

**Exploring The Role of Information Managers
In Knowledge Transfer And Preservation
Among The “Elewe Omos”
(Indigenous Herbal Medicine Practitioners)
Of The Yorubas In Nigeria**

**Racheal Opeyemi Odunlade &
Olatokunbo Christopher Okiki**

University of Lagos, Akoka, Lagos
rodunlade@unilag .edu.ng
cokiki@unilag.edu.ng

Information Impact: Journal of
information and knowledge
management
2018, Vol. 9 (4) Pg 142-159
ISSN: 2141 – 4297 (print)
ISSN: 2360 – 994X (e-version)

Abstract

Indigenous herbal medicine as an arm of indigenous knowledge has lived with man from existence. In spite of the peculiarity of their mode of operation and services, their method of knowledge transfer and retention remains secretive and largely informal. This is because hardly is there any formal system of learning or a stipulated number of years of study when compared with orthodox medicine. Thus the study investigates how the custodians of indigenous herbal medicine (IHM) popularly called “Elewe Omos” among the Yorubas of the South Western Nigeria transfer their acquired knowledge of herbal medicine from one generation to another. This is a qualitative study and so data was gathered through focus group discussion. Respondents were drawn from key practitioners from members of the National Association of Traditional Medicine Practitioners (NATMP). The study leveraged on the recent herbal fair organised by the NATMP. Thirty-eight (38) practitioners from the 6 South-western states participated in the fair. The study employed a random sampling technique to select one (1) out of every six (6) practitioners. The outcome of the study revealed among others that indigenous herbal medicine knowledge is devoid of any form of secrecy or spiritism, The study concludes that the process of knowledge transfer of indigenous herbal medicine, can be effectively coordinated by effort of information managers in preserving this age long knowledge of the African people for onward transmission to coming generation and for improved health care system.

Keywords: Indigenous Herbal Medicine, Knowledge Transfer, Preservation, Information Managers, Yorubas,

Introduction

Often times, people have interchangeably use traditional medicines for herbal medicines. It should be noted that herbal medicine is not synonymous with traditional medicine, rather it is an integral part of “traditional medicine” (TM). According to the World Health Organization (2011), traditional medicine is the total sum of the knowledge, skills, and other practices based on 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 illness, while herbal medicine is

a category under it. Herbal medicine also referred to as alternative medicine has to do with the application of herbs (roots, leaves and tree bark) in the prevention and treatment of ailments and diseases among mankind. The totality of traditional medicine and herbal medicines is referred to as indigenous knowledge.

In recent times, there has been a warmth embrace and increase of research interest in the concept of indigenous knowledge transfer especially among information managers. Globally, people developed unique indigenous healing traditions adapted and defined by their culture, beliefs and environment, which satisfied the health needs of their communities over centuries (WHO 2011). This may be because indigenous knowledge has best been described as a body of knowledge that is embedded in the culture, oral belief and way of life which is enriched in make belief; or better still Spiritism and the practices, its know-how and how it is developed and maintained by people from generation to generation. As mentioned earlier, indigenous knowledge as a concept has lived with man as long as existence and even today it is still competing favourably with orthodox knowledge. Several rural communities of the world especially in Africa still have much attachment and belief in the know-how and practices of their forefathers which were translated to them. For most, this forms the basis of their decision making that cut across all aspects of their lives including religion, language, values and norms, trading, farming, skills, health and medicine, to mention a few. For instance, a study upholds that:

“Indigenous systems of health knowledge and healing practices have met the needs of the local communities over many centuries and continue to do so even though there is an ongoing assumption from a global perspective that “west is best”, and all peoples of the world at some stage, if they want to survive and indeed progress, must succumb to the universal western values of health and development” (The Protection of Indigenous Knowledge for Peoples Health Rose Khatri Liverpool John Moores University.....).

Specifically, in the area of health and medicine, several authorities have given various description of indigenous knowledge (IK) with regards to alternative medicine but certain things are common to all. That is, the fact that IK is tacit in nature (World Bank Group, 2015); yet, it facilitates communication and decision making (Thompson, 1999); it is greatly affected by social stratification (Fernandez, 1994); it is vulnerable to attrition if not recorded for storage and transmission (Sithole, 2007); and it is of great value to health and medicine (Kargbo, 2006) which is the crux of this study.

