

## Challenges and Opportunities of the Supplementary Application of Herbal Medications with Modern Health Care Services in Nigeria

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### Abstract

*The development and use of traditional herbal medicine have a very long historical background that corresponds to the Stone Age. Herbal medicine is a mixture of knowledge, skills and practices which are depended on theories, beliefs and experiences in digenous to a particular country or social group. Herbal medicine is a part and parcel of and sometimes synonymous with African traditional medicine. It is the oldest and still the most widely used system of medicine in the world today. It is used in all societies and is common to all cultures. The preference for a given healthcare delivery system has universally been acknowledged to depend not only on the type of services available, but also on the difference of the socioeconomic status of the people in specific location. The explorative research method was used in the work herein, from there search findings, it became obvious that people placed premium on the relevance of the two main forms of healthcare. The results further uncovered that discrimination of one form against the other is based on many reasons apart from efficacy. The best alternative government can help with the improvement and utilization of herbal medicine is strengthening the incorporation process with regards to Primary HealthCare.*

Keywords: Herbs, Herbal Medicine, Modern Medicine, Health Care Services, Traditional Medicine, Trado-Medical Practices

### Introduction

The development and use of traditional herbal medicine have a very long historical background that corresponds to the Stone Age. Herbal medicine is a mixture of knowledge, skills and practices which are depended on theories, beliefs and experiences in digenous to a particular country or social group. Before the advent of modern medicine, herbal medicine was the sole source of remedies for health problems and even after the introduction of modern medicine; they have widely been used by a significant proportion of the population (Eva *et al.*, 2017). In the continent of Africa, the practice of traditional healing and magic is much older than some of the other traditional medical sciences and seems to be much more prevalent compared to conventional medicine. African traditional medicine is a form of holistic health care system that is organized into three levels of specialty, which include divination, spiritualism, and herbalism, though these may overlap in some situations. This knowledge of medicine has been transferred from generation to generation through words of mouth (Dalijong and Laar, 2012, Farmer, 1998, Heyen-Perschon, 2005, Kumar, 2005).

Early medico-religious herbal manuscripts which contain the prescription of several plants have also been serving as sources of knowledge. The use of medicinal plants for various ailments is along an established practice in Ethiopia. Besides, animal and mineral based medicines, spiritual therapy

es, and other techniques unique to different regions and cultures are employed to take care of the wellbeing of the society (Taha and Woldeyohannes, 2019). Accessibility to health facilities is a major global problem and its greatest manifestation is found within sub-Saharan Africa. Access to medical facilities is a problem that the government and well-meaning citizens have been battling with. The provision of adequate health facilities for the teeming population is a worrying phenomenon. People in Africa on average live about 16 km from a healthcare facility where they can consult a doctor, but half of the population lives within a five km radius. By the same token, the other half cannot consult a doctor within five km, which corresponds to one hour walking distance and one quarter even lives more than 15 km from a facility where a doctor can be consulted" (Eva *et al.*, 2017, Van *et al.*, 2004).

Given the situation described above, governments over the years have made frantic efforts through health sector reforms at raising accessibility to the people. These reforms included free public healthcare services to all after independence, as this system gradually became financially unsustainable with the economic stagnation in the 1970s. Initially, low user fees were established for hospital services to discourage unnecessary use, locally recover some costs and generate provider performance incentives. The adoption of the structural reforms also saw the emergence of the "cash and carry" system of health delivery (Van *et al.*, 2004).

According to the World Health Organization (WHO, 2003) cited in Abdallah and Prinz (2009) in Africa, up to 80 percent of the population use traditional medicine for primary health care". In Nigeria large proportion of the population rely exclusively on this type of healthcare, particularly in rural areas" (Manzooret *al.*, 2009) cited in Abdallah and Prinz (2009). These are all pointers to the demand for traditional medicine.

It is against this background that this study investigates the challenges and opportunities of the supplementary application of herbal medications with modern health care services. There is a dichotomy in the spatial distribution of health services in the municipality as it is a common feature in most developing countries like Nigeria. Majority of the well-equipped health facilities are found within the township of the municipality (urban area). Dimensions of distance to health services namely travel time, waiting time, appointment with a doctor; nature and means of transport and cost all have a telling effect on utilization. Nemet and Bailey (2000) argue that an important predictor of utilization is whether or not a physician is located within the wider set of places that people visit regularly. Based on this, it is undisputable that utilization rates would be lower in rural settings where people have limited activity space (Manzooret *al.*, 2009).

It is obvious from the discussions so far that access and utilization of health services are a major problem in the municipality. It is within this context that the study interrogated the issues further into accessibility and utilization of traditional and modern medical services in the municipality. As such, this study added to existing literature by finding out whether traditional medicine are being sought for during time of illness. A good number of reasons usually inform the choice of a researcher into a particular area. This study is justified on the basis that, it has brought to bear the perception on the efficacy or otherwise of traditional and modern medicine in curing illnesses. This of course if properly ascertained will provide a better conclusion to be drawn which could in turn inform best integrative mechanisms (Manzooret *al.*, 2009).

### **Herbal Medicine and Traditional Health Facilities**

Herbal medicine is a part and parcel of and sometimes synonymous with African traditional medicine. It is the oldest and still the most widely used system of medicine in the world today. It is used in all societies and is common to all cultures. Herbal medicines, also called botanical medicines, vegetable medicines, or phytomedicines, as defined by World Health Organization (WHO) refers to herbs, herbal materials, herbal preparations, and finished herbal products that contain whole plants, parts of plants, or other plant materials, including leaves, bark, berries, flowers, and roots, and/or their extracts as active ingredients intended for human therapeutic use or for other benefits in humans and sometimes animals (Atindanbila, 2000, Awoyemiet al., 2011).

The existence of herbal medicine is as old as the existence of man. Traditional medicine according to the World Health Organization (WHO) 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 prevention, diagnosis, improvement or treatment of physical and mental illnesses (WHO, 2000). In a similar vein traditional medicine “refers to health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being” (WHO, 2003). This definition by the WHO is all embracing and hence will be adopted for this study. Traditional medicine is usually passed on from generation to generation thereby ensuring its preservation. Nonetheless traditional medicine (Herbal Medicine) is now taught in some medical schools. Traditional health facilities are the facilities that provide traditional health services to their clients. Most of these facilities are usually informal, unrecognized by the government, and do not interact with the rest of the health system. Majority of traditional health practitioners operate in their homes but permanent structures have been built by some practitioners of late. These facilities render services such as deliveries, malaria, typhoid, arthritis treatment among others (Awoyemiet al., 2011).

### **Current Demand for Traditional and Modern Medicine**

The preference for a given health care delivery system has universally been acknowledged to depend not only on the type of services available, but also on the difference of the socioeconomic status of the people in specific location. That is, whether it is affordable, accessible and acceptable to them. People located in rural areas are more likely to patronize traditional medicine as compared to their counterparts in urban settings. This is due largely to their low economic status and the non-availability or inadequacy of modern health facilities and personnel (Atindanbila, 2000, Awoyemiet al., 2011).

Demand in health services is also influenced greatly by consumer tastes and preferences and the desire to purchase health care. Traditional or Complementary and Alternative Medicine provide a wide range of services to people in the developing world. The perception about traditional and orthodox differs widely between the Western and African and other developing countries. In the Western world, traditional medicine is perceived to be providing an auxiliary role to orthodox medicine.

Conversely, traditional medicine has overshadowed orthodox medicine in many developing countries (Abdallah and Prinz, 2009). According to a (WHO, 2003) cited in (Abdallah and Prinz 2009), "In Africa, up to 80 percent of the population uses traditional medicine for primary health care". This certainly indicates a high patronage of traditional medicine. Probably, this can be attributed to a number of factors such as income levels, educational levels, availability of health facilities, health professionals among others. In a study on demand for complementary and alternative medicine in Ghana, Kuunibe and Domanba (2012) indicate that, an inadequate number of the already ill-equipped health facilities coupled with the limited availability of trained personnel at the facilities could make alternative medical practitioners an important part of the health care system. Certainly, this shows that the quantum of health facilities cum inadequate health professionals will have a telling effect on access to and utilization of health services (Atindanbila, 2000, Awoyemiet al., 2011).

