

REGULATING THE DIBĪA INSTITUTION IN ANAMBRA STATE: PROSPECTS FOR COMBATING FRAUD, PROTECTING CITIZENS AND PRESERVING INDIGENOUS KNOWLEDGE

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Abstract

The Dibia institution constitutes an important component of Igbo indigenous knowledge and cultural heritage, with historical associations with traditional healing, herbal medicine, divination, spirituality and other specialised forms of knowledge. In contemporary Anambra State, however, concerns have emerged regarding individuals who appropriate the identity of the Dibia to engage in deception, exploitation, unsafe practices or other forms of criminality. The challenge presents a complex governance problem because an effective response must simultaneously protect citizens, regulate potentially harmful practices and preserve legitimate indigenous knowledge. This article examines the prospects of the Anambra State Government in addressing the menace of fraudulent Dibia practices within the context of recent developments in traditional medicine regulation in the state and Nigeria. Drawing on scholarly literature, official policy documents and relevant legal and institutional developments, the article argues that the appropriate policy response is not the indiscriminate

suppression of the Dibia institution but the development and effective implementation of a transparent regulatory framework that distinguishes legitimate traditional practice from fraud and criminal conduct. The article identifies practitioner registration and licensing, professional standards, public enlightenment, inter-agency collaboration, community participation, digital monitoring, research and documentation of indigenous knowledge, and evidence-based enforcement as important prospects. It further argues that regulation will only succeed if it is implemented with procedural fairness, institutional capacity, cultural sensitivity and accountability. The article concludes that Anambra State has an opportunity to develop a model of indigenous medicine governance in which public safety, cultural preservation and responsible regulation reinforce one another.

Keywords: Dibia, traditional medicine, indigenous knowledge, Anambra State, regulation, public safety, cultural heritage, fraudulent practice

Introduction

Traditional medicine occupies a significant place in Nigeria's health, cultural and social landscape. Its continued relevance is associated not only with the therapeutic practices of indigenous communities but also with accessibility, affordability, cultural familiarity and deeply rooted beliefs concerning health and illness. A recent systematic mixed-method review found that

socioeconomic conditions, cultural beliefs, social norms and gaps in formal healthcare continue to influence the use of traditional medicine in Nigeria (Adebayo et al., 2025). The persistence of traditional medicine therefore cannot be adequately understood as a simple rejection of modern medicine. Rather, it reflects the interaction of cultural identity, healthcare access, economic circumstances and established systems of indigenous knowledge.

Within Igbo society, the Dibia occupies a particularly important and complex position. The term has historically been associated with practitioners possessing specialised knowledge relating to healing, herbal medicine, divination, spirituality and other forms of indigenous practice. Ogu (2022) notes that Igbo folk medicine; is embedded within omenala and incorporates ethical principles that historically structured relationships between healers and members of the community. More recent scholarship has similarly described the dibia as a broad category encompassing medicine men, priests, diviners and healers within Igbo communities (Agbo, 2024). The institution therefore represents considerably more than the narrow image of a person who performs spiritual rituals for financial gain.

The contemporary environment, however, has created conditions in which the identity of the Dibia can be commercially appropriated. Urbanisation, expanding digital communication, economic hardship and the weakening of some traditional mechanisms of social accountability have made it possible for individuals to

advertise traditional or spiritual services to large audiences without necessarily possessing the training, ethical standards or community accountability historically associated with indigenous practice. The problem becomes particularly serious when claims of spiritual or traditional authority are used to facilitate deception, financial exploitation, unsafe medical practices or criminal activities.

This development has generated an important public-policy question for Anambra State. How can the government protect citizens from fraudulent or harmful practitioners without undermining legitimate traditional medicine and indigenous cultural institutions? The question is particularly timely because Anambra State has recently strengthened its legislative and institutional response to traditional medicine. In April 2025, Governor Chukwuma Soludo assented to the Anambra State Indigenous Traditional Medicine Practices Law, 2025, alongside the Anambra State Herbal Practice Law, 2025 and amendments to the state's homeland-security framework (News Agency of Nigeria [NAN], 2025). The state's legislative trajectory subsequently included the regulatory-agency framework for indigenous traditional medicine practices reported in 2026.