Among the Yorubas of the South-western Nigeria, the use of traditional medicine such as, herbs, magic, charms, animal wastes, rituals and sacrifices for healing and long life is a common phenomenon. Mbiti (1978) observed that African people generally believed that every inanimate object, grove, river and crossroad have demons or spirits which could be dangerous to mankind (Mbiti, 1978). According to the World Health Organization, 80% of

Africans use traditional medicine for primary healthcare. For instance, in Nigeria, ‘Agbo’ which is the Yoruba name for herbs is a variety of herbs and concoctions, an alternative medicine used most especially by the native Yoruba people. Its huge patronage reflects the importance of traditional medicine to Africans in general and Nigeria in particular, therefore, sustaining and passing it from generations to generations becomes vital. It is also recognised by the World Health Organisation that herbal medicines are the most popular form of traditional medicine, and are highly lucrative in the international medicine market. The World Health Organization has given recognition to traditional medicine as an alternative medicine that would assist the orthodox medicine in its health care delivery (World Health Organization: 2004), In a recent report, The WHO stated that eighty percent (80%) of the population in Africa and some two-third (2/3) countries depend on traditional medicine for primary health care. To sustain traditional medicine in the country, the regulatory situation of traditional Medicine in Nigeria as formal legislation promoting traditional medicine dates to 1966 when the Ministry of Health authorized the University of Ibadan to conduct a research into the medicinal properties of local herbs (WHO, 2001). Today, herbal medicine has become a more lucrative and attractive form of traditional medicine.

Basically, the “Alagbos” or “Elewe omos” are well versed and respected in herbal combination though largely dominated by illiterate folks yet have requisite knowledge/properties to cure varying degree of ailment. It is therefore not surprising that there is collaboration between the government and traditional birth attendants (TBAs) in some states of the nation. This might have led to the increase in the number of traditional medical clinics (TMC) in Nigeria. For instance, a recent interview of some traditional birth attendants (TBAs) on a national television (TVC) gave an exposition on how some TBAs and TMC in Lagos State operate. The interviewees affirmed that they are in partnership with the state government and this has made it possible for them to work with designated trained nurses who carry out routine checks for HIV/AIDS and as well monitor the blood pressure of their patients. Some of the patients also affirmed their belief in herbal medicine and the TBAs (Television Continental Interview Broadcast, April 8, 2018:10pm).

Suffice to say that the development of traditional medical practices is deeply rooted in culture and therefore forms an integral part of the cultural and belief system. Hence, knowledge transfer of indigenous medicine is mostly tacit in nature and is passed orally from generation to generation (Osemene, Elujoba & Ilori 2011). Custodians of this tacit knowledge are considered to be the legitimate curators which they claimed to have been handed down to them by their ancestors, and they are in turn expected to pass it on to others (Owuor 2007). In a study conducted by Lozada, Ladio and Weigandt (2006) on use of wild plants, it was reported that the transmission of wild-plant knowledge as alternative medicine was mostly vertical through family dissemination. This assertion cut across most if not all traditional medical practitioners (Television Continental Interview Broadcast, April 8, 2018:10pm). Following the focus of this study, the “elewe omos” are individuals (mainly elderly men/women) who specialize in the use of indigenous medicine in curing childhood diseases and sometimes ailments in adults. They are seen to be knowledgeable in health matters that affect child bearing (gynecological), children (pediatric) and even diseases like pile,

hypertension, diabetes, cancer, epilepsy, and so on in adults. Most of those that patronize them hold them in high trust and prefer their services to orthodox medicine. In spite of this, their mode of knowledge transfer to their apprentice remains unfathomable in the sense that there is no form of recording or documentation. How is this done? What is the mystery behind this? This is the crux of this study.

Statement of the Problem

Various studies have established that indigenous herbal medicine cannot be wished away especially in Africa and Asia. In fact, literature is replete with its acceptance and preference over orthodox medicine in some quarters. In spite of the peculiarity of their mode of operation and services rendered, their method of knowledge transfer and retention remains a mystery. This is because hardly is there any formal system of learning or a stipulated number of years of study like we have in the orthodox medicine. Apart from this, it is not clear if these individuals have a way of documenting learning during and after years of pupilage, nor undergo any form of practical sections to qualify them for practice. Yet, these individual have a way of applying herbs to ailments and getting them cured. This study intends to explore the role of information managers in knowledge transfer among “Elewe Omos” an indigenous herbal medicine of the Yorubas in Nigeria.

Objectives of the Study

The purpose of this study is to investigate how the custodians of indigenous herbal medicine (IHM) popularly called Elewe Omo among the Yorubas of the South Western Nigeria transfer their acquired knowledge of herbal medicine from one generation to another. The specific objectives are:

1. To determine the method of knowledge acquisition and transfer technique among indigenous herbal medicine practitioners (elewe omo) of the Yorubas in South west Nigeria.
2. To ascertain how indigenous herbal medicine knowledge is preserved among the practitioners.
3. To identify the role of information managers in preserving indigenous herbal medicine knowledge.