### **Efficacy of Traditional and Modern Medicine**

People carry varied perceptions regarding the efficacy of both traditional and modern medicine. In a study on public perceptions of the role of traditional medicine in the health care delivery system in Ghana, Gyasi *et al.*, 2011 revealed that herbal medicine offered to clients was perceived to be effective. The study indicated further that herbal medicine is efficient in the treatment of such conditions as boils, piles, broken bones/fractures, impotency, infertility, sexual weakness and malaria, typhoid fever, mental disorder, hypertension, among others. However, regarding the efficacy and safety of herbal medicine, the same study depicted that the use of herbal medicine is not safe as compared with the use of modern medicine. Clearly this is as a result of bad sanitary conditions of most traditional medical practitioners (Barnes, 2008, Bour, 2008, Chakraborty, 2003).

A study in Ethiopia by Addis *et al.* (1999) revealed that about 99 percent of the healers believe that traditional medicine has acceptance by their local communities. However, 82 percent of them tended rather to opt for modern care. The main reason behind the preference of traditional to that of modern medicine was that the former is more efficacious than the latter, the study added (Barnes, 2008, Bour, 2008, Chakraborty, 2003).

Also, traditional medicine is not part of the conventional medicine due to insufficient proof (Barnes *et al.*, 2008). As such, the patronage between urban and rural settings differs widely. Due to insufficient knowledge about the safety and effectiveness of traditional medicine, the rich often shy away from its consumption. The presence of well-equipped health facilities in urban centres could also be a contributory factor.

In a WHO report (WHO, 2001) cited in Obomsawin (2008), it revealed that, traditional and complementary/alternative medicine has demonstrated efficacy in areas such as mental health, disease prevention, treatment of non-communicable diseases, and improvement of the quality of life for persons living with chronic diseases as well as for the ageing population. Although further research, clinical trials, and evaluations are needed, traditional and complementary/alternative medicine has shown great potential to meet a broad spectrum of health care needs. What is obvious from these perceptions on the efficacy and safety of traditional and modernist that, traditional medicine is viewed to be providing a complementary role in the health delivery process (Barnes, 2008, Bour, 2008, Chakraborty, 2003).

### **Complementary use of Modern and Traditional Medicine**

The practice of integrating western and herbal medicines had gradually become an accepted and ever more widely used approach in health care systems throughout the world. However, debates about intercultural health approaches have raised significant concerns regarding regulation, efficacy, effectiveness, intellectual property rights, lack of cross-cultural research, access and affordability, and protection of sacred indigenous plants and knowledge (Mignone *et al.*, 2007). Several of these issues have in one way or the other shaped the integration efforts of most countries. Practices in health care bridge indigenous medicine and western medicine, where both are considered as complementary. The basic premises are that of mutual respect, equal recognition of knowledge, willingness to interact, and flexibility to change as a result of these interactions (Barnes, 2008, Bour, 2008, Chakraborty, 2003).

### **Collection of Herbal Plants**

The growth and collection of plants differ based on seasons and state of the atmosphere. Most of the plants are collected in summer and others in winter. There are perennial plants that last for more than two growing seasons. There are also ephemeral plants that are available at a certain season and disappear in another. To avert this risk and as an insurance of poor seasons, herbalists gather plants in their growing season and prepare in a way they can stay for long periods of time without losing their medicinal efficacy. In expressing the medicinal roles of plants, informant stated that “God created human beings with maladies and appropriate remedies, and these remedies are found in a forest; that is why forests are called the living pharmacy for indigenous people.”

Occasionally, herbalists ask colleagues for the whereabouts of the plants, and seldom referring to ancient key texts or manuscripts. In the process of collecting medicinal plants, there are different ritual procedures such as sprinkling holy water on the plants and the surrounding areas and slaughtering chicken and scattering out the blood before removing the plant. In addition, the collector might also be obliged to refrain from any sexual activity prior to collection, never to see a corpse/dead body of human; not spewing mucous around, never greeting a woman who has given birth recently. It is likely that these and other rituals are passed down from ancestors or forefathers (Bour, 2008, Chakraborty, 2003).

