

## **Use of Herbal Medicines and Aphrodisiac Substances among Women in Kano State, Nigeria**

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### **Abstract:**

**Background:** *Over three-quarter of the world's population is using herbal medicines with an increasing trend globally. Herbal medicines may be beneficial but are not completely harmless. An aphrodisiac is a substance that increases sexual desire. These substances can either be herbal or orthodox. Many foods, drinks, and behaviours have had a reputation for making sex more attainable and/or pleasurable. Men and women alike have continued to use aphrodisiacs whether or not these drugs have any scientific basis of truly improving sexual satisfaction without regards to their composition.*

**Aim:** *To assess the use of herbal medicine and aphrodisiac substances among women in Kano state, Nigeria.*

**Materials and Methods:** *A Cross-sectional study was conducted in Kano state, Nigeria. The study involved 400 participants recruited by cluster and random sampling techniques. Self-structured pretested questionnaire was used for the study and statistical descriptive method of data analysis was used.*

**Result:** *- A total of 400 subjects were used for the study of which 94.5% (378) responded. The study revealed that 42.0% (158) used herbal medicine and aphrodisiac. 52.5% of the users were within 21-30 age group who are of low parity (0-4) 55.7%. Herbalist/Traditional houses are the major source of these medications (50.6%). 27.2% of the users experienced more vaginal wetness after using the medications. 36.7% (58) disagree with the safety of these substances. Out of the 378 respondent, most of them 56.6% (214) use herbal medicine during pregnancy. Majority 39.4% (91) use herbal medicine for treatment of diarrhoea, follow by diabetics 31.6% (73), peptic ulcer treatment constitute 18.2% (42) while Fever 7.4% (17) and others 10.7% (23).*

**Conclusion:** *- This study revealed high use of herbal medicines, it is important that health professionals enquire from the patients about past or current use of herbal medicines. This may help in educating the patients about the health risks of using herbal medicine and may reduce delays in seeking appropriate care. It would be helpful to study the pharmacological composition of the stimulants used by the respondents. Knowing the composition will help in determining the possible effect of such drugs not only on sexuality but also on other organs such as liver and kidney in the short and long run.*

**Keywords:** *Aphrodisiac, herbal medicine, sexual performance, traditional medicine*

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### **I. Introduction**

Herbal medicine is an integral part of "traditional medicine". Traditional medicine has a broad range of characteristics and elements which earned it the working definition from the World Health Organization (WHO) (Oreagba et al, 2011). Traditional medicines are diverse health practices, approaches, knowledge and beliefs that incorporate plant, animal and or mineral based medicines, spiritual therapies, manual techniques and exercises which are applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness (WHO, 2008). In the developed countries, traditional medicine has been adapted outside its indigenous culture to "Complementary" or "Alternative" medicine (WHO: Traditional report 2002-2005).

Globally, people developed unique indigenous healing traditions adapted and defined by their culture, beliefs and environment, which satisfied the health needs of their communities over centuries (WHO, 2005). The increasing widespread use of traditional medicine has prompted the WHO to promote the integration of traditional medicine and complimentary or alternative medicine into the national health care systems of some countries and to encourage the development of national policy and regulations as essential indicators of the level of integration of such medicine within a national health care system (WHO, 2011).

Herbal medicines, also called botanical medicines or phytomedicines, refer to herbs, herbal materials, herbal preparations, and finished herbal products that contain parts of plants or other plant materials as active ingredients (WHO,2008).The plant materials include seeds, berries, roots, leaves, bark or flowers (Oreagba et al, 2011). Many drugs used in conventional medicine were originally derived from plants. Salicylic acid is a precursor of aspirin that was originally derived from white willow bark and the meadowsweet plant (Halised) (Raskin, 1992). Quinine and Artemesinin are antimalarials drugs derived from Cinchona pubescens Vahl bark and Artemisia annua L. plant, respectively (Covello, 2008). Vincristine is an anticancer drug derived from periwinkle, (Arcamone et al, 1980). Morphine, codeine, and paregoric, derived from the opium poppy (Halised),

