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AN APPRAISAL ON THE TYPES OF SICKNESS TREATED BY TRADITIONAL MEDICAL PRACTITIONERS AND KNOWLEDGE DOCUMENTATION PRACTICES A CASE STUDY OF MATAZU LOCAL GOVERNMENT OF KATSINA, NIGERIA

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Abstract

The study sought to explore documentation of traditional medical information in Matazu Local Government Area of Katsina State. The study used a purposive sampling technique, specifically convenience sampling to select participants and unstructured interview was used to collect data from the participants. The findings from the study indicated that: (1) traditional medical practitioners in Matazu Local Government Area addressed the issues of common diseases and psychological diseases; they use Biological- herbs, and Special Quranic prayers to cure diseases. The study showed that there is no formal documented information on traditional medical practices in Matazu Local Government Area of Katsina State. In conclusion, documenting traditional medical knowledge was considered the most important factor that would encourage and patronizes to use the medicine and the ascendants' of the traditional medical practitioners to continue with the practice. It was therefore recommended that in order to improve the use of traditional medicine and its heritage there is the need for proper documentation.

Keywords: Katsina, Local Government, Matazu, Medicine, Nigeria, Practitioners, Quranic, State

Introduction

Much attention has been accorded to and researches are being carried out on Traditional medicine knowledge, especially in recent times. Due to particularly the global health care demand and the significant role of traditional medicine in meeting the public health needs of rural populace in developing countries. Documenting and protecting these medicines are becoming a greater priority (Abbott, 2014).

Documenting Traditional Medicine Knowledge helps in preserving the knowledge. Today, the cultural survival of many indigenous communities is threatened, and some traditional systems of

disseminating information may be lost. Modern lifestyles and the disruption of traditional ways of life, cause younger generations to lose interest in learning traditional medicine practices. Traditional languages used to pass information is no longer widely used and understood as before. Therefore, documenting Traditional Medicine Knowledge may help preserve this knowledge for future generations, Abbott (2014). Similarly, documenting traditional medicinal knowledge may also improve the use of traditional medicine and can be a vital step in facilitating research on traditional medicine safety and efficacy. In addition, the documentation may assist with clinical practice and teaching. Looking at the important role traditional medicine plays in providing health care, documenting Traditional Medicine Knowledge may help improve public health. Documentation may also promote commercialization of Traditional Medicine Knowledge. In this respect, it is necessary to ensure proper documentation which may help Traditional Medicine Knowledge holders to market traditional medical-based products and services (Abbott, 2014).

Documentation may also facilitate investment and innovations related to traditional medicine (such as in bio –prospecting) and may facilitate basic research on the healing properties of medicinal plants. For example, in South Africa, the Research Group for Traditional Medicines has established a database to improve research on Traditional Medicine (World Intellectual Property Organization (WIPO), 2014). The Group aims to provide a scientific infrastructure for the use of Traditional Medicine Knowledge, improve communication between conventional and traditional practitioners, promote the use of Traditional Medicine and build human resources.

LITERATURE REVIEW

Traditional Medical Practice

Health is a very precious commodity in any society, hence the saying that health is wealth, and it is seen as the foundation of all happiness. Traditional medicine has developed the world over in response to the health needs of the people and it involves the development of various traditional systems of using locally available resources for the alleviation of their health crisis.

Traditional medicine essentially represents a natural form of health care which has been used through generations. According to the World Health Organization (W.H.O. 2009) traditional medicine is the sum total of all knowledge and practices whether explicable or not used in the diagnosis, prevention and elimination of physical, mental imbalance and relying exclusively on practical experience and observation down from generation to generation whether verbally or in writing. It is a practice derived from the values and perception of the members of the community (Roan 1999). This is a practice that goes beyond the maintenance of good health of the populace as it also protects the people from the menace of wild animals, evil spirits, motor accidents, bountiful harvests and other human activities (Roan 1999); Osborne 2007).

