

## **AN APPRAISAL OF THE RELEVANCE OF TRADITIONAL MEDICINE TO THE NATIONAL HEALTH CARE DELIVERY SYSTEM IN NIGERIA**

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### **Abstract**

*The paper addressed the ambivalence of the community towards treatment options offered by traditional and modern medicine practitioners as well as the relevance of traditional medicine to the national health-care delivery system. Besides, the study conceptualized traditional medicine and traditional medical practice, examining the historical evolution of traditional medicine, the challenges faced by traditional medicine and the advantages of the practice to the national health-care delivery system. The paper, which advocated for the retention of traditional medicine due to the inability of modern medicine to cure all ailments, revealed that traditional medicine promotes “whole body wellness” through a balanced system approach; unlike modern medicine whose practitioners seem to have a penchant for surgical removal of body parts at the slightest opportunity. Finally, the research recommended that the government should ensure the recognition and registration of professionally qualified traditional medical doctors, while quacks should be encouraged to attend the required training that will enhance their proficiency and relevance to society. In addition, it is recommended that research and development in the field of African medicinal plants should be encouraged to advance the course of African traditional medicine.*

**Keywords: Appraisal; Health-care Delivery; Nigeria; Relevance; Traditional Medicine**

## **Introduction**

The term “native” or “traditional” in whatever context they are used is derogatory, ethnocentric and contemptuous of the cultural heritage of a people. It is a term passed down from the colonial era – the word ‘native’ meaning anything not foreign or not introduced by the colonialists. This terminology is still freely used to describe African medicine by many educated people, including indigenous scholars. This research therefore, will prefer the use of “indigenous” in the place of “traditional” as the former is adequate and relevant in describing and assessing the cultural content and context of the people dispassionately. Currently in Africa, the ambivalence of the community towards treatment options offered by traditional and modern practitioners is widely recognized.

As Adebimpe (1982) rightly observed, despite the tremendous socio-economic changes, a substantial proportion of patients receive treatment from traditional healers in Africa. This observation notwithstanding, the paper is concerned about the collective ambivalence of individuals, groups and Western professionals towards traditional medicine and its possible consequences on our capability to develop and enhance our health-care system. What is meant by collective ambivalence in this paper is the co-existence of widely varied point of views among individuals, groups and even professionals, either endorsing or outright rejecting traditional medicine. The present situation where the relationship between the traditional and western practices is one of open hostility and gross ignorance, each of the other, is unhealthy for meaningful growth in our health-care system (Aziz, 1978).

The situation is further compounded by the attitudes of individuals, groups, politicians, leaders in the government, cabinet ministers, academics etc, who patronize traditional healers themselves in the shadows of darkness and most cases quietly, sub-rosa at midnight when people will not recognize their cars, who they are and where they are coming from (Erinosho and Norman, 1982). It is instructive that such people in developing countries will never disclose their identities for fear of stigmatization. As succinctly noted by these scholars, do you think they would be prepared to passionately espouse the cause of traditional medicine and practice? Maybe on political grounds they conjectured.

The Western-trained practitioners maybe living in a make-shift world with the false sense of self-sufficiency and imagined realm of self-knowledge with its pitfalls and continue to gloss over the relevance of traditional medicine, yet in reality, we are faced with the facts of two worlds of indigenous and western medical practices (Singer, 1977 and Adebimpe, 1982). Swift et. al (1975), however, adopted a non-committal posture thus; the medical doctor should follow a policy of neutrality since some patients are helped more by traditional medicine and others by western medicine while the patient should be allowed to avail himself of either or both.

## **Traditional Medicine and Traditional Medical Practice: A Conceptual Clarification**

According to Atemie and Okaba (1997), traditional medicine refers to culturally bound health-care practices that existed before the application of science to health matters. It includes the total body of knowledge, techniques that are based on the socio-cultural and religious background of the particular society or community. These scholars averred that it is founded on personal experience and observation and handed down from generation to generation. Aja (1999) noted that traditional medicine means that brand of medical practice transmitted by words of mouth and by example, the knowledge of which is based on customary methods of treatment of diseases as well as natural healing. Aja further alluded to the fact that it is “traditional medicine”, because the system does not permit foreign dictation or deviation from the original or customary belief of the people. And from the African metaphysics, “medicine”

is any force or being whose power is known to be controllable and is under the direction of man for the cure of ailments. Apart from protective purposes, medicine can be directed towards cure and prevention of diseases as well as evil. Mume (1973) defined traditional medicine as the transmission by word of mouth and by example, the knowledge and practice based on customary methods of natural healing of disease while Sofowora (1984), described it as the total combination of knowledge and practice whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disease and which may rely exclusively on past experiences and observation handed down from generation to generation, verbally or in writing.

