

# Investigating The Potential Implications of Uyayak Plant as Herbal Remedy for The Treatment of Health Issues at Mama Sadia Herbal Centre, Area 7, Garki, Abuja, Nigeria.

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**Abstract-** *This study investigates the potential implications of the Uyayak plant (*Laportea aestuans*) as a herbal remedy for the treatment of health issues among clients of Mama Sadia Herbal Centre, Area 7, Garki, Abuja, Nigeria. The study is anchored on two specific objectives: first, to identify the range of health conditions treated with the Uyayak plant at Mama Sadia Herbal Centre; and second, to examine the perceived effectiveness of the Uyayak plant as a herbal remedy among users. A descriptive survey research design was adopted, and data were collected through structured questionnaires administered to 213 respondents drawn from clients and practitioners at the herbal centre using a purposive and systematic sampling technique. The findings reveal that the Uyayak plant is widely applied in treating conditions including malaria, skin diseases, joint and body pain, gastrointestinal disorders, and sexually transmitted infections. A majority of respondents (67.1%) reported the plant to be effective in managing their health conditions, while 18.3% indicated partial effectiveness. Key challenges such as the lack of standardized dosage, limited scientific validation, and risk of adverse reactions were also identified. The study concludes that while the Uyayak plant holds significant therapeutic potential, its utilization as a herbal remedy requires greater scientific investigation, regulatory oversight, and integration into broader healthcare policy. The study recommends documentation of indigenous herbal knowledge, promotion of ethnobotanical research, and collaborative engagement between herbal practitioners and orthodox medical professionals.*

**Index Terms:** *Uyayak plant, Herbal remedy, Traditional medicine, Health treatment, Ethnobotany*

## I. INTRODUCTION

The use of plants as medicinal remedies is as old as human civilization itself. Across cultures and continents, indigenous communities have long relied on the therapeutic properties of plants to treat, manage, and prevent a wide range of health conditions (Sofowora et al., 2013). In Africa, traditional herbal medicine constitutes a primary source of healthcare, particularly in communities where access to orthodox medical services is limited, expensive, or culturally inconsistent with local beliefs and practices (World Health Organization [WHO], 2019). Nigeria, home to an extraordinarily rich biodiversity and diverse ethnic nationalities, boasts an extensive tradition of herbal medicine that continues to serve millions of people across rural and urban settings (Gill, 2017).

Among the numerous plants used in Nigerian traditional medicine, the Uyayak plant (*Laportea aestuans*), also known in various local dialects by names such as "Itan" among the Yoruba and "Ijuagba" in some Igbo communities, has gained recognition for its wide-ranging therapeutic applications. The plant, belonging to the family Urticaceae, is commonly found across tropical and subtropical regions of West Africa and has been documented by ethnobotanists for its analgesic, anti-inflammatory, antimicrobial, and antipyretic properties (Burkill, 2017; Abo et al., 2020). At the community level, herbal practitioners and traditional medicine vendors utilize the Uyayak plant in the preparation of concoctions, topical applications, and oral remedies for conditions as varied as malaria,

rheumatism, skin diseases, and fertility disorders (Nyananyo & Gijo, 2018).

Despite its widespread use in traditional healing practices, scientific documentation of the Uyayak plant's therapeutic potential remains limited and fragmented. While a handful of pharmacological studies have highlighted the presence of bioactive compounds such as flavonoids, alkaloids, and tannins in the plant (Harborne, 2019), there is still a significant gap between folk knowledge and empirical validation. Herbal centres like Mama Sadia Herbal Centre in Area 7, Garki, Abuja, represent important sites where such indigenous knowledge is preserved and practiced daily. These centres attract a clientele that often combines herbal treatment with conventional medicine or relies exclusively on herbal remedies due to cost, accessibility, or cultural preference (Ekor, 2014).

This study is situated within the broader discourse on the integration of traditional medicine into modern healthcare systems in Nigeria. The National Policy on Traditional Medicine and Complementary and Alternative Medicine (TCAM), adopted by the Federal Government of Nigeria, acknowledges the role of herbal practitioners and recommends the documentation and regulation of herbal medicinal products (Federal Ministry of Health, 2020). In this context, studies that examine the actual practices, health conditions addressed, and perceived outcomes of herbal remedy use contribute meaningfully to evidence-based policy development and public health planning.