Ailments have over the years been a scourge and a threat to mankind. People from different cultural backgrounds have used different herbal plants, plant extracts, animal products and mineral substances Addae-Mensah,(1992) as the means to care, cure and treat ill-health, with disease prevention, and with health promotion Curtis and Taket,(1996) since pre-historic times. Traditional Medicine (TM) embraces the ways of protecting and restoring health that existed before the arrival of orthodox medicine (OM) (World Health Organization [WHO], 2001). WHO therefore defines TM as diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual

techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness (WHO, 2002; 2000). Buor,(1993) in his study on impacts of Traditional Medicine in the health care delivery services in Ghana argues that Traditional Medicine involves the use by the folk population primarily of unorthodox and unscientific method for curative and prevention of diseases. It has been debated whether the word “traditional” should be used at all, as it implies some degree of stagnancy or backwardness (Hudson et al, 1988). Traditional Medicine is assuming greater importance in the primary health care of individuals and communities in many developing countries (Peltzer and Mngqundaniso, 2008; WHO, 2002; 1978).

These approaches to health care belong to the traditions of each culture, and have been handed down from generation to generation (WHO, 1996). China and India, for example, have developed very sophisticated contemporary and alternative medicine systems such as acupuncture and ayurvedic for decades (Addae-Mensah, 2002; Agrawal (1995). In fact, Traditional Medicine reflects the socio-religious structure of indigenous societies from which it developed, together with the values, behaviors and practices within their communities. Traditional Medicine ultimately aims at restoring the physical, mental and social wellbeing of the patient, through alternative health care delivery to the orthodox medical system.

Tribes, cultures and indigenous people of nations throughout the world have evolved system of Traditional Medicine for generations, and communities have found most of these medical practices valuable and affordable and still depend on them for their health care needs. The WHO estimates that about 60% of the world’s people uses herbal medicine for treating their sicknesses and up to 80% of the population living in the African Region depends on Traditional Medicine for some aspects of primary health care (WHO, 2000). Indeed, in rural communities in Nigeria,

like other developing countries and elsewhere, Traditional Medicine will continue to remain a vital and permanent part of the people's own health care system. The efficacy and potency of Traditional Medicine are indeed attracting global attention (Peltzer and Mngqundaniso, 2008; Michell, 2005; Buor, 1993) and that traditional, complementary and alternative medicine is globally increasing in popularity (Kaboru et al, 2006). The global trend indicates that even in the advanced countries, more people with the most advanced and sophisticated Orthodox Medicine system are making headway in Traditional Medicine use to cater for their health care requirements (WHO, 2001). Studies have shown that, almost 70% of the population in Australia used at least one form of contemporary and alternative medicine (CAM), the current situation now According to Haidan e-tals (2016) currently; there is only one national folk organization in operation and during 2010-2011, 32.1% of the chief, indigenous health care organizations in Australia provided some kind of traditional medical services, because of colonization, traditional Aboriginal medicine is in danger of becoming extinct. And 44.1% visited CAM practitioners in 2007. Also, the annual 'out of pocket' expenditure on CAM, nationally, was estimated at US\$ 3.12 billion In the Netherlands, 60%, while in the United Kingdom, 74% of the people are advocating for the inclusion of CAM into the National Health Service. The percentage of the population which has used CAM at least once in Canada, France, USA and Belgium stands at 70% , 75%, 42% and 38% respectively (WHO, 2002). A survey conducted in the member states of the European Union in 1991 revealed that 1,400 herbal drugs were used in the European Economic Community by patients (WHO, 1996). One-third of American adults have also used alternative treatment and there is a fast growing interest in CAM system in the developed world (WHO, 2001; 1996). WHO reported in 2001 that in Malaysia, about US\$ 500 million is spent annually on Traditional Medicine compared to only about US\$ 300 million on Orthodox

Medicine in China, Traditional Medicine accounts for 30–50% of the total population consumption (WHO, 1998). Sri Lanka steadily worked towards the goal of enhancing the effectiveness of Traditional Medicine, such that, now, even the highly literate consult Traditional Medicine Practitioners before visiting orthodox health institutions (Aluwihare, 1982; Buor, 1993; Peltzer, 1998, 2000a, 2003; Wilkinson and Wilkinson, 1998; Ndulo, 2001). Majority of Sri Lankans, estimated at 55-60% rely on Traditional Medicine and traditional birth attendants (WHO, 2001). Indeed, in 1996, the total annual sales of herbal medicines reached US\$ 14 billion worldwide (WHO, 2001).