However, Okaba (1999) described a traditional healer as a person who is recognized by the community in which he lives, as competent to provide health-care services by employing vegetable, animal and mineral substances and other methods. These methods are based on social, cultural and religious backgrounds as well as on the knowledge, attitudes and beliefs that are prevalent in the community. It must be noted that over the years, some confusion has developed in the use and misuse of terms describing the practitioners of traditional medicine and the various specialists of the art. Opinions are divided as to whether the practitioners of this type of medicine should be known as 'traditional healers' or 'traditional medical practitioners'. Such practitioners noted Sofowora (1984), are also called healers, traditional healers, people's doctors, traditional doctors, practitioners of African traditional medicine witch-doctors, diviners, sears, spiritualists or African therapists, apparently indiscriminately.

Ubrurhe (2003) on the early views of traditional medicine and its practitioners, noted that the early anthropologists, ethnographers, traders and missionaries looked at the African world with different cultural lenses and therefore could not understand the African religion and philosophical framework in which the Africans perceived existence. Owing to this, traditional medicine and its practitioners were seen as superstitious, fetish, animistic, witch-doctors and even magicians. This misconception and the subsequent derogatory terms used in describing traditional medicine and its practitioners, made them targets of attack and campaign of vilifications by the early missionaries. Ubrurhe in his robust understanding of the discourse, observed thus: inflamed by the bloated ideas of the superiority of western civilization and science, especially in the field of medical science, the missionaries and early anthropologists did not deem it fit to investigate the African traditional medical system. For most part, traditional medicine was described in their writings as inefficacious and superstitious in entirety. Today, the trend has changed tremendously as traditional medicine men have taken their pride of place and their practice proven to be efficacious.

### **History and Evolution of Traditional Medicine**

The history of traditional medicine in Africa is distorted because events were not properly documented, in contrast to other parts of the world where the art of writing and documentation started earlier. Sallah (2005) noted that the Chinese credited their Shen Nung (3400 BC) as the author of China's first great herbal promotion, the Pen Tsao Ching (the classic of herbs) which listed 237 herbal prescriptions and for the Indians, their 'Jivaka' and the 'Vedas' (almost as old as that of the Chinese). Sallah further noted that the ancient Indians tagged their medicine 'Ayurveda' from 'Ayur' (life) and 'Veda' (wisdom). Ayurvedic medicine developed from the Veda and the Rig-Veda, the oldest contains an astonishingly detailed description of eye surgery, limb amputation, and formulas for medicine, using healing herbs such as ginger, cinnamon, senna, etc. In addition, this scholar noted that the Europeans had their Hippocrates often referred to as the father of medicine but observed that poor documentation appears to be with the black African race because Egypt, another ancient civilization on the African continent can boast of the world's oldest surviving medical text; a 65 foot 'papyrus' dating back to 1500BC, which was discovered by the German Egyptologist George Ebers in 1874. However,

Iwu (1981) and (1989); Harley (1970); Alland (1970), contended that in the course of the consumption of these plants, fruits, animals and other materials, man discovered that some had therapeutic properties. These scholars traced the origin of medicine to man's quest for food; an effort which made him taste all edible things. The early man could not trace any sharp distinction between food and medicine from the utilitarian viewpoint, Ubrurhe (2003) asserted. Similarly, Harley (1970) differentiated man's experimental use of plants from animals in his drive to procure good therapeutics from the multifarious materials at his disposal. Smith (1988) and Ayoade (1979) identified the distinct characteristics of therapeutic plants that guided man in his trial-and-error drive. Alland (1970) concluded that it was through these means that people all over the world, have developed different medical systems. Mume (1973) also traced the origin of medicine to juju priests who burnt smelling substances of herbal material to produce sweet incense to appease the "gods of medicine". Mume further reiterated that this gave the priests the awareness that such sweet-smelling plants could be utilized for curative purposes. Medicine must have originated from the kind gods of medicine and gods of war; a knowledge which according to Mume (1973), must have been handed down from generation to generation.