are used in the treatment of diarrhea and pain relief (Elhardallou, 2011). Digitalis is a cardiac glycoside derived from foxglove plant (Halised); a herb in use since 1775 (Hollman, 1985). In folklore medicine in Nigeria Rauwolfia vomitoria (Afzel) is used for treating hypertension, stroke, insomnia and convulsion (Amole, Yemitan, Oshikoya, 2009) and Ocimum gratissimum L. is used for treating diarrheal diseases (Sheteolu et al, 1996). The seeds of Citrus parasidi Macfad are effective in treating urinary tract infections that are resistant to the conventional antibiotics (Oyelami, 2005). Pure honey healed infected wounds faster than EUSOL (Olubanjo, 2005); dried seeds of Carica papaya L. are effective in the treatment of intestinal parasites, (Okeniyi, 2007). The analgesic and inflammatory effects of Garcinia kola Heckel is known to enhance its use for osteoarthritis treatment and Aloe vera Mill gel is as effective as benzyl benzoate in the treatment of scabies (Oyelami et al, 2009).

An aphrodisiac is a substance that increases sexual desire (Kamhi at [www.naturalnurse.com](http://www.naturalnurse.com)). Many foods, drinks, and behaviours have had a reputation for making sex more attainable and/or pleasurable (shorter Oxford English Dictionary 6<sup>th</sup>ed).

The name comes from Aphrodite, the Greek goddess of sexuality and love, and substances are derived from plant, animal or mineral and since the time immemorial they have been the passion of man. Men and women alike have continued to use aphrodisiacs whether or not these drugs have any scientific basis of truly improving sexual satisfaction without regards to their composition (Garba et al 2013). For centuries men and women have attempted to enhance their sexual experiences with a variety of chemicals. There is a rich history in all cultures of using substances derived from plants and animals, as well as synthetic materials, to change the sexual experience. Aphrodisiac can be classified by their mode of action into three types, those that can increase libido, potency or sexual pleasure.

Sexual and Reproductive health right is a fundamental human right. The right of expression of sexual activity should have been a universal basic human right of all. This however is not obtained in all countries of the world. The level of expression of this social right is highly influenced by societal and cultural influences. Where sexual behaviour is freely expressed, such as in some Western societies, individual's sexual activities are accepted in the society. This however is not the case in less developed societies especially in Africa, (Garba et al 2013).

Open discussions concerning sex and sexual activities are considered taboo and as such, aphrodisiac usage is something that is talked about in low tones especially among women in this society (Garba et al, 2013). Sexual behaviour among non-primates is strictly centred on procreation. The female specie of non-primates evolved some intricate mechanism of disentangling the hormonal influence of sexual desire to periodicals-only when they are fertile that sexual desire is heightened in the female and thus they come "on heat" thereby allowing the male to copulate in order to improve the chance of conception, (Wallen, Zehr, 2004). This is however not the case among primates including man. Sexual activity has become the primary driving force between sexual behaviour and fertility with fertility only a secondary event. Fertility among the primate species can be likened to winning a medal in a competitive sport which may not necessarily be won all the time. With primate's sophistication, sexual activity can be exploited to achieve both physical, social and/or psychological fulfilment (Uthman, 2008).

### **Statement of problem**

Over three-quarter of the world's population is using herbal medicines with an increasing trend globally (Oreagba et al 2011). The use of Herbal substances to enhance sexual performance is rampant among women in our communities (Garba et al 2013). Over 80% of the populations in some Asian and African countries depend on traditional medicine for primary health care (Traditional Medicine, 2008). The WHO estimates that in many developed countries, 70% to 80% of the population has used some form of alternative or complementary medicine including Aphrodisiac substances, homeopathic, naturopathy, traditional Oriental and Native American Indian medicine (Traditional Medicine Strategy 2002-2005).

Also in a conservative society such as Kano in Northern Nigeria, issues relating to sexuality are governed by religion and culture, they are hardly discussed openly and most often discussion on sexuality is considered as taboo. Therefore, in a culture that accepts polygamy, women do what they think is right to keep their spouses to themselves so as to remain in monogamous relationship and where that fails, they ensure that they win the husband's attention when they are in a polygamous relationship (Garba et al 2013). Sexual activity is one strong means employed by some women to achieve these desires.

### **Aim of The Study**

The main aim is to assess the use of herbal medicine and aphrodisiac substances among women Kano state, Nigeria.

