



Medicinal Plants Used Traditionally in the Management of Diabetes: Ethno-medicinal Survey across Northwestern Nigeria



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Received: February 14, 2025, Accepted: April 28, 2025

Abstract: Diabetes mellitus is a chronic metabolic disorder characterized by hyperglycemia caused either by insulin deficiency, insulin resistance or both. The prevalence of diabetes and the cost of treatment are very high in Nigeria. To conduct a survey on medicinal plants used traditionally in the management of diabetes across the Northwestern Nigeria. A semi-structured questionnaire comprising of three sections was self-administered during the survey. Section A comprised of demographic information, section B the description of the medicinal plants, and section C professional experience of the respondents. Total of 196 respondents interviewed including 90 traditional medicine practitioners (TMPs), 47 herbalists, and 59 herb sellers. Majority of them were Hausa males and aged between 41-50 years. Most of the participants (85%) obtained their knowledge through inheritance with few (15%) received formal education. Total of 86 different medical plants with various claims in the treatment of diabetes were documented. These include 31 from Kano state, 19 from Katsina state, and 36 from Kaduna state. The most frequently reported medicinal plants were *Anisopus mannii*, *Leptadenia hastata*, *Vernonia amygdalina*, *Moringa oleifera*, *Eleusine coracana*, *Balanite aegyptiaca*, and *Tamarindus indica*. These were obtained from *Combretaceae*, *Moraceae*, *Euphorbiaceae*, *Aristolochiaceae*, *Fabaceae*, and *Solanaceae* families. Data obtained from this study indicated that a number of medicinal plants with various claims in the management of diabetes are available in the Northwestern Nigeria. This suggested that these medicinal plants can be source of bioactive molecules for drug development.

Keywords: Ethno-botany, Traditional, Herbalist, Medicinal, Plants, Diabetes.

Introduction

Traditional medicine practice (TMP) is described by the World Health Organization (WHO) as an occupation which involves the collection of knowledge, skills, and practices based on the theories, beliefs, and experiences of indigenous people on the use of medicinal plants. This practice is usually transmitted from one generation to another. In addition, it is linked to the culture of the people, tradition, religious and personal belief (Hudtohan and Zhang., 2022; Jalal and Bahaulddin, 2022; Adhikari and Paul, 2018). Generally, the practice of TM involves the use of plants, animals, or minerals for the prevention, diagnosis, and treatment of diseases, or for use in maintenance of wellbeing. Initially TM is confined to local people, but it is now upgraded, and practiced alongside western medicine (Tewari, 2020; Vecchiato, 2019; Ozioma and Chinwe, 2019).

Worldwide TM is popularly known as complementary or alternative medicine. Countries with an advanced TMP include China, India, and a number of African countries (Tewari, 2020; Vecchiato, 2019; Ozioma and Chinwe, 2019). Consequently, the most popular TMP across the globe include Chinese medicine, European traditional medicine, Korean traditional medicine, African traditional medicine, Siddha medicine, Unani, Ayurveda, Iranian traditional medicine, and Islamic medieval medicine (Emiliano et al., 2022; Jalal and Bahaulddin, 2022; Adhikari and Paul, 2018). Typical examples of herbal medicines include the herbs, herbal materials, herbal preparations, and finished herbal products that contain either plants parts alone or in combination of other natural products (Tewari, 2020; Vecchiato, 2019; Ozioma and Chinwe, 2019).

Ethno-botany is the study of the relationship between indigenous people and their floral environment. It involves the knowledge of cultivation, classification, and of use of plants as medicine, food, or shelter (Balick and Cox 2020; Hoffman B and Gallaher, 2007). This field is multidisciplinary with several

sub-branches such as ethnoforestry, ethnoecology, ethnotaxonomy, ethnopharmacology, ethnomedicine, ethnogynaecology, ethnopadiatrics, and ethnotoxicology. Ethno-botany has significantly contributed to drug discovery from medicinal plants (Ishtiaq et al., 2022; Leonti, 2022; Tresina et al., 2022; Agrawal, 2018; Popović et al., 2016; Heinrich, 2000). Overall, ethno-medicinal survey forms the basic foundation of understanding of medicinal plants and their pharmacological activities. And the knowledge acquired during ethno-medicinal survey marked the beginning of modern science of drug discovery from medicinal plants (Saraçi and Damo, 2021; Petran et al., 2020; Picking et al., 2015).

A number of ethno-medicinal surveys have been conducted on medicinal plants used traditionally in the management of diabetes across the northwestern Nigeria (Odoh et al 2023; Ogunkalu et al., 2022; Abubakar et al., 2021; Abubakar et al., 2017; Shinkafi et al., 2015). Knowing that diabetes is a very common disease in Nigeria, this survey was expanded to cover three states and reported the most robust data on the use of medicinal plants traditionally in the treatment of diabetes across Northwestern Nigeria.

Materials and Methods

Study Population

This study was conducted among the population of TMPs, herbalists, and herb sellers across Kano, Katsina and Kaduna states.

Study Area

i. Kano State: Is located in the north-western region of Nigeria. It shares border with Katsina state to the north, Bauchi state to the south, Jigawa state to the east and Kaduna state to the west (Figure 1). Kano State is located between Latitude 130° N and 110° S, and Longitude 80° W and 100° E. It also has a mean height of about 472 m above sea level and covers 20,131 km² (Abubakar et al., 2023). In addition, the state has a total of 44

local government areas with total population of 18.08 million (Abubakar et al., 2022). The TMPs, herbalists, and herb sellers are found in large numbers in Kurmi market; Sabon Gari market; Abubakar Rimi market; Hajj Camp Traditional Medicine Trade Fair; and few other locations dispersed within residential areas.

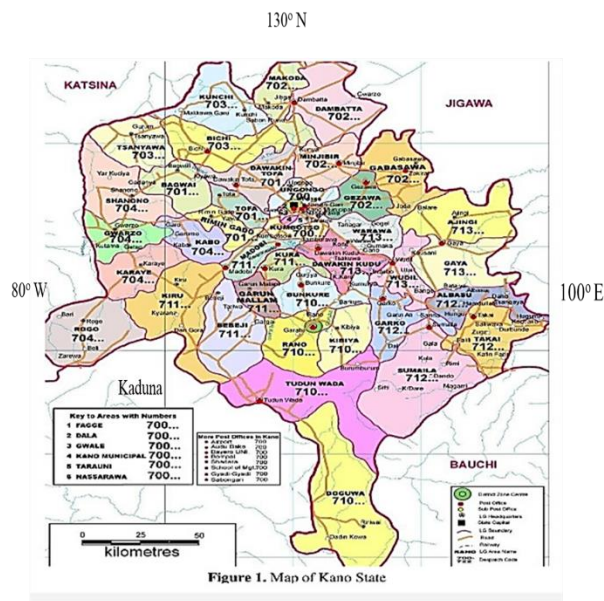


Figure 1. Map of Kano State, Nigeria (Source: Abubakar et al., 2023).

ii. Katsina State: Is located in the north-western region of Nigeria. Katsina state shares border with Niger Republic to the north, Kaduna state to the south, Kano and Jigawa states to the east and Zamfara state to the west (Figure 2) (Abubakar et al., 2023). Katsina state is located between Latitude 11°08'N and 13°22'N, and Longitude 6°52'E and 9°20'E. It also has a mean height of about 503m above sea level and covers 23,938 km². In addition, the state has a total of 34 local government areas with total population of 7,831, 319 million (Abubakar et al., 2023). The TMPs, herbalists, and herb sellers are found in large numbers in the major markets, including Katsina Central market, Chake market, 'Yar kutungu market, Central mosque, and Makera Jabiri location.