Research Questions

1. What is the method of knowledge acquisition and transfer technique used by indigenous herbal medicine practitioners (elewe omo) of the Yorubas in South west Nigeria?
2. How is indigenous herbal medicine knowledge preserved among the practitioners?
3. What is the role of information managers in preserving indigenous herbal medicine knowledge?

Literature Review

The Need to Document Indigenous Herbal Medicine Knowledge (IHMK)

Indigenous Herbal Medicine Knowledge (IHMK) systems have been described as ecologic, holistic, relational, pluralistic, experiential, timeless, infinite, communal, oral and narrative-based (Castellano, 2000 and Shiva, 2000). However, according to Abioye, and Oluwaniyi, (2017), many indigenous knowledge systems are at risk of becoming extinct because of rapidly changing society and fast striding economic, political, and cultural infusion globally. Practices vanish, as they become inappropriate for new challenges or because they adapt too slowly. However, many practices disappear only because of the intrusion of foreign technologies or development concepts that promise short-term gains or solutions to problems without being capable of sustaining them (Senanayake, 2006). The awfulness of the impending disappearance of indigenous cognizance is most conspicuous to those who have developed it and make a living through it. But the implicative insinuation for others can be detrimental as well, when skills, technologies, artifacts, quandary solving strategies and expertise are disoriented especially as a result of the death of the progenitor/custodian. Today, the world is faced with a loss of diverse erudition as elders who are endowed with traditional cognizance are dying in droves with their astronomical archives of cognizance and expertise thus, leaving humanity in hazard of losing its past and perhaps imperilling its future. This is because oral cognizance is predicated on the mouth to mouth hence undocumented, besides, is often characterized with secrecy (Olaide, & Omolere, 2005 and Eyong, 2007).

The way out of this according to Anyira, Onoriode, & Nwabueze,. (2010) and Makinde, & Shorunke,. (2013) is that indigenous herbal medicine must be valued, managed and shared by academic libraries for sustainable development in Africa. It must be noted that this ancient knowledge had explored the medical properties of plants and its curative effect on human race and so must not be lost to secrecy owing to cultural impediments. Furtherance to the above stated, World Bank (1998) also chronicles the need to properly document and disseminate IHMK lest it goes into extinction. However, it has been suggested that learning from IHMK begins by investigating into what people know especially the elders and how it can improve an understanding of local conditions, increase responsiveness to clients, and provide a productive context for activities designed to help the communities vis-a-vis humanity (World Bank, 1998).

Due to many reasons, including colonization and lack of understanding by hegemonic societies, there is a risk of this knowledge disappearing from many communities. (Woodley, Marshall, Taylor, & Fagan, 2013). In addition, Woodley et.al (2013) alluded that many of these communities have different (orally based) knowledge systems that are rapidly disappearing hence the need for technological innovation to support the preservation and integration of this valuable knowledge into the educational model. Digitizing IHMK will not only preserve indigenous knowledge but by extension reduce if not eliminate secrecy that

often characterized it and makes it easier to preserve, access, share and protect the community's collective memory. Ngulube (2004) posits that:

.....we need to preserve and make indigenous knowledge visible so that the future generations may learn about it and be proud of their past that was erroneously labelled as primitive by the people who controlled knowledge during foreign domination.

Tjiek (2006) further added that digitizing documented IHMK and putting it in a digital library has helped tremendously in adding “appeal” to the resources, which have previously been viewed as “mediocre” in quality due to the obscurity and mode of transmission.

Aside this, digitizing documented IHMK will also guarantee lifelong preservation and access in case of death, resource mutilation and fire disaster. Linden (1991) narrated how 1,600 years ago the wisdom of many centuries went up in flames when the great Alexandria Library burnt down. Mbiti (1978) highlighted some of the duties of African medicine men as follows: they were concerned with sicknesses, diseases and misfortunes; they acted as priests and counsellors to the community; they used different techniques to achieve healing for their clients; they discovered the root cause of the sickness and found out who was behind it; they diagnosed the nature of the disease, applied the right therapy and supplied means of preventing the misfortune from recurring again; the traditional medicine men were both the doctor and pastor of the sick person in the village; his medicine was made from plants, herbs, powdered bones, shells, seeds, juices, roots, minerals, charcoals and the like; on many occasions they performed rituals and sacrifices to appease those behind the sickness.

In summary, some Yoruba trado-medical practices would not be effective without conscious effort to document them. The conclusion of Lateju (2005) on Yoruba medicine is relevant here. She said:

During some of our interaction with them, the practitioners of traditional medicine complained that NAFDAC insisted that they should write the composition of their drugs on the labels for packaging but they too insisted that some of their component parts are supernatural incantations which cannot be written on paper. These are rapidly spoken supernaturally laden words and sentences which serve as the mediums through which the supernatural powers flow through the roots and the herbs.

