



An Investigation into the Attitudinal Disposition towards Herbal Health Information among Staff in Colleges of Education in Oyo Metropolis

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ABSTRACT

The research work investigated into the attitudinal disposition towards herbal health information among staff in colleges of education in Oyo metropolis, Therefore, the study sets out to: determine the staff level of awareness about herbal health information; ascertain the staff's knowledge of herbal medicine; find out their knowledge of type and format of herbal health information available in the library; determine their knowledge of benefits and side effects of synthetic drugs; examine the problem encountered by staff in taking herbal health and, proffer necessary solution to eradicate the challenges confronting staff members in their use of herbal medicine. The study employed the use of quantitative method of data gathering involving randomly selected respondents from the population under consideration, while structured questionnaire was used as instruments for the study. The findings revealed that herbal health information is not readily accessible by majority of the respondents, and that there was a notion that only the initiated can access herbal health information. It was also established that only few have the knowledge of herbal supplements. Meanwhile, majority of the respondents are fully aware of the herbal potency but cannot manipulate herbs for their personal use, Findings also reveal that only a selected few can either identify useful herbs or identify different herbs



for different ailments respectively. It was equally established that majority of the respondents cannot treat sicknesses with the use of local herbs. Revelations were also made that majority of the respondents are not aware of the presence of herbal health information based materials in the library. Recommendations were made that Libraries should make unrelenting awareness on the efficacy of herbal medicines; engage in proactive repackaging of herbal health information, initiate a purposeful display and exhibition of herbal health information, strategize on awareness creation as regards the means and methods of identifying different herbs, their nature, outlook and seasons, advocate for the encouragement of herbal health practitioners and promotion of research based on medicinal herbs and indigenous herbal health practices, among others.

Keywords: Herbal health information, herbal medicines, herbs, medicinal plants, synthetic drugs, traditional medicine, herbal remedy.

INTRODUCTION

Herbal medicine (also herbalism) is the study of botany and the use of medicinal plants. Plants have been the basis for medical treatments through much of human history, and such traditional medicine is still widely practiced today. Modern medicine makes use of many plant-derived compounds as the basis for evidence-based pharmaceutical drugs. Although herbalism may apply modern standards of effectiveness testing to herbs and medicines derived from natural sources, few high-quality clinical trials and standards for purity or dosage exist. The scope of herbal medicine is sometimes extended to include fungal and bee products, as well as minerals, shells and certain animal parts.

Herbal medicine is also called phytomedicine or phytotherapy. Paraherbalism describes alternative and pseudoscientific practices of using unrefined plant or animal extracts as unproven medicines or health-promoting agents. Paraherbalism differs from plant-derived medicines in standard pharmacology because it does not isolate or standardize biologically active compounds, but rather relies on the belief that preserving various substances from a given source with less processing is safer or more effective – for which there is no evidence. Herbal dietary supplements most often fall under the phytotherapy category.

Archaeological evidence indicates that the use of medicinal plants dates back to the Paleolithic age, approximately 60,000 years ago. Written evidence of herbal remedies dates back over 5,000 years to the Sumerians, who compiled lists of plants. Some ancient cultures wrote about plants and their medical uses in books called *herbals*. In ancient Egypt, herbs are mentioned in Egyptian medical papyri, depicted in tomb illustrations, or on rare occasions found in medical jars containing trace amounts of herbs. Among the oldest, lengthiest, and most important medical papyri of ancient Egypt, the Ebers Papyrus dates from about 1550 BC, and covers more than 700 compounds, mainly of plant origin. The earliest known Greek herbals came from Theophrastus of Eresos who, in the 4th century BC, wrote in Greek *Historia Plantarum*, from Diocles of Carystus who wrote during the 3rd century BC, and from Krateuas who wrote in the 1st century BC. Only a few fragments of these works have survived intact, but from what remains, scholars noted overlap with the Egyptian herbals. Seeds likely used for herbalism were found in archaeological sites of Bronze Age China dating from the Shang Dynasty (c. 1600–1046 BC). Over a hundred of the 224 compounds mentioned in the *Huangdi Neijing*, an early Chinese medical text, are herbs. Herbs also commonly featured in the traditional medicine of ancient India, where the principal treatment for diseases was diet. *De Materia Medica*, originally written in Greek by Pedanius Dioscorides (c. 40–90 AD) of Anazarbus, Cilicia, a Greek physician, pharmacologist and botanist, is one example of herbal writing which was used for 1500 years until the 1600s.



The World Health Organization (WHO) estimates that 80 percent of the populations of some Asian and African countries presently use herbal medicine for some aspect of primary health care. Pharmaceuticals are prohibitively expensive for most of the world's population, half of whom lived on less than \$2 U.S. per day in 2002. In comparison, herbal medicines can be grown from seed or gathered from nature for little or no cost.

Many of the pharmaceuticals currently available to physicians have a long history of use as herbal remedies, including artemisinin, opium, aspirin, digitalis, and quinine. According to the World Health Organization, approximately 25% of modern drugs used in the United States have been derived from plants. At least 7,000 medical compounds in the modern pharmacopoeia are derived from plants. Among the 120 active compounds currently isolated from the higher plants and widely used in modern medicine today, 80% show a positive correlation between their modern therapeutic use and the traditional use of the plants from which they are derived.

The ability to synthesize a wide variety of chemical compounds that are used to perform important biological functions, and to defend against attack from predators such as insects, fungi and herbivorous mammals is called herbal medicine. Many of these phytochemicals have beneficial effects on long-term health when consumed by humans, and can be used to effectively treat human diseases. At least 12,000 such compounds have been isolated so far; a number estimated to be less than 10% of the total.

