# THE PRACTICE AND CHALLENGES OF TRADITIONAL MEDICINE IN MAKURDI LOCAL GOVERNMENT AREA OF BENUE STATE, 1960 – 2020

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**ABSTRACT**
*This paper examines the practice and challenges of traditional medicine in Makurdi Local Government Area of Benue State, 1960 – 2020. It conceptualizes traditional medicine and traditional medical practitioners. The call, training, and initiation, as well as forms of traditional medical practitioners in Makurdi Local Government Area of Benue State, 1960 – 2020 also came into focus. It analyzes the roles of traditional medical practitioners in Makurdi Local Government Area of Benue State, 1960 – 2020. It also examines the challenges of traditional medicine and its practice in Makurdi Local Government Area of Benue State, 1960 – 2020. The study relied on both primary sources like oral interviews and archival materials and secondary sources like books, theses, articles, newspapers, journals, etc. The study finds out that traditional medicine is part and parcel of the health care system in Makurdi Local Government Area of Benue State, 1960 – 2020. The study demonstrates that traditional medicine is an important component of the health sector in Makurdi Local Government Area as it provides an alternative to modern medicine in the area and doubles as a veritable tool for revenue generation and employment creation. The study concludes, among other things, that the solutions to the challenges confronting traditional medicines and traditional medical practitioners in the area lie in the provision of incentives, the elimination of quackery, and positive government policies to confront these challenges faced by traditional medicines and traditional medical practitioners in Makurdi Local Government Area of Benue State.*

## Introduction

Traditional medicine has a long root and wide acceptance throughout Nigeria. It is compatible with prevailing health beliefs and practices in most parts of Nigeria (Njoku, 2002; Shishima, 2006; Apenda, 2016; Ugbabe, et al, 2021). Traditional Nigerian pharmacopoeia mainly comes from the vegetable kingdom and comprises the leaves, flowers, seeds, bark, sap, and roots of a wide variety of plants. The animal kingdom also provides four main articles of medicine: honey, butter, animals' fat, and certain insects with medicinal properties. The practice of traditional medicine in Nigeria thus includes the use of herbs (or washing with various herbs and other substances), steam and smoke inhalation, oral medicaments (for e.g., inducing diarrhea and vomiting), spiritual healings, holy water (including thermal baths), bone-setting, and minor surgical procedures like bleeding, cupping, counter irritation and cauteries (Njoku, 2002; Shishima, 2006; Apenda, 2016; Ugbabe, et al, 2021). In Nigeria, like in many African countries, 75-80% of the population consults traditional medical practitioners (TMPs) and depends on traditional medicine for their primary health care (Ancha, 2015; Sam, 2019; Telles, 2014; Kigen, 2013; Hedvig, 2013). Traditional medicine (TM) is, according to the World Health Organization (WHO), the total sum of knowledge, skills and practices based on the theories, beliefs, and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve, or treat physical and mental illnesses (Abdullahi, 2011; Ancha, 2015; Hedvig, 2013). Before modern/scientific methods of curing sicknesses and diseases came into play, the use of plants for medicine was dominant and available to millions of people in Nigeria in both rural and urban communities. The development of traditional medicine in Nigeria has led to various categories of healers, the various healing methods, strategies, and remedies that are now well known (Ancha, 2015; Njoku, 2002; Shishima, 2006). The knowledge is often handed down from generation to generation on how to prevent or treat diseases and ailments (Njoku, 2002; Shishima, 2006).

The practice of traditional medicine within Nigeria is at risk of being lost due to the impact of colonialism. The impact of colonialism and the subsequent displacement and disconnection of people both from their traditional lands and later from their traditional families has been significant in its subsequent effect on the use of traditional practices, including traditional medicine. Prior to colonization, traditional forms of healing, such as the use of traditional healers and traditional medicines, were the only sources of primary health care (Njoku, 2002). The introduction of Western culture, particularly into rural parts of Africa, has had a tremendous negative impact on the role traditional medicine plays. As Western education, Christianity, and increased contact with the global community become an integral part of rural communities, taboos, traditions, and customs have been affected and, in some instances, abandoned altogether. These challenges notwithstanding, there is increasing evidence that traditional medicine would continue to hold sway in both rural and urban communities of Africa even when modern health care facilities are available to meet a wide range of healthcare needs (Ancha, 2015; Njoku, 2002; Shishima, 2006). This implies that despite the availability of orthodox medicines, traditional medicines still play a major role in meeting the healthcare needs of the indigenous people and the people, maintain a strong belief that the traditional medicine practices which are a huge part of the culture handed over to them by their forefathers, are very effective and can therefore not be discarded due to the availability of orthodox medicines. It has been reported that about 60% of people depend on plants for the management of ailments (Olotu, 2017; Njoku, 2002; Shishima, 2006). However, it is unclear to what extent traditional medical practice remains in Nigeria in the 21st century within the primary healthcare setting and how this practice sits alongside the current biomedical healthcare model. It is against this background that this paper seeks to examine the practice and challenges of traditional medicine in Makurdi Local Government Area of Benue State, 1960 – 2020.

