

## **The Transformation of Traditional Medical Practice in Hadejia and its Environs in the 21<sup>st</sup> Century**

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### **Abstract**

One of the important socio-economic centers that attract attention of researchers in Jigawa State is Hadejia (*Ginsau Birnin Doki*). As an ancient Hausa town and important emirate in northern Nigeria, Hadejia town contributes in developing and preserving the rich Hausa cultural heritage. Being in the strategic position between the prominent Hausa states and the Kanem-Borno, Hadejia served a nexus role, connecting the two major civilizations culturally and geographically. In spite of being a bridge between the two cultures, Hausa traditional practices has remained central in their socio-cultural norms. These socio-cultural patterns encompass beliefs, culture and skills (some of which predated Islamic period). Traditional medicine has been part of these centuries' old skills and knowledge passed through generations as essential component that partly drives societal wellbeing and development. This paper is an examination of the fundamental transformations in the practice of traditional medicinal operations in Hadejia in the 21<sup>st</sup> century. The paper classifies the practitioners, reviews their methods, and analyses the dynamics of the changes in the practice. The paper argues that traditional medicine has been regaining ground, thereby, closing the gap left behind by the

overstretched modern healthcare services, through the fundamental changes adopted by the practitioners in Hadejia. The paper sourced data from oral sources, academic publications in forms of articles and other extent texts.

**Keywords: Transformation, Traditional Medicine, Practitioner, Hadejia, Nigeria.**

### **Introduction**

Traditional medicine has been an integral part of Nigeria's cultural heritage, providing healthcare for centuries. However, the advent of modernization and globalization made it to undergo significant transformation. This transformation differed in pace depending on the sociocultural belief of the people and intergroup relations. Hausa people in particular, have been passing these set of skills from one generation to another. Traditional medicine is deeply rooted in the way of life of Hausa people and it has gained ground for its potency of providing, primary healthcare service, and later as an alternative treatment service that complement orthodox medical service. In spite of the existence of western medicine, traditional medicine continues to survive and flourish especially in Hausaland, as it thrived and maintained its significant role as primary source of healthcare among the rural dwelling communities where western medicine is seldom accessible or affordable. One of the major towns known to be predominantly occupied by Hausa speaking people is Hadejia, Jigawa State; a hub that housed a mixture of Hausa and many other ethnic groups. It is difficult to ascertain with certainty the period when Hausa speaking people, who formed the majority of the population, established themselves in Hadejia. They are however regarded among the earliest

inhabitants of the area. Hadejia is therefore, predominantly occupied by Hausa speaking communities who clutches sixty percent, followed by Fulani with twenty percent, then Manawa, Ngizimawa, Kanuri, Mangawa, Badawa, Koyamawa and Tijjanai (another Fulani group who settled at Yalleman), formed the remaining twenty percent.<sup>491</sup>

In the pre-colonial era, Hadejia was a prominent trading center due to its strategic location along the trans-Saharan trade routes. It was a major hub for the exchange of commodities such as salt, leather, grains and slaves. Grazing land and fishing streams were additional advantage that help to attract migrants to the area despite the founding of places such as Garun Gabas and Auyo around the fifteenth century formerly independent and later under Borno empire.<sup>492</sup> In early eighteenth century, Hadejia became an influential state extending its territories and engaging in trade with North African states. It participated in a long-distance trade in hides, indigo, cotton, and slaves serving partly as the factor behind its economic growth. Prior to the advent of Islam and colonialism, indigenously developed medicine was the major source of medicinal healthcare.<sup>493</sup>

<sup>491</sup> M. Gupta. (2023), 'A History of the Transformation of Political Authority in Hadejia Emirate 1960-1991', unpublished M.A. Dissertation. ABU Zaria. P. 27

<sup>492</sup> H. A. Shehu (2015), 'A History of Auyo from the Earliest Times to 1012', unpublished M.A Thesis, Department of History, Bayero University, Kano. P. 2.