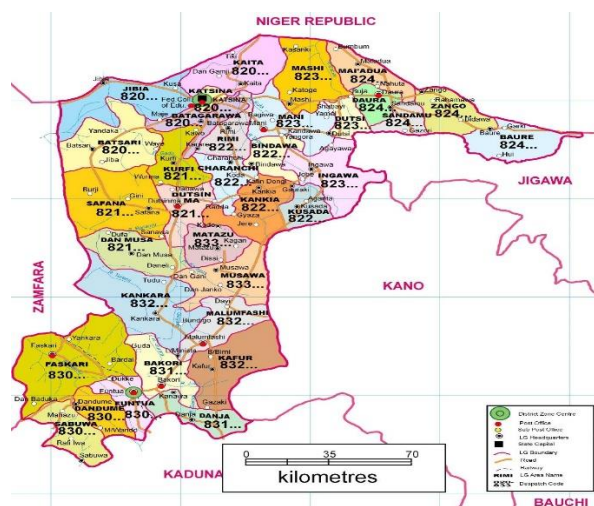


Figure 2. Map of Katsina state, Nigeria (Abubakar et al., 2023). iii. Kaduna State: Is located in the north-western region of Nigeria. Kaduna state shares border with Kano and Katsina state to the north, Federal Capital Abuja and Nasarawa state to the south, Plateau state to the east, Niger and Zamfara states to the west (Figure 3) (Abubakar et al., 2023). Kaduna state is located between Latitude 10° 38'N and 10° 25' N, and Longitude 7° 22'E and 7° 32 E. It also has a mean height of about 645 m above sea level and covers 45,061 km². In addition, the state has a total of 23 local government areas with total population of 10,578,000 million (Abubakar et al., 2023). The TMP, herbalists, and herb sellers are found in large numbers in the major markets, including Kasuwar Barci market, Kawo market, Sabon Tasha market, Kabala costain market, Badarawa market, Kakuri market and Zaria city market.

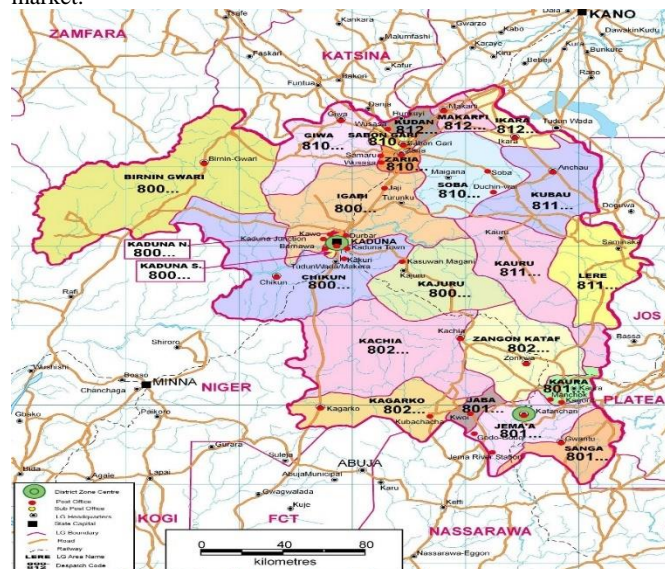


Figure 3. Map of Kaduna State, Nigeria (Abubakar et al., 2023).

Study design

A cross sectional survey was conducted among the population of TMPs, herbalists, and herb sellers. The study was conducted using a semi-structured questionnaire adopted, and validated from an earlier study (Shehu et al., 2014).

Ethical approval

Ethical clearance was obtained from the ethical committee of the College of Health Sciences, Bayero University, Kano. Ref No: BUK/CHS/REC/116.

Questionnaire

The survey tool used was a semi-structured questionnaire comprising of three sections. Section A was demographic information, section B was about the description of the medicinal plants. Section C comprised of professional experience of the respondents.

Data collection

The data was collected by self-administering the questionnaire to the TMPs, herbalists and herb sellers.

Data analysis

Descriptive statistics carried out and the result was presented as frequencies and percentages. This is analysis done using the Statistical Package for Social Sciences (SPSS®), version 26.0.

| State | | Kano (n=90) | Katsina (n=47) | Kaduna (n=59) |
|------------------|--------------|----------------|-------------------|------------------|
| Variable | Category | N (%) | N (%) | N (%) |
| Type of Practice | TMPs | 51 (57) | 25 (53) | 41 (69) |
| | Herbalists | 28(31) | 16 (34) | 13 (22) |
| | Herb sellers | 11 (12) | 6 (13) | 5 (19) |
| Gender | Male | 74 (82) | 37 (79) | 40(68) |
| | Female | 16 (18) | 10 (19) | 19 (32) |
| Age (years) | Less than 31 | 12 (13) | 4 (9) | 7 (12) |
| | 31-40 | 21 (23) | 10 (21) | 18 (30) |
| | 41-50 | 45 (50) | 23 (49) | 20 (34) |
| | > 50 years | 12 (14) | 10 (21) | 14 (24) |
| Tribe | Hausa | 55 (61) | 33 (70) | 40 (68) |
| | Yoruba | 26 (29) | 8 (17) | 12 (20) |
| | Igbo | 3 (3) | 2 (4) | 3 (5) |
| | Others | 6 (7) | 4 (9) | 4 (7) |
| Religion | Islam | 84 (93) | 42 (89) | 41 (69) |
| | Christianity | 6 (7) | 5 (11) | 18 (31) |
| Nationality | Nigerian | 86 (96) | 45 (96) | 55 (93) |
| | Non-Nigerian | 4 (4) | 2 (4) | 4 (7) |

