

## **TRADITIONAL MEDICAL PRACTITIONERS AND PRACTICE: CHALLENGES AND PROSPECTS IN DELTA STATE, NIGERIA**

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### **Abstract**

*This study critically examined the tenacity of traditional medicine, its practitioners and practice in Delta State. It also highlighted the challenges faced and prospects of traditional medicine. The paper addressed the ambivalence by the people towards treatment options offered by the indigenous and modern medicine practitioners as well as the challenges and prospects of our people's experience in combating diseases and ailments overtime. The study which utilized the in-depth and key informant interviews as well as the focus group discussion revealed that traditional medical practice is accorded very significant patronage in the study area due to the efficacy of their products and services to the people and the inability of modern medicine to cure all ailments. Finally, the paper recommended that research and development in the field of Africa medicinal plants should be intensified to advance the course of African traditional medicine as a veritable alternative to orthodox medicine. In addition, traditional medicine practitioners should be encouraged to be more open in their practice and subject their products to refinement and inspection by the relevant government agencies.*

**Keywords: Challenges; Health-care delivery; Prospects; Traditional Medicine; Practices**

### **Introduction**

Mume (1991); Akpomuvie (2014) and other writers contended that if the public is not getting the desired results from the services rendered by the traditional or indigenous doctors, traditional or indigenous medicine would have long gone into extinction from lack of patronage and the Western trained medical doctor would have also been spared the troubles of the prolonged hours devoted to writing his biases and criticisms of the practice and practitioners. Okon (1991) also asserted that for many scholars, any movement to adopt and strengthen traditional skills and techniques is backward and primitive. He further averred that such people argue that the most pressing technical problems associated with man's welfare have been solved through the application of techniques that are very advanced. However, it should be noted that orthodox medicine has its limitations since it cannot cure all ailments and diseases.

As a nation we have for a long time imported foreign products, techniques and ideas wholesale without developing, as a culture, the necessary skills to ensure better ones that are appropriate to our developmental needs and health challenges. Obviously, there are arrays of traditional skills, indigenous knowledge and technologies for which Nigeria is noted in history that are waiting to be up-graded and modernized. This is particularly true of traditional medicine which has a rich corpus of indigenous knowledge and biodiversity for support. Despite the prevalence of Western medicine and medical practices with the changing socio-economic status of our people, a substantial number of patients receive treatment from traditional healers in Africa particularly, Nigeria. For decades, there has been argument as to whether traditional medicine still has a role to play in modern health-care or not. The collective ambivalence notwithstanding,

traditional medicine and its practitioners are adept in health-care delivery in the state due to its enormous patronage and as part of our culture. Available evidence indicates that traditional medicine keeps waxing stronger with positive prospects. However, it is faced with some challenges such as methods of healing, skepticism about its efficacy, unscientific practices among other challenges.

Despite prevailing challenges and ambivalence, our traditional skills, indigenous knowledge systems and technologies as noted by the former Honorable Minister of Science and Technology, Professor E.U Emovon should be “taken as the base stations to which we must retreat, and start the assemblage of the desired knowledge for the reconstruction of favorable and enduring technological infrastructure because they are assets to a nation”. This includes the promotion of Indigenous Knowledge Systems for effective health-care delivery services.

## **Literature Review**

**Traditional Medicine Practitioners and Practice:** Early anthropologists, ethnographers, traders and missionaries who had contacts with traditional medicine practitioners and traditional medicine, perceived the African world with different cultural lenses and could not understand African religion and philosophical framework; with which human existence was perceived. The outcome was hasty judgment and conclusion and according to Ubrurhe (2003), traditional medicine and its practitioners were tagged superstitious, fetish, witch-doctors and magicians. In support of this hasty conclusion, Gelfand (1964) designated them as medicine men, witch-doctors and applied these derogatory terms interchangeably. Thus in his book; *African Witch*, he categorically used witch-doctor and medicine men. The outright misunderstanding and the use of these contemptuous terms in describing traditional medicine and the practitioners encouraged the frontal attacks and campaigns of vilification against the art which has persisted till date.

Despite the mounted campaign and criticisms leveled against traditional medicine and its practitioners, traditional medicine has made outstanding achievements in bone-setting, mental disorders, sickle cell anemia, diabetes, epilepsy, kidney and liver disorders, stroke, deep seated chronic disorders, snake-bites, rheumatism, malaria, witchcraft-induced and culture-bound diseases. And as Mume (1991) rightly noted, before the coming of the Europeans and the advent of colonialism and the introduction of Western type of medicine in the country, the people had an efficient traditional medical system that provided reliable and enduring health services to the populace then and even now. Of course, such body of knowledge about traditional medicine and services has been handed down to the present generation and over these years have been improved upon.

