

African Traditional Medicine and Orthodox Medicine: The Missing Link

Osawu Tunde¹ & Kangpe Nakam Nanpan²

¹Department of Religion and Philosophy, University of Jos. Tel: 08074942439, 08037484435
e-mails: osawut@unijos.edu.ng/, osawutunde1@gmail.com

²Department of Religion and Philosophy, University of Jos
e-mail: nakamkangpe@gmail.com

Abstract: In recent times, traditional medicine also known as complementary and alternative medical therapies is becoming mainstream. It has continued to receive increasing acceptance in Nigeria among many other African nations despite the ground breaking improvements recorded in the field of orthodox medicine. Evidence of this is a wide proof of its efficacy by its practitioners and patronisers and the recent call by the African Union to give priority to research on African traditional medicine. This paper attempts to bring to fore the efficacy of traditional medicine and its immense contributions and progress made so far in health care delivery in Nigeria. As a priority, it investigates into why traditional medicine is still finding it difficult to match up with the rapid improvements of orthodox medicine. It will conclude by attempting to bridge the wide gap between these two forms of medicine by investigating into their methodological approach. This paper will recommend that whatever feat traditional medicine may achieve, as far as its viable findings are still esoteric, personal, and devoid of any theorization without elements of objectivity and impersonalization, African medicine will continue to remain miles away from orthodox medicine. However, much will be gained and many lives saved if adequate attention is given to this long existing medical philosophy.

Key Words: Africa, African Traditional Medicine, Orthodox Medicine.

Introduction

Traditional Medicine (TM) is the oldest form of health care in the world and is used in the prevention and treatment of physical and mental illness. Different societies historically developed various useful healing methods to combat a variety of health and life threatening diseases. TM is also variously known as complementary and alternative Medicine (CAM). Traditional medicine is a method of healing founded on its own concept of health and diseases. Knowledge of TM is passed on orally from generation to generation and the healing process is jealously guarded in certain families. In Africa, healers are addressed as *Babalawos*, among the Yoruba speaking people of Nigeria; *Abia ibok*, among the Ibibio community of Nigeria; *Boka*, among the Hausa speaking people of Nigeria; *Dibia*, among the Igbo speaking people of Nigeria; and *Sangoma* or *Nyanga* among south Africans (Cook, 2009:101). Unfortunately, advancement in science and technology in the treatment of diseases (orthodox medicine) has led to the neglect of traditional medicine all over the years. For instance, Pamplona Rogers (2001:5) observes that:

After a period of brilliant scientific development in which therapy science – the science of healing – has built all its hopes on the basis of sophisticated laboratories and highly technological devices, the interest in nature's simple remedies is quickly growing. It is not only an interest in plant, but also in water (hydrotherapy) and in medicinal use of mud and clay (geo-therapy).

In consonance, Ubrurhe (2003:1) submits that:

the twenty-first century is witnessing serious efforts to discover the active principles in African medicinal plants. This urge has become more rigorous with the scientific findings that diseases are becoming more resistant to systematic medicines especially antibiotics. In the United States of America for instance, the number of days a patient is expected to stay in hospital for medical treatment has been increased by 3-5 days

because of their induced side effects. This, no doubt, has caused much concern to different world governments, especially those of the industrialized countries. This concern is manifest in the recent movement away from the use of synthetic medicine to galenic and the use of medicinal plants which form about 90% of the traditional medicine.

Before the advent of western orthodox methods of medication in Nigeria, the efficacy of traditional medicine was not in doubt as virtually every old person in the village set-up used to possess some knowledge of medicinal herb for the treatment of diseases. This is because the traditional medicine was the only one available to the people. Even today, in the midst of western orthodox medicine, traditional medicine still persists and it is fast finding its place within the health care delivery system in Nigeria. It was only when the ailment was considered mysterious or chronic that a professional medical expert was consulted. Alluding to the unique place traditional medicine holds in African communities, Abdullahi (2006: v) states that:

The development and promotion of traditional medicine has become imperative in view of the fact that about 85% of our people depend on it and its huge potentials not only in improved healthcare delivery but also as a source of job and wealth creation and national economic growth and development. This is reorganized and supported by both the World Health Organization (WHO) and African Union (AU).