<sup>493</sup> The narratives of A. Babagana's on the 'Origin and Meaning of Hadejia' in pages 1-3 gives a detailed historical origin of Hadejia. His perspectives may not be the only one concerning the emergence of Hadejia but more acceptable to many. Hadejia is situated along the river bed between latitude 12.4506N and longitude 10.0404E. Hadejia's named originated from two words of *Hade* (*el-hadj*) (name of a person and his wife, *Jiya* or *Je'a*. *elHadj* was from a Kanuri hunter of Machina, a town in the present Yobe State. *el-Hajd* became attracted to the area because of its rivers and other natural endowments. *el-Hadj* became the founder of Hadejia and the first in a long line of Hadejia rulers prior to the 19<sup>th</sup> century jihad. Hadejia hold a strong historical significance in the history of development of Hausa states and northern Nigeria. The historical influence of Kanuri on Hadejia people had been undeletable. The presence of Kanuri cultural influence can be seen in almost every aspect of the people. The economic and commercial value of Hadejia continue to attract more population into the already densely fertile land.

The post-colonial government healthcare facility in Hadejia was built in 1962 by the administration of the late Premier of the defunct Northern Region, Ahmadu Bello. This hospital has continued to provide orthodox health service, particularly to the urban-based population and few others who were to consult senior medical officer with a particular expertise from the outskirts of Hadejia. However, smaller primary healthcare facilities were scattered all over the environs providing primary health services of lesser complications to the population. The establishment of Jigawa State in 1991, by the then military government of Major General Ibrahim Badamasi Babangida, helped Hadejia to obtain a zonal status with the Malamadori, Kaugama, Auyo, Kafin Hausa, Kirikasamma, Birniwa and Guri local governments under its jurisdiction. These local governments earlier relied on the health services offered by Hadejia hospital. However, over the years, successive administrations provided a significant number of additional Primary Health Care (PHC) facilities to various communities. This by no means is sufficient to cater for the growing population. Therefore, cost of services discouraged many people from patronizing orthodox medical facilities. The development allows Traditional Medicinal practices to continue to flourish most especially in the rural areas.

### **The Concept of Traditional Medicine**

Understanding the concept of traditional medicine can safely be applied within the context of definitions from international bodies and professionals. A definition globally adopted of Traditional Medicine is that of World Health Organization (WHO), which states that traditional medicine is the “sum of the total knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures,

whether explicable or not, used in the maintenance of health, as well as in the prevention of, diagnosis, improvement or treatment of physical and mental illness.”<sup>494</sup> WHO further clarifies as all “the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being.”<sup>495</sup> Traditional Medicine by GhorbaniNia is, “a set of native or adventitious health care actions outside the mainstream health care system of any country. Traditional medicine is knowledge, skills, and functions rooted in indigenous beliefs and experiences of different cultures.” He further postulates that it also, “includes types of disease treatments and prevention methods, that method and effectiveness of which is distinct from conventional or biomedicine medicine.”<sup>496</sup> In the Nigeria, Ozioma and Chinwe, define it as “a combination of knowledge and practice used in diagnosing, preventing, and eliminating disease.”<sup>497</sup> Traditional medicine (also known as indigenous or folk medicine), according to Izuchukwu, ‘comprises medical knowledge systems that developed over generations within various societies before the era of modern medicine.’<sup>498</sup> These civilizations were able to safeguard the practice, develop and transform them to the level of

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<sup>494</sup> S. Pushpangadan, ‘Traditional Medicine’, in *Asian Journal of Phytomedicine and Clinical Research*, p. 195(2013)

<sup>495</sup> WHO Legal Status of Traditional Medicine and Complementary/Alternative Medicine: Worldwide Review. Geneva 2001

<sup>496</sup> R. GhorbaniNia, M. H. Mehroolhassani, Leila Vali, & Yuosef Shaabani, ‘*The Use of Traditional Medicine in the Implementation of Quaternary Prevention From the Perspective of Experts in Traditional Medicine*’, P-3

<sup>497</sup>E.J. Ozioma & O.A. Nwamaka Chinwe, ‘*Herbal Medicines in African Traditional Medicines*’, [www.researchgate.net/publication/330742808](http://www.researchgate.net/publication/330742808)

<sup>498</sup> O. J. Izuchukwu. ‘The History of African Traditional Medicine’, Bigard Mémorial Seminary Enugu, an Affiliate Institute of Urban University Rome and University of Ibadan. P. 4

competing with the orthodox in some instances. From the definitions of traditional medicine, it is clear how imperative the practice is to African particularly in the area of maintaining health and wellbeing.