In countries for which more detailed data are available, the percentage of the population that uses Traditional Medicine ranges from 90% in Burundi and Ethiopia, to 80% in Burkina Faso, the Democratic Republic of Congo and South Africa; 70% in Benin, Cote d'Ivoire, Ghana, Mali, Nigeria, Rwanda and Sudan; and 60% in Tanzania and Uganda (WHO, 2000). A study published by UNAIDS shows that about two-thirds of HIV/AIDS patients in developing countries use Traditional Medicine to obtain symptomatic relief, manage opportunistic infections and boost their immune systems (UNAIDS, 2003; Olowu, 2004). The medicines used by the practitioners to treat AIDS patients are rightly available locally (WHO, 2001). Their familiarity with patients and also the communities in which they operate serve as an added advantage to relief the AIDS patients. The traditional healers are recognized, acknowledged and trusted in their communities; they could therefore be used as counselors and health educators to cure the spread of STIs, HIV and AIDS in Africa. Furthermore, 60% of the children with high fever due to malaria was successfully treated with herbal medicines in Ghana, Mali, Nigeria and Zambia in 1998 (WHO, 2001). Indeed, the use of Traditional Medicine and the services of traditional healers by millions of Africans have been recognized by the WHO and in 1977, the World Health Assembly (WHA)

drew attention to the potentials and the efficacy of herbal medicine in the national health care systems. The WHA urged member countries to utilize those medicines (Akinleye 2008; Nakajima, 1987) to broaden the coverage of health care in their respective countries. The malaria endemic countries in Africa have herbs for treating the fever. According to (Buor,1993) and (Akenhead, et al,2007) the malaria parasite, especially the plasmodium falciparum has developed resistance to almost all the anti-malaria drugs and there is the need to develop herbal substitutes not only for the chemical side effects of orthodox medicine but also for the expensiveness of the orthodox health care.

The World Health Organization (W.H.O.209) has also recognized the central position traditional medicine plays in the 21st century, specifically in the areas of prevention and management of diseases such as malaria, tuberculosis, HIV/AIDS, among others. Hence in 2002 it launched its first ever comprehensive traditional medicine strategy (Adam, 2009).

Traditional Medical Practice in Nigeria

Nigerians have a deep belief and reliance on the services of the traditional practitioners for their health care needs. An estimated 75 percent of the population still prefers to solve their health problems by consulting the traditional healers (Adam, 2009), Nigerian Tribune, (March 2008).

Owumi, (1993) posits that traditional medical practitioners acquire herbal knowledge either through inheritance or apprenticeship as a call bygone or the other. In the past, many of them practiced the art as a hobby or as a form of community service with little or no financial rewards thus making the practice “pure and efficacious”. Traditional medical practice system is well structured and organized and has survived through generations to maintain harmony between body, mind and soul within its socio-cultural and religious context. The various ethnic groups in Nigeria have different traditional healthcare practitioners aside their western health care

counterparts. The Yoruba call them ‘Babalawo’, the Igbo call them ‘Dibia’, while the Hausa refer to them as ‘Boka’. However, different experts have emerged within their ranks including herbalists, bone-setters, psychiatrics, and birth attendants, among several others. They usually rely on vegetables, mineral substances, animal parts and certain other methods such as prayers, divinations and incantations Owumi and Jerome,(2008). Traditional medicine has impacted significantly on the lives of the people especially in the rural areas where access to orthodox Medicare is minimal. Aside the lack of access, the prohibitive cost of western medications makes traditional medicine attractive.

Traditional medical practice, despite of its popularity has been challenged on many grounds. One of such is that its popularity is based on the anecdotal experiences of patients. Osborne,(2007), notes that the practitioners inflate the claims attached to advertisement and its products as well as not having scientific data about its effectiveness, thus making it difficult to ascertain legitimate and effective therapy and therapist. Some of the other arguments against traditional medicine

Documentation of traditional medical knowledge will help to increase its availability to the knowledge and to design relevant information services that will help local communities in Katsina state in particular and Nigeria in general to exchange ideas. (Warburton and Martin, 1999) recognized information on traditional knowledge as the essential step for development because it allows better innovation and adaptation of technologies, adds to scientific knowledge, increases understanding between researchers and local people, increases the local capacity to experiment and innovate and empowers local people.

