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Assessment of The Preference for Traditional Medicine Among Patients Diagnosed with Cancer in Federal Medical Centre Makurdi, Benue State, Nigeria

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ABSTRACT:

Introduction: Traditional medicine (TM) is a culturally adopted treatment method that is widely used without limitation to types of illnesses. Thus, even many patients diagnosed with cancer and referred for treatment at Oncology and Palliative Clinic in Federal Medical Centre Makurdi admitted using TM.

Objectives: This study examined the reasons that drive patients diagnosed with cancer's preference for traditional medicine for the treatment of the disease.

Method: The study was a survey research design and 135 cancer patients responded to a self-developed questionnaire. The participants comprised of males 40(29.63%) and females 95(70.37%) with the age Mean = 51.16±10.87.

Results: The hypotheses tested showed that; many patients diagnosed with cancer have a significantly higher preference for the use of traditional medicine as a treatment alternative to their illness at χ^2 (1, = 70) = 11.57f, p = 0.044. Many cancer patients did not have significantly positive belief that traditional medicine has effective potency to be used for treatment of cancer at χ^2 (1, = 70) = 0.58, p = 0.445. Affordability, cultural belief, poverty, misinformation, family members persuasion, and lack of knowledge significantly influence many cancer patients' preference for the use of traditional medicine at χ^2 (1, = 70) = 2.29, p = 0.130.

Conclusion: The preference for TM undoubtedly contributes in part to patients' delayed treatment and disease progression. Thus, it is pertinent for the government to collaborate with the healthcare professionals to adopt a community-based sensitization programme to discourage this disadvantageous health seeking behaviour.

KEYWORDS: Traditional medicine, Alternative treatment, Preference, Patients, Cancer.

INTRODUCTION

From time immemorial and before the advent of orthodox medicine, there was the use of traditional medicine [TM] by the people as a method for the treatment of illnesses [1, 2, 3, 4] in Africa and the world. The use of plants either whole or parts such as leaves, stems, fruits, bark and roots for medicinal purposes is a traditional science that was evolved by man from the thought about illness management and wellbeing. Despite the knowledge that orthodox medicine has long overtaken this traditional science approach

to illness treatment, the practice of traditional medicine and its use remains a preference by people of different ethnic groups in Nigeria. Typically, Abbot [2014] observed that TM practices display considerable diversity and can vary significantly between regions. Irrespective of the diversity in the practice of TM, the demand for TM has no limitation to any type of illness. The users of TM are not also limited to individual's status as the rich and poor, educated and the uneducated people are equally seen and known to access herbalists for it.

Generally, Kasilo, Wambebe, Nikiema, Nabyonga [2019] as cited [3] explained that African traditional medicine is an important part of African culture that is recognized and accepted by Africans, despite conventional health practice. Their view confirmed WHO assertion that TM has a long history of contributing to conventional medicine and still continues to hold promise. According to WHO, "traditional medicine is the sum total of knowledge, skills, and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses". Other researchers described traditional medicine as a practice that involves the use of knowledge, beliefs, skills and manual techniques for the use of plants, animals, mineral-based medicine, and spiritualism in the treatment, prevention and sustainability of human wellbeing [7, 8,]. Based on the considerable value associated with TM, The traditional medicine practitioners have been claiming to use their knowledge and skills to assemble plants and other related mineral based substances to treat and cure all kinds of illnesses; acute or chronic.

This claim in many cases convinced and persuades many people with various types and degrees of illnesses to visit them to receive treatment. Basically, users of TM frequently argued that it remedied their illness and they experience feelings of wellness. Even though, their feeling of wellness is often not medically investigated to authenticate their status of being cured, this claim remains relatively difficult to dismiss. It is possible that for some illnesses, getting cured with the use of TM cannot be doubted. However, this cannot be generalized to many other illnesses as many people explained that they do not get better and their conditions worsen with progressive health deterioration. There are several incidents of some people dying in the homes of traditional medicine practitioners where they are 'hospitalized' for illness they may have survived if they had accessed medical treatment earlier. For others these conditions persist and the herbalist lacking knowledge and understanding of the aetiology and pathophysiology of diseases, eventually advises the person to go for medical care.

Growing Demand for TM

There has been an unending demand for and use of traditional medicine worldwide [WHO, 2019] as cited in [8]. Studies have reported that in many developing countries with Nigeria inclusive, a large proportion of the population relies on traditional practitioners and their armamentarium of medicinal plants in order to meet health care needs especially for millions of people living in rural areas [9, 10, 11]. Actually, the theory that traditional medicine is largely used in the rural areas cannot be overemphasized. Notwithstanding, it is also liberally used by many people in the urban centres. Abdullahi [2011] had observed that traditional medicine has been the foremost medical system of practice for millions of people in Africa in both in the rural and urban communities. In fact, in modern days; the popularity of traditional medicine in Nigeria has exploded to the point that traditional medicine practitioners publicly participate in organized trade fairs. They also paid for advertisement to make announcements about TM in various media channels claiming its efficacy for treatment of all kinds of illnesses. Some are daily hawking varieties of concoctions of plants leaves, roots and tree barks in bottles around the towns. Some people are regularly seen scouting and harvesting or carrying particular herbal plants around bushy and swampy areas in the town for medicinal purposes.

In spite of the practice of open marketing of TM by practitioners, the degree of its consumption by people in the towns and cities is actually underreported. This is because people stealthily go to consult traditional medicine practitioners to avoid been seeing and embarrassingly criticized. But research wise, many studies have found the use of TM among the different ethnic groups in urban areas in Nigeria. For instance, Suellen, Odedina, Agwai, Ojengbede, Huo and Olopade [2020] reported that 81.6% of women from Igbo and Hausa ethnic groups uses TM than the majority of Yoruba group [0.25, 95%CI 0.10-0.63 OR 0.43, 95%CI 0.25-0.76]. Aina, Gautam, Simkhada and Hall [2020] reported that 80% of the total of 1265 participants studied has used traditional medicine in Ekiti State. Aina and colleagues added explained that by economic status classification, 88.32% were from the middle-income class. This suggests that poverty is not absolutely a major reason influencing the use of TM, cultural belief and trust in its potency is a probable push factor for the use.

Furthermore, Amorha et al [2018] revealed that [43.2%] of the participants in their study took herbal medicines without consulting a health professional, and more than 60 % of them believed that herbal medicines are safe and effective. In Plateau State, Ohemu, Shalkur, Ohemu, and Daniel [2021] found that [83.7%] of 242 participants involved in their study have used traditional medicine once or more times in their life time. Ohemu et al explained that the high use of traditional Medicine in Jos

South LGA, Plateau state could be associated with socio-cultural acceptability, easy accessibility and affordability factors. At a broader scale, James, Wardle, Steel, Adams [2018] through a systematic review reported a relatively high use of traditional complementary alternative medicine [TCAM] alone or in combination with orthodox medicine, in both general population and in specific health conditions in Sub-Sahara Africa. James and colleagues observed that TCAM users compared with non-TCAM users are more likely to be of low socioeconomic and educational status. However, there were inconsistencies in age, sex, spatial location and religious affiliation between TCAM users and non-TCAM users.

Due to recognition and preference for TM by sick people globally, it will be unreasonable to dismiss that traditional medicines do not have potential value and efficacy for successful treatment of certain illnesses. Growing with a grandfather an herbalist, I witnessed his intervention with TM helping people for some ill-health to a large extent. Undoubtedly, plants naturally contain nutrients and chemical compounds that are medicinally potent to eliminate some bacterial and correct some health abnormalities. The doubt however lies in the inexplicable hype of the effectiveness of traditional medicine in treatment of every serious disease including cancer. Unfortunately, by virtue of the propaganda about TM limitless effectiveness, many patients with diagnosis of cancer of early or advance stage admit consulting traditional practitioners for treatment before coming to the hospital.

Disturbingly more is that fact that with the routine clinical education and public campaign to discourage patients' use of traditional medicine for cancer treatment, more and more newly diagnosed cancer patients foregoes medical treatment for traditional medicine. In line with this observation, Abdullahi [2011] as cited in [9] states that attitudinal preference for traditional medicine is part of the first set of response mechanisms for medical emergencies observed among Africans. Typically, the whole health system of the community relies on medicines embedded in indigenous practice and belief.

LITERATURE REVIEW

Much have been known and written about traditional medicine use as preferred first set seeking treatment for various illnesses among people of all classes mostly in the developing countries. Despite the recognition of the commonness of this unconventional health seeking behaviour of the people in our society, there is particularly a paucity of research relating to the attitudinal preference for the use of TM by patients diagnosed with cancer in Benue State and definitely Nigeria. But elsewhere Asiimwe, Nagendrappa, Atukunda, Kamatenesi, Nambozi, Tolo, Ogwang, & Sarki, [2021] reported that traditional medicines are used by patients with cancer in multiple oncology care settings and the magnitude of herbal medicine use is found with the highest prevalence estimates for Africa. Asiime et al [2021] explained that higher pooled prevalence estimates for adult patients with cancer [22%, 95% CI: 19%–26%] compared with children with cancer [18%, 95% CI: 11% –27%].