## **II. Objective Of The Study**

1. To determine the source of herbal medicine and aphrodisiac substances
2. To identify the reasons for the use of Herbal medicine and aphrodisiac substance
3. To find out the responses following the use of herbal medicine and aphrodisiac substance
4. To determine the level of safety of herbal medicine and aphrodisiac substances
5. To make necessary recommendation on the use of Herbal aphrodisiac substances

### **Significances of The Study**

At the end of the research, the study will have impact on general population through providing:

- a. Information for better understanding of the term Herbal medicine and Aphrodisiac substances
- b. Knowledge and awareness on misconception between orthodox and Herbal medicine
- c. Knowledge on the adverse effects of herbal medicine and aphrodisiac substances
- d. Information on where to seek for better sexual health.

## **III. Research Methodology**

### **Research Design**

A descriptive cross sectional survey design was used for the study

### **Research Location**

The study was conducted in antenatal clinic of Aminu Kano teaching hospital, Kano and Murtala Muhammad specialist hospital, Kano after cluster sampling.

Aminu Kano Teaching Hospital, Kano (AKTH) is a tertiary health care facility established by an Act CAP 463 of 1<sup>st</sup> January, 1985, with essential responsibility to provide excellent services in all fields of medicine, provide conducive environment to cadres of staff, conducting research for the advancement of medical care and provision of support to primary and secondary health services among others. It is a 500 bedded hospital with staff strength of over 3,001 persons in different health and health related departments/units. It is located in Tarauni local government area within Kano metropolis, Kano state, in the north-western part of Nigeria. Tarauni local government covers an area of about 28 km<sup>2</sup> (11 square meters) and has a population of 221,367 as of 2006 census (NIPOST, 2009).

AKTH is located between Latitude of 11°58'<sup>N</sup>, 11.967°<sup>N</sup> and longitude of 8°34'<sup>E</sup>, 8.567°<sup>E</sup>; it borders with Hausawa ward to the north-west, Kundila ward to the north-east, Unguwa-Uku ward to the south-east and Karkasara ward to the south-west; within Tarauni local government area. The principal inhabitants of the vicinity are Hausa/Fulani people and are practicing Islamic religion thus, Hausa and Fulfulde are the most spoken languages in the area. However, other people that settled in the area include Yoruba, Igbo, Ibra, Igala and Nupe among others (Ado, 2003).

Murtala Muhammad specialist hospital Kano was established in 1926 the city hospital of Kano with a capacity of 16 beds. It is one of the oldest and largest hospitals in Nigeria. It was named after the former head of state – General Murtala Muhammad who was assassinated in 1976. The hospital became a specialist hospital in the year 1997. The hospital is enclosed within the walls of old Kano city. It is about 200 meters away from Kofar Mata (gate) to the east and about 500 meters to the west of Emir's place. The hospital serves people of the neighbouring states like Jigawa, Katsina, and Zamfara and those of neighbouring countries like Niger and Mali

### **Research population**

The target population of the study comprised of all pregnant women between the ages of 18-40 years attending antenatal clinic of Aminu Kano Teaching Hospital and Murtala Muhammad specialist hospital, Kano.

### **Sample size and sampling technique**

Total number of booked women attending ante natal clinic in AKTH and MMSH, Kano in a year was found to be more than 10,000. Therefore Fisher's formula was used to calculate the sample size. 384 sample size was derived and it was upgraded to 400 for greater efficiency. 200 subjects from MMSH, Kano and 200 from AKTH and the respondents were recruited using cluster sampling technique. The respondents were clustered into four groups based on the days of antenatal visits; Monday, Tuesday, Wednesday and Thursday visits. Simple random sampling technique was used to select the respondents on each antenatal visit day

### **Data collection instruments**

Data was collected using a well structured pretested questionnaire. The questionnaire consists of 18 items and three sections, socio-demography, Use of medication to enhance sexual performance and use of herbal/traditional medicine during pregnancy. The questions consist of close ended questions and few open ended questions. Some of the questionnaires were translated into Hausa (local language) for easy administration. An

explanation of the purpose of the study was made to them and then their consent was obtained to participate in the survey. Confidentiality of information provided by the women was assured.