At the federal level, the policy environment has also moved towards greater standardisation and professionalisation. The Federal Ministry of Health and Social Welfare maintains a Traditional, Complementary and Alternative Medicine Department whose mandate includes developing and monitoring policy, initiating

legislation, promoting indigenous Nigerian traditional medicine and pursuing its integration into the national healthcare system. The Ministry's current policy materials also provide for registration, knowledge assessment, training and regulation of traditional medicine practitioners.

Against this background, this article examines the prospects of Anambra State Government in combating the menace associated with fraudulent Dibia practices. The central argument is that the state should move beyond a binary opposition between “traditional” and “modern” practice. Instead, it should establish a regulatory environment in which legitimate indigenous knowledge is recognised and preserved, practitioners are accountable, consumers are protected and criminal conduct is dealt with through due process.

The Dibia Institution, Indigenous Knowledge and Contemporary Change

Understanding the problem of fraudulent Dibia practice requires an appreciation of the institution's cultural and historical significance. Indigenous knowledge systems are not merely collections of isolated beliefs; they are bodies of knowledge developed through the accumulated experiences of communities and transmitted across generations. Traditional healthcare knowledge may encompass knowledge of medicinal plants, preparation methods, therapeutic practices, environmental resources, diagnosis and culturally specific approaches to illness.

Research on the Igbo Dibia confirms the diversity of the institution. Agbo (2024), in an ethnographic examination of dibia practices among Nsukka-Igbo communities, describes the dibia broadly as a medicine man, priest, diviner or healer and demonstrates that contemporary dibia practices remain connected to wider questions of African religious and cultural identity. Similarly, Ogu (2022) argues that the ethical foundations of Igbo folk medicine are connected to omenala, indicating that traditional healing historically operated within cultural expectations concerning appropriate conduct.

This historical embeddedness is important to contemporary regulation. If the state conceptualises the Dibia exclusively as an unregulated or suspicious actor, it risks confusing an entire cultural institution with the misconduct of particular individuals. Such an approach could weaken cooperation between government and legitimate practitioners and could inadvertently contribute to the loss of indigenous knowledge.

At the same time, cultural significance cannot provide immunity from accountability. Traditional knowledge may contain useful therapeutic information, but claims associated with such knowledge should be evaluated responsibly where public health is involved. Foley et al. (2023), in a systematic review of traditional knowledge in contemporary health practice, education, research and policy, emphasise the importance of appropriate criteria for selecting, evaluating and applying traditional knowledge. The implication is that respect for traditional

knowledge and critical evaluation are not mutually exclusive.

The appropriate policy objective is therefore neither wholesale rejection nor unquestioning acceptance. It is responsible recognition. Legitimate knowledge should be documented, protected and, where appropriate, scientifically investigated, while deceptive claims and harmful practices should be subject to regulation.

The Menace of Fraudulent Dibja Practice

The expression “fake Dibja” is widely used in public discourse, but its meaning requires careful academic qualification. It should not be understood simply to mean a practitioner whose spiritual claims cannot be scientifically established. Such a definition would place the state in the difficult position of determining the truth or falsity of metaphysical beliefs. A more defensible approach is to define fraudulent practice in terms of observable conduct.

For purposes of public policy, a fraudulent Dibja may therefore be understood as a person who falsely represents himself or herself as possessing legitimate traditional expertise or who uses the identity, authority or cultural legitimacy associated with the Dibja institution to deceive, exploit, endanger or unlawfully manipulate members of the public.

This distinction is important because traditional medicine itself cannot reasonably be equated with fraud.

The Federal Ministry of Health and Social Welfare explicitly recognised traditional, complementary and alternative medicine as an area requiring policy development, regulation, research and integration into healthcare. The Ministry's stated vision includes preserving cultural heritage while ensuring respectable practitioners and quality healthcare.

The principal concerns surrounding fraudulent practice are consequently related to exploitation and harm. Vulnerable individuals may seek assistance for illnesses, infertility, financial difficulties, marital problems, bereavement or other serious challenges. Where practitioners exploit such vulnerabilities through deliberately deceptive claims or coercive practices, the relationship becomes problematic from both ethical and regulatory perspectives.

