

## Original Research Article

**Traditional and alternative medicine in Tanzania: Lesson from the exhibition**Edmund J. Kayombo<sup>1</sup><sup>1</sup>Institute of Traditional Medicine, Muhimbili University of Health and Allied Sciences, P. O. Box 65586, Dar-es-Salaam, Tanzania**\*Corresponding author**

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**Abstract:** Legalizing the practice of traditional and alternative medicine in Tanzania appears to have opened window to youths in search of herbal medicine. The researcher aimed to learn from the participants of exhibition the herbal product displayed and for what specific health problems. In the cover of client he observed products, asked questions for clarification of the remedies and asked leaflets or fliers for those who had in a natural way. The findings showed that a total of 61 traditional and alternative medicine practitioner's participated in the platform of traditional and alternative medicine. Most of them were young both male and female, energetic and business oriented. They were more of herbalist than other type of healers. There were few spiritual healers and alternative medicine practitioners. Most of the products were in form of powder, oil and liquid mainly from leaves, barks and roots. Whereas, oil remedy products were from fruits and seeds. Only two practitioners displayed their product raw barks of tree. Most of the herbal remedies focused on health problems that were problematic at getting drugs from health facilities such HIV and AIDS, malaria, diabetic, libido and frigidity, cancer, asthma, joints and back bone and were well labeled and parked. The sources of knowledge were mainly through inheritance from their respective elders. Based from the findings from the exhibition it is very likely to be true what is being claimed that traditional and alternative medicine practitioners manage a wide range of conditions that affects people both in rural and urban in developing countries. Researchers especially phytochemistry should search in possible potential plants in order to find the active part of these remedies including efficacy and safety for public use. Developing countries cannot meet the growing expensive drugs from pharmaceutical industries for various health problems in their respective countries.

**Keywords:** Tanzania, exhibition, herbalists and spiritual healers, herbal products, health problems.

**INTRODUCTION**

Traditional medicine and its practitioners at the world level were officially recognized by the Alma Ata Declaration in 1978 as important resources for achieving Health for All [1-3]. However in Tanzania, traditional and alternative health practitioners (TAHPs) were not officially recognized by the government till 2002 when Traditional and Alternative Medicine Act no.23 of 2002 was established with its supplementary subsidiary regulations number 43 [4, 5]. Recognition of traditional and alternative medicine is likely to open window to hidden talents of young scientists and entrepreneurs on processing products of "hidden gold" medicinal plants in Africa and put on market.

In the traditional and alternative healing system, there are many types of health providers. The African traditional health practitioners include witchdoctors, shaman, healers, indigenous health practitioners, diviners, sorceries, herbalists, diviners, circumcisers, midwives, bon setters, witchcraft eradicators and fortunetellers [3, 6]. Whereas alternative

medicine include Chiropractic, Message Bach flower remedies, Aromatherapy, Acupuncture and acupressure *ayurvedic* medicine, reflexology, magnet therapy, radionic medicine, Sauna bath, Fasting therapy, crystal therapy, polarity therapy, natural therapy and hydrotherapy [3,7].

To avoid the abuse of practice of traditional medicine, practitioners of traditional and alternative medicine practitioners in Tanzania are now being registered using special forms of the government; starting from their original villages where they are being recognized by the community, how they became healers and as well as their practices; and then the forms of recommended applicants are forwarded to ward level for further screening and recommendations. The forms of the recommended healers are then forwarded to District Medical Officers who also have to scrutinize if they meet the criteria as shown in the Act 2002. The forms of the potential healers are then submitted to Regional Medical Officer for further screening, and then recommended healers' forms are sent to the

National Council of Traditional and Alternative practitioners for consideration of getting the license for practice [4, 5]. In each District and Regional Hospital there is a coordinator of traditional and alternative healthcare providers. The role of the coordinator is to scrutinize application forms of traditional healers before submitting to National Council of Traditional and Alternative health practitioners, and linking traditional medicine practitioner and health worker [4, 5]. In addition, train traditional health practitioners on hygiene and supervise as well as inspect the practice. This was/is the response to the WHO call for primary healthcare and recognition of traditional and alternative medicine as a counterpart in provision of healthcare [1-4]. It is also a response to African Union, where the head of state showed conventional medicine are too expensive to meet all people with the aim of having health population [2, 8]. Recognition of traditional and alternative medicine is also reported in other African countries in and other developing countries [9- 15].

Studies in Tanzania that aimed to establish claims of traditional and alternative achievement in cure or managing the ill health conditions are limited. With the onset of HIV and AIDS several studies have documented the role of traditional health practitioners at alleviating the suffering of the affected patients [16, 22]. Tanga AIDS Working Group, for instance have identified three herbs that address to several symptoms of HIV/AIDS [17, 18]. The Institute of Traditional Medicine on its "Observation and evaluation of efficacy and safety of traditional herbal remedies used in the management of HIV/AIDS patients in Tanzania project" came with findings that showed traditional health practitioners (THPs) were managing HIV and AIDS symptoms [23,24]. It is very likely some of the health problems that are not cured or not well being managed at health facilities can be cured or alleviated the suffering from the patients by use of traditional and alternative healthcare practitioners [17,18,23,24].

Legalizing the practice of traditional and alternative medicine is very likely to open window to scientists and entrepreneurs who are interested in traditional medicine with focus for herbal plants that can manage problematic ill health conditions like chronic old age diseases such as cancer and diabetic. Management of these health problems in health facilities is very expensive for a common people to afford [7, 9, 25]. Not only the above but also there are some health problems that have shown resistance to present conventional drugs like malaria and some kind of fungus [26, 27]. The knowledge from ethnobotany books( like the encyclopaedia of medicinal plants, A practical reference guide to over 550 key herbs and their medicinal uses by Andrew Chavallier 1996 and others) and papers that are rich with description of medicinal plants and their images and popular knowledge of useful medicinal plants in the communities (like common medicinal plants and their

uses by Ashley Henshaw 2014, Wikipedia on medicinal plants 2015, and list of important medicinal plants and their uses by Odisha Forest Development corporation. Our forest, our future 2015 and others) including those inherited from the elders may lead the scientists and entrepreneurs to search for plants that can manage these problematic health conditions.

It is not known whether the scientists and entrepreneurs have taken this opportunity to help people suffering from these ill health conditions by using potential medicinal plants for these conditions and at the same increasing wealth in their respective welts and that of the healers. In October 17<sup>th</sup> to 23<sup>rd</sup> November 2014, a Platform of Traditional and Alternative Medicine in Tanzania exhibited the products of traditional and alternative medicine used in management of various health problems at Mnazi Moja ground, Dar-es-salaam. It was the first exhibition that combined traditional and alternative medicine practitioners to exhibit their product. A researcher on traditional medicine and public health visited the exhibition ground with the following objectives

- The type of health practitioners who were participating the exhibition
- What are the major health problems affecting the community which traditional and alternative health practitioners address
- What are the forms of herbal remedies being administered to the patients?
- Has the packaging of herbal remedies been improved as impact of training offered by the Institute of Traditional Medicine and other NGOs?
- What are the prices of the drugs sold to the patients?

