

Prevention Research

Abstract 5283: Ethnomedicinal practices and herbalists' perception of inflammatory bowel diseases as risk factor for colorectal cancer among patients with anorectal or gastrointestinal disorders in northern Nigeria

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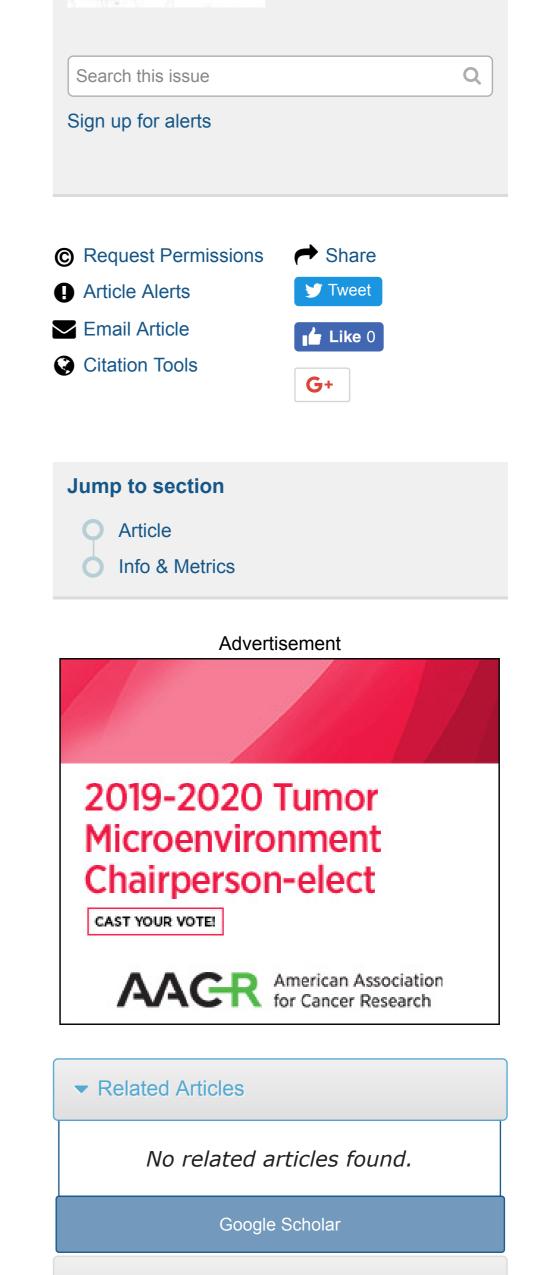
Abstract

Traditional alternative medicine providers are widely patronized in many parts of Africa. Inflammatory bowel diseases (IBD), anorectal and gastrointestinal disorders (AGD) usually designated as piles could be signs of early stage polyposis and are significant risk factors in colorectal cancers. A survey report



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reveals that over 20% of adults in Northern Nigeria have piles or symptoms of IBD or AGD and majority of them consume herbal preparations because they believed that such disorders are better managed using traditional medicine. Herbalist as such are important first contact for this particular group with IBD and AGD in Nigeria. Existing literatures have established that cultural practices and beliefs contribute to late-stage diagnosis of cancers in Africa. The study evaluated the ethno-medicinal practices used by herbalist in the management of piles and their knowledge and perceptions about colorectal cancers. Survey information including knowledge on colorectal cancer, herbal remedies used, methods of preparation and administration, as well as incidence of anal or bowel inflammation or hemorrhage in consulted patients were collected using a self-administered questionnaire. A total of 145 herbalists selling "pile" remedies in northern Nigeria were sampled for the study. The results identified 75 plants used for preparation of pile remedies, many of which contain toxic alkaloids and saponins; with those in the family leguminosae leading followed by euphorbiaceae and rubiaceae. Literature searches on these plants indicate that 31% are relatively safe for consumption, 15% contained quantified toxic phytochemicals with established toxicity status while the rest (46%) contained toxic phytochemicals with no evaluated toxicity. The main methods of preparation are infusion and decoction while main means of administration is by ingestion through oral route; 15% of respondents however indicated usage of herbs as suppositories and anal washes. Almost all the respondents (96%) are conversant with the term "Cancer", 44% have an idea of what colorectal cancers are, while only 19% have correct knowledge of the sign and symptoms of colorectal cancers or believed that inflammation and hemorrhages are potential early signs of polyposis. Knowledge of association between IBD or AGD and colorectal cancers among herbalist showed weak correlation ($r^2 = 0.33$). Findings concluded that there is a poor knowledge on colorectal cancer among herbalist and a general perception that AGDs are not risk factors for colon cancers. The study recommends for increased cancer education with particular attention at enlightenment of herbalist and patients with IBD and



AGD on benefits of clinical treatments and importance of screening for early detection of colorectal cancers and possible intervention.

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