**Method of Data Analysis**

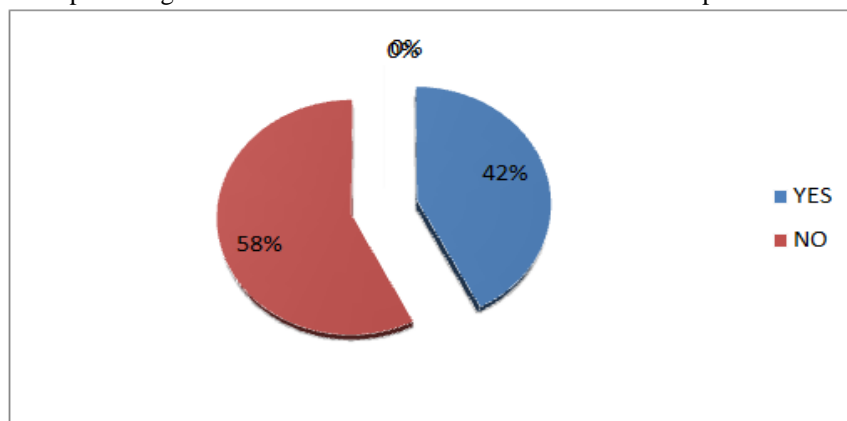
Each completed questionnaire was reviewed for completeness prior to analysis. The data collected was analyzed using descriptive statistical method such as tables, frequency, percentage, mean, graphs and standard deviation.

**IV. Results**

A total of 400 questionnaires were used for the study of which 378 were responded to. These give respondent rate of 94.5%. The analysis was based on the 378 respondent.

**Section (A):- Socio-demographic data**

**Fig 1:-** Show percentage of users and non-users of herbal medicine and aphrodisiac substances.



**Fig 1**

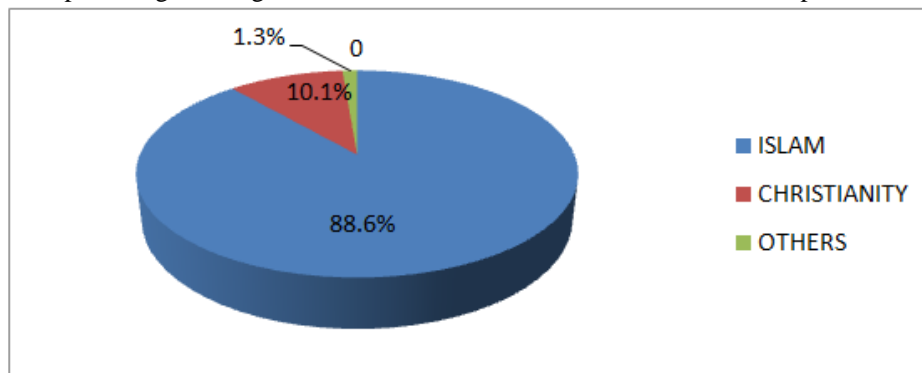
Out of 378 that respond to the study majority 220 (58.0%) do not use herbal medicine and aphrodisiac substance. only 158 (42.0%) are using herbal medicine and aphrodisiacs substances.

**Table 1: -** Show frequency and percentage of users of herbal medicine and aphrodisiac substances base on ethnic group

Ethnic group	frequency	Percentage (%)
Hausa/Fulani	110	69.6
Yoruba	25	15.8
Igbo	16	10.1
Others	7	4.4
Total	158	100

**Table 1:** Majority of the respondent 110 (69.6%) are Hausa/Fulani, follow by Yoruba 25(15.8%), Igbo constitute 10.1% and other ethnic group constitute 7(4.4%).