The study is carried out in Makurdi Local Government Area, which is located between latitudes 7° 13' North and 8° 00' North, and longitudes 8° 00' East and 9° 00' East and occupies a total area of 77,379.32 square kilometers (Goon, 2011; Ajene & Ogorry, 2016). The climate of Makurdi is characterized by tropical wet and dry seasons with an annual average temperature ranging from 21°C to 38°C, respectively. The annual average rainfall of this region is estimated at 1152.2 mm, of which approximately 88% falls in the months between April and October. The dry season normally starts in November and ends in March (Goon,

2011). According to the 2006 census in Nigeria, it has an estimated population of 300,377 and is inhabited predominantly by the Tiv people, who speak the Tiv language, and their economy lies predominantly on agricultural practices (Federal Republic of Nigeria Official Gazette, 2009: Goon, 2011).

## Conceptualizing Traditional Medicines and Traditional Medical Practitioners

Traditional medicine (TM), variously known as ethnomedicine, folk medicine, native healing, or complementary and alternative medicine (CAM), is the oldest form of healthcare system that has stood the test of time. It is an ancient and culture-bound method of healing that humans have used to cope with and deal with various diseases that have threatened their existence and survival. Hence, TM is broad and diverse. Consequently, different societies have evolved different forms of indigenous healing methods that are captured under the broad concept of TM, e.g. Chinese, Indian, and African traditional medicines. This explains the reason why there is no single universally accepted definition of the term. This notwithstanding, one of the most acceptable definitions of TM has been provided by the World Health Organization (WHO). According to WHO, TM is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illnesses (Abdullahi, 2011; Ancha, 2015; Hedvig, 2013; Abbott, 2014). Traditional medicine (TM) also refers to health practices, approaches, knowledge, and beliefs incorporating plant, animal, and mineral-based medicines, spiritual therapies, and manual techniques applied individually or in combination to treat, diagnose, and prevent illnesses or maintain well-being (Telles, 2014). Traditional medicine (TM) could also be defined as a collection of knowledge, skills, and practices that the health maintenance as well as prevention, diagnosis, improvement, or treatment of physical and mental diseases. Herbal drugs form the main part of the TM system (Mirzaeian, 2019). Herbal drugs are used around the world to treat conditions and diseases, and many studies prove their efficacy. Herbal drugs are used for the treatment of chronic and acute conditions and various ailments, including major health concerns like cardiovascular disease, prostate problems, depression, inflammation, and weakened immune system (Mirzaeian, 2019).

TM can be considered to belong to three main categories. These are (i) codified medical systems, (ii) folk medicine, and (iii) allied forms of health knowledge (Telles, 2014; Abbott, 2014). Codified medical systems include great traditions which have evolved over 3-4 millennia and include Ayurveda, Siddha, and Unani in the Indian subcontinent and traditional Chinese medicine and acupuncture in China. These medical traditions have a unique understanding of physiology, pathogenesis, pharmacology, and pharmaceuticals which is different from Western biomedicine (Telles, 2014; Sam, 2019; Abbott, 2014). Perhaps because of this systematic approach, these medical systems have been professionalized within the last millennium. Folk medicine is those traditional knowledge systems which are more often orally transmitted, have been generated by communities over centuries, and use components of the ecosystem which are locally available and accessible. Folk medicine has not been formalized and is diverse and adaptable based on changing contexts. There are several similarities in the folk/indigenous medicine of widely differing, geographically distinct communities. Allied forms of health knowledge include techniques which are related to well-being, though they are not purely medical systems, such as yoga, tai-chi, qi-gong, and different meditations and breathing techniques (Telles, 2014).