Traditional medicine according to Egbeke (1999) is that brand of medical practice handed down by words of mouth and as such could be seen as the body of knowledge that is based on customary methods of treatment of diseases and natural healing. It is so branded because the system does not permit foreign dictation or departure from the customary beliefs of the people. In addition, it is directed towards the cure and prevention of diseases (evil) as well as for protection reasons. The concept of medicine in traditional African thought is rather an omnibus one. Each medicine is said to have its specific function, however there are some that are capable of functioning at a distance. Similarly, Akah (1999) defined traditional medicine as the body of all knowledge whether explicable or not, employed in diagnosis, prevention and elimination of physical, mental or social imbalances that are handed down from generating to generation, verbally, in writing or otherwise. On the other hand, traditional medicine could be seen as methods of healing that are indigenous to a group of people or race. Viewed from the African context, Parrinder (1969&1975) conceptualized traditional medicine as covering both natural healing agencies such as leaves, roots, barks etc and the invocation of spiritual forces that are believed to be associated with them but however dwelled on healing. For Oke(1995); Owumi(1989);

Macleans(1971); Odebiyi(1976); Oyeboode (1981), some refer to it as nature medicine, indigenous, primitive, folk, black medicine and at the extreme cases African juju.

The observed variance between traditional medicine and western medicine is the product of biases by writers and even the ways and methods employed by the practitioners of the art and the observed variance in culture. Differences in terminologies and practice across cultures have tended to inhibit the growth or development of a uniform national traditional health structure (Owumi, 1996), as traditional medicine is widespread throughout the world. Abayomi (2012) contended that due to the variance in cultures, different nations have over the years altered the original definition to suite their conditions and circumstances in terms of traditional medicine practice. However, the later conceptualization of traditional medicine by World Health Organization has become acceptable because it is mindful of the peculiar circumstances in most countries. That traditional medicine is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences; indigenous to different cultures, whether explicable or not and used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness (WHO 1978; 1991 & 2005).

The philosophical underpinnings of traditional medicine according to Mume (1991); Atieme and Okaba (1997); Abayomi (2008); Ubrurhe (2003); Egbeke (1999); Onu (1999); Okeibunor(1999); Jegede(2010) is hinged on health and how to promote it rather than on the study of disease and its suppression. It maintained that diseases are the products of our trespasses against the immutable rules of health. To these scholars,improper habits of living result in the accumulation of toxin in the body and when the systems are congested with these poisons, the outcome are diseases. Simply put, an acute disease is the body's struggle to purge itself of the commissioned harmful substances which has accumulated in the system owing largely to our bad habits of eating, insufficient exercises, extreme alcohol intake, insufficient sleep and water intake, drug abuse, un-forgiveness, poor sanitary condition, etc.

These scholars however observed that when the body is unable to purge itself of these strange substances and restore its equilibrium, the resultant effect is death. When the body fails to achieve the equilibrium it may often times be coerced into pushing the struggle underground; leading to cases of chronic diseases. These scholars further identified other factors that can cause diseases which includes; guilty conscience, sin, witchcraft spells, spiritual attack psychological factors, astral and cosmic influences, etc. They also alluded to the fact that unlike orthodox medicine which concentrates primarily on the physical aspects of man and diseases, traditional medicine sees man as an embodiment of the body, mind and spirit that has significant roles in the causation of diseases as well as the maintenance of health and conjectured that ailments in man must be seen from these three perspectives for sustainability. In the same vein, Mume (1991) stated that since traditional doctor's concept of health is not restricted to the physical body alone, one cannot expect his diagnostic methods and treatments to be limited to the physical body alone nor fall in line with those of western orthodox medicine. Since the spiritual aspect of man is vital, it is therefore often recognized in traditional medical diagnoses and treatments. The root causes of diseases are often known in the process of diagnoses; be it physical or spiritual in nature.

However, Owumi(1996); Jegede (1998);Ubrurhe(2003) see traditional medicine practitioners as persons endowed with the knowledge and the necessary skills to maintain the health needs of the members of the community. They depended on local materials that abound in such communities. Reed (1966) noted that a person who is vast in some knowledge that can facilitate the management of common/ minor house-hold problems can be regarded as a traditional medicine practitioner. Such persons include; bone-setters, massagers, traditional birth attendants etc. In his contribution, Abayomi (2012) averred that a traditional healer is a person that is known by the community in which he lives, as competent to provide health- care through the application of plant, animal, mineral substances and so on.

## **Theoretical Framework**

### **Innovation and Change Theory**

This theory is very relevant and applicable to the study because individuals and organizations (formal or informal) are compelled to change for various reasons which can be difficult chiefly in the traditional health-care delivery system because of the ambivalence towards it and the mounted criticism leveled against the practice. The situation is further exacerbated due to the inability to provide useful working data on the system generally. Emmerling (2011) contended that innovation as “creativity with a job to do” or as a new and improved ways of doing things at work. It is pertinent to know that innovation is important because businesses and competition are constantly evolving. The concern of researchers however, is on the models and techniques on how to effect innovation and change. Traditional practice and traditional health-care delivery system are dynamic and changes in the system are veritable tools for its continuity and acceptability.

### **Methodology**

The data feeding this article was sourced from Delta State, Nigeria through in-depth and key informant interviews besides employing group focus discussions. These methods were used to elicit information from traditional doctors, indigenous female medical attendants (midwives), individuals and members of the Traditional Medical Board of Delta state. A sample size of 350 respondents was selected through random and systematