

**International Journal of Mechanical Engineering and Technology (IJMET)**

Volume 10, Issue 02, February 2019, pp. 117-126. Article ID: IJMET\_10\_02\_015

Available online at <http://www.iaeme.com/ijmet/issues.asp?JType=IJMET&VType=10&IType=2>

ISSN Print: 0976-6340 and ISSN Online: 0976-6359

© IAEME Publication



Scopus Indexed

## TRADITIONAL MEDICINE PRACTICES IN NIGERIA: A SWOT ANALYSIS

\*Ajala, A.O. Kolawole, E.A., Adefolaju, T., Owolabi, A. O. Ajiboye, B. O., Adeyonu, A.G., Akangbe, J.A., Obaniyi, K.S, Adebimpe, A.T., and Adeniyi, V

Department of Agricultural Economics and Extension,

Landmark University, Omu-Aran, Kwara State, Nigeria.

Department of Sociology, Ekiti State University, Ado- Ekiti, Nigeria.

\*Corresponding Author

### ABSTRACT

*The paper presents SWOT analysis of Traditional Medicine (TM) in Nigeria using various results in scientific research and author's critical opinion on the past, present and future of this important sector of agriculture. The paper is based on the study of many published articles closely connected with the topic. The results emphasized that Nigeria has a long history and culture of TM, conducive climate for the growing of herbs and other materials related to it. Also, TM is available, accessible, acceptable, affordable, widely used, and perceived as effective by the people with virtually no side effects. The weaknesses are: the unverifiable and inexplicable aspects of occultic/witchcraft practices; the practitioners lack the skill for correct diagnosis of serious disorders, inadequate coordination of practitioners activities giving room to dubious and unscrupulous elements. Also, opportunities that exists for TMP are: existence of a virile Herbs and Leaves Traditional Medicines Practitioners' Association of Nigeria, large number of population of TM practitioners with great spread over all ethnic groups coupled with a large Nigerian population of about 170million consumers. The threats: the activities and practices of charlatans, the importation of higher quality TM products and the reality of some herbs are going into extinction. It is concluded that TM occupies a pivotal position in the Nigerian rural health service delivery system which cannot be neglected. Therefore, there is the need to create an enabling environment for the development of traditional medicine and its eventual integration into the health care delivery system of the country*

**Keywords:** Traditional, Medicine, Health Care, Nigeria, SWOT, Analysis.

**Cite this Article:** Ajala, A.O. Kolawole, E.A., Adefolaju, T., Owolabi, A. O. Ajiboye, B. O., Adeyonu, A.G., Akangbe, J.A., Obaniyi, K.S, Adebimpe, A.T., and Adeniyi, V, Traditional Medicine Practices in Nigeria: A Swot Analysis, *International Journal of Mechanical Engineering and Technology*, 10(2), 2019, pp. 117-126.

<http://www.iaeme.com/IJMET/issues.asp?JType=IJMET&VType=10&IType=2>

## 1. INTRODUCTION

Traditional Medicine (TM) is the sum total of the 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, diagnosis, improvement or treatment of physical and mental illness. [1] TM includes herbal medicine, bone setting, spiritual therapies, circumcision, maternity care, psychiatric care, massage therapy, aromatherapy, music therapy, homeopathy and a lot of others [2]

The increasing popularity and demand for TM services in Nigeria has attracted the attention of policy makers, researchers and healthcare professionals. Although social and cultural issues as well as the nature and severity of diseases constitute some reasons for TM use [3] it is difficult to completely unravel what accounts for the vast level of patronage of unorthodox health products and measures employed as TM [4] According to [5] TM use has often been seen as popular because of its seeming harmlessness since most of TM is considered to be natural. Other reasons for its popularity are attributed to its availability, low cost, accessibility, alignment with patient's cultural and religious values, and perceived efficacy and safety as well as dissatisfaction with and inadequacy and inaccessibility of orthodox medical healthcare services.

[6] Affirmed that TM has impacted significantly on the lives of the people especially in the rural areas where access to orthodox medicine is minimal. Aside lack of access, the prohibitive cost of western medications makes traditional medicine attractive. On the other hand, [4] reported that they are detested by orthodox medical practitioners for their lack of standardization of the dosage regimen, unwanted side effects that arise from the varied nature of combined elements, injuries resulting from mechanical procedure of treatment and increased diagnostic and treatment failures that follow poor training of most providers. Notwithstanding all the above, it must be stressed that TM has a major persuasive appeal to many people.

The traditional health care system has continued to thrive not only in the rural areas where over 70 per cent of the population live but also in the urban centres which have greater access to orthodox medical facilities[ 5]. Consequently it is affordable, accessible and considered efficacious by the people. As at today, Nigeria runs a dual system of health care delivery- the officially recognized orthodox system and the barely tolerated traditional system [6]. It is in the light of the foregoing that a systematic SWOT analysis of traditional medicine practice in Nigeria becomes imperative.

## 2. MATERIALS AND METHODS

The study was carried out using a large number of information sources such as: books, textbooks and published articles and a critical analysis was made in order to identify the key aspects which could offer a comprehensive picture of the strengths, weaknesses, opportunities and treats for TM in Nigeria. Then, the SWOT analysis was carried. The schema of SWOT analysis was included in the author's opinion box as shown Table 1.

## 3. DISCUSSION

### 3.1. Strength

In spite of the sophistication of orthodox medicine, traditional medicine still has its potential significance and advantages, which cannot be over-ruled. These include:

### **3.1.1. Availability, low cost of materials and treatment**

This presented another attraction for Complementary and alternative medicine. According to [7] For example, the average cost of malaria treatment based on Artesunate Combination Therapy (ACT) is estimated to be about N1, 500 (about US\$ 10.00) inclusive of cost of laboratory tests. This is a princely sum for the average Nigerian in the rural areas who are in a majority characterized with low household incomes.. Whereas a TM therapy for the same ailment will cost on the average N200 (US\$ 1.20) or could even be free especially among the rural poor who have access to neem and other herbs. [2]

### **3.1.2. Little or no pathogenic resistance to traditional formulations**

Due to the fact that many herbal recipes are usually poly-herbal formulations, it is very difficult for any parasite or pathogen to develop resistance to them. This is quite unlike the orthodox medicine. According to the [8] Plasmodium spp (responsible for causing malaria fever) is now resistant to Chloroquine therapy, thus other therapies had to be developed.

### **3.1.3. Illnesses with no pharmaceutical remedy**

Presently, there are several illnesses that Orthodox Medicine has no clue on their cure, but which TM is providing effective cure. A very good example is pile. The recommendation of orthodox medical practice for anyone having pile is to undergo hemorrhoidectomy (cutting of the haemorrhoids). [2] However, TM has treatments for it using herbal formulations. The same goes for insanity and seizures, barrenness, mental disorder, to which orthodox medicine provides only a palliative measure.

### **3.1.4. Accessibility**

As noted by [9] of the 101,041 communities in Nigeria only 14,474 or 14.3 percent have access to some form of modern health care facility and most of these facilities are concentrated in urban areas. It goes to show that only about 14 per cent of Nigerians have access to conventional medical care leaving the remaining population to look elsewhere, notably AM

### **3.1.5. Adequate population of CAM practitioners**

TM practitioners are not only available in adequate numbers, they also stay and live with the people in the rural areas. The ratio of TM practitioners to the entire Nigerian population is estimated at 1:110 while that of OM practitioners is 1:16,400.[10] Also, [11] reported that the country has one of the lowest health practitioner-to-patient ratios in Sub-Saharan Africa with 0.3 Physicians per 1000 persons, 1.7 hospital beds per 1000 persons, 1.7 Nurses, 0.02 Dentists, 0.05 Pharmacists, 0.91 Community Health Workers and 1.7 Midwives, per 1000 persons.

### **3.1.6. Source of new drug**

TM is a potential source of new drugs, a source of cheap starting products for the synthesis of known drugs or a cheap source of known drugs.[2].