A traditional medicine practitioner, also called a traditional healer, plays a pivotal role in the health care system in Nigeria. A traditional medicine practitioner, or traditional healer, is a person who is recognized by the community where he or she lives as someone competent to provide health care by using plant, animal, and mineral substances and other methods based on social, cultural and religious practices (Abdullahi, 2011). Traditional medicine practitioners are known as ortwer among the Tiv and otechi among the Idoma peoples, both of Benue State. They are similar to eze-mmuo/eze-dibia in Igboland, babalawo in Yorubaland, and boka in the Hausaland. They are first and foremost herbalists who prepare medicines from herbs mixed with some other material objects, especially parts of animals, which can have miraculous effects on other objects and consequently can affect a man and human conditions (Shishima, 2006).

Affirming the above assertions, Njoku (2002) points out that intimate knowledge of medical psychic and cosmic properties of weeds, herbs, and plants is the basis of traditional medical science. But traditional medicine ranged beyond purely herbal care, dealing with simple and commonly known recipes. It encompassed more professional recipes for the cure of more complicated ailments such as snake bites, whitlow, impotence/infertility, stroke, and mental disorder (Njoku, 2002). The recipes for this category of diseases lay with the professional doctors (traditional medicine practitioners/traditional healers) whose therapeutic techniques were shrouded in mystique and secrecy (Njoku, 2002; Shishima, 2006; Apenda, 2016). These professionals (experienced traditional medical practitioners) were versed in the medicinal properties and potencies of herbs and plants. And a well-trained doctor (traditional medicine practitioner/traditional healer) could, with ease, reel off hundreds of such herbs and plants. Intimate knowledge of this pedigree is acquired over a long and rigorous period of apprenticeship (Njoku, 2002).

**Contributions of the Study on Traditional Medicine in Makurdi**

The study on traditional medicine practices in Makurdi Local Government Area, Benue State, from 1960 to 2020 will provide insights into their evolution, key figures, scope, effectiveness, and safety. It will also identify challenges faced by practitioners, such as lack of recognition, regulation, and resource access. Strategies for addressing these issues will be proposed, including training programs, quality control measures, and integration with modern healthcare systems. The study will also promote sustainable use of medicinal plants and raise awareness about their conservation. The findings will inform policy and healthcare implications, promoting better regulation and support for traditional medicine practices. Community engagement and education will be promoted, promoting informed healthcare choices.

**The Call, Training and Initiation of Traditional Medical Practitioners**

The traditional medical practitioner is very essential in any given African society. He/she is a specialist in the art of preparing, controlling and administrating traditional medicines. By implication, the traditional medical practitioner is concerned with sickness, diseases and misfortunes but he/she can also be called upon to provide protective medicine for any form of misfortune just as he/she could approach to prepare medicine to attract some fortunes (Njoku, 2002; Shishima, 2006; Apenda, 2016). The ways traditional medical practitioners receive their vocation differ from one society to the other in Africa. In some societies, it is naturally endowed on a person, in other societies, only those who are called by the deity can become traditional medical practitioners (Njoku, 2002: Shishima, 2006). The call, training and initiation of traditional medical practitioners are organized in a way that minimized quackery, imposters and harmful practice while at the same time enhancing the efficiency of the vocation. There are three principal stages in undergoing training and initiation under an experienced traditional medical practitioner. They are the call stage, training stage and initiation stage.

a. It all begins with ***the call***, which is the stage when any would-be traditional medical practitioners (i.e. persons who are naturally endowed in the art, wards of a person of an experienced traditional medical practitioner, those who are called by the deity, etc.) are introduced to the vocation, their duties, roles and overall workings of the vocation. It is a period of orientation (Atule Uver, 2022; Tunde Nuhu, 2022). With particular reference to our area of study, According to Shishima (2006), there are major ways in which a person may be called to become a traditional medical practitioner. These are through:

    i. Inheritance as part of family patrimony;

    ii. The art could be bought;

    iii. A gift by one's kinsmen (*Ityo*). However, the qualification to be called to be a traditional medical practitioner by the *Ityo* is based on one's good character (Shishima, 2006).