Table 1: Demography of respondents

In Kano state, markets surveyed include Kurmi market, Abubakar Rimi market Sabon Gari market, Hajj Camp Trade Fair, and others. In Katsina state, the markets visited include Katsina Central market, Chake market, 'Yar kutungu market, Central Mosque area, and Makera Jabiri. In Kaduna state, locations surveyed include Kasuwan Barci market, Kawo market, Kakuri market, Zaria city market Sabon Tasha, Kabala costain, and Badarawa. The number of respondents obtained from each market were described below, (Table 2).

| State | Kano (n=90) | Katsina (n=47) | Kaduna (n=59) |
|----------|----------------------|------------------------|-----------------------|
| Location | Kurmi Market | Katsina Central Market | Kasuwar Barci Market |
| | Abubakar Rimi Market | Central Mosque Market | Kakuri Market |
| | Sabon Gari Market | Makera Jabiri Market | Zaria City Market |
| | Hajj Camp Trade Fair | Chake Market | Kawo Market |
| | Others | Others | Kabala Costain Market |
| | | | |

Table 2: Respondent based on locations visited in each state

Results and Discussion

Demographic Information

During the ethno-medicinal survey total of 196 participants were interviewed. These includes 90 from Kano state, 47 from Katsina state, and 59 from Kaduna state. The respondents from Kano state include 51 (57%) TMPs, 28 (31%) herbalists, and 11 (12%) herb sellers. In Katsina state 25 (53%) were TMPs, 16 (34%) herbalists, and 6 (13%) herb sellers. In Kaduna state include 41 (69%) TMPs, 13 (22%) herbalists, and 5 (19%) herb sellers. Also, the majority of the participants from Kano state 74 (82%) males, and 16 (18%) females. In Katsina state, 37 (79%) were males, and 10 (21%) were females. In Kaduna state 40 (68%) were males, and 19 (32%) females. Participants from Kano state 12 (13%) were less than 31 years, 21 (23%) aged 31-40, 45 (50%) aged 41-50, and 12 (14%) aged above 50 years. In Katsina state, 4 (9%) aged less than 31 years, 10 (21%) aged 31-40, 23 (49%) aged 41-50, and 10 (21%) aged above 50 years. In Kaduna state, 7(12%) aged less than 31 years, 18 (30%) aged 31-40, 20(34%) aged 41-50, and 14 (24%) aged above 50 years. In addition, among the participants from Kano state, 55 (61%) were Hausa tribe, 26 (29%) Yoruba, 3 (3%) Igbo, and then 6 (7%) others. In Katsina state, 33 (70%) were Hausa, 8 (17%) Yoruba, 2 (4%) Igbo, and then 4 (9%) others. Also in Kaduna state, 40 (68%) were Hausa, 8 (20%) Yoruba, 3 (5%) Igbo, and then 4 (7%) others. In Kano state 84 (93%) of the participants were Muslims, and 6 (7%) Christians, in Katsina state 42 (89%) were Muslims and 5 (11%) Christians, and Kaduna state 41 (69%) were Muslims and 18 (31%) Christians (Table 1).

Professional Experience of the Respondents

During the survey most of the participants from Kano state got their knowledge of TM through inheritance 65 (72%), inheritance plus formal training 12 (13%), training alone 9 (10%) and divination 4 (5%). In Katsina state, 31 (66%) inherited the practice, inheritance plus formal training 8 (17%), training alone 6 (13%), and divination 2 (4%). In Kaduna state, 40 (68%) inherited the practice, inheritance plus formal training 10 (17%), training alone 7 (12%), and divination 2 (3%). The primary sources of medicinal plants in Kano was forest 64 (71%), home gardens 9 (10%), and 17 (19%) purchased from markets. In Katsina 32 (68%) were obtained from forest, 10 (21%) from home gardens, and only 5(11%) purchased from markets. In Kaduna state, 37 (63%) of the medicinal plants were from forest, 13 (22%) from home gardens, and 9 (15%) purchased from markets. In Kano state, Majority 68 (75%) stated that their medicine has no side effect, however 15 (17%) reported nausea and vomiting. In Katsina state 32 (68%) mentioned no side effects, but 9 (19%) mentioned nausea and vomiting. Lastly, in Kaduna state 40 (68%) revealed no side effects, while 14 (24%) mentioned nausea and vomiting. The method of preparation of the medicinal plants used in Kano include decoction 61 (68%), maceration 17 (19%), and infusion 12 (13%). Also, Katsina state employed decoction 36(77%), maceration 7(15%), and infusion 4(8%). Kaduna state participants used decoction 38 (64%), maceration 13 (22%), and infusion 8 (14%) (Table 3).

Table 3: Professional experience of respondents

| State | | Kano (n=90) | Katsina (n = 47) | Kaduna (n= 59) |
|------------------------------------|------------------------|-------------|------------------|----------------|
| Variables | Specification | N (%) | N (%) | N (%) |
| Frequency of treatment | Regular | 81 (90) | 43 (91) | 54 (92) |
| | Irregular | 9 (10) | 4 (9) | 5 (8) |
| Duration of treatment (days) | 2-3 | 7 (8) | 5 (11) | 12 (20) |
| | 4-5 | 21 (23) | 8 (17) | 10 (17) |
| | 6-14 | 62 (69) | 34 (72) | 37 (63) |
| Other treatment apart from herbs | Divination/incantation | 4 (4) | 3 (6) | 5 (8) |
| | None | 86 (96) | 44 (94) | 54 (92) |
| Source of knowledge | Ancestral | 65 (72) | 31 (66) | 40 (68) |
| | Training | 9 (10) | 6 (13) | 7(12) |
| | Ancestral/Training | 12 (13) | 8 (17) | 10 (17) |
| | Divination | 4 (5) | 2 (4) | 2 (3) |
| Availability of plant/ plant parts | Forest | 64 (71) | 32 (68) | 37 (63) |
| | Home garden | 9 (10) | 10 (21) | 13 (22) |
| | Market | 17 (19) | 5 (11) | 9 (15) |
| Accompanied side effects | Nausea/vomiting | 15 (17) | 9 (19) | 14 (24) |
| | Others | 7 (8) | 6 (13) | 5 (8) |
| | None | 68 (75) | 32 (68) | 40 (68) |
| Accompanied verbal instructions | Yes | 90 (100) | 47 (100) | 59 (100) |
| Method of Preparations | Decoction | 61 (68) | 36 (77) | 38 (64) |
| | Maceration | 17 (19) | 7 (15) | 13 (22) |
| | Infusion | 12 (13) | 4 (8) | 8 (14) |

Medicinal Plants Reported from each State

During the ethno-medicinal survey total of 86 different medicinal plants with various claims in the management of diabetes were documented. These include 31 from Kano state (Table, 4), 19 from Katsina, (Table, 5), and 36 from Kaduna state (Table, 6). The most frequently reported medicinal plants from Kano state include *Anisopus mannii* 23(16%), *Leptadenia hastate* 14 (10%), *Vernonia amygdalina* 12 (9%), *Moringa oleifera* 8 (6%), *Eleusine coracana* 6 (4%), and *Tamarindus indica* 5 (4%). In Katsina state, the highest mentioned medicinal plants were *Anisopus mannii* 14 (22%), *Leptadenia hastate* 8 (13%), *Moringa oleifera* 7 (11%), *Vernonia amygdalina* 6 (10%), and *Mormordica balsamina* 3 (5%) (Table, 5). In Kaduna state, commonly reported medicinal plants were *Anisopus mannii* 16 (17%), *Balanite aegyptiaca* 6 (6%), *Leptadenia hastate* 8 (8%) *Moringa oleifera* 6 (6%), *Vernonia amygdalina* 6 (6%), and *Eleusine coracana* 5 (5%) (Table, 6).