This perhaps explains why documenting IHMK has been almost impossible amongst other reasons.

Preservation of Indigenous Herbal Medicine Knowledge (IHMK)

There is a growing appreciation of the value of indigenous knowledge. It has become valuable not only to those who depend on it in their daily lives, but to modern industry and agriculture as well (Odeku, 2014). In the work of Maluleka, and Ngulube (2017), it was reported that there is a consensus among healers that ancestors control knowledge of traditional healing and pass it down to the chosen healers through dreams and visions. However, even though ancestors are believed to be the ones who preserve knowledge of traditional healing, there are healers who document their knowledge using different mediums chosen by them.

Recently, the educational sector in Nigeria is focussing on indigenous herbal medicine such that three (3) higher institutions (universities) have floated a degree programmes in this area. The institutions are University of Medical Sciences, Ondo, Samuel Adegboyega University, Ogwa, Edo State and University of Ibadan. This initiative which has been described as historic and significant step towards boosting herbal medicine research and development in Nigeria was reported by Dapo Ojerinde in the Punch Newspaper (May 29th, 2018). Before this initiative, some institutions where certificate courses in various aspects of indigenous herbal medicine are offered have been in existence. One of such schools is the College of Natural Medicine, Kofo Abayomi, Lagos. So also is the Federal College of Traditional Medicine, Abuja. Some of the courses offered include certificate in traditional birth attendance (TBA), orthopaedic medicine and general medicine.

It is obvious from the ongoing that even though the knowledge of traditional healers is largely preserved orally, a paradigm shift has emerged. With the upcoming of programmes in indigenous herbal medicine, it is obvious that one of the teething problems will be access to documentations (information resources) in this area of learning. While libraries have not traditionally focused on these areas; it can be inclusive in its services by providing information resources in the field and experts in collection, organisation, preservation, and retrieval of indigenous knowledge (Stevens, 2008). In summary, indigenous herbal medicine has been recognized as a fundamental part of medicine even in the contemporary society.

According to Johnson, (1992) this knowledge is deemed important hence the call for proper documentation and digitization by information managers for posterity. IHMK is valuable not only to those who depend on it in their daily lives, but to modern industry and agriculture as well (Odeku, 2014). Nakata and Langton (2005) opined that the library and information profession has a lot to learn if they are to meet the information needs of indigenous people and appropriately manage IK. It could be inferred that it's on the basis of this assertion that IFLA (2008), highlighted roles of libraries vis-à-vis information managers preserving IHMK and these are below listed as:

- Collecting, preserving, and disseminating IK by extension IHMK.
- Publicizing the value, contribution, and importance of IK to both non-indigenous and
- indigenous people

- Involving elders and communities in the production of IK
- Encouraging the recognition of intellectual property laws to ensure the proper protection and use of IK

Okore (2009) quickly adds that it’s been observed that information managers and libraries have made tremendous progress in the preservation of local culture in both print and electronic format, thus promoting and enhancing exchange of information. Without conscious effort on the part of information managers’ valuable information would be lost due to death or both human and natural disaster. It was on the basis of this that Ngulube and Stilwell (2010) affirmed that research libraries have not been particularly active in documenting indigenous knowledge. This may require libraries to move outside their comfort zone and this is the focus of this study.

Methodology

A cross-sectional study of indigenous herbal medicine practitioners was conducted to review indigenous herbal medicine knowledge transfer among some elewe omos in Yorubaland of the South Western geopolitical zone of Nigeria. The Yoruba tribe is spread across 6 States in Nigeria comprising Osun, Oyo, Ogun, Ondo, Ekiti and Lagos States. The research methodology used in this paper is the survey design. Study population consisted of indigenous herbal practitioners that attended the annual trade fair held at the Nigerian Television Authority (NTA), Channel 10 ground, Tejuoso – Yaba in Lagos State; from March 28 to June 9, 2018. This fair was organised by the National Association of Traditional Medicine Practitioners (NATMP) for members in the South-western Nigeria and 38 people participated in the fair. The participants were in 6 various sections depending on their areas of specialisation. Purposive sampling technique was adopted to select the sectional heads thereby giving us the total number of (6) practitioners as the sample size. The research instrument used was unstructured oral interview. Interview was conducted in Yoruba language as requested by interviewees and translated into English. The interview session which was carried out in form of focus group discussion lasted for about two and half hours. It was recorded and picture of participants were taken.

