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Alternative Medicine in Nigeria: The Legal Framework

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ABSTRACT

The first official involvement of the Nigerian government's promotion of alternative medicine can be traced to 1966. At that time, the Federal Ministry of Health formally gave permission to the premier university in the country; the University of Ibadan to undertake research into the "medicinal properties of local herbs". Prior to this, there was only a sort of casual relationship between the government and practitioners of traditional medicine, although, there has been greater appreciation and interest by the government in the traditional medical system. Efforts, however, in this direction, over the last thirty years, have been more policy-based than legal. Hence, any projection of progress for traditional medical practice in the country heavily depends on extant legal instruments for its advance. It is widely acknowledged, however, both formally and informally, that traditional medicine has become a reality that must be accommodated in the country medical provisions. Therefore, like any other indispensable aspect of Nigerian life, it cannot be left unregulated. In this paper, attempt is made to examine the legal framework for alternative medicine in Nigeria by revisiting the regulatory measures that were put in place by the Federal and Kwara State governments with the aim to proposing certain feasible measures and suggestions expected to further improve the practice of the traditional medicine in Nigeria. In the final analyses, the finding of the research shows that despite the commendable role played by the Federal Ministry of Health in promoting and standardizing the practice of traditional herbal medicine in Nigeria, there is no any clear-cut legally empowered federal regulatory body that controls the practice of traditional medicine in Nigeria.

Keywords: Legal framework, Alternative medicine, Local herbs, Traditional medicine practitioner, Nigeria,

1. Introduction

Nigeria supports the global promotion of alternative medicine. However, in the Nigerian context one needs to refer to such unorthodox allopathic practices as traditional and/or alternative medicine to grasp the general context of the nationally indigenous outlook. This paper will comb through Nigeria's legislative position on traditional/alternative medicine to reveal contemporary and concurrent regulatory matters vested in legislative powers at the federal and state levels. Hence, the scope and limitation of this paper will be made to ruminate within the context of the regulatory frameworks that were put in place from 1966 till date. In view of the aforesaid, it has to be accentuated that there are no differing opinions as to whether or not the matters of traditional/alternative medicine in Nigeria lie within the concurrent legislative powers of both the federal and the state governments. Thus, this paper expounds the regulations and requirements justifying its practice at both levels of the government, and that with much emphasis on the provisions of the Law of Kwara State, Nigeria (LKSN, 2006).

2. Regulation and Practice Requirements at the Federal Level

In the context of our analyses on the regulation and practice requirements for alternative medicine at the federal level, the following issues of strategic and technical importance are hereby examined:

- (i) Registration.
- (ii) Regulatory Bodies.

- (iii) Scope and Limitations of Practice Domains.
- (iv) Sanctions and Measures for Compliance.

1.1 Registration

At Nigeria's federal level there are two major activities related to registration for the practice of traditional medicine. These are:

- a. Registration for Practice by the Practitioner; and,
- b. Registration of the Product, vis-à-vis Advertisement and Labeling.

Each cited regulatory measure with respect to the said registration is as clarified below:

(a) *Registration of the Practitioner:*

The Medical Practitioner Act (MDP Act), which is the general law for the regulation of the practice of medicine and dentistry in the country provides the necessary requirements for registration of a traditional medicine practitioner and completely exempts the practice of traditional medicine from registration prior to engagement in it. The provision below gives an insight into how the issue of registration is omitted in the Act:

Where any person is acknowledged by the members generally of the community to which he belongs as having been trained in the system of therapeutic medicine traditionally in use in that community, nothing in paragraph (a) of subsection (2) of this section shall be construed as making it an offence for that person to practice or to hold himself out to practice that system” (Law of the Federation of Nigeria, LFN 2004e).

The intent of the legislator(s) in the above statute is clear enough and begs no ambivalence or special interpretation to understand its intent. Its straightforward message is that the requirement for any specialist in traditional medicine to become or hold himself out as a practitioner is only the specific acknowledgement by the "members generally of the community to which he belongs" that he has been trained in the system of medicine in which he renders them service rather than any formalized form of registration. Such acknowledgment can simply be gained and gauged by the level of patronage such a practitioner enjoys.

Therefore, the legal basis for the registration exercise of traditional/alternative medicine practitioners as demonstrated in the Medical and Dental Practitioners Act (MDCN), currently demands that it should be re-examined if the Council is not to be held liable for engaging in an illegal abuse of power and office. As a statutory body, the MDCN may only act within the powers statutorily vested in it as it would be an error to self-confer any power or duty not expressly conferred on it.

Apart from the MDP Act which clearly does not require registration for the practice of alternative medicine, other federal statutes need consideration as to whether or not a traditional/alternative medicine practitioner is required to register. Notably, in this regard are the *Medical Rehabilitation Therapist (Registration etc) Act* (LFN, 2004k); the *Community Health Practitioners Board of Nigeria (Registration) Act* (LFN, 2004a); the *Pharmacists Council of Nigeria Act* (LFN, 2004j) and the *Nursing and Midwifery (Registration etc.) Act* (LFN, 2004i). Each of these statutes does not necessarily affect any need for registration of a traditional medicine practitioner for general practice except to the extent that the area(s) of practice of the practitioner is/are related to the health practices they regulate respectively. They do not specifically stipulate the registration of a Traditional Medicine Practitioner under their respective provisions except by inference, and based on general prohibitions of the practice of the medical/health service they respectively regulate without registration, they then become applicable to the traditional medicine practitioner as well.

Thus, as per provisions of the *Medical Rehabilitation Therapist Act*, it is prohibited for any person to engage in the medical practice of physiotherapy, chiropractic, occupational therapy, osteopathy or speech therapy unless he is registered and so licensed to practice (LFN, 2004k). It, therefore, follows that for any person engaged in the practice of traditional medicine to legally extend the scope of his practice to any of these aspects of therapy, he must be duly registered by the Medical Rehabilitation Therapists Registration Board. Otherwise, he would be practicing illegally. It is in this light that the MDCN falls into grievous legal error by holding itself out as liable for registering and licensing alternative medicine practitioners to practice in the area of osteopathy for example (MDCN, 2004).

Any

medical practitioner, orthodox or traditional, who practices as a Community Health Practitioner in Nigeria is required to register with the Community Health Practitioner Registration Board of Nigeria (LFN, 2004a). However, there is no clear statutory definition or description of a Community Health Practitioner, although it is understandable that Community Health, otherwise known as Public Health (Abdullahi, 2014; Idris, 2014), is a specialty of postgraduate medical studies (LFN, 1970). Even so, the fact that it is a postgraduate qualification should consequently lead to registration as a Community Health Practitioner, and it is doubtful that a traditional medicine practitioner would qualify to extend the area of his practice to aspects of medical practice professionally regarded as Community Health Practice (Abdullahi, 2014; Idris, 2014). The challenge, therefore, is to define the legality of traditional medical domains that are similar to community health practice (Daramola, 2005). In any event, a venue for dialogue does not yet exist between statutorily qualified Community Health Practitioners and traditional medicine practitioners to determine whether or not areas of traditional medicine practice appropriately extend to formal community health practice.

The practice of nursing and midwifery, with their many ramifications, are also subject to control and regulation in Nigeria. Thus, for any person to practice as a nurse or midwife without being duly registered by the Nursing and Midwifery Council of Nigeria is a criminal offence (LFN, 2004i). As there is no doubt that some areas of traditional medical practice involve nursing and midwifery (LKSN, 2006). Thus, clarification of the lexical meanings of nursing and midwifery would be helpful in this regard. The Oxford Dictionary (Hornsby, 2010a) defines nursing as “the job or skill of caring for people who are sick or injured,” and defines midwifery as “the profession or work of a midwife”. He specifically referred to a midwife as “a person, especially a woman, who is trained to help women give birth to babies” (Hornsby, 2010c). Hence, traditional medical practice covers aspects of both nursing and midwifery and since there is no exception made for the traditional practice of nursing and midwifery without registration, it becomes legally untenable to undertake such practices by traditional medicine practitioners. Nevertheless, the reality is that such practices exist and are very popular among local communities. Hence, if the traditional practice of nursing and midwifery is to be encouraged and promoted, there remains a need to incorporate relevant exemptions in the Nursing and Midwifery Act. The Act, as it stands, is a considerable legal obstacle to the growth of this aspect of medical/health practice among traditional medicine practitioners in the country (LFN, 2004i).

