

Complementary and Alternative Medicine: The Nigerian Experience

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Article DOI: 10.48028/iiprds/ijarssest.v7.i3.06

Abstract

The aim of this study is to provide public enlightenment on the practice Complementary and Alternative Medicine (CAM) in Nigeria. CAM came into reckoning in Nigeria when it was officially recognized by the then Federal Military Government of Nigeria. Before this period CAM had hit the national limelight in the mid-eighties for different reasons. There are emerging trends in practice and this study seeks to examine these trends and institutional framework that supports CAM in Nigeria. This is desktop research. It leverages secondary data to explain its concerns. The study identifies several associations of CAM practitioners that exist in Nigeria, mentions institutions offering CAM disciplines in Nigeria, and further highlights the procedures for registration of CAM practitioners. It concludes that the economic and developmental prospect of CAM in Nigeria is huge. If well organized and prudently harnessed, CAM has the potential of becoming a major income earner for Nigeria and other African nations.

Keywords: *CAM, Practitioners, Economic development*

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Background to the Study

Introduction and Legal Basis

In 1992, a decree was promulgated by the Federal Military Government of General Ibrahim Badamosi Babangida which became the legal basis and impetus for the practice of Complementary and Alternative Medicine in Nigeria. The decree promulgated in 1992 and amended in 2004 is the Medical and Dental Practitioners' Act, Decree 78 of 1992¹. The provisions of the Act declared that the functions of the Medical and Dental Council of Nigeria (MDCN) were expanded to include supervision and control of the practice of Homeopathy and other forms of Alternative medicine. The MDCN Act CAP M8 Laws of the Federation of Nigeria 2004 further gives credence to the practice and profession of CAM in Nigeria. By the decree and the Act, CAM became officially recognized in Nigeria. The following CAM fields are practiced in Nigeria: Homeopathic medicine, Naturopathic medicine, Acupuncture, Osteopathy, and Chiropractic. Homeopathic medicine and Naturopathic medicine are recognized as Alternative medical systems. This implies that each system is therapeutically sufficient for the whole treatment of a wide range of diseases and different health conditions.^{2,8,9}

On the other hand, Acupuncture, Osteopathy, and Chiropractic are considered complementary medicines because they are widely employable in all medical systems to complement treatment procedures in different conditions.^{3,8} Integrative medicine involves the synergistic utilization of both conventional medicine and any of the CAM fields for treatment². In some nations, CAM includes almost every healing system besides Conventional medicine and Traditional medicine³. Within the last century, emerging health challenges unambiguously indicated a need for nations to seek more effective solutions than what existed. Authenticated claims for the cure of certain incurable cases led to national investigations and research into herbs and CAM systems generally.

The outcome of these searches and investigations culminated in a review of many nations' health policies^{3,9}. Some fields of CAM were adopted, and conventional medical doctors were encouraged to study and employ these systems. In Europe and Asia, many nations have adopted and integrated CAM into their Nations' Health Care delivery.^{3,10} Examples include Japan, India, China, France, Switzerland, United Kingdom. In these nations, several conventional doctors became practitioners of CAM based on conviction from practice.

Brief history

In anticipation of the irreplaceable role that Complementary and Alternative Medicine will play in the Nation's Health Care Delivery, the Nigerian Military Government 1977 sponsored, at different times, a team of four persons to Germany, India, and China to understudy the practice of Alternative Medicine in those nations. The following recommendations were made in their report⁴:

Institutions should be established for the study of CAM

Research should be given the utmost attention, in addition to documentation and retraining of existing practitioners. This move would, they opined, facilitate the eventual integration of

CAM into the Nation's health care delivery thus enhancing the availability of quality health care to Nigerians. They also recommended that all medical students: conventional and CAM receive the same basic training in basic medical sciences, pathology, and basic CAM courses for the first four years. The remaining four years will be for training in CAM for those who choose CAM.

Before the promulgation of this decree in Nigeria, the different disciplines constituting CAM have long been individually studied and practiced in Nigeria. Homeopathic medicine is the first and most entrenched of the CAM systems in Nigeria. Homeopathy has been in existence since the 1960s. Presently there are private Colleges of Homeopathic medicines in the country. Dr. Michael Onunabasi Okafor is acknowledged as one of the Fathers of Homeopathic Medicine in Nigeria. He was the Proprietor of one of the first Homeopathic Medical colleges in Nigeria, the Pan-African Homeopathic Medical College in Imo State which became a full-fledged academic institution in 1978.