Picture 1



Picture of members of focus group

As mentioned earlier, unstructured interview was used to elicit information from the participants. The interview was conducted through focus group discussion. Participants age range between 43years to 65years and they consisted of four males and two females. While two of them are literate the remaining four are semi-literate. Participants requested that the interview be conducted in Yoruba language to enable fluency and detail explanation of responses. To achieve the objectives of the study, the focus group discussions set out to determine the method of knowledge acquisition and transfer technique among indigenous herbal medicine practitioners; ascertain how indigenous herbal medicine knowledge is preserved among the practitioners; and identify the role of information managers in preserving indigenous herbal medicine knowledge.

Result

Below is a synthesised report of the findings.

Research Question 1

What is the method of knowledge acquisition and transfer technique use among the elewe omos?

All participants affirmed that the knowledge was inherited from their ancestors (parents and grandparents). In addition to that, apprentice could also learn more from other practitioners than their parents. Sometimes, more knowledge is acquired from fellow practitioners because each person has area of specialisation. In all of this, it is important to note that knowledge is acquired orally. The mode of learning is such that as children, their parents carried them along as medications are being prepared. They are informed of the various herbs put together, the mode of preparation and its application. Sometimes they are engaged in the preparation of the mixtures which they get used to overtime. The spiritual aspect of it has to do with receiving instructions in their dreams on how to treat a particular disease or ailment. This is the process of acquiring and transferring indigenous herbal medicine knowledge (IHMK) in the olden days. Practitioners posited that with advancement in civilisation, there is a change in the method of teaching and learning now especially with the establishment of the Board of Traditional Medicine and the School of Natural Medicine. Practitioners now attend formal school to learn about herbal medicine and certificates are awarded to them.

Research Question 2

How is indigenous herbal medicine knowledge preserved among the practitioners?

In the olden days, there was no documentation of indigenous herbal medicine knowledge. Preservation was done mainly by drinking of some herbal concoctions that serve

as a reminder to practitioners anytime they forgot the medication for a particular disease. This reminder is referred to as ‘oogun isoye’. Nowadays, the practice has changed. It is no longer correct to assume that indigenous herbal medicine knowledge has no documentation. We now document the knowledge for reference and posterity. This is because with civilisation, the learned ones among their children saw the need to document this knowledge especially when indigenous herbal medicine practitioners (IHMP) were being referred to as illiterates, and so was categorised as inferior to orthodox medicine practitioners. Initially, this documentation was done by individuals in exercise books usually referred to as ‘account’. This account normally contains the details of various herbs, stages of preparation and its application to ailments. Presently, documentation of IHMK has gone beyond writing it in accounts. Some practitioners have documented herbal knowledge in book forms and sell to people. Such books are available in places like Lagos State board of traditional medicine in Lagos, College of natural medicine also in Lagos.

2b: Was this step influenced by any other reason apart from being referred to as illiterates?

Apart from being referred to as illiterates, the need to upgrade the status of our goods by packaging them in the modern way also necessitated documentation. IHM is often being accused of lack of dosage. To be able to package our medicine in acceptable forms we need federal government approval through the National Agency for Food and Drug Administration and Control (NAFDAC). Since part of the conditions required by this body is documenting the names (botanical) of the herbs, preparation steps and dosage, we had no choice than to document our knowledge. As a result of this demand, some of us had to go to school of natural medicine to upgrade our theoretical knowledge and to also flow with our counterparts in orthodox practice. That way, we are able to combine our practical knowledge with the theory we learn from orthodox medicine.

2c: Would you say that this has helped in projecting the image of indigenous herbal medicine?

It has helped to some extent though not without some challenges. Some of the challenges include having to add preservatives to our drugs which is against our practice. This is a major challenge because preservative will affect drug potency. Another area of challenge has to do with packaging herbal medications in capsules and tablets. The way our medicines are prepared do not allow this. For instance, for effective treatment of malaria, a cupful or teaspoonful of the drug may be required twice or thrice a day. If we choose to package this same dose (cupful) in capsule form, it will not be less than 30 capsules. How do we recommend 30 capsules of a drug twice a day?

One of the participants added that orthodox medicine has chemicals mixed with it to aid quick reaction which most of the time has side effect, unlike herbal medicine that is natural all through with no side effect. This is also a challenge for indigenous herbal medicine.

**2d: You mentioned the school of natural medicine, can you tell us some aspects of
Indigenous herbal medicine included in the school curriculum?**

Participants that have attended the school reported that the school offers courses in the area of traditional birth attendance (TBA), general medicine (GM), orthopaedic management (OM), and so on. They are also taught how to keep patients records. They affirmed in order to control herbal medicine practice, Lagos State also established Board of Traditional Medicine. The board teaches members how to document herbal ingredients, drug advertisement, labelling and packaging. They were also taught how to preserve their drugs.