Table 4: Medicinal plants commonly used in management of diabetes in Kano state.

| S/N | Botanical Names | Local Names | Family | Part | Traditional Claim | N (%) |
|-----|---|---|----------------|------------|-------------------------|----------|
| 1 | <i>Anthocleista djalensis</i> A.Chev. | <i>Kwari</i> (Hausa), <i>Shapo</i> (Yoruba), <i>Uvuru</i> (Igbo) | Loganiaceae | Stem Bark | Antidiabetic | 3(2.1) |
| 2 | <i>Aloe vera</i> (L.) Burm.f | <i>Alo bera</i> (Hausa), <i>Ahon-erin</i> (Yoruba), (Igbo) | Liliaceae | Whole | Reduce Blood sugar | 3(2.1) |
| 3 | <i>Amaranthus viridis</i> Linn. | <i>Zaakii banza</i> (Hausa), (Yoruba), <i>Agukwu</i> (Igbo) | Amaranthaceae | Whole | Antidiabetic | 4(2.9) |
| 4 | <i>Anisopus mannii</i> N.E.Br. | <i>Kashe zaqi</i> , <i>Sakayau</i> (Hausa), | Apocynaceae | Whole | Decrease Blood sugar | 23(16.4) |
| 5 | <i>Anogeissus leiocarpus</i> (DC) Guill and Perr. | <i>Marke</i> (Hausa), <i>Ayin</i> (Yoruba), <i>Atara</i> (Igbo), | Combretaceae | Stem Bark | Antidiabetic | 2(1.2) |
| 6 | <i>Cassia singueana</i> Del. | <i>Ruunhu</i> (Hausa), <i>Rumbu</i> (Kanuri), | Leguminosae | Stem bark | Lower Blood sugar c | 3(2.1) |
| 7 | <i>Carica papaya</i> (Linn.) | <i>Gwanda</i> (Hausa), <i>Ibepe ibepe</i> (Yoruba) <i>Okworo</i> (Igbo) | Caricaceae | Leaf | Antidiabetic | 4(2.9) |
| 8 | <i>Carpolobia lutea</i> G. Don | (Hausa) <i>Egbo</i> , <i>Oshunshun</i> (Yoruba), <i>Agba</i> , <i>Angalagala</i> (Igbo) | Polygalaceae | Leaf | Antidiabetic | 2(1.2) |
| 9 | <i>Cissampelos owariensis</i> (P.Beauv. ex DC.) | <i>Juudan qasa</i> (Hausa), <i>Ewe jokoje</i> (Yoruba), | Menispermaceae | Leaf | Antidiabetic | 1(0/7) |
| 10 | <i>Citrullus lanatus</i> (Thunb.) Mats. and Nakai | <i>Guna</i> (Hausa), <i>Baara</i> (Yoruba), <i>Egwusi</i> (Igbo) | Cucurbitaceae | Fruit | Lower Blood sugar | 4(2.9) |
| 11 | <i>Combretum micranthum</i> G.Don | <i>Geza</i> (Hausa), <i>Okan</i> (Yoruba), <i>Obi-agwu</i> (Igbo) | Combretaceae | Leaf | Antidiabetic | 4(2.9) |
| 12 | <i>Curculigo pilosa</i> (Schum& Thonn) Engl. | <i>Doyar Kurege</i> (Hausa), <i>Epakun</i> (Yoruba) | Hypoxidaceae | Tuber | Antidiabetic | 3(2.1) |
| 13 | <i>Elaeis guineensis</i> J. Gaertn. | <i>Kwakwan Manja</i> (Hausa), <i>Obu-otoyo</i> (Yoruba), <i>Oduko</i> (Igbo) | Arecaceae | Fruit | Lower Blood sugar | 2(1.2) |
| 14 | <i>Eleusine coracana</i> (Linn.) Gaertn. | <i>Tamba</i> (Hausa), (Yoruba), <i>Oka tamba</i> (Igbo) | Poaceae | Seed | Antidiabetic | 6(4.3) |
| 15 | <i>Gongronema latifolium</i> Benth. | <i>Madunmaro</i> (Hausa), <i>Arokeke</i> (Yoruba), <i>Utazi</i> (Igbo) | Apocynaceae | Leaf | Reduce blood sugar | 2(1.2) |
| 16 | <i>Hibiscus sabdariffa</i> L. | <i>Rama</i> (Hausa) <i>Ishapa</i> (Yoruba), (Karasu'; Kanuri) | Malvaceae | Leaf | Antidiabetic | 4(2.9) |
| 17 | <i>Jatropha curcas</i> L. | <i>Biniidazuguu</i> (Hausa), <i>Bulu olu</i> (Igbo), <i>Botuje</i> (Yoruba) | Euphorbiaceae | Leaf | Decreased blood glucose | 2(1.2) |
| 18 | <i>Khaya senegalensis</i> (Desv.) A.Juss. | <i>Madaci</i> (Hausa) <i>Oganwo</i> (Yoruba), <i>Ono</i> (Igbo) | Meliaceae | Stem bark | Decrease blood glucose | 1(0/7) |
| 19 | <i>Lagerstroemia speciosa</i> (L.) Pers | <i>Abere</i> (Yoruba), <i>Okplú</i> (Idoma) | Lythraceae | Leaf | Decrease blood glucose | 5(3.6) |
| 20 | <i>Leptadenia hastate</i> (Pers.) Decne | <i>Yaadiya</i> (Hausa), <i>Isanaje</i> (Igbo), <i>Iran-aji</i> (Yoruba) | Asclepiadaceae | Leaf | Antidiabetic | 14(10) |
| 21 | <i>Mangifera indica</i> L. | <i>Mangwaro</i> (Hausa), <i>Mango</i> (Yoruba), <i>Mongo</i> (Igbo) | Anacardiaceae | Leaf | Decreased blood glucose | 3(2.1) |
| 22 | <i>Moringa oleifera</i> Lam. | <i>Zogale</i> (Hausa), <i>Ewe Igbale</i> (Yoruba), <i>Okwe oyibo</i> (Igbo), | Moringaceae | Leaf | Decreased blood glucose | 8 (5.7) |
| 23 | <i>Mormordica balsamina</i> L. | <i>Garaqunii</i> (Hausa), <i>Akban ndene</i> (Igbo), <i>Ejirin</i> (Yoruba) | Curcubitaceae | Leaf/Whole | Reduce blood sugar | 3(2.1) |