### **Traditional Medical Practice in *Hadejia Emirate***

The traditional medicinal practice is not only imperative to people of Hadejia but also the Hausa speaking communities in northern Nigeria. Its advancement and transformation serves as important engine that drives societal development. This is because the health security of the people often serves as a determinant to their collective development.<sup>499</sup> It may further increase the chances that drives future development. Not only Hausa people, all human beings has been interchangeably moving back and forth between ill-health, cure/medicine and wellbeing. People of Hadejia were not excepted for this inevitable reality throughout history. The general interaction around sickness (*rashin lafiya* or *ciwo*), wellbeing (*lafiya*) and medicine, therapy or cure (*magani*) has for centuries gave Hausa people direction. The four basic needs regarding medicine in Hausaland of which Hadejia is an integral part are for (i) therapy (ii) protection (iii) precaution/prevention (iv) fortune seeking/wellbeing. Contrary to orthodox medical practice that stresses the physical and mental therapies through scientific means, Hausa traditional medicine incorporates wealth-seeking, emotional/love, rivalry and so on.<sup>500</sup> People recognize the prominence of medicinal practitioners whose services have been central to the communities' development. This state of affairs merit

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<sup>499</sup> H. O. Egharevba, & O. F. Kunle, 'Traditional Medicine Practice in Nigeria in the Next Decade', in *Ewemen Journal of Folklore Medicine*, V. 1/1. P. 3

<sup>500</sup> M. Kabir 'Medicine in an Islamic Society: A Critical Enquiry into the Efficacy of Hausa Medicine' in *Kano Studies: Special Issue-1991- titled Youth and Health in Kano*, p-71

