

## Interest and perceptions on traditional medicines in Cameroon

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### Abstract

*Despite the advent of modern medicine, traditional medicines still remains a major source for preventing, diagnosing and/or*

*treating several household diseases in Cameroon. Sales of traditional medicines as over the counter drugs has recently gain grounds not only in the Cameroonian markets*



but also in tradi-medical pharmacies and as mobiles business in Express Bus Services during inter-regional bus journeys. Notwithstanding, information on the populations attachment to traditional medicines despite the advent of modern medicines is still inadequate. The aim of this preliminary cross sectional study was to find out the perceptions, and to assess prevailing ideas and interest of consumers and tradi-practitioners of the different traditional remedies available in Cameroon (North, Central, and North West regions) to treat various human diseases. From a poll of 1000 administered structured questionnaire, 762 (76.2%) participants (consumer sub-population: 83.25%, 666/800); and tradi-medical practitioners: 48%, 96/200) provided responses. The highest responses were from business people (62.1%), followed by students (19.8%), civil servants (12.9%) and others. Majority of participants (77.4%) reported to have taken traditional medicines at least once in the last one year with 38.7 % of this population being those who took the concoction at least once in the last one month prior to the study. A majority (53.5%) of the study population buy their traditional medicines from inter-regional Express Buses in Cameroon. In relations to modern medicine, 88.9% of the study populations revealed that traditional remedies are either cheap (low-cost: 49.6%) or moderate (39.3%). However, 51.4% of participants indicated that some of these concoctions are fake. 25% of trade-practitioners indicated they are collaborating scientist to improve their medicines as majority (85.4%) of the tradi-practitioners manufacture their concoctions in/or around their homes, while 14% of them, produce theirs in a local factory. This preliminary survey has revealed that in Cameroon, the studied consumer population due to financial constraints holds that “good and effective medicines are those that are cheap and readily available.” In view of evidence of fake concoctions, both studied populations agreed that there is need for routine consumer feedback on the medications they take. Tradi-practitioners agreed that

there is need for strengthened collaborations with modern for safer and more effective services to the Cameroonian public.

**Keywords:** Traditional medicines; consumers; tradi-medical practitioners; Cameroon

## 1. INTRODUCTION

In sub-Saharan Africa (SSA), medicinal plants are widely used locally as home remedies for human diseases (Cunningham, 1993). Amid poverty in Cameroon, like other countries in the SSA, human diseases still remains a major concern for many, if not all, thus leaving sick-individuals and their relations no options but to take whatever is available as a possible solution. Probable options have remained to be traditional concoctions from varied medicinal plants which are more readily available and accessible to the economically disadvantaged common man relative to modern medicines. However, according to several authors, (WHO, 2002; Hillenbrand, 2006; Titanji et al., 2008; Asonganyi, 2011), locally made concoctions are highly consumed by over 80% of the population especially in the resource scarce nations in SSA. This is obvious as medicinal plants constitute the best sources of a variety of drugs (WHO, 2002). However, individuals may probably have a choice of one local concoction over another, or use them as alternatives, for various reasons.

Medicinal plants constitute a gift of nature to humankind and an understanding of their indigenous applications in treating human diseases can be quite amazing. In addition, a huge number of modern medicines have been produced from medicinal plants due to their great and diversified medicinal potentials (Farombi, 2003) exhibited by local usages. Without doubts, such modern medicines developed from locally available medicinal plants partly maximize the efficacy at lowest dose levels possible and thus reduce chances of toxicity. However, this is not achievable without increase in cost and scarcity of the modern medicines.