Impact of Information and Communication Technology (ICT) in Documenting Traditional Medical Information in Matazu Local Government Area

According to Adam (2009) information and communication technologies play major roles in improving the availability of traditional knowledge systems and enhancing its blending with the modern scientific and technical knowledge. The Traditional Medical Practitioners in Matazu Local Government Area of Katsina State can adopt the modern trends in traditional medical practices for example the use of Media (Print and Electronic). Use of Information and Communication Technology ICTs which includes telecommunications technologies such as telephony, mobile phones, cable, satellite and radio, as well as digital technologies, such as computers, information networks and software. The new information and communications technologies such as computers and the Internet can help generate wealth and jobs, build bridges between governments and citizens, forge relations among organizations and communities, and improve the delivery of essential services to poor people.

RESEARCH QUESTIONS

This study will answer the following questions:

1. What types of sickness are treated by traditional medical practitioners in Matazu Local Government Area of Katsina State?
2. What types of knowledge documentation practices are employed by traditional medical practitioners?

Objectives of the study

1. Identify type of sickness treated by the traditional medical practitioners in Matazu Local Government Area of Katsina State.

2. Identify the types of knowledge documentation practices employed by the traditional medical practitioners

METHODOLOGY

3.2. Research Methodology adopted for the study

The purpose of this study is to explore the documentation of traditional medical information in Matazu Local Government area of Katsina state. The researcher chooses qualitative research as a paradigm that would facilitate this purpose. Qualitative method is ideal because it is effective in the study of behavior and behavior changes. It aims to gather an in-depth understanding of human behavior and the reasons that govern such behavior (Denzin, & Lincoln, 2003).

The researcher adopted qualitative research because it is suitable for the research. It allows experiences to be presented, a private feeling expressed, and employs the process of trust building. It appreciates the holistic manner of life including social aspect, cultural aspects (traditional health belief, values, norms believes) life style and behavior, which quantitative research cannot do as well.

Population of the Study

The population of this study comprised all the traditional medical practitioners in Matazu Local Government Area of Katsina State. The total number of the registered traditional medical practitioners in Matazu Local Government Area of Katsina State is 50. The traditional medical practitioners were located in different wards and communities of Kogari, Tsakuwa, Ginshawa, and Nasarawa-karadua. in Matazu Local Government Area of Katsina State.

RESULTS AND DISCUSSION OF FINDINGS

Sickness Treated

This category explains the type of sickness treated by the traditional medical practitioner in matazu local area of katsina state. The category is sub divided in to two lower categories: (1) common diseases. (2) Jinnu/Spiritual. These lower categories are elaborated below:

Common diseases:

This sub-category explained many type of sicknesses that has to do with human body and is often used more broadly to refer to any condition as expressed by the following respondents: “*we treat diseases and sicknesses that causes miscarriage sickness, female Infertility, stomach aches, pile, ulcer sickness, hiccup, tooth Ache, diabetes, hepatitis B, children skin disease (ela)*”.

Another traditional medical practitioner expressed her specialization which is covers “*Malaria, Headache, Gout, pile, dizziness, anti- natal, Breastfeeding problem, and asthma and HIV/AIDS*”.

Specializations in traditional medicine are limited by the knowledge and skills of the practitioner, there was no single respondent who identified one distinct common specialization areas. Some of the respondents disclosed that their specialization areas covered “*giving medicine to whoever comes in need irrespective of the disease or ailment*”

Jinnu/Spiritual illness

This sub-category explained the type of illness that has to do with mentally disorder as revealed by these respondents: we treat these type of diseases or sicknesses such as among others: *sickle cell anemia, Gonorrhea, and Epilepsy, Jinnu/Spiritual problems*.

Materials for Preparation of Traditional Medicine

This category explains the materials used for the preparation of traditional medicine by medical practitioners in matazu local area of katsina state. The category is sub divided to two sub-categories. (1) Ingredients for treatment of common diseases. (2) Ingredients for treatment of jinnu/spiritual illness. These sub-categories are explained below:

Materials for treatment of common diseases

This sub-category provides some explanations quotes from the participants' responses on ingredients used for treatment of common diseases. It is also provide explanations of each diseases with the ingredients used for treatment of the diseases, as detailed by these respondents: *"for diseases like pile there is sauyar 'kurukuru' prepared with offal, water, magi star, ginger, cooked with exception of salt, pepper, and onion"* other respondents explained that there are two types of malaria which can be treated by the following ingredients: *"first type of malaria, one will look for turare leaf (tree), paw-paw leaf cooked together, extract boiled water from the cooked herbs and inhale the vapour"*.

