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Article

Ethnobotanical Survey of *Dacryodes edulis* and *Anacardium occidentale* in Ibadan

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Abstract

Medicinal plants have provided therapeutic benefits to humans and animals since their existence. Ethnobotanical surveys have provided crucial information for the historical, scientific, and pharmaceutical sectors. Ibadan, the capital of Oyo State, is an ancient and indigenous city in southwestern Nigeria, deeply rooted in Yoruba history and tradition. As one of the largest and oldest cities in West Africa, Ibadan serves as a cultural hub where traditional knowledge systems—especially those related to plant use—are actively preserved and practiced. Its rich ethnobotanical heritage, diverse population, and proximity to rural farming communities make it an ideal setting for studying the traditional uses of African pear (*Dacryodes edulis*) and cashew (*Anacardium occidentale*). Therefore, this study focused on the familiarity and medicinal uses of *D. edulis* and *A. occidentale* in Ibadan. A survey on the medicinal uses and preparations of the plants was conducted in five local government areas in Ibadan, including the main herbal market (Bode). Structured questionnaires, coupled with oral interviews where necessary, were used. Two hundred respondents–civil servants, artisans, students, herb sellers, and herbalists–were analysed. The age group 21–29 years was 55%, while the 50 years and above group was 10%. On average, 81% had a tertiary education, and 1.5% was uneducated. Also, 61.5% obtained general knowledge about plant medicinal uses from relatives, 1% from apprenticeship, while 38% from friends, schools, self-trial, books, and the internet. The respondents were more familiar with the medicinal uses of *A. occidentale* (80%) than *D. edulis* (10%). The study documented some of their traditional medicinal uses, such as treating dermatitis, malaria, and typhoid. These claims may stimulate more scientific research on the plants.

Keywords: Ethnomedicine, Medicinal plants, Diseases, Herbal market, Questionnaires.

1. Introduction

In the hierarchy of existence, plants preceded humans, and every society in this world has a culture rooted in the basic uses of plants for food, medicine, shelter, and clothing. Dutta (2010) reported that the economic uses of plants are varied and that the scope for improvement to meet humans' ever-increasing needs is immense. Some countries in Africa, Asia, and Latin America use traditional medicine to help meet some of their primary healthcare needs (Sifuna 2022). Moreover, medicinal plants are potential sources of new drugs and alternative remedies for various health problems (Dar *et al*., 2023; Nguyen *et al*., 2024; Muoegbunam *et al*., 2025).

Dacryodes edulis (G. Don.) H. J. Lam, which is commonly called the African pear tree, the bush pear belongs to the family Burseraceae. In Nigeria, it is called 'ube' by the Igbo, 'elemi' by the Yoruba, and 'atili' by the Hausa. It is a medium-sized, evergreen tree, generally branched from the lower part, with

a deep, dense crown. Its short bole is slightly fluted, 50 – 170 cm in diameter, and more or less sinuous; the scented, pale grey, rough bark exudes a whitish resin. The tree lacks buttresses and can attain a height of 18 – 40 m in the forest but not exceeding 12 m in plantations (Orwa *et al*., 2009). Its bark, leaves, resin, and fruits are locally used in treating headache, fever, malaria, toothache, gum problems, tonsillitis, and earache, among others, as documented by various authors over the years (Burkill, 1985; Igoli *et al*., 2005; Ajibesin *et al*., 2008; Ndah *et al*., 2013; Makouate and Lekagne, 2022).

Anacardium occidentale Linn. of the family Anacardiaceae is generally known as the cashew tree. It is called 'sashu' by the Igbo, 'kaju' by the Yoruba, and 'kanju' by the Hausa. It is a spreading, low-branched, evergreen (perennial), medium-sized tree that is mainly cultivated for its nut (cashew nut) and pseudo fruit (cashew apple). It grows to a height of 6 – 12 m; the crown is globose, ranging from 6 – 15 m in diameter depending on soil conditions; the tree is deeply tap-rooted and develops many lateral roots that allow it to survive during dry periods; and its wood is fairly hard, with a density of 500 kg/cm (Orwa *et al*., 2009). It has many traditional uses, such as treating malaria, typhoid, diarrhea, gingivitis, syphilitic ulcers, inflammation, and rheumatism, as found in the literature (Razalia *et al*., 2008; Chan *et al*., 2017; Aponjolosun and Fasola, 2020).