Traditional medicines provide affordable health-care to the poorest segment of the population (Hillenbrand, 2006). Generally, knowledge of various medicinal plants and their use by ethnic communities are useful for conservation and biodiversity as well as for community healthcare and drug development. For example, traditional medicines have been reported to treat many diseases including infectious diseases, hypertension, that they can save lives of many, particularly in the developing countries (Mpondo and Dibong, 2012). This is particularly the case in SSA, where a high proportion of the population still resorts to traditional medicine for their primary health care. Despite the advancement in modern medicine, traditional medicine (local concoctions) has gained renewed interest in the health care services throughout the continent (Ntie-Kang et al., 2013). This has probably been motivated by the rapidly increasing awareness of the potential and curative abilities of alternative medicines, especially from the use of medicinal plants, as well as the inadequate access to modern medicine and physicians and the high cost for modern drugs (Ngono et al., 2001). Local concoctions utilize medicinal plants which are traditionally taken as concoctions and infusions (Cunningham, 1993). As a result there is a rich tradition in the use of herbal medicines for the treatment of several ailments and plans are on the way to integrate traditional medicine in the health care system, even though the plans have not been put into action yet (Nkongmeneck, 2007). Notwithstanding, the relationship between conventional medicine and traditional medicine in Cameroon have been greatly and permanently improved (Asonganyi, 2011).

Cameroon has been noted for its rich biodiversity (Mbatchou, 2004), with many plant species which are used commonly as remedies to several health disorders including malaria, trypanosomiasis, leishmaniasis, diabetes, tuberculosis, amoebiasis, boils, cough, dermatitis, diarrhoea, dysentery, fever, gastritis, gonorrhoea, malaria, male sexual disorders, ovarian cysts, rheumatism, sexually

transmitted diseases, sterility, syphilis, typhoid, wounds; stomach ache, tooth ache, diabetes, cough, yellow fever, amoebic dysentery, anaemia, intestinal worms, fever, diarrhoea, epilepsy, lactation failure, toothache (Ngono et al., 2001; Betti, 2004; Jiofack et al., 2008, 2009, 2010; Kuete, 2010; Mpondo and Dibong, 2011, 2012; Dibong et al., 2011; Ngo et al., 2011). Unfortunately, knowledge on adequately safe dose levels and health implications associated with prolonged exposure of most of these is limited (Abia et al., 2014, accepted), and may investigated to better understand their properties, safety, and efficiency (Hardy, 2008).

The socio-economic and health situations of indigenous people allow them with no alternative to the less expensive readily available traditional concoctions. Traditional formulations are agreeably of good health and socio-economic relevance to the public, however, with little or no knowledge on its toxicity allowances such as adverse health effects at various dosages and exposure duration. The aim of this preliminary cross sectional study was to find out the perceptions, and to assess prevailing ideas and interest of consumers and tradi-practitioners of the different traditional remedies available in Cameroon (North, Central, and North West regions) to treat various human diseases.

## 2. MATERIALS AND METHODS

A cross sectional survey study was carried out in the culturally diversified regions of Cameroon (North West; Centre; and North regions). Two separate sets of questionnaires (N=1000) were administered separately to two categories of participants each. One group was made up of people who have used traditional medicines at least once in the last three years (referred in this study to as consumers, age range: 25-45 years old). The other group was constituted of local producers of traditional medicines otherwise referred to as tradi-medical practitioners (age range: 30-80 years old) who have been serving in same locality for at least three years. Consumer category

questionnaire (n=800) was focused on the extent to which those locally made concoctions satisfied consumers in terms of cost, availability, effectiveness/efficacy, and impression about the marketers (vendors). The tradi-medical practitioners category questionnaire (n=200) was focused on the scope of their products and/or concoctions, acceptability by consumers, property right issues, and difficulties in processing their products.

The questionnaires were administered to participants (consumers and/or tradi-medical practitioners) at popular places including markets, express buses/ bus stations, tradi-medical drug stores and/or production sites with provision made for interpretation by any of the enumerators. The responses were provided by the participants themselves and for a few where the participants were unable or uncomfortable to write the responses themselves, the enumerator assisted in ticking the responses of their choices.

Responses to the questionnaires were later extracted as qualitative and quantitative data sets. The quantitative data were ordered, coded, edited and entered into the computer and analysed using SPSS version 20.0 statistical software. The results of the study were displayed by frequency distribution tabulations.

### 3. RESULTS

Out of the total 1000 questionnaires administered to consumer sub-population (n=800), and tradi-medical practitioners (n=200) in this survey, responses were provided by 762 participants (consumer sub-population: 83.25% (666/800); and tradi-medical practitioners: 48% (96/200)).

#### 3.1. CONSUMER SUB-POPULATION

In view of socio-demography of consumer sub-population (64.86% males and 35.14% females) was concern, the highest responses came from Yaoundé, Centre region (280

respondents: 128 male and 152 female), followed by Maroua in the North region (268 respondents: 254 male and 14 female) and the lowest number of respondents came from Bamenda in North West region (118 respondents: 50 males and 68 females). Additionally, the respondents were mainly business people (62.1%), students (19.8%), civil servants (12.9%), or people of other works of life (5.2%) (Figure 1). Specifically, the most dominant participants from Maroua (97%; 260/268) and Yaoundé (49.3%; 138/280) were business people; while studied consumer population in Bamenda was dominated by students (61%; 72/118). Overall, the highest respondents being civil servants were those from consumers from Yaounde (19.3; 54/280) and the lowest from Maroua (2.2; 6/268).

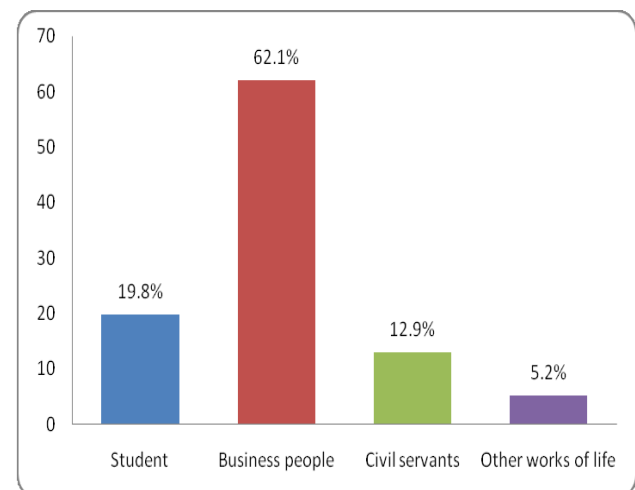


Figure 1: Occupation of participants in the consumer category

Consumers handling and preference of traditional remedies relative to modern medicines commonly available to Cameroonian populations has been presented on Table 1. A-I. below. Majority of participants (77.4%) reported to have taken traditional medicines at least once in the last one month (38.7%) and in the last one year (38.7%). Many more people in Maroua (47.6%) had taken traditional remedies within the last one month while many more in Bamenda (38.1%), Yaounde (50%) had taken

concoctions within the last one year (Table 1.A). A majority (53.5%) of the study population buy their traditional medicines from inter-regional Express Buses in Cameroon (Table 1.B) where another 71.2% of participants confirmed to be the more popularly sold traditional medicines relative to traditional medicine clinics (Table 1.I). In relations to modern medicine, 88.9% of the study populations revealed that traditional remedies are either cheap (low-cost: 49.6%) or moderate (39.3%) (Table 1.C). Moreover, 72.1% of participants were satisfied with some

of the traditional remedies they bought as they believe it treated their illness (Table 1.E). Eighty three percent of participants confirmed that traditional medicines are cheaper, available and effective (Table 1.G), and easier to take (89.2%) (Table 1.H). However, 51.4% of the participants indicated that some of the concoctions s/he bought in the past might have been fake concoctions (Table 1.D). Fifty-five percent of participants have at least provided feedbacks on the way the concoction work or did not work to the tradi-practitioners or vendors (Table 1.F).