"for malaria yellow fever (jaundice), mango trunk peels, its green leaves cooked with water and taken morning and night. It replenishes blood." Furthermore, another respondent expressed that, *"for headache one will look for 'tumpapiya' leaf, cook it and inhale the boiled vapour."* For diseases like stomach ache this respondent voiced that; *we look for 'kwandari' its leaf will be cooked and three spoons of its syrup will be taken morning, day and night".....* For Asthma the respondents confirmed that; *I occasionally administer it. I used a herb called 'kokiya' and 'ganya' and recite verse of the Holy Qur'an called 'Iklas' three times and then pound them together and sieve it. It should be soaked in water and lightly taken. The solid waste of the herb that settles down the container will be extracted and a bit of groundnut oil should be added to it and should subsequently be used by sprinkling the substance on burning charcoal to spark fumes that will be mildly inhaled by the individual (asthmatic).*

For ulcer a respondent ascertained that: *"there are two types of medicines to its treatment number one there is 'bijiyoji' added to this and that, pound together and sieved. three (3) table spoons of the powder should be fetched and divided into six (6), 1/6 of the powder plus 1 egg and*

half of liquid tin milk should stirred together taken morning, day and night for four days. -ulcer patient can eat pepperish food there will be no stomach crisis”

Additionally, another respondent further expressed that *“Medicine for ulcer number two, one can get peels ‘dakwara’ (a tree), its leaf, pound them together. Three table spoons should be fetched and divided into six, 1/6 should be taken with half of liquid tin milk morning, day, and night with exception of egg, after four days the patient will be fine even if the ulcer is chronic”*

Accordingly, a respondent mentioned and described materials used for treatment of Sickle cell anaemia; *“the medicine for it is ‘khulba’ oil and honey mixed together one table spoon be taken morning, afternoon and night then the patient will apply ‘habatussauda’ oil on his skin even before the sickle cell anaemia crisis begins. The respondents further added that.....to habatulsuada oil, there is a prayer that is recited on it. It is “Bismillahi” three times as well as “Allahumma bi izzatilahiwaqutini min sharriajiduwaqarahu” should be recited seven times on the habatussauda applied on the skin of the patient until it finishes.* Another respondent added that; *the medicine for sickle cell anemia it is ‘khulba’ oil and honey mixed together one table spoon be taken morning, afternoon and night then the patient will apply ‘habatulsauda’ oil on his skin even before the sickle cell anemia crisis begins. The respondents further added that.....to habatulsuada oil, there is a prayer that is recited on it. It is “Bismillahi” three times as well as “Allahumma bi izzatilahiwaqutini min sharriajiduwaqarahu” should be recited seven times on the habatulsauda applied on the skin of the patient until it finishes.*

For a disease like Hiccup this respondents revealed that *“cow fat placed on paper (typical cement paper) place the paper with cow fat in it on a mildly burning fire. As soon as it melt scoop it into a container and then ask the person suffering of hiccups to use one of his fingers to absorb it into his mouth”.*

Accordingly, the medical practitioners further explained the materials for the treatment of diseases like,infertility and miscarriage,HIV/AID, Gonorrhea, tooth ache, hiccup, diabetes, dizziness, epilepsy, hepatitis B.Below are some of their responses:

For infertility and miscarriage“*I administer khulba powder. For instance if the pregnancy is three months old she would fetch one spoon of it and cook it in water and pour in a big bowl and sit in it repeat the same thing in the fourth, fifth and sixth months*”.

For the HIV/AIDS;“*what we use to prepare its concoction are hand powder and sauyar zogale (moringa root) peel it until it reveals the whitish part of it and then add it to hand powder and pound them together. Patient’s blood will be tested to ascertain the severity of the diseases. If the severity is high, the patient will be given three (3) weeks dose..... More than 20 HIV patients were cured of the disease People come to me from Jigawa, Maiduguri, charanchi*”.

For the treatment of Gonorrhea;“*for it too, we use moringa root (sauyar zogala), ‘chindazugo’ root and red potassium add them up together in a pot with water and allow it boil a bit. Taken for four (4) days consecutively*”.