Previously, there had been a significant loss of indigenous knowledge of medicinal plants in Africa, especially in Nigeria, where it was transmitted orally and poorly documented. According to Erinoso and Aworinde (2012), ethnobotanical surveys are important for understanding the socio-cultural and economic factors that influence ideas and actions regarding illnesses and health. They also identify the types of diseases and health problems common among people in a particular locality, and their various remedies.

It will be important to gather information on the medicinal uses of *D. edulis* and *A. occidentale* to determine whether there is a correlation between their past reports and current uses. This study was an ethnobotanical survey of the uses of *D. edulis* and *A. occidentale* in Ibadan.

2. Materials and Methods

2.1 Plant authentication and Study area

Dacryodes edulis and *Anacardium occidentale* leaves were collected at the University of Ibadan and authenticated at the University of Ibadan Herbarium with voucher numbers UIH 22488 and UIH 22489, respectively.

The city of Ibadan, the capital of Oyo State in southwestern Nigeria, covers a total area of 3,080 Km^2. It lies within latitudes 7° 15′ and 7° 30′ N and longitudes 3° 50′ and 4° 00′ E. It is an ancient city rich in Yoruba culture. It is the largest city in Nigeria and West Africa by landmass, and it has 11 Local Government Areas. In Nigeria, it is the most populous city (3,657,000 people) after Lagos and Kano (Demographia, 2023). It is totally within the tropical forest zone with mean annual rainfall of 1407.5 mm, mean maximum and minimum temperatures of 30.0 ℃ and 21.0 ℃, respectively, and mean relative humidity of 81.0% (Ayeni *et al*., 2020).

2.2 Sampling and data analysis

Ethnomedicinal survey following the approach of Oladunmoye and Kehinde (2011) was conducted using two hundred structured questionnaires that were randomly administered to residents in five Local Government Areas (Ibadan North, Ibadan Northeast, Ibadan Northwest, Ibadan Southeast, and Ibadan Southwest) in Ibadan, Oyo State (Figure 1), in other to assess their medicinal knowledge of *D. edulis* and *A. occidentale* plants. The questionnaires were combined with direct interviews for herb sellers at the Bode market in Ibadan, for their varied levels of literacy, to gather information on the preparation of the plants and other details. Fresh leaf and fruit samples of *D. edulis* and *A. occidentale* were shown to the herb sellers for proper identification and their correct indigenous names. Descriptive statistics were used for the collected information.

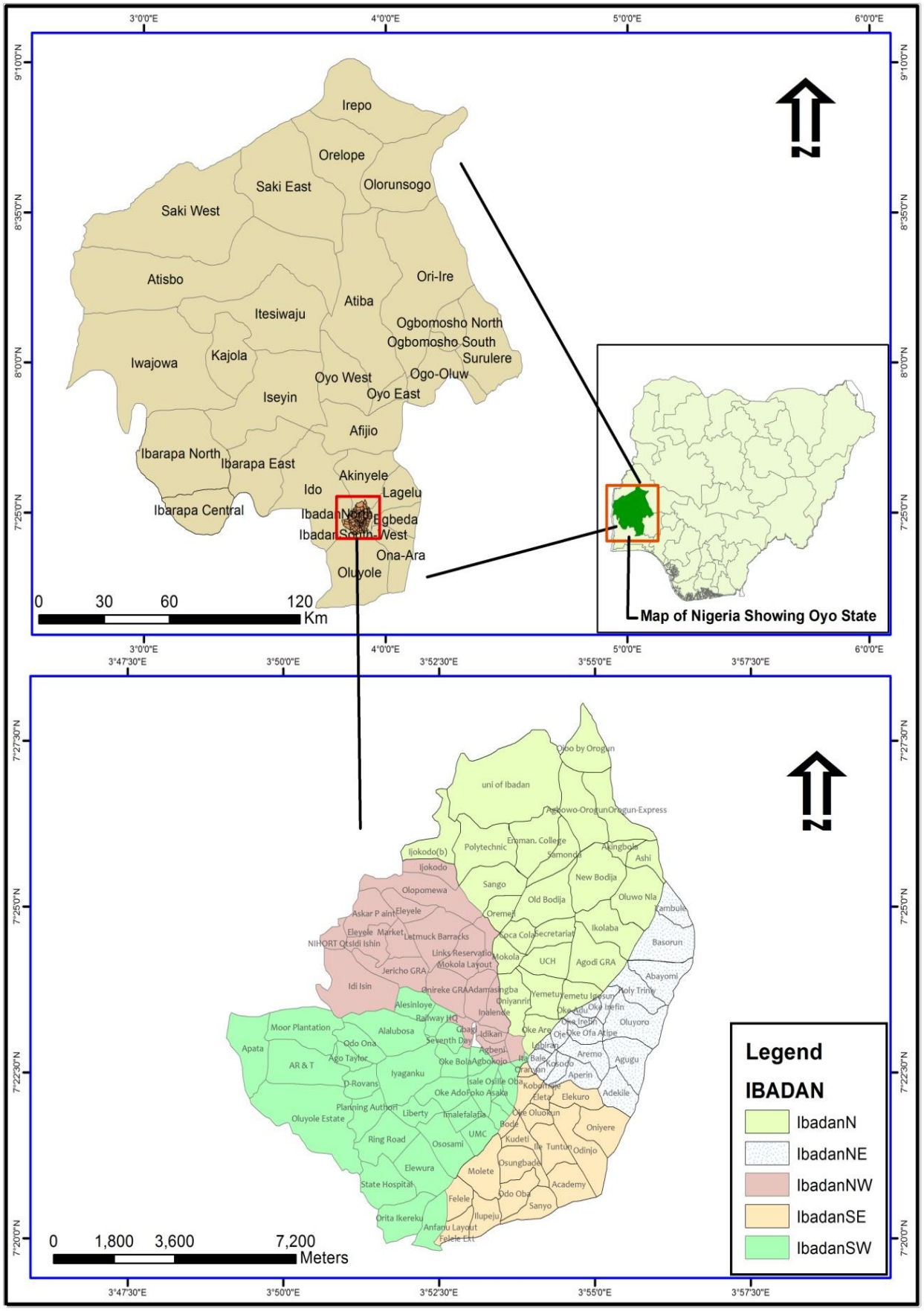

Figure 1: Maps of Nigeria, Oyo State, and the Five Local Government Areas in Ibadan as study sites.

3. Results

The respondents were mostly men, consisting 63%, while 37% were women. The age ranges were 21–29 years (55%), 30–39 years (25%), 40–49 years (10%), and above 50 years (10%). In addition, the occupations of the respondents were 5% herb sellers, 5% farmers, 1% herbalists, while 89% was for other occupations comprising civil servants, artisans, and students.

The religions of the respondents were Christianity (60.5%), Islam (28.5%), those practicing both Christianity and Islam (6.5%), traditional religion only (2.5%), those practicing Christianity, Islam, and traditional religions (1.5%), and those without any religion (0.5%). Also, the highest educational status of the respondents was 81% for tertiary education, 7.5% for secondary education, and 10% for primary education, and 1.5% were illiterate. The sources of plant medicinal knowledge from the respondents were 61.5% for relations (i.e., parents, grandparents, in-laws), 5% for friends, 7.5% for self-trial only, 1% for apprenticeship, 9% for schools only, 5.5% for internet/books only, 6.5% for self-trial and internet, and 4% for schools and internet (Figure 2).