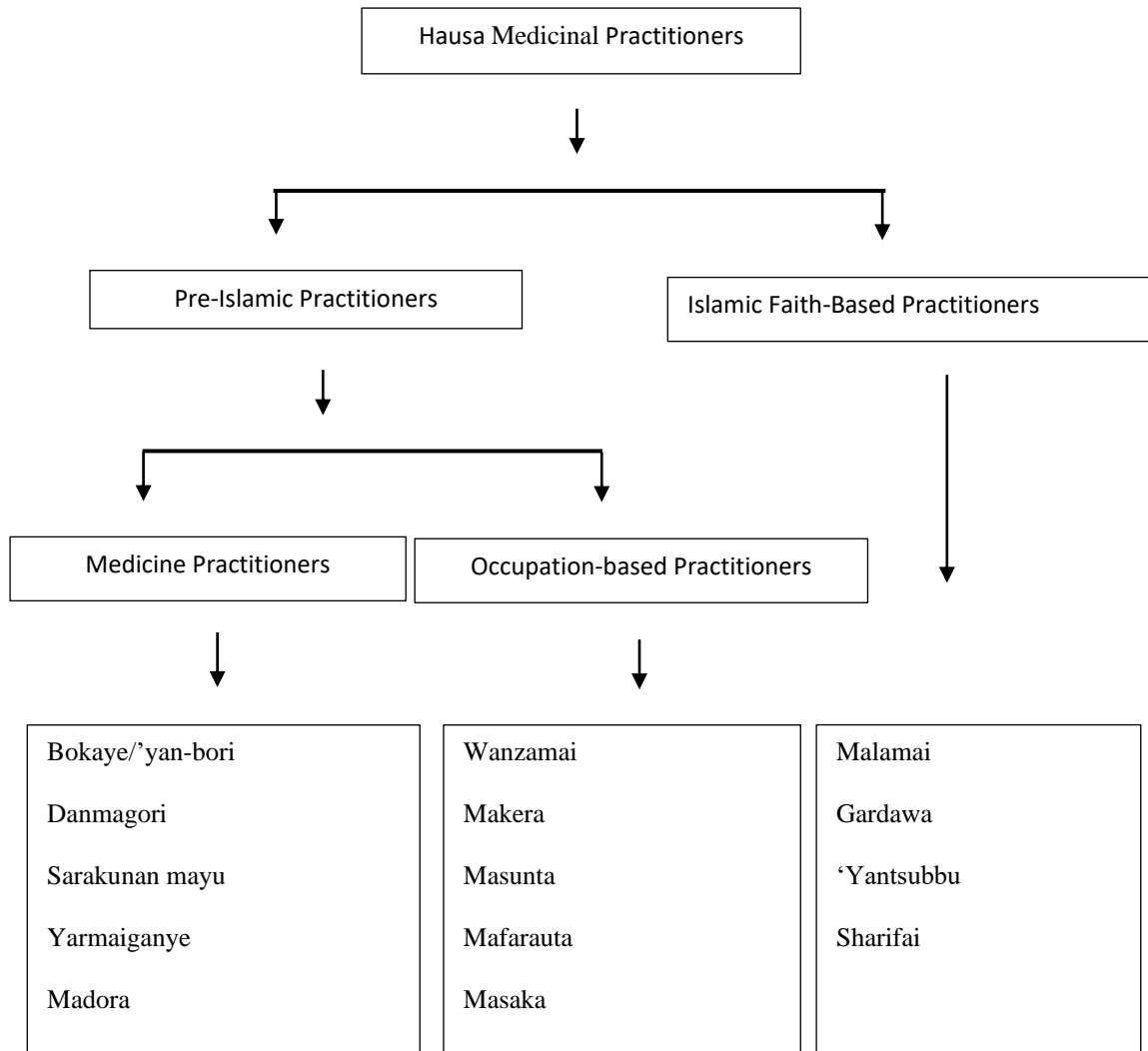
inquisitiveness attention because cultural and personal values not only affect the recognition of illness, but also shaped health-seeking behaviours as well as attitude towards care-giver.

### **Identifying the Practice and Practitioners of Traditional Medicines**

In Hausa society, healing and health cannot be separated from traditions. It is the basis of having a group of people whose work is to interpret situations and bring out solutions. Those people are expected to be consulted in whatever case or challenge of life, from ill health to misfortune, as well as general well-being. Therefore, life generally revolves around the three-fundamental component of survival and death. These are *rashin lafiya* or *ciwo* (sickness/illness and discomfort), *lafiya* (well-being), and *magani* (medicine, therapy, remedy or cure). Similarly, three major groups of people are also there to be consulted for remedy.

These are three major groups of medicinal practitioners of different categories. Some are occupation-based while others are purely practitioners. The first group is identified with a particular type of occupation which led to their medicinal practices; this includes archers, fishermen, hunters and barbers. They are directly involved in one profession or the other as primary occupation and from which they derive their medicinal skills. The second group includes herbalists and herb sellers such as *Danmagori*, *Yarmaiganye*, midwife (*unguwarzoma*), *Sarakunan mayu*, traditional bone setters (TBS) (*Madora*) and others. These groups of practitioners have no link to any occupation or craft that might assume to have derived their medicinal knowledge. The third group is faith-based

practitioners whose sources of their medicinal knowledge are traced to religion.<sup>501</sup>



<sup>501</sup> The diagram below was designed based on the information gathered verbally to represent the pictorial demography of the groupings. Therefore, it is duly acknowledged.