For the treatment of tooth ache:“*there is ‘kal’ syrup. Three spoonful of it will be taken and two spoonful of honey and one small spoonful of salt and then mix them up. Stick a finger in the syrup and apply to the aching tooth and behold the aching will be gone. As for the prayer, fatiha (opening chapter of the Holy Qur’an) will be recited three times and at end of the recitation of each fatiha the patient will respond by saying Amin (i.e 3x) after which the reciter will say relieve with the permission of Allah. The pain or ache persist ask him to hold the aching tooth again and re-recite Fatiha two times. Allah willing the aching will subside.*”

For the treatment of disease like, hiccup; “*we get cow fat and place on a paper (typical cement paper) and place the paper with cow fat in it on a mildly burning fire as soon as it melt scooped*

it into a container and then ask the person suffering of hiccups to use one of his fingers to absorb it into his mouth. Allah willing he will be cured of hiccups”

Also for the treatment of diabetes; “there is a vegetable called ‘shuwaka’ (bitter leaf) their roots is what we get and tie together and poured in a pot and add red potassium and water. The syrup will be used to make gruel using red guinea corn and taken for two days. Each day, fresh preparation. The diabetic patient to go to hospital for check up, this is done to ascertain the level of the diabetes. I don’t want the diabetic patient to take the concoction beyond two days so that the sugar level in the blood will not go down beyond measure. Cured many diabetic patients with the concoction.” For the treatment of dizziness; “one will use a dry chunk of “tumpapiya” tree and cut it into smaller pieces and add to burning charcoal and inhales the smoke arising thereby, Allah willing never have episode of dizziness again. The same thing for “juwa” (a sickness related to dizziness)”

More so, for the treatment of epilepsy these respondents enlightened that; “we use only one single herb from a tree called ‘namijin kanya’. The herb will be fetched from the tree by way of peeling from four (4) different spots then pound them and get it dried in the sun, don’t make into complete powder. The next thing is the epileptic person will bring black coloured hen then the medicine will be given to the person to go and do the rest or better still I will collect the hen from him slaughter it, clean it up, and pour the medicine in a pot in addition to the cleaned hen and cook with only magi added. When it is done cooking, the bones and meat will be extracted apart. The sick or the epileptic person will completely eat the meat, and then the bones including the hen’s legs and head and the cooked herbs will be dried and pounded. It will be sprinkled on burning charcoal to produce fumes until it finishes every day”. Another respondent further explained that, for the treatment of disease like, Hepatitis B: “we use herbal concoction of

'kaltuppa' and honey balanced equation in quantities of 'kaltuppa' and honey taken twice daily Hausa traditional solid sugar dissolve in water and taken as water for two days dosage.

Ingredients for Treatment of Jinnu/spiritual illness.

This sub-category provides some explanations quotes from the participants' responses on ingredients used for treatment of junnu/spiritual illness. It is also provide explanations of diseases with the ingredients used for treatment, as articulated by these respondents. *"For jinn, exorcism and spell rukiyyah a special Quranic recitation prayer is rendered. Using a combination of zafran, miski, to prepare ointment to ward off evil eyes away from new born Ointment so effective to render evil doer powerless to the point of getting out of mosque for instance or confess talks about spell as a hindrance to one's ability to stand and walk and the ability to make that individual regain his agility through prayers A kind of eye disease 'Hakiya' (cataract) using bagaruwa (a tree) leaf, grinding it and dry Further preparation of bagaruwa leaf and application to the affected eye by a way of drops in the eye.Dosage of 'bagaruwa' eye drop"*

Another respondent further elucidated that: *"I do rukiyyah (prayer magic) for spiritual medication from Jinn, Madness, and the rest and i pray to Allah for success"* Other material worthy of note is earth. One respondent unequivocally said for treating infertility *"I fetch sand of any kind within my reach and pray over it and give to the individual(female)... The individual will return after putting to bed to appreciate my effort... The sand will be soaked in a bowl with water and taken for one week."*

Method of Knowledge Documentation

This category contains traditional medical practitioners' responses that elaborate the process of knowledge documentation practices employed by the traditional medical practitioners in matazu

Local Government Area of katsina state. It also shows narratives explaining the type of knowledge documentation practices employed by the traditional medical practitioners. It is generated from three main sub-categories. (1) Published books on diseases and herbal cure. (2) Manuscript and Knowledge inheritance. (3) Knowledge Stored in brain.