Table 1. A-I. Consumers handling and preference of traditional remedies relative to modern medicines commonly available to Cameroonian populations.

Parameters	Maroua F (%)	Bmenda F (%)	Yaounde F (%)	TOTAL F (%)
<b>A. Frequency of intake of traditional concoctions</b>				
[1] Number of people who took traditional medicines at least one time in the last one month	120 (47.6)	30 (23.8)	108 (37.5)	258 (38.7)
[2] Number of people who took traditional medicines at least one time in more than 1 year ago	66 (26.2)	48 (38.1)	144 (50)	258 (38.7)
[3] Missing data	66 (26.2)	48 (38.1)	36 (12.5)	150 (22.5)
Total	252	126	288	666 (100)
<b>B. Where do you generally buy traditional concoctions?</b>				
[1] Traditional clinic	24 (12)	36 (42.9)	44 (24.4)	104 (22.4)
[2] Express buses	136 (68)	28 (33.3)	84 (46.6)	248 (53.5)
[3] Houses /Markets	40 (20)	20 (23.8)	52 (28.9)	112 (24.1)
Total	200	84	180	464 (100)
<b>C. How do you perceive the cost of traditional concoctions relative to modern medicines?</b>				
[1] Cheap	156 (78)	20 (23.8)	56 (30.4)	232 (49.6)
[2] Moderate	36 (18)	52 (61.9)	96 (52.2)	184 (39.3)
[3] Expensive	4 (2)	12 (14.9)	32 (17.4)	48 (10.3)
[4] Others	4 (2)	0 (0)	0 (0)	4 (2)
Total	200	84	184	468 (100)
<b>D. Could some of the traditional concoctions you ever bought be "faked"?</b>				
[1] Yes	104 (54.2)	48 (66.7)	76 (42.2)	228 (51.4)
[2] No	88 (45.9)	24 (33.3)	104 (57.8)	216 (48.7)
Total	192	72	180	444 (100)
<b>E. From your experience, have the traditional concoctions you have bought and/or taken treat the condition (or were you satisfied with the concoctions)?</b>				

[1] Yes	188 (95.9)	68 (85)	156 (45.4)	412 (72.1)
[2] No	8 (4.1)	12 (15)	136 (46.6)	156 (27.5)
[3] Others	0 (0)	0 (0)	0 (0)	0 (0)
Total	196	80	146	568 (100)
F. Have you ever provided feedback to the tradi-practitioner as to the effectiveness of the concoction?				
[1] Yes	144 (76.6)	44 (64.7)	104 (38.8)	292 (55.7)
[2] No	44 (36.2)	24 (35.3)	164 (61.2)	232 (44.3)
Total	188	68	268	524 (100)
G. Traditional concoctions are cheaper, available and effective.				
[1] True	184 (92)	76 (95)	140 (70)	400 (83.3)
[2] False	16 (8)	4 (5)	60 (30)	80 (16.7)
Total	200	80	200	480 (100)
H. Traditional concoctions are easier to take.				
[1] True	98 (98)	18 (81.8)	82 (82)	198 (89.2)
[2] False	2 (2)	4 (18.2)	18 (18)	24 (10.8)
Total	100	22	100	222 (100)
I. Traditional concoctions are mostly sold in express busses than in traditional clinics.				
[1] True	180 (90)	32 (40)	124 (64.6)	336 (71.2)
[2] False	20 (10)	48 (60)	68 (35.4)	138 (28.8)
Total	200	80	192	472 (100)