Many who patronise registered traditional medicine have been fascinated with its efficacy in the treatment of some ailments. It is therefore persuasive to express some convictions about the place of traditional medicine in contemporary Africa.

The Concept of African Traditional Medicine

The western medical approach is regarded as pills, tablets, capsules and so on, for the treatment and prevention of diseases. Constantly, in Africa, the concept of medicine has a sort of personality, a potent, and a living force. Hence, Kenneth (1954:127-128) says: Subjectively, *hale* (medicine in Ashanti) is something more than the mere object itself. It represents a special kind of supernatural power or quality which becomes attached to objects through the influence of *ingewo* (God) because a connection with *ingewo* is implicit in the notion of *hale*". Sofowora (1984:21) defines traditional medicine as the "total combination of knowledge and practices, whether explicable or not, used in the diagnosing, preventing or eliminating a physical, mental or social disease and which may rely exclusively on past experience and observation handed down from generation verbally or in writing"

The above definitions further give credence to the fact that African traditional medicine is the act of curing man's disharmony with himself, another person, nature and environment. There are plants that can be used to heal, kill, and secure power, health, fertility, personality or moral reforms. Dime (1995: 21) maintains that: "African traditional medicine represents the sum total of the person's medical knowledge and practices based on practical experiences and observation which have been handed down from one generation to another." Writing on the significant place of African medical system, Ubrurhe (2003:15) asserts that African medicine can only be properly understood in its complete cultural context since the way in which people respond to illness or misfortune in any culture is related to the whole religious and philosophical framework in which they perceive existence. In summary, African traditional medicine is the use of some leaves, roots, barks, parts of animals, rocks and mystical substances for the prevention and cure of animals.

Aspects of African Traditional Medicine

There is no universally agreed classification of African traditional medicine but here we shall adopt that of Byarahanga-Akiki (in Adamo 2005:19-20). According to him, aspects of traditional medicine are herbal medicine, ritual medicine and mystical medicine. Herbal medicine encompasses the use of plant leaves, roots, barks, seeds, flowers, juices, oil and other parts of medicinal plants. These parts are usually used for the treatment of biological diseases such as

malaria, stomach ache, head ache, asthma, stroke, typhoid fever, cholera, arthritis, diarrhoea, high blood pressure, sexually transmitted diseases, infertility, dysentery, impotency, pneumonia and a host of ailments.

Ritual medicine has to do with the performance of some prescribed sacrifices, eating of some specified food items and the giving of other prescribed materials to the traditional priest (Arinze 1970: 75-76)). Social, psychological and psychosomatic ailments are treated with ritual medicine. Some of the ritual objects often used are goats, cows, sheep, snakes, bones, oil, rocks, eggs and a host of other items. Worth noting is the fact that a patient being treated sometimes has to observe certain prescribed taboos, and non-compliance may lead to his/her death. For example, a patient who is being treated of spiritual attacks is not allowed to eat the meat of the animal used for sacrifice to bring about his/her cure. Equally, among the Igala people of Kogi State and Weppa-Wanno people of Edo State, if a man's wife is involved in adultery and it is discovered through sickness of either of them, they are not expected to eat the meat of the sacrifice for treatment. It is believed that if they do they will die mysteriously (Ocheni 2009; Emeka 2009).

Mystical medicine involves the use of special words (or incantations). Such words, according to the belief of traditional Africans, are capable of healing both the body and soul of a sick person. Incantations and the language of *ifa* divination, for instance, are used in this type of medicine. Hence, Dime (1995:69) defines incantation as “a formula of words written or delivered orally in poetic form to conjure up mystical forces into a medicine or for the purpose of enchantment; the use of spells over a thing, a situation, a person.” Incantation is mostly used in the treatment of conditions believed to have spiritual origin or connection.

African Concept of Health, Disease and Healing

Health is not merely the absence of disease or infirmity but the presence of something positive (Keyes 2005: 539). In African perspective, health “involves the integration of the physical, spiritual and the psychological elements in man. Hence, an African will choose good health before wealth and fame. This is because with good health he would be able to contribute meaningfully to the development of his family and the community at large. One who is sickly is considered to be anti-progressive; he is believed to retard the progress of the family and the community. This is why an African person goes to any length to seek for self-preservation. Thus, Africans' understanding of diseases is different from the western conception which is the malfunctioning of the body as a result of bacterial infection or some biological and chemical reactions in the body.

Ubrurhe (2003) identifies three types of disease in West Africa, namely, natural, supernatural, and spiritual diseases. Natural diseases have to do with the abnormal functioning of the body system. One or more organs of one's body sometimes develop some malfunction which results in one falling ill. Such diseases are usually treated with physical remedies but when they fail to cure, spiritual remedies are used on the patients. This assertion further asserts that the failure of physical remedies prescribed for treating empirical ailment enables people to believe that witchcrafts or bad magic is at the background. From the perspective of the Urhobo belief, naturally caused diseases are fertile ground for supernatural and psychiatric agencies to operate, especially when they defile physical medications.

Supernatural disease, in African context, is perceived as an interruption in one's relationship with one's ancestors, divinities, and the community. This situation can be caused by not paying due respect to the ancestors, failure to accord a befitting second burial to one's dead parents, stealing, adultery, incest and murder. These offences are believed to bring various ailments to the offenders, and only traditional medicine can cure them. Spiritual diseases are those caused by the machinations of witches, sorcerers and enemies. Witches are believed to have spiritual powers which they use in attacking their victims. As the witches devour the spiritual body of their victims, so the mortal frame weakens as the blood is sucked away spiritually (Parinder 1974:126).

Simply put, healing is the regaining of health after sicknesses treated. But in African context healing is the restoration of the whole person physically, socially, spiritually mentally and psychologically. Hence the traditional medicine practitioners treat not only the physical illness of a patient but also the spiritual to bring about total healing. Mbiti (169) supports this view when he says:

First and foremost, medicine men are concerned with sickness, diseases and misfortune. In African societies these are generally believed to be caused by ill-will or ill-action of one person against another, normally through the agency of witchcraft and magic. The medicine man therefore has to discover the cause of the sickness, find out who the criminal is, diagnose the nature of the disease, apply the right treatment and supply a means of preventing the misfortune from reoccurring again. ...The medicine man applies both physical and spiritual (or psychological) treatment which assures the sufferer that all is and will be well.

It thus follows that the traditional healers see his/her patient as a complete whole, and not in parts, in line with the healer's holistic concept of health, diseases and healing and care of the community. In fact, sometimes they contribute more to the health care delivery system of their people better than modern medical agencies. This is why Mbiti further asserts that:

The medicine men symbolize the hope of society: hope of good health, protection and security from evil forces, prosperity and good fortune, and ritual cleansing when harm or impurities have been contracted. Medicine men are the friends, pastors, psychiatrists and doctors of traditional African villages and communities.

It is important at this point to cite examples of traditional methods employed by traditional practitioners for healing. Perhaps a very popular method today is that used in bone setting. In Nigeria, like in many other African countries, traditional bone-setters (traditional orthopaedics) are found in many towns and villages. They are so good in their art that they get patients on daily basis. The fact is that most of the said patients are often referred to them from hospitals. Writing on bone-setting among the Uzo (Ijaw) Mume (2000:10) maintains that:

Among the Uzo (ijaw) who probably originated bone-setting treatment in Nigeria, the leg of a chicken is fractured and treated at the same time as treating a human fracture. It is believed that when the chicken is able to walk again the patient's fracture will have healed sufficiently for him to try walking with the bad leg.

It will be interesting to note that some bone-setters may treat severe cases that hospitals may find difficult to treat. Also, before the advent of modern methods of treating snake bite, African practitioners had already discovered local herbs for its treatment and prevention. In fact, some local methods of treating snake bite are more efficacious than orthodox medicine.

Proof of Efficacy of Traditional African Medicine

The current popular call for a return to traditional medicine which we made reference to at the beginning of this paper is not unconnected with the fact that many people have realised the efficacy of traditional medicine. Hence African governments have given solid backing to traditional medicine. According to Abifarin (1-10):

The African Union (AU) summit of heads of states held in Abuja in April 2001, directed that research on African Traditional Medicine should be given priority. Also, in July 2001, Lusaka, Zambia, the AU declared that the period 2001-2010 be designed the decade for African Traditional Medicine, and to give effect to this, August 31 of every year is designated to commemorate the day. This is in recognition of the significance of Traditional medicine in the provision of a complete health care system.