**Fig 2: -** Show percentage of religious distribution of users of herbal medicine and aphrodisiac substances.



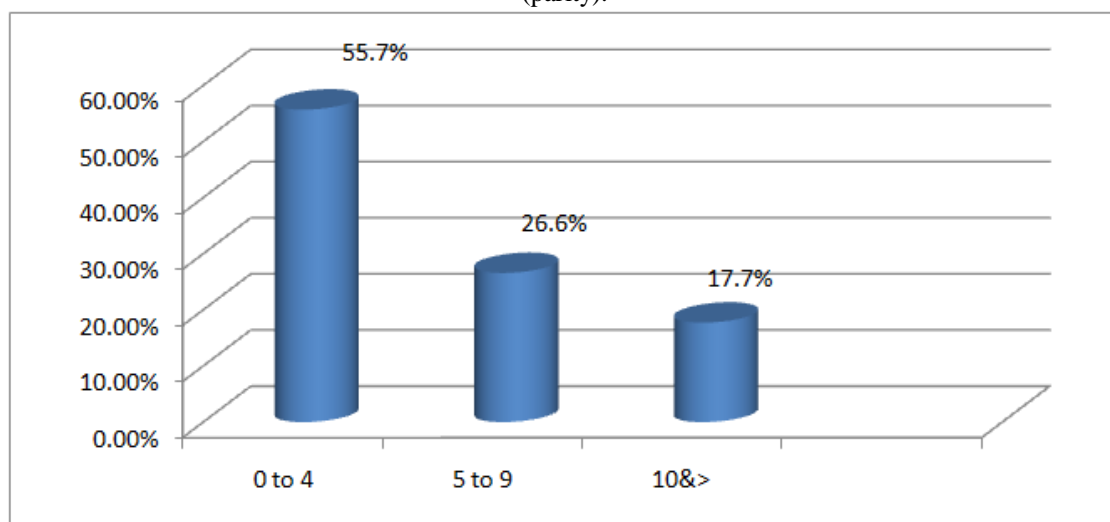
**Fig .2:** Majority of the respondent 335 (88.6%) are Muslim, Christian constitute 38(10.0%) and others (not specific) constitute 5(1.3%)

**Table 2:** - Age distribution of users of herbal medicine and aphrodisiac substances.

Age range	frequency	Percentage (%)
10-20	28	17.7
21-30	83	52.5
31-40	47	29.7
Total	158	100

**Table 2:** Most respondent 83(52.5%) fall within the range of 21-30, 47(29.7%) are within age range of 31-40 and those within age range of 10-20 constitute only 28(17.7%)

**Fig 3:-** Show percentage of use of herbal medicine and aphrodisiac substances base on number of delivery (parity).



**Fig 3:** Most of respondent 88 (55.7%) fall within parity range of (0-4). 42(26.6%) of the respondent are within the parity range of (5-9) and those of parity 10 > constitute only 28(17.7%).

**Table 3:-** Show the percentage of users of herbal medicine and aphrodisiac substances base on level of education.

Level of education	frequency	Percentage (%)
None	36	22.8
Informal	17	10.8
Primary	21	13.3
Secondary	31	19.6
Post-secondary	53	33.5
Total	158	100

**Table 3:** Table 3 show that majority 53 (33.5%) attended post-secondary education, but 36(22.8%) are not educated, those that attend secondary school constitute 31(19.6%), 21(13.3%) attended primary school, and only 17(10.8%) undergo informal education.

**Section (B):- Use of aphrodisiac substance**

**Table 4:** - Shows Frequency and Percentages of Users and non-users of Medication to Enhance Sexual Performance.

Use of aphrodisiac	Frequency	Percentage (%)
Yes	158	42.0
No	220	58.0
Total	378	100.0

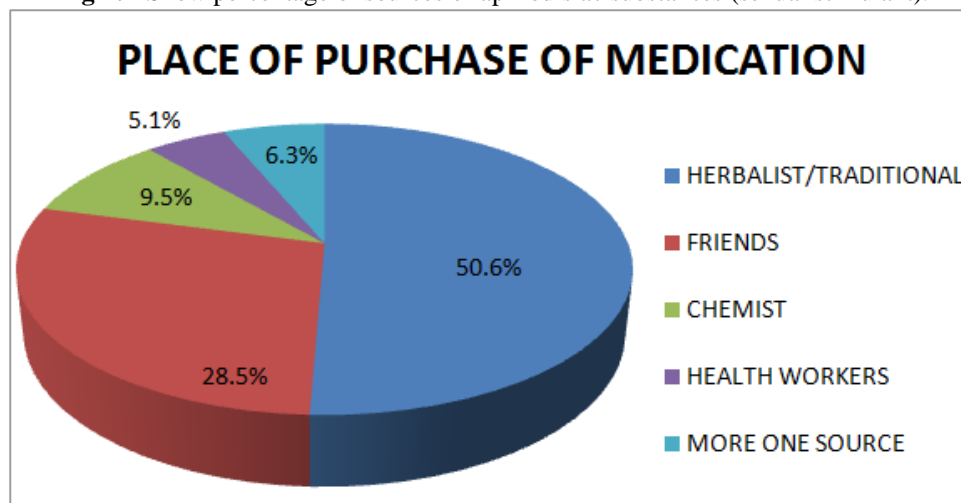
**Table 4:** Most of the respondent 220(58.0%) do not used sexual stimulant, only 158(42%) of the respondent used aphrodisiac substances.