## RESEARCH METHODS

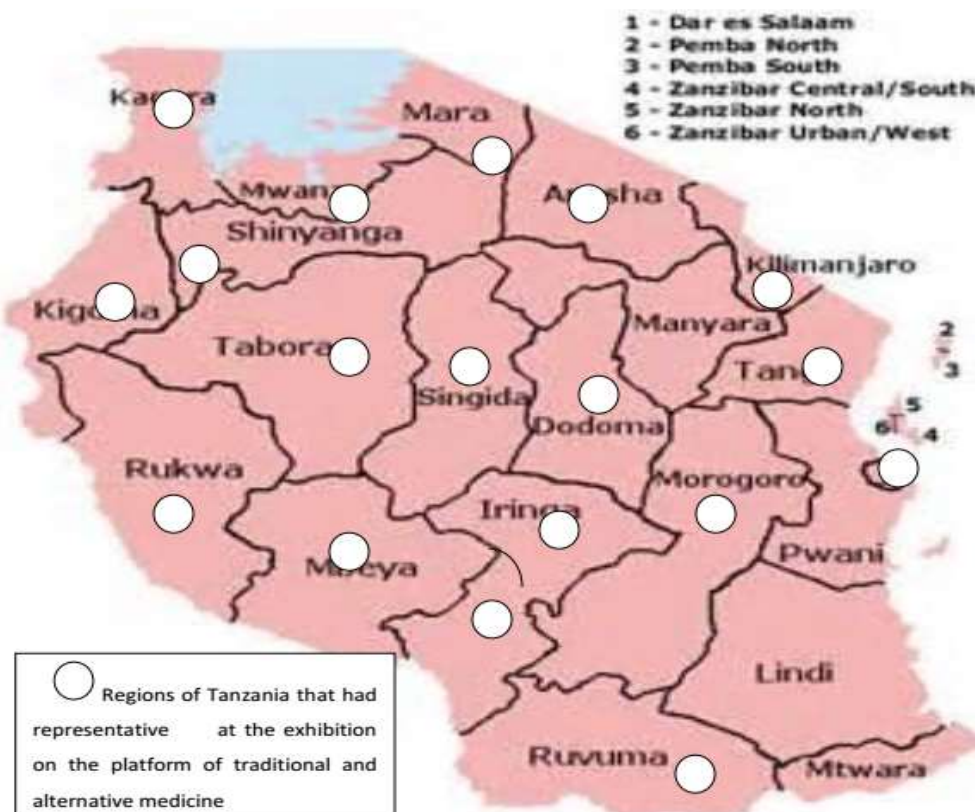
The study was an exploratory study and was done at Mnazimoja, Dar-es-Salaam at the exhibition ground. All traditional and alternative health practitioners participated in the study. The intention of the study was to collect information with undisturbed environment that may bring any type of change in behavior in the exhibition of products of traditional and alternative medicine. The researcher was on the opinion that improvement in the collection of the information and improvement in the environment of making an observation can be done with the help of natural observations. Thus the researcher used natural observation, informal questions regarding the practice, asking for fliers or leaflets as a client to obtain the actual data. The collected data were critical reviewed and then analyzed using sociological and anthropological methods. The analyzed data were again reviewed to make sure all what was observed or read in the leaflets/fliers were incooperated. The results are summarized and presented below.

## RESULTS

### Socio-economic characteristics of the participants on the exhibition

A total of 61 traditional and alternative health practitioners (TAHPs) participated in the exhibition. In terms age they ranged from 25 to 70 years of age. However many (75%) were in between 25 to 55 years old. Level of education was a mixed one. Most of them had primary education and few had a secondary education. By gender on the other hand, the study

population were more or less equal both man and women. It was learnt that some of TAHPs who participated at the exhibition were retired clinical medical, agricultural and nutritional officers as well as retired teachers. The participants in this platform came from Arusha, Dar-es-Salaam, Dodoma, Kagera, Kigoma, Iringa, Mara, Mwanza, Njombe, Rukwa, Ruvuma, Singida, Tabora and Tanga regions (see fig 1). Few participants were from Zanzibar and Kenya



**Fig-1: Administrative regions that had representative at the exhibition of platform of traditional and alternative medicine at Mnazi Moja, Tanzania**

### Type of health practitioners who participated in the exhibition

Herbalists formed the major (80%) group of THPs in the exhibition ground followed by bonesetters (4%). Within these groups some were both herbalists and nutritionist as well. The researcher expected traditional midwives and spiritual healers who have a big role in healthcare to form the major group of the participants. However the findings show that they were poorly presented. For instance traditional midwives were only 3% and spiritual healers were 3% of the total participants. The researcher expected to see traditional health practitioners who whose adverts appear in both newspapers and television would come to display their products but did not come to participate in the exhibition. Alternative medicine health practitioners on the other hand were also few (10%) when compared to

herbalists and these included *ayurvedic*, aromatherapy, and natural therapy and massage practitioners. Chinese medicine which is being practiced nearly in every party of Tanzania was also not present as well at the exhibition.

### The major health problems affecting the community addressed by TAHPs' remedies

The researcher was also interested to learn from the exhibitors the health problems addressed. Reading from the fliers/leaflets and also the remedies displayed had a wide range of health problems being addressed. The major health problems claimed by the practitioners to be treated/managed by their remedies included; cancers (including breast, cervical, leukemia, oesophagus cancer, and skin cancer), fungus infection and skin health problem; malaria, diabetic (both low

and high), blood pressure (both low and high) pain in joints and back bone; libido in man mostly and there few healers addressed frigid to women, HIV and AIDS,

stomach ulcers and elimination of poisons in the human body (See Table 1)