### **Preparations and Preservation Herbs**

The collected plants are washed and cleaned because they might hold dirt that is detrimental to the user's health. It is not also desirable to expose plants to sunlight; rather they need to be dried in windy places because the light of the sun would change the original color of the plant causing plants to lose their medicinal values. For medicine preparation, unadulterated materials or instruments that are independent of other purposes should be prepared and used. The art of preparing herbal medicine differs from herbalists to herbalists and is also contingent on the types of health maladies. The dried plants have to be chopped, crushed, pounded and changed into powder form for long time preservation, and finally have to be packed in plastic bottles or jars. Plants can be used in

fresh form for certain diseases. The preparation might be in flour/powder, liquid, ointment or raw form. They can also be prepared combining or mixing different herbs or the different parts of a plant or several plants. Moreover, herbalists prefer to use medicinal plants/parts of plants in fresh form because the probability of losing their healing strength when fresh is low (Chakraborty, 2003).

### **Storage and Administrations of Herbs**

In storing medicinal drugs, there are herbalists with well organized room. They have good ways of sorting, arranging and storing medicinal drugs like modern pharmacy does. As the researcher of the current study observed in the field, the medicines are preserved on the shelf in plastic bottles/jars. Medicinal drugs are stored in clean areas; moreover, each medicine and other additives that are kept on shelf are all recorded with their respective code number, name, manufacture and expiry dates. Herbal treatment is the most common therapeutic method used in the study area. The recipes are usually secret and are part of the knowledge that the healer will pass on to his apprentice. Multifaceted treatment methods are used in the application of herbal medications. Most of the time, herbalists refrain from providing herbal medicine in oral form for aged people, children, pregnant and breast-feeding women. Only external administration of the medicine is largely prescribed. Sometimes, the patients are required to take the medicinal drugs on a regular basis coming to the healer's clinic or at their home. The latter option is largely applicable to patients coming from distant areas. According to the information obtained from herbalists, the expiry dates of the medicine are known from their prolonged trials/experience. The medicinal plants that stay for a long period (approximately eight months) without being utilized would lose medicinal values (Barnes, 2008, Bour, 2008, Chakraborty, 2003).

### **Reason for High Patronage of Herbs**

The following are factors that determine the use of indigenous medicine over modern medicine:

- i. **Cost effectiveness:** Many herbal medicine payments (fees) are more or less cheap. For example, when a person infected with hemorrhoid comes to herbal healers, the payment for the service is far less than the amount for modern health service, the patient may have to spend more for surgical operation, which may not be affordable to many. So, prohibitive medical costs of the modern medicine makes impossible for the poor to get modern medical attention. Sometimes patients are opting for indigenous healers who do not sometimes demand cash up front like modern medicine. Herbalists also provide health care services moving to patient's home traveling many kilometers. The herbalists complained that some of the patients do not give all the payments after the hemorrhoids are removed (Kuunibe and Domanba, 2012).
- ii. **Cultural acceptability:** In the society there is also widely held belief that modern medicine has no solution to health problems of psychological origin. In the society such kinds of health problems are not referred to the modern health care; rather they are directed to indigenous healers (Kuunibe and Domanba, 2012).
- iii. **Dissatisfaction with the modern medicine:** Most of the indigenous medicine users who appeared in the indigenous health clinics had visited modern medicine but had not seen any significant improvement.

tother thantakinginjectionandmedicinaldrugs. Theyarealso disappointedwith spending moneyforlaboratory testsandbuyingprescribeddrugstherebymakingthemselvesreportedlyvulnerableto gastritis, kidney failuresandotherhealthcomplications (KuunibeandDomanba, 2012).

- iv. **Easyaccessibility:**Herbalhealersareeasilyaccessibleto userswhocomefromruralareas, they are often found all over the places in Nigeria, the streets are usually flooded with their marketers. Theuserseasilyaccesshealerswithoutanybureaucratic hurdlesorwithoutbeinglimited byrulesand regulations,timewastageforlabhours,hotelrentandsoon. Theycanalsoeasilygethealersaroundthe communities.However,in modernmedicals servicesitisvery complicated tohaveaccesstomedical professionalsandservices. Unlikeindigenousmedicine, modernmedicinesarelargelylimitedtourbanareas. The latterdoesnot also rendertreatmentsatthe houseofpatients(KuunibeandDomanba, 2012).