    Furthermore, if the art of medicine making is through purchase, the experienced traditional medical practitioner sells the art to his/her client after due negotiation. The novice then learns all the laws/taboos of the art under his/her master before leaving to practice on his/her own

(Shishima, 2006). It is pertinent to note that, there are fixed rules governing the call of an individual to become a traditional medical practitioner. One can be called at whatever age; one may be married or not, just as a father can pass the art to a son or relative (Shishima, 2006).

b. The next is the period of **training**, which offers the apprentice(s) the spaces of learning to mature in the vocation, in co-creation and training. The training stage is full of risks and practical in nature. It is during this period that the apprentice is trained and nurtured. During this period, honesty, accountability and work ethic are core principles (Abu Iorbee, 2022; Doshima Kile, 2022; Isah Nuhu, 2022). Concerning the training of a traditional medical practitioner, it is a must that the apprentice (novice) receives training from an experienced traditional medical practitioner before beginning his/her practice (Njoku, 2002; Shishima, 2006; Apenda, 2016). Each experience traditional medical practitioner has his/her own regulation for his/her own pupils as refraining from eating certain foods and various plants and from sexual intercourse. Training can last between three months to several years (Njoku, 2002; Shishima, 2006; Apenda, 2016).

   An apprentice has to pass through an intensive and rigorous internship under a master doctor (an experienced traditional medical practitioner). He/she accompanies the master to the bush to obtain herbs for treating various diseases. He/she learns which herb could be combined for the treatment of various diseases. He/she is also taught how to harness mystic and cosmic forces, through the power of the mind, to deal with spiritual human problems. It is through this system that centuries of accumulated knowledge are transmitted from generation to generation (Njoku, 2002; Shishima, 2006; Apenda, 2016).

c. The final stage is **initiation**. This is when an experienced traditional medical practitioner certifies and settles the apprentice to begin practice on his/her own. This is dependent on the understanding and commitment of the apprentice to the vocation during the training period (Godwin Ali, 2022). Regarding initiation, an apprentice, a trainee, or novice may only be allowed to practice on his/her own if one is certified by his/her master in character and professional competence and has been publicly initiated into the local guild of experienced traditional medical practitioners (Shishima, 2006). Among the Tiv of our study area, the art of initiation is known as kor. Literally, the word would imply "to catch" or grasp. But the actual meaning of the word is to "begin" the art of healing. The art of initiation is sealed with a payment which includes, amongst other things a chicken, goat, a little bag of salt, a strand of tobacco, an arrowhead, and money. This fee must be paid to ensure success. Therefore, initiation is very vital for any would-be traditional medical practitioner if he/she is to succeed and similarly prevents "quacks" from practicing the art of medicine making (Shishima, 2006).

d. Also, among the Tiv of our study area, if a non-initiate in (to) any akombo (healing rituals) dares prepare medicines for any patient, the treatment will not only be inefficacious, but also the disease and others will affect the so-called "traditional healer." This connotes that initiation opens the way for the would-be traditional medical practitioner to prepare efficacious medicines. At initiation, the trainee is similarly bestowed with the powers of communicating with the spirits through prayers and incantations (Njoku, 2002; Shishima, 2006; Apenda, 2016). Thus, no medicine is regarded as potent without religious rites because the practitioners are apprehensive of the involvement of the spirits in their trade. At all stages of medicine-making, the powers of the spirit are invoked through prayers and incantations (Njoku, 2002; Shishima, 2006; Apenda, 2016).

**Forms of Traditional Medical Practitioners in Makurdi Local Government Area**

Traditional medical practitioners are usually trained to deal with all forms of human ill-health, internal and external, including psychiatry. But this did not imply the absence of specialization. In every community, there are traditional healers known for their specialty in one or two areas of medicine (Njoku, 2002; Shishima, 2006; Apenda, 2016). There were at least two types of traditional medical practitioners or more in Makurdi Local Government Area of Benue State during the period under review. There were general-purpose traditional medical

practitioners and special-purpose traditional medical practitioners.

a. General-purpose traditional medical practitioner was a description of traditional healers who were capable of treating/curing a large number of ailments. General-purpose traditional medical practitioners were usually trained to treat many different types of ailments. By being versed in traditional medicine, they thrived and focused on a large number of conditions, rather than on a particular area of medicine that typically arises from a lack of equilibrium of the mind, body and environment (Ogbu Daniel, 2022; Rosemary Abari, 2022; Bunde Dzurgba, 2022). For example, a traditional orthopaedic is a special-purpose traditional medical practitioner that is trained to correct disorders of the bones, joints, ligaments, or muscles, while a general-purpose traditional medical practitioner sometimes engaged in the correction of disorders of bones, joints, ligaments, or muscles mostly as first aid before a specialist is contacted. The ability to treat a large number of ailments allows general-purpose traditional medical practitioners to be quite versatile in terms of the medicinal properties and potencies of herbs and plants (Doshima Kile, 2022; Isah Nuhu, 2022). They were deemed to possess mystical and extra-sensory powers. This enabled them to harness the cosmic forces and so exercise considerable influence on the elements such as plants, animals and the weather (Atule Uver, 2022, Tunde Nuhu, 2022; Shishima, 2006; Apenda, 2016).

