

COVID-19 AND THE RISE OF TRADITIONAL REMEDIES IN NIGERIA

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ABSTRACT

*The Corona Virus disease of 2019 otherwise known as COVID-19 pandemic, which began in late 2019, presented unprecedented challenges to the global healthcare system with devastating effects. The healthcare system, already strained by limited resources and infrastructure, faced immense pressure. The impact of CORONA-19 which was detected in Nigeria on 27 February 2020 included disruption of economic activities and job following the lock down. As nations scrambled to respond to this novel coronavirus, many communities turned to familiar cultural practices and traditional medicine to supplement conventional medical approaches. The situation raises concerns as to the risks of adverse effects from unregulated remedies. The health belief model, systems theory and medical pluralism theory were adopted. The qualitative research method was employed relying on secondary data. Findings revealed that prominent TM used include Neem/dogoyaro (*Azadirachta indica*), *Tetrapleura tetraptera*, Bitter leaves (*Vernonia amygdalina*), *Syzygium aromaticum* (Cloves), *Aframomum melegueta* (Alligator pepper), *Khaya grandifoliola* (African Mahogany), Ginger (*Zingiber officinale*) and Garlic (*Allium sativum*). Several factors contribute to the increasing use of traditional remedies in Nigeria. These include affordability, cultural and religious beliefs, perceived efficacy, and the limitations of formal healthcare access. The challenges of traditional remedies during COVID – 19 in Nigeria include Poor Standardization, Potential interactions, Misinformation and Misrepresentation. NAFDAC should emphasized that no*

herbal medicine should claim to treat COVID-19 without proper clinical trials.FGN should harmonize traditional, complementary and alternative medicine practices.

Keywords: *COVID-19, traditional medicine, healthcare, conventional medicine, community*

Introduction

The Corona Virus disease of 2019 otherwise known as COVID-19 pandemic, which began in late 2019, presented unprecedented challenges to the global healthcare system with devastating effects. There were 362 million confirmed cases and 5.62 million deaths globally by early February 2022 ([WHO, 2022](#)). Countries were impacted seriously. For instance, Taiwan, recorded 300,501 COVID-19 diagnoses and 4,403 deaths by June 2021. (Chiu, Scholl, Li, & Wu, 2021). In the US, there were 111, 802.082 cases with 1, 219,487 deaths. As nations scrambled to respond to this novel coronavirus, many communities turned to familiar cultural practices and traditional medicine to supplement conventional medical approaches. In China, traditional Chinese medicine (TCM) formulas such as Qing-Fei-Pai-Du-Tang, Jinhua Qinggan Capsule, Jing Si Herbal Drink (JSHD) and Taiwan QingguanYihau were used (NRICM101) ([Su, Hang&Lin, 2022](#)). The commonly used TM in India include Ashwagandha (Indian ginseng). Ashwagandha contains alkaloids (ashwagandha, isopelletierine, cuseohygrine, trpine, anaferine), sterols (withaferins, withasomniferin-A, withasomidienone, withanolides, and withanone), saponins, aminoacids, and polysaccharides species of Solanum, and which include S. torvum, S. americanum, S. bulbocastanum, S. nigrum. (Milner, Brunton, Jones, O'Brien, Collins, Maguire, 2021). Ginger (Z. officinale) is also widely used for the treatment of COVID – 19 in various countries. (Kalarijan, Byran, Jupudi&Ramachandran, 2020). A covid organic capsule was introduced in Madagascar for the cure of COVID-10. It was an extract of Artemisa annua combined with other plant extracts.

In Nigeria COVID-19 was detected on 27 February, 2020. The pandemic's impact on Nigeria was multifaceted. Nigeria experienced significant economic disruption. National Bureau of Statistics reported that 42% of workers lost their jobs during the period due to restriction of movement. The healthcare system, already strained by limited resources and infrastructure, faced immense pressure (Rentschler, Klaiber, Tariverdi, Desjonquere & Mercandate, 2021). With only about 0.4 physicians per 1,000 people according to World Bank data, and approximately 0.5 hospital beds per 1,000 citizens, Nigeria's healthcare capacity

was quickly overwhelmed in hotspot areas The Nigeria Centre for Disease Control (Ojeka-John, Sanusi, Adelabu, Talabi, Oyekola, Ajakaiye&nEjem, 2023) led public health efforts, but misinformation spread rapidly through social media and verbally, complicating official response measures. Against this backdrop of healthcare system strain, economic hardship, and information challenges, many Nigerians turned to traditional medicine as both a complementary and alternative approach to managing COVID-19 concerns. This essay examines how the COVID-19 crisis influenced the application of home based treatment in Nigeria, exploring the historical context of home-based medicine in the country, specific remedies that gained prominence during the period, the scientific perspectives on their efficacy, and the broader implications for Nigeria's healthcare landscape. By understanding this phenomenon, we gain insights into the complex interplay between traditional knowledge systems and modern medicine during public health crises, the resilience and adaptability of cultural practices in the face of global challenges.