**2e. Are you aware that the federal government has approved herbal/natural medicine
Programme for 3 universities in Nigeria?**

Participant said this was cheering news to them. One of them confirmed that before the recent approval for the three (University of Medical Sciences, Ondo, Samuel Adegboyega University, Ogwa, Edo State and University of Ibadan, Oyo State), a private university in Ekiti State has commenced a programme in traditional medicine, and had even organised a fair where herbal drugs produced in that school were exhibited. So, having more universities in the country to run degree programmes in herbal/alternative medicine is a welcome idea to the participants.

**2f. Don't you feel threatened that in future graduates of such schools may rubbish the
knowledge of some of you?**

Participants opined that there is nothing to fear as this development will make the practice more acceptable to the global community. They all testified that right from time immemorial, our people depend on the 'Alagbos' or the 'elewe omos' for their health care, survival and longevity. Getting certified in school like we have in orthodox medicine will further advertise our culture, beliefs and practices. Above all, it will help in proper documentation of the knowledge such that the death of a progenitor will not be the end of the knowledge.

Research Question 3

**What role do you think information managers can play in preserving indigenous herbal
medicine knowledge?**

Participants threw the question back at the researchers when they asked who an information manager is. Researchers explained that information managers are professionals who regulate the flow of information either electronically or procedurally within and among offices. Information professionals are responsible for the acquisition, processing and dissemination of information resources to people who need it while maintaining the proper

management and preservation of the resources. Having explained who an information professional is, participants were of the opinion that preserving the knowledge of indigenous herbal medicine should no longer be a problem since the knowledge is now being documented. Books on indigenous herbal medicine are available and are sold to the general public.

3b. Are these books available in book shops or do we have designated place or places where the books could be purchased?

You may not find these books in bookshops like other books but we are sure that if you get to Nigerian National College of Natural Medicine and Lagos State Board of Traditional Medicine at Kofo Abayomi, Onikan Lagos, you will find books on various aspects of herbal medicine. The books contain detail information on the various herbs and its procedures of use in treating an ailment. A participant noted that apart from the school in Lagos, there is also Federal of Complementary and Alternative Medicine in Wuse 11, Abuja – the Federal Capital Territory. It is believed that books on herbal medicine could be found in that school too.

3c. It is generally believed that traditional/natural/alternative/herbal medicine have some aspect of it that has to do with Spiritism attached, do you think those books are detailed enough to take care of the spiritual aspect of indigenous herbal medicine?

Participants affirmed that there is a thin line between traditional medicine and herbal medicine. While traditional medicine has some spiritual undertone that involves citing of incantations, herbal medicine involves use of herbs to perform healing. Therefore, every details needed are documented in those books.

3e. If you claim that all that there is to herbal medicine is open to all, can we have some details of the mixture and treatment of some ailments? Especially those you have here.

Participants chorused - why not? Below are the details of herbal medications for some ailments as revealed by participants. For clarity, it is presented in tabular form.

Table I. Some Indigenous Herbal Medicine Recipe

S/N	Name of herbal medicine	Recipes
1.	'Agbo jedi-jedi' (Pile)	Scented-leaves (<i>Pelargonium zonale</i> (L.) L'Hér.), grapefruit (<i>Citrus paradisi</i> Macfad.) juice extracts, bitter leaf (<i>Vernonia amygdalina</i> Delile), Sorghum (<i>Sorghum bicolor</i> Moench) leaves, naphthalene tablets, garlic (<i>Allium sativum</i> L.). This mixture is used to treat pile
2.	'Agbo iba' (Malaria)	Bark of pineapple (<i>Ananas comosus</i> (L.) Merr.) fruit, paw paw (<i>Carica papaya</i> L.) leaves and seeds, 'Dongoyaro' (<i>Azadirachta indica</i> A. Juss.) leaves, lime juice, lemon grass (<i>Cymbopogon citrates</i> Stapf.) leaves, guava (<i>Psidium guajava</i> L.) leaves, scented- leaves (<i>Pelargonium zonale</i> (L.) L'Hér.). This is for treating malaria.
3.	Ajase poki-poki (Back-	Tobacco (<i>Nicotiana</i> L.) leaves, stem bark of coconut

	ache)	(<i>Cocos nucifera</i> L.), seeds and coat of alligator pepper (<i>Aframomum melegueta</i> K.Schum.). This is use to treat pile and back ache.
4.	Aporo Epa Ijebu (“wonder cure”)	Citrus aurantium, and fruit of Aframonium melegueta as well as animal parts including a type of rat <i>Rattus norvegium</i> , snake heads (various types) and scorpion. All the animal parts are dried and ground into powder. The concoction is prepared by mixing all the ingredients in a large pot and cooked until the materials are reduced by half and allowed to cool. Thereafter, it is dispensed into small bottles and packaged for sale. Small quantities of the paste is added and mixed with palp (a slurry of milled corn prepared in boiled water) for drinking.