The series of events that culminated in the promulgation of the decree establishing CAM in Nigeria were initiated and championed by CAM practitioners, especially the Homeopathic doctors. The first test-tube baby experiment in Nigeria accomplished in 1984 by a team of integrated medical practitioners was led by a homeopath. As a result of this feat, the Federal Government through the British Council requested the advisory services of a British homeopathic physician. The British Government obliged and sent Dr. Peter Fisher who was, at the time, the Editor-in-chief of the British Homeopathic Journal and later a consultant to the Royal Family. At the end of several visits to institutions and hospitals of Homeopathy in Nigeria, he gave his report. Dr. Fisher's Report was presented to the National Council on Health meeting on 13th February 1989⁵.

Briefly, he affirmed that Homeopathy was a globally recognized medical system and should be recognized and regulated by the Medical and Dental Council of Nigeria for several years at the end of which a Board or Council should be created for them. During this period of military rule in Nigeria, several top military officers in the Military Governments of Major Generals Muhammadu Buhari and Ibrahim Babangida received treatment from CAM professionals. One of the prominent CAM practitioners was the late Prof. Momodu Awudu, a homeopath, who successfully treated one of the Military Heads of State of some ailment. One other prominent contributor was Prof Ernest Ugo, a homeopath, who led the test tube baby team and who, then, was the President of the All-Nigeria Homeopathic Medical Association⁶ when Dr. Fisher visited the country. He is the Proprietor of the Nigerian Institute of Homeopathy and who due to the test-tube baby¹⁵ feat, was enlisted as a member of the American Society for Reproductive Medicine then American Fertility Society. He, with the then Attorney-General, late Clement Akpamgbo (SAN) played key roles in the articulation of the MDCN Decree 78 of 1992. Naturopathic medicine, Acupuncture, Chiropractic, and Osteopathy have also been in existence and patronized by many Nigerians. To date, CAM practitioners still render services to the top echelon of Nigerian society.

In 2002, World Health Organization (WHO) launched a comprehensive CAM Strategy⁷. The strategy was designed to assist nations:

1. Develop national policies on the evaluation and regulation of CAM practices.
2. Create a stronger evidence base on the safety, efficacy, and quality of CAM products and practices.
3. Ensure availability and affordability of CAM including essential remedies and equipment.
4. Promote therapeutically sound use of CAM by practitioners, providers, and consumers.
5. The popularity^{11,12,13} of CAM in Nigeria soared in the mid-2000s with several free medical outreaches organized by CAM practitioners across the geopolitical zones of the country.

These services greatly endeared the CAM profession to the heart of many beneficiaries. A lot of testimonies from these interventions were received and several of them were truly astonishing. In 2008, the Federal Government of Nigeria, through the Federal Ministry of Health, and with the recommendation of the Medical and Dental Council of Nigeria (MDCN), established the Federal College of Complementary and Alternative Medicine (FEDCAM) for training and retraining doctors of CAM. Expectedly this was a breakthrough, a turning point, for the CAM profession in Nigeria. FEDCAM was established as a parastatal of the Federal Ministry of Health. The College was set up with the following mandate: to train and retrain practitioners of Complementary and Alternative Medicine in Nigeria; to research and develop all aspects of Complementary and Alternative Medicine in Nigeria; to contribute to the formulation of regulatory standards for the study and practice of Complementary and Alternative Medicine in Nigeria. FEDCAM as a parastatal had a college and a hospital. The pioneer Registrar of FEDCAM was Dr. Michael Ayodele Akindipe.