Statement of the problem

The COVID-19 pandemic created unprecedented challenges for healthcare systems globally, with particularly severe impacts in developing nations like Nigeria where healthcare infrastructure was already strained. As the pandemic intensified many Nigerians turned to traditional remedies as alternative management options. This shift was fuelled by misinformation, cultural beliefs, economic constraints, and limited access to approved medical interventions. As many adopted the traditional treatment methods, there was doubts as to its efficacy as these remedies were neither verified nor tried and approved by NAFDAC. This calls to question the challenges of addressing adoption of home-based remedies that have been validated. There is also limited record on the use traditional remedies in Nigeria especially as regards COVID -19 and what factors drove their adoption during the pandemic. The situation raises concerns as to the risks of adverse effects from unregulated remedies, integrating beneficial traditional practices into mainstream healthcare and the spread of health misinformation that undermines public health efforts. Addressing this problem requires understanding the interface between native and orthodox procedure within the unique socio-cultural and economic context of Nigeria during a global health emergency, with implications for future pandemic preparedness and healthcare policy.

Aims and objectives

The study aims to investigate COVID-19 and the rise of traditional remedies in Nigeria from 2020 till date.

Study Objectives

The aim of investigating COVID-19 and the rise of traditional remedies in Nigeria are as follows:

1. To document and analyze the patterns, prevalence, and nature of traditional remedy utilization that emerged during the COVID-19 pandemic across different Nigerian regions and demographic groups.
2. To evaluate the complex interplay of socio-cultural, economic, and systemic factors that influenced the application of native practices during the pandemic.
3. To analyze the implications of increased traditional remedy use for national health policy, healthcare integration, and future health emergency in the Nigerian context.

The objectives of investigating COVID-19 and the rise of traditional remedies in Nigeria are as follows:

1. To identify the specific traditional remedies, practices and herbal formulations that were prominently used to treat and manage COVID-19.
2. Factors driving increased use of traditional remedies in Nigeria.
3. To examine the challenges of traditional remedies during COVID – 19 in Nigeria.

Scope of the study

The study will cover the period February 2020 – present day. This covers the period when COVID – 19 was detected in Nigeria and the rapid deterioration of Nigeria's health sector which led to increased use of TM in Nigeria. It will focus on urban centres due to availability of data. The research will look at traditional remedies used such as herbs, spiritual and nutritional as well the reasons for increased reliance on TM during COVID-19 in Nigeria. The research will target urban population while relying on qualitative methods.

Significance of the Study

Research on the emergence of rise of traditional remedies during COVID-19 in Nigeria highlights critical gaps in healthcare accessibility, particularly in rural areas. Due to scarcity of funds and high cost of healthcare, traditional remedies provide accessible alternatives for communities with limited healthcare infrastructure. It could also discover new clinically effective drugs from traditional practices. Furthermore, documenting traditional medicine practices is crucial for preserving indigenous knowledge that is typically transmitted orally. It would also enhance the addressing of challenges including unsubstantiated

therapeutic claims, insufficient preclinical and clinical data, and poor regulatory oversight and creates insight into the prospects for the use of traditional medicine products to contribute to formal healthcare markets.

Research Method

The study was conducted through qualitative methods using secondary data. The author relied on case studies, search engines and research websites such as government publications, newspapers, internal records, journals, books, websites and search engines such as Google Scholar, PubMed, JSTOR, Open Access Journals and Research Gate.

Theoretical framework

The theories and models considered for this paper are the health belief model, systems theory and medical pluralism theory.

1. Health belief model

The health belief model (HBM) enables understanding on individual health seeking behaviours during a pandemic. The HBM proposes that health related actions are influenced by liability, toughness, satisfaction and confidence in ability to use traditional remedies (Alyafei & Easton-Carr, 2024). During COVID-19 epidemic, Nigerians believed that traditional remedies were more accessible with fewer barriers than conventional healthcare. In Nigeria, traditional medicine was perceived as beneficial because it provides health care services based on culture, religious background, knowledge, attitudes, beliefs, low cost of the herbal products and availability.