From the foregoing discussion, one acknowledges that it is a legal requirement for traditional/alternative medical practitioners to register with the Nursing and Midwifery Council of Nigeria before engaging in the practice of midwifery, e.g. Traditional Child Birth Attendance/Assistance Services and Nursing, or when setting up a maternity home or child birth or pregnancy care centre (LFN, 2004i). To this end, and based on constitutional principles, Section 6 of the *Traditional Medicine Law* of Kwara State (LKSN, 2006) provides for and recognizes the practice domain of Traditional Birth Attendants as a category of traditional medicine that can be registered with the State authority, and yet may also stand as an unconstitutional provision and thereby become null and void to the extent of any inconsistency (Ishola, 2012, 2014; Mowoe, 2008; F. R. o. Nigeria, 1993; Oluyede & Aihe, 2003) with provisions made by the Nursing and Midwifery Act (FRN, 1993).

Under the *Pharmacists Council of Nigeria Act* (LFN, 2004j), no person shall hold “an appointment or practice as a pharmacist in Nigeria unless he is registered with” the Pharmacists Council of Nigeria (PCN). The circumstances in which a person is legally deemed to practice as a pharmacist or engage in the practice of pharmacy make it appear that, by the nature of their practice, some traditional medicine practitioners may be deemed to practice pharmacy. Lexically, a pharmacist is “a person whose job is to prepare medicines and sell or give them to the public in a shop/store or in a hospital” (Hornsby, 2010d). With this description of who a pharmacist is, it is clear that pharmacy is a very significant area of traditional/alternative medicine in Nigeria as many aspects of the traditional/alternative medicine in the country involve the preparation and sale of medicine to the public. It may thus appear that for a traditional/alternative medicine practitioner to legally engage in pharmaceutical practice he would need to register with the Pharmacists Council of Nigeria. The necessary exemption meant to be established in this regard was the omitted subsection (2) to Section 20 of the Act. This is, however, a critical omission that needs urgent review and immediate rectification. This is deemed necessary to bring the reality of the practice of pharmacy among traditional medicine practitioners in line with the law (WHO, 2005).

The foregoing analyses therefore make it clear that, except with regard to some specific areas of practice, there is no formal or strict legal requirement for registration before one can practice as a

traditional/alternative medicine practitioner in Nigeria, and that the requirement of registration may have more to do with the product than the practitioner (LFN, 2004g).

(b) *Registration of the Product, its Advertisement and Labeling*

In 1993, a body known as the National Agency for Food and Drug Administration and Control (NAFDAC) was established (LFN, 2004f). The agency is saddled with many responsibilities and accordingly it performs, *inter alia*, the following functions:

- (a) Regulate and control the importation, manufacture advertisement, distribution, sale and use of food, drugs, cosmetics, medical devices, bottled water and cosmetics;
- (b) Conduct appropriate texts and ensure compliance with standard specifications designated and approved by the council for the effective control of the quality of food, drugs, cosmetics, medical devices, bottled water and chemicals and their raw materials as well as their production processes in factories and other establishments;
- (c) Undertake appropriate investigations into production premises and raw materials for food, drugs, cosmetics, medical devices, bottled water and chemicals and establish relevant quality assurance systems, including certification of production sites and the regulation products;
- (d) Compile standard specifications and guidance for the production, importation, exportation, sale and distribution of food, drug, cosmetics, medical devices, bottled water and chemicals;
- (e) Undertake the registration of food, drug, cosmetics, medical devices, bottled water and chemicals;
- (f) Pronounce defined assessments on the quality and safety of food, drugs, cosmetics, medical devices, bottled water and chemicals after appropriate analysis;
- (g) Issue guidelines on the approval- and monitoring of advertisements for food, drugs, cosmetics, medical devices, bottled water and chemicals;
- (h) Determine the suitability, or otherwise, of medicines, food, drugs, cosmetics, medical devices, bottled water and chemicals for human and animals use (LFN, 2004f).