**Source: A. M. Bunza, Hausa Medicine: Its Relevance and Development in Hausa Studies<sup>502</sup>**

Other sources of medicinal knowledge are attributable to either experience or circumstance of birth. To Hausa a certain group of people for instance, can acquire medicinal knowledge after recuperating from prolonged illness, or through birth with abnormal physical deformities or in odd circumstance, such as born with relatively bigger size of heads, dwarfs etc. These people were traditionally characterized among those bestowed with skill of medicinal service, having believed to have strong ties with the spirit world.<sup>503</sup>

Traditional medicinal practice is not only confined to the aforementioned practitioners, there are other domestic medicinal practices carried out by individuals at home. Many people are equipped with basic medicinal knowledge that largely serves as the first response in the case of minor illnesses. Professional practitioners are often consulted only in a situation where illnesses persisted. In Hausa society basic knowledge of medicine involved the use of ingredients, plants and other substances, sometimes readily available at home or around the neighbourhood. Medicinal knowledge for stomachache, yellow fever, snake bite and scorpion sting would be easily accessed always for use by the family.

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<sup>502</sup> A. M. Bunza (2003), 'Hausa Medicine: Its Relevance and Development' in *Hausa Studies*, p. 18

<sup>503</sup> M. Karaye, 'Hausa Traditional Religion and Worldview: An Emic Perspective' in A. Y. Bichi, A.U. Kafin Hausa & L. D. Yalwa (ed) *Studies in Hausa Language, Literature and Culture: The Fifth Hausa International Conference*. (2002). Organized by Centre For The Study of Nigerian Languages, Bayero University, Kano. P- 334

Many medicinal practitioners are initiated into the profession through family-link where the knowledge and skills are passed from one generation to another. The envious protection of medicinal knowledge helps to create identity and increase specialization. An individual must be born into the family before being initiated. An outsider, therefore found it difficult to get into the practice. It was only in some rare instances that an outsider gain entry through apprenticeship.<sup>504</sup> Medicinal practitioner may either be sedentary or itinerant, the latter follows a regular course by visiting periodic markets in or around Hadejia or moving from village to another village. The random pattern of marketing medicinal products, according to R. Stock, is identifiable in the characters of *danmagori*, *yarmaiganye* and *maguzawa*.<sup>505</sup> The sedentary practitioners are *wamzamai*, *bokaye* and occupation-based practitioners, such as fishermen, blacksmith and bonesetters. The exceptional services of *unguwarzoma* is a mixture of the two, whereby in the cases of children's illness, people consult her at her home. Her other role of midwifery service is considered as mobile. She attends to woman in labour at their residence.

### **Modifications in the Operation of Medicinal Practice due to Islamic and Western Influences**

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<sup>504</sup> Initially those outside the field of traditional medicine are not willing to join while the practitioners protected the knowledge with deep sense of jealousy against intruders. The typical example is the suspicion when the researchers approached the practitioners for an interview. There is always a tense atmosphere when an outsider seeks information regarding the operations in traditional medicine practice.

<sup>505</sup> R. Stock (1981), 'Traditional Healers in Rural Hausaland', *GeoJournal*, , Vol. 5, No. 4, *Studies in Medical Geography in Africa*, pp. 363-368

Earlier practice had been inventoried for hundreds of years, and this led empirically to traditional medicine as practiced later. Its development, however, often maintained its popularity because of historical, cultural, and economic reasons. These Hausa medicine practitioners known as *masu magani*, deemed it a responsibility to ensure the development of their citizens be it social or economic. They occupied a special social status and their role was admitted as crucial to individual and collective development. It equally justifies that health and well-being have played an important role in social and economic development. This is why great importance has been placed on the provision of individual health that revolves around collective development. In early days, prosperity for a particular family often depended on the strength of their manpower. Health manpower played an important role in food production of a particular family and their security and thus extended to the larger socio-economic and security wellbeing of the entire Kano community.<sup>506</sup>

Changes in traditional medicine started right from the introduction of Islam in the 14<sup>th</sup> century. Naturally, contacts with outside civilization hastened the development of the practice. This was equally what transpired with the coming of western type of medicine. The practitioners in Hadejia were gradually pushed into accepting what they perceived earlier as alien medicine and its practices. In later years, particularly in the post-independence period when many medical facilities were opened in Hadejia and western educated and government workers patronized them, local medicine men accepted some changes. The changes were noticeable

