

**Editorial**

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ARE THE INSTITUTIONS READY TO EMPOWER LOCAL HERBALISTS?

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Constructive criticism is a positive aspect of democracy and development. The traditional healing knowledge of many people in Africa is usually passed on verbally from one generation to another. Aside from contributing positively to the primary healthcare delivery of the local populations, this healing knowledge is a potential source of medicines because of the abundant medicinally-active ingredients present in plants.

Plants contain useful as well as toxic constituents. Local herbalists should be trained to recognize the useful and toxic nature of plant products. It is now generally acknowledged that 70–90% of the rural populations in developing and developed countries of the world rely on traditional medicines (WHO, 2004). Safety concerns of traditional medicines (TM) and other complementary, alternative medicines (CAM) have been highlighted recently (Editorial AJTCAM, 2004; Fennel et al., 2004). The concern in Nigeria and elsewhere in Africa is the exaggerated properties put on some of these TCAM products by some herbalists.

The concept of “*cure all*” used by some traditional health practitioners in Africa arose because of the “*vacuum*” which exists between the orthodox and traditional doctors (Adewunmi, 1999). This “*vacuum*” is borne out of the mistrust between the orthodox and traditional doctors; and secondly, because the later do not possess modern technological tools or knowledge in the practice of their profession. Therefore, there is an urgent need to create an avenue for a sound, scientific understanding and specialized training based on applied chemical, biological and pharmaceutical principles (Adewunmi, 1999).

It appears at the moment that institutions throughout this mother-earth are doing little or nothing to improve the empowerment and education of herbalists, and to improve

the potential healthcare delivery of indigenous herbalists. As far as we are aware, the cordial interaction between traditional health practitioners and scientists in Nigeria and South Africa has the potential of yielding tremendous benefits to the people. The Drug Research and Production Unit of Obafemi Awolowo University, Ile-Ife in Nigeria, has conducted a number of training workshops for herbalists in South-Western Nigeria (Adewunmi et al., 1999; Adewunmi and Agbedahunsi, 2001a, 2001b; Adewunmi and Agbedahunsi, 2002). These multidisciplinary workshops have promoted cultivation, preservation and processing of medicinal plants. The workshops have also improved interaction among researchers, traditional medical doctors and administrators involved in the promotion and control of herbal medicines. They have also paved the way for mutual trust and collaboration between traditional health practitioners and scientists, with a view to developing standardized herbal products. The Australasian College of Health Sciences offers three herbalist training programmes, from Herbal Medicine for the Home Herbalist to how to harvest your own wild herbs and to becoming a Master Herbalist (ACHS, 2004). In China, the Institute of Chinese Herbology educates the student in the fundamentals of practicing Chinese Herbology (ICH, 2004). These are good programmes. However, the peculiar situation in Africa calls for their adaptation in Africa and elsewhere.

We are, therefore, of the opinion that the various governments in Africa and elsewhere should, as a matter of priority/urgency, encourage institutions in their respective countries to train local herbalists in all aspects of plant collection, preservation and preparation of herbal products. This type of training may best be conducted in local languages. Time is not on our side!

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