### **3.1.7. The place, power and efficacy of incantations, rituals and sacrifices**

According to [2] ritual rites are common in TM especially in the treatment of complex and spiritual ailments such as barrenness, mental disorder, stroke, leprosy and consistent ill luck or calamity or poverty despite diligence. TM believes in appeasement through sacrifices and rituals. There is also a strong belief in the power of words if spoken correctly, in the correct place at the correct time. These are called incantations. Such powers are commonly used for

example to remove snake poisons from snake bitten patients, to ward off evil or sudden spiritual attacks in forms of sickness or afflictions and to remove bullets from victims of war.

### ***3.1.8. Capacity to handle spiritual mysteries for diagnosis and healing***

In Nigeria, as in many parts of the developing world it is widely believed that some diseases are as a result of afflictions of evil spirits and powers of darkness including witchcraft and wizardry [ 12 ]. Meanwhile TM has a lot of diagnostic and curative measures for almost all illnesses probing into the cause and cure of the infirmity. Some of the diagnostic procedure of TM are:

#### ***3.1.8.1. Trance***

TM practitioners possessing this ability enter into the realm of the spirit through a trance as soon as a patient arrives or when people come to consult them about an ancestral problem. This ability is used by TM practitioners not only to identify an illness, but also to prescribe an appropriate treatment for it. In some cases, the practitioner can actually communicate with spirits in her/his trance. Through the practitioner, the spirit narrates what is wrong, as well as the sacrifices necessary to appease the gods [13].

#### ***3.1.8.2. Hydro divination***

This involves watching like a television screen, from a pot filled with water, the medical history of the patient and the series of events leading to the present ailment. This revelation occurs in the water after making a series of incantations.

#### ***3.1.8.3. The use of glass or mirror and others sources***

Here the practitioner will look through the magical mirror to detect the root cause of the problem.[14] There is the divination through the use of sand, kolanut and by looking through the palm.

### ***3.1.9. Favourable government policy/recognition and approval***

[2] reported that the hitherto unregulated activity is now being checked to maintain standard by government agencies to eliminate quacks in the TM industry. There is increasing number of National Agency for Food and Drug Agency and Control, ( NAFDAC) approved TM products being sold to the public. Some of these TMs according to [15] are now being packaged in tablets, capsules and standard syrup forms, subjected to laboratory tests and given approval for public use by NAFDAC.

### ***3.1.10. Improvement of TM practices in Nigeria***

Given their literate background, most of the modern TM practitioners have changed the processes and procedures of herbal preparation. According to [2] sophisticated machines are now used in transforming plants and ingredients to soluble granules and tablets in clean and standard forms. The medicinal herbs are also researched, documented and preserved. The drugs are now hygienically bottled and corked or put in sachets for preservation. They are properly labeled and the labels contain the names of the manufacturer and address, preparation, dosage, methods of preservation, and the diseases for which they are meant. The labels also contain the manufactured date, expiry date and the drugs registration with the regulatory authority, which in Nigeria is the National Agency for Food and Drugs Administration and Control (NAFDAC).

### ***3.1.11. Growing religious acceptance***

In recent times, Christian leaders especially from the Roman Catholic Church are gradually showing interest in herbal medicine which they used to refer to as idolatry in the past. The reason being because of its obvious effectiveness in the treatment of some diseases incurable by OM. However, while Christianity was busy condemning traditional medicine in favour of OM, Islam seems to have publicly supported it for a long time. In fact, many Islamic priests are also traditional medicine practitioners and herbalists.[15]

### ***3.1.12. Herbal revolution***

Presently, there is herbal revolution in Nigeria. There are numerous herbal toothpastes, toilet soaps, teeth washing powder, pomades, creams and body lotions produced by several industries in Nigeria. For example, the same companies that produced the fluoride toothpastes are also producing the herbal toothpastes. There are numerous advertisements of herbal products in the mass media and other forms of information dissemination. The yearly herbal medicine trade fair in Nigeria and increasing publicity and patronage this attracts, irrespective of the social, educational or religious background of the people, are indicative of acceptance of herbal medical practice. [16]