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<sup>506</sup> M. Wada, (2017), 'A Timeless Vocation: The Practice of Indigenous African Medicine in Kano'. *Kaduna Journal of Historical Studies (KJHS)*, pp. 162-163

among the herbalists, *wanzamai* as local barbers and midwives in some of their methods with a view to upturn the rapidly declining market and acceptability. The changes cut across methodologies, preparation of herbal concoction, dosage as well as marketing strategies. There are two major factors that led to changes in traditional medicine in Hadejia and its environs; these are the influence of Islamic culture and its teaching and the introduction of western healthcare system.

### **Islamic Influence on Hausa Traditional Medicinal Practices**

The introduction of Islam in Hausaland in the 14<sup>th</sup> century brought with it, the influence of Arabic-Islamic medicine; a science of medicine developed in the golden age of Islamic civilization between the 9<sup>th</sup> to 13<sup>th</sup> centuries.<sup>507</sup> Arabic medical texts and knowledge from Islamic scholars influenced the existing Hausa traditional medicine, especially in areas of herbal application and faith-healing. The new faith intertwined with tradition paved the way for the emergence of *Malamai* (Islamic teachers), *gardawa* (advanced Qur'anic students) and '*yantsubbu* (sorcerers or soothsayers).<sup>508</sup> These group practitioners served not only as guide to social life but became health and wellbeing consultants. However, traditional medicine continued to be practiced alongside with Islamic medicine. Many Hausa people continue to consult traditional healers, especially in rural areas, as they hold

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<sup>507</sup> S. Siddiqui, A. Khatoon, K. Ahmad S. Upadhyay, A. Srivastava, A. Trivedi, I. Husain, R. Ahmad, M. Ali Khan & M. Arshad, (2021)., 'Traditional Islamic Herbal Medicine and Complementary Therapies', p. 4.

<sup>508</sup> *Tsubbu* is a form of conjuring or sorcery that has its origin from a combination of cultural and religious practices. '*Yantsubbu* whose appearance resembles that of Islamic scholars are seen as deviant practitioners, who possess significant Islamic and Arab medicinal knowledge. They cultivated and utilized both knowledge providing medicine through ways seemingly as un-Islamic.

a significant place in the community and provide alternative healing methods that are accessible, affordable and familiar to the people.<sup>509</sup>

In Hadejia, many Islamic elements in recent times increasingly use the traditional medicinal space, such as the use of non-domestic ingredients and herbs, such as *habbatus Sauda* (*Nigella sativa*), *zaitun* (olive or *olea europaea*), *hulba* (Fenugreek), *zam-zam* water, honey and etc.<sup>510</sup> The influence of Islamic culture is not only limited to ingredients but extend to practices. It is pertinent to note that, Islamic scholars (*malamai*) and their students' (*gardawa*) interventions in medicinal services reduced the relevance of *yanbori* and *bokaye*.<sup>511</sup> The use of Qur'anic verses in healing process and therapy by *Malamai*, *gardawa* and *yantsubbu* to some extent pushed *yanbori* and *bokaye* to the peripheral areas. The use of Qur'anic verses for healing was stretched further to other practitioners notably bonesetters, fishermen and blacksmiths in Hadejia like in other areas of Hausaland. The influence could be seen in the form of prayers recitation during therapeutic procedure of blacksmiths even when herbs are applied.<sup>512</sup> Such Islamic influence is extended further in the way and manner herbs and other ingredients are collected by the practitioners. Superstitious beliefs before Islam had a great influence on ingredient collection for it determined medicinal efficacy. However, Islamic

<sup>509</sup> M. Wada, (2017), 'A Timeless Vocation: The Practice of Indigenous African Medicine in Kano'. *Kaduna*....p. 170

<sup>510</sup> A. Sani. & M. B. Jaja, '*Zamani Riga: Alakar Magungunan Gargajiya a Hannun Addini da Zamani*' (The Influence of Islam and Modernity on the Hausa Trado-medical Practices), p. 23.