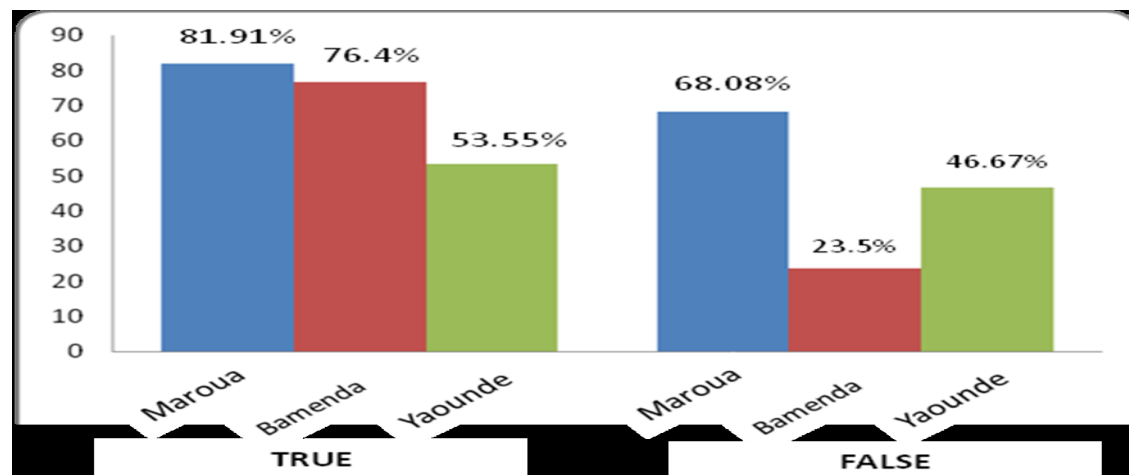


Figure 2: Perception of good quality of traditional medicine: good (True), not good (False)

### 3.2 TRADI-PRACTITIONERS SUB-POPULATION

Basically, the participating tradi-practitioners in this preliminary survey were generally above 30 years old. The majority (54.2%) of the studied tradi-practitioners were of age >40

years old (especially those from Maroua: 84.6%). This was followed by those in the age range of 30-40 years (being mainly those from both Bamenda in the North West region: 80%; and Yaounde in the Centre region: 83.4%) (Table 2). Generally, remedies produced by the

tradi-practitioners are in the form of liquid (54%) and powder (46%). Most (75%) tradi-practitioners (mainly in the Maroua: 100%; and Bamenda: 70%) do not collaborate with scientists in research institutions, while another 25% of them (mainly from Yaounde: 75%; and Bamenda: 30%) indicated that they have collaborated with research scientists at one point or another either in the manufacturing of their remedies and/or in the investigation of

one or more scientific parameter of their products (Table 2).

Majority (85.4%) of the tradi-practitioners (North region: 100%; Yaoundé: 83.3%; Bamenda 50%) manufacture their concoctions or remedies in or around their homes, while another 14% of them, mainly from Bamenda and Yaounde, produce their traditional remedies in the Laboratory and/or factory (Table 2).

Table 2. Age range of participating tradi-practitioners, their collaboration with scientist, and where they manufacture their traditioner remedies

Parameter	Maroua F (%)	Bamenda F (%)	Yaounde F (%)	TOTAL F (%)
<b>Age range</b>				
[1] <29	0 (0)	0 (0)	0 (0)	0 (0)
[2] 30-40	8 (15.4)	16 (80)	20 (83.37)	44 (45.8)
[3] >40	44 (84.6)	4 (20)	4 (16.67)	52 (54.2)
Total	52	20	24	96 (100)
<b>Do you collaborate with researchers?</b>				
[1] Yes	0 (0)	6 (30)	18 (75)	24 (25)
[2] No	52 (100)	14 (70)	6 (25)	72 (75)
Total	52	20	24	96 (100)
<b>Where was the concoction manufactured?</b>				
[1] Around my house	52 (100)	10 (50)	20 (83.3)	82 (85.4)
[2] Laboratory	0 (0)	6 (30)	4 (16.67)	10 (10.4)
[3] Factory	0 (0)	4 (20)	0 (0)	4 (4.16)
Total	52	20	24	96 (100)