He worked assiduously towards the establishment of the Parastatal and overall advancement of CAM profession in Nigeria. In 2011, however, due to some administrative issues, the College was closed. In 2018 the Federal Government, through the Office of the Head of Civil Service of the Federation (OHCSF) created a Department of Traditional, Complementary, and Alternative Medicine (TCAM) in the Federal Ministry of Health. A division of the department is assigned with the task of developing and integrating CAM into the mainstream of the Nigerian Health Care Delivery System. The head of this division together with Dr. Emmanuel Nwusulor, a CAM practitioner, a Homeopath brought in stakeholders to function in various committees. The process of reestablishing the College in line with the Federal Government of Nigeria White Paper (Orosanya Report) which recommended that the College be made a part of one of the Federal Universities is being spearheaded by the TCAM department.¹⁶ In another commendable move, the Federal Ministry of Health has developed for consideration and approval schemes of service for various cadres of CAM practice to enable their enrollment into pensionable employment in the Nigeria Civil Service. The Ministry also has commenced negotiations with some countries advanced in CAM training, research, and practice including India, China, and the USA for affiliation, manpower development, and knowledge acquisition. The pioneer Head of the Department of

Traditional, Complementary, and Alternative Medicine in the Federal Ministry of Health is Pharm Zainab U. Shariff.

During the celebration of *Nigeria at 50*, it was noted thus: The sincerity of the Government's desire to improve the health status of the citizens and the Nation is well borne out by the promotion of CAM practice in Nigeria as it is in other advanced nations of the world. Without controversy, this is one of the great achievements of the Federal Government within Fifty Years, a return to Nature and Natural Health Care.

CAM Associations in Nigeria

Several associations of CAM practitioners exist in Nigeria. Currently, the umbrella association for all CAM practitioners in Nigeria is the Nigeria Union of Complementary and Alternative Medicine (NUPCAM). Other associations include the National Complementary and Alternative Medical Association (NACAMA), National Association of Physicians of Alternative Medicine (NAPAM), National Council of Physicians of Natural Medicine (NCPNM), and All-Nigeria Homeopathic Medical Association (ANHMA), Homeopathic Medical Association of Nigeria (HMAN). Each of these associations is registered in Nigeria with the Corporate Affairs Commission and recognized by many State Governments. As stakeholders in the profession, these associations play vital roles in the regulatory, administrative, and policy-making processes concerning CAM training and practice in Nigeria. Presently concerted efforts are being made by CAM practitioners to prevail on the National Assembly to create a council for Traditional, Complementary, and Alternative Medicine in Nigeria.

Institutions offering CAM disciplines in Nigeria

Some of the Institutions offering at least one discipline of CAM in Nigeria include:

1. Pan-African Homeopathic Medical College, Mgbidi, Imo State.
2. Nigerian Institute of Homeopathy, Ogbete, Enugu State. Contact: 07030386181
3. Havilla Holistic Institute, Warri, Delta State. Contact: 09077748000
4. CAM Institute: (Africa Study centre for International Open University for Complementary and Alternative Medicine, Colombo, Sri Lanka) 8, Taike street, off Aladelola Love street, Ikosi-Ketu, Lagos State, Nigeria. Contact: 08160598610, 08023641417.
5. Calvary Foundation Institute of Technology, Enugu. Contact: 07050386181

Government institutions

1. Lagos State School of Health Technology
2. Kwara State University, Malete

Registration of CAM practitioners

It is estimated that there are over five thousand CAM practitioners in Nigeria. Since the promulgation of the decree in 1992 till 2022, less than forty CAM practitioners have been registered by the Medical and Dental Council of Nigeria. To ensure an improved regulation of CAM and Traditional medicine (TM) in Nigeria the Federal Ministry of Health sponsored

an executive TCAM Council Bill which has been approved by the Federal Executive Council (FEC) and is now with the National Assembly.

Levels of Personnel in CAM practice in Nigeria

These are the various levels of personnel in CAM practice in Nigeria:

CAM office attendants/Assistants; Technicians; Technologists; Therapists; CAM practitioners (CAM doctors or physicians or officers). The lower and middle-level personnel in CAM practice assist CAM doctors (CAM practitioners) in the practice. The doctors consult and examine patients diagnose and prescribe treatment for them while the therapists and technicians carry out the treatment which may be in form of CAM medications (remedies) or techniques or both. The CAM practitioners constitute members of the CAM professional Associations. The lower and middle levels do not yet have associations.

Conclusion

In conclusion, the economic and developmental prospect of CAM in Nigeria is huge. If well organized and prudently harnessed, CAM has the potential of becoming a major income earner for Nigeria and other African nations.¹⁷

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