

Seeking Solutions: Of Radio/Television Advertisement and Patients/Non-Patients' Perception of Traditional Medicine in Edo State, Nigeria

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Abstract

Arguments have trailed the services of traditional medicine practitioners (TMPS) in Edo State, Nigeria, with regard to the effectiveness of their medicines. Many people get to know and possibly seek the services of TMPS by viewing/listening to TMPS' advertisements on television (TV) and radio channels. It is against this backdrop that this paper adopts the survey methodology to investigate Nigerians' ever-use of traditional medicine and their perceptions of its provision and effects, using Edo State as a case study. To achieve this, the researchers analyzed the views of 300 respondents who have sought the services of TMPS, having heard or watched radio/TV programmes that advertised TMPS' services. In the end, it was found that much of the claims of cure of ailments by TMPS are suspect and leave much to be desired. Therefore, the paper concludes by suggesting that stakeholders, including government, broadcast media should help to refocus the agencies charged with traditional medicine with a view to professionalising the activities of the rather many TMPS in Edo State and that TMPS with genuine nous should be encouraged to make available their expertise in a strategic synergy with orthodox medicine practitioners for the overall good of the healthcare delivery system.

Keywords: broadcast media, cure, Edo state, efficacy, TMPS, traditional medicine, healthcare.

Introduction

Research interest in traditional medicine is strong given the multitude of people using it, particularly in the Southern Hemisphere, such as Nigeria. At the core of this interest lies the need to investigate whether the use of the said medicine is effectual or not, or whether the users themselves are "cured" of their ailments as a result. Commonly, the analytical lens or framework for

examining the efficacy of traditional medicine is governed by the evidence or rationale-based perspectives of modern, western-based medicine. Some scholars are adverse to this because, according to them, there is enough evidence in traditional medicine practices in China, India, Nigeria, Nepal, and elsewhere whose methodologies are different from that of western medicine (Mume, 1976; Roseman, 1988; Aluede, 2010). In the history of medicine with special reference to the cause of diseases and how to maintain health, "The Emergence and the Objective of Islamic Medicine for the Promotion of Health" (2004) asserts that health which is a dynamic condition of balance is the result of an individual's ability to cope with internal and external influences. Thus, an individual needs not only create an internal balance within him/her but have to cope with external elements.

The multiplicity of universal influences upon any individual is numerous, ranging from the most subtle, such as spirit, to the most gross, such as the sun. Indeed, much of what has been discussed concerning preservation of health and therapeutics in Islamic/African/Asian medical practice may be best understood and justified by referring to the physiology which all of preventive medicine is based on. Consequently, bodily health is displayed when the body and each of its organs achieve and maintain suitable balance of the elements, air, earth, fire and water. Corresponding with the four elements are the four temperaments, hot, cold, dry and moist. In addition to these are four humours, blood, phlegm, yellow bile and black bile. This concept is also relevant to modern medicine, especially if we refer to the question of tissue transplant. Actually, tissue transplant involves the same concept of elements and temperaments in the human body. Medical doctors, whether in the western, orthodox sense or in the traditional, alternative medicine sense as practised in Asia and Africa cannot transplant the kidney of one person to another unless the tissues match and are similar. In other words, one man is not going to accept the tissue of a second man unless the two can match. It is because of this and for a variety of little understood reasons, whether from the action of placebos (Ernst, 2001), credulity and plain availability, these local unsystematic and seemingly unscientific systems (i. e., traditional medicines) have had and continue to have a record of successfully meeting the needs of a far wider range of psychological and physiological sufferers (Tanner, 2010).

Tanner (2010) further asserts that most of the western, scientific medicines have only been available to the well-to-do, a small proportion of any population. Many procedures are too expensive for general use so that their application is rationed by the cost of the medicines, the cost of the necessary training and maintaining specialized personnel and the absence of an economy that can maintain large scale social welfare. Although, western, scientific medicine has had substantial short-term effects in coping with many mass diseases such as poliomyelitis, cholera, malaria in developing countries with the marked exception of HIV/AIDS, it has had little more than

palliative success with degenerative diseases. This leaves a majority of the world's population with the alternatives of using traditional medical systems as may be modified by culture, religion, race, cost or social change to meet their health needs. Here, perhaps, lies the *raison d'être* why traditional medicine as an alternative to western, orthodox medication in Nigeria may be gaining ground. One of the latest dimensions in this trend is that most of the traditional medicine practitioners (TMPS) employ the broadcast media, radio and television channels to reach their seemingly growing number of clientele. Debates in the public space have also trailed the efficacy of their products/services in contemporary Nigeria.