<sup>511</sup> L. Abdullahi, (2019), 'An African Construction of Colonial Medicine: The Sokoto People's Perception and Response to the British Healthcare Programmes', in *MedCrave Sociology International Journal*, vol. 3 Issue 5, p-364

<sup>512</sup> In an interview with Sarki Sama'ila Yakubu, a Leader of Herbal Medicine Vendors at Hadejia, on 17<sup>th</sup> March, 2023.

teachings reduced significantly the belief in superstitious in which herbs were collected naked, eyes closed, chanting and incantations and so on.<sup>513</sup>

### **Western Influence on Hausa Traditional Medicinal Practice**

Several changes had been adopted by traditional medicinal practitioners from orthodox medical practices. A few numbers of *unguwarzoma* try to comply with modern standard pregnancy and delivery procedures because of the trainings received from the state and non-governmental health-related organizations (NGOs) in Hadejia and its environs. *Unguwarzoma* in particular adapted and applied the use of sterilized sharp objects, clean towels and offer advice to women to consult healthcare personnel. Other impacts on the practitioners are government's involvements in trainings in collaborations with NGOs.<sup>514</sup>

Being aware of the importance of traditional medicinal practitioners, governments at different levels have involved them in various training conducted mostly in the major towns and the state capital. In spite of government interventions to improve the services rendered by the practitioners, there is still the need to improve the skills of diagnosis. For example, at ministerial level, government had trained practitioners on how to use stethoscope, a basic device to monitor heartbeat, and blood pressure. The availability of the device in the markets allows some practitioners to know the condition of a patient and treat or suggest referral to a hospital. Other devices introduced to the traditional medicine not only in Hadejia are the use of thermometer, blood glucose monitor, sphygmomanometer.

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<sup>513</sup> I. H. Abdallah, (1981), 'Islamic Medicine and Its Influence on Traditional Medicine Hausa Medicine in Northern Nigeria'. Unpublished Ph. D, University of Wisconsin-Madison. P-72-73

<sup>514</sup> Jigawa State Ministry of Health Annual Report- 2017- p-55

It is important to note that the use of these devices by traditional medicine practitioners can vary depending on the specific training, practices, and preferences.<sup>515</sup> Therefore, the state government agenda on traditional medicinal practitioners have been targeting the healthcare services with a view to meet the healthcare needs of the local population.

In the modern managerial operations, the practitioners who attained some level of western education were more involved into establishments of offices across Hadejia. This was partly believed the influence of western education in their operations, having largely involved in herbs related medicine, most of them packaged and labeled their products in such a way that attracted the clients. Additionally, the package contained dose instruction and expiry dates. The Association of Traditional and Herbal Medicine practitioners contributed in adapting new *modus operandi* in the practice. It is through such associations government interact with practitioners. Dissemination of governmental policies and strategies were often done through seminars and workshops carried out by government for the benefit of the practitioners. This does not completely remove the skepticism of what is perceived as hidden agenda from the government.

### **The Challenges in Hausa Medical Practice in Hadejia**

The resilience of traditional **medical practice** in Hadejia can be attested by its ability to accommodate both Islamic and orthodox medicine. Even though, it faces many challenges. The challenges include, dearth of plants with medicinal values. Some important plants are gradually becoming extinct while others are already endangered owing to the desertification,

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<sup>515</sup> Jigawa State Ministry of Health Annual Report- 2017- p-65

and governments infrastructure developments. Because of such actions, important plants with medicinal value have become difficult to access. The conservation of these important plants, knowledge dissemination and the practice are under threat due to over-collection and destructive harvesting practices.<sup>516</sup>

Secondly, there has been a problem with a proper documentation of knowledge and practice leading to continued loss of vital information and skills. This threatens the very existence of the cultural heritage and knowledge. The practitioners lament the low-level loyalty, obedience and dedication of the new generation, leaving many practitioners to go to their graves without passing such vital knowledge on to lighthearted heirs.<sup>517</sup>