b. Special-purpose traditional medical practitioners were trained for one specific ailment or class of ailments and most often wouldn't be able to treat/cure many ailments. However, they were highly efficient at carrying out their specialties (specialized areas of medicine) and extremely reliable (Atule Uver, 2022; Maryrose Chukwuemeka, 2022; Tunde Nuhu, 2022). They were also deemed to possess mystical and extra-sensory powers. This enabled them to harness the cosmic forces and so exercise considerable influence the elements such as plants, animals and the weather (Abu Iorbee, 2022; Shishima, 2006; Apenda, 2016). In our area of study orthopaedic is an area of medicine in which traditional medical practitioners demonstrated remarkable expertise and continue to do so. Some specialized in paediatrics and were versed in children-related diseases such as convulsion. Some established reputation in gynaecology, involving pre-natal and post-natal medicine. They administered drugs to effect abortion, stabilize a stubborn pregnancy, induce and facilitate labour, and activate the flow of a mother's breast milk. Some traditional medical practitioners were such experts that by merely caressing the tummy of a pregnant woman, they could accurately tell the gender of the unborn baby (Aisha Ibrahim, 2022; Bunde Dzurgba, 2022; Shishima, 2006; Apenda, 2016).

   Furthermore, some traditional medical practitioners specialized in the production of amulets and charms which their clients could ward off evil forces. Some specialized in divination and so were deemed be able to decipher the cosmic explanations of ill-health and other misfortunes. They prescribed suitable remedies against such misfortunes and these often-involved ritual sacrifices (Atule Uver, 2022; Shishima, 2006; Apenda, 2016). This infers that in contemporary times, the reservoir of traditional medical know-how continues to be exploited, even in spite of the attractive advertisements eulogizing modern medicine and decrying traditional medicine. All in all, traditional medicine has continued to aim at restoring the individual's equilibrium with the total environment.

**The Roles of Traditional Medical Practitioners in Makurdi Local Government Area**

Traditional medical practitioners are highly respected persons in African society. Their importance is borne out by the presence of many traditional medical practitioners in many African cities. Their increasing relevance in the changing Nigerian society is deemed to be considerable, knowing that their clientele comes from all sectors of the community and includes politicians, highly placed government officials, university lecturers and students, businessmen and military officers (Andrew Ogbole, 2022; Shishima, 2006; Apenda, 2016). There were at least six roles of traditional medical practitioners or more in Makurdi Local Government Area of Benue State during the period under review. There are preserver of traditional social/religious patterns, the role of healer, the role of protector, the judicial role, the role of success maker and specific roles during conflicts.

i. *Preserver of Traditional Social/Religious Patterns:* Traditional medical practitioners are the main professional functionaries of traditional practices. They thus serve as a symbolic link with the past. They reconcile those with problems regarding their relationship with their ancestors. They keep alive the knowledge and observance of clan taboos; from time to time, they credit disease or calamity to the breaking of a taboo and arrange ritual cleansing accordingly (Godwin Ali, 2022; Shishima, 2006; Apenda, 2016).

ii. *The Role of Healer:* Traditional medical practitioners treat people with different ailments. The illnesses they treat include stomach problems, dizziness, tuberculosis, mental illness, menstrual problems, heart problems, chest problems, snake bites, fertility difficulties, etc. The traditional medical practitioners' knowledge makes them know various combinations of medicines, both herbal and magical, which can cure clients. Sometimes they refer a client to the hospital, especially if they consider the problem to be a "European Sickness" (Godwin Ali, 2022; Shishima, 2006; Apenda, 2016).

ii. *The Role of Protector:* Traditional medical practitioners protect their communities and clients against the forces of evil, both human and spiritual. The fear of evil spirits, witchcraft, and sorcerers is very great, and their presence is recognized by Africans. Though they offer protection and alleviate the immediate fear, at the same time they perpetrate the system of belief, which is the underlying cause of the tension (Andrew Ogbole, 2022; Shishima, 2006; Apenda, 2016).