**Table 5:-** Shows Frequency and Percentages of Reason for the use of aphrodisiac (sexual stimulant).

Reason	Frequency	Percentage (%)
To have better sexual satisfaction	70	44.4
Is a common practice among friends	36	22.6
To gain husband favour	44	27.8
More than one reason	8	5.1
Total	158	100.0

**Table 5:** Majority of the respondent 70 (44.4%) used aphrodisiac substances for better sexual satisfaction, while 44(27.8%) use sexual stimulant to gain husband favour, 36(22.6%) use sexual stimulant because is a common practice among friends and those with more than one reason constitute only 8(5.1%).

**Fig 4: -** Show percentage of sources of aphrodisiac substances (sexual stimulant).



**Fig 4**

Most of the respondent 80(50.6%) purchase these substances from herbalist, 45(28.5%) get their sexual stimulant from their friends, from chemist constitute 15(9.5%), 8(5.1%) from health worker and those that get their sexual stimulant from more than one source constitute only 10(6.3%).

**Table 6:-** Show frequency and percentage of the responses (what users felt) following usage of this sexual stimulant.

Response	Frequency	Percentage (%)
More vaginal wetness	43	27.2
More warm during sexual intercourse	23	14.6
No change with sexual intercourse	52	32.9
Sexual intercourse was generally more enjoyable	40	25.3
Total	158	100.0

**Table 4.6:** This study finds that majority 52(32.9%) have no change in feeling with intercourse, followed by 43(27.2%) reported more vaginal wetness after usage of aphrodisiac substance, 40(25.3%) said sexual intercourse was generally more enjoyable and only 23(14.6%) experience more warm during sexual intercourse.

**Table 7: -** Show frequency and percentage of level of safety of aphrodisiac substances.

Level of safety	Frequency	Percentage (%)
Vary safe	38	24.0
Moderately safe	20	12.7
Safe	24	15.2
Unsafe	58	36.7
Very unsafe	18	11.4
Total	158	100.0

**Table 7:** Most of the respondent 58 (36.7%) disagree with the safety of aphrodisiac substances, but 38(24.0%) agree strongly to safety of the sexual stimulant, follow by 20(12.7%) said is moderately safe and only 18(11.4%) respondent consider aphrodisiac substances to be very unsafe.

**Section C: - Use of herbal medicine during pregnancy**

**Table 8:-** Show percentage of users and non-users of herbal medicine during pregnancy

Use	Frequency	Percentage (%)
Yes	214	56.6
No	164	43.4
Total	378	100.0

**Table 8**

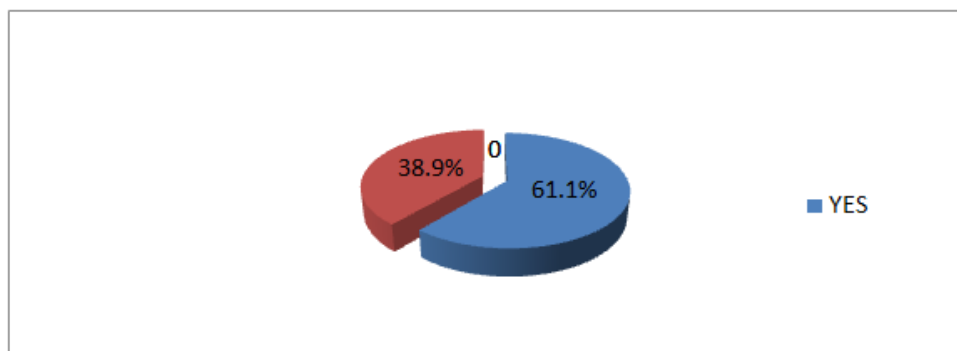
Majority of the respondent 214 (56.6%) use herbal medicine during pregnancy while only 164(43.4%) do not use herbal medicine during pregnancy.