These phytochemicals are divided into (1) primary metabolites such as sugars and fats, which are found in all plants; and (2) secondary metabolites – compounds which are found in a smaller range of plants, serving a more specific function. For example, some secondary metabolites are toxins used to deter predation and others are pheromones used to attract insects for pollination. It is these secondary metabolites and pigments that can have therapeutic actions in humans and which can be refined to produce drugs – examples are inulin from the roots of dahlias, quinine from the cinchona, morphine and codeine from the poppy, and digoxin from the foxglove.

Chemical compounds in plants mediate their effects on the human body through processes identical to those already well understood for the chemical compounds in conventional drugs; thus herbal medicines do not differ greatly from conventional drugs in terms of how they work. This enables herbal medicines to be as effective as conventional medicines, but also gives them the same potential to cause harmful side effects.

In line with the above, western medication cures diseases by using external forces while traditional medicine attempts to reinforce and stimulates body's internal strength to cure disease. Western medicine was based on the theory that disease is caused by bacteria and other external means whereas traditional medicine believes that disease is basically caused by the weakening state of the body as a whole, apart from this, western medication appears to cure diseases more effectively and quickly but at the same time, causes temporary or permanent damage to the internal system of the patient, meanwhile traditional medicine may take longer time to cure disease but it strengthens the overall health of a patient, this is the more reasons why the lovers of western medicine turn to traditional medicine each time when there is side effect or no cure to a disease.

In Europe, apothecaries stocked herbal ingredients for their medicines. In the Latin names for plants created by Linnaeus, the word *officinalis* indicates that a plant was used in this way. For example, the marsh mallow has the classification *Althaea officinalis*, as it was traditionally used as an emollient to soothe ulcers. Ayurvedic medicine, herbal medicine and traditional Chinese medicine are other examples of medical practices that incorporate medical uses of plants. Pharmacognosy is the branch of modern medicine about medicines



from plant sources. Plants included here are those that have been or are being used medicinally, in at least one such medicinal tradition.

Modern medicine now tends to use the active ingredients of plants rather than the whole plants. The phytochemicals may be synthesized, compounded or otherwise transformed to make pharmaceuticals. Examples of such derivatives include digoxin, from digitalis; capsaicine, from chili; and aspirin, which is chemically related to the salicylic acid found in white willow. The opium poppy continues to be a major industrial source of opiates, including morphine. Few traditional remedies, however, have translated into modern drugs, although there is continuing research into the efficacy and possible adaptation of traditional herbal treatments.

In a 2010 global survey of the most common 1000 plant-derived compounds, 156 had clinical trials published. Preclinical studies (cell culture and animal studies) were reported for about one-half of the plant products, while 120 (12%) of the plants evaluated – although available in the Western market – had no rigorous studies of their properties, and five were toxic or allergenic, a finding that led the authors to conclude "their use ought to be discouraged or forbidden." Nine plants evaluated in human clinical research included *Althaea officinalis* (marshmallow), *Calendula officinalis* (marigold), *Centella asiatica* (centella), *Echinacea purpurea* (echinacea), *Passiflora incarnata* (passionflower), *Punica granatum* (pomegranate), *Vaccinium macrocarpon* (cranberry), *Vaccinium myrtillus* (bilberry), and *Valeriana officinalis* (valerian), although generally there were inconsistent, often negative results, and the studies were of low quality.

In 2015, the Australian Government's Department of Health published the results of a review of alternative therapies that sought to determine if any were suitable for being covered by health insurance; Herbalism was one of 17 topics evaluated for which no clear evidence of effectiveness was found. Establishing guidelines to assess safety and efficacy of herbal products, the European Medicines Agency provides criteria for evaluating and grading the quality of clinical research in preparing monographs about herbal products¹ In the United States, the National Center for Complementary and Integrative Health of the National Institutes of Health funds clinical trials on herbal compounds, provides fact sheets evaluating the safety, potential effectiveness and side effects of many plant sources, and maintains a registry of clinical research conducted on herbal products.

According to Cancer Research UK as of 2015, "there is currently no strong evidence from studies in people that herbal remedies can treat, prevent or cure cancer".

The use of herbal remedies is more prevalent in patients with chronic diseases such as cancer, diabetes, asthma and end-stage kidney disease. Multiple factors such as gender, age, ethnicity, education and social class are also shown to have association with prevalence of herbal remedies use. A survey released in May 2004 by the National Center for Complementary and Integrative Health focused on who used complementary and alternative medicines (CAM), what was used, and why it was used. The survey was limited to adults, aged 18 years and over during 2002, living in the United States. According to this survey, herbal therapy, or use of natural products other than vitamins and minerals, was the most commonly used CAM therapy (18.9%) when all use of prayer was excluded.

Herbal remedies are very common in Europe. In Germany, herbal medications are dispensed by apothecaries (e.g., Apotheke). Prescription drugs are sold alongside essential oils, herbal extracts, or herbal teas. Herbal remedies are seen by some as a treatment to be preferred to pure medical compounds that have been industrially produced

In India the herbal remedy is so popular that the government of India has created a separate department – AYUSH – under the Ministry of Health & Family Welfare. The



National Medicinal Plants Board was also established in 2000 by the Indian government in order to deal with the herbal medical system

Information is knowledge or fact learned especially about a certain subject or event, it is knowledge obtained from investigation or instruction. It is knowledge communicated or received concerning a particular fact or circumstance, news etc. A good information is accurate and timely, specific and organised for a purpose presented within a context that gives it meaning and relevance, and, can lead to increase in understanding and decrease in uncertainty.

Information is valuable because it can affect behaviour, a decision, or an outcome, it could also be regarded as news or knowledge received or given. An example of this is what is given to someone who asks for background about something. Information is a stimuli that has meaning in some context for its receiver. When information is entered into and stored in a computer, it is generally referred to as data. After processing (such as formatting and printing), output data can again be perceived as information.