### ***3.1.13. Broadness/comprehensiveness***

CAM practice in Nigeria is very comprehensive covering many areas with various forms and therapies such as herbal medicine, massage, homeopathy, mud bath, music therapy, wax bath, reflexology, dance therapy, hydrotherapy, mind and spirit therapies, dieting, spinal manipulation, psychotherapy, bone setting, delivery by traditional birth attendants, circumcision by traditional surgeons, traditional medicinal ingredient dealers[6]

## **3.2. Weaknesses**

According to [17] in spite of the popularity of AM, it has been challenged on many grounds. One of such is that its popularity is based on anecdotal experiences of patients. [18] Noted that the practitioners inflate the claims attached to advertisement and its products as well as not having scientific data about its effectiveness, thus making it difficult to ascertain legitimate and effective therapy and therapist. Some of the other arguments against TM according to [19] include: that traditional medical practitioners lack the skills required for correct diagnosis of serious disorders; that they are always unwilling to accept the limitations of their knowledge, skills and medicines particularly in complicated organic disorders; that CAM lacks standard dosage and have not been subjected to scientific verifications, that even though the educated are convinced that the healers have supernatural knowledge and that this knowledge is medically useful, they have found them to be unscrupulous and dubious, that the healers lack the equipment required to conduct physical examinations; imprecise diagnosis given by the TM practitioners. A diagnosis of “stomach trouble” could mean indigestion, ulcer, cancer of the stomach and many others. Such imprecise diagnosis is because the TM practitioners does know the pathology of certain diseases. As a result, he tends to treat the symptom rather than the disease, which can sometime lead to further complications. The intangible aspects or occultic practices of TM cannot be verified scientifically. Also, witchcraft and evil practices of TM also discredits this form of medicine and its practitioners in the heart of some people opposed to such practices. The use of human beings for ritualistic sacrifices and human organs for ritualistic healing procedures are becoming common and it is condemnable. A medicine is supposed to promote good health and remove mental, physical and social imbalance. [13] There are probably several hundreds of other traditional medicine products in the country that are yet to be registered with NAFDAC. This list includes many of the herbal products imported into Nigeria and sold

through network marketing and sales. [5] stated that other allegations against TM are: lack of documentation, inadequate coordination of practitioners' activities, poor communication between the practitioners and their patients, secrecy of actual contents and/ or difficulty in determining actual ingredients. Furthermore, most of the claims of the traditional practitioners are said to be unsubstantiated and their post-market monitoring has been difficult. Patients are also said to have reported adverse conditions. [18] Corroborated this when he identified some of the drawbacks of TM as incorrect diagnosis, imprecise dosage, low hygiene standards, the secrecy of some healing methods and the absence of written records about the patients.

In Nigeria, however, apart from some NAFDAC regulations by accreditation of manufacturing facilities/premises and ensuring safety of packaged herbal products sold in the market, the level of integration of traditional medicine in the healthcare system is still very low. [19]

**Table 1** SWOT Analysis of AM

<b>Strengths</b>	<b>Weaknesses</b>
Favourable Nigerian climate and vegetation	Activities of dubious and charlatans.
Long tradition and usage of AM	Poor record of activities.
Effectiveness of AM.	Secrecy and cultic activities
Availability, affordability, accessibility of AM	Scientifically unverifiable.
Capability to handle mysteries associated with diseases through spiritual mediums- trance	Incorrect diagnosis and imprecise dosage
Can handle impossible cases for OM for example insanity	Low hygienic standards
In tune with the culture of the people.	Failure of the AM Practitioners to accept the limitation of their knowledge
Acceptable to the generality	Lack scientific basis or proof
No side effects because they are organic	Fake AMs
Possession of supernatural knowledge about sickness	Intermingled with witchcraft, spiritism and sorcery.
Capacity to address and heal the spiritual aspects of illness.	Unorganized and different training levels of the CAM apprentices.
Diverse number of specialists and accessibility to rural dwellers.	
<b>Opportunities</b>	<b>Threats</b>
The existence of green vegetation.	The activities and practices of charlatans.
Existence of a Traditional medicine policy for Nigeria, 2007	Witchcraft and occultism in AM
Possibility of integration of OM with AM	The fake AM products
Availability of training opportunities for entrants into the trade.	The importation of higher quality CAM products
The existence of a numerous ageing rural population.	Higher prices of some AM products.
Possibility of standardization of medicines	Climate change and global warming
Protection of the public from harmful practices of quacks.	Some herbs are going to extinction
Establishment of the efficacy of native therapies	Diseases and pests attack on of herbs
Conducive climatic.	Sometimes explicable knowledge
Existence of a virile Herbs and Leaves Traditional Medicines Practitioners' Association of Nigeria.	Opposition by certified OM practitioners
Large number of population of CAM practitioners with great spread over all ethnic groups.	Performance of sacrifices
A large Nigerian population of about 170 million consumers	Perception by some religious leaders as idolatrous

Source: the author's opinion box

### 3.3. Opportunities

Despite the deficiencies and failings /limitations of OM, there exist a lot of opportunities for TM and given the poor state of infrastructural development in the health sector, it is apparent that one particular health type cannot claim self-sufficiency and adequately meet the health

needs of the country alone. The existence of a virile Herbs and Leaves Traditional Medicines Practitioners' Association of Nigeria and a large Nigerian population of about 170 million consumers who use TM widely and have firm belief in its efficacy are opportunities of TM. Also, availability of numerous training opportunities for entrants into the trade especially youths who will take the trade to the next level preventing the knowledge from extinction are opportunities. Added to this is the possibility of standardization of medicines through the existence of literate entrants into the trade coupled with the inclusion of the use of herbs into the curriculum of pharmaceutical students

In the light of the foregoing all that government needs to do to expand the scope of opportunities of TM in the country according to [20] are the following: establishment of the efficacy of native therapies/medicines; systematic organization and codification of the knowledge base of the medicines; standard dosage of medicines; establishment of the framework for the control of the practice of healers; and protection of the public from the harmful practices of quacks.

### **3.4. Threats**

#### ***3.4.1. Ethical Issues in TM***

A major challenge in the utilization of TM in Nigeria lies largely in the fact that the system is fraught with a lot of unethical procedures and unstandardized practices. Inadequacy of record of the TM providers in Nigeria and all of them operate outside the conventional health system, and their modes of practice vary from one locality to another.

#### ***3.4.2. Sustainability of TM***

The biodiversity conservation of medicinal plants which is considered the major raw material for TM practice is at risk since some of the plants species are already endangered in some localities. Hence the practice(s) requiring such plants have become unsustainable [21]

#### ***3.4.3. The issue of witchcraft and sorcery***

A great threat to TM and its practices is the fact that according to [20] the practices are intermingled with witchcraft, spiritism and sorcery. This is a turn off to many sincere seekers of healing procedure who could have been helped by the practitioners of TM. Added to this are the activities of dubious people who are only out to swindle sincere seekers of healing and well-being.

#### ***3.4.4. The secrecy of TM practitioners and poor documentation of its procedures***

Another threat is the issue of secrecy of the CAM practitioners. Some of their procedures cannot be learnt by outsiders. The expertise was regarded as secret and was passed down within families members as inheritance. As a result of the poor literacy level of some of the TM practitioners and their secrecy, a lot of useful information has perished with aged originators due to lack of organized record keeping and documentation. Most traditional medicine practitioners in Nigeria regard the medicine they use as their personal property and conduct their practices under strict confidentiality.

#### ***3.4.5. Tribalism and religion***

The over 350 ethnic groups in Nigeria practiced their respective traditional and cultural rites in the delivery of healthcare services. The diverse ethnic groups and religions are constraints in the advancement of traditional medicine practice. Individuals from a particular ethnic group will prefer to patronize the traditional healer from their own ethnic group. This may be partly

because of trust, accessibility and language barriers. Furthermore some religious leaders teach their adherents that traditional medicine is always fetish and should not be patronized by their followers. In addition, some people would prefer to patronize a traditional healer of their faith. All these also create a huge threat.