The above functions of NAFDAC have pronounced effects on the activities of traditional/alternative medicine practitioners with regard to the registration of their medical products; seeking permission for advertisement; and the observance-of, and required compliance with labeling guidelines. To this end, and to be specific about the regulation of traditional/alternative medicine products, in 2005 three different regulations on the advertisement (LFN, 2005c), labeling (LFN, 2005e) and registration (LFN, 2005g) of herbal medicines and related products were issued by the Agency (LFN, 2004c, 2004f).

With regard to registration, it was stipulated that: “No herbal medicine and related product shall be manufactured, imported, advertised, sold or distributed in Nigeria unless, it has been registered” (LFN, 2005f). A manufactured herbal medicine may however be imported before being registered if a permit is granted by the Agency for importation of samples of such herbal products “for the purpose of registration or clinical trial”. Failure to comply with the requirement for the registration of herbal medicines is a criminal offence punishable with both or either terms of imprisonment and or fine, as the case may be (LFN, 2005f).

Before a product of traditional/alternative/herbal medicine is advertised, it is required that it must have been registered under the *Herbal Registration Regulations*. Other conditions for advertisement include the requirements that the advertisement must have been given pre- clearance and approval; that the advertisement does not pertain to extemporaneous preparations of the medicine; that the product is not advertised as a cure for any disease conditions listed in Schedule 1 of the Regulations. If approval is given for such product to be advertised, the approval shall be valid for a period of one year beginning from the date of the approval” (LFN, 2005b).

Contents of advertisements for herbal medicines are required to “reflect an overall attitude of caution with respect to herbal medicine or related product usage with an emphasis on rational therapy, and shall also provide sufficient and balanced information to permit assessment of risk or benefit”. Also, “no advertisement shall imply, in absolute terms or by quotation out of context, that any herbal medicine or related product is ‘safe’ or has ‘guaranteed efficacy or special status’”. Failure to comply with all these restrictions and others are punishable by prohibition of the defaulting person “from carrying on advertisement of the herbal or slated product either absolutely or for such a period of time as the Agency may declare, in addition to a fine of Fifty thousand Nigeria Naira (N50,000.00) per medium, per version, and per slot” (LFN, 2005b). There are also

legal specifications for the labeling of herbal products in Nigeria. Accordingly, any herbal medicine that is not labeled as legally stipulated is prohibited from being manufactured, imported, exported, advertised, or sold. It is outlawed for any person to “sell, advertise, display or orally present any herbal medicine or related product to the general public whose label contains such words as ‘for vitality’”. Similarly, no herbal medicine is allowed to be labeled as “a treatment, preventive as identified in Schedule I to the Food and Drugs Act 1990 (as amended)” (LFN, 2004b, 2005d). In plain terms, the inner and outer labels of every herbal medicine are required to disclose and display the Agency registration number (i.e. NAFDAC REG, No.) assigned to the product.

For an herbal medicine product to be considered as properly labeled, the information in its inner and outer labels must clearly disclose that:

1. The Herbal brand name, botanical or common name, if any, shall be qualified as herbal, homeopathic, animal or mineral medical product and/or admixture thereof.
2. The name shall not be suggestive of any therapeutic claim.
3. Each product shall have a distinct design (LFN, 2005d).