iii. *The Judicial Role:* The traditional medical practitioners, to an extent, play some judicial roles in African societies. They administer oaths (*chia)* and ordeals (*kor),* thereby becoming a Judge, arbitrator and peace-maker among those who are willing to bring their problems to them (Atule Uver, 2022; Shishima, 2006; Apenda, 2016).

iv. *The Role of Success Maker:* Traditional medical practitioners offer success to people. For the weak and those who suffer frustration and failure in any business endeavour, they offer the way to success in life. They handle problems such as those of unemployment and fear of losing a job. They equally prepare charms for success in trade, examination, love, marriage, or simply for physical strength (Godwin Ali, 2022; Shishima, 2006; Apenda, 2016).

v. *Specific Roles during Conflicts:* Africans are known to take special care to protect themselves because they have a profound belief in a spiritual universe; here phenomena and events in the universe are determined not only by material and physical laws and forces but also by invisible powers and spiritual beings. This explains why Africans employ the service of traditional medical practitioners to provide protective charms and amulets for the protection of the homesteads and the families and other property (Atule Uver, 2022; Shishima, 2006; Apenda, 2016).

**Challenges Associated with Traditional Medicine in Makurdi Local Government Area**

We may at this juncture outline the challenges associated with traditional medicine in Makurdi Local Government Area of Benue State. Some of the challenges have been mentioned in passing or obliquely in the course of our discussion above.

a. The ethnocentric and medicocentric tendencies of the Western hegemonic mentality that are usually paraded by most stakeholders in modern medicine remain a very serious challenge. It is a general belief in the medical circle that TM defies scientific procedures in terms of objectivity, measurement, codification, and classification. Even then, there are indications that the physical aspects of TM (i.e., the physical ingredients) can be scientifically studied and analyzed (Ogbu Daniel, 2022; Rosemary Abari, 2022; Abdullahi, 2011).

b. Widespread reported cases of fake healers and healing, though, this is not limited to TM practice only (Bunde Dzurgba, 2022; Abdullahi, 2011). It is observed that since proficient healers could be rendering beneficial services to a large population, it might be a common place to encounter quacks among the practitioners. In the same vein, it is noted that "in the current economic climate and amid the concomitant unemployment, there is a marked increase in the ranks of traditional healers, among

whom there are, unfortunately, quite a number of charlatans" (Godwin Ali, 2022; Abdullahi, 2011).

c. The process of colonialism and neo-colonialism has greatly impacted the use of TM in both rural and urban communities of Makurdi. All forms and practices of traditional medicine and its practice have been negatively impacted by the practices and policies of colonization. Neo-colonialism in its multi-faceted ramifications has underestimated and undervalued traditional medicine and contributed to the loss of culture and identity in indigenous communities. The result has been the marginalization of indigenous traditional systems of knowledge of medicine, and in some cases, it has resulted in the alteration or the loss of the practice (Atule Uver, 2022).

d. The craze for modernity and globalization has also endangered traditional medicine. Traditional medicine has often been dismissed as unsystematic and incapable of meeting the rapid economic growth needs of the modern world. Historically, modern societies have regarded indigenous people and traditional medicine (tradition) as less progressive, and as a result many groups of indigenous peoples, especially their younger generations, are influenced to devalue their native cultures and to adopt new lifestyles and technologies. The lust for modernity and new technologies is threatening the loss of a great store of knowledge held by native people and has contributed to mass social upheavals and distress apparent in high suicide rates, substance abuse, and troubling health statistics (Godwin Ali, 2022).

e. The lack of systematic documented diagnosis and healing procedures. Probably illiteracy and secrecy in the practice preclude communication and collation of information they could adopt in modern scientific methods in its development (Apenda, 2016).

f. Inadequate diagnostic techniques of dictating particular illnesses and diseases. Extant records have indicated that millions of Nigerian children die from epidemics because traditional healers could not diagnose the exact problem. For instance, a baby suffering from dehydration or lack of sufficient food supplements is ignorantly carried from one traditional healer to other seeking herbs for the treatment of malnutrition (Apenda, 2016).

g. Overdosage is another constraint of traditional medicine. It is observed that the traditional healer measures dosage in cups rather than in teaspoons; hence they do not know that it leads to poisoning and lack of therapy (Atule Uver, 2022; Apenda, 2016). It is also noted that the policies and objectives of the government on national health issues affect traditional medicine. It is significant here that politics is seen influencing the nature, scope, and patronage of traditional medicine in Nigeria (Apenda, 2016).