| | | | | | | | |
|----|---|---|--------------|-----------|---------------|-------|----------|
| 24 | <i>Piliostigma thonningii</i> (Schumach.) Milne-Rech. | <i>Kalgo</i> (Hausa), <i>Abefe</i> (Yoruba), <i>Okpoatu</i> (Igbo) | Leguminosae | Stem bark | Lower Glucose | Blood | 5(3.6) |
| 25 | <i>Rauwolfia vomitoria</i> Afzel. | <i>Wada</i> (Hausa), <i>Asofeyeje</i> (Yoruba), <i>Akanta</i> (Igbo) | Apocynaceae | Stem bark | Reduce Sugar | Blood | 4(2.9) |
| 26 | <i>Securidaca longepedunculata</i> Fresen | <i>Sanyaa/Uwar maguna</i> (Hausa), <i>Ipeta</i> (Yoruba), <i>Ezeogwu</i> (Igbo) | Polygalaceae | Leaf | Lower sugar | blood | 3(2.1) |
| 27 | <i>Syzygium aromaticum</i> Linn. | <i>Kanunfaari</i> (Hausa), <i>Konofuru</i> (Yoruba), <i>Osasagbogbo</i> (Igbo) | Myrtaceae | seed | Reduce Sugar | Blood | 1(0/7) |
| 28 | <i>Tamarindus indica</i> L. | <i>Tsamiya</i> (Hausa), <i>Ajagbon</i> (Yoruba), <i>Icheku oyibo</i> (Igbo) | Leguminosae | Fruit | Lower Glucose | Blood | 5(3.6) |
| 29 | <i>Tetrapleura tetraptera</i> (Schum. and Thonn.) Taub. | <i>Aidan</i> (Yoruba), <i>Kpokrikpo</i> (Igbo), | Leguminosae | Stem bark | Lower Glucose | Blood | 2(1.2) |
| 30 | <i>Vernonia amygdalina</i> Delile. | <i>Shuwaka</i> (Hausa), <i>Ewuro</i> (Yoruba), <i>Onugbu</i> (Igbo) | Compositae | Leaf | Antidiabetic | | 12 (8.6) |
| 31 | <i>Xylopia aethiopicum</i> (Dunal) A. Rich | <i>Eru Alamo</i> , <i>Eru-awonka</i> (Yoruba), <i>African guinea pepper</i> , <i>Ethiopian pepper</i> | Annonaceae | Fruit | Antidiabetic | | 2(1.2) |

Table 5: Medicinal plants commonly used in management of diabetes in Katsina state.

| S/N | Botanical Names | Local Names | Family | Part | Traditional Claim | N (%) |
|-----|--|---|----------------|------------|-----------------------|----------|
| 1 | <i>Anisopus mannii</i> N.E.Br | <i>Kashe zaqi</i> , <i>Sakayau</i> (Hausa) | Apocynaceae | Whole | Lower sugar | 14(22.2) |
| 2 | <i>Artemesia annua</i> L. | <i>Tazargade</i> (Hausa) | Asteraceae | Leaf | Antidiabetic | 2(3.2) |
| 3 | <i>Balanite aegyptiaca</i> Del. | <i>Aduwa</i> (Hausa), (Badure), <i>Dubakara</i> (Fulani), <i>Dawagara</i> (Kanuri) | Balanitaceae | Stem Bark | Antidiabetic | 2(3.2) |
| 4 | <i>Citrus aurantium</i> L | <i>Lemon Tsami</i> (Hausa) <i>Osan ganinganin</i> (Yoruba), <i>Oloma oyibo</i> (Igbo) | Rutaceae | Fruit | Antidiabetic | 1(1.6) |
| 5 | <i>Eleusine coracana</i> (Linn.) Gaertn. | <i>Tamba</i> (Hausa), (Yoruba), <i>Oka tamba</i> (Igbo) | Poaceae | Seed | Antidiabetic | 4(6.3) |
| 6 | <i>Eugenia caryophyllus</i> | <i>Kanunfaari</i> (Hausa), | Myrtaceae | Seed | Antidiabetic | 1(1.6) |
| 7 | <i>Ficus thonningii</i> Blume | <i>Chediya</i> (Hausa), <i>Odan</i> (Yoruba), | Moraceae | Stem bark | Decreased blood sugar | 2(3.2) |
| 8 | <i>Leptadenia hastate</i> (Pers.) Decne | <i>Yaadiya</i> (Hausa), <i>Isanaje</i> (Igbo), <i>Iran-aji</i> (Yoruba) | Asclepiadaceae | Leaf | Antidiabetic | 8(12.7) |
| 9 | <i>Mangifera indica</i> L | <i>Mangwara</i> (Hausa), <i>Mango</i> (Yoruba), <i>Mongo</i> (Igbo) | Anacardiaceae | Leaf | Decreased glucose | 1(1.6) |
| 10 | <i>Mormordica balsamina</i> L. | <i>Garaafunii</i> (Hausa), <i>Akban ndene</i> (Igbo), <i>Ejirin</i> (Yoruba) | Curcubitaceae | Leaf/Whole | Reduce sugar | 3(4.8) |
| 11 | <i>Moringa oleifera</i> Lam. | <i>Zogale</i> (Hausa), <i>Ewe</i> (Yoruba), <i>Okweolu</i> (Igbo) | Moringaceae | Leaf/Seed | Lower sugar | 7(11.1) |
| 12 | <i>Ricinus communis</i> Linn. | <i>Zurman</i> (Hausa), <i>Laraa</i> (Yoruba), <i>Ogilisi</i> (Igbo) | Euphorbiaceae | Leaf/Seed | Reduce Glucose | 2(3.2) |
| 13 | <i>Senna occidentalis</i> L. | <i>Majamfari a</i> (Hausa), <i>Akorere</i> (Yoruba), <i>Akidi</i> (Igbo) | Fabaceae | Leaf/Root | Antidiabetic | 1(1.6) |
| 14 | <i>Senna tora</i> | <i>Tafasa</i> (Hausa) | | Leaf/Root | Antidiabetic | 2(3.2) |
| 15 | <i>Solanum aethiopicum</i> L. | <i>Gauta</i> (Hausa), <i>Igbagba</i> (Yoruba), <i>Anara</i> (Igbo) | Solanaceae | Fruit | Lower Blood | 2(3.2) |