Besides these, the “name or index number of colour used in the preparation shall be on the label” while “a qualitative list of ingredients of the herbal medicines by their common names” is to be declared quantitatively on the label. Any herbal medicine that has a trade mark displayed on its label must “not give a wrong impression” and where there is conflict between any Agency regulation requirements and trade mark, regulation requirements shall prevail (LFN, 2005d).

It is also required that the label's information shall be clearly and prominently displayed and readily discernible to the consumer. The labeling must be in English but may include other languages. Essentially, the labeling must be informative, accurate, devoid of false or misleading statements; based whenever possible on data derived from human experience; and “no implied claims or suggestions of herbal medicines or related products may be made if there is inadequate evidence of safety or a lack of substantial evidence of effectiveness”. Every label must also carry the warning: “Keep this medicine out of reach of children”. By interpretation of these Regulations, label includes any legend, word or mark attached to, included in, belonging to, or accompanying any herbal medicine or related product”. Contraventions of any requirements for labeling are punishable with terms of imprisonment or fines (LFN, 2005d).

1.2 Regulatory Bodies

As the situation is presently, it is very hard, therefore, to conclude that this is the particular regulatory body charged with the onerous task of controlling the traditional medicine practices in Nigeria. The reason being that, up till now, there is no clear-cut legally empowered federal regulatory body that controls the practice of traditional medicine in Nigeria. A modicum of control has, however, been indirectly exerted through the regulation of production, distribution, sale and advertisement of herbal medicine products (WHO, 2001). The progress thus far made in this domain has been described as an ongoing development of policy on the practice (LKS, Nigeria, 2006). Even so, the role played to date by the Federal Ministry of Health in promoting and standardizing the practice of traditional herbal medicine is highly commendable and worthy of note. Results from these efforts are summarized as follow:

- (1) In 1966, the ministry authorized the University of Ibadan to carry out research into the “medical properties of local herbs” (LKSN, 2006).
- (2) The Expert Committee on Traditional Medicine was set up in 1978.
- (3) Two national research institutes for Traditional Medicine were created for training in traditional medicine practice. They were founded in 1988 and 1992, respectively.
- (4) As at 2005, approximately 107 herbal medicines have been registered (LFN, 2004e).
- (5) The ministry sponsored the creation of NAFDAC with attendant regulatory powers over traditional/herbal medicines (LFN, 2004k).

With the exemption stated in the MDP Act (LFN, 2004j), it is, however, not legally tenable for the MDCN to have regulatory control over the practice of traditional alternative medicine in Nigeria. Furthermore, and as cited earlier, its exercise of registration has occurred without any clearly defined legal basis and, as such, deserves to be urgently put under control.

Given the provisions of the *Medical Rehabilitation Therapists Act* (LFN, 2004k); the *Pharmacists Council of Nigeria Act* (LFN, 2004j); and the *Nursing and Midwifery (Registration etc.) Act* (LFN, 2004h) — showing as analyzed above — any aspect of traditional/alternative medicine relating to the specific health care

areas of physical therapists, pharmacists, nurses and midwifery as regulated under the respective provisions of these Acts, it is necessary for the said traditional/alternative medical practitioners to register. It can also be posited that the relevant regulatory bodies thus far incorporated at the federal level for traditional/alternative medicine in Nigeria are the Medical Therapists Registration Board (LFN, 2004k); the Pharmacists Council of Nigeria (LFN, 2004j), and the Nursing and Midwifery Council of Nigeria (LFN, 2004h).

Ironically, even though by the tenors of the relevant Acts that empowered these bodies, they have regularly exerted powers over the practice of traditional/alternative medicine in Nigeria, these same bodies have not been alerted to this effect. To this end, they consider and so conduct themselves as relevant to the control of traditional/alternative medicine in the country. It is strongly believed that the proper discharge of the powers vested in these bodies towards the regulation of traditional medical practice may affect substantial improvements, discipline and standardization in the sector. Hence, appropriate steps towards rousing and steering these bodies to consciously administer their potential is decidedly imperative.

Apart from the three regulatory bodies identified above, another distinguished (and the most important) regulation to be noted is the NAFDAC Act. This agency was created by decree No. 15 (1993) but had its commencement backdated to 1 Oct. 1992. By provision of the NAFDAC Act, the Agency is saddled with responsibilities that also cut across various activities of traditional/alternative medicine practitioners. Unlike the relevant regulatory bodies cited earlier, NAFDAC is extremely conscious of its regulatory role regarding the activities of the nation's traditional/alternative medical practitioners and actively regulates products of alternative medicine in matters of registration, labeling and advertisement. Essentially, therefore, the most active and aware regulatory body for the control of alternative medicine in Nigeria is NAFDAC. Other regulatory bodies cited earlier have been far less vigorous in this realm than has the NAFDAC. Consequently, if not for the latter body, the practice of alternative medicine in the country would have remained vested in its primitive model and, most likely, without the appropriate management demanded by the current age.

1.3 Scope and Limitations to Practice Domains

From various aspects of medical practice as analyzed and derived thus far in our discussion, we discerned the existence of medical conditions that are impermissible for alternative medicine practitioners to attend. To this end, and since it is prohibited for the latter's products to be advertised as cures for certain disease conditions (LFN, 2005a), this also infers that the domain of alternative medicine cannot be extended to these same medical conditions. Besides this, a critical analysis of section 17 (6) of the MDP Act glaringly reveals that the previously acknowledge conditions admissible to the practice of the medicine without registration with the MDCN are as follows:

- i. That the practitioner is acknowledged by the general members of the community to which he belongs to as having been trained in the area of traditional medicine he specializes in;
- ii. That the traditional medicine in which he specializes in and in which he is acknowledged to have been trained, is traditionally in use in the community to which he traditionally belongs.

The question that then arises is whether or not a traditional medical practitioner servicing a community other than the one to which he belong can legally do so. Another query that also begs for answer is 'does a practice or practitioner who/which is not traditionally acknowledged and/or used in a community is considered to be legal?' To this same end, one is also prompted to raise concern for the legality of Islamic/Prophetic Medicine in Nigeria — which is to ask: 'Is Islamic medicine considered to be traditional or is it used traditionally in any of the country's communities'?

1.4 Sanctions and Measures for Compliance

The penal approach has been adopted towards ensuring compliance at the federal level of regulation and control exerted on alternative medicine in Nigeria. Where a person engages— contrary to rules and regulations under various regulatory statutes (LFN, 2004e, 2004f, 2004i, 2004j) of the *Medical Therapists Act* and instruments (LFN, 2004g, 2005e, 2005g) considered earlier—in the practice of traditional medicine or the manufacture or marketing of medical products while claiming to be a traditional/alternative medicine practitioner, he shall be guilty of an offence (LFN, 2004d, 2004i, 2004j; *Medical Therapists Act*) punishable either with fines (LFN, 2004g, 2005e, 2005g), or terms of imprisonment (LFN, 2004g, 2005e, 2005g) or both

(LFN, 2004g, 2005e, 2005g). There is, therefore, the need to emphasise that the establishment of various regulatory bodies relevant to the enforcement of the several regulatory rules and regulations guarantees the applicability of the measures that have so far been put in place to ensure compliance.

2. Regulation and Practice Requirements at the State Level: Kwara State as A Case Study

In Nigeria, there are thirty-six states and one Federal Capital Territory (Federal Republic of Nigeria, FRN 1993). In matters of orthodox medicine, regulation falls strictly within the federal legislative powers (LFN, 2004e). However, our earlier examination shows that traditional/alternative medicine lies within the concurrent legislative powers of both federal and state governments. A look at extant regulations at the state level, especially in Kwara State, provided us with a general benchmark that can be taken for a case study in the Nigerian setting.

In regulating traditional/alternative medicine, Kwara State enacted (Law of Kwara State, Nigeria LKSN, 2006) the *Traditional Medicine Regulation and Registration Law* in 1994. The law comprises ten stipulations apart from its Title and Interpretation. These are Registration, Display of Certificates, Offences and Penalties, Prohibition of Certain Activities, Categories of Registration, Power to Revoke Registration, Power to enter any Premises, Power to Make Regulations, and a Committee.