In terms of the medical importance of the plants, 80% of the respondents are familiar with the medicinal uses of *A. occidentale*, while only 10% with those of *D. edulis*. The information gathered on the medicinal preparations and utilization of *D. edulis* and *A. occidentale* from the respondents in Ibadan is shown in Table 1. *Anacardium occidentale* is ten times more abundant than *D. edulis* in Ibadan; moreover, only 7.5% of the respondents have planted *A. occidentale* before, while 2% for *D. edulis*. Thirty-five per cent indicated that *A. occidentale* is highly effective medicinally, and 7.5% for *D. edulis*. From the data gathered, 2.5% respondents indicated side effects for *A. occidentale,* while none for *D. edulis* (Figure 3). Additionally, 40% of the respondents procured *A. occidentale* (leaves, bark, fruits) from markets, and 25% indicated that it is easy and cheap. The majority of the respondents (65%) do not combine medicinal herbs and orthodox drugs for their own treatment; 27.5% indicated that they sometimes combine medicinal herbs with orthodox drugs, while only 7.5% specified that they always combine medicinal herbs with orthodox drugs.

Focusing on the Bode market for its peculiarity as a subset, all the herb sellers interviewed there belonged to the market association; 94% of them do not belong to any external herbal traditional association, while only 6% of the respondents are members of such an association. Observably, women are the main herb sellers there, accounting for about 90%. A pack of *A. occidentale* leaves (150 g) and barks (450 g) are sold for 100 Naira and 200 Naira, respectively, at Bode market; however, leaves and barks of *D. edulis* are not available there.

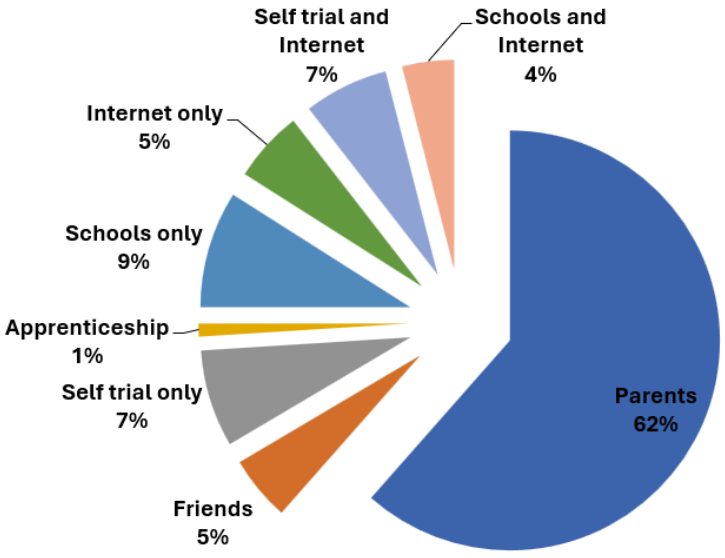

Figure 2: Sources of plant medicinal knowledge from respondents in Ibadan.

Table 1: Medicinal uses and preparations of *Dacryodes edulis* and *Anacardium occidentale* in Ibadan and past pharmacological reports