Oguakwa (1990) and Mume (1973) agreed that the origin of medicine was derived from man's observation and imitation of how animals treated themselves when sick. Consequently, man became proficient in the manipulation of natural laws to suit his purposes. Alland (1970) concurred with the views of Oguakwa and Mume respectively, but added the scenario of the law of signature based on trial-and-error experiences and that nature has provided every disease with a plant for its alleviation. Winterbottom (1984), reflecting on the past, noted with passion that the world is indebted for at least the rudiments of this art to the Africans no matter how despicable their knowledge of it may appear at present. Iwu (1981) driving home the point, succinctly conjectured thus: that Egypt left the rest of the world behind in medical knowledge; that it is an accepted fact that the early Egyptians were Africans and therefore much of the glory of the advances made in modern medicine and science belongs rightly to Africa. Sadly, he lamented that the African medical system has remained among the least developed. One of the earliest records of the use of herbal medicine is that of Chaulmoogra oil from the species of *Hydnocarpus Gaertn*, which was known to be effective in the treatment of leprosy. Such a use was recorded in the Pharmacopoeia of the Emperor Shen Nung of China, between 2730 and 3000 BC. It is not known, however, who the discoverer of this medical use of the oil was when it was discovered. Le Strange (1977), cited in Sofowora (1984).

Similarly, the seeds of the opium poppy (*Papaver Somniferum* L) and Castor oil seed (*Ricinus Communis* L) were excavated from some ancient Egyptian tombs, which indicated their use in that part of Africa as far back as 1500 BC. Finally, the Medical School in Alexandria (the first of its kind in Africa) was founded in 332 B C by the Ptolemies, 1 year before the death of Alexander the Great who conquered Egypt. That medical school was eventually destroyed by Christian fanatics in A.D. 391 (See Sofowora, 1984).

### **The Challenges of Traditional Medicine**

Traditional medicine, like Western or Orthodox medicine, aims at healing or preventing diseases. From this angle, both types of medicine have the same goal but however, differ in their concept of the cause of disease, approach to healing, as well as their healing methods. Sofowora (1984) and Ubrurhe (2003). Sofowora (1984) however, noted that the basic concept of Western medicine is predicated on the results of experiment and the disease caused by physio-pathological agents (including micro-organisms and noxious substances in food as well as the environment). On the other hand, he asserted that traditional medicine see man as an integral somatic and extra-material entity and the belief persists in many developing countries

that diseases can result from supernatural causes arising from the displeasure of the gods, evil spirits, activities of witches and wizards or the intrusion of an object into the body through magical practice. From the foregoing, the causation of disease is one of the major distinguishing features between traditional and Western medicine. In addition, traditional medicine is culture-based and linked to beliefs and traditional medicine places more emphasis on the psychological causes of disease than Western medicine does.

A major problem confronting traditional medicine is allocation of adequate resources for the development of strategies and plans for improving the political, economic and regulatory environment for the local production and rational use of traditional medicine and offering greater protection of intellectual property rights and traditional medical knowledge in Nigeria. Sallah (2005), also advocated the setting up of a professional traditional medicine body code of conduct and ethics to guarantee the quality of services provided, the development of standards and the establishment of mechanisms for the recognition of traditional medicine, as well as identification, registration and accreditation of qualified practitioners. Despite being an integral part of Africa's existence, traditional medicine suffered a major setback during the colonial period as it was seen as fetish, crude, unhygienic and unscientific. Similarly, the derogatory attitude of Western trained medical doctors to traditional medicine and practitioners did not further the course of traditional medicine. Apart from viewing their medical heritage as repulsive and unworthy of being studied like their European counterparts, African indigenous medicine is uncivilized, magical and an extension of the frontiers of idolatry and often calls for the banning of traditional medicine. Atemie and Okaba (1997) emphasized the need to give traditional medicine legal backing. These scholars observed that all medical laws in Nigeria are geared towards promoting Western medicine at the detriment of advancing the achievements recorded by the indigenous medical practitioners. It is on record that traditional medicine practitioners are tagged in official circles as quacks, fakes, demonized and persecuted.

Other facts militating against traditional medical practice includes: secrecy as the practice is shrouded in mystery, poor sanitation, absence of standardized measurement, deforestation and desertification, dearth of information due to poor documentation, mounted campaign of calumny and potential alcohol abuse since bark, roots and leaves are immersed in alcohol and ingested to treat a range of ailments Forae (2016).

### **The Relevance of Traditional Medicine to the National Health Care Delivery System**

A health system is an interacting and interrelated component of actors and organizations whose primary aim is to prevent disease, maintain, promote and restore health. Ogbimi (2009) stated that the Nigerian health system includes public and private Western medical systems, pseudoscientific, spiritualists and traditional medical practitioners that are based in homes, communities and other non-governmental organizations (NGOs), as well as faith-based organizations that are involved in health and health-related activities. What this definition suggests, is that a health system is complex, comprises of various sectors and disciplines within a geographical spread of government. Ogbimi (2009) emphasized that the health system should be integrated and coordinated to enhance effectiveness, efficiency of service and fair distribution of limited resources. It is against this background that the study takes a critical look at the importance and advantages of traditional medicine to the healthcare delivery system in Nigeria. Many aspects of traditional medicine are based on the promotion of "whole body wellness" through a balanced system approach not to eradicate any specific disease. Its uniqueness and value lie in the fact that unlike Western medicine, whose practitioners seem to have a penchant for the surgical removal of body parts. African traditional medicine is a non-invasive healing modality focusing on balancing the body system in a natural way. When the body's system is in balance, it facilitates the body's ability to heal itself and as a result, the