**Challenges Associated with the Practice of Traditional Medicine in Makurdi Local Government Area**

There are a lot of challenges associated with the practice of traditional medicine in Makurdi Local Government Area of Benue State during the period under review, although every traditional medical practitioner has his/her issues to deal with. However, the issues common to almost all traditional medical practitioners were low value of traditional medical practice, lack of formal contract in training, lack of certification, no harmonized curriculum, and lack of governmental support (Godwin Ali, 2022; Shishima, 2006; Apenda, 2016).

a. *Low value of traditional medical practice:* It does appear that traditional medical practice in Markurdi and the diaspora has not flourished, as one would expect owing to attractive advertisements eulogizing modern medicine and decrying traditional medicine or low socio-cultural image of traditional medical practice observed globally to the misperception in the public domain that a traditional medical practitioner is a witch doctor which is but a fraction of traditional medical practice. It seems to us trite that such a public negative perspective of traditional medical practitioners has kept many young adults that ordinarily would have been interested out of the practice. It is felt that the traditional medical practice is populated by not-too-bright individuals, academic failures, and never do wells, which some people refer to derogatorily as the *"practice of juju" or" witch craft"*. In the distant past, the success stories posted by successful traditional medical practitioners were significant wake-up calls for their cohorts in

their communities to lobby or solicit through their families to be "recruited" as traditional medicine apprentices. They became role models, reference groups, and significant others, and copying them was a major boost to the vocation.

b. *Lack of formal contracts in training:* Another major challenge that traditional medical practice has faced over the years is the absence of a clear, formalized contract in training. It is expected in some quarters that contracts of apprenticeship/training have to be written to subsist and be valid in law. This is clearly not the case, as it seems to us reasonable to argue that the attrition rate in apprenticeships/trainings of traditional medical practitioners may not be rosy, and this needs effective monitoring. In the absence of tight social bonds that will ensure that the master or professional (experienced traditional medical practitioner) respects the reciprocal relationship or verbal agreements, the master (experienced traditional medical practitioner) has very easily found escape routes or the opportunity or convenient excuses not to "settle" the "apprentices," meaning not to equip the successful apprentices and set him on his own journey for the vocation and life.

c. *Lack of certification:* Another challenge posed to traditional medical practice in Makurdi and Nigeria at large is evident in the lack of certification, which has greatly hampered the development of the vocation. One may argue that awarding certificates, or the undue emphasis on credentials, what is known as credentialism, has been the bane of education in Nigeria, yet it seems incomplete for a training programme, vocational or practical, not to have evidence of having successfully completed a programme, and even the duration. This has been a major hindrance, making it difficult to separate the successful apprentices/trainees from the uninitiated or untrained practitioners (quacks) in the vocation/profession.

d. *No harmonized curriculum in training:* Similarly, the content of the curriculum may be another stumbling block. There are no mechanisms to check what is being taught, as some of the apprentices/trainees do more household chores rather than what they have been brought to do, under the traditional, informal arrangement that still holds sway in traditional medical practice in Makurdi and Nigeria at large. It is, of course, this aspect that is worrisome, and it seems to us improper, as it could be very easily seen as outdated or old-fashioned, rural, unsystematic, and incapable of meeting the rapid economic growth needs of the modern world since it does not assume the familiar and dominant Western model with classes, libraries, laboratories, chemicals, and reagents as pivotal components (Njoku, 2002; Shishima, 2006; Apenda, 2016). It is not, therefore, surprising that traditional medical practice is held in such contempt and hostility as to attract such derogatory references as "archaic" and "unsystematic" (Njoku, 2002; Shishima, 2006; Apenda, 2016). Although, the traditional medical practice internship/training relationship in Makurdi is an unequal one, both parties expect something in return. It, therefore, cannot be skewed or one-sided if it is going to be sustainable.