In Morocco, Aboufaras, Selmanoul and Ouzennou [2022] study of 530 cancer patients in a regional Oncology centre have shown a high frequency of use of TM. They found reasons to be socioeconomic barriers, social norm, and positive beliefs about TM and influence from their relatives. In Nigeria, Ezeoeme and Anarado [2007] study of 160 cancer patients found that 104 patients (65%) have used CAM and its use was not affected by age, marital status, education, religious affiliation or socioeconomic status. Fewer studies from developing countries outside Africa reported the prevalent use of CAM among cancer patients in Turkey to be 54.5% to 60%, and Taiwan 64% [Ceylan, Hamzauglo, Komurcu, Beyan, & Yakin, 2002; Malik, Kahn, & Kahn, 2000] as cited in [23]. The preference for TM is due to the reason that modern pharmaceuticals and medical procedures remain unreachable to a large number of African people because of relatively high cost and concentration of health facilities in urban centers [Antwi-Baffour, Bello, Adjei, Mahmood, & Ayeh-kumi, 2014; Mothibe, & Sibanda, 2019] as cited in [9]. In another study of oncology patients at a Convent on West Midland by Damery et al [2011] showed that the prevalence of herbal medicine use was 19.7% [95% CI: 17.4–22.1; n¼223]. They found that users were more likely to be affluent, female, and aged less than 50 years.

The demand for and use of TM by many cancer patients has is very common to the extent that they confidently introduce it to other patients. Despite the knowledge that TM has no scientific established efficacy in the treatment and cure of cancer, patients are constantly seeking it from traditional medicine practitioners. The persistent trend regarding the interest and endless preference for the use of TM, this study seeks to examine the reasons that are frequently driving people diagnosed with cancer to access traditional medicine practitioners for treatment of their cancer.

AIM OF THE STUDY

The primary aim of the study was to gain further insight into more reasons that are promoting the increasing preference for the use of traditional medicine among cancer patients despite recognizing the return of many to access medical treatment without any clinical signs of remission of the disease condition.

Research Hypotheses

1. Patients diagnosed with cancer will have a significantly higher preference for the use of traditional medicine as alternative treatment approach.
2. Cancer patients will have a significant positive believe about the efficacy of traditional medicine as an alternative treatment for cancer illness.
3. Affordability, poverty, misinformation, cultural belief, family member's persuasion, and lack of knowledge will significantly influence cancer patients' preference for the use of traditional medicine.

METHODS

Research Design

The study was a survey research design. The data was collected using a self-developed questionnaire and a face-to face interview with the selected cancer patients who were referred to the Oncology and Palliative Care clinic for chemotherapy after a histological diagnosis of cancer was made on completion of investigations by specialists from the various clinics in the same hospital.

Participants

A total of 135 patients were selected as participants in the study. They were patients diagnosed with cancer from the Medical Outpatient Department [MOPD], Surgical Outpatient Department [SOPD], ENT clinic, Obstetrics and Gynaecology clinic, Dental and Maxillofacial clinic in Federal Medical Centre and referred to Oncology and Palliative Care Clinic in the hospital for chemotherapy. The participants' demographic characteristics include age [young and old] 18-70-years and above, sex, marital status, and education, occupation, religion and ethnicity. A convenience sampling technique; a non-probability method of sampling was adopted for the sample selection. The consent of each patient was obtained after s/he was satisfied with the explanation on the purpose for which their information was required and how the information provided shall be used and managed with confidentiality.

Instruments

The data was collected use of a self-developed questionnaire and interview. The questionnaire consisted of 20 question items that sought specific responses on preference for using traditional medicine before and after diagnosis of cancer. The interview was the usual clinical interaction with the patients for oral information gathering on the history of illness, prior treatment history (TM, pharmacotherapy, surgery, radiotherapy, nutritional supplements etc.)

Data analysis

The data was computed and analyzed with the use of the statistical package for social science [SPSS version 20]. Statistical methods for the data analysis were frequency and percentages for descriptive purposes, and Chi square test to determine the outcome of the three stated hypotheses at 0.05 level of statistical significance.

RESULTS

The results presented represent the findings that were obtained from the analysis of the data collected for from participants. The descriptive and Chi square statistics were used for data analysis and interpretation of hypotheses formulated for testing. The results are all tabulated and interpreted for clearer understanding.

Table 1. Socio-demographic characteristics of the participants in the study

Variable	Frequency	Percentages
Age (in years)		
30 -40	10	14.3
41-50	28	40.0
51-60	19	27.1
61-70	7	10.0
>70	8	8.6
Mean=51.16±10.87		
Sex		
Male	9	12.9
Female	81	87.1

Educational level		
None	19	27.1
Primary	10	14.3
Secondary	26	37.1
Tertiary	15	21.4
Religion		
Christianity	60	85.7
Islam	10	14.3
Marital status		
Married	3	4.3
Widowed	47	67.1
Divorced	19	27.1
Separated	1	1.4
Occupation		
Farmer	25	35.7
Civil servant	14	20.0
Trader	25	35.7
None	6	8.6
Ethnicity		
Tiv	29	41.4
Idoma	18	25.7
Etulo	3	4.3
Igede	2	2.9
Hausa	8	11.4
Igbo	8	11.4
Others	2	2.9

Table one described the demographic characteristics of the cancer patients that were participants in the study. Their status is statistically presented in frequency and percentages.

Table 2. Types of cancer and patients use of traditional and conventional treatment interventions

Variables	Frequency	Percentages
Type of cancer		
Breast cancer	21	30.0
Cervical cancer	31	44.3
Prostate cancer	2	2.9
Lymphoma	1	1.4
Colorectal cancer	1	1.4
Laryngeal cancer	2	2.9
I don't know	12	17.1
What medical treatment have you had for your cancer so far		
Chemotherapy, surgery and radiography	7	10.0
Chemotherapy	48	68.8
Surgery	15	21.4
Are you presently using traditional, other treatment or you have used it in the past apart from medical treatment		
Yes	59	84.3
No	11	15.7
What type of treatment have used is presently using (Multiple response)		

Traditional medicine	50	73.5
Vitamins supplements	6	8.8
Spiritual therapies (fasting and praying)	3	4.4
Dietary adjustment	8	11.8
High dose vitamin C	1	1.5
How did you know about these treatment methods (n=59)		
Family members	55	93.2
Friends	1	1.7
Personal knowledge	2	3.4
Internet/magazines/TV/Radio	1	1.7
I am receiving chemotherapy as well as using traditional medicine and others		
Yes	12	17.1
No	58	82.9
Traditional medicine is cheaper than medical treatment		
Yes	27	38.6
No	43	81.4
I was convinced by family members, friends and other people to use traditional medicine		
Yes	60	85.7
No	10	14.3

Table two above is description of cancer patients' responses on the use of traditional medicine concomitantly with medical treatment as well as the reasons that influence their use of TM for the cancer diagnosed.

Table 3: Cancer patients' responses on use of traditional medicine and outcome

Variables	Frequency	Percentages
I went to use traditional medicine because I was misinformed by listening to people telling me about its power to cure cancer		
Yes	61	87.1
No	9	12.9
I used traditional and other therapies because of my lack of knowledge about cancer and the right treatment for it		
Yes	55	78.6
No	15	21.4
I was feeling healed and relieved from the illness when I was using traditional medicine		
Yes	3	4.3
No	67	95.7
I have told the doctor about the traditional medicine, supplements or other treatment I used		
Yes	32	45.7
No	36	54.3
If yes above, because (n=32)		
Doctor asked	28	81.3
Want to know the doctor's opinion	6	18.8

Table three shows the patients' responses indicating the reasons for their use of TM and the experience related to its use before coming to the hospital to access medical intervention.