2. Systems theory

Systems theory of Ludwig Von Bertalanffy provides for understanding on how TM healing systems functioned as adaptive networks during COVID-19. It views TM as an open system, comprising of interconnected components and demonstrating self-regulatory mechanisms that allow for rapid intervention (Bertalanffy, 1969). This systems perspective explains how traditional medicine in Nigeria demonstrated resilience and adaptability during the crisis, reorganizing to meet new healthcare demands when conventional systems were overwhelmed. Also, when COVID-19 disrupted global supply chains, this heavy dependence created a significant gap in orthodox practices. The popularity of herbal remedies resulted from limited resources, high costs of medicine and wide acceptability of traditional remedies. This represents a classic systems response where alternative pathways activate when primary systems are stressed. During the period under review, NAFDAC listed 14 herbal medicinal products against

COVID-19 with ongoing clinical trials therefore demonstrating system-level learning and evidence generation.

3. **Medical pluralism theory**

The concept of medical pluralism stresses the coexistence of multiple healthcare systems within a society. This framework acknowledges that multiple healing traditions operate simultaneously and people can navigate between different medical systems inspite of the power dynamics that exist between dominant and alternative healing systems (Venera Khalikova, 2021). Medical pluralism explains how Nigerians strategically utilized both traditional and conventional medical resources for COVID-19, with traditional remedies filling gaps when conventional care was inaccessible.

Literature review

In a research, by ([Nejat](#) , [Jadidi](#) , [Hezave](#) , [Mohamad & Pour](#) 2021), the researchers using the qualitative methods conducted a study Iran. They reported the adoption of numerous native medicines for COVID-19 management. They added that native procedure were not as effective as believed and were fraught with side effects. This necessitated more knowledge on native procedure and awareness campaign the use of unapproved management procedure. Also, in a related study, (Shen, Wang & Zhou, 2020) indicated that both treatments effectively relieved the mild and standard level symptoms. However, both treatments were ineffective in managing moderate and severe symptoms. Consequently, the authors recommended that the adoption of native treatment should be avoided as it may produce to side effects. Conversely, Nugraha et al (2020) reported that research does not support the use of traditional remedies for COVID-19 inspite of the widespread belief of its efficacy. Other unproven remedies have been circulated in Cambodia, Indonesia, Malasia, Thailand and the Philippines. These include lemom grass, garlic and coconut oil. In Sierra Leone (Balauchi, Rahanama, Hastings-Tolsma, Shoja & Bolaydeyi, 2016) noted the efficacy of spirituality could encourage induce peace of mind under uncertain conditions, stressing that such remedy could offer a solution to COVID-19. They suggested that medical staff could encourage spirituality in the management of COVID-19 in order to offer comfort to the patient.

Operational Definition of Terms

COVID – 19

Corona virus 19 or COVID-19 is caused by SARS-CoV-2 that emerged in late 2019 and was declared a global health emergency on 11 March, 2020. Symptoms include fever, chills, cough, shortness of breath, fatigue, sore throat, loss of

taste(CDC, 2020). The Zoonotic Origin suggests that the virus jumped from horseshoe bats to humans, possibly through an intermediate animal carrier. The laboratory leak theory indicates that the COVID-19 virus leaked from Wuhan Institute of Virology while conducting research on bats (Worobey, Levy, Malpica, Crits-Christoph & Pekar, 2022). However, research findings are inconclusive due to lack of cooperation from Chinese authorities. In Nigeria, the first case of COVID-19 was reported on 27 February, 2020.(NCDC,2020). The response of the Federal Government of Nigeria was airport checks, contact tracing and public awareness campaign. Lock down measures were announced in major cities such as including Lagos, Abuja, and Ogun State on 30 March, 2020. It was later expanding these restrictions nationwide as cases increased.

Traditional remedy

Traditional remedy is healing practice and natural treatment across various cultures for generations before modern medicine. Some examples include herbal medicine, acupuncture, Ayurvedic treatments from India, indigenous health management procedure passed down through families (Cook,2019). Traditional medicine has deep historical roots in Nigeria, predating colonial contact and Western medical practices. In Nigeria, traditional medical practices include herbalism, spiritual healing, divination, bone-setting, and various ritualistic practices (Motamarri, Chaitanya, Baye, Ali & Usamo, 2021). These traditional medical systems operate on holistic principles, viewing illness as potential imbalances in physical-spiritual, and social dimensions of life. Treatment approaches typically address multiple aspects of wellbeing and not on physical symptoms alone.