STATEMENT OF THE PROBLEM

Plants have been the basis for medical treatments through much of human history; modern medicine makes use of many plant derived compounds as the basis for evidenced based pharmaceutical drugs. In line with this, the World Health Organization (WHO) estimates that 80 percent of the populations of some Asian and African countries presently use herbal medicines for some aspects of primary health care

Pharmaceuticals are prohibitively expensive for most of the world's population whereas herbal medicines are gathered from nature for little or no cost. World Health Organization (WHO) reveals that approximately 25 percent of modern drugs used in the United States have been derived from plants. At least 7,000 active compounds in the modern pharmacopoeia are derived from plants. Among the 120 active compounds currently isolated higher plants and widely used in modern medicine today, 80 percent show a positive correlation between their modern therapeutic use and the traditional use of plant from which they are derived, whereas herbal medicines are effective as conventional medicines.

However, it has been observed over time that the attitudinal disposition of many Nigerians in different strata of life reveals a dearth of knowledge interest as regards the efficacy of herbal drugs, unlike the ancient days, when, in order to improve their living conditions, our forefathers collected food from nature and look for refuge from the work of God. But in the recent times, we are so much enmeshed in the use of synthetic drugs, the source of which is equally traceable to natural herbs, coated with chemicals as preservatives with its attendant side effects. Could this then be attributed to our biased mind towards herbal drugs?

Therefore, the study becomes expedient as it would assist a lot in establishing the attitudinal disposition of staff in colleges of education towards herbal health information and products.

OBJECTIVES OF THE STUDY

The main objective of the study is to find out the attitudinal disposition of staff in colleges of education towards herbal health information. The specific objectives are to:

- i. determine the staff level of awareness about herbal health information
- ii. ascertain the staff's knowledge of herbal medicine



- iii. find out their knowledge of type and format of herbal health information available in the library
- iv. determine their knowledge of benefits and side effects of synthetic drugs
- v. examine the problem encountered by staff in taking herbal health
- vi. proffer necessary solution to eradicate the challenges confronting staff members in their use of herbal medicine.

RESEARCH QUESTION

- i. What is the staff level of awareness about herbal health information?
- ii. What is the staff's knowledge state about herbal medicine?
- iii. What is the staff knowledge of type and format of herbal health information available in the library?
- iv. What is the staff knowledge of benefits and side effects of synthetic drugs?
- v. What are the problems encountered by staff in taking herbal health?
- vi. What are the necessary solutions to eradicate the challenges confronting staff members in their use of herbal medicine?

LITERATURE REVIEW

Relevant literatures were reviewed under the following subheadings:

Concept of Herb

An herb is a plant or plant part used for its scent, flavor, or therapeutic properties. Herbal medicines are one type of dietary supplement. They are sold as tablets, capsules, powders, teas, extracts, and fresh or dried plants. People use herbal medicines to try to maintain or improve their health. Many people believe that products labeled "natural" are always safe and good for them. This is not necessarily true. Herbal medicines do not have to go through the testing that drugs do. Some herbs, such as comfrey and ephedra, can cause serious harm. Some herbs can interact with prescription or over-the-counter medicines.

However, If you are thinking about using an herbal medicine, first get information on it from reliable sources. Make sure you inform your health care provider about any herbal medicines you are taking.

Modern herbal medicine

Herbal medicine, known as phytotherapy, refers to the use of plant-based materials such as leaves, roots, tree bark, and seeds for therapeutic purposes. It is one of the oldest forms of healthcare and remains widely used globally. In modern times, herbal medicine has evolved through integration with scientific research, pharmacology, and biotechnology, forming what is referred to as modern herbal medicine. Historically, herbal medicine has been central to healthcare systems across cultures, especially in Africa, Asia, and South America. Many modern pharmaceutical drugs have been derived from plant compounds; this demonstrates the continued relevance of herbal medicine in contemporary healthcare. Therefore, modern herbal medicine differs from traditional practice by emphasizing scientific validation, standardization of dosage, clinical trials and quality control. By implication, this transition reflects the shift from empirical use to evidenced based practice. (Yusuf, 2025, Li & Wang, 2017, Aslam & Kim, 2025)

Clinical tests in Herbal Medicine

Clinical trials are essential for the safety, efficacy, and quality of herbal medicines in human beings. Basically, as herbal medicine becomes integrated into modern healthcare, there is increasing emphasis on evidence-based validation through scientifically designed clinical

studies (Koonrugesomboon et al, 2024). Clinical tests in herbal medicine are of different types, this ranges from preclinical studies, which involves laboratory (in vitro) testing, and animal studies. These studies assess toxicity, pharmacological activity, and dosage safety. For instance, herbal formulations are often tested individually and in combination before clinical trials begin. Other phases include phase I,II,III clinical trials and phase IV (post-marketing surveillance), while Phase I clinical trials is being conducted on small groups of healthy volunteers, it focuses on safety, dosage and side effects, on the other hand, phase II is a large scale studies involving hundreds of patients. These trials provide strong evidence for clinical effectiveness, as compare herbal medicine with standard drugs, and placebo. Meanwhile, the fourth phase which centers on post marketing surveillance monitors long term safety and rare side effects (Park, et-al, 2012).