**Table 9:-** Show frequency and percentage of reason of use of herbal medicine during pregnancy.

Reason for use	Frequency	Percentage (%)
Preventing diseases	67	31.3
Treating illness	72	33.6
Promoting health	41	19.2
Never use herbal medicine	11	5.2
Others	23	10.7
Total	214	100.0

**Table 9:** About 72 (33.3%) of the respondent use herbal medicine for treating illness during pregnancy, for preventing disease constitute 67(31.3%), follow by promoting health 41(19.2%), other reason constitute 23(10.7%)

**Fig 5:-** Show users and non- users of herbal medicine for treating disease condition that are not pregnancy induced.



**Fig 5:** About 61.1% of the respondent uses herbal medicine in treating other disease condition. Only 38.9% reported as not using herbal medicine in treating other disease conditions

**Table 10:-** Shows use of herbal medicine in treating some disease condition.

Disease	frequency	Percentage (%)
Diarrhoea	91	39.4
Fever	17	7.4
Ulcer	42	18.2
Diabetes	73	31.6
Others	8	3.5
Total	231	100.0

91 (39.4%) of respondent use herbal medicine in treating diarrhoeal disease followed by diabetes 73(31.6%), for ulcer disease constitute 42(18.2%), only 17(7.7%) of the respondent use traditional medicine for treatment of fever and other form of illness constitute 8(3.5%)

## **V. Discussion Of Finding**

The analysis was based on the 378 responded.

### **Socio-demography of the respondent**

Majority of the respondent 52.5% are within 21-30 age group and 70.2% of them fall between 21-40 years. This result agrees with finding by Garba et al (2013) 60.9% are between ages of 20-30 years in his study use of aphrodisiac substances in Kano. The finding that the stimulants were used mostly by young women aged 30 years and below, who are of low parity (0-4). Majority of the respondent belong to Hausa/Fulani ethnic group who constituted 110(69.6%) This is because Hausa/Fulani are the dominant ethnic group in Kano and most of the other nearby States. Yoruba, Igbo and others constitute 15.8%, 10.1% and 4.4% respectively.

Majority 53 (33.5%) attended post-secondary education. This may be due high social influence by peer group in tertiary institution. The results agree with the finding of Sohil, Manish et al most of the respondent are graduate 73 (39.9%) in his study of evaluation of recreational use of aphrodisiac drugs and its consequence: an online questionnaire based study.

Other educational level includes secondary, primary and informal which constitute 19.6%, 13.3% and 10.8% respectively.

### **Use of aphrodisiac substances**

In this study 42.0% of the respondents knew about and used sexual stimulants. This is similar to the finding of (Garba et al 2013) in Kano northern Nigeria that 44.0% use some medications to enhance their sexual performance. However, data on the use of aphrodisiacs in women is limited. This is even more so in the setting in which this study was conducted being a highly conservative society. The name aphrodisiac, which was given to such medicaments, was thought to have originated from Greek mythology (Wallen K, 2004). In our contemporary society, men and women alike have continued to use aphrodisiacs whether or not these drugs have any scientific basis of truly improving sexual satisfaction without regards to their consequences on health and environment (Kamhi E, 2008).

This study also find out that, the major reasons for use of these medications were for better sexual satisfaction (44.4%), This result correlate with the finding of Garba et al (2013) 40.5%, Sohil, Manish et al (2013) 30.4%. Followed by desire to gain husband's favours (27.8%) this may be due to submissive nature of the women to their spouses sexual desires in environment where this study was conducted. This is similar to finding by Adinma (1995) in southern part of Nigeria where monogamy is predominantly practiced, that women are generally submissive to their spouse's sexual desires, though his study attributed that to the male dominance in the society.

The other reasons for use of these medications include peer practice 22.6%, These may be due to the submissive nature of our women and the fear of discussing issues relating to sexual dissatisfaction. They therefore resort to friends for solving their sexual problems (Garba et al, 2013). Those that have more than one reason constitute 8 (5.1%) as shown in table 5 above.