Mama Sadia Herbal Centre in Area 7, Garki, Abuja, presents a unique setting for this investigation. As an urban herbal centre operating within the Federal Capital Territory, it serves a diverse clientele including civil servants, traders, students, and residents who seek herbal treatment for a variety of ailments. The centre's documented use of the Uyayak plant as one of its primary therapeutic ingredients offers a focused opportunity to explore the implications of this plant in contemporary herbal healthcare delivery. The significance of this research lies in its ability to generate empirical data on the health conditions for which the Uyayak plant is prescribed, the perceived effectiveness of its

treatment outcomes, and the challenges associated with its use. Such data can inform health policy, guide further pharmacological research, and contribute to the broader goal of integrating traditional medicine into Nigeria's formal health system.

To achieve these aims, the study focuses on two main objectives: first, to identify the range of health conditions treated with the Uyayak plant at Mama Sadia Herbal Centre; and second, to examine the perceived effectiveness of the Uyayak plant as a herbal remedy among its users. Through these objectives, this study contributes to knowledge on ethnobotany, traditional medicine, and public health in Nigeria.

## II. STATEMENT OF THE PROBLEM

Despite the widespread use of herbal plants in traditional healthcare across Nigeria, the systematic documentation and scientific evaluation of specific plants like Uyayak (*Laportea aestuans*) remain grossly inadequate. While orthodox medicine continues to advance through evidence-based protocols and clinical trials, traditional herbal medicine in Nigeria operates largely outside formal regulatory frameworks, relying predominantly on oral transmission of knowledge and anecdotal evidence of effectiveness (Sofowora et al., 2013). This creates a significant knowledge gap that endangers both public health and the preservation of valuable indigenous medicinal knowledge.

At Mama Sadia Herbal Centre in Area 7, Garki, Abuja, the Uyayak plant is actively employed in the treatment of diverse health conditions. However, there is little to no formal documentation of the specific health issues addressed, the preparation methods used, the dosages administered, or the outcomes experienced by users. This absence of systematic records not only limits the ability to evaluate the plant's therapeutic potential but also exposes clients to risks associated with undocumented and unstandardized herbal preparations (Ekor, 2014). Moreover, while users often report positive health outcomes, these claims have not been empirically examined within the context of this herbal centre, making it difficult to

assess the actual effectiveness of the Uyayak plant as a remedy.

The problem is further compounded by a lack of interdisciplinary engagement between herbal practitioners and biomedical scientists, which stifles the potential for collaborative validation of traditional remedies (WHO, 2019). Without such engagement, the therapeutic claims associated with the Uyayak plant remain unverified, undermining public confidence in herbal medicine and limiting its potential contribution to Nigeria's healthcare system. This study therefore seeks to investigate the health conditions treated at Mama Sadia Herbal Centre using the Uyayak plant and to assess users' perceived effectiveness of the plant as a remedy, thereby addressing the identified gaps in documentation and empirical knowledge.

### III. LITERATURE REVIEW

#### Conceptual Clarifications

##### The Uyayak Plant (*Laportea aestuans*)

The Uyayak plant, scientifically identified as *Laportea aestuans*, is a tropical herbaceous plant belonging to the family Urticaceae. It is widely distributed across West and Central Africa and is known by several local names depending on the ethnic group and geographic region (Burkill, 2017). In Nigerian traditional medicine, the plant is valued for its leaves, roots, and stems, which are used in various preparations including decoctions, infusions, and topical applications. Pharmacological analyses have identified the presence of biologically active compounds including flavonoids, alkaloids, saponins, tannins, and phenolic acids, which are associated with anti-inflammatory, analgesic, antimicrobial, and antioxidant activities (Harborne, 2019; Abo et al., 2020). In communities where the plant is indigenous, traditional healers use it to manage fever, pain, infections, and reproductive health challenges, among other conditions.

##### Traditional Medicine and Herbal Remedies in Nigeria

Traditional medicine refers to the sum total of knowledge, skills, and practices based on theories, beliefs, and experiences indigenous to different cultures, used in the maintenance of health as well as

in the prevention, diagnosis, and treatment of physical and mental illness (WHO, 2019). In Nigeria, traditional medicine encompasses a range of practices including herbal medicine, spiritualism, bone setting, and midwifery, with herbal medicine being the most prevalent form (Fasinu et al., 2015). Nigeria's rich flora, estimated at over 7,000 plant species, provides a diverse pharmacopoeia for traditional healers and herbal practitioners (Ogundare, 2020). Herbal centres like Mama Sadia Herbal Centre are important nodes in the distribution and practice of traditional medicine in urban Nigeria, serving as points of intersection between indigenous knowledge systems and contemporary healthcare needs.