Under this law it is prohibited for any person “to practice as a traditional medicine practitioner for profit or to hold himself out as such unless he is registered”. A grace of six months was given to any person who had been practicing before the commencement of the law to comply with requirements for registration. Procedures for registration under the law are clearly specified in Section 3(3). To guard against false claims, once a person is duly registered he is issued a Certificate of Registration which he is required to display “in a conspicuous place within the area of his operation”. In applying for registration as a traditional medicine practitioner, the applicant must specify the area(s) of his practice. To this end, he must identify the particular category(ies) of traditional medicine under which he desires to be registered (LKSN, 2006). Thus a traditional practitioner may be registered in the following categories:

- i. Herbalist;
- ii. Bone Setter;
- iii. Dentist;
- iv. Diviner;
- v. Oculist;
- vi. Oracle Consultant;
- vii. Psychotherapist;
- viii. Traditional Birth Attendant;
- ix. Traditional Psychiatrist;
- x. Traditional Surgeon;
- xi. Homeopath;
- xii. General Practitioner.

Regardless of registration category, it is illegal for a person so registered to practice traditional medicine to engage in eye surgery; surgical operations; administration of injections; tooth extractions; the issuance of medical or death certificates; autopsy; blood transfusion; and intravenous therapy. To strictly engage in any of these activities is an inexcusable violation of the prohibition and is severely punished. Thus, contravention of the prohibition is considered an offence and the practitioner “shall be liable, on conviction, to a fine of fifty thousand naira or imprisonment for two years, or both” (LKSN, 2006).

For the purpose of regulation and ensuring compliance with provisions of the law, three different regulatory authorities were empowered, namely:

- (a) The State Commissioner charged with responsibility for health matters;
- (b) Any Authorized Officer; and,
- (c) Advisory Committee on Traditional Medicine.

The State Commissioner charged with responsibility for health matters in the State is empowered under the law to: (i) receive applications for registration; (ii) direct the Advisory Committee on Traditional Medicine to make necessary inquiries that may assist him to come to a just decision in respect of a particular application; (iii) issue a Certificate of Registration to the applicant when, in his opinion, he deems the applicant worthy; (iv) register any applicant “with or without condition on payment of prescribed fees”; and,

(v) determine the amount payable as registration fees from time to time. The Commissioner is also empowered to, at any time, “vary, revoke or add to any conditions of a certificate of registration as he may deem fit and necessary”. From time to time, the Commissioner also has the power to make regulations for the purpose of carrying provisions of the law into necessary effect. Any authorized officer is further vested with the power and “right of access to any premise at any time as may be necessary for the purpose of ensuring compliance with the provisions of the law”. A person is considered an authorized officer when “appointed by the state ministry of health for the purpose of the law and includes police officers” (LKSN, 2006). Another aspect of the power and responsibility of the Commissioner is that he is legally mandated to “constitute the advisory committee on traditional medicine”. Stipulations for membership of the said committee are well defined, as are its regulatory responsibilities after due constitution. These are to:

- i. Prepare criteria for registration;
- ii. Maintain a registry of members;
- iii. Categorize traditional medicine practitioners so registered;
- iv. Harmonize and monitor the practices of traditional medicine;
- v. Regulate conduct and ethics of the said practice(s);
- vi. Standardize traditional medicine practice(s) in the state;
- vii. Formulate plans for the development of traditional medicine institutions; and,
- viii. Do such other duties as assigned by the commissioner from time to time.

It is also noted that even though the Committee is referred to as an Advisory Committee, its duties and functions extend beyond an "advisory" capacity to the extent that it appears to be the chief regulatory body for the practice of traditional/ alternative medicine in the state. Hence, to more appropriately encourage the Committee to execute its clearly stated responsibilities, it is, hereby, suggested that the name of such a kind of a committee should be named: *Traditional Medicine Regulatory Agency*.