Since time immemorial, each community in Nigeria had had a peculiar way of dealing with its health problems. Mume (1976), Ohaeri (1988) and Ogunleye (2006) assert that the early method of treating ill health among Nigerians in antiquity is through traditional medicine and it is believed to be efficacious. Ogunleye (2006) further contends that traditional medicine otherwise known as indigenous medicine is a therapeutic practice that has been in existence for hundreds of years before the development and spread of modern medicine. Mume (1976) sees it as the transmission by word of mouth and by example the knowledge and practice based on customary methods of natural healing or treatment of diseases. Among other tags, traditional medicine has been called natural medicine, alternative medicine, complementary medicine, native medicine, herbal medicine, ethno medicine, holistic medicine in Nigeria (Africa), where a majority of the people reside in the rural areas. According to Chinsebu (2009), herbal medicines are the first line of treatment for 60 percent of African children that catch malaria. And this is not just for the rural dwellers. Even urbanites buy herbal medications to treat flu and colds. While contending that some African herbs are more efficacious than western medicines, he gives the instance of the vuka vuka, which is widely used in southern Africa. Chinsebu (2009) further observes that, some lucky women will attest that even before the advent of Viagra, vuka vuka was already performing aphrodisiac wonders in their husbands. Hence, he concludes with an instructive poser that who knows whether the knowledge of vuka vuka led to Pfizer's Viagra?

Besides, Artemisia, a medicinal herb is widely used in Uganda for the cure of malaria fever (African Independent Television, 2010). Similarly, Okoegwale and Olumese (2001), Okoegwale and Omofozi (2001), Ilondu and Okoegwale (2002) and Okoegwale (2010) have reported in their ethno botany researches the medicinal propensities of certain plants for emphasis, popularization and usage in Edo State, Nigeria. Using the concept of healing foods as put forward by Houseman and Hurley (1989), they found out that a hedge plant called *Draceana mannii* "a monocotyledon, 'Udielimhin' in Esan language could be used for the management of impetigo, an acute contagious inflammatory skin disease. They also reported that *Garcinia cola* (Bitter kola) could be used in the management of hepatitis of the liver. The decoction of

the root could be used as an aphrodisiac, evacuant and also for dysentery, headache and respiratory ailments. The decoction of the stem bark is effective in arthritis. They also identified *Commelina benghalensis*, a perennial herb with blue petals as being very effective in the management of colic ulcer. These and many more have been the fulcra of their past and current research efforts and stakeholders in traditional medicine practice, including the government ought to pay more than a cursory look at these works because of their capacity for authenticating and standardizing alternative medical practice in Nigeria.

At another level, Lambo (1955), Mume (1976), Ohaeri (1988), Osunwole (1990), Kongo (1997), Erinoshio (1998), Adelowo (2005), Aluede & Omoera (2009a) hold the view that, among Africans, a complex of factors - including microbes, germs and/or infections or hereditary factors, psychological, medical, spiritual/mystical, socio-environmental and cultural variables - are responsible for ailments. This implies that a consideration of all possible causative factors is necessary when treating illnesses; the physical, socio-spiritual and mental conditions are taken into account while treating an ailing individual. Discussing specifically the Esan (in Nigeria) belief system of illness causation and therapeutic interventions, Aluede & Omoera (2009a); Aluede and Omoera (2009b) identified four classes of illness causation. These are *Emianmhen*, *Emianmhen - Ason*, *Emianmhen - Elimhin* and *Emianmhen - Arialusi*. According to them, the *Emianmhen* is sickness, which is natural and very tractable. The ailments under this category are those from poor living conditions, hereditary and through sexual promiscuity. The *Emianmhen - Ason*, which means night sickness, refers to illness caused by witches, wizards and witchets. The *Emianmhen - Elimhin*, is sickness caused by ancestors, gods and spirits while the *Emianmhen - Arialusi* is the kind of sickness which is carried over from past earth life. While the first category of illness may respond to western, orthodox medication, treating any sickness from the last three categories may never be successful unless there is recourse to traditional medicine.