#### Health Conditions and Herbal Treatment

The range of health conditions treated through herbal medicine in Nigeria is extensive and reflects both the complexity of the country's health burden and the versatility of its plant resources. Studies have documented the use of herbal plants in treating malaria, typhoid fever, diabetes, hypertension, skin diseases, gastrointestinal disorders, sexually transmitted infections, and musculoskeletal conditions (Gill, 2017; Nyananyo & Gijo, 2018). The Uyayak plant has specifically been associated with the treatment of joint pain, skin inflammations, malaria, and digestive disorders in ethnobotanical surveys conducted in South-South and South-West Nigeria (Abo et al., 2020). However, clinical evidence supporting these uses remains sparse, and practitioners often rely on generational knowledge rather than documented protocols.

#### Perceived Effectiveness of Herbal Remedies

The perceived effectiveness of herbal remedies is a complex construct influenced by cultural beliefs, individual health outcomes, the severity of the condition being treated, and the perceived credibility of the herbal practitioner (Ekor, 2014). In many Nigerian communities, positive health outcomes attributed to herbal treatment reinforce community confidence in traditional medicine and encourage its continued use across generations (Fasinu et al., 2015). Studies have shown that a significant proportion of Nigerians who use herbal medicine report satisfaction with treatment outcomes, although this perception is not always corroborated by clinical evidence (Ogundare, 2020). The gap between

perceived and clinically measured effectiveness underscores the importance of rigorous research into the outcomes associated with specific herbal plants like Uyayak.

#### IV. EMPIRICAL REVIEW

Several studies have examined the use of medicinal plants in Nigeria and across Sub-Saharan Africa, providing a useful empirical backdrop for this research. Sofowora et al. (2013) conducted a comprehensive review of the status and prospects of medicinal plants in Africa and noted that while traditional medicine serves up to 80% of the population in some African countries, formal documentation and standardization remain major challenges. The study emphasized the need for ethnobotanical surveys and pharmacological research to validate traditional claims.

In a related study, Abo et al. (2020) investigated the ethnomedicinal uses of plants in selected communities in Edo State, Nigeria, and identified *Laportea aestuans* as one of the plants commonly used for treating inflammatory conditions and malaria. Their study reported that 72% of traditional healers surveyed used the plant in some form of preparation, underscoring its relevance in local healthcare. Similarly, Burkill (2017) documented the widespread use of Uyayak across West Africa for pain management and antimicrobial purposes, providing ethnobotanical evidence that complements contemporary pharmacological findings.

Nyananyo & Gijo (2018) studied the ethnobotanical uses of plants in Rivers State, Nigeria, and found that *Laportea aestuans* was among the top ten most frequently cited plants for medicinal use, particularly for treating skin diseases and fevers. Their findings highlight the relevance of the plant in community health contexts and the need for further validation of its therapeutic properties. Fasinu et al. (2015) reviewed the pharmacological basis of selected medicinal plants used in Nigeria and found that many plants used in traditional medicine contain compounds with demonstrated biological activity. However, they cautioned that dosage standardization and toxicological studies are essential before these plants can be recommended for clinical use.

Ekor (2014) examined the growing use of herbal medicines, highlighting both their benefits and associated risks. The study noted that while herbal medicines are often perceived as safe due to their natural origin, interactions with conventional drugs and the potential for adulteration present real public health concerns. This finding is particularly relevant for herbal centres like Mama Sadia, where clients may be concurrently using both herbal and orthodox medicines.

In a study focused on urban herbal medicine use in Nigeria, Ogundare (2020) found that 61.4% of urban residents who visited herbal centres reported satisfaction with the treatment they received, and 53.2% cited herbal medicine as their first point of care for non-emergency health conditions. These findings suggest a strong base of community confidence in herbal treatment, which this study seeks to further explore in the context of the Uyayak plant at Mama Sadia Herbal Centre.

#### V. THEORETICAL FRAMEWORK

##### Ethnobotanical Theory

Ethnobotany, as a theoretical and methodological framework, provides the foundation for understanding the relationship between human beings and plant life, particularly in the context of traditional medicine. Developed through the pioneering work of scholars such as Schultes (1995) and expanded by Cotton (1996), ethnobotanical theory holds that the use of plants for medicinal purposes is embedded in culturally specific systems of knowledge, practice, and belief. These systems are not merely superstitious or pre-scientific but represent sophisticated bodies of empirical knowledge developed over centuries of observation and experimentation (Moerman, 2018).

Applied to this study, ethnobotanical theory provides a lens through which the use of the Uyayak plant at Mama Sadia Herbal Centre can be understood as a culturally informed practice grounded in accumulated indigenous knowledge. The health conditions for which the plant is used, the manner of preparation, and the interpretations of its effectiveness are all shaped by ethnobotanical traditions that predate and often parallel the development of modern

pharmacology. This framework is particularly appropriate for this study because it validates the epistemological legitimacy of traditional herbal knowledge while simultaneously opening it to systematic investigation and empirical scrutiny.

#### Social Constructionist Theory

Social constructionism, as articulated by Berger and Luckmann (1966) and applied to health and medicine by Conrad and Schneider (2019), posits that health, illness, and healing are not merely biological phenomena but are socially constructed realities shaped by cultural norms, institutional practices, and shared meanings. In the context of traditional medicine, social constructionism helps explain why communities construct the Uyayak plant as an effective remedy based on shared experiences, cultural narratives, and social validation from trusted practitioners and community members.

For this study, social constructionist theory illuminates how the perceived effectiveness of the Uyayak plant among users at Mama Sadia Herbal Centre is not solely determined by biochemical outcomes but is also shaped by social interactions, trust in the practitioner, and community endorsement of herbal treatment. Understanding these social dimensions is essential for interpreting the data on perceived effectiveness and for designing interventions that are culturally sensitive and socially relevant.

For this study, the Ethnobotanical Theory is the adopted primary theoretical framework because it directly engages with the plant-human relationship at the heart of this research, providing a structured basis for examining the range of health conditions treated and the perceived effectiveness of the Uyayak plant as a herbal remedy at Mama Sadia Herbal Centre.

## VI. METHODOLOGY

This study adopted a descriptive survey research design to investigate the potential implications of the Uyayak plant as a herbal remedy for the treatment of health issues at Mama Sadia Herbal Centre, Area 7, Garki, Abuja, Nigeria. The descriptive survey design was selected because it enables systematic data collection from a defined population to describe

characteristics, patterns, and relationships relevant to the study objectives (Creswell, 2018). The study targeted clients and herbal practitioners at Mama Sadia Herbal Centre who had direct experience with the use of the Uyayak plant in the management of health conditions.

The study population comprised 280 registered clients and 12 practitioners at the centre, giving a total population of 292 individuals. Using Yamane's (1967) formula for sample size determination, a sample of 213 respondents was obtained. A combination of purposive sampling was used to select herbal practitioners, and systematic sampling was used to select clients from the centre's register. Data collection was carried out through a structured questionnaire containing both closed-ended and Likert-scale items focused on socio-demographic characteristics, health conditions treated, and perceived effectiveness of the Uyayak plant. The questionnaire was administered through self-administered and interviewer-assisted methods to accommodate varying literacy levels. Secondary data from existing ethnobotanical and pharmacological literature were also reviewed.

Ethical approval was obtained from Nasarawa State University, Keffi, and informed consent was sought from all participants. Confidentiality was assured, and responses were used solely for research purposes. Data were analysed using descriptive statistics including frequency counts and percentages, and results were presented in tabular form.

## VII. RESULTS

### Socio-Demographic Data of Respondents

Table 1: Socio-Demographic Characteristics of Respondents

Variable	Category	Frequency	Percent (%)
Age	18–25 years	52	24.4
	26–35 years	78	36.6
	36–45 years	51	23.9
	46–55 years	21	9.9
	56 years and above	11	5.2

Variable	Category	Frequency	Percent (%)
	Total	213	100.0
Sex	Male	89	41.8
	Female	124	58.2
	Total	213	100.0
Marital Status	Single	72	33.8
	Married	113	53.1
	Divorced/Separated	18	8.5
	Widowed	10	4.7
Occupation	Total	213	100.0
	Civil Servant	64	30.0
	Trader	58	27.2
	Student	41	19.2
Educational Attainment	Artisan	30	14.1
	Others	20	9.4
	Total	213	100.0
	No formal education	18	8.5
Religion	Primary	29	13.6
	Secondary	71	33.3
	Tertiary	95	44.6
	Total	213	100.0
Religion	Christianity	128	60.1
	Islam	74	34.7
	Traditional religion	7	3.3
Religion	Others	4	1.9
	Total	213	100.0

Source: Field Survey, 2026

Table 1 presents the socio-demographic profile of respondents. The majority (36.6%) were in the 26–35 years age group, followed by 24.4% in the 18–25 bracket, indicating that the centre's clientele is predominantly young adults. Female respondents

constituted 58.2% of the sample, suggesting a higher inclination among women to seek herbal treatment. In terms of marital status, 53.1% were married. Civil servants (30.0%) and traders (27.2%) dominated the occupational distribution, while 44.6% of respondents had attained tertiary education, indicating a relatively informed client base. Christianity was the dominant religion at 60.1%, followed by Islam at 34.7%.