Published books on diseases and herbal cure

Responses from traditional medical practitioners indicated that one of the ways of documenting knowledge is through texts published by our leaders or members as expressed by the following respondents: *“there are texts published by our leaders and the ones published by our members that contain explanations in great details”* similarly, another respondent further voiced that: *“We don’t give our books to voodoo practicing individuals because the books carry Quranic Verses”* Another respondent from Matazu Local Government who has never publish a book and have intention to publish said that: *“I have intention to publish my methods of concoction for all the ailment and diseases as well as prescription and dosage because there is no member from Matazu Local government that has published a book”*. The respondents further mentioned two of their members that published books from part of katsina state such as: *“Idris Dan fodiyyo, Dr Abubakar Batsari but no member from Matazu LGA has published on the practice”*

Manuscript and Knowledge Inheritance

This sub-category provides some explanations quotes from the participants’ responses on the knowledge in written form in case death occurs, as explained by these respondents: *“we generated knowledge in written form which we personally penned down in case something bad happens or death occurs to me”*. In the same vein another respondent further said: *“I have the knowledge in my head as well as in written form which i for myself kept it for my family in case*

something bad happens to me.”Furthermore these respondents detailed that: *“Truly, the way we follow for the documentation of our knowledge is on exercise book for our own benefit only. When our children grow they can look at and understand what we use in making the herbal medicines, we don’t do it for public consumption because it is an inherited practice. It is a must that the information is for you, your children, friend or someone you trust. They are the ones that will know your formula. Truly, that’s how it is.*

Other respondents expressed that they kept knowledge for their children to inherit when they are not alive. These are their stories on their own words: *“we all have children who has taken after our footsteps and even prepares medicines....this respondent further said, “My children are twelve (12) in number and only two of them I have taught the practice in case I die, others too will fall-in when they are ripe of age and maturity”. “I have also taught four children of my bosom friends the profession and they are successful”.*

Knowledge Stored in Brain

This sub-category provides some responses from traditional medical practitioners about the knowledge managed or stored in the brain demonstrated by the following respondents: *“Now if not because I have the knowledge stored in my head how will I be able to determine by mere holding a sick person’s hand that he should be taken to hospital or not . How will I be able to determine that he needs drip or blood transfusion”“I have the knowledge of the practice in my head (by heart). I receive cure for treatments of diseases in my sleep mostly”.* Other respondents further gave example on asthmatic and jinnu sickness these are their story on their own words: *“For asthmatic patients I pray for them and behold they will regain their selves again after which I ask them to visit a doctor for further medication and treatments. I do not possess documented source for the knowledge i possess. Jinn instruct me on how to administer root and*

herbs for treatment of diseases. The jinns could appear to me in my sleep or inform me as we are sited here of new medicine or method of cure to an ailment and you will not notice or understand whether I have communicated with them or not. However, I would like to document the knowledge because I would like to be remembered and also for the sake of my children and individuals that may wish to use it.

Findings of the study

Findings from this study indicated that, traditional medical practitioners in Matazu Local Government Area of katsina state addressed different types of diseases or sicknesses which include, miscarriage sickness, female Infertility, stomach aches, pile disease, ulcer sickness, hiccup, tooth Ache, diabetes, hepatitis B, children pile (ela)", Malaria, Headache, Gout, pile, dizziness, anti- natal, Breastfeeding problem, and asthma and HIV/AIDS. Apart from the above mentioned diseases further investigation carried out revealed that sickle cell anemia, Gonorrhea, epilepsy and Jinnu/Spiritual problems are also another type of diseases in which traditional medical practitioners address in Matazu Local Government Area. However, finding from this study emphasized that orthodox medical practitioners do secretly call upon one of the respondents to cure HIV patients. Generally, unlike orthodox medical practitioners who have clear areas of specialization

Findings from this study indicated that, traditional medical practitioners state have different materials which they use for the preparation of traditional medicine. Further investigation discovered that, Materials used in the preparation of traditional medicine has peculiarities based on cultural, social, traditional and religious beliefs. Some of the materials used included herbs, animal offal, Quranic verse, earth, and chicken which may not correlate with established and

internationally recognized herbal materials. For examples a disease like dizziness and jinnu they used Qur'anic verses, chunk of tumpapiya tree, Baure herb, kuka and herbal perfume sprinkled burning charcoals, which are almost the same with ingredient used for disease like jinnu. While female infertility indicated that, prayer washed Qur'an verses, pumpkin seeds, sand maceration, magariyarkuka and karandapi are the ingredient use for this diseases treatment. Also another finding indicated that, there is no disease found in the study that has no treatment. Result from this study also shown that, The implication of some of the materials used such as earth remain a mystery in the world science that would require scientific investigation or laboratory experiments to uncover their medicinal values. This could also account for rejection of some of the herbal materials and perhaps formulas. However, as noted by the respondents they have recorded successes in their use.