In the Nigerian context, the realization of the efficacy of traditional medicine is buttressed by the fact that traditional practitioners have been called upon to partner with the government in

the areas of health delivery system. Nigeria is a country with a long history of traditional medicine that is growing in sophistication and efficiency. Simpson (1991) reveals that despite the influence of Christianity, Islam and Western Medicine in the western part of Nigeria, traditional medicine is still looked upon as generally more efficacious than western medicine in treating some ailments affecting Nigerians. Simpson's assertion is supported by Bo (2008: 263) when he tells us that "Application of tradorthodoxal approaches is becoming more and more popular following limitations of western drugs/methods and the efficacy of traditional methods/medicine.... already between 1995 and 2000, about 10,800 doctors have undergone this training (Trado-medical)".

The missing link between African Traditional Medicine and Orthodox Medicine

In spite of the promising succour which African traditional medicine portends to bring to mankind, it is not without its own difficulties or loopholes. One might be tempted here to ask why African medicine which combines both the religious and empirical methods at proffering solutions to the problems of humanity has not been able to invent or compete at least in the same ratio with its western counterpart. Many scholars have condemned the Method of African traditional medicine as being mystically and religiously inclined, superstitious, more practical than theoretical, isolatory than community driven, esoteric, and so on. Of course, these are not empty condemnations. They have some iota of truths. Many have therefore inferred that the method of African medicine is misleading, and therefore such a science is at best a pseudo-science. Some hold that the achievements of Africa in the world of medical practices have minimal success compared to what is obtainable in the west. Observing this backwardness and concerned about the progress of African medicine, Asouzou writes:

When one persistently asks why scientific inquiry within the African context—at least to our time has not kept pace, quantitatively and qualitatively with what is obtainable elsewhere, a lot of reasons could be adduced to explain away the obvious, especially as this touches the sensitive issues relating the pride of an average Africa (122).

Just as Asouzou has pointed out above, many factors could be said to have impeded the growth of African science. Among some of the critiques of Traditional African medicine are:

(a) The Problem of Mysticism

It is true that traditional African medicine in particular employs the combination of empirical and the mystic-religious methods. Many African scholars have claimed that this has often resulted in the inability of the practitioners to offer rational justification to his claims. To support this claim, for example, how can one give a causal and rational explanation to the practice of traditional orthopaedic doctors? They are known to use hens and cockerels as the contact points in setting the fractured bones of female or male human victims as the case may be. What they do is to simply break the particular joint or part of the limbs of the hen or cockerel, which correspond to the human victim's problematic area and then apply medication while massaging those points. As soon as the hen or cockerel is healed the human victim is correspondingly healed. This practice raises critical questions scientifically.

One fascinating and mind bugging question that comes to mind here is, how can one explain the law of causality between the human person and the hen or chicken, how does the medication on the limb of a hen or cockerel transmit to that of the human victims without any physical contact? What is the relationship between the hen or cockerel and the human victim? Could there be any kind of energy or force that moves in between the animal victim and the human victim? The traditional African doctor may not be able to explain or justify this in the light of the rationality of modern medicine or science. Ojong went further by asserting that this inability to explain such a phenomenon is one peculiar problem of traditional African medicine.

This is exactly where one of the problems of traditional African medicine lies: the problem of making a conscious effort of explaining the relationship between natural phenomena or if they cannot, accepting having met a dead end, without attributing it to supernatural beings. It is

very common to hear traditional African medical practitioners say that it is the ancestors or deities that gave them the idea to do this or that; and that is all. They make no conscious effort to research further into such knowledge claims and scientific feats without much reference to such spirits or deities. The corollary of this is that they tend to be esoteric in their knowledge claims about the operations of nature, perhaps in order not to annoy the spirits, which they claim reveal this knowledge to them. Knowledge thus becomes personalized rather than impersonal: such knowledge claims becoming accessible only to the “initiates” who would rather die with such knowledge than divulge it to others. We would agree with (Gyekye1997: 21-25) that “such attitude results in the stagnation in the progress of science in Africa.”