Prevalence of use of Herbal Medicine in Nigeria

Obviously, the use of herbal medicine is widespread globally and remains a key component of healthcare systems, most especially in developing countries. The reason for herbal medicine in some developing economies might not be unconnected with issues around accessibility, affordability, cultural acceptance, and perceived safety.(WHO, 2019).it must be noted that globally, it is estimated that about 70-80% of the world population relies on herbal medicine for primary healthcare needs (WHO,2019). The prevalence of is particularly evident in regions such as Asia, Africa, and Latin America where herbal medicine in many of these areas serves as the first line of treatment owing to limited access to modern healthcare facilities (Benzie & Waachtel-Galor, 2011)

According to World Health Organisation (2019), herbal medicine plays a dominant role in healthcare delivery in Africa. Reports indicate that up to 80% of Africans depend on traditional and herbal medicine for their health needs, it is observable that factors influencing this high usage includes cultural practices, cost of conventional medicine, limited healthcare infrastructure and availability of medicinal plants (WHO, 2019). In Nigeria, herbal medicine is widely used across both rural and urban populations as several studies have shown that a significant proportion of Nigerians use herbal remedies alongside conventional medicine, it has also been established that herbal medicine is commonly used for treating malaria, infections, and chronic conditions, and self medication with herbal products is prevalent. Research also highlights increasing use among even the educated populations, indicating growing acceptance beyond traditional settings (Oreagba et-al, 2011)

Herbal Health Information

The concept of herbal information refers to knowledge about the use, benefits, safety, preparation, and effects of medicinal plants in maintaining health and treating diseases. As herbal medicine continues to gain global acceptance, access to accurate and reliable health information is essential for safe and effective use (WHO,2019). It must be noted that herbal health information could be obtained from various sources, these include traditional knowledge which may be passed down through generations, it is mostly common in rural areas, and also include indigenous practices and beliefs. Herbal health information are also obtainable through healthcare professionals who may likely be herbalists and traditional healers, pharmacists and medical doctors. It can also be accessed through scientific research outputs like journals and clinical studies, university and research institutions, which provide evidence based information on herbal efficacy and safety. Others include media and digital platforms which could be through internet websites, social media or television and radio. However, online information may sometimes be misleading or unverified, as a result, making critical evaluation important (Ekor, 2014). Reliable herbal health information is



expected to include identification of herbs, which gives information about scientific and common names, plant parts used, be it the leaf, root, bark or seed. It must also give the therapeutic uses which show the conditions treated e.g malaria, infections or hypertension. It equally gives dosage and administration ranging from quantity and frequency of use, methods of preparation (infusion, decoction, and extraction). Complete herbal health information gives safety information as regards side effects, toxicity levels and contraindications (e.g., pregnancy, chronic illness among others), and as well, drug interactions which reflects possible interactions with conventional medicines.

Herbal preparations

There are many forms in which herbs can be administered, the most common of which is in the form of a liquid that is drunk by the patient—either an herbal tea or a (possibly diluted) plant extract. Several methods of standardization may be determining the type of herbs used. One is the ratio of raw materials to solvent. However different specimens of even the same plant species may vary in chemical content. For this reason, thin layer chromatography is sometimes used by growers to assess the content of their products before use. Another method is standardization on a signal chemical.

Plants and plant based medicaments

Plants are the oldest associates of man from very ancient times. Our verdict scriptures contain a plethora of information about the names and uses of many plants. There could be no two options regarding the ethnic, floristic and agricultural diversity of india, a country in which two out of eighteen hot spots of the world are located and also regarded as one of the twelve mega biodiversity countries in the world. However, it is a fact realized all over the world that indigenous cultures are under the danger of extinction due to the advent of modern civilization and changes in sustenance economy. According to Chandra (1990), these groups of people are not to be pitied for primitive existence, but honoured and conserved for their richness of human existence in harmony with nature.

Out of the over 15,000 species of higher plants occurring in India (of which about one-third of the species is endemic), economic utility of only 9,000 plants (7,500 medicinal, 3,900 edible; 700 culturally important; 525 fodder; 300 pesticides and insecticides; 300 gum resins and dye; 100 incense; and perfume) are known so far (Sood, Sharma, Kumar and Lakhanpal, 2010). Although a good proportion of species and medicinal plants do occur throughout the country, peninsular Indian forests and the Western Ghats are highly significant with respect to varietal richness (Parrota, 2001). Out of the 7,500 medicinal plant species belonging to 2,200 genera under 386 families in India (Planning Commission, 2000), Asteracea with 419 genera share the larger proportion of medicinal plant species, followed by Europhorbiacea and Fabacea (214 genera each), Rubiaceae (208 genera), Poaceae (168 genera), Acanthaceae (141 genera), Rosaceae (121 genera), apiaceae (118 genera), etc. Maheshwari (1980) cited investigations undertaken in several countries for inventing new drugs from age-old herbalists and emphasized to tap such knowledge for bringing out hidden and secret uses that are required in pharmacological research. Sood et-al (2010), mentioned that plants are good producers of unique and diverse chemical compounds. About 1,100 plant species are frequently used by around 0.4 million registered practitioners in Indian Systems of medicines, of which about 500 plants are commonly employed in Ayurvedic, Unani and Homeopathic preparations by over 5,000 licensed manufacturing units, most of which involve the use of plant extracts (Sandhya et-al, 2006). Nearly 80% of the world population rely on traditional medicine for primary health care needs as plant based derivatives are saver, easily available and less expensive than costly modern medicines. Therefore, conservative estimates put the economic value of medicinal plant -related trade in India to



be of the order of Rs3,400 million every year. (Gupta, 1986), And world trade medicinal plants to be over US \$60 billion. As a matter of fact, plants and plant based medicaments serve as the basis of many of the modern pharmaceuticals being used today for our various ailments. Ironically, only a very small fraction of plant resources has been utilized

Biodiversity and Human Health

It has been established by Trivedi (2009) that all medicines once used to come from plants and animal resources. Even today medicinal drugs derived from natural resources make an important global contribution to healthcare. An estimated 80 per cent of people in less developed knowledge countries rely on traditional medicines for primary health care, this shows no signs of decline despite availability of Western medicine.