In response to the types of diseases treated by their concoctions, it was revealed that each tradi-practitioner has his/her own target diseases for which his/her remedies are effective. Generally, the common diseases for which studied tradi-practitioners' concoctions from Bamenda are effective against include, infertility, typhoid and malaria. In the same locality, a few more diseases including prostate cancer, cardiovascular diseases, menstrual pains, and yeast cell on the one hand, as well as rheumatism, infertility, sexually transmitted infections, pile and gastritis on the other hand are separately as

group of diseases handled by specific tradi-practitioners. In Yaoundé, the studied tradi-practitioners indicated that their different concoctions are specifically effective in the treatment of one or more diseases including sexually transmitted infections, gastritis, jaundice, rheumatism, sterility, stomach ache, typhoid and intestinal parasite. Likewise, in Maroua, the tradi-practitioners medicines treat a spectrum of diseases amongst which are headache, fever, hemorrhage, diabetes, typhoid, tooth ache, back-ache, yellow fever, and visual problems.



## 4. DISCUSSION

Locally made concoctions are highly consumed by over 80% of the population especially in the resource scarce nations in SSA (WHO, 2002; Hillenbrand, 2006; Titanji et al., 2008; Asonganyi, 2011) including Cameroon. Broadly speaking, traditional formulations are agreeably of good health and socio-economic relevance to the public. The medicinal plants from which these concoctions are derived constitute a major source modern day medications (WHO, 2002; Farombi, 2003). Although, the relationship between conventional medicine and traditional medicine in Cameroon have been greatly and permanently improved (Asonganyi, 2011), the Cameroonian populations, like elsewhere in the developing world where there is dependence on traditional medicines as remedy, has inadequate awareness on purpose of proper diagnosis and administration of quality or good medication when ill, except otherwise, they are left with no alternatives due to their current economic disadvantages. Moreover, the tradi-practitioners generally have insufficient knowledge on the toxicity allowances such as adverse health effects at various dosages and exposure duration of their various remedies. This preliminary cross sectional survey was aimed at identifying the perceptions, and to assess prevailing ideas and interest of consumers and tradi-practitioners of the different traditional remedies available in Cameroon (North, Central, and North West regions) to treat various human diseases. From a targeted 1000 randomly selected respondents (consumers and tradi-practitioners) from public markets, traditional clinics, inter-regional Express busses in the three studied regions of Cameroon, findings provided herein are reflections from 762 respondents: 666/800 (83.25%) consumer sub-population; and 96/200 (48%) tradi-medical practitioners. There were over 38% of participants who had reportedly taken traditional medicine at least once within the last 30 days prior to the survey, thus indicative of high consumption rate, and which is in line with previous reports (WHO, 2002; Titanji et al., 2008; Asonganyi, 2011).

This preliminary survey has revealed that in Cameroon, for some reasons as well as personal preferences, many at varied ranks and backgrounds use traditional medicine, often simultaneously with conventional care. It was obvious that many more respondents from Yaounde were civil servants' considering it is the administrative capital of Cameroon. Likewise, partly due to cultural reasons, it was not surprising to have mostly business people, and mainly men, were available to provide responses to questionnaires in Maroua partly due to cultural reasons surrounding roles of males and females.

It is true that some youths in Cameroon, like elsewhere in the world, are still jobless. Some have refused to be self-reliant despite the much need for money to circulate and be involved in the activities or doings of their choices. As such, it was not strange to know that some traditional concoctions/remedies commonly sold by mobile vendors might be fake. According to the consumer and tradi-practitioner sup-populations in this survey, these medicines are faked partly due to poverty and also because people desire to have quick money, when the original of the faked medicine is deemed expensive, and when there is inadequate control of the products by the original manufacturers. Furthermore, the studied populations are aware of some of the remedies that have been commonly faked e.g., Blackstone, Panacea, Ginseng amongst others. This speculates that to ensure the health of the common man in Cameroon, like elsewhere in sub-Saharan Africa where there is dependence on traditional medicines, there is need for routine surveillance of available concoctions routinely sold by mobile vendors likewise the public require further and intense sensitization on proper diagnosis of their illnesses and need for proper medications so that they may purchase concoctions mainly from licensed tradi-practitioners and/or their clinics and agents. In addition there is need for consumer feedback to tradi-practitioners.





