherwise. About 94% of repondents believed that usage of herbs in these communities was widespread. More males (86.7%) were inclined to the use of herbs than female (13.4%). Respondents (96.5%) accepted that hospitals and health centres were available in these communities. They (81.2%) recognised that the distance of the hospitals and health centres were less than 1km, while 7.5% respondents claimed that the distance was longer than 1km. About 98% respondents claimed that herbal medicine was less expensive. The majority of respondents (91.4%) said that herbal medicine is more effective than orthodox medicine.

Discussion

Attitude to use of herbal medicine

Aboutt 83.9% of the indigenes used available herbs to treating their ailments. Despit the availability of orthodox health care facilities, the study population seemed to prefer herbal treatments for their ailments. This agreed with the finding of AvRuskin (2000). In terms of gender and the use of herbs, it was found that the male (62.7%) were most inclined to the use of herbs than female indigenes. This shows that they adhered to their local practice in the treatment of their ailments. Also, to show that indigenous practice taps into the intellectual resources associated with indigenous knowledge, which is not cost-effective, but also relevant and indispensable for environmentally and ecologically sensitive activity. However, the indigenous practice provides the basis for problem-solving strategies for the indigenous/local communities, especially the poor as seen in the study of the (World Bank, 2002). The survey result showed that more people in age bracket 40-49 make more use of the herbs. It also revealed that their educational attainment did not change their making use of the herbs since more respondents with primary school education were more in number compared to the respondents with non formal education who make use of the herbs. Religious believe has not changed their believe and adherence to the use of herbs.

Reasons for the use of herbal medicine

The survey result shows that their reasons for the treatment option ranges from the nature of the ailments to the previous experience when the herbs were used in treating the ailment. The result also revealed that the herbal treatment option is more effective than hospital medicine (76.9%). The result of the survey also shows that it is less expensive to use herbal treatment than hospital medicine (98%). The result equally revealed that their reasons include that they use herbs to ensure effective and proper healing. This is in relation with what other researchers found as in (Flavier, 2005). The result also shows that the treatment option yields good result (91.4%). The result shows that they use herbs in treatment of Fertility problems (42.4%). More so, the result shows that that the common ailment in these communities is malaria by 78.5%. The result shows that whenever they have malaria, they make use of the available herbs as the treatment option. These reasons goes to show that indigenous knowledge help communities find the best solution to a development problem by being an appropriate appraisal for development

paradigms being implemented in the continent (World Bank, 2007). This finding is in support of Onah (1995), in Udenu and Isi-Uzo environs of Nsukka that showed that the nature of illness very much determines where to seek for treatment.

Relationship between income and use of herbs

The survey result shows that economic effect on the citizen using the herbal medicine is favourable. The cost of the herbal medicine is low when compared to the hospital medicine by 98%. The practitioners do not charge much money to offer the treatment. They claim that collecting money from the patients will defile the efficacy of the herbs. The respondents in the income bracket of N5, 000-10,000 presents more to the use of herbs and respondents with trading as their occupation by 52.1% and 70.9% respectively. This also shows that indigenous knowledge represents an important component of global knowledge on development issues and helps to leverage other forms of knowledge so that poverty and other ills can be addressed jointly with the poor (World Bank, 2007). This also shows that IK is closely related to survival and subsistence and provides a basis for local-level decision making in various fields of activities (Ayodele, 2003).

This shows that the concept of health care with a focus on cultures has been gaining attention since 1978, at which time the World Health Organization (WHO, 2003) declared indigenous healing systems to be an important part of the mainstream biomedical health care. Since that time, Nigeria has been of two minds as far as determining the appropriate response. While some Health Ministers and policy bureaucrats have, in various ways, stressed the need to use indigenous health resources, others have considered allowing healers to continue in their traditionally recognized community-caring roles. All of this tells us that indigenous medicine still plays an undeniably important role in Nigeria's approach to health needs and challenges.

The finding from this study is in accordance with (Iroegbu, 2001, 2005) that up to today, 80% of the Nigerian population still relies on indigenous medicine to meet their health-care needs. Health professionals and institutions will, sooner or later, have no choice but to seek a better understanding of who these healers are, and, more particularly, what resources and fields of knowledge they express and represent.

All the same, there is insufficient information and understanding when it comes to Nigeria's indigenous medicine practitioners. Surprisingly, this is the case even in terms of the degree to which people who claim to know and understand what these healers are doing are capable of using their training and expertise to explain the reality of healer function in society (Warren et al, 2005; Brokensha , 2002).

Conclusion

Based on the stipulated facts above, the following conclusions are drawn. The people of the Akpa and Edem-ani Communities of Edem in Nsukka L.G.A, and Awha Imezi and Awha Ndi Agu of Imezi communities in Ezeagu still believe in the indigenous knowledge as regards the health problems. Despite the fact that there are hospitals and health centers within the environment, most of them still prefer the herbal medicine in treatment of their health problems. The use of herbs in the treatment of a particular ailment depends on its nature and the previous experience of the person or other community members. The cost of using herbal medicine is less expensive to the people when compared to the cost incurred by using medicine from the hospital. The practitioners do not charge much money because they

believe that their ancestors never collected much money from the patients in order to maintain the efficacy of the herbs. This study shows that effective support of the indigenous knowledge will enhance the health system in these areas for good health for all.

Recommendations

The following recommendations are made based on the findings of the study for policy consideration:

- The users of the herbal medicine in these communities should be encouraged by creating awareness of the effectiveness of their Indigenous Knowledge as regards the health need in other communities to benefit from their natural endowment.
- The herbal practitioners should be organized to form an association through which their importance should be felt by many who need their services.
- There are needs to sustain these commendable indigenous health practices in other to continue upholding the cultural practices in these areas.
- There should be data on what herbs that are used for a particular ailment in these areas.
- The challenge for the development community is to find better ways to learn about indigenous institutions and practices and where necessary adapt modern techniques to the local practices.

Since all sorts of medical systems operate with the support of government initiatives and licensing of skills in western countries, healer skills and cultural resources are to be recognized as basic endowments in Nigeria. How long will it take before concrete policy initiatives emerge that will consider Nigeria's health and cultural resources as being as important as the development of her oil resources?

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