| | | | | | | |
|----|------------------------------------|--|---------------|---------|--------------------|--------|
| 16 | <i>Triticum aestivum</i> Linn. | <i>Alkama</i> (Hausa), <i>Alkamari</i> (Fulani),Laama (Kanuri) | Poaceae | Seed | Sugar Antidiabetic | 1(1.6) |
| 17 | <i>Vernonia amygdalina</i> Delile. | <i>Shuwaka/ chusar-doki</i> (Hausa), <i>Ewuro</i> (Yoruba), <i>Onugbu</i> (Igbo) | Asteraceae | Leaf | Antidiabetic | 6(9.5) |
| 18 | <i>Vigna subterranea</i> L. Verdc | <i>Gurjiyaa</i> (Hausa), <i>Epa-Roro</i> (Yoruba), <i>Okpa</i> (Igbo) | Leguminosae | Seed | Antidiabetic | 2(3.2) |
| 19 | <i>Zingiber officiale</i> Roscoe | <i>Citta</i> (Hausa), <i>Atale</i> (Yoruba), <i>Jinga</i> (Igbo) | Zingiberaceae | Rhizome | Lower Blood Sugar | 2(3.2) |

Table 6: Medicinal plants commonly used in management of diabetes in Kaduna state.

| S/N | Botanical Names | Local Names | Family | Part used | Traditional Claim | N (%) |
|-----|---|---|------------------|----------------|--------------------|--------------|
| 1. | <i>Acacia nilotica</i> (Lam.) Willd. | <i>Bagaaruwaa</i> (Hausa), <i>Baani</i> (Yoruba), <i>Booni</i> (Igbo) | Mimosaceae | Fruit | Antidiabetic | 2(2.1) |
| 2. | <i>Adansonia digitata</i> L. | <i>Kuuka</i> (Hausa), <i>Ose</i> (Yoruba), <i>Oyili-akpu</i> (Igbo) | Malvaceae | Stem bark/leaf | Antidiabetic | 1(1) |
| 3. | <i>Anisopus mannii</i> N.E.Br | <i>Kashe zaqi, Sakayau</i> (Hausa) | Apocynaceae | Whole | Reduce blood sugar | 16(16.5) |
| 4. | <i>Angerantum conyzoides</i> Linn. | <i>Ahenhen</i> (Hausa), <i>Imi esu</i> (Yoruba), <i>Ula ujula</i> (Igbo) | Asteraceae | Whole | Reduce blood sugar | 2(2.1) |
| 5. | <i>Aristolochia albida</i> Duch. | <i>Duuman duutse</i> (H), <i>Gad'ahuka</i> (Fulfulde), <i>Paran funfun</i> (Yoruba) | Aristolochiaceae | Leaf | Antidiabetic | 1(1) |
| 6. | <i>Artemesia annua</i> L. | <i>Tazargade</i> (Hausa) | Asteraceae | Leaf | Antidiabetic | 3(3.1) |
| 7. | <i>Balanite aegyptiaca</i> Del. | <i>Aduwa</i> (Hausa), <i>Budare</i> (Yoruba), <i>Ngwu-awusa</i> ; (Igbo) | Balanitaceae | Stem Bark | Antidiabetic | 6(6.2) |
| 8. | <i>Borassus aethiopum</i> Mart. | <i>Muruuci</i> (Hausa), <i>Agbonolodu</i> (Yoruba), <i>Ubiri</i> (Igbos) | Aracaceae | Fruit | Antidiabetic | 1(1) |
| 9. | <i>Bryophyllum pinnatum</i> | <i>Abamoda</i> (Hausa), <i>Abamodo</i> (Yoruba) <i>nkwonkwu</i> (Igbo) | Crassulaceae | Leaf | Antidiabetic | 1(1) |
| 10. | <i>Cassia singueana</i> Del. | <i>Ruunhu</i> (Hausa), <i>Rumbu</i> (Kanuri), | Leguminosae | Stem bark | Antidiabetic | 2(2.1) |
| 11. | <i>Celosia argentea</i> var. <i>crista</i> | <i>Rimi</i> (Hausa), <i>Soko Yokoto</i> (Yoruba) | Amaranthaceae | Leaf | Lower blood sugar | 2(2.1) |
| 12. | <i>Cocos nucifera</i> (Linn) | <i>Kwakwa</i> (Hausa), <i>Agbon</i> (Yoruba) <i>Aku-beke</i> (Igbo) | Arecaceae; | Fruit | Lower blood sugar | 2(2.1) |
| 13. | <i>Combretum micranthum</i> G.Don | <i>Geza</i> (Hausa), <i>Okan</i> (Yoruba), <i>Obi-agwu</i> (Igbo) | Combretaceae | Leaf | Antidiabetic | 2(2.1) |
| 14. | <i>Cucurbita moschata</i> (Duch Ex. Lam.) Duch and Poir | <i>Kabewa</i> (Hausa), <i>Apala</i> (Yoruba), <i>Ukoro</i> (Igbo) | Cucurbitaceae | | Lower blood sugar | 1(1) |
| 15. | <i>Eleusine coracana</i> (Linn.) Gaertn. | <i>Tamba</i> (Hausa), (Yoruba), <i>Oka tamba</i> (Igbo) | Poaceae | Seed | Antidiabetic | 5(5.2) |
| 16. | <i>Erythrina senegalensis</i> DC. | <i>Minjirya</i> (Hausa) | Leguminosae | Stem bark | Decrease glucose | blood 2(2.1) |
| 17. | <i>Eucalyptus globus</i> Labill | <i>Turare</i> (Hausa), <i>Nkwu-ishi</i> (Igbo): | Myrtaceae | | Antidiabetic | 1(1) |
| 18. | <i>Hunteria umbellata</i> (K. Schum.) Hallier f. | <i>Lema</i> (Hausa), <i>Abeere</i> (Yoruba), <i>nkpokiri</i> (Igbo) | Apocynacea | Fruit/seed | Lower blood sugar | 2(2.1) |
| 19. | <i>Hyphaene thebaica</i> (Linn.) Mart. | <i>Goriba</i> (Hausa), <i>djerid</i> (Fulani) | Arecaceae | Fruit | Antidiabetic | 1(1) |