Plants	Parts Used	Treatment	Preparations	Past Pharmacological Reports
Dacryodes edulis	Leaf only; leaf with other materials	Skin itching, measles, body ache, joint pains (*awoka*), child fever, high blood pressure, anemia, combating insomnia, managing diabetes, and for skin freshness	Boil in lime juice for drinking and/or bathing	Leaf is non-toxic (Uwumarongie *et al*., 2018). Leaf ameliorates hyperglycemia and associated oxidative stress (Ononamadu *et al*., 2019). Leaf showed phytochemicals (Akintola *et al*., 2021), antibacterial ability (Hassan-Olajokun *et al*., 2020), and activity against skin infection (Aponjolosun *et al*., 2024)
	Fruit	Dermatitis	Dried fruit added to body cream	
Anacardium occidentale	Leaf only; leaf and bark; leaf, bark, and other herbs	Malaria	Boil in water for drinking	Leaf (Kaushik *et al*., 2023) and bark (Nnamani *et al*., 2012) showed antimalarial activity
	Leaf only; bark, leaf, and some materials	Typhoid	Soak in pap water (*omi ogi*) for drinking	Leaf has anti-typhoid activity (Moohamad *et al*., 2024)
	Leaf only	Blood infection (*kokoro inu eje*)	ND	
	Leaf only; bark and root	Barrenness; river blindness (*narun oju*); body lumps (*koko ara*)	Boil in water for drinking and bathing	
	Bark only	Tonic	Boil in water for drinking	
	Leaf only; bark only	Diabetes	Boil in water for drinking	Leaf (Jaiswal *et al*., 2017) and bark (Olatunji *et al*., 2005) showed antihyperglycemic activity
	Bark only; leaf and bark	Dermatitis	Boil in water for drinking and bathing	
	Leaf with some materials	Hypertension	ND	Leaf has hypotensive activity (da Costa *et al*., 2018)
	Bark with some materials	Black hairy tongue (*ado ahon*)	ND	
	Bark only; bark with some herbs	Cough	Boil in water for drinking	

ND = Not disclosed

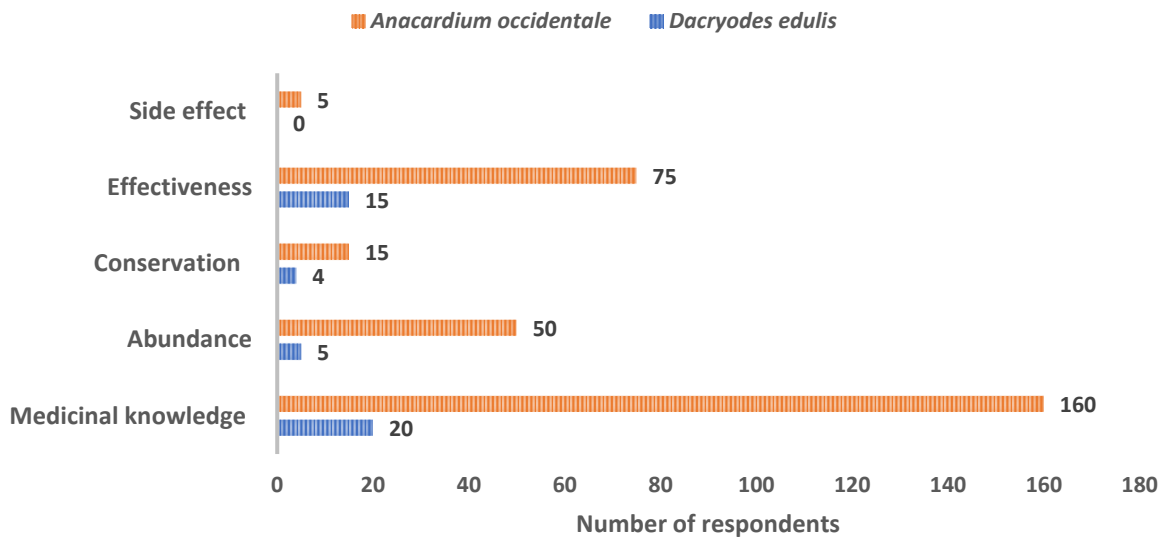

Figure 3: Some information on *Dacryodes edulis* and *Anacardium occidentale* in Ibadan

4. Discussion

The use of herbal medicine as an alternative medicine is now getting more global attention because of the increasing resistance of pathogens to conventional antibiotics and undesirable side effects of some drugs (WHO, 2002). Moreover, strategies to appropriately integrate safe, evidence-based traditional and complementary health services within national and local health systems are ongoing (WHO, 2024). Therefore, information on the medicinal uses of *D. edulis* and *A. occidentale* in this study could be of immense use to researchers.