**Table-1: Health Problems Claimed to Treated by the Exhibitors of Traditional and Alternative Practioners**

	Health problems claimed to be treated	Number of responses	% of the responses from the total responses
1	Cancers including breast, cervical, leukemia, kansa ya koo, and skin cancer	61	15.1
2	Fungus (including genital warts)	53	13.1
3	Diabetic	44	10.9
4	pressure	44	10.9
5	HIV and AIDS	44	10.9
6	Pain in joints and back bone	39	9.7
7	libido	36	8.9
8	Malaria	33	8.1
9	Removing poison from the human body	31	7.7
10	Stomach ulcers	19	4.7
	Total	404	100

**Forms of herbal, packaging and price of remedies**

The researcher was interested to see the forms of traditional and alternative remedies presented by the exhibitors. More than 80% herbal remedies were in form of powder, the rest were either liquid or oil and very few were in form of barks and raped in plastic bags (see Fig 2). The barks were seen from spiritual healers. The powder products were mainly from leaves and barks of roots and medicinal plants. Other products were from food plants mainly the fruits and seeds. The easily noted medicinal plants products in the exhibition were *Moringa oleifera* and *Adanisia digitata*. The providers did not reveal the medicinal and food plants used. Other products were well parked and labelled the illness claimed to treat and dosage in plastic bottle. Most of these were to taken orally with either in porridge or honey as media. Some of the oil remedies were *Moringa oleifera* and *Adanisoni digitata*. Most of the oil remedies were to be topically (especially fungus) or through massage for those who had pains in joints, back bone and other parts of the body (see photograph

1). Nearly all had leaflets that showed the remedies the practitioners had; and the health problems they managed. The researcher was informed that packaging was learned at the Small Scale Industry Organization (SIDO), the Institute of Traditional Medicine and others learned from other healers. The horn of wild animal and calabash (tunguri) bags of wild animals that were traditional used to store the remedies were not seen at the exhibition.

The prices for remedies at the exhibition ground ranged from Tsh. 5000 (US \$ 3.125) to Tsh 20,000 (US \$ 12.5); whereas for diabetic and cancers to some practitioners ranged from Tsh. 50,000 (U \$ 31.25) to Tsh. 200,000 (U \$ 125.0). The researcher was informed some TAHPs were selling their remedies to nearby countries and also in Saud Arabia. To support the claim one entrepreneur came to researcher’s office to ask process of how to send the remedies out of the country.