e. *Lack of governmental support:* The vocation/profession in Makurdi and the diaspora is left entirely in the hands of the individual master or professional (experienced traditional medical practitioner). No funds are made available to subsidize the training costs. The Nigerian state does not consider it necessary, and has not seen the propriety of encouraging the vocation to succeed and transform itself. Any success of the vocation across the divide in Nigeria has to be rightly placed on the doorstep of individuals who have dedicated their lives and shown love for the vocation/profession. Needless to say, this marginalization has continued to this day. The lack of support from the Nigerian state is understood in the light of the prebendal, patrimonial, and rentier character of the state. What is more perplexing, however, is that the component units, the states in Nigeria, have also not paid any heed to what is happening in the world of traditional medical practice. It is this official neglect of traditional medical practices that is, in our view, the singular and most important factor that has affected the vocation/profession and stopped it from flourishing. These challenges notwithstanding, there is increasing evidence that traditional medicine and its practice would continue to hold sway in both rural and urban communities of Makurdi and Nigeria at large even when modern healthcare facilities are

available to meet a wide range of healthcare needs.

**Implications of the Study on Traditional Medicine in Makurdi**

A comprehensive study on the practice and challenges of traditional medicine in Makurdi has profound and multifaceted implications, impacting various aspects of the community and beyond:

**a.** *For Traditional Medicine Practitioners:* The study reinforces traditional medicine practices, enhancing their credibility and professionalism. This would lead to improved access to resources, government support, funding for research and training, and inclusion in healthcare insurance schemes. The study will also improve the quality of care by identifying knowledge gaps and skill deficiencies among practitioners. This information will be used to design targeted training programmes to enhance diagnostic, therapeutic, and counseling skills. The study will also contribute to the development of quality control mechanisms for traditional medicines, building public trust and confidence in the practice. It also emphasizes the importance of conserving medicinal plant species and their habitats, leading to sustainable harvesting and cultivation practices. The study also encourages intergenerational knowledge transfer, preserving cultural heritage and ensuring the continuity of traditional medicine practices.

b. *For Policymakers and Healthcare Professionals:* The study provides policymakers with data and evidence to formulate informed policies regarding the regulation, integration, and promotion of traditional medicine. It will also guide resource allocation for the development and support of traditional medicine, ensuring that resources are directed towards evidence-based interventions. The study will also improve healthcare delivery by facilitating the integration of traditional medicine into the existing healthcare system, leading to the establishment of referral systems, collaborative care models, and combined treatment protocols. Supporting traditional medicine will improve access to healthcare services, especially in underserved and rural areas. Additionally, the study will inform the development of public health programmes that utilize traditional medicine practices, such as herbal remedies for common ailments and preventive measures for chronic diseases.

c. *For the Community:* Supporting traditional medicine will improve health outcomes by providing affordable healthcare options for the community. It will also help preserve cultural identity and diversity, as traditional medicine is an integral part of the Tiv people's cultural heritage. Supporting traditional medicine will also create economic opportunities for local communities, particularly women who play a significant role in collecting, processing, and distributing medicinal plants. Furthermore, involving the community in the development and implementation of traditional medicine programmes empowers them to take ownership of their healthcare.

**d.** *For Researchers and Academics:* The study will stimulate interdisciplinary research, contribute to drug discovery and development, contribute to knowledge dissemination through academic publications and conferences, and inform the development of academic programmes and training courses on traditional medicine, fostering the next generation of researchers and practitioners.

## Conclusion and Recommendations

Nigeria at independence inherited weak and dualistic health care structures, being almost perfect mirror images of the domestic economies, with the traditional and modern sectors coexisting side by side (i.e., traditional and modern health care systems are more complementary than competitive), and Benue State was not an exception. During its creation, in 1976, Benue State inherited weak health services, which were understaffed, distorted, and located mainly in urban areas; in consequence, the bulk of the population, which resided in rural areas, relied on traditional medicine to meet its basic health care needs. This study has succeeded in bringing to the limelight the practice and challenges of traditional medicine in Makurdi Local Government of Benue State. It shows that traditional medicine is not a substitute for modern medicine as some scholars believed; rather, they are complementary. The study has also showcased the indispensable role of traditional medicine in medicare development.

Indeed, traditional medicine practitioners do not only provide training for the apprentices; they also provide mentoring services and serve as Medicare providers. If the government can support the practice and deepen the vocation, she can comfortably fix the medical care problem that is affecting Nigerians and as well drastically reduce medical tourism in the country. All the government at all levels needs to do is to create the enabling environment for the vocation to flourish as a direct intervention in the upgrading of the vocation, increasing the general skill levels, and massively supporting through injection of funds is a panacea to the observed flaws in the vocation/profession.

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