Aluede and Omoera (2009a) further support their submissions with concrete experiments and vivid illustrations from the Iyayi community in Esan. In that study, they reaffirmed the consensus that ill health can be caused by many factors, including community taboos and ancestral issues. For instance, going against the community's will through eating forbidden food or fruits can result in an intractable fever and diarrhoea, having canal knowledge of a sister could result in having symptoms of mental disorder like feeling lonely in the midst of friends, being afraid to relate with people, feeling of being discussed behind, being always uneasy and tensed up. An attempt to treat such cases medically (in the western, conventional sense) will end in futility if the ancestors or gods or spirits are not approached or propitiated for appropriate remedies. Tanner (1958) earlier made this point when he examined ancestor propitiation ceremonies in Sukumaland.

Sharing some views on Kenya's notion of illness causation and belief, Aggrey (2008) observes that it is a common belief among many ethnic tribes in Kenya that western or modern medicine alone cannot cure patients without integrating herbal or traditional medicine. Assessing the Cameroonian experience, Hillenbrand (2006) asserts that for economic reasons as well as personal preferences, Cameroonians of all ranks and backgrounds use traditional medicine, often simultaneously with conventional care. Hillenbrand (2006) however regrets that the incorporation of traditional medicine into mainstream medicine is not a national priority in Cameroon. This appears to be the scenario in most countries on the continent of Africa, including Nigeria where mistrust, mutual suspicion and lack of cooperation continually tears apart the band that ties conventional medicine practitioners and traditional medicine practitioners.

This attitude goes against the grain of the thinking of the World Health Organization (WHO) which recognizes traditional medicine as a vital healthcare resource in developing countries and has encouraged governments to adopt policies to officially acknowledge and regulate the practice of traditional medicine (Hillenbrand, 2006; WHO Report, 1990). The victims of this untoward situation are the poor masses across the African continent that now and then, take ill and might be ripped off by some charlatan practitioners of modern or traditional medicines. Worst, in many urban, suburban and rural settings in Nigeria, Liberia, Sierra Leone, Cameroon and other developing areas of Africa, there abounds cases of untimely deaths of people due to widespread sales and administration of fake and adulterated drugs by con artists turned medicine men and women. This reprehensible phenomenon is probably best emblemized by the albatross of the "Ariaria drug market in Onitsha", which hangs dangerously on the neck of Nigeria as a country.

In the midst of this seeming ambivalence and confusion, some unscrupulous conventional and traditional medicine practitioners appear to be having field days in many areas of Nigeria and elsewhere. Apart from economic gains, many of them especially the TMPS are making daring claims everywhere to whoever cares to pay attention that they can cure what orthodox medicine practitioners finds bewildering. This position is corroborated by the Enogie of Opoji (Personal Communication, November 5, 2007) who notes that one of his subjects was rushed from a modern medical facility in Benin City to a TMP in his domain and within a few months the patient was healed of severe stroke. Similarly, TMPS every now and then, buy air time on radio and television stations to make bold claims on how they have cured different ailments. It is not uncommon to hear/see TMPS on Edo Broadcasting Service Radio, Benin City or Television, Independent Television or Radio, Benin City, Nigerian Television Authority, Benin, Nigerian Television Authority, Irukepken, Nigerian Television Authority, Jattu, to mention a few, making claims. They brandish special concoctions,

tablets, infusions, solid preparations, decoctions, among others, as cure for diverse ailments. The list of the ailments that could be cured is always endless. They include ailments such as hernia, high blood pressure (hypertension), hypotension, arthritis, asthma, weak erection and barrenness in women, sterility in men, rheumatism, gonorrhoea, syphilis and many others. In fact, one TMP, Dr. Tony Ebose of Ima Herbal Centre, who is based in Ekpoma, has claimed on Independent Television (ITV) Benin City that he had a cure for HIV/AIDS way back in 2005 (“Good Morning from Benin”, a programme on Independent Television (ITV) Benin City, September 16, 2005).