COVID-19 Pandemic in Nigeria

Nigeria's experience with COVID-19 has been significant, though the country showed remarkable resilience. Nigeria's first COVID-19 case was reported on 27 February, 2020 in Lagos, when an Italian national tested positive for the virus (NCDC, 2020). The Federal Government of Nigeria declared a total lockdown 30 March, 2020 in major cities of Abuja, Lagos and Ogun State to mitigate virus spread. Nigeria experienced a subsequent wave in December 2020. Nigeria recorded its highest daily cases of COVID-19 on 17 December, 2020 of 1,145 infections (NCDC, 2020). There were 267,188 cases with 3,155 death and 259,953 recoveries (WHO, 2025). The impact of COVID-19 in Nigeria with a population of over 200 million was notably understated largely due to far less testing. Low death rate of 3,155 was credited to Nigeria's hot climate, high youth population, good government responses and crucial experience gained after recently dealing with Ebola (Odunsi, 2020).

The spread of COVID 19 caused widespread confusion, anxiety, fear, panic, stigma, mistrust, and rumour-mongering. This was due to the dearth of procedure for prevention. To date, no specific pharmacological treatments or chemoprophylaxis are available for the treatment of COVID-19. However, chloroquine phosphate and hydroxychloroquine have undergone clinical trials for the treatment of COVID-19 with varying degrees of success (Gao, Tian & Yang, 2025). Nigerians resorted to traditional remedies such as the use of neme, ginger, garlic, lemon grass and lime. Nigeria launched its COVID-19 vaccination program on 5 March 2021, though uptake remained challenging (Ogunniyi, Rufai, Uketeh, Turzin, Oyinloye & Effiong, 2023). By 2022, only 38 per cent were vaccinated. The Southwest geopolitical zone recorded the highest COVID-19 vaccination of 44.5 per cent while the Southeast geopolitical zone recorded the lowest vaccination of 21.4 per cent. Urban areas with 34.4 per cent had higher vaccine uptake compared to rural areas with 30.9 per cent. Low vaccination rates were attributed to low acceptance rates, lack of access to vaccines, poor communication, weak cold-chain systems, and inadequate infrastructure (Uwaegbute & Unachukwu, 2023).

Nigeria's COVID-19 experience highlighted both the country's healthcare system vulnerabilities and its resilience, particularly drawing on experience from Ebola response. The vaccination program, while facing significant challenges with acceptance and infrastructure, represented a major public health effort in Africa's most populous nation. (Ugbodaga, 2023). Deaths were minimal (3,155), credited to a warmer climate, younger populations, faster government responses, and crucial experience dealing with recent epidemics like Ebola. The pandemic has largely transitioned to an endemic phase globally, with Nigeria continuing to monitor and manage COVID-19 as part of its integrated health response system. Nigeria's COVID-19 experience highlighted both the country's healthcare system vulnerabilities and its resilience, particularly drawing on lessons learned from previous epidemic responses like Ebola. The vaccination program, while facing significant challenges with acceptance and infrastructure, represented a major public health effort in Africa's most populous nation.

Research method

The qualitative research method was adopted relying on secondary data. The researcher focused on document analysis involving the review of news articles and government announcements. He also analyzed traditional medicine literature and documentation and studied literature on traditional health practices during COVID-19. He utilized search engines such as google scholar, PubMed, JSTOR

and BASE.

Discussion

Traditional remedies for COVID-19 in Nigeria

Traditional remedies for COVID-19 in Nigeria were largely prepared and taken by decoction, infusion and inhalation. Most traditional remedies were prepared as aqueous decoctions, especially with leaves and bark of medicinal plants. Generally, one teaspoonful of powdered spices in 240-250 ml of warm water was taken three times daily. Steam inhalation with herbs was a popular traditional remedy (Orisakwe, Orish and Nwasaforo, 2020). For instance, steam inhalation of a combination of artemisia, neem leaves, pawpaw leaves, garlic, ginger, lime, mango leaves, and guava leaves and oranges was boiled for 30 minutes was popular.