| | | | | | | | |
|-----|--|--|----------------|-----------|-------------------|-------|--------|
| 20. | <i>Jatropha curcas</i> L. | <i>Biniidazuguu</i> (Hausa), <i>Botuje</i> (Yoruba), <i>Bulu olu</i> (Igbo) | Euphorbiaceae | Leaf | Decreased glucose | blood | 2(2.1) |
| 21. | <i>Lagerstroemia speciosa</i> (L.) Pers | <i>Abere</i> (Yoruba), <i>okplú</i> (Idoma) | Lythraceae | Leaf | Decrease glucose | blood | 3(3.1) |
| 22. | <i>Leptadenia hastate</i> (Pers.) Decne | <i>Yaadiya</i> (Hausa), <i>Isanaje</i> (Igbo), <i>Iran-aji</i> (Yoruba) | Asclepiadaceae | Leaf | Antidiabetic | | 8(8.2) |
| 23. | <i>Lawsonia inermis</i> L. | <i>Lalle</i> (Hausa), <i>Laali</i> (Yoruba) | Lythraceae | Leaf | Decrease sugar | blood | 1(1) |
| 24. | <i>Moringa oleifera</i> Lam. | <i>Zogale</i> (Hausa), <i>Ewe</i> (Yoruba), <i>Okweolu</i> (Igbo) | Combretaceae | Leaf/seed | Lower sugar | blood | 6(6.2) |
| 25. | <i>Nauclea latifolia</i> (Smith) Bruce | <i>Tuwonbiri</i> (Hausa), <i>Egbesi</i> (Yoruba), <i>Uburu-ilu</i> (Igbo). | Rubiaceae | Leaf | Antidiabetic | | 1(1) |
| 26. | <i>Phragmites australis</i> (Cav.) Trin. ex Steud. | <i>Bushara</i> , <i>Wutsiyar Giwa</i> (Hausa), <i>Ifu</i> (Yoruba) | Poaceae | Rhizome | Reduce sugar | blood | 1(1) |
| 27. | <i>Sclerocarya birrea</i> (A Rich) Hochst. | <i>Danya</i> (Hausa), <i>Eedere</i> (Fulani), <i>Kamaa</i> (Kanuri) | Anacardiaceae | Stem bark | Antidiabetic | | 1(1) |
| 28. | <i>Securidaca longepedunculata</i> Fres. | <i>Sanyaa/ Uwar maguna</i> (Hausa), <i>Ipeta</i> (Yoruba), <i>Ezeogwu</i> (Igbo) | Polygalaceae | Leaf | Lower sugar | blood | 2(2.1) |
| 29. | <i>Senna tora</i> (L.) Roxb. | <i>Tafasa</i> (Hausa), <i>Asuwon-</i> (Yoruba), <i>Sigbu-muo</i> (Igbo), | Fabaceae | Leaf | Decrease glucose | blood | 3(3.1) |
| 30. | <i>Solanum americanum</i> Mill. | <i>Gautan Kaaji</i> (Hausa), <i>Ogunmo</i> (Yoruba) <i>Ewa</i> (Igbo), | Solanaceae | Fruit | Antidiabetic | | 2(2.1) |
| 31. | <i>Strychnos spinosa</i> (Lam.) | <i>Kokiya</i> (Hausa), <i>Atako</i> (Yoruba), <i>Angboroko</i> (Igbo) | Curcubitaceae | Leaf | Decrease glucose | blood | 1(1) |
| 32. | <i>Syzygium guineense</i> (Willd.) DC | <i>Malmoo</i> (Hausa) <i>Adere</i> (Yoruba), <i>Ori</i> (Igbo), | Myrtaceae | Stem bark | Lower sugar | blood | 1(1) |
| 33. | <i>Tamarindus indica</i> L | <i>Tsamiya</i> (Hausa), <i>Ajagbon</i> (Yoruba), <i>Icheku oyibo</i> (Igbo) | Leguminosae | Fruit | Antidiabetic | | 2(2.1) |
| 34. | <i>Vernonia amygdalina</i> Delile | <i>Shuwaka/</i> (Hausa), <i>Ewuro</i> (Yoruba), <i>Olughu</i> (Igbo) | Compositae | Leaf | Antidiabetic | | 6(6.2) |
| 35. | <i>Ximenia americana</i> L. | <i>Tsaada</i> (Hausa), <i>Kabbule</i> (Fulfulde), <i>Igo</i> (Yoruba) | Olaceae | Fruit | Lower Glucose | Blood | 1(1) |
| 36. | <i>Ziziphus mauritiana</i> Lam. | <i>Magarya</i> (Hausa), <i>Jaabe</i> (Fulfulde), <i>Eekannase adie</i> (Yoruba) | Anacardiaceae | Stem Bark | Antidiabetic | | 3(3.1) |

Families of Plants Reported from Each State

In Kano state, the most mentioned plants' families were *Combretaceae* 4 (12%), *Moraceae* 4 (12%), *Euphorbiaceae* 3 (9%), and *Fabaceae* 3 (9%). In Katsina state, families frequently reported include *Aristolochiaceae* 2 (11%), *Fabaceae* 3 (16%), *Solanaceae* 2 (11%). In Kaduna state, the most commonly documented families include *Euphorbiaceae* 2 (13%), and *Moraceae* 2 (13%), (Table 7).

Table 7: Families of plants reported from each state and their frequency

| State Family | Kano N (%) | Katsina N (%) | Kaduna N (%) |
|-------------------------|---------------|------------------|-----------------|
| <i>Anacardiaceae</i> | 1 (3) | - | - |
| <i>Annonaceae</i> | 2 (6) | 1(5) | 1(7) |
| <i>Aristolochiaceae</i> | 2 (6) | 2(11) | - |
| <i>Asclepiadaceae</i> | 2 (6) | - | 1(7) |
| <i>Asteraceae</i> | 2 (6) | 1(5) | 1(7) |
| <i>Balanitaceae</i> | 1 (3) | - | - |
| <i>Bignoniaceae</i> | 1 (3) | - | 1(7) |
| <i>Burseraceae</i> | - | 1 (5) | - |
| <i>Caricaceae</i> | 1 (3) | - | - |
| <i>Clusiaceae</i> | 1 (3) | - | - |
| <i>Combretaceae</i> | 4(12) | - | 1(7) |
| <i>Convulvulaceae</i> | 1 (3) | 1(5) | 1(7) |
| <i>Crassulaceae</i> | - | 1(5) | 1(7) |
| <i>Curcubitaceae</i> | 1 (3) | - | - |
| <i>Cyperaceae</i> | - | 1(5) | - |
| <i>Euphorbiaceae</i> | 3(9) | 1(5) | 2(13) |
| <i>Fabaceae</i> | 3 (9) | 3 (16) | - |
| <i>Lamiaceae</i> | 2 (6) | - | 1(7) |
| <i>Lauraceae</i> | 1 (3) | - | - |
| <i>Leguminosae</i> | 2 (6) | 1(5) | 1(7) |
| <i>Liliaceae</i> | - | 1(5) | - |
| <i>Loranthaceae</i> | - | 1(5) | - |
| <i>Lythraceae</i> | 1 (3) | - | - |
| <i>Mimosoideae</i> | 1(3) | - | - |
| <i>Moraceae</i> | 4 (12) | - | 2(13) |
| <i>Moringaceae</i> | 1 (3) | - | - |
| <i>Orchnaceae</i> | 1(3) | - | - |
| <i>Olaceae</i> | 2 (6) | 1(5) | - |
| <i>Papilionoideae</i> | 1 (3) | - | - |
| <i>Polygalaceae</i> | 1 (3) | 1(5) | 1(7) |
| <i>Ranunculaceae</i> | - | - | 1(7) |
| <i>Rhamnaceae</i> | 1 (3) | 1(5) | - |
| <i>Rubiaceae</i> | 1 (3) | - | 1(7) |
| <i>Sapotaceae</i> | 1 (3) | - | - |
| <i>Solanaceae</i> | 1 (3) | 2(11) | 1(7) |
| <i>Sterculiaceae</i> | 1(3) | - | - |
| <i>Ulmaceae</i> | 1 (3) | - | - |
| <i>Verbenaceae</i> | 1 (3) | 1(5) | - |