(b) The Problem of Secrecy

Another problem which is serving as a cog in the wheel of the process of African method of science is that it is characteristically seen as been too *secretive*. Akpan (2010:15) argues that apart from the mystic-religious influences, some scientists do refuse to divulge their discoveries to other fellow scientists for the reason that others may hijack their discoveries and they would then lose both the credibility and the economic gains that may accrue from such discovery. This limitation is the tenacious continuity of practices and beliefs that lack openness and flexibility to necessary or constructive changes. A good example is the herbal medical practice. It is observed that the practitioners of such herbal medicine are expected to pass on their knowledge of traditional herbs to some carefully selected members of their family. Assuming this contention of selective transfer is true, then it means a lot of knowledge in the process of the transfer must have been lost in transit.

However, the reason generally advanced for this age long, exclusive right by individuals to knowledge was the need to protect (against) the widespread and uncontrolled use of this knowledge. This work contends that this method adopted by the African scientist is not scientific and thus amounts to what we call personalization of knowledge which renders African science to be reduced as nothing but a local personal affair. A good example to buttress this loophole of secrecy and its attendant consequence to the growth of African science is the case of Abalaka's case which still remains fresh in our memories. Abalaka claimed sometimes ago to have discovered a cure for HIV/AIDS syndrome but could not present or make its finding public for scientific and peer confirmation. Another recent similar example is the case of the Gambian president who also claimed to have cured some patients who had HIV/AIDS in varying degrees using his secret concoction of boiled herbs. When he first announced that he had found a natural remedy to the cure of AIDS, it generated lots of controversies especially among western medical experts who claimed he was giving false hope to the sick. But the question here is, if such wonderful and credible findings are not given elaborate and coherent theoretical explanation, how can others in the field acknowledge the efficacy of such discoveries?

This is why it could be held that African scientists are lacking behind in terms of contributing to theoretical science. Personal claims of having cured so and so persons without submitting the products to objective test only attract more scepticism than acceptance. The implication here is that communication and exposure of a scientist's findings or discoveries to other scientists is not only important but would make African science to progress beyond its present level. The failure to publicize knowledge claims and submit such claims to others' test and criticism could never allow for a coherent theoretical framework to emerge. This means that scientists would rather be satisfied working as isolated individuals than as members of “a scientific community” as is the case in the Western world.

As Ozumba opines, such a situation would make exchange of scientific ideas difficult, if not impossible. The implication is that African science will still wallow in the stagnant waters, miles behind Western science. African scientists should publish their findings in accordance with scientific norms and let it be peer-reviewed. If their claims are found out to be scientifically sound and accepted, they may be on the path of a major scientific breakthrough. Secrecy is not scientific.

(c) Too Humanistic in Nature

Another possible reason which we could ascribe to the slow growth of African Traditional Medicine is the fact that it is *humanistic in nature*. Most practitioners' time and energy are devoted to matters which personally affect humans such as disease, mental illness, social affairs, etc. while less interest is shown in mechanistic manipulation of inanimate objects which makes it difficult to access the record of African medical practitioners. Hence, Asouzou seems to be influenced by the empirical criterion for scientific enquiries to be observed when he stated thus:

...that whose mode of operation is not physically and empirically accessible and demonstrable is ascribed or allowed to fall within the religion of the mysterious or even the unknown. This is not the attitude of science, which has as its point of departure not mystery as in explicable mythological reality, but mystery as limitation set by human imperfection and non-rationality of adequate method.

It should be noted here that Asouzou was criticizing African attitude of lack of conscious effort to separate myths from traditional medicine. Thus, he frowned against the method of traditional African medicine for leaving natural phenomena to be explained through the use of dynamic force in the form of a personal god, spirit or other agencies responsible for the explanation of the reality of things.

The point is that if modern medicine is something that is characteristically public, impersonal and objective, then the African scientist should move beyond the present level of personalization and esotericization of knowledge. The African scientist should imbibe the attitude of free enquiry and openness of mind to criticism. He must stop venerating deities and spirits whose activities he cannot justify in relation to his scientific endeavours. If, however, the deities and spirits are relevant in the workings of nature, which the scientist strives to explore, then the African scientist must always be prepared to explain, and give coherent theoretical conclusions which will be open for all to see.