### ChallengesfortheDevelopmentofHerbalMedicines

- i. **Absenceofsupportfromconcernedauthorities:**thehealthbureauoftheregiondisallowsindigenous healerstousemedicalinstrumentsand prescribmodern drugs. However, most ofthehealers usegloves, bandage, alcohol, scissorsandpetroleumjelly. Theillegalpractitionersuseeveninjectionandmany other drugsillegally(Mander *et al.*, 2008).
- ii. **Inheritanceproblems:**theoffspring(sonsanddaughters)ofherbalistsarenotwillingtoinheritthe knowledgeconsidering thepracticeasaprimitiveormanifestationofbackwardness. Forinstance, one informant'sdaughtermentions“Idonotwanttoinherittheherbalmedicinalknowledgebecauseit is backwardandoutdatedpractice.”
- iii. **Overexploitationandrelatedenvironmentalproblems:**ifthemedicinal plantsdisappear, the indigenousmedicinewould alsodisappear. Theindigenousmedicalpractitionershighlydependon medicinal plants. So, plants thatareproved tohavemedicinal valuethrough researchshould be cultivated, registeredanddocumented. Sincetheplants arearsenalofmedicine, plants whoseroots arebeingusedare onthevergeofvanishingduetotheabsenceofsubstitutetoplanthesetrees.
- iv. **The dominanceofbiomedicine:**the dominantposition ofbiomedicine and thesubsequent insultsfrom modernprofessionalworkersare alsoworthmentioningchallenges. Lackofrecognitionfromthe government for their knowledgeespeciallyprotectionofintellectual propertyisalsoanother factor(Mander *et al.*, 2008).
- v. **Theproliferationofillicithealersorquacks:**thesehealersaretarnishingtheimageoftheindigenous medicine and are alsoeroding the trustofthe publicon the efficacyoftheindigenousmedicine.

### Recommendations

The bestalternative governmentcanhelpwiththe improvementandutilizationof herbalmedicine is strengthening the incorporation process with regards to PrimaryHealthCare(PHC). Withthisstrengthenedincorporation, thebestofboth herbal and modern

medicine will be seen and the inferiority stigma will be minimized. Also when incorporated, the same modern technology used in the field of modern medicine will be used in the dispensation of herbal medicine. The National Health Insurance Scheme (NHIS) should also incorporate some aspects of traditional medicine, especially, herbal medicine into its essential drug list. There must be a balance between the two systems to create an affordable health care system that will be relished by all. Government can also help improve herbal medicine by strengthening the policy frameworks. By instituting measures to regulate the activities of herbal medical practitioners, will yield dividends that can improve the quality of herbs. This can be achieved by firstly making sure that all practitioners are working within identifiable groups with license to operate; this will help reduce the menace of quack practitioners operating in the system. Within these working groups, members should be initiated only after their medicines have been tested and approved by qualified personnel.

### **Conclusion**

The explorative research method was used in the work herein, from the research findings, it became obvious that people placed premium on the relevance of the two main forms of health care. The results further uncovered that discrimination of one form against the other is based on many reasons apart from efficacy. Despite the fact that the patronage of traditional medicine is low, the potential of traditional medicine in treating diseases was acknowledged by household heads and practitioners both in modern and traditional medicine. As such, traditional medicine undoubtedly occupies so much space in the health care delivery system in the country.

### **REFERENCE**

- Abdallah S. and Prinz V. (2009). Health care in Ghana. Austrian Centre for Country of Origin & Asylum Research and Documentation. Österreichisches Rotes Kreuz Wiedner Hauptstraße 32 1040 Wien. Accra, Ghana
- Addis G., Genebo T., Urga K. and Abbe D. (1999). Perceptions and practices of modern and traditional health practitioners about traditional medicine in Shirka District, Arsi Zone, Ethiopia. Ethiopian Health and Nutrition Research Institute. Addis Ababa Ethiopia.
- Atindanbila S. (2000). Patients' perception of the quality of psychiatric services: A study at the Accra Psychiatric Hospital. A thesis presented to the Psychology Department of the University of Ghana. Accra.
- Awoyemi T. T., Obayelu O. A. and H. I. Opaluwa H. I. (2011). Effect of Distance on Utilization of Health Care Services in Rural Kogi State, Nigeria. *Kamla-Raj. J Hum Ecol*, 35(1): 1-9 (2011)
- Barnes P. M., Bloom B. and Nahin R. L. (2008). Complementary and alternative medicine use among adults and children: United States, 2007. National health statistics reports; no 12: National Center for Health Statistics. Hyattsville, MD.
- Bour D. (2008). Analysing the socio-spatial inequities in the access of health services in sub-Saharan Africa: Interrogating geographical imbalances in the uptake of health care. Professorial Inaugural Lecture. Great Hall, Kwame Nkrumah University of Science and