| | | | |
|-----------------------|-------|------|---|
| <i>Zingiberaceae</i> | 1 (3) | 1(5) | - |
| <i>Zygophyllaceae</i> | - | 1(5) | - |

Forms of Plants and Part Used from each State

The data obtained indicated that various plant parts used which include root, stem barks, bulbs, and whole plants. Among the 50 plants documented in Kano state 32 (64%) were trees, 14 (28%) shrubs, 3 (6%) creepers, and 1(2%) climbers. In Katsina state, 10 (44%) were trees, 7 (30%) shrubs, 4 (17%) creepers, and 2 (9%) climbers. Also, in Kaduna state 11 (65%) were trees, 5 (29%) shrubs, and 1 (6%) creepers, (Table 8).

Table 8: Forms of Plants and Part Used from each State

| Plant forms of life | Plant parts used | Frequency (%) | | |
|------------------------|------------------------|---------------|------------------|-----------------|
| | | Kano N (%) | Katsina N (%) | Kaduna N (%) |
| Tree | Root and Bark | 32 (64%) | 10(44%) | 11(65%) |
| Shrub | Whole | 14(28%) | 7(30%) | 5(29%) |
| Climber | Whole | 1(2%) | 2(9%) | -- |
| Creeper | Bulbs | 3(6%) | 4(17%) | 1(6%) |

Discussion

Ethno-medicinal survey is a process of collating vital information on the use of medicinal plants through verbal interview with TMPs, herbalists and herb sellers. Data documented include names of the plants, time of collection, part of the plant used, method of preparation and administration. During this study several markets were visited in Kano, Katsina and Kaduna state where large population of TMPs, herbalist and herb sellers can be found. Due to the high population density, these types of traditional practitioners are well patronized to compliment the effort of the conventional primary healthcare hospitals. Similar locations were reported in other previous ethnomedicinal surveys (Abubakar et al 2023; Musa et al 2023; Ogunkalu et al., 2022; Negbenebor et al., 2017; Abubakar et al., 2017). The overall numbers of participants interviewed were 196 which comprised of 90 participants from Kano state, 47 from Katsina state, and 59 from Kaduna state. The majority of the respondents were males with fewer females. This suggested that men are more interested in the TMP than women which is probably due to the rigorous nature of the practice. Also, energy and bravery are needed to obtain, extract, and formulate the medicinal plants. Other ethno-medicinal surveys also reported similar findings (Ajao et al., 2023; Abubakar et al., 2021; Abubakar et al., 2017).

Information documented from this survey indicated that the majority of the participants during are within the age group of 41-50 years. This is an indication that elderly people have more experience about the sources and uses of TM. Similar age group was reported in other ethno-medicinal surveys (Ajao et al., 2023; Ogunkalu et al., 2022; Abubakar et al., 2017; Mustapha et al., 2014). Furthermore, majority of the participants interviewed got their knowledge of TM through inheritance; followed by those who combined inheritance and formal education. Few of these participants joined the TMP through training alone and or divination. The primary source of the medicinal plants used by the participants in the management of diabetes was forest, followed by farms lands, then purchased from markets, while

few others cultivate the plants in their home gardens. This is similar to reports published in other ethno-medicinal surveys (Yusuf-Babatunde and Solaja 2019; Ogunkalu et al., 2022). Furthermore, most of the respondents interviewed suggested that their medicine is natural product and has no side effects. It is common belief among local people that any medicine made from plant is safe. However, few of them reported the incidence of nausea and vomiting. Generally, the most common method used in the preparation of the medicinal plants was decoction followed by maceration, and infusion. Traditionally, medicinal plants are processed by soaking the dried and grounded plant material inside a pot, then heat is applied continuously with periodic stirring until completely extracted. This is comparable to the outcome of other ethno-medicinal surveys (Odo et al., 2023; Ajao et al., 2023; Ajayi et al 2022).

During this survey 86 different medicinal plants with various claims in the management of diabetes were documented across the northwestern Nigeria. The most mentioned medicinal plants were *Anisopus mannii*, *Leptadenia hastata*, *Vernonia amygdalina*, *Moringa oleifera*, *Eleusine coracana*, *Balanite aegyptiaca*, and *Tamarindus indica*. These were reported from a number of families including *Combretaceae*, *Moraceae*, *Euphorbiaceae*, *Aristolochiaceae*, *Fabaceae*, and *Solanaceae*. Similar medicinal plants families were reported in other ethno-medicinal surveys (Odo et al 2023; Ogunkalu et al., 2022; Abubakar et al., 2021; Abubakar et al., 2017; Shinkafi et al., 2015; Mustapha et al., 2014).

Conclusion

The ethno-medicinal survey team interacted with a total of 196 TMPs, herbalists, and herbs sellers across the Northwestern part of Nigeria. During which total of 86 different medicinal plants with various claims in the management of diabetes were documented. Vital information documented include appropriate season of plant collection, the time of collection, part of the plant use, method of preparation, and administration. Overall, the data obtained reveal the abundance of medicinal plants with various claims in the management of diabetes across Northwestern Nigeria. This suggested that these medicinal plants can be source of bioactive molecules for drug development.

Acknowledgement

This research group is grateful to the all staff of the Faculty of Pharmaceutical Sciences particularly, and the Directorate of Research, Innovation and Partnership (DRIP), Bayero University, Kano, Nigeria.

Conflict of Interest

This manuscript is part of the project of National Research Fund (nrf) under the Tertiary Education Trust Fund (TETFund), Nigeria.

Funding Information

The manuscript is sponsored by the National Research Fund (NRF) under the Tertiary Education Trust Fund (TETFund), Nigeria Grant Number: **TETF/R&D/CE/NRF/2019/STI/VOL-II**

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