Field survey by researchers, 2018.

Picture 2



Picture of some stalls at the herbal trade fair

3d. As a practitioner of indigenous herbal medicine, what are the challenges you encounter and what do you think is the way out?

Participants affirmed that there are many challenges confronting them. The foremost challenge is lack of coordination on the part of our government. We thank God that our government has realised that there is need to uphold traditional herbal medicine by establishing the course in our universities. We need the government to back us up. I mean certain laws should not be binding on us. For example, before any herbal medicine is approved by NAFDAC, it is required that we add preservative which is against our belief and

practice. We believe that once preservative is added to herbal medicine the potency has been reduced. We do not think that we should be forced to do this. So also is the issue of packaging. It is not all drugs that can be packaged in capsule form. We are the custodian of the knowledge and so we know what we are saying. Government should be lenient with us in this area.

Another participant raised the issue of funding as a major challenge. Sometime, procuring ingredients involves travelling. Some you need to purchase and getting money to achieve this could be tasking at times. We are aware that World Health Organisation (WHO) gives grant to our body every year to assist practitioners. Unfortunately, the money does not get to those it is meant for. We call for government intervention in this regard.

Participants also affirmed that despite the fact that the government has realised the importance of traditional herbal medicine, they are yet to give them maximum support in the area of publicity. It is true that we are allowed to hold trade fair whenever we desire but when it comes to advertising our services on radio and television we are restricted. We are not allowed to express ourselves, rather it will just be mentioned that herbal fair is on and the public is invited. The advertisement is usually done by National Broadcasting Commission (NBC) on our behalf and this does not portray our real identity. Whenever we gather to advertise our goods and services we are forbidden from doing so. These are the major challenges we have.

Discussions

The ongoing has revealed that indigenous herbal medicine is witnessing a turn around that has led to global acceptance. Just like we have in some other parts of the world, Nigerian government through its ministry of science and technology has established an agency that oversees the activities of indigenous practices especially where natural medicine is concerned. In an attempt to research, develop, document, preserve, conserve and promote Nigeria’s natural medicine which comprise of traditional/indigenous healthcare systems, medications and non-medications healing arts, the Nigeria Natural Medicine Development Agency was established (Nigeria Natural Medicine Development Agency, 2017). The implication of this to the study is that there has been awareness about the importance of indigenous herbal medicine among the people and at governmental level. Therefore, to assume that the knowledge of indigenous herbal medicine is not documented may not be correct.

It may be true that in the past knowledge was acquired and transferred orally but the situation has changed. Indigenous knowledge is now documented. There are books on indigenous herbal medicine and these are available to the public. This development is contrary to the popular opinion that the entirety of indigenous knowledge including knowledge of traditional healing is lost (Maluleka & Ngulube, 2017; Poorna, Mymoon & Hariharan, 2014). With this development, it is obvious that indigenous knowledge acquisition and transfer especially the aspect that deals with healthcare system (herbal healing) is devoid of any myth/fetishism.

Conclusion

In view of the findings, this study concludes that indigenous herbal medicine knowledge has to do purely with treatment and healing and to that extent devoid of any form of secrecy or spiritism. The knowledge is now documented unlike in the past and the books are available to anyone who wishes to practice it. Schools have been established to train individuals who may want to learn or practice indigenous herbal medicine, which means practitioners can compete favourably with their counterparts in orthodox medicine. It also implies that knowledge can be preserved for teaching, learning, reference and posterity. Information managers can access these resources for onward preservation. This is in agreement with Ngulube (2002) and Ngoepe and Setumu (2016) who opined that such knowledge should be documented, preserved and managed just like any other form of knowledge. This will not only project our cultural beliefs but also make future generations to be proud of their past that was erroneously labelled as primitive by the people who controlled knowledge during foreign domination (Ngulube, 2004).

Recommendations

In view of the findings of this study, the followings are recommended:

- Information professionals need to move out of their comfort zones to collect information resources in the area of indigenous herbal medicine. This study has revealed where to get such resources (the schools and the board).
- Apart from collection, conscious efforts should be made to preserve and even digitise the resources. This will not only help in disseminating it to protect it for future generation.
- Government should coordinate the activities of indigenous herbal medicine practitioners through the agency by ensuring that grants meant for them get to the beneficiaries.
- More schools should be encouraged to run programmes in indigenous healthcare systems.
- Government should be more liberal in application of laws indigenous herbal practice. Unfriendly laws that may affect the potency of herbal medicine (such as adding preservatives) should be waved.
- Botanical gardens should be cultivated by stake holders (Indigenous Herbal Practitioners) to alleviate the problem of scarcity of needed herbs.