Health-related claims present another important concern. Herbal medicines and traditional remedies are not automatically safe merely because they are derived from natural substances. Awodele et al. (2014) found significant concerns surrounding the regulation and safety monitoring of herbal medicines in Nigeria, while Adebayo et al. (2013) reported that many users of herbal medicines were insufficiently aware of potential adverse effects and herb-drug interactions. More recent regulatory research has continued to identify enforcement and compliance challenges within Nigeria's traditional medicine environment (Mponda et al., 2025).

The issue is therefore not that indigenous remedies are inherently harmful. Rather, unregulated use, unsupported therapeutic claims, inappropriate preparation, inadequate labelling and absence of accountability can create preventable risks. This distinction should remain central to government policy.

Traditional Medicine, Public Safety and the Need for Regulation

The case for regulation does not arise from a rejection of indigenous knowledge. It arises from the need to protect citizens in a complex and changing social environment. Nigeria already has important federal mechanisms for regulating herbal medicinal products. NAFDAC's Herbal Medicine and Related Products Registration Regulations require relevant herbal medicinal products to be registered, while its labelling regulations establish requirements concerning information, therapeutic claims and evidence. The regulations also restrict misleading claims and require appropriate qualification of therapeutic claims where they have not been adequately evaluated.

NAFDAC's advertising regulations further prohibit false or misleading information and unsubstantiated claims relating to herbal medicines and related products. They specifically restrict advertisements that create impressions of universal cures or use exaggerated claims to induce consumption.

These federal provisions illustrate an important principle for the Anambra context: regulation should focus on the risk generated by a practice or product rather than simply on its cultural origin.

This principle is particularly important in the regulation of Dibia practice because not all practitioners perform the same functions. Some may work principally with herbs; others may engage in spiritual or divinatory practices; some may combine several forms of traditional knowledge. A single regulatory template may therefore be inadequate.

The Nigerian policy environment recognises this complexity. The Traditional Medicine Policy for Nigeria provides for the assessment and classification of traditional medicine practitioners according to their knowledge and methods of knowledge acquisition and envisages appropriate registration and training procedures. Pal and Isa (2024) similarly observed that although traditional medicine remains widely used in Nigeria, structured education, training and institutionalised research remain inadequate. They argue that government-supported education and training are essential to strengthening traditional medicine practice.

Effective regulation should therefore consequently combine recognition, classification, training, monitoring and enforcement.

Theoretical Perspective: Social Control Theory

The regulatory challenge can be understood through Social Control Theory. Hirschi's social control perspective proposes that conformity is strengthened through social bonds and mechanisms that connect individuals to accepted social expectations. Costello and Laub (2020), reviewing the continuing significance of Hirschi's theory, explain that its enduring contribution lies in its attention to the mechanisms through which social relationships and institutions constrain deviant behaviour.

In the context of fraudulent Dibia practice, the theory provides a useful framework for understanding the importance of both formal and informal controls. Historically, community recognition, apprenticeship, family reputation, traditional institutions and relationships between practitioners and clients could provide informal mechanisms of accountability. When such mechanisms weaken, individuals may find greater opportunities to act outside accepted norms.

Government regulation represents a form of formal social control. Registration, licensing, inspection, sanctions and professional standards establish external constraints on conduct. However, formal regulation cannot operate effectively in isolation. Traditional institutions, community leaders, professional associations, researchers and citizens also constitute important sources of informal control.

The theory therefore supports a multi-level regulatory model in which government establishes enforceable standards while communities and legitimate practitioners participate in maintaining professional and cultural norms. The objective is not simply to punish offenders after harm occurs but to create an institutional environment in which fraudulent conduct becomes more difficult and legitimate practice becomes more visible.

Anambra State's Emerging Regulatory Framework

Anambra State's recent legislative developments create an important opportunity for addressing the problem. The state's enactment of the Indigenous Traditional Medicine Practices Law in 2025 demonstrated a movement towards formal recognition and regulation of traditional medicine. The law was among six measures assented to by Governor Soludo in April 2025 and was presented by the state as part of a broader effort to strengthen governance and integrate traditional healthcare practices into the state's medical framework (NAN, 2025).