Table 4. Chi-square analysis type of cancer, and cancer treatment methods

Variables	Treatment alternative		Test statistics χ^2	p-value
	Yes n=59 n(%)	No n=11 n (%)		
Types of cancer			11.57[f]	0.044*
Breast cancer	18(85.7)	3(14.3)		
Cervical cancer	29(93.5)	2(6.5)		
Prostate cancer	1(50.0)	1(50.0)		
Lymphoma	0(0.0)	1(100.0)		
Colorectal cancer	1(100.0)	0(0.0)		
Laryngeal cancer	1(100.0)	0(0.0)		
I don't know	9(75.0)	3(25.0)		
What treatment have you had for your cancer so far			1.27[f]	0.521
Chemotherapy, surgery and radiotherapy	5(71.4)	2(28.6)		
Chemotherapy only	41(85.4)	7(14.6)		
Surgery only	13(86.7)	2(13.3)		
I am receiving chemotherapy as well as using traditional medicine			0.01	0.921
Yes	10(83.3)	2(16.7)		
No	49(84.5)	9(15.5)		
Traditional medicine is cheaper than medical treatment			2.29	0.130
Yes	25(92.6)	2(7.4)		
No	34(79.1)	9(20.9)		
I was convinced by my family members, friends and other people to use traditional medicine			36.40	<0.01*
Yes	57(95.0)	3(5.0)		
No	2(20.0)	8(80.0)		
I went to use traditional medicine because I was misinformed by listening to people telling me about its power to cure cancer			41.75	<0.01*
Yes	58(95.1)	3(4.9)		
No	1(11.1)	8(88.9)		
I used traditional of my lack of knowledge about cancer and the right treatment for it			20.39	<0.001*
Yes	52(94.5)	3(5.5)		
No	7(46.7)	8(53.3)		
I was feeling healed and relieved from the illness when I was using traditional medicine for treatment			0.58	0.445
Yes	3(100.0)	0(0.0)		
No	56(83.6)	11(16.4)		
I have told the doctor about the traditional medicine I used			0.46	0.498
Yes	28(87.5)	4(12.5)		
No	31(81.6)	7(18.4)		

f=Fisher's exact reported, *=statistically significant

Table four above explained statistically the relationship between affordability, gullibility to misinformation, cultural belief, poverty, family member's persuasion, and lack of knowledge and patients diagnosed with cancer preference for the use of traditional medicine.

DISCUSSION

A culturally conservative Nigerian believes in the potency of traditional medicine and its use has no limitation irrespective of the type of illness they may have. This study investigates traditional medicine use as treatment preference among patients diagnosed with cancer. Thus, the findings from the data analyzed are discussed in relation to the three formulated hypotheses.

Hypothesis one: Patients diagnosed with cancer will have a significantly higher preference for the use of traditional medicine as a treatment alternative to their illness.

The findings obtained shows that 59[84.3%] cancer patients have used traditional medicine and 11[15.7%] did not used it [see table 2]. Corresponding to the high percentage outcome, the hypothesis was accepted at $\chi 2$ [1, = 70] = 11.57f, p = 0.044 meaning that patients diagnosed with cancer have significantly higher preference for the use of traditional medicine as a treatment alternative to their illness. These findings supported the reports from previous studies that traditional medicines are used by patients with cancer and the magnitude of herbal medicine use is found with the highest prevalence estimates for Africa [22, 21] and Ceylan et al., 2002, as cited in [23].

Hypothesis two: Cancer patients will have a significant positive belief about the efficacy and potency of traditional medicine as an alternative treatment for cancer illness.

The findings showed 3[4.3%] believed that traditional medicine can cure cancer, while 67[95.7%] did not believe it. However, the hypothesis was also rejected at the value of χ^2 [1, = 70] = 0.58, p = 0.445. This is to disproof the disbelief of many cancer patients regarding the potency of TM cure of cancer. Invariably, these finding seems to show leaning to some researchers' assertions that extracts from a number of herbal plants contained anticancer properties [Gill et l., 2005; Chen et al., 2006; Lawrence, Chiu, Elanine, & Vincent, 2006] as cited in [25]. However, posited that there is no reliable scientific evidence establishing that these herbal extracts should be used as treatment for the cure of cancer [26, 27] on the basis that there have deposits of anticancer properties.

Hypothesis three: Affordability, misinformation, cultural belief, poverty, family members' persuasion, and lack of knowledge or ignorance will significantly influence cancer patients' preference for the use of traditional medicine.

The findings confirmed the acceptance of this hypothesis that cancer patients' preference for traditional medicine use is associated with cheaper cost of herbal medicine. But for some, their use of TM is related to misinformation, and poverty. While to others, it is due to lack of knowledge and inclination to cultural belief. These findings validly supported a compendium of evidence from previous research report regarding use of TM based of the factor of affordability [Antwi-Baffour et al., 2014; Mothibe, & Sibanda, 2019] as cited in [8, 18], poverty [16, 24, 19], cultural belief [17]. Besides, lack of knowledge/ignorance, gullibility to misinformation from the people the community as well as from friends and family members' persuasion are also reasons for many cancer patients' use of TM.

CONCLUSION

Traditional medicine usage is recognized to be a predominant cultural approach to treatment of illnesses generally in Nigeria and the preference for it cannot be overemphasized. It is sufficient to say that many people inclination to preference for TM is not only because it is potently effective. But it is also as a result of their rooted belief in the perception that development of an illness is typically an attack from witches and wizards (a demonological theory of disease). As a result, development of cancer too is an attack from the witchcraft or telecontrol evil acts of perceived real or imagined enemies. This conviction is promoted by the proliferation of false information that cancer can be cured with traditional medicine and someone somewhere is good at it and has been treating and curing others. Thus, this has hyped the preference for TM by cancer patients for reasons such as cultural belief, affordability, easy to access, poverty, patient's gullibility to misinformation, family members' persuasion, and lack of knowledge/ignorance and probably due to helplessness in the face of struggling to survive the illness.

IMPLICATION FOR THE STUDY

Cancer disease is found to be increasingly growing unabated in the population of Benue State and Nigeria [30, 38]. Cancer is disease that possesses life-threatening characteristics. Notwithstanding, the prospects for long term survivorship, prolong and improve quality of life is medically possible for many types of cancers people develop. Unfortunately, survival rates of cancer even for the types that can be possibly cured such as melanoma, Hodgkin lymphoma, breast, prostate, testicular, cervical and thyroid [26, 29, 30] becomes difficult to predict. This incidence of poor survival rate of cancer patients in Nigeria is found to be associated with delayed access to orthodox treatment, advanced stage cancer progression at presentation as well as, noncompliance to recommended

treatment procedures [31, 32, 33, 34, 35, 36, 37, 38,]. Consequently, high death rates from cancer have been recorded irrespective of the type of cancer the patient is diagnosed to have.

The disturbing increase in the mortality rate of cancer patients in Benue State due to the aforementioned factors is aggravated by many reasons that have been established to influence cancer patient's consultation with traditional medicine practitioners for TM. Cancer patients' constant use of TM for cure with this unorthodox treatment method adds to other reasons for late presentation, and disease progression to advanced stage for which possible medical treatments becomes restricted to palliative and end-of life care. At this stage of presentation for many, medical intervention irrespective of application of different treatment procedures, the period of survivorship for the patient is predictably bleak and short-lived. When orthodox treatment in many cases cannot cure cancer, it is doubtful how this could be achieved with traditional medicine. In view of this, the implication of this study is to deepen the government understanding of this unfruitful trend of cancer patients' preference for TM and the need to collaborate with healthcare professionals to design a community-based awareness creation programme to discourage the preference for TM for cancer treatment.

RECOMMENDATIONS

1. Effective education/precounselling for patients diagnosed with cancer at the point of completion of investigations and pronouncement of diagnosis is required to help inform and discourage them from any considered thought of going to use TM.
2. The government and NGOs involved in cancer prevention and treatment advocacy projects should have in their framework of advocacy, some aspects focus also on the family caregivers. The enlightenment of family caregivers or significant other about the risks associated with use of TM will go a long way to dissuade them from persuading friends and relatives diagnosed with cancer to use it.
3. Multidisciplinary intervention in cancer management is significant and should be adopted in all cancer treatment centres. Cancer care has undergone an important paradigm shift from disease focused management to a patient-centred approach, in which increasingly more attention is paid to psychosocial aspects of quality of life, empowerment and survivorship etc. Thus, in the context of a multidisciplinary team approach, psychosocial care is an essential and necessary adjuvant therapeutic process for optimal management of cancer patients from breaking the news of diagnosis, to treatment, to survivorship and end-of-life care. The presence of clinical psychologists on the team will increase professional information feeding through counselling and psychoeducation of patients in an all-inclusive intervention.

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REFERENCES

1) Abdullahi, AA. Trends and challenges of traditional medicine in Africa. 2011. Available at: www.ncbi.nlm.nih.gov doi:10.4314/ajtmv8i5s.5
2) Adefolaju, T. The dynamics and changing structure of traditional healing system in Nigeria. Int J Health Res; 2011.4(2):99-106. Available at: https://www.ijhr.org
3) Neal, A. Traditional medicine, definition, history and examples. [update 3 July, 2023] Study.com. available at: https://study.com/academy/lesson/tradtional-medicine-definition-history-examples.html
4) World Health Organization. Traditional medicine has a long history of contribution to conventional medicine and still continues to hold promise. [2023] https://www.int
5) Kasil, OMJ, Wambebe C, Nikiema J-B, Nabyonga-Orem J. Towards universal health coverage: advancing the development and use of tradtional medicines in Africa. BMJ Global Health; 2019. 4: e001517. Doi:10.1136/bmjgh-2019-001517
6) World Health Organization. Traditional, complementary and integrative medicine. [2023] available at: www.who.int

7) Abbott R. Documenting Traditional Medical Knowledge. p.48, World Intellectual Property Organization, Geneva, Switzerland. [2014] to find its link http://www.wipo.int/tk/en/resources/publications.html
8) Chali BU, Hasho A, Koricha (n..b). Preference and Practice of Traditional Medicine and Associated Factors in Jimma Town, Southwest Ethiopia. Hindawi Evidence-Based Complementary and Alternative Medicine; 2021. Volume, Article ID 9962892, 7 pages available at: https://doi.org/10.1155/2021/9962892
9) International Agency for Research on Cancer (IARC, 2022-2023). World cancer report. Available at: https://www.iarc.who.int
10) Mwaka AD, Abbo C, Kinengyere AA. Traditional and complementary medicine use among adult cancer patients undergoing conventional treatment in Sub-Saharan Africa: A scoping review on the use, safety, and risks. Cancer Management and Research; 2020. Volume 2020: p: 3699-3712. Available at: DOI: https://doi.org./10.2147/CMAR.S251975
11) Jiofack T, Ayissi I. The role of turmeric in herbal medicinal for testicular damage. (2006). Chinenyes project-1.docx- HAPTER One 1.0… [uploaded by ChiefEaagle3889 on 3rd January, 2024] Available at: www.coursehero.com
12) International Union for Conservation of Nature. IUCN red list of threatened species. 2007. Available at: https://www.iucnredlist.org
13) Fokunang CN, Ndikum V, Tabi OY, Jiofack RB, Ngameni B, Guedje NM, TembeFokunang, EA, Tomkins P, Barkwan S, Kechia F, Asongalem E, Ngoupayou J, Torimiro NJ, Gonsu KH, Sielinou V, Ngadjui BT, Angwafor F, Nkongmeneck A, Abena OM, Ngogang J, Asonganyi T, Colizzi V, Lohoue J, Kamsu-Kom. Traditional medicine: past, present and future research and development prospects and integration in the national health system of Cameroon. Afr J Tradit Complement Altern Med. 2011. 8(3):284-295. www.ncbi.nlm.nih.gov
14) Li S, Odedina S, Agwai OO, Huo D, Olopade OI. Traditional medicine usage among adult women in Nigeria in Ibadan, Nigeria: across-study. BMC Complement Med Ther; 2020. Available at: 20:93 doi:10.1186/s12906-020-02881-z
15) Aina O, Gautam L, Simkhada P, Hall S. Prevalence of, determinants and knowledge about herbal medicine and non-hospital utilization is South-west Nigeria. BMJ Open; 2020.10(9) e040769. Available at: doi:10.1136/bmjopen-2020-040769
16) Damery S, Gratus C, Grieve R, Warmington S, Jones J, Routledge P, Greenfield S, Dowswell G, Sherriff J, Wilson S. The use of herbal medicines by people with cancer: a cross-sectional survey. British Journal of Cancer; 2011.104, 927–933. Vailable doi:10.1038/bjc.2011.47 www.bjcancer.com
17) Amorha KC, Nwabunike IA, Okwumuo BM, Ayogu EE, Nduka SO, Okonta MJ. Use of herbal medicines in a Nigerian community and their reported adverse effects: A pilot study. Tropical Journal of Pharmaceutical Research October; 2018.17 (10): 2067-2072 available at: http://www.tjpr.org http://dx.doi.org/10.4314/tjpr.v17i10.25
18) Ohemu TL, Sariem CN, Dafam DG, Ohemu BO, Okwori VA, Olotu PN, Jerome CO. Knowledge, Attitude and Practice of Traditional Medicine Among People of Jos North Local Government Area of Plateau State, Nigeria. International Journal of Pharmacognosy and Phytochemical Research; 2017. 9(10); 1353-1358 available at: www.ijppr.com doi: 10.25258/phyto.v9i10.10460
19) James PB, Wardle J, Steel A, Adams J. Traditional, complementary and alternative medicine use in Sub-Saharan Africa: a systematic review. BMJ Glob Health; 2018. 3: e000895. Available at: doi:10.1136/ bmjgh-2018-000895
20) Asiimwe BJ, Nagendrappa PB, Atukunda EC, Kamatenesi MM, Nambozi G, Tolo CU, Ogwang PE, Sarki AM. Prevalence of the Use of Herbal Medicines among Patients with Cancer: A Systematic Review and Meta-Analysis. *Evidence-Based Complementary and Alternative Medicine,* (2021). Article 9963038. https://doi.org/10.1155/2021/9963038
21) Aboufaras M, Selmaoui K, Raja N, Lakhdissim A, Ouzennou N. Predictors of herbal medicine use among cancer patients. Research Square; 2022, 7-29. Available at: https://doi.org/10.21203/rs.3.rs-2112180/v1
22) Ezeoma ER, Anarado AN. Use of complementary alternative medicine by cancer patients at the University of Nigeria Teaching Hospital Enugu, Nigeria. BMC Complementary and Altern Med 7; 28(2007). Available at: https://doi.org/10.1186/1472-6882-7-28
23) Tavakoli J, Miar S, Zandehzare MM, Akban H. Evaluation of effectiveness of herbal medication in cancer care: a review study. Iran J cancer Prev; 2012. 5(3): 144-156. Available at: www.ncbi.nlm.nih.gov
24) Cancer Research UK (n.d.). Herbal medicine and cancer. Available at: www.cancerresearchuk.org
25) Herbal medicine for Mesothioloma and other cancers (2024). Available at: www.mesothiolomahub.com
26) Thomas TH. What are the most curable cancers? [Updated on March 3, 2023]. Available at: https://www,medicalnewstoday.com
27) Robinson, J. (2023). Curable cancers. https://www.webmd.com

28) Iyiola AO, Adegoke MKW 2023. Herbal medicine methods and practices in Nigeria. In: Izah SC, Ogwu MC, Akram M (eds). Herbal medicine phytochemistry. Available at: https://doi.org/10.1007/978-3-031-21973_47-1
29) Cancer Research UK. Types of cancers. [9 October, 2023]. Available at: https://www.cancerresearchuk.org
30) International Agency for Research on Cancer (IARC, 2022-2023). World cancer report. Available at: https://www.iarc.who.int
31) Nigeria National Cancer Control Plan [NCCP]. 2018-2022. Available at: https://www,iccp-portal.org
32) Chow Z, Gan T, Chen Q, Huang B, Schoenberg N, Dignan M… Bhakta A. S. Nonadherence to standard of care for locally advanced colon cancer as a contributory factor for high mortality rates in Kentucky. J A Coll Sur; 2020. 230(4), 428-439. Doi: 10.1016/j.amcollsurg.2019.12.041
33) Dronkers EA, Mes SW, Wieringa MH, van der Schroeff MP, Baatenburg de Jong RJ (2015). Noncompliance to guidelines in head and neck cancer treatment; associated factors for both patient and physician. BMC cancer 15;(2015). Available at: https://doi.org/10.1186/s12885-015-1523-3
34) Eom BW, Jung KW, Won YJ, Kim YW. Trends and Outcomes of Noncompliance with Treatment for Gastric Cancer in Korea over the 16 years from 1999 to 2015. Journal of Gastric Cancer; 2019.Mar; 19(1): 92.101. Doi: 10.5230/jgc. 2019.e5. Epub2019 Feb20. PMID: 30944762; PMCID: PMC6441768
35) Borras JM, Font R, Solà J, Macia M, Tuset V, Arenas M, ... Espinàs JA. Impact of non-adherence to radiotherapy on 1-year survival in cancer patients in Catalonia, Spain. Radiotherapy and Oncology; 2020. 151, 200205. Available at: https://doi.org/10.1016/j.radonc.2020.08.002
36) Hansen LA. Impact of nonadherence to cancer therapy. TON The Oncology NurseAPNPA; 2024. 3(1); 14-15 available at: https://www.theoncologynurse.com
37) 38. Otene SA, Labe RM, Swende LT, Njor ST, Popoola OB. Noncompliance to Standard Treatment Procedures for Cancer Propelling Increase in the Mortality Rate of Cancer Patients in Benue State, Nigeria. Cancer Research and Cell Development; 2024. 3(1). Available at: Doi: https://doi.org
38) Vives L. In Nigeria, 72000 cancer death annually and rising. IDN-IndepthNews; 2022-10-24 Available at: https://indepthnews.net