Women are married out at very young ages, when they are struggling to cope with anatomical and physiological changes occurring on their bodies. Such women usually find it difficult to approach senior women when faced with sexual problems. This may be due culture of male dominance in all domestic matters in the study area, makes women with sexual problems afraid of voicing out such problems for fear of husband's rejection and divorce (Solivetti,2009) . They usually resort to seeking help from their peers or to self-medication sometimes with serious consequences (Garba et al 2013). Others live with their problem or risk getting divorce (Kamatenesi, 2005). Therefore, in a culture that accepts polygamy, women do what they think is right to keep their spouses to themselves so as to remain in monogamous relationship and where that fails, they ensure that they win the husband's attention when they are in a polygamous relationship. Sexual activity is one strong means employed by some women to achieve these desires, (Garba et al, 2013).

However this study find out that herbalist/Traditional houses are the major source of these medications (50.6%), followed by friends (28.5%), while health workers contribute only 5.1% of the source of medications as shown in fig 4 above. This is probably because health workers hardly ask questions concerning sexual activity with patients and the patients most often, feel embarrassed discussing such issues with their health care providers The respondent report the response following usage of sexual stimulant as follow 27.2% of the users felt more vaginal wetness with the use of the medications. This was similar to the finding by Garba et al (2013) in his study use of aphrodisiac among women in kano northern Nigeria he find out that 30% percent of the users felt more vaginal wetness with the use of the medications. However, 32.9% of users felt no change in sexual activity with the use of medications, other respond include more warmth during intercourse 14.6%, and sexual intercourse was generally more enjoyable 25.3% as shown in table 6 above.

However, only 38 (24.1%) consider sexual stimulant been very safe which is similar with the finding of Neelesh, Sanjay et al (2011) in Egypt that only 25% of their respondent agree with the safety of sexual stimulant in his study use of herbal aphrodisiac in management of female sexual dysfunction .



### **Use of herbal medicine during pregnancy**

Out of 378 respondent, most of the respondent 214 (56.6%) use herbal medicine during pregnancy this may be due to pregnancy induced illness. This, however, is not comparable with the finding by Orief; Nadia et al (2011) in university of Alexandria, Egypt only 27.3% of the studied pregnant women reported the use of herbal medicines during pregnancy. This may be due to cultural, religious or environmental differences in the conducted study. The respondent use herbal medicine for treating illness 72 (33.3%), preventing disease 67(31.3%), promoting health 41(19.2%), and other reason constitute 23 (10.7%) as shown in table 4.9 above.

### **Use of herbal medicine for treating some disease conditions that are not related to pregnancy**

Out of 378 respondents, most 61.1% of the respondent uses herbal medicine in treating other disease condition like diarrhoea fever, ulcer and diabetic. This agree with the finding by Okoli, Aigbe et al (2007) in Edo State, medicinal herbs use for managing some common ailments 67% of patients who were undergoing treatment at various herbal homes constituted the largest percentage. Most of the respondent 91 (39.4%) use herbal medicine for treatment of diarrhoea, this may probably be due to high incidence of diarrhoeal disease in the community from contaminated food and water, follow by diabetics 73(31.6%) which may also be due high incidence of diabetic in this part of the country as a result of inherited or life style of people. Ulcer constitutes 42(18.2%), and only 17(7.4%) use herbal medicine for treating fever.

The use of herbal medicine may be unrelated to pregnancy, health issues such as cold and respiratory illnesses or skin problems, metabolic disorder, infection, cancers.

## **VI. Conclusion and Recommendations**

This study revealed high use of herbal medicines and aphrodisiac from different sources and different reasons. Therefore, the following recommendations were made from the result above

1. There is urgent need for clinicians to educate the public on female sexual dysfunction.
2. Communication between couples should be encouraged rather than the use of drugs whose pharmacological properties are unknown.
3. It is important that health professionals enquire from the patients about past or current use of herbal medicines. This may help in educating the patients about the health risks of using herbal medicine and may reduce delays in seeking appropriate care.
4. There is need for collaboration between health professionals with herbal medicine practitioners to identify the common herbal medicines used for treatment of different disease condition, their potential benefits and harm.
5. It would be helpful to study the pharmacological composition of the stimulants used by the respondents. Knowing the composition will help in determining the possible effect of such drugs not only on sexuality but also on other organs such as liver and kidney in the short and long run. This knowledge is important in counselling women who use the drugs.
6. Further studies are also recommended on the effect of the traditional sexual stimulants on men.

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