He expressed further that even now, 80 per cent people in the developing countries depend upon traditional medicines. For instance, penicillin and tetracycline are amongst the 3,000 antibiotics from micro-organisms and the recent discovery of cyclosporine from soil fungus has revolutionised the heart and kidney transplant surgery. There are as many as 200 species of desert plants of minor medicinal uses such as *phyllanthus amarus*, *Boerhoavia elegans* and *Vicoa* which have proved to be of great use in the desert. In addition to the above, *Catharanthus roseus*, a pretty pink-flowered plant of Madagascar is a wonderful plant, since the extract from this flowers can stop childhood leukaemia. It has many different stains. This herb contains more than 100 alkanoids. More important ones are vincristine and vinblastine, used to treat childhood leukaemia is only 20 per cent as efficacious as the natural products derived from *Catharanthus roseus* (Rosy Periwinkle). In Tamil Nada and Kerala there are firms which are exporting the roots of this plant. They supply the seeds of selected strains of this species and collect the root crops themselves, thus solving the buy-back problem which is one of the greatest hurdles in the cultivation of medicinal plants.

Economically, medicinal plants, due their level of efficacy and great propensity in traditional medicine, they capable of assisting the nation, not only in the area of health but also in terms of economic development. For instance, the Indian desert contains a large number of biodivertic entities such as *Commiphora wightii*, *Withania somnifera*, *Urginea indica*, *Solanum surattense*, etc which are all of immense medicinal value having enormous export potentials. Also, the demand for some medicinal plants like guggal, an Oleo-gum resin, which has long been used in Ayurvedic medicines has of late attracted attention for its anti-inflammatory, anti-rheumatic, hypocholesterolemic and hypolipaemic activity. However, the crude drug market plants and their parts are not kept in proper conditions and many of them are adulterated and substituted with genuine drugs, this therefore calls for more reasons to discuss this problem and evolve its solution so that standard and quality medicines are produced.

Meanwhile, Khan & and Iqbal (2011) maintained that green plants synthesize and preserve a variety of biochemical products, many of which are extractable and used as raw materials for various scientific investigations. Many secondary metabolites of plants are commercially important and find use in a number of pharmaceutical compounds. However, a sustained supply of the source material often becomes difficult due to the factors like environmental changes, cultural practices, diverse geographical distribution, labour cost, selection of the superior plant stock and over exploitation by pharmaceutical industry.

MEDICINAL PLANTS

Aloe Vera



According to Khan & and Iqbal (2011), Alloy vera also called "the elixir of youth" by the Russians, "the herb of immortality" by the old Egyptians or the "harmonious remedy by" by the Chinese, Aloe vera is without a doubt the medicinal herb most widely known for its noticeable impacts on health and at the same time the ingredient most widely used in the cosmetic industries. Not one study conducted so far was fully able to explain the wonders which lie within this herb and how its compounds work together in a miraculous way to bring about the treatment or the alleviation of some of the most serious illness such as cancer or AIDS.

Aloe vera has proved its efficiency from the simplest allergies to the treatment of wounds and skin infections and even to the treatment of wounds and skin infections and even to its usage in alleviating more serious afflictions. With the help of this herb a wide variety of internal and external afflictions are controlled, like asthma, virosis, arthritis, arthrosis, gingivitis, bronchitis, pharyngitis, intestinal inflammations, constipations, obesity, sprains, muscle strains, cutaneous inflammations. The efficiency of the herb was also proven in the cases of anemia, deficiency illness, insomnia and depressions and the B-sisterole from the Aloe vera brings about the lowering of the cholesterol level. Also, this herb is used for controlling the side effects of chemotherapy and radiation therapy, diabetes, hepatitis and pancreatitis and multiple sclerosis.

Apples

The apple as a fruit contains between 83 and 93% water. As regards the nutritional information about the apple, it is known to contain free combined organic acids, pectin's, proteins Ca, Na, Fe, K, P and in small quantities Si, Al, S, Co etc. apples also contain vitamins A,B,C and PP in the exterior part of the fruit. Very important is the fact that the skin of the apple contains two times the quantity of Pentatonic acids and vitamin C than the pulp. The therapeutic recommendations of apple include: moderate acidity that helps the digestive system, provoking trough reflex act an important growth of saliva and gastric secretions; a little bit laxative when eaten with its skin, absorbing the toxins and microorganisms from the intestine level; also, when eaten without the skin represents an important treatment for children in acute and chronic diarrhea., its diuretic action and massive elimination of uric acid;good in diets against obesity; favourable results in infantile diabetic treatment together with tomatoes diets; calming action at the nervous system levels while when eaten before bed help and eases the sleep; and, with favourable action in high blood pressure which, combined with its properties to reduce cholesterol make from apple a good recommendation in atherosclerosis.

Banana

The banana (*Musa paradisiaca*) plant is a herbaceous plant of the family of Musaceae is considered to have been the first fruit to appear on the Earth, originated in South Africa. Bananas are true sources of energy. A banana contains potassium, proteins, fibres, carbohydrates, and an association of vitamins A, B, C and E; it is rich in calcium, magnesium, iron, zinc and folic acid. By implication, it is one of the healthiest fruits. It also contains serotonin or the substance of happiness, having an anti-stress role, other properties include being helpful in anti-fat treatments being very dense, as it also offers a sensation of satisfaction.

Fennel

Fennel is a herb native to the Mediterranean region which gained popularity ever since the middle ages when it was cultivated near monasteries. Also, a fennel is one of the nine sacred

herbs of the Saxons which was capable to cure the nine instances of illness. It is believed from folklore that this herb has mysterious vitalistic characters. It was believed that snake would digest fennel to shed their skin and to sharpen their vision. Likewise it was believed that this herb has a rejuvenating effect on man and helps the eye sight. Moreover, fennel stimulates lactation and loss of weight. However, the consumption in excessive quantities is not indicated because it can lead to muscular convulsions and even hallucinations.