Objective One: Health Conditions Treated with the Uyayak Plant at Mama Sadia Herbal Centre

Table 2: Health Conditions Treated with the Uyayak Plant

Variable	Category	Frequency	Percentage (%)
What health condition brought you to this centre?	Malaria/Fever	68	31.9
	Skin diseases/rashes	45	21.1
	Joint/Body pain	42	19.7
	Gastrointestinal disorders	35	16.4
Is the Uyayak plant used alone or combined?	Sexually transmitted infections	23	10.8
	Total	213	100.0
	Used alone	71	33.3
Is the Uyayak plant used alone or combined?	Combined with other plants	118	55.4
	Not sure	24	11.3
	Total	213	100.0
How long have you been using Uyayak-	Less than 1 month	49	23.0

Variable	Category	Frequency	Percentage (%)
based treatment?	1–6 months	81	38.0
	7–12 months	52	24.4
	Over 1 year	31	14.6
	Total	213	100.0
How was the Uyayak plant administered to you?	Oral decoction (drink)	110	51.6
	Topical application	63	29.6
	Steam inhalation	22	10.3
	Other methods	18	8.5
	Total	213	100.0

Source: Field Survey, 2026

Table 2 reveals that malaria and fever (31.9%) constitute the most common health condition for which clients seek Uyayak-based treatment at Mama Sadia Herbal Centre, followed by skin diseases (21.1%), joint and body pain (19.7%), gastrointestinal disorders (16.4%), and sexually transmitted infections (10.8%). The data further shows that in 55.4% of cases, the Uyayak plant is combined with other herbal plants in treatment preparations, while 33.3% reported it being administered alone. This reflects the common practice in traditional medicine of combining multiple plant materials to achieve synergistic therapeutic effects (Abo et al., 2020). The most prevalent mode of administration was oral decoction (51.6%), followed by topical application (29.6%). The duration of use ranged widely, with 38.0% of respondents having used Uyayak-based treatments for between one and six months.

Objective Two: Perceived Effectiveness of the Uyayak Plant among Users

Table 3: Perceived Effectiveness of the Uyayak Plant as a Herbal Remedy

Variable	Category	Frequency	Percentage (%)
Do you consider the Uyayak plant effective in treating your condition?	Yes, very effective	143	67.1
	Somewhat effective	39	18.3
	Not effective	19	8.9
	Not sure	12	5.6
	Total	213	100.0
Did you experience any side effects after using the Uyayak plant?	No side effects	148	69.5
	Mild side effects	41	19.2
	Severe side effects	14	6.6
	Not sure	10	4.7
	Total	213	100.0
Would you recommend Uyayak-based treatment to others?	Yes, strongly	152	71.4
	Yes, with caution	41	19.2
	No	13	6.1
What is the biggest challenge with Uyayak herbal treatment?	Undecided	7	3.3
	Total	213	100.0
	Lack of standard dosage	82	38.5

Variable	Category	Frequency	Percentage (%)
	No scientific proof	61	28.6
	Fear of side effects	44	20.7
	High cost	26	12.2
	Total	213	100.0

Source: Field Survey, 2026

Table 3 indicates that a substantial majority of respondents (67.1%) considered the Uyayak plant very effective in treating their health conditions, while an additional 18.3% found it somewhat effective. Only 8.9% reported it as ineffective. These findings reflect strong community confidence in the therapeutic properties of the plant, consistent with ethnobotanical studies documenting its widespread use across West Africa (Burkill, 2017; Nyananyo & Gijo, 2018). In terms of side effects, 69.5% reported no side effects, though 19.2% noted mild side effects and 6.6% severe side effects, pointing to the need for careful monitoring of herbal preparations. A majority (71.4%) expressed willingness to recommend Uyayak-based treatment to others. The most cited challenge was the lack of standardized dosage (38.5%), followed by absence of scientific validation (28.6%), and fear of side effects (20.7%).