Remedies packed paper bags

Horn for storage of liquid remedies

**Fig-2: The traditional ways of packing herbal traditional remedies**



Fig-3: Improved packing of herbal traditional remedies

**FAMILY HERBAL CLINIC**  
**DAR ES SALAAM**

Simu: 0712 408 585 0767 408 586 0785 408 585

**TIBA YA MAGONJWA SUGU, USHAURI NA UTAFTI WA TIBA ZA ASILI.**  
**NJOCHO Ni dawa inayo tibu magonjwa zaidi ya 110.**

1. Hamu ya kula, upunguaji wa idara, kukosa usingaji na kufanya akili tuka, kurudisha kumbukumbu, jamba, kaulani, dogodogo, kila kila juongeza nguvu mwili, majaji, vichomi, figo, ngongo, magonjwa ya zinza, TB uviwobe na maumivu yote ya mwili.
2. Kiwa kubana, kizochuana, kikoboni, mifua sugu na pumu.
3. Meno kuama, kuta garu, kuhaga na kutobolewa na wakaba, handu.
4. Magonjwa, ngongo, kono, mgaji kula garu, kawata, mawerutuli, miboga na maumivu ya viungo vyote mwili.
5. Nguvu za kiume na za kike kurulisha homoni ayaa na kuamaliza viungo vya uzazi.
6. Pwaha ya kupanda na kutuka, maji kupa maji, moyo kapanuka na matatizo yote ya moyo.
7. Kurulisha ushahidi kumbukumbu upunguaji ushahidi kupunguaji kutoa kutoa chini, miyo, jamba na kutoa sumu mwili na matatizo yote ya tumbo kwa ujumla.
8. Wadonda vya tumbo, fumbo kupa gesi kukosa choo na maumivu ya chenbe ya moyo.
9. Fungaji ndani ya damu, upole, maponye, vidonda mwili, kurulisha damu U.T.I na magonjwa yote ya nguzi.
10. Kaulani cha kupanda kutuka, nguvu kuvimba na maumivu yote ya mwili.
11. Magonjwa ya nguzi, mbao, vitaranga, upole, fungaji, kuwafaha na kujikana.
12. Chango la uzazi, maumivu chini ya kifo na kurulisha homoni.
13. Nguzi chango miyo aniba na matatizo yote ya tumbo.
14. Mafua ya kukosa nywele juu na mba kwanza nywele kuzika kutatika kava nywele yana Abawa, zamachichi, mayai, asali na mieno mng'he.
15. Mafua, uvisho, Goba, ngira, majaji.
16. Kucha, kauli yote matatizo ya mlipa, garu na maumivu ya viungo vya mwili.
17. Uziwi, kutupa mamba, mamba kukosa na matatizo yote ya uzazi.
18. Mafua kuama, joto wa jicho, kuwafaha, kuvimba na kutovaa viziwi.
19. Kucha jamba na matatizo yote ya kufanya.
20. Kucha sigara.
21. Magonjwa nyemadudu, CD4, CCR, mkanda wa jeshi, na kuongeza kinga mwili.
22. Vutobole, pwaha, kauli, kuongeza damu, hamu ya kula, kinga za mwili ushahidi wa asili matatizo ya mifua, kumbukumbu na magonjwa mwingine mengi.
23. Mafua ya kuhijwa vidonda.
24. Vidonda vya kumbe kama uric acid mwili, Mgonjwa kawika tete, kongozhe, isi, figo, kuwafaha nguzi, kiboko cha ekoyi, Hamu za maumivu, Malaria na magonjwa ya zinza.
25. Malaria ayaa, Hema za maumivu, typhoid na uchehe wa mwili.
26. Magonjwa ya zinza, kaulani, Kawanda, gurufu, Fungaji, kutupa damu, Ushahidi zilizowika ziki na magonjwa ya zinza.

**TUMAINI HERBAL CLINIC**  
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TUNATIBU MAGONJWA SUGU NA KUTOA USHAURI NA UTAFTI  
TUMIA DAWA ASILIA KWA AFYA YAKO  
MTEMI NI DAWA ILIYOPIMWA NA MKEMBA MKUU WA SERIKALI WA LABORATORY NO. 487/09

No.	JINA LA DAWA	MARADHI YANAYOTIBIWA
1.	M.T. Extra	Malaria na Typhoid
2.	Fungaji	Kurulisha damu, upole, niwafaha, vidonda mwili, majaji sehemu za siri.
3.	Ngongo	Ngongo, kuno, magoti, mgaji kula garu, kuwafaha motti, mifua, miboga.
4.	Kifua Plus	Kifua kubana, kuama, jipo kuwafaha, mafua sugu na pumu.
5.	Pwaha	Pwaha ya kupanda na kutuka, matatizo ya moyo.
6.	Ngiri	Ngiri, chango, mawikoto wa tumbu, aniba.
7.	Shapu namba one	Nguvu za kiume na za kike, kurulisha mwili, kurulisha homoni mpya.
8.	CD 4 Power	Magonjwa nyemadudu, CD 4, CCR, ESR, mkanda wa jeshi.
9.	Mieno	Hamu ya kula, figo, isi, malaria, Pwaha, sukari, magonjwa ya zinza, kurulisha kumbukumbu, kufanya akili halisi, upunguaji wa damu, Goba, uvimbe, gauri, majaji, maumivu, kuzika mkojo, T.B, kukosa usingaji, uzazi, vichomi, kuwafaha.
10.	Safaha	Kutoa sumu mwili, Aniba, kutoa mafua machafu, kupunguza umeme, kuno, mgaji, matatizo ya tumbo, tumbo kupa gesi, kukosa choo, maumivu chini ya kifo, ushahidi, kutupa mamba, miyo, uzazi, hendi, fumbo kuanguruma.
11.	Hwaka	Gauri, kongozhe, figo, isi, malaria, vidonda vya tumbo, fungaji, vidonda mwili, uric acid, magoti, kuno ngongo.
12.	Meno	Meno kuama, kutobolewa na wakaba, kufagami, handu ndomoni, figi kutoa damu, uvisho, vidonda ndomoni.
13.	Uvimbe plus	Uvimbe, Goba nyama sehemu za mwili, mgaji, kanda, mifua, joto, kutoa nyama.
14.	Gibogo	Sukari ya kupanda, sukari ya kutuka.
15.	Jandi	Magonjwa ya nguzi, mui, vitaranga, upole, majaji, fungaji, chunusi, madadadira na ukurusi.
16.	HC kuona	Macro kuama, kuwafaha, kuwafaha mifua wa jicho, kutupa viziwi, kutoa mamba.
17.	BMC	Mafua ya uzazi, kurulisha homoni, uzazi kutopata mamba, mamba kutoka, chango, ngiri, tumba.
18.	Pombe	Kucha pembe.
19.	Sigara plus	Kucha kuvimba nguzi, kurulisha mifua.
20.	Zinza plus	Magonjwa ya zinza, kaulani, kawanda, gurufu, vidonda sehemu za siri, kuwafaha sehemu za siri.