Picture 3



Researchers with members of focus group discussion (NATMP).

References

- Abioye, A., & Oluwaniyi, S. A. (2017). Collection Development and Preservation of Indigenous Knowledge In Selected Federal University Libraries In South West, Nigeria. Retrieved from <https://digitalcommons.unl.edu/libphilprac/1633/>.
- Anyira, I., Onoriode, O. K., & Nwabueze, D. (2010). The role of libraries in the preservation and accessibility of indigenous knowledge in the Niger Delta Region of Nigeria.
- Castellano, M. B. (2000). Updating Aboriginal traditions of knowledge. *Indigenous knowledges in global contexts: Multiple readings of our world*, 21-36.
- Eyong, C. T. (2007). Indigenous knowledge and sustainable development in Africa: Case study on Central Africa. *Indigenous knowledge systems and development: Relevance for Africa*, 121-139.
- Federal Ministry of Science and Technology (2017). Nigeria Natural Medicine Development Agency. Retrieved from @nnmda.gov.ng
- Johnson, M. (1992). *Research on traditional environmental knowledge: its development and its role. In Lore: capturing traditional environmental knowledge*. IDRC, Ottawa, ON, CA.

International Federation of Library Associations and Institutions (2008). IFLA statement on indigenous traditional knowledge: Retrieved from <http://www.ifla.org/publications/ifla-statement-onindigenous-traditional-knowledge> .

Lateju, M. (2005) The structure of Yoruba Drug Advertisement. *International Journal of African and African American studies*. 1.8: 14-25.

Linden, E. (1991). Lost tribe knowledge. 44-56. Print

Makinde, O. O., & Shorunke, O. A. (2013). Exploiting the Values of Indigenous Knowledge in Attaining Sustainable Development in Nigeria: the place of the Library. *Library Philosophy & Practice*.

Maluleka, J. R., & Ngulube, P. (2017). The preservation of knowledge of traditional healing in the Limpopo province of South Africa. *Information Development*.

Mbiti, J. S. (1978). *Introduction of African Traditional Religions*: Nairobi: Heinemann Educational Books,

Nakata, M., and Langton, M. (2005). Australian indigenous knowledge and libraries. Retrieved from <http://www.alia.org.au/publishing/aarl/AARL> 36(2)_

Ngulube, P., (2004). Using the SECI knowledge management model and other tools to communicate and manage tacit indigenous knowledge. *Innovation* 27, 21

Nakata, M., & Langton, M. (2005). Australian indigenous knowledge and libraries. Retrieved from <http://www.alia.org.au/publishing/aarl/AARL> 36(2)2005(reprint).pdf.

Odeku, O.A. (2014). Development of Indigenous Pharmaceutical Excipients: Myth or Reality. Inaugural Lecture delivered on 02/10/2014 at the University of Ibadan, Ibadan. Unpublished dissertation.

Okore, A.M. 2009. Promoting access to indigenous knowledge in digitize age: Libraries as facilitators. Libraries Create Future: A paper presented at the Nigerian Libraries Association 47th Annual General Conference 2009, Ibadan, Oyo State, from 26-31 July 2009.

Olagunju, O. S. (2012). The traditional healing systems among the Yoruba. *Archaeological Science Journal*, 1(2), 6-14.

Olaide, I. A., & Omolere, O. W. (2005). Management of indigenous knowledge as a catalyst towards improved information accessibility to local communities: a literature review. *Chin. Librarianship Int. Electron. J*, 35, 87-98.

Poorna R, Mymoon M and Hariharan A (2014) Preservation and protection of traditional knowledge – diverse documentation initiatives across the globe. *Current Science* 107(8):1240–1246.

Senanayake, S. G. J. N. (2006). Indigenous knowledge as a key to sustainable development. *Journal of Agricultural Sciences*, 2(1).

Shiva, V. (2000). *Foreword: Cultural diversity and the politics of knowledge*. Indigenous knowledges in global contexts: Multiple readings of our world.

Stevens, A. (2008). A different way of knowing: Tools and strategies for managing indigenous knowledge. *Libri* 58: 25–33: Retrieved from http://www.librisjournal.org/pdf2008_pp25-33.pdf..

Tjiek, L. T. (2006). Desa Informasi: The role of digital libraries in the preservation and dissemination of indigenous knowledge. *The International Information & Library Review*, 38(3), 123-131.

Woodley, C., Marshall, S., Taylor, S., & Fagan, S. (2013, October). Technologies, indigenous Cultural Heritage and community capacity building. *In Global Humanitarian Technology Conference (GHTC), 2013 IEEE* (pp. 406-410). IEEE.