Nigeria's Ministry of Science and Technology while taking steps to explore the efficacy of herbal remedies, inaugurated a Ministerial Committee on herbal remedies and natural compounds to develop homegrown treatment for COVID-19. This committee was tasked with authenticating claims by researchers, scientists, and traditional medicine practitioners. However, Africa CDC stated that "Currently, no herbal remedy has been validated for use to prevent or treat COVID-19," emphasizing evaluation for safety and efficacy before endorsing their use ([Onyeaghala](#), [Anyiam](#), [Husaini](#) & Obi, 2023). Nigerian medical experts have cautioned that steam inhalation is not a cure for COVID-19 and has no direct antiviral effect, though it may help with symptom management by liquefying nasal mucus and assisting with elimination of waste products. According to Demeke (2021), the major herbs used for COVID-19 management are as follows:

1. **Neem/Dogoyaro (*Azadirachta indica*)**

Neem tree, locally known as "Dogoyaro," was a most acclaimed anti-COVID-19 remedy in Nigeria. The bark, leaves, and roots were commonly prepared as aqueous decoctions. This resulted in a significant increase in demand for Dogoyaro leaves in Lagos.

2. **Tetrapleura tetraptera (Aridan/Aidan)**

Tetrapleura tetraptera or Aridan/Aidan in Yoruba and "Uhio" in Igbo language, was included in traditional remedies against COVID-19. It was often included in multi-herb formulations.

3. **Bitter leaf (*Vernonia amygdalina*)**

Bitter leaf was among the remedies promoted for COVID-19 prevention and

treatment. Some traditional recommendations included pounding them and taking the powder with warm water once daily.

4. Syzygium aromaticum (Cloves)

Clove was frequently mentioned by herbal medicine practitioners from multiple states in Nigeria, including Katsina and Sokoto.

5. Aframomummelegueta (Alligator pepper)

Aframomummelegueta (Alligator pepper) was among the most frequently mentioned plants for COVID-19 treatment in some regions of Nigeria, particularly Kebbi State.

6. Khaya grandifoliola (African Mahogany)

Khaya grandifoliola (African Mahogany) known as "Oganwo" in Yoruba, was included in some traditional COVID-19 remedy formulations.

7. Ginger (Zingiber officinale)

Ginger was commonly used spice with notable antioxidant and anti-inflammatory properties that were believed to be beneficial in COVID-19 prevention and treatment. It was frequently included in herbal steam inhalation mixtures.

8. Garlic (Allium sativum)

Garlic was widely used in traditional remedies, valued for its antioxidant properties. It was included in multiple herbal formulations for treating COVID-19.

9. Turmeric (Curcuma longa)

Turmeric is a key ingredient in traditional remedies against COVID-19. In Nigeria, researchers formulated a herbal supplement code named "Combi-5" that included turmeric along with other ingredients to manage COVID-19 patients with mild to moderate symptoms.

10. Lemon/Lime (Citrus)

Lemon was a common addition to herbal mixtures and was often combined with ginger, garlic, and other ingredients.

11. Black Pepper (Piper guineense)

Black pepper was included in herbal formulations, including the "Combi-5" supplement developed by Nigerian researchers for managing COVID-19.

12. Tairi (LaganariaBreviflorus)

Tagiri was believed to prevent the spread of viruses when thrown on the floor, similar to its traditional use against measles and chicken pox. This led to an increased demand during the period.

Factors driving increased use of traditional remedies in Nigeria

Several factors contributed to the increasing use of traditional remedies for COVID-19 in Nigeria. These include affordability, traditional beliefs, perceived

efficacy, and the limitations of access to formal healthcare.

1. **Affordability**

Herbal remedies are often more affordable than modern medicine, particularly for lower-income individuals. This makes them a more accessible and practical option. This is more so in a pandemic situation where drugs are more expensive due to hoarding occasioned by curfew and lock down which characterized the Covid – 19 era. Abhadionmhen , Imarenezor , Ogodo , Ahuchaogu, (2022), reported that factors such as low income and illiteracy significantly encouraged TM use.

2. **Cultural and religious beliefs**

Many traditional practices are deeply rooted in culture, religion and tradition, influencing individuals' choices and acceptance of these remedies. Community ties and historical use of certain herbs also contribute to their continued use. Cultural factors, including traditional beliefs and social norms, also played a crucial role. Findings suggest that gaps in formal healthcare and cultural adherence contribute to the continued use of TM remedies (Abhadionmhen, Peter, Imarenezor, Ogodo& Ahuchaogu, 2025).

3. **Perceived efficacy**

Some individuals in Nigeria believe that herbal remedies are more effective or safer than conventional medicine, particularly for specific ailments. Many Nigerians believe in the traditional remedies, particularly for common illnesses and minor health issues. This perception, influenced by personal experiences, social networks, and cultural narratives, can drive the preference for traditional practices. Even in urban areas with better access to modern healthcare, traditional medicine remains a popular choice. According to Atekoja , Salako, Oluseye, Okanlawon (2025), 75.9 per cent of respondents reported that traditional remedies are very effective.

4. **Poor access to formal healthcare**

Challenges in access to and affordability of orthodox medical facilities can lead individuals to seek alternative options, including traditional remedies. This is particularly true in rural areas or for those with limited resources. In Nigeria, limitations in formal healthcare delivery include inadequate infrastructure, insufficient funding, a "brain drain" of medical professionals, and a poorly functioning National Health Insurance Scheme (NHIS). These issues contribute to unequal access to affordable and efficient healthcare ([Eze, Iseolorunkanmi&Adeloye](#) 2025).

5. **Natural and safe perception**

Many people perceive herbal remedies as "natural" and therefore safer than pharmaceutical medicine. This perception can encourage the use of traditional remedies, especially for those seeking preventative or alternative treatments. This perception is often rooted in the history of using plant-based medicines within communities and a belief that these remedies are gentle and effective. The prevalence of CAM in Nigeria is 76 per cent while unbranded herbal products is 60 per cent ([Ilori](#), [Olakunlehin](#), [Ilori](#), [Awodutire](#), [Ugwuoke](#) & [Shittu](#), 2024)

The challenges of traditional remedies during COVID – 19 in Nigeria

1. **Poor Standardization**

Poor standardized practices production and distribution of herbal remedies pose a challenge. In Nigeria, most patients do not disclose ATMs use, thus increasing the potential for adverse reactions and other risks (Kapepula, Kabengele& Kingombe, 2023). There is ongoing research to validate the claims of efficacy of ATMs for COVID-19 treatment. However, this effort is hampered by paucity of funds for the conduct phase III clinical trials.

2. **Potential drug interactions**

The use of traditional remedies alongside conventional treatments can lead to potential drug interactions or other health complications. TM can interact with modern drugs through various mechanisms, including altering drug absorption, metabolism, and excretion (Yeung, Gubili&Mao,2023).

3. **Misinformation and Misrepresentation**

Some traditional healers make unsubstantiated claims about their remedies, potentially leading to false hope or delayed access to effective medical care. There has been a dramatic increase in advertisements promoting spiritual and herbal remedies. Individuals may have genuine intentions and many of the claims they make are not supported by scientific evidence or regulatory oversight. These treatments can be harmful, leading to physical, emotional and financial consequences (Mujeri, 2024).

Conclusion and Recommendations

Corona virus 19 or COVID-19 emerged in late 2019 and was declared a global pandemic by the World Health Organization on 30 March, 2020. The Corona Virus disease of 2019 otherwise known as COVID-19 pandemic, which began in late 2019, presented unprecedented challenges to the global healthcare system with devastating effects. In Nigeria COVID 19 was detected on 20 February 2020. The pandemic's impact on Nigeria was multifaceted. The healthcare system which was already under pressure was quickly overwhelmed. Many Nigerians turned to traditional remedies. Traditional remedies were largely

prepared and taken by decoction, infusion and inhalation. The major herbs used are Neem/Dogoyaro (*Azadirachta indica*), Tetrapleura tetraptera (Aridan/Aidan), Bitter leaves (*Vernonia amygdalina*), *Syzygium aromaticum* (Cloves), Aframomummelegueta (Alligator pepper), *Khaya grandifoliola* (African Mahogany), Ginger (*Zingiber officinale*), Garlic (*Allium sativum*), Turmeric (*Curcuma longa*), Lemon/Lime (Citrus), Black Pepper (*Piper guineense*), Tairi (*LaganariaBreviflorus*). Factors driving increased use of traditional remedies are affordability and cultural beliefs, perceived efficacy, natural and safe perception and limitations of formal healthcare. The major challenges of the use of traditional remedies for the treatment of during COVID–19 in Nigeriaare potential interactions and misinformation and misrepresentation.

Recommendations

The following are the recommendation:

1. NAFDAC should emphasized that there is no herbal medicine that adequately treats COVID-19.
2. FGN should harmonize complementary and alternative medicine practices.
3. Patients should seek adequate treatment from qualified medical practitioners.
4. FGN should carry out adequate awareness campaign on the dangers of ATM for the treatment of viral infections.

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