Fennel contains many minerals and vitamins: vitamin C, fibres, us substances from intestines, rich in potassium – an essential mineral which helps decrease the high blood pressure that can cause heart attack. Fennel seeds, leaves and roots are edible, but the fat extracted from the fennel seeds was proved to be toxic even in small quantities-leading to skin rashes, breathing problems and nausea. The steam resulting from the boiling of the fennel leaves in water alleviates asthma and bronchitis.

Fennel is a good remedy against intestinal worms by administering light infusions of fennel leaves and seeds. The fennel mixture is used to sharpen the eyesight and alleviate eye irritations. Fennel seeds and roots unclog the liver, spleen, billiary bladder and eliminate cramps. The tea from fennel leaves and seeds is beneficial for removing intestinal worms and bacteria. The syrup made from fennel juice alleviates the violent bouts of cough. The volatile oil is antiseptic, sedative, expectorant and it is used in the making of soap and perfumes. The herb also has a very valued effect: if it is poverised in coops and stables it keeps the flees away.

Garlic

Galic (*Allium sativum*) is a plant native to Africa and Central Asia. It was discovered and used by the ancient Egyptians, Babylonians, Jews, Greeks and Romans. Garlic earned a renowned place in the modern natural medicine. In the Middle Ages and Renaissance when population was facing great plague by using antiseptic garlic vinegar. As a result, garlic was known as the best antidote against the plague under the name of "the vinegar of the four thieves". The diuretic qualities were discovered Bartholius, who recommended it for treating ague, while Sydenham would recommend it as a dropsical treatment.

The active compounds of garlic are volatile oil, the mixture between sulfide and allyl oxide in an almost pure state, two very important mineral antibiotic components (sulfur, iodine,zinc, and manganese) and vitamins B and C

The main therapeutic qualities of garlic describe it as being antiseptic, antibacterial, stimulating digestion, reducing high blood pressure, glandular regulator, diuretic and even cancer treatment. Internally, garlic is not used so much due to the strong smell that remains in the mouth. Yet it is being used often for treating various afflictions; the consumption of 2-3 cloves of garlic a day has wonderful result in treating pharyngitis and intestinal infections. It also counteracts flu complications and helps treat gout and insures a general state of health. Externally, garlic enemas are effective against intestinal worms. Other usages of garlic are:

- Ground and mixed in grease or oil, it is recommended as an ointment. This mixture is named "devil's mustered" and is used at treating white tumors;
- The mixture obtained from a clove of garlic mixed with camphorated oil used in rubbing the back and chest with, is effective against scabies;
- The disinfection of wounds can be successfully done by grinding a clove of garlic and mixing it until a solution is obtained (10% garlic juice 1-2% alcohol) or by making dabs or garlic (30g of ground garlic put to sit in 500 ml of finger for ten days);
- The mixture obtained from a clove of garlic mixed with camphorated oil is successfully used in treating asthenia and rheumatism;

- For the individuals who are hypertensive it is recommended that they take mixture prepared from garlic (2-3 cloves of garlic are grained and left to sit in 1 litre of alcohol for about 15 days). The resulting mixture is consumed by taking two spoonfuls everyday before eating;
- Cases of bad acne get better by rubbing the inflamed spots with half of garlic clove.
- Wounds (and) blackheads can be treated by applying poultices made of ground garlic. Results are visible after two weeks. Poultices of warm oven-cooked cloves of garlic can be further used to protect healthy skin.

Garlic juice is another useful treatment obtained from this herb. It has noticeable results in treating; hypertension, infectious diseases, lung problems, bronchitis, tuberculosis, asthma, intestinal parasites and can even deter cancer occurrence. Indications include: several drops of garlic juice digested with a small quantity of sugar are efficient in stopping a bout of asthma; a wad of cotton soaked in garlic juice calms an ear ache; eliminating the intestinal worms, a mixture of 20ml of garlic juice with 200ml of warm milk drunk early in the mornings is very efficient as a treatment.

However, as a caution, to eliminate the unpleasant smell of garlic it is advisable to chew 2-3 coffee beans, aniseed or caraway, an apple or a piece of parsley. Another less known benefit that garlic has is its aphrodisiac effect. Research has shown that garlic is capable of improving the blood flow through the veins and also the sexual performance in men. Unfortunately, garlic consumed in normal quantities is unable to reach spectacular results. But the edible products containing garlic may aid you in this sense. (Khan & Iqbal, 2011).

RESEARCH METHODOLOGY

The research design employed for the study was descriptive survey method to find out the attitudinal disposition towards herbal health information among staff in colleges of education in Oyo metropolis. Descriptive survey method is expected to describe systematically the facts, qualities and characteristics of the given population, events or area of interest, as factually and accurately as possible. This research method was considered appropriate for this type of study as it is commonly used in the social and behavioural sciences research

POPULATION OF THE STUDY

The population of the study consist of the staff of the colleges of education within Oyo metropolis, specifically, the entire staff of the two colleges involved. The target population were mainly staff of the colleges under consideration, regardless of their levels of education, disabilities, departments, nature of appointment (be it casual or permanent), category of staff, tribe or race.

SAMPLING PROCEDURE

A sampling technique is a scientific procedure of selecting samples from a given population; therefore, in order to make the study more meaningful, given the size of the population, the target group for this study was randomly selected across colleges, departments and schools of the colleges.

Research instrument

Structured questionnaire consisting relevant items of 4 likert scale which ranges from Agree A to Strongly Disagree SD

DATA ANALYSIS AND PRESENTATION

The data gathered from the instrument was used to elicit responses from the respondents, which was analyzed and presented using frequency counts, percentages, charts and tables.

Research question 1: What is the staff level of awareness about herbal health information?