### **3.4.6. Possibility of drug interaction when used with Orthodox medicine.**

Using herbal medicine with conventional medicine can cause serious interactions and side effects. Several studies showed alarming evidence for possible herb-drug interactions. [22, 23, 24] A wide knowledge of this may constitute a great threat to AM in the nearest future.

## **4. CONCLUSION AND RECOMMENDATION**

In view of the SWOT analysis of TM, it is concluded that it occupies a pivotal position in the Nigerian rural health service delivery system which cannot be neglected but rather need be improved. While it is the truth and general belief that health care delivery system in Nigeria is very poor, TM because of its obvious availability, accessibility, affordability and effectiveness is relied upon for care and cure by more than 80 per cent of the population, it therefore deserves to be fully developed and sustained by all stakeholders. Government should stop giving a lip-service commitment to TM by creating an enabling environment for its development and eventual integration into the rural health care delivery system of the country and for the benefit of the people. The establishment of Colleges of Natural Medicine in some selected Universities and the full registration of TM clinics to ensure that best practices are ensured are inevitable for a virile development of TM practices. The Government should ensure that researches into TM and its practices are more funded and advanced.

## **REFERENCES**

- [1] World Health Organisation, WHO, (2008). Traditional Medicine. Fact Sheet 134
- [2] Borokini, T. I. and Lawal, I. O. (2014) Traditional medicine practices among the Yoruba people of Nigeria: a historical perspective. *Journal of Medicinal Plants Studies* 2014; 2(6):
- [3] Onyiaapat, J.L., Okoronkwo, I.L., and Ogbonnaya, N.P. (2011) Complementary and alternative medicine use among adults in Enugu, Nigeria. *BMC Complement Altern Med* 11: 19. Obafemi Awolowo University, Vol. 30 No.1
- [4] World Health Organisation, WHO, (2003). Traditional Medicine. Fact Sheet. No. 134.s Geneva. WHO.
- [5] Niggemann, B. and Grüber, C. (2003) Side-effects of complementary and alternative medicine. *Allergy* 58: 707-716.
- [6] Adefolaju, T. (2014). Traditional and Orthodox Medical Systems in Nigeria: The Imperative of a Synthesis. *American Journal of Health Research*. Vol. 2, No. 4, 2014, pp. 118-124. doi: 10.11648/j.ajhr.20140204.13
- [7] Mafimisebi, T.E., Oguntade, A.E. and Mafimisebi, O.E. (2008) A perspective of partial credit guarantee schemes in developing countries: A case study of the Nigerian agricultural credit guarantee scheme funds. A paper delivered at The World Bank conference on Partial Credit Guarantee Schemes held at the World Bank Main Building, Washington, D.C, USA,
- [8] World Health Organisation. WHO. (1992) Review of Traditional Medicine Programme (TRM). WHO Document No AFR/RC 42/19, Brazzaville.
- [9] Orubuloye, I. O. and Ajakaiye, O. (2002). Health Seeking Behaviour in Nigeria. Ibadan. Nigeria. Institute of Social and Economic Research.