The subsequent regulatory-agency framework reported in 2026 further indicates that the state's approach is moving towards institutionalisation. Reporting on the 2026 law indicates provisions relating to registration, licensing, monitoring and sanctions for non-compliance. The state government has also publicly emphasised the distinction between legitimate traditional medicine and practitioners allegedly involved in fraudulent or criminal activities.

This development is significant because it potentially changes the state's approach from predominantly reactive intervention to preventive regulation. A practitioner operating within a recognised regulatory system can be identified, monitored and held accountable. Members of the public can also be given a means of distinguishing licensed practitioners from individuals who merely assume traditional titles.

Nevertheless, legislation alone does not constitute effective regulation. The ultimate test lies in implementation. The state must ensure that registration procedures are accessible, criteria are transparent, enforcement is consistent and the regulatory institution possesses sufficient technical and financial capacity.

Prospects for Effective Government Action

Institutionalisation of Registration and Professional Accountability

The strongest immediate prospect is the establishment of a credible system for identifying legitimate practitioners. Registration should not be reduced to collecting names and fees. It should provide a mechanism for determining the practitioner's area of practice, location, training or apprenticeship background and compliance with relevant ethical and safety requirements.

A publicly accessible register would also strengthen consumer protection. Individuals seeking traditional medicine services could verify whether a practitioner is

recognised by the state before patronage. Digital identification could make this system more efficient and reduce opportunities for impersonation.

The federal Traditional Medicine Policy already envisages registration and classification based on practitioners' knowledge and methods of knowledge acquisition (Federal Ministry of Health and Social Welfare, 2023). Anambra therefore has an opportunity to translate an established national policy direction into a functional state-level system.

Professional Training and Ethical Standards

Regulation should also create opportunities for professional development. Traditional practitioners may possess extensive indigenous knowledge but have limited exposure to contemporary requirements relating to hygiene, record keeping, emergency referral, drug-herb interactions, patient confidentiality and public-health risks.

Training should not be designed to erase indigenous knowledge. Instead, it should supplement existing knowledge with competencies necessary for safe contemporary practice. Pal and Isa (2024) emphasise the need for government-sponsored education and training as part of strengthening traditional medicine in Nigeria.

A state-supported continuing professional development programme could therefore become one of the most constructive aspects of Anambra's regulatory framework.

Public Enlightenment and Consumer Protection

Citizens are an essential component of effective regulation. Even a well-designed regulatory system will have limited impact if members of the public cannot identify legitimate practitioners or recognise fraudulent claims.

Public enlightenment should encourage citizens to verify registration, demand appropriate information about remedies and report suspected abuse or fraudulent conduct. Particular caution should be encouraged where practitioners promise guaranteed cures, extraordinary wealth, immediate solutions to serious medical conditions or other outcomes that exploit desperation.

Such campaigns should be culturally sensitive. The objective should not be to ridicule traditional beliefs or portray all Dibia as fraudulent. Rather, government communication should emphasise that legitimate cultural practice and public accountability can coexist.

This approach is consistent with the Federal Ministry of Health's stated vision of preserving cultural heritage while promoting respectable practitioners and quality healthcare.

Research, Documentation and Preservation of Indigenous Knowledge

Anambra State also has an opportunity to transform regulation into a platform for cultural preservation.

Traditional knowledge can disappear when knowledge holders die without transmitting their expertise to younger generations. Research institutions and universities can collaborate with recognised practitioners to document indigenous medicinal knowledge, subject appropriate claims to scientific investigation and preserve culturally significant information.

Such research must, however, respect ethical requirements and the rights of knowledge holders. Documentation should not become a mechanism through which commercial actors appropriate indigenous knowledge without recognition or benefit to the communities from which the knowledge originates.

The need for responsible evaluation is supported by Foley et al. (2023), whose systematic review demonstrates that the contemporary application of traditional knowledge requires appropriate criteria for selection, evaluation and use. The objective should therefore be neither romanticisation nor rejection, but responsible knowledge development.