Findings of this study revealed that documentation practices in Matazu LGA cover paper (manuscript), divine transmission and mental documentation of knowledge on and about traditional medical practices, published books on diseases and herbal cure, intrinsic detection of sickness typology this has to do with embedded knowledge in the brain of the practitioners; this knowledge is often transmitted via some spiritual or divine processes, hence the source is in the brain of the practitioners (mnemonics documentation). Detection allows the practitioner to know whether a sickness is treatable by him or not. This is done to avoid complications.

Manuscript and knowledge inheritance are the only type of knowledge documented by traditional medical practitioners in the Local Government Area of the study. Further findings revealed that, production and reliance on published sources such as books published books from their colleagues outside the Local Government are formalized ways of communicating information with colleagues or community or the public.

However, the results of this study also indicated that, the practitioners' used texts published by the traditional medical practitioners' leaders and the ones published by their members that contain explanations in great details. They don't give their books to voodoo practicing individuals because the books carry Quranic verses. Further investigation of the study revealed that, traditional medical practitioners have the knowledge in their brain as well as in written form which they personally penned down (manuscripts) in case of forgetfulness or something bad happens or death occurs to them. Findings also indicated that they have children who have taken after their footsteps and even prepares medicines. The result of this study also revealed that, some of the traditional medical practitioners have children and they have taught them the practice of the profession and they are successful. There was an indication that the traditional medical practitioners in Matazu Local Government relied to a greater extent on published books from their associate outside the Local Government as well as on their personal records (manuscripts), so the finding of study revealed that there was no formal documented information on traditional medical practices in Matazu Local Government Area of Katsina State, but they have intention to publish their methods of concoction for all the ailment and diseases as well as prescription and dosage because there is no member from Matazu Local Government that has published a book. This is in line with Yakel & Torres, 2003 Archival intelligence which proposes a first step in the formulation of a model defining the scope of information literacy for primary sources; the model seeks to change the current paradigm of "archival orientation" toward one focusing on archival information literacy.

CONCLUSION AND RECOMMENDATIONS

The research work on exploring the traditional medical information documentation in Matazu Local Area of Katsina State was carried out successfully. It was concluded that participants are

willing to publish their methods of concoction for the treatment of entire diseases as well as prescriptions and dosages so that people will benefit. It was also revealed there is no formal documented information on traditional medical practices within Matazu Local Government Area of Katsina State. Finally, for the successful documentation of traditional medical practices in Matazu Local Government Area of Katsina State government needs to pay attention to the concerns raised by participants.

Recommendations

There is the need for the Traditional Medical Practitioner to focus on specific area of specialization for proper diagnosis and medication. This will help the practitioners to evenly grow in their practices in terms of learning how things are newly done which could only be achieved by focusing on specific area.

There is the need for the traditional medical practitioners to adopt scientific investigation or laboratory experiments to uncover their medicinal materials for the safety of the consumers. Governments have a responsibility for the health of their people and should strive to enforce national policies, regulations, and standards as part of comprehensive national health systems to ensure appropriate, safe and effective use of traditional medicine.

Access to documented information is essential because the public and relevant stakeholders will have increased understanding of preparations and concoctions for cure of diseases, for this there is the need for formal documentation of traditional medicinal knowledge as this may also improve the use of Traditional Medicine. In addition documenting Traditional Medical practice may help preserve knowledge. Today, the cultural survival of many indigenous communities is threatened, and some traditional systems of disseminating knowledge may already be lost.

Modern lifestyles and the disruption of traditional ways of life may cause younger generations to lose interest in learning about traditional medicine. For these formal documentation on traditional medical knowledge and practice is very essential and it is the perfect way to preserve the knowledge for future generation.

There is the need for formal documented source of traditional medical information in which the members in need of traditional medical information could quickly use when the need arise, more so, modern tools such GSM hand set, CD and Audio/Video recorder should be employed in recording Information on all Traditional Medical Practices in order to provide access to the knowledge from variety of media. Traditional Medical Practitioners should have non-economic motivations for disseminating information, communication between conventional and traditional medicine providers should be strengthened and appropriate training programmes be established , it will serve as their medical information retrieval channel.

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