- [10] Oyeneye, O. A. and Orubuloye, I.O. (1985). Some Aspects Of Traditional Medicine In Bendel State Of Nigeria. Ibadan. Nigeria Institute Of Social And Economic Research.
- [11] African Health Monitor (2003). Traditional Medicine: Our Culture, our future. A Magazine of the WHO Regional Office for Africa; 4:1.
- [12] Makinde, M.A. 1988.) African Philosophy, Culture, and Traditional Medicine. Center for International Studies, Ohio University.
- [13] Sofowora, A. (2008) Medicinal Plants and Traditional Medicine in Africa. Edn 3, Spectrum Books Ltd, Ibadan, Nigeria,
- [14] Olagunju, O.S. (2012) The traditional healing systems among the Yoruba. Arch Sci J. 1(2):6-14.[
- [15] Oguntade, A.E., and Oluwalana, I.B. (2009) An appraisal of the formal market for medicinal plants in Nigeria. Formulation of Medicinal Plants for Crop and Animal Production in Nigeria: Realities and Challenges. Proceedings of the Humbolt Kellohg/Fifth Annual Agric, Conference Agele SO, Adekunle VAJ, Osho IB, Oshundahunsi OF, Olufayo MO 2009.
- [16] Adefolaju, T. (2011) The Dynamics and changing structure of traditional healing system in Nigeria. Int J Health Res.; 4(2):99-106.
- [17] Erinoso, O.A. (1998) Health Sociology, Ibadan, Sam Bookman Educational Communication, 1998. 60.
- [18] Osborne, O. (2007) Health care System in Post-colonial Africa. Microsoft student 2007 Dvd
- [19] Akinleye, O.B. “Plants and their Products: Natural Wealth for better economic and Primary Health Care Delivery in Nigeria” Prof. E.K. Obiakor Lecture Series. The Federal Polytechnic, Ado-Ekiti, 7<sup>th</sup> August 008.
- [20] Erinoso, O. A. (2005). Sociology for Medical, Nursing, and Allied Professions in Nigeria. Ijebu-Ode Bulwark Consult.
- [21] Egharevba, H. O., Ibrahim, J. A.; Kassam, C. D. and Kunle, O. F. ( 2015)1 Integrating Traditional Medicine Practice into the Formal Health Care Delivery System in the New Millennium–The Nigerian Approach: A Review. International Journal of Life Sciences Vol. 4. No. 2.. Pp.120-128
- [22] Elayeh, E., A., Akour, S., Almadaeen, T. A. and Basheti, I.A.( 2017). Practice of pharmaceutical care in community pharmacies in Jordan. Trop. J. Pharm. Res., 16: 463-470. Direct Link
- [23] Eldeen, I.M.S., Effendy, M.A.W and Tengku-Muhammad, T.S, (2016). Ethnobotany: Challenges and future perspectives. Res. J. Med. Plants, 10: 382-387. [CrossRef](#) | Direct Link
- [24] Bach, H.G., Wagner, M.L. Ricco, R.A. and Fortunato, R.H. (2014.) Sale of medicinal herbs in pharmacies and herbal stores in Hurlingham district, Buenos Aires, Argentina. Rev. Brasil. Farmacogn., 24: 258-264.
- [25] S.M. Noviyanthi, D.S. Agustawijaya, and S. Murtiadi, Evaluation of Factors Influencing Time Performances of Pltu Jeranjang Completion using Swot and Ahp Methods, International Journal of Civil Engineering and Technology, 9(1), 2018, pp. 238–244
- [26] Dr. D. Padmanaban and Ms. B. Prasanna Soundari. Quality of Health Care In Coimbatore District: A Swot Perspective Leveraging User Insights. International Journal of Management, 7(2), 2016, pp. 259–265.
- [27] Husni Muharram Ritonga, Nashrudin Setiawan, Miftah El Fikri, Cahyo Pramono, Mulkanuddin Ritonga, Tharmizi Hakim, Maya Macia Sari, Yossie Rossanty and Muhammad Dharma Tuah Putra Nasution, Rural Tourism Marketing Strategy and Swot

Ajala, A.O. Kolawole, E.A., Adefolaju, T., Owolabi, A. O. Ajiboye, B. O., Adeyonu, A.G. , Akangbe, J.A. , Obaniyi, K.S, Adebimpe, A.T., and Adeniyi, V

- Analysis: A Case Study of Bandar Pasir Mandoge Sub-District in North Sumatera, *International Journal of Civil Engineering and Technology*, 9(9), 2018, pp. 1617–1631.
- [28] Farhan Ahmad, Rajeev Banerjee, Zishan Raza and Raj Bandhu Dixit, SWOT Analysis of Arbitration Awards In Indian Construction Contracts. *International Journal of Civil Engineering and Technology*, 8(3), 2017, pp. 64–73.
- [29] Majid Heidari, Hamid Asna Ashari , Saeid Farahbakht and Saeed Parvaresh, Using the Analytic Network Process (Anp) in a Swot Analysis for the Development of Tourism Destination; Case Study: Kish Island, *International Journal of Management (IJM)*, Volume 5, Issue 6, June (2014), pp. 21-31.