#### VIII. DISCUSSION OF FINDINGS

The findings of this study provide significant insights into the use of the Uyayak plant as a herbal remedy at Mama Sadia Herbal Centre, Area 7, Garki, Abuja. Regarding the first objective — identifying the health conditions treated with the Uyayak plant — the study found that the plant is applied across a broad spectrum of health conditions, with malaria and fever topping the list, followed by skin diseases, joint pain, gastrointestinal disorders, and sexually transmitted infections. This finding is consistent with existing ethnobotanical literature documenting the anti-malarial, analgesic, and antimicrobial properties of *Laportea aestuans* (Abo et al., 2020; Harborne, 2019). The diversity of conditions treated suggests that the

Uyayak plant is perceived as a multipurpose remedy, a characteristic common to many plants in West African traditional medicine (Sofowora et al., 2013). The data showing that the plant is predominantly administered as an oral decoction and is frequently combined with other plants reflects established practices in Nigerian herbal medicine, where polyherbal formulations are considered more potent than single-plant preparations (Fasinu et al., 2015). This practice, while rooted in empirical tradition, also presents challenges for clinical evaluation since the synergistic or antagonistic effects of combined plants are not always well understood or documented.

On the second objective — examining the perceived effectiveness of the Uyayak plant — the findings indicate overwhelmingly positive perceptions, with 67.1% of respondents reporting the plant as very effective and 71.4% willing to recommend it to others. This high level of perceived effectiveness supports the view that herbal medicine continues to hold significant social and health relevance in urban Nigerian communities (Ogundare, 2020; Ekor, 2014). The findings are also consistent with Ogundare's (2020) study, which found that over 60% of urban herbal medicine users report satisfaction with treatment outcomes. However, the study also reveals that 38.5% of respondents identified the lack of standardized dosage as the greatest challenge, while 28.6% cited the absence of scientific proof. These concerns echo the broader challenge of evidence validation in traditional medicine identified by Sofowora et al. (2013) and underscore the need for pharmacological and clinical studies on the Uyayak plant.

The report of side effects by 25.8% of respondents, including 6.6% reporting severe side effects, is a public health concern that warrants attention. While the majority experienced no adverse effects, the potential for side effects reinforces the importance of regulatory oversight and collaboration between herbal practitioners and biomedical professionals. The findings collectively affirm the significant but under-studied role of the Uyayak plant in community healthcare and highlight the urgency of bridging the gap between traditional knowledge and scientific validation.

## IX. CONCLUSION AND RECOMMENDATIONS

This study examined the implications of the Uyayak plant as a herbal remedy for the treatment of health issues at Mama Sadia Herbal Centre, Area 7, Garki, Abuja, with focus on the range of health conditions treated and the perceived effectiveness of the plant among users. The findings demonstrate that the Uyayak plant (*Laportea aestuans*) is applied in treating a wide variety of health conditions including malaria, skin diseases, joint pain, gastrointestinal disorders, and sexually transmitted infections. The majority of users perceive the plant as effective, expressing high levels of satisfaction and willingness to recommend it to others. However, the study also identifies critical challenges including the absence of standardized dosage, limited scientific validation, and the occurrence of adverse effects in some users.

The study concludes that the Uyayak plant holds considerable therapeutic potential that is currently being harnessed through traditional knowledge systems, but that this potential remains under-evaluated by formal scientific and healthcare institutions. Bridging this gap is essential for ensuring the safe and effective utilization of the plant's medicinal properties within Nigeria's broader healthcare framework. Based on the findings, the following recommendations are made:

1. Documentation of Indigenous Herbal Knowledge: The Federal Government of Nigeria, through the National Institute for Pharmaceutical Research and Development (NIPRD), should collaborate with herbal centres like Mama Sadia to systematically document the health conditions treated, preparation methods, and dosages associated with the Uyayak plant. This documentation is essential for preserving indigenous knowledge and enabling scientific validation.
2. Promotion of Ethnobotanical and Pharmacological Research: Academic institutions and research agencies should prioritize the pharmacological investigation of the Uyayak plant, including clinical trials to evaluate its efficacy and safety for the

conditions identified in this study. Funding should be made available for ethnobotanical research that bridges traditional knowledge and biomedical science.

3. Regulatory Framework for Herbal Centres: The National Agency for Food and Drug Administration and Control (NAFDAC) should strengthen the regulatory oversight of herbal centres, including the establishment of standards for preparation, dosage, and labelling of Uyayak-based herbal products. This will minimize the risks of adverse effects and ensure public safety.

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