Tables 1: Staff level of awareness about herbal health information

ITEM	SA	%	A	%	D	%	SD	%	TOTAL
I can readily access herbal health information	40	40	15	15	30	30	15	15	100
Only the initiated can have access to herbal health information	45	45	20	20	25	25	10	10	100
I have the knowledge of the use of herbs as supplements	30	30	12	12	36	36	22	22	100
I don't have information about the potency of any herb	35	35	12	12	40	40	13	13	100

The above table reveals that 45 (45%) of the respondents submitted that they can readily access herbal health information while 55 (55%) were of contrary opinion. It is equally evident that 65(65%) respondents attested to the fact that only the initiated can have access to herbal health information while 35(35%) respondents shared different opinion. On the issue of having knowledge of herbs as supplements, only 42(42%) respondent agreed while the entire 58(58%) respondents claimed otherwise. Only 47(47%) respondents submitted that they do not have information about the potency of any herb while 53(53%) affirmed that they are really aware of herbal potency.

Research question 2: What is the staff's knowledge state about herbal medicine?

Tables 2: staff's knowledge state about herbal medicine

ITEM	SA	%	A	%	D	%	SD	%	TOTAL
I can manipulate herbs for their personal use	10	10	15	15	27	27	48	48	
I have been using herbs since few years ago	13	13	12	12	29	29	46	46	
I can easily identify useful herbs around	11	11	14	14	33	33	42	42	
I can identify different herbs for different ailments	7	7	18	18	35	35	60	60	
I can treat sicknesses with local herbs	5	5	10	10	39	39	46	46	

It can be deduced from the above table that only 25% (25) respondents can manipulate herbs for their personal use while 75% (75) disagree. It was equally evident that 25% (25) agree they have been using herbs several years back while 75% (75) disagree. As regards identification of useful herbs, 25% (25) respondents agree while 75% (75) disagree. Only 25% (25) can identify different herbs for different ailments while 75% (75) disagree. The findings also revealed that 15% (15) respondents agree that they can readily treat sicknesses with the use of local herbs while 85% (85) claimed otherwise.

Research question 3: What is the staff knowledge of type and format of herbal health information available in the library?

Tables 3: Staff knowledge of type and format of herbal health information available in the library

ITEM	SA	%	A	%	D	%	SD	%	TOTAL
There are some books that give herbal health information in the library	5	5	3	3	54	54	38	38	100
I do enjoy health information in the library through newspaper reading	4	4	3	3	55	55	38	38	100
There are readily available health information magazines in the library	3	3	3	3	64	64	30	30	100
I don't know how and where to access health information in the library	47	47	45	45	5	5	3	3	100
There are some offline resources where health information can be accessed in the library	53	53	42	42	2	2	3	3	100

The table above reveals that 8% (8) respondents declared that there are some books that give herbal health information in the library while 92 (92) disagree. Only 7% (7) maintained that they do enjoy health information in the library through newspaper reading while 93% (93) disagree. It was evident from the responses of 6% (6) respondent that there are health information magazines in the library, while 94% (94) respondents disagree. As regards having the knowledge of where and how to access health information in the library, 92% (92) respondents disagree while only 8% (8) agree. It was equally revealed by 95% (95) respondents that there are no offline resources where health information can be accessed in the library while 5% (95) claimed otherwise.

Research question 4: What is the staff knowledge of benefits and side effects of synthetic drugs?

Table 4: Staff knowledge of benefits and side effects of synthetic drugs

ITEM	SA	%	A	%	D	%	SD	%	TOTAL
There is no synthetic drug without side effects	29	29	16	16	38	38	17	17	100
Synthetic drugs cannot cure some incurable diseases like asthma, cancer etc	36	36	18	18	33	33	13	13	100
Synthetic drugs work with	44	44	17	17	28	28	11	11	100



immediate effect									
Synthetic drugs give lasting solution to every health challenges	17	17	12	12	46	46	25	25	100
Synthetic drug can be deadly if wrongly administered	42	42	32	32	16	16	10	10	100

The above table reveals that only 55% (55) of the respondents submit that there is no synthetic drug without side effects while 45% (45) respondents disagreed. It is also evident from the table above that 54% (54) respondents declared that synthetic drugs cannot cure some incurable diseases like asthma, cancer etc, while 46% (46) respondents disagree. Majority of the respondents, 61% (61) agreed that synthetic drugs work with immediate effect while 39% (39) claimed otherwise. The table also reveals that 74% (74) respondents agree that synthetic drug can be deadly if wrongly administered while 26% (26) disagree.

Research Question 5: What are the problems encountered by staff in taking herbal health?

Table 5: Problems encountered by staff in taking herbal health

ITEM	SA	%	A	%	D	%	SD	%	TOTAL
I detest herbs because I do not know the exact proportion for my body chemistry	55	55	32	32	9	9	4	4	100
Society believes only the poor takes herbs	66	66	22	22	7	7	5	5	100
Herbs preparation processes are not hygienic	57	57	34	34	7	7	2	2	100
Most of the herbs processes, preparations and usages are diabolical	44	44	21	21	19	19	16	16	100
Locating and identifying some useful herbs are very difficult	58	58	33	33	6	6	3	3	100

Table 5 reveals that 87% (87) detest herbs owing to the fact that they do not know the exact proportion for their body chemistry while only 13% (13) respondents disagree. It also evident from the responses of the respondents that 88% (88) maintained that the assumption of the society is that only the poor takes herb while 12% (12) respondents disagree. As regards the hygienic condition of herbs' preparation, 91% respondents agree that herbs preparation processes are not hygienic while 9% (9) respondents claimed otherwise. The table also reveals that 65% (65) respondents agree that most of the processes, procedures, preparations and usages are diabolical while 35% (35) respondents disagree. On the issue of identifying and locating useful herbs, 91% (91) respondents agree that it is always difficult while only 9% (9) respondents disagree.

Research Question 6: What are the necessary solutions to eradicate the challenges confronting staff members in their use of herbal medicine?