**ENDELEA NYUMA**

Fig-4: Leaflets Showing ill health conditions and remedies used to manage

**DISCUSSION**

The data from the exhibitors of the Platform of Traditional and Alternative Medicine Practitioners (PTAMPs) held on 17-23 November 2014 at Mnazi moja, Dar-es-Salaam, Tanzania has been presented and

analyzed. The outstanding findings are that TAHPs are now coming in public and present their remedies they use to treat health problems as an impact of legalizing the practice of traditional and alternative medicine. Most were youths as opposite to what is found from

literature review that THPs were old people above 40 years [18, 23, 28]. Moreover the exhibition has more or less a gender balance. Previous it was noted that the men were healers and women acted as assistance [18, 23, 28]. At this exhibition some of the practitioners were women and had assistance and some of the assistants were men. In terms of herbalists, the findings are suggesting a shift from old people who were practicing traditional medicine to young and energetic healers with commercial mind. In addition, there is improvement of traditional and alternative remedies in terms of packaging. Remedies were in plastic and glass bottles and labelled to attract customers, as opposed in the past where they were packed animal skin, horn (see Fig 2), paper or leaves or calabash (tunguri) [28-31]. This might the impact of the training by Institute of Traditional Medicine, Small Scale Industrial Development Organization (SIDO) and also other Non Governmental Organization (NGOs) that are interested in traditional medicine. This is helping to make traditional medicine attractive to users. It is a step forward as a start.

Despite the strong spiritual aspects to traditional African medicine that is coined in spiritual healing [28-31], the findings have shown spiritual healers were poorly presented at the exhibition. In traditional African medicine there is a widespread belief among practitioners that psychospiritual aspects (cleansing rituals) must be addressed before medical aspects [28 - 32]. The philosophy of African traditional medicine healing focuses on balance between the patient and his or her social environment that believed to be the main cause of ill health conditions [29-35]. It is this imbalance that determines the choice of the healing plant, which is valued as much for its symbolic and spiritual significance for its medicinal effect. Further it is being believed that among spiritual traditional healers, the ability to diagnose an illness is considered as a gift from both God and the practitioner's ancestors [26, 36]. These healers before beginning to practice they have to be initiated and take oath in front of practicing healers which emphasis on morals when providing healthcare to the client in a cultural accepted manner [28, 33-35]. It is being believed that transgressing the oath the healer may be severely punished by the ancestors even moving power of healing [28, 30, 36]. The poor presentation of spiritual healers might be due most of the practitioners are old people [28, 22, 37] and provide services to the community freely and not for commercial business as the herbalists shown in that exhibition. Also it might the participation charges were relatively high (Tsh 100,000 equal to USD 45.9) of which they are likely did not have to participate at the exhibition.

The analysis of the findings shows that most the exhibitors were herbalists as well as entrepreneurs. They were well versed with the medicinal and food plants that composed their remedies and health

problems being managed by these remedies [38 - 41]. Even though the findings showed that many TAHPs inherited the practice from their parents [19, 26, 42, 43], it very likely that some who were interested in traditional medicine might have got the information from published articles in journals, local newspapers, books. For instance in the Seventh Adventists are selling books of medicinal and food plants that show how to prepare the recipes and uses like *Encyclopaedia of Medicinal Plants*, *Encyclopaedia of food plants* and *Healing wanders of medicinal plants*. The acquisition of knowledge healing plants from books and published article do not accompany oath they have to abide to as to those who have inherited the practice. Healing is an art needs to be learned from the practicing healers [28, 33, 34, 35]. It is not only knowing the healing plants but also which part of the plant is active at healing and with what combination, when to collect and processing [28, 34, 39]. It is very possible to get the quacks and charlatan from such healers who get the information from reading books and articles of medicinal plants because they have nothing to fear in the practice.