Similarly, the designated name *Traditional Medicine Regulation and Registration Law* with its given categorization of traditional practitioners so recognized by it appears to have ignored many aspects of ‘alternative medicine that cannot be properly referred to as traditional medicine’. One of such areas is the Islamic Medicine. Consequently, the law would be better re-designated as the *Traditional and Alternative Medicine Regulation and Registration Law* so that the Islamic Medical practitioners and 'others' so enlisted and registered in categories of Traditional and/or Alternative Medicine Practitioners could be deemed appropriate.

Most significantly, however, the law causes any person that fails to comply with its provisions to become liable to prosecution for offences and, on conviction, to a fine of fifty thousand naira or imprisonment for one year or both. The same penalties also apply to any person “who administers any medical herb which is not registered with NAFDAC as required by any enactment”, and also to any person who “practices for profit as a traditional medicine practitioner other than in accordance with the law”. These provisions, therefore, represent additional components of regulatory coercion, that which is deemed to be in conformity with the law.

3. Conclusion

Attempt is made in this paper to demonstrate that the requirement for any specialist in traditional medicine to become or hold himself out as a practitioner is only the specific acknowledgement by the "members generally of the community to which he belongs" that he has been trained in the system of medicine in which he renders them service rather than any formalized form of registration. This is highly a matter of concern, with the exception of the provisions of the *Medical Rehabilitation Therapist Act*, which states that it is prohibited for any person to engage in the medical practice of physiotherapy, chiropractic, occupational therapy, osteopathy or speech therapy unless he is registered and so licensed to practice. As for orthodox or traditional medicine practitioner who practices as a Community Health Practitioner in Nigeria, a venue for dialogue is yet to exist between statutorily qualified Community Health Practitioners and traditional medicine practitioners to determine whether or not areas of traditional medicine practice appropriately extend to formal community health practice. A thorough analysis of the existing law guiding the registration of a medical practitioner at the Federal level reveals that except with regard to some specific areas of practice, there is no formal or strict legal requirement for registration before one can practice as a traditional/alternative medicine practitioner in Nigeria, and that the requirement of registration may have more to do with the

product than the practitioner. The omission of subsection (2) to Section 20 of the *Pharmacists Council of Nigeria Act* to mention that it is compulsory for a traditional/alternative medicine practitioner who engages in pharmaceutical practice to register with the Pharmacists Council of Nigeria clearly substantiates this assertion. Though, the role played to date by the Federal Ministry of Health in promoting and standardizing the practice of traditional herbal medicine in Nigeria is highly commendable and worthy of note. However, in the context of the present situation, it is very hard to conclude that there is a certain regulatory body charged with the onerous task of controlling the traditional medicine practices in Nigeria. The reason being that, up till now, there is no clear-cut legally empowered federal regulatory body that controls the practice of traditional medicine in Nigeria. It is also strongly believed that the proper discharge of powers vested in the existing bodies regulating the traditional medical practice may affect substantial improvements, discipline and standardization in the sector. Hence, appropriate steps towards rousing and steering these bodies to consciously administer their potential is decidedly imperative. However, on the issues of sanctions and measures for compliance, it has to be emphasised conspicuously that the existing regulatory bodies relevant to the enforcement of the several regulatory rules and regulations explicitly guarantee the applicability of the measures that have so far been put in place to ensure compliance. Finally, in Kwara State, the designated name *Traditional Medicine Regulation and Registration Law* with its given categorization of traditional practitioners so recognized by it appears to have ignored many aspects of alternative medicine that cannot be properly referred to as traditional medicine, such as the Islamic Medicine or the Prophetic Medicine. It is, therefore, suggested that the Law should be re-designated as: '*Traditional and Alternative Medicine Regulation and Registration Law*', so that the Islamic Medical practitioners and 'others' so enlisted and registered in categories of Traditional and/or Alternative Medicine Practitioners could be deemed appropriately fit into it.

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