Conclusions and Recommendations

In this paper, attempts have been made to highlight the conception of traditional medicine, its categorization and some of the negative and positive roles its practitioners play in their communities. The fact remains that the efficacy of traditional medicine in the treatment of diseases is not in doubt; hence efforts are made by various African governments to promote it. The World Health Organisation (WHO) in many fora has encouraged research into traditional medicine as alternative medication for new diseases resistant to orthodox drugs. There is great prospect, therefore for traditional medicine particularly in Africa. It is on record that over 70% of Africans depend on traditional medicine, a further proof of its efficacy. No doubt, if African traditional medicine is given full recognition by African government, the health care delivery system and the economy of Africa would greatly improve.

Hence traditional medicine practitioners and orthodox medical personnel in Africa should form a strong professional body with branches in their various local governments. This body, recognised by government and supported by law, would help to check unhealthy practices of its members and provide a holistic health care delivery to our people. Intensive research should be carried out in our tertiary institutions on medicinal plants, and modalities for their uses and preservation should be worked out. Nigerian universities should be encouraged morally and financially to carry out research works in traditional medicine so as to document the valuable wealth of knowledge of traditional medicine practitioners, especially those in the rural areas. If this is not done this valuable knowledge will go into extinction. It will also make considerable contribution to the healthcare delivery system of Nigeria if traditional medicine is incorporated into the curriculum for the training of medical doctors and personnel. Practitioner themselves should further advertise their products, for example, through the mass media; this would help to promote their approved products. It would also lead to the wide use of the product within

and outside the country. If this is patriotically and efficiently implemented, Nigeria's health care delivery system and economy would improve tremendously like what is happening in some Asian countries.

References

- Abdullahi, A. (2006). *Medicinal Plants of Nigeria North Central Zone* Lagos: NNMD Agency.
- Abifarin, O. The Imperative of Legal Framework for Traditional Health-Care Delivery in Nigeria. In (*Nigerian Journal of Indigenous Knowledge and Development (NJKAD)*)
- Adamo, D.T. (2005). *Reading and Interpreting the Bible in African Indigenous Churches* Benin City: Jusice Jeco Press and publishers.
- Arinze, F.A. (2007). *Sacrifice in Ibo Religion*, Ibadan: University Press.
- Asouzou, I. (2007). *Ibuanyidanda: New Complementary Ontology*. London: Transaction Publishers.
- Bode, A. (1993). "Incantation" as a means of healing in Yorubaland: *Africana Marburgensia*.
- Cook, C.T. (2009), "Sangomas: Problems or Solution for South Africa's Health Care System" *Journal of the National Medical Association*, 101(3): 261-265.
- Dime, C.A. (1995). *African Traditional Medicine: Peculiarities*, Ekpoma: University Publishing House.
- Gyekye, K. (1997). "Philosophy, Culture and Technology in the Post-Colonial". In *Post-Colonial African Philosophy: A Critical Reader*. Ed. Emmanuel C. Eze. Oxford: Blackwell.
- Kenneth, B (1954). *The Ashanti: African Words*, London: O.U.P.
- Keyes, C.L.M. (2005). Mental Illness /or Mental Health Investigating Axioms of the complete state Model of Health in *Journal of consulting and clinical psychology*.
- Mbiti, J.S. (1982). *African Religions and Philosophy*. London: Heinemann.
- Mune, J. (1976). *Tradomedicalism: What it is*, Agbarho: JMO Nature Centre.
- Ozumba, Godfrey. "Analytic and Synthetic Dimensions of African Science. in *Sophia: African Journal of Philosophy*.
- Pamplona-Roger, G. (2001). *Encyclopaedia of Medicinal Plants*.
- Parinder, G. (1974). *Witchcraft, European and Africa*. London: Faber and Faber.
- Sofoworo, A. (1984). *Medicinal Plants and Traditional Medicine in Africa*, Ibadan: Spectrum Books.
- Ubrurhe, J.O. (2003), *Urhobo Traditional Medicine*, Ibadan: spectrum books Limited.

Internet sources

- <http://www.britanica.com/topic/philosophy-of-science>
<http://www.journal.philsci.org/>
<http://www.iep.utp.utm.edu/category/s-l-m/science/>