focus of traditional medicine becomes preventive rather than crisis management of disease. Traditional medicine, unlike the western medicine, is more accessible to the majority of the population in the less developed countries of the world. It is on record that over 65-85 percent of the masses in every country of the less-developed world, rely heavily on traditional or indigenous medical practice in one way or the other. This is predicated on the dearth of hospitals, health centers as well as medical and paramedical staff expected to make modern healthcare delivery systems functional.

Sofowora (1984) also pointed out that traditional medicine is cheaper than Western medicine and observed that the cost of the latter is increased by modern health technology which in most instances is inappropriate to the needs of the people in the third world. In addition, Sofowora stressed that the cost of Western health-care has recently risen largely due to the high cost of basic commodities such as fuel, the cost of transportation and the escalating price of electricity. The cost of Western medicine that relies on institutions and professional staff is becoming unaffordable due to rising costs unlike the simpler health programmes, such as the traditional or indigenous system of medicine. Traditional medicine enjoys a wider acceptability among the people of the Third World than does Western medicine. Ezonbode (1991) argued that the factors responsible for the popularity of traditional healers in the face of difficulties posed by their Western trained counterparts include the following: the sensitivity of the traditional practitioners' interaction with the patient, which creates an atmosphere of confidence and trust and removes anxiety felt by the patient. Secondly, the system is part and parcel of the culture of the people while the healer speaks the language of the clients. Traditional doctors are always available and accessible, unlike the Western doctors with their arrogance. Apart from regular visits and treatment of patients at home, the traditional medicine practitioner refers cases beyond his powers to other more competent traditional doctors.

Traditional medicine is a potential source of new drugs; a source of cheap starting products for the synthesis of known drugs. Sofowora (1984) indicated that there is also the possibility that some revolutionary new drugs for the treatment of incurable diseases such as cancer may be discovered in a medicinal plant. In terms of the supply and availability of medicine or drugs, traditional healers have these products that are locally obtained and much in abundance. The phenomenon of "out of stock" (o/s) syndrome associated with public hospitals and clinics is eliminated with the activities of traditional practice. Other notable relevance of traditional medicine to the national health-care delivery system includes; the practitioners of traditional medicine could serve as additional source of health manpower in developing countries, traditional medicine portions are mostly compounded from natural products, the obstacle of undergoing complicated and time-consuming processes; registering at the records departments, diagnostic tests, seeing a nurse and finally waiting in a long queue before any consultation with the doctor actually takes place, are absent in traditional medicine, where the patient has ready access to the doctor who devotes his undivided attention to the patient.

## **Conclusion**

From the foregoing, it is clear that traditional medicine is one of the ancient approaches to healing, the world over. Traditional mythology has it that herbs and other medicinal materials were created to provide man with a solution to various diseases and ailments. Traditional medicine therefore is the total of all knowledge, whether explicable or not; used in diagnosis, prevention and elimination of physical, mental and social imbalances, illness and observations that are handed down from generation to generation either verbally or in writing. It is also seen as a method of healing that is indigenous to a cultural setting.

Traditional medicine should be allowed to stay despite the numerous criticisms leveled against its practice. Protagonists of this position believe that having identified the set-back of the practice, a solution could be proffered with a view to revitalizing, sustaining and advancing the course of indigenous medicine in Africa, particularly in Nigeria. The positions taken on the retention of traditional medicine are based on the inability of Western medicine to cure all illnesses. In addition, they are indicative of the attitudes of ordinary people to the changing realities in the entire world with regard to man and his wellbeing. To combat the dangers of quacks, the government should ensure the recognition and registration of professionally qualified traditional medical doctors, while quacks should be encouraged to attend the required training that will enhance their usefulness to the community in addition to appropriate legislation to eradicate the incidence of quacks. Furthermore, traditional healers must be encouraged by the government with the necessary incentives. Research and development in the field of African medicinal plants should be encouraged to advance African traditional medicine. Apart from teaching traditional medicine in schools, mutual co-operation between traditional and modern health practitioners should be encouraged. Traditional medicine practitioners should be more open in their practices and subject their products to refinement.

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