Bode market, a traditional market in Ibadan, is popularly known for selling local items (e.g., clay pots, calabashes) and medicinal materials such as roots, seeds, leaves and barks of some plants; dried parts of wild animals (e.g., ape's heads, leopard's skins), and live animals (e.g., lizards, tortoises, chameleons). It is frequently patronized, especially by residents in Ibadan and its environs. Suppliers from different areas of Oyo State and beyond bring their products to the market for sale. A lot of indigenous knowledge certainly resides there; however, some sellers in this market were reluctant to be interviewed, let alone divulge information about the medicinal preparations and uses of their items for free. They protested that information freely given in the past had been published, and some materials had also been scientifically refined into commercial products without any royalties being given to them. Consequently, they concealed some information on the preparations of the investigated plants for curative purposes. Soladoye *et al*. (2014) reported a similar experience where some herbalists and herb sellers had to be compensated and persuaded to reveal relevant information. Also, Oladunmoye and Kehinde (2011) reported that heads of herb sellers were given a certain amount of money before they could get information in almost all their study areas.

Leaves, particularly the barks of *A. occidentale*, are usually supplied to the Bode market, but its roots are very scarce there, because harvesting them may cause the plant to die. On the contrary, no part of *D. edulis* is sold in the market; it was called a strange leaf (*ewekewe*) when inquired about their familiarity with the plant. If not that, the plant was shown to them, many mistook it for Avocado pear (*Persea americana* Mill.). In contrast, Adeniji *et al*. (2018) reported that the bark of *D. edulis* was available and sold for thirty Naira in some popular herbal markets in Osun State, Nigeria. However, two of the respondents in the Bode market knew some uses and preparations of *D. edulis*, which they might have learnt elsewhere. Only the fruits of *D. edulis* are sold in other areas of Ibadan, such as in Agbowo, Bodija, and Bere markets during its season (between May and October), and it is commonly called "pia Ibo" (i.e., Igbo's pear).

The findings of this study indicated that *D. edulis* is used to treat anemia, arthritis, insomnia, skin diseases, and skin smoothening, used to manage high blood pressure, and diabetes. This corroborated the reports of Burkill (1985), Igoli *et al*. (2005), Ajibesin *et al*. (2008), Omonhinmin (2012), and Omonhinmin (2014). Similarly, the tonic, anti-cough, anti-malarial, anti-diabetic, anti-leprosy, and other curative abilities of *A. occidentale* in this work support the reports of Chabi *et al*. (2013), Mahendran *et al*. (2014), Rajesh *et al*. (2015), and Erhenhi *et al*. (2016). However, *A. occidentale* is better known than *D. edulis* for treating skin challenges in Ibadan (Aponjolosun, 2020).

Ethnobotanical studies and communication with local people usually show the cultural manner and views of people in utilizing bio-resources within their communal boundaries (Ozgen *et al*., 2004; Kaushik *et al*., 2023). Properly documented ethnobotanical research on any society would be highly useful in academic courses and in preventing the loss of indigenous health care knowledge. Additionally, ethnobotanical surveys could be useful in discovering crude or new drugs for the pharmaceutical industry. Unfortunately, indigenous pharmaceutical industries in Africa, especially in Nigeria, hardly fund ethnobotanical investigations, regardless of the useful and novel information that could be generated from such research on medicinal plants.

5. Conclusion

Many residents of Ibadan are familiar with *Anacardium occidentale* and its medicinal uses, whereas very few people in Ibadan are familiar with *Dacryodes edulis* and its medicinal uses. The traditional uses of these plants in Ibadan are similar to those reported elsewhere in Nigeria and beyond. Consequently, this investigation might encourage more scientific research on these plants, especially on the therapeutic claims made by traditional healers and users.

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