While these claims on the air waves and elsewhere are spiralling to an all-time high, some other stakeholders in the health sector have insistently argued that traditional medicine is unscientific. They say it is abstruse in terms of diagnosis, procedure and drug administration. Hillenbrand (2006) remarks that advocates of western, conventional medicine argue that traditional medicine is fraught with problems of imprecise dosage, poor diagnosis, charlatanism, exaggerated claims of abilities, and inadequate knowledge of anatomy, hygiene, and disease transmission, all of which put their patients’ health and lives at risk. Although some practitioners of western, conventional medicine have also been found to guilty of this same charge at least from the Nigerian perspective, Dr. Jimoh Salaudeen of the Nigerian Medical Association (NMA), Asaba branch thinks that hawking of traditional drugs on radio and television should be banned (Personal Communication on the barrage of traditional medicine advertisements on radio and television channels in Nigeria, August 23, 2007). His position may have arisen from the widespread allegation of quackery and unproven treatment among TMPS in many areas in Nigeria. Advertising Practitioners Council of Nigeria (APCON) has also issued on the Nigerian Television Authority (NTA) Network News that all advertisements on general goods and services put on radio, television and other media of advertisement with effect from 1st October 2007 must be vetted by the council. This decision may not be unconnected with the ever-increasing use of radio and television to advertise traditional or herbal products/services which APCON claims that many Nigerians are complaining about.

Besides, the National Agency for Food Drug Administration and Control (NAFDAC) has always insisted that the approval given to many of the TMPS’ products is just to certify that the products are safe for human consumption, not whether they are efficacious or not. With reference to adverts on the broadcast media, ThisDay Online (2007) reported that NAFDAC has warned television and radio stations to pass any advert or programme on traditional medicine through its lens before they are fed to the Nigerian public. Though NAFDAC’s operation appears to be outside the scope of whether TMPS’ products are efficacious or not, it nonetheless underscores why the effectiveness or otherwise of traditional medicine has generated

considerable public interest in Nigeria. The public is daily inundated with the radio and TV commercials of TMPS such as Iyabiye Tayashe, Dr Oosa, Baba and Mama Farin, Dr Fire Fire, Baba Oke Ogun, Baba Ijebu, Ayo Ade Naturalist Care, among many others, and it is by means of these advert platforms that this paper explores Nigerians' ever-use of traditional medicine and their perceptions of its provision and effects, using Edo State as a case study.

Method

Setting

The study was carried out in Edo State, Nigeria. The state is made up of 18 Local Government areas (LGAs). For the purpose of this study, the state was divided into three zones: the south represented by Benin City; the central represented by Ekpoma and the north represented by Auchi. The choice of these towns in each zone was informed by the fact that each has at least one tertiary institution and each is cosmopolitan in outlook. The residents of these towns are exposed to various television and radio programmes, including adverts of TMPS' services. Besides, each of these three centres have played host to tradition medicine/ herbal fairs where TMPS' products were displayed. Therefore, there is every possibility that the residents could give informed views/opinions on TMPS' services.

Participants

A total number of 300 respondents participated in this study. They represent the residents of the three selected towns. 135 (45%) respondents male; 165 (55%) female. 160 (53.3%) Christian, 120 (40%) Muslim and 20 (6.7%) respondents did not indicate their religion. 177 (59%) University/ Polytechnic/College of Education Graduate, 108 (36%) Senior School Certificate holder while 15 (5%) did not indicate their qualification.

Design

The study employed an ex-post facto design. This design is appropriate because the participants have sought the service of TMPS, having heard/watched radio/TV programmes on TMPS' services. Therefore questionnaires were administered to the participants to elicit information about the perceptions of traditional medicine in relation to the efficaciousness of TMPS' products/services.

Sample Size

The sample size used for the research was 300 participants selected from the three towns each representing the three senatorial districts/areas that make up Edo State.

Instrument

The instrument used to draw responses from the subjects was a carefully designed questionnaire. It consisted of two sections. Section A tapped information on the respondents' demographic variables while section B comprised of items that measured the efficacy of TMPS' services. The items were structured using 3-point response format, ranging from Yes to Undecided.

Procedure

A total number of 1000 questionnaires were initially distributed in the three designated towns. 400 questionnaires were administered in Benin City, 300 questionnaires in Ekpoma and another 300 questionnaires were administered in Auchi. The reason for the allotment is that Benin City is the state capital and obviously the most populous setting followed by Auchi and Ekpoma (National Population Commission, 2006). The questionnaires were administered to respondents in major public places such as shopping malls, markets, schools, in these towns. To make the process of administering the questionnaire easy, the researchers employed the services of research assistants who were familiar with the towns under investigation. 700 questionnaires were retrieved from the field. Out of these, 300 questionnaires that were filled by respondents who have heard/watched TMPS' advertisements/programmes on radio/TV and sought either as patients or as close relatives of patients (non-patients) were separated for use in the research. The reason for this separation is because the study sought to find out patients/non-patients' perceptions of traditional medicine and TMPS against the backdrop of the frenzied advertisements of their products on the radio and TV stations in Edo State. In other words, only participants who have heard/watched radio/TV programmes advertising the wares of TMPS and eventually sought their services were isolated for the study.

The data were collected and analyzed using descriptive statistics such as frequency tables and percentages to interpret results.

Result

The results show that a relatively high number of the respondents have sought the services of the TMPS and can reasonably give their

perceptions on traditional medicine and the use of TMPS' products/services, especially in relation to whether they are efficacious or not.

Table 1
Questions to Ascertain Respondents Who Have Sought the Services of TMPS Having Heard/Watched Radio/TV Advertisements on Traditional Medicine

Statements	Response	Frequency	%
Have you heard/watched on radio/television, the adverts of Iyabiye Tayashe, Dr Oosa, Baba and Mama Farin, Dr Fire Fire, and other traditional medicine men or women?	Yes	650	93
	No	30	4
	Undecided	20	3
Have you ever sought the services of traditional medicine men or women over any ailment after listening to/watching radio/TV commercials of their services/products?	YES	280	40
	NO	420	60
	Undecided	=	=
Have you ever accompanied any one to seek the services of traditional medicine men or women after listening to/watching radio/TV commercials of their services/products?	Yes	20	2.857
	No	680	97.14
	Undecided	=	=

Table 1 shows that 650 (93%) respondents have heard/watched TMPS' advertisements on radio/television, 30 (4%) have not heard/watched TMPS' adverts while 20 (3%) are undecided. 280 (40%) respondents have sought the service of TMPS while 420 (60%) have never visited any TMP over any ailment. 20 (3%) have accompanied their people/relatives to seek the services of TMPS while 580 (97%) have never accompany anyone to seek TMPS' services.

Table 2
Questions that Elicit Respondents' Impression about TMPS' Products

Questions	Respondent	Frequency	%
Would you say tradition medicine men and women properly assess clients' ailments before prescription?	Yes	115	38
	No	185	62
	Undecided	=	=
Do you like the way drugs are administered by traditional medicine practitioners?	Yes	97	32
	No	203	68
	Undecided	=	=
Would you say the environments where most traditional medicine practitioners operate are hygienic?	Yes	51	17
	No	249	83
	undecided	=	=
Do you think the traditional medicine practitioners deliver on their promises as seen/heard over radio and TV?	Yes	130	43
	No	170	57
	Undecided	=	=

Table 2 shows that 185 (62%) respondents believe that traditional medicine men/women do not properly assess clients' ailments before prescription while 115 respondents (48%) are of the opinion that TMPS properly assess their clients before prescription. 203 (68%) respondents do not like the way TMPS administer their drugs to patient while 97 (32%) like the way TMPS administer drugs. 249 (83%) are of the opinion that most TMPS operate in an unhygienic environment while 51 (17%) say that the environment where most TMPS operate is hygienic. 170 (57%) think that the TMPS do not deliver on their promises as against 130 (43%) who believe otherwise.

Table 3
Questions that Draw Respondent's Satisfaction about TMPS' Services

Statements	Response	Frequency	%
Having been treated by a traditional medicine practitioner, were you fully healed?	Yes	95	32
	No	205	68
	Undecided	=	=
Did you/your relation experience relapses having been fully treated?	Yes	205	68
	No	95	32
	Undecided	=	=
Would you say you/your relation are/were satisfied with the methods used for treatment and the services offered by the traditional medicine men or women?	YES	72	34
	NO	228	76
	Undecided	=	=

Table 3 shows that 205 (68%) respondents do not subscribe to the opinion that having been treated, they were fully healed. 95 (32%) subscribe to the idea that having been treated, they or their relatives were fully treated. 205 (68%) respondents said having been treated fully, they or their relatives experienced relapses while 95 (32%) said they or their relations did not experience any relapse. 228 (76%) said they were not satisfied with the methods used for the treatment while 72 (34%) said they were satisfied.

Discussion

The study has examined the perception of persons who have heard/watched and sought the services of traditional medicine practitioners in Edo State, Nigeria. In the analysis, 300 respondents were drawn from the three zones of the state. The result shows that traditional medicine practitioners (TMPS) do not properly assess their clients' ailments before prescription or treatment. It also reveals that the environment where they operate is largely unkempt. This supports the position of Hillenbrand (2006) and the NMA as presented by Salaudeen (2007), which holds that traditional medicine in Africa (Nigeria) is to large extent, unscientific and abstruse in

terms of diagnosis and drug administration procedures. Respondents' perception in this study might have stemmed from the fact that a majority of them were brought up within the colonial contexts and prisms of western thinking and ideology which they are still striving to keep not minding the depressing consequences such dreams might have engendered. For instance, western medication have not been able to put degenerative diseases under effective check (Tanner, 2010), neither has its prohibitive cost of administration made it accessible to the masses in developing areas, including Nigeria where public health systems which are mainly designed following western paradigms are failing.

Another issue that needs to be put into perspective is thinking that there are categories of illness as identified by Tanner (1958); Aluede & Omoera (2010a); Aluede and Omoera (2010b) which are beyond western medicine and can only be managed/cured/treated through native, indigenous medical remedies. It is in the light of this that we think that traditional medicine and its practitioners should be encouraged to improve on their services to take care of certain medical cases that are beyond western, orthodox medical comprehension and remediation. In this regard, dedicated TMPS, the government, the media and other stakeholders should make concerted effort at systematizing/sanitizing the TMPS' operations, especially in relation to their environment where they operate, their treatment procedures and drug administration. Along this line of sanitization must also be how to address the challenge of charlatanism among the ranks of TMPS. Although the problem have also been found to exist in orthodox medical practice, Ojei (2008), a renowned alternative/traditional medicine practitioner in Nigeria contends that they (TMPS) have 99% of fraudsters, people who could not finish primary school parading themselves as alternative medical doctors in Nigeria. If Ojie's view is anything to go by, then a closer look must be paid the traditional medicine sector of the healthcare delivery system in Edo State in particular and in Nigeria generally.

The problem of charlatanism may not be unconnected with the fact that there is no strong regulatory body superintending the traditional medicine sector in the country, needless to mention Edo State, which is the area under survey. Again, the fact that traditional medicine system in Nigeria has been in existence from time immemorial (Ogunleye, 2006), before the introduction of western medicine may have also made it an all comers' affair. The implication of this is that TMPS from the outset in Nigeria did not have to subject their medication to western scientific assessment before successfully treating their clients. This much Mume (1976); Adelowo (2005); Aluede & Omoera (2010a); Aluede & Omoera (2010b) have exemplified though many of the respondents in this present study think otherwise. Besides, the current influx of people into the field of traditional/alternative medicine in Nigeria may have arisen from the problem of unemployment and

the inordinate drive for some people to make quick money. Therefore, with the inability of many Nigerians, especially those in the rural areas to access orthodox medical services/facilities, some smart alecs among the TMPS and even pretenders among orthodox medical practitioners catch in on patients' medical predicaments to frisk them of their hard earned money.

Furthermore, the result reveals that a greater number of people that patronize TMPS are not satisfied with their medical services. This is in sharp contrast to the loud advertisements that are placed on radio/television channels by many TMPS as regards the efficacy of their products. A significant number of TMPS' clients affirmed that they were either not fully healed or that they experienced relapses after full treatment. This is probably due to the fact that a large number of TMPS advertise on radio and television that a single drug could cure up to 8 or 9 ailments. Apparently, this "cure-all" drugs sound magical when viewed against the backdrop that most of the ailments have different underlying causes. This observation is corroborated by the remark of Martins (2007), which states that people in their desperate need to cure exotic diseases have met their untimely death in the hands of unscrupulous mythical traditional doctors.

Hence, this study suggests that the loud claims on television and radio advertisements by TMPS should be further scrutinized as they appear not to reflect, significantly, in the efficaciousness of their medicines. The activities of TMPS should be put under the watchful eyes of a regulatory body which should strive to realign their operations and possibly see how traditional medicine could be integrated into the mainstream medical delivery system in Edo State of Nigeria for the greater benefit of the people. This thinking is based on the fact that there are numerous fauna and flora in the African rain forest areas of Edo State whose parts such as skin, fluid, bark, leaves, among others, have been reported to be of immense help in ethno medicine. Indeed there has been a considerable effort at documenting plants of medicinal relevance in various communities in Edo state (Okoegwale, 2010) and efforts must now be made by dedicated stakeholders to harness the medicinal properties of these natural substances in the environment for the benefit of sufferers/patients and relatives of sufferers/would-be sufferers/non-patients of ailments.

Conclusion

Regardless of the ambivalence that seems to be surrounding traditional or indigenous medicine in Edo State, Nigeria, it is still the medicine for the masses today and probably for long time to come because of the short supply of modern medical facilities (in the western sense), the prohibitive cost of procuring treatments and training orthodox medical personnel. Thus, traditional medicine or what could be called the people's medicine cannot be wished away because it involves the use of herbs, roots,

barks, grasses, and leaves, animals and other natural substances which abound everywhere. Though it does not give much room for scientific assessment along the lines of western medical paradigms, its place and usefulness in the healthcare delivery system in Edo State, Nigeria could be felt more if certain realignments are made. This is particularly so because the technological wherewithal to provide up-to-date orthodox medical services is in short supply in Nigeria and the political leadership in the country is far from confronting this challenge head-on. In the circumstances, the Indian, the Nepalese and the Chinese examples of incorporating their traditional medical practices into orthodox medicine practices seem appealing and most practicable because a majority of Nigerians live in the rural areas where they cannot access the few modern medical facilities available. This category of Nigerians, including a growing number of people in urban areas depends heavily on ethno medicine and TMPS for their medical needs. It is on the strength of the foregoing that the following recommendations are made:

- (1) TMPS that have real knowledge of ethno medicine should be encouraged by the government and other stakeholders, including broadcast media outfits to come out and share their expertise for the common good of Edo people and other Nigerians.
- (2) Government and other stakeholders, including the broadcast media should help to refocus the agencies charged with traditional/alternative medicine with a view to honing the skills of the rather many and poorly trained alternative medicine practitioners.
- (3) The broadcast media professionals in Nigeria should create special forums where TMPS could productively meet minds with western, orthodox medicine practitioners.
- (4) National Broadcasting Commission (NBC), APCON and other relevant regulatory agencies should work hand in hand to verify claims of TMPS before they are placed on the broadcast media in Nigeria. In this connection, agencies such as NAFDAC, Consumer Protection Agency (CPA), and Standard Organization of NIGERIA (SON) should be further strengthened to check any unwholesome practice among the ranks of TMPS in Edo State, Nigeria.

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Acknowledgement

We wish to thank Dr Nayan Deep S. Kanwal and colleagues of the Research Management Centre (RMC), Universiti Putra Malaysia, Serdang, Selangor Darul Ehsan, Malaysia for their insightful comments on an earlier version of this work.

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