Table 6: Solutions to the challenges confronting staff members in their use of herbal medicine

ITEM	SA	%	A	%	D	%	SD	%	TOTAL
Librarians should give more attention to	42	42	34	34	21	21	3	3	100



herbal health information dissemination									
Librarians need to repackage herbal health information for the use of the institutions' community	39	39	28	28	26	26	7	7	100



There should be a continuous dissemination of both current awareness information (CAS) and selective dissemination (SDI) of health based information by the library	34	34	29	29	18	18	19	19	100
Librarians should incorporate herbal health information into the programmes of annual library week	31	31	33	33	27	27	9	9	100
Library should engage in strategic display and exhibition of herbal health information based materials	42	42	29	29	18	18	11	11	100

Table 6 reveals that 76% (76) respondents agree that librarians should give more attention to herbal health information dissemination while 34% (34) respondents are of different opinion. It can also be deduced that 67% (67) respondents are of the opinion that Librarians need to repackage herbal health information for the use of the institutions' community, while 33% (33) respondents disagree. On the issue of establishing be a continuous dissemination of both current awareness information (CAS) and selective dissemination (SDI) of health based information by the library, 63% (63) agree while 37% (37) disagree. As regards the incorporation of herbal health information into the programme of annual library week, 64% (64) respondents agree while 36% (36) respondents disagree. The table also established that 71% (71) respondents agree that libraries should engage in strategic display and exhibition of herbal health information based materials while only 29% (29) respondents disagree.

DISCUSSION OF FINDINGS

The results of the study shows that herbal health information are not readily accessible by majority of the respondents, and that there was a notion that only the initiated can access herbal health information. It was also established that only few have the knowledge of herbal supplements. Meanwhile, majority of the respondents are fully aware of the herbal potency. This gives credence to the submissions of Khal & Iqbal (2011) when they declared that "not one study conducted so far was fully able to explain the wonders which lie within this herb and how its compounds work together in a miraculous way to bring about the treatment or the alleviation of some of the most serious illness such as cancer or AIDS."

It can also be inferred from the findings of the study that majority of the respondents cannot manipulate herbs for their personal use, and only a very few have been engaging in the use of herbs several years back. Findings also reveal that only a selected few can either identify useful herbs or identify different herbs for different ailments respectively. It was equally established that majority of the respondents cannot treat sicknesses with the use of local herbs.

Revelations were made that majority of the respondents are not aware of the presence of herbal health information based materials in the library, hence only few do enjoy health information in the library through newspaper reading. Majority of the respondents declared that there are no health information magazines in the library, and majority of the respondents cannot locate and access health information in the library. Meanwhile, only a few affirmed that there is offline health information in the library.

Evidences abound from the findings that majority of the respondents are of the opinion that synthetic drugs have side effects, cannot cure some incurable diseases like asthma, cancer HIV/AIDS etc. Meanwhile, majority of the respondents affirmed that synthetic drugs work with immediate effect and can be deadly when wrongly administered.

Findings also reveals that majority of the respondents detest herbs due to their lack of knowledge of the exact proportion for their body chemistry. However, greater percentage of the respondents opines that only the poor takes herb. Meanwhile, this finding is in tandem with the submissions of Travedi (2009) when he affirmed that 80 per cent people in the developing countries depend upon traditional medicines. Submissions of the respondents detest the unhygienic condition of herbs preparation, as they declare that its preparations and processes are not hygienic. The majority of the respondents also maintained that most of the herbal processes, procedures and usages are diabolical, while identifying and locating useful herbs is extremely difficult.

Finally, it can be deduced from the responses of the respondents that librarians should give more attention to herbal health information dissemination, as well as the need to embrace herbal health information repackaging for the use of institution's community. It was also established that there is the need for a continuous dissemination of both current awareness information (CAS) and selective dissemination of information (SDI) by the libraries on herbal medicines. It was equally affirmed that herbal health information should be incorporated into the programme of annual library week as well as strategic display and exhibition of herbal health information based materials.

CONCLUSION

The study examined the attitudinal disposition towards herbal health information among staff in colleges of education in Nigeria. Samples were randomly selected from the two colleges of education within Oyo metropolis.

Conclusions were made that that all medicines once used come from plants and animal resources. Even today medicinal drugs derived from natural resources make an important global contribution to healthcare. However, only few are deep rooted in herbal medicine. This cannot be unconnected with erosion of our cultural heritage based on western influence. Majority are not paying full attention to details about herbs as only a few can either identify, process or manipulate useful herbs.

It can also be concluded that majority of the respondents are not aware of both the presence and location of herbal health information materials in the library. It has been established that synthetic drugs have side effects. However, some are still bent on its continuous usage, hence the notion that herbal medicines are diabolical with unhygienic processes and procedures. Therefore, recommendations are made as follow:

RECOMMENDATIONS

- Libraries should make unrelenting awareness on the efficacy of herbal medicines
- There should be proactive repackaging of herbal health information for the use of libraries' community
- Efforts should be made to ensure a purposeful display and exhibition of herbal health information by the libraries
- Awareness should also be created on the means and methods of identifying different herbs, their nature, outlook and seasons
- A blend of medical ICT based instruments like quantum is necessary as a guide, this will give required diagnoses of the diversity or variations in body chemistry for the administration of proportionate herbs
- Efforts should be made to preserve the shelf lives of herbal products in order to prolong its potency for a considerable length of time

- The facts that there could be variation in chemical composition of different herbs based on the type of soil or environment implies that efforts should be geared towards domesticating these useful herbs within our compounds
- Efforts should be geared towards the discouragement of deforestation in order to guide against the extinction of useful herbs.
- There should be a general re-orientation of the public as a way of dis-abusing their minds about herbal medicines
- More awareness needs to be created on the dangers inherent in synthetic drugs with its devastating side effects.
- Government should encourage herbal health practitioners and promote research based on medicinal herbs and indigenous herbal health practices.

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