**Poor Packaging:** The public perception of a product dependent on its packaging. Perception of traditional medicine is very poor among the educated class responsible for policy formulation and implementation. This has led to policy stunting and failure.<sup>518</sup> Similarly, the attitude of some medical doctors of looking down on traditional practitioners as unprofessional whose practice was not worthy to attain formal healthcare. However, on many occasions, medical doctor recommended to patients suffering from mysterious illnesses, such as *daji* (cancer), mental cases, and complicated fracture to consult traditional practitioners, especially where there was no progress in the treatments through modern means. Although, in the case of cancer, there have been new discoveries and

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<sup>516</sup> In an interview with Hajia Hansatu Abdullahi Shamawiyya in her shop behind Orion Cinema, Airport Road, Kano. Hajia Hafsatu is a versatile herbalist who inherited her skills of medicinal practice from her father. She operated in Hadejia town and still visit the town to meet with some of her clients.

<sup>517</sup> Many practitioners interviewed were not willing to part with their knowledge of medicine. The apprentice does not demonstrate convincing commitment to be trusted with the formulae.

<sup>518</sup> In an interview with Hajia Hansatu Abdullahi Shamawiyya in her shop behind Orion Cinema, Airport Road, Kano.

treatments by major global pharmaceutical companies, but they are yet to be made available in Developing Countries like Nigeria and where it is available the cost of treatments is expensive beyond the reach of common man.<sup>519</sup>

The growing emergence of quack practitioners were among the reasons why some practitioners were not eager to be involved in associations. The growing number unqualified and unregistered practitioners or their proxies engaged in selling harmful medicinal products brought a lot of untold risks to health and life, especially in the rural areas.<sup>520</sup> Contrarily, those with the most effective medicine were either pushed aside or decided not to be involved in sanitizing. Other practitioners also engage more in the marketing thereby, ditching the crafts. Many craftsmen abandoned their well-known occupations for the more lucrative hawking traditional medicine marketing in Hadejia.<sup>521</sup> In a situation where the products are to be registered for proper marketing and consumption, practitioners found it difficult to register products due to the policies regarding safety of products meant to be consumed in Nigeria. NAFDAC for instance, is listed as the body responsible for registering ethnomedical products for use in Nigerian markets. Most of the practitioners found it difficult to get full registration status of their products because of the safety and efficacy. Full registration

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<sup>519</sup> Many practitioners despised associating with medical doctors and Health ministry officials. There is a deep resentment and suspicion between the two groups owing to believe in hidden agenda of systematic attack to gain access to the secret medicinal knowledge.

<sup>520</sup> Some practitioners interviewed have lamented that the field of traditional medicine is full of quack practitioners who often claimed to cure almost all illnesses.

<sup>521</sup> This is a personal observation by the researchers.

of herbal medicinal products requires evidence of the satisfactory report of clinical trials to ascertain safety and efficacy.<sup>522</sup>

### **Conclusion**

The history of the traditional medicinal practices in Hausaland of which Hadejia is an integral part, started right from the earliest times. Traditional Medical Practice is a set of skills indigenously developed and practiced addressing the health challenges of the people of the region. This knowledge is handed over from one generation to another and has survived both Islamic and western type of medicines. Hausaland in particular has many practitioners who specialize in various aspects of healthcare be it from mental, physical and or spiritual. The Hausa medicinal practice continues to evolve and gradually, though slowly meeting up with the contemporary healthcare needs of the communities. This was done through incorporating some basic modern components of orthodox medicine into traditional Hausa medicine. Governments and practitioners saw the need to intensify cooperation between traditional and western-type of medical practices to provide healthcare. For this to be sustained, doctors and planners must become familiar with local patterns of healthcare behaviour to successfully integrate, transform traditional medicinal practices for the general health and wellbeing of the people in Hadejia.

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<sup>522</sup> E. A. Okojie, (2015). 'Impacts of Regulatory Mechanisms on Trado-Medical Practice in Nigeria' in *Journal of Law, Policy and Globalization*. P. 121