Collaboration between Government, Traditional Institutions and Research Bodies

The complexity of traditional medicine makes inter-institutional collaboration essential. Government agencies, traditional rulers, recognised practitioner associations, universities, healthcare professionals, researchers and community organisations possess different forms of expertise.

Traditional institutions can provide cultural knowledge and assist in identifying established practitioners. Researchers can contribute methods of documentation and evaluation. Health professionals can contribute knowledge concerning safety and referral. Government agencies can provide regulation and enforcement.

Such collaboration could also reduce mistrust. Practitioners are more likely to participate in regulation when they perceive the system as a mechanism for recognition and professional improvement rather than merely a mechanism for punishment.

Digital Regulation and Monitoring

The expansion of social media has fundamentally changed the way traditional services are advertised. Claims that were previously limited to a village or town can now reach thousands of people through Facebook, TikTok, WhatsApp, YouTube and other platforms.

This creates both a regulatory challenge and an opportunity. The government should develop mechanisms for monitoring public advertising by registered practitioners, particularly claims concerning medical cures, extraordinary powers and financial transformation.

Existing NAFDAC advertising regulations provide a useful federal benchmark because they already prohibit false, misleading and unsubstantiated claims concerning herbal medicinal products. Anambra can build

complementary practitioner-level monitoring around this product-focused framework.

Firm but Evidence-Based Enforcement

The state government's recent campaign against alleged fraudulent native doctors demonstrates its willingness to use enforcement measures where it considers traditional practices to be connected with criminality. The states own public communication frames the campaign as an effort to distinguish fraudulent actors from legitimate traditional medicine.

The long-term legitimacy of such enforcement, however, depends on due process. Allegations should be investigated, evidence should be preserved and prosecutions should proceed through appropriate legal institutions. A practitioner should not be treated as criminal merely because his or her beliefs are culturally unfamiliar or because a spiritual claim cannot be empirically demonstrated.

The appropriate dividing line should be unlawful or demonstrably harmful conduct. This principle is especially important because regulation that is perceived as arbitrary can generate resistance among legitimate practitioners and traditional communities. Conversely, fair and predictable enforcement can strengthen public confidence in the regulatory system.

Challenges to Effective Regulation

The existence of a legal framework does not automatically resolve the problem. One major challenge is the difficulty of defining legitimate traditional practice. Traditional knowledge is transmitted through diverse apprenticeship systems, and there may be no universally accepted credential equivalent to those used in conventional professions.

Institutional capacity is another concern. Registration, inspection, investigation and enforcement require trained personnel, funding, data systems and administrative structures. Without these resources, regulation may remain largely symbolic.

There is also the possibility of regulatory capture. If licences can be obtained through political influence, financial inducement or personal connections, regulation may legitimise rather than eliminate fraudulent practice. Transparency and accountability are therefore essential.

Cultural resistance may also emerge if practitioners perceive government regulation as an attempt to impose foreign standards on indigenous practice. The state can reduce this risk through consultation and participation. Regulation developed with practitioners is likely to be more legitimate than regulation imposed without them.

Another challenge concerns the boundary between cultural practice and criminal conduct. The state must avoid transforming disagreement with a particular belief

into a criminal offence. The stronger regulatory approach is to focus on conduct that produces identifiable legal, health or public-safety consequences.

Finally, enforcement must not become collective punishment. The misconduct of particular practitioners should not justify indiscriminate suspicion of the entire Dibja institution. Such an approach would undermine the very cultural heritage that the state should seek to preserve.

Towards a Balanced Model of Dibja Regulation in Anambra State

The most sustainable approach for Anambra State is a three-dimensional model built around protection, regulation, and preservation.

Protection requires government to shield citizens from fraud, dangerous products, exploitation, coercion and criminal conduct.

Regulation requires identifiable standards governing who may practise how practitioners should operate and what sanctions apply to violations.

Preservation requires the state to recognise and protect legitimate indigenous knowledge rather than allowing fraudulent practitioners to define the public image of the Dibja institution.

These objectives are mutually reinforcing. A well-regulated system can protect legitimate practitioners

from being confused with impostors. Recognition can encourage practitioners to submit to professional standards. Documentation can preserve knowledge that might otherwise disappear. Public education can help citizens make safer choices. Enforcement can deter those who attempt to use cultural or spiritual identities as covers for criminal activities.