Due to the temporal but persistent financial hardship affecting many households in Cameroon, it is likely that many will normally not go for laboratory diagnosis of their illness, let alone routine check-ups, but buy locally available and cheap medications regardless of the source and quality, in as much as they are told it treats what they are assumedly suffering from, thus revamping their hope. As such, the over 88% consumer populations that attested that relative to modern medicine, traditional remedies are either cost-effective or far less expensive were not surprising. In this context, consumers have focused their minds and believe on cost as a measure of what they need. The concepts of cost and effectiveness or quality are not well understood by the majority of consumers and so require more attention. Furthermore, it is believed that these medications may be available at very affordable cost for the original products and so necessitate proper follow-ups to ensure that the right quality of products are made available to consumer populations with no fakes. This necessitates a big role play by tradi-practitioners themselves.

On the other hand, the tradi-practitioners are doing a great job for which a little more effort and organization and collaborations will make them near perfect. The word tradi-practitioners used in this study generally refer to those who have a imaginal diagnostic and traditional concoction production and prescription role. During they survey, these individuals referred to themselves using several names including: traditional practitioner (tradi-practitioners, tradi-practicien), traditional healer, herbalist, medicine-man, doctors (of traditional medicine), and naturopathist. Each has his or her own slightly variant definition for these terms. Generally, it was but normal to find in all study locations that some tradi-practitioners were initially scared to provide responses partly due to fear of lack of operation licenses. Furthermore, the practitioners constituted mainly of males was in line with the fact that many of them were entrusted the talents or business by their late

parents, grand or great grand fathers who culturally held tide to the believe that the boy child will stay and ensure their progeny continues while girl child will grow up to be married into a different family. The ages (majority: 54%, >40 years old) of the studied tradi-practitioners coupled with their over two years in-traditional medicine business is a good indication of their confidence in the effectiveness of their products.

These tradi-practitioners indigenous talents of producing remedies in varied forms: liquid (54%) and powder (46%) is worth encouraging and necessitates further elucidation on its toxicity and safety levels. The liquid concoction allows us with several unanswered questions. For example, for how long, and under what conditions, does the liquid concoction have to be kept for it to still be safe and effective, knowing very well that there are chances for fermentation to occur; routine heating every day prior to consumption may induce changes etc? What dose level is required, and for how long will the concoction be taken – considering the consumer is usually asked to continuously take it for as long as s/he is not feeling well, or to take all 1, 2 at time 5L concoctions? Thus issues surrounding safer medications such as no observable adverse effect level (NOAEL), lethal doses (LD<sub>50</sub>), effective dose, therapeutic index, etc are still vague for several of these currently popular traditional concoctions. In this vein, traditional medicine is compounded by problems of poor diagnosis, imprecise dosage, overstated claims of abilities, and inadequate knowledge of anatomy, hygiene, and disease transmission. These only further jeopardize the health status of the helpless consumer or patient. Therefore, government, the public and the tradi-practitioners collectively need to do the needful to reverse the hands of the situation especially in the eyes of charlatans who partly due to poverty faked these helpful products and sell them at cheap prizes and indirectly tarnish the products and endangered lives around of victims. There is urgent need for require urgent collaborations between these



practitioners and research scientist of toxicological, pharmacologist, and researchers with biochemical, biomedical and related backgrounds. It was expected, but then ironical that most (75%) of the studied practitioners were not in collaborations with scientist. According to practitioners, the conventional medicine practitioners and research scientists are mainly interested in condemning their art and/or to steal their secrets when they approach them for research collaborations as they are the more educated once. This suggests the need for routine training for tradi-practitioners on property rights so as to bridge the gap of knowledge between them and scientist. This is feasible and convincing as many tradi-practitioners nowadays readily admit their limitations, and are eager to improve their medicine, and desire collaborating significantly with practitioners of conventional medicine and scientist or researchers, and some already belong to networks/organizations like PROMETRA Cameroon which is doing exciting works to unite tradi-practitioners to provide service to the community for fighting epidemics and infectious diseases. Nonetheless, relative to the past century, the 25% tradi-practitioners who are presently collaborating with scientist at one point or another either in the manufacturing of their remedies and/or in the investigation of one or more scientific parameter of their products (Table 2) may be considered significant. This is in line with the observation of Asonganyi (2011).

Moreover, manufacturing of these traditional concoctions under strict hygienic and large scale production may require huge capital and resources which may be lacking for these tradi-practitioners. It was therefore not embarrassing to know that majority (85.4%) of the tradi-practitioners manufacture their concoctions or remedies in or around their homes. Notwithstanding, it was amazing to find out that some tradi-practitioners (14%) actually have laboratories (or factories) where they led the manufacturing of their medications. Additionally, some have gone to

the next step of packaging their medications properly to ensure proper storage and guaranteed stable safety levels once the instructions on the leaflets (or on the body of the drug containers) are observed strictly. Furthermore, these packaged concoctions have defined prescriptions. However only a few have contra-indications and certainty of proper diagnosis prior to taking these concoctions by patients is not guaranteed as these medications are sold over the counter.

In view of the advanced levels of some tradi-practitioners, it is therefore a clear indication that each tradi-practitioner has his/her own target diseases for which his/her remedies are effective. It is remarkable that some of these tradi-practitioners are specialized in treating several common but harden diseases such as rheumatism, infertility, sexually transmitted infections, pile, gastritis, prostate cancer, some cardiovascular diseases, and yeast cell which modern medicine still finds it a challenge in developing world where the disease is generally diagnosed once it is in its terminal stage. It may be very interesting to carry out a socio-medical survey to compare effectiveness of some selected modern and traditional medicines in terms of treatment duration. Whichever approach we take, it is worth mentioned that where an individual is receiving concoctions from a tradi-practitioner, there is need for a strengthen consumer-tradi-practitioner relationship during which feedback will be provided and product originally will be partly guaranteed. Such a relationship should be completed by collaboration with medical institutions for proper diagnosis and examinations.

## 5. CONCLUSION

This preliminary survey has revealed that in Cameroon, the studied consumer population due to financial constraints holds that “good and effective medicines are those that are cheap and readily available.” Both the consumers and the tradi-practitioners are aware that some traditional medicines are faked by unemployed youths partly due to poverty but



for which nothing is done due to scarcity of evidence of fake. As a result, both populations agreed that there is need for routine consumer feedback on the medications they take so as to enable the practitioner be not only responsible for what s/he is supplying/administering but also to enable her/him render treatment process more effective. Tradi-practitioners agreed that there is need for strengthened collaborations with modern scientist to elucidate complex issues of appropriate dose and more suitable treatment durations of various remedies for safer and more effective services to the Cameroonian public.

As a recommendation, due to the faking of concoctions, it is speculated that to ensure the health of the common man in Cameroon, like elsewhere in sub-Saharan Africa where there is dependence on traditional medicines, there is need for routine surveillance of available concoctions routinely sold by mobile vendors likewise the public require further and intense sensitization on proper diagnosis of their illnesses and need for proper medications so that they may purchase concoctions mainly from licensed tradi-practitioners and/or their clinics and agents. Additionally, there is need for more awareness and sensitization of consumer population on the concepts of cost and effectiveness or quality of medications and need for proper diagnosis before medications. Furthermore, there should be proper follow-up to ensure that the right qualities of products are made available to consumer populations.

### COMPETING INTEREST:

Authors have no competing interest.

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