- Technology, Kumasi, Ghana. October 9, 2008.
- Chakraborty N, Islam MA, Chowdhury RI, Bari W Wand Akhter HH (2003). Determinants of the use of maternal health services in rural Bangladesh. *Health Promotion International*, 18(4): 327-337.
- Dalijong P.A. and Laar A.S. (2012). The national health insurance scheme: perceptions and experiences of health care providers and clients in two districts of Ghana. *Health Economics Review*. Springeropen.
- Eva Krah, Johannes Kruijf and Luigi Ragno (2017) Integrating Traditional Healers into the Health Care System: Challenges and Opportunities in Rural Northern Ghana. *Journal of Community Health*. [www.springer.com](http://www.springer.com) DOI 10.1007/s10900-017-0398-4
- Farmer R, Miller D and Lawrenson R. (1998). *Epidemiology and Public Health Medicine*, Blackwell Science Ltd Fourth edition. United Kingdom
- Gyasi R.M., Mensah C.M., Adjei P.O, and Agyemang S. (2011). Public Perceptions of the Role of Traditional Medicine in the Health Care Delivery System in Ghana. *Global Journal of Health Science* Vol. 3, No. 2. 40-49
- Heyen-Perschon J (2005). Report on current situation in the health sector of Ghana and possible roles for appropriate transport technology and transport related communication interventions. ITDP EU Gutenbergstr, Germany.
- Kumar R. (2005). *Research methodology. A step by step approach guide for beginners*. Sage publications Ltd. Second edition. New Delhi.
- Kuunibe N. and Domanba B.P. (2012). Demand for Complementary and Alternative Medicine in Ghana. *International Journal of Humanities and Social Science* Vol. 2 No. 14, 288-294 [Special Issue - July 2012]
- Mander M., Ntuli L., Diederichs N. and Mavundla K. (2008). Economics of the Traditional Medicine Trade in South Africa. Accessed from [www.traditionalmedicine.org](http://www.traditionalmedicine.org). On 12<sup>th</sup> March, 2013.
- Manzoor I, Hashmi NR, Mukhtar F (2009). Determinants and pattern of health care services utilisation in postgraduate students. *J Ayub Med Coll Abbottabad*, 21(3): 100-105
- Mignone J., Bartlett J., O'Neil J., Orchard T., (2007). Best practices in intercultural health: five case studies in Latin America. *Journal of Ethnobiology and Ethnomedicine*. Open Access. Vol. 3, No. 31 p. 1.
- Nemet GF and Bailey AJ. (2000). Distance and health care utilisation among the rural elderly. *Social Science and Medicine*, 50(9): 1197-1208.
- Obomsawin R. (2008). *The Efficacy and Safety of Traditional Plant Medicines*. National Aboriginal Health Organization Ottawa, Ontario Canada.
- Taha, E., & Woldeyohannes, M. (2019). Herbalists and their Mode of Health Care Service Delivery in Debre Markos Town, Northwest Ethiopia. *Advanced Journal of Social Science*, 6(1), 122-137. doi:10.21467/ajss.6.1.122-137
- Vanden Boom, G.J.M.; Nsawah-Nuamah, N.N.N.; and Overbosch, G.B. (2004). Curative Health Care Utilization in Ghana: A multinomial analysis of equitable access opportunities. Centre for World Food Studies.
- World Health Organization (2000). *General guidelines for methodologies on research and evaluation of traditional medicine* (document WHO/EDM/TRM/2000.1). Geneva, World Health Organization.
- World Health Organization (2001). *Constitution of the World Health Organization*. In: World Health

Organization: Basic documents.45th ed. Geneva:  
WorldHealthOrganization(2003):TraditionalMedicine.Fifty-SixthWorldHealth Assembly.  
Geneva. World Health Organisation.