The findings have presented remedies from TAHPs that were addressing health problems that had had problem at getting treatment in conventional health facilities. For instance, there is only one hospital (Ocean Road Cancer Institute (ORCI)) which is managing cancers health problems [45]. According to International Atomic Energy Agency IAEA [45], ORCI receives 35,000 new cases each year and this makes the hospital to be floody with patients with limited resources. Cancer treatment in Tanzania is supposed to be free in government hospital; but patients are requested to buy drugs and they are very expensive for the common people to afford (USD 45.00 to 450.00 in some cases). Not only the cancer but also diabetic, malaria, stomach ulcers and fungus are some of the health conditions where patients do not get effective medicine to alleviate the suffering in government health facilities. The only options remain are private hospitals which again are expensive and visit herbalists who claim to be treating the ill health conditions mentioned. The problem, however, very limited clinical observation has been done to evaluate THPs claims. Medicinal plants used by some herbalist seem to have some active ingredients on the named diseases like *Carissa edilus*, *Adanisia digitata*, *Moringa oleifera* and other [43-51]. The problem is which part is active, when to collect, processing and at what dosage remains unanswered.

The analysis of the findings have shown remedies were either in powders or liquid and were relatively well packed, labelled and expiring date and very few THPs came with barks. The interesting thing is the making herbal products in powder as opposed in the past were barks and roots were too boiled by the client [18, 28, 29, 39].

The prices mentioned to chronic diseases like asthma, diabetic and cancers were relatively expensive for common people to afford (more than U\$ 50). However, in rural areas especially to older healers who took oath it is expected to be low or freely because were chosen by the ancestors to serve the people in their respective community and not for commercial activity [28].

Another problem with herbal remedies is the expiring dates that were marked on the remedies. It is not known what yard stick is being used to calculate the expiring date and also reducing the barks and roots into powders or liquid to be equal to the traditional way of dispensing the herbal products. The worry is in the process of preparation to be in powder or liquid some of the active part of the medicinal plant might be distorted or lost. There is a need to evaluate the content if it is still effective by using by dividing clients suffering from the same health condition in two parts. Some should be given the powder/liquid and the rest be given in the traditional way of dispensing the herbal remedies in barks or root and compare the results. All in all it is good beginning. Scientist should start where the THPs have reached to estimate the appropriate dosage, safety for human consumption and the expiring date [53].

## CONCLUSION

The present findings from the Platform of Traditional and Alternative Medicine (PTAM) presented and discussed. The findings and the discussion underscores Helwig (32) who argues that THPs of traditional African medicine can manage a wide range of conditions, including cancers, acquired immunodeficiency syndrome (AIDS), psychiatric disorders, high blood pressure, cholera, infertility, and most venereal diseases. But it needs scientific investigation to verify these claims. What was interesting from the exhibition it appears legalizing the practice of traditional medicine has motivated and opened a window where youths and retired officers to focus on herbal plants that have potentiality as an opportunity of treating ill health conditions that have no cure or alleviating suffering that are not well treated in health facilities with entrepreneurship mind. The PTAM seemed to play role advertising what traditional and alternative practitioners have to present health problems suffered by people. It very likely some of the herbal remedies alleviate pains from the patients and even cure of illness suffered [17, 18, 19, 54, 55]. The call for researchers is to evaluate by clinical observation on health problems claimed to be managed or cured. Remedies proven to be effective and efficacy should be submitted for further studies. This may lead to discover drugs to present resistant disease like malaria and for those who have no cure in conventional medicine. Ethnobotanist, phytochemistry and pharmacologist researchers should ensure sustainability and wide availability of these traditional remedies, a standardized mode of production, which meets modern

pharmaceutical manufacturing standards [14, 54]. As argued by Samba [56] on second African Traditional Medicine Day 31 August 2004, African countries should develop traditional medicine in ways appropriate to their circumstances with a view to reducing death and disability caused by mental disorders and diseases such as malaria, tuberculosis and HIV/AIDS.

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