The central policy objective should therefore be to create a system in which legitimacy becomes visible and fraud becomes difficult to conceal.

This requires more than legislation. It requires implementation, monitoring, research, public participation and periodic evaluation. The effectiveness of the regulatory framework should be assessed through indicators such as practitioner registration and compliance, public awareness; complaints received and resolved enforcement outcomes, practitioner training and evidence of improved consumer protection.

Recommendations

The Anambra State Government should prioritise the effective implementation of its traditional medicine legislation and ensure that the relevant regulatory institution has adequate personnel, funding, technical capacity and operational independence. Registration should be transparent and accessible, while licensing criteria should reflect the diversity of legitimate traditional medicine practices without compromising basic standards of public safety.

The government should establish a reliable digital register through which citizens can verify recognised practitioners. Each licensed practitioner should be identifiable by a verifiable registration number or certificate. Such a system would provide a practical means of distinguishing recognised practitioners from individuals who simply assume the identity of Dibia.

A structured continuing professional development programme should also be introduced. Training should cover hygiene, safe preparation and handling of medicinal substances, record keeping, and confidentiality, recognition of medical emergencies, appropriate referral and relevant legal and ethical obligations.

Government should further strengthen collaboration among the traditional medicine regulatory authority, the Ministry of Health, NAFDAC, universities, research institutes, traditional institutions and law-enforcement agencies. Such collaboration should recognise the different mandates of these institutions while creating mechanisms for information sharing and coordinated intervention.

Public enlightenment should become a permanent component of the regulatory strategy. Citizens should be educated about the importance of verifying practitioners, recognising deceptive claims and reporting suspected abuse. Communication should be culturally respectful and should avoid equating traditional medicine generally with fraud.

Anambra State should also invest in the documentation and responsible study of indigenous medicinal knowledge. Universities and research institutions in the state can provide an important platform for ethnobotanical, pharmacological, sociological, anthropological and legal research. Indigenous knowledge holders should participate meaningfully in such research and should receive appropriate recognition and protection.

Finally, enforcement against fraudulent and criminal practitioners should remain firm but evidence-based. Government should focus on conduct that constitutes fraud, abuse, unsafe practice or other legally recognisable wrongdoing. Arrests, prosecutions and sanctions should operate within the rule of law so that the campaign against fraudulent practice strengthens rather than weakens public confidence in government.

Conclusion

The menace associated with fraudulent Dibia practice presents Anambra State with a complex challenge involving public safety, cultural identity, traditional medicine, consumer protection and governance. The challenge should not, however, be framed as a choice between protecting citizens and preserving indigenous culture.

The more productive approach is to recognise that effective regulation can serve both objectives.

Traditional medicine remains socially and culturally significant in Nigeria, and the Dibia institution represents an important component of Igbo indigenous knowledge. At the same time, cultural legitimacy cannot provide a shield for fraud, exploitation, dangerous practice or criminality. The state's responsibility is therefore to establish a credible boundary between legitimate practice and harmful conduct.

Anambra State's recent legislative developments provide an important foundation for this process. The enactment of the Indigenous Traditional Medicine Practices Law and the subsequent movement towards a dedicated regulatory framework indicate a transition towards more systematic governance of traditional medicine.

The real test, however, will be implementation. Registration must be meaningful, licensing must be transparent, training must be continuous, monitoring must be effective and enforcement must respect due process. Traditional institutions and practitioners must be treated as partners in cultural preservation while remaining subject to appropriate accountability.

The fight against fake Dibia should therefore not become a campaign against the Dibia institution itself. It should be a process of protecting the public from fraudulent appropriation of the institution while protecting the institution from being discredited by fraudulent actors.

If Anambra State successfully combines regulation with cultural sensitivity, research, public participation and

rule-of-law enforcement, it can develop a distinctive model of traditional medicine governance in which indigenous knowledge is preserved, legitimate practitioners are recognised, fraudulent practices are constrained and citizens are better protected. The ultimate prospect is therefore not the disappearance of the Dibia but its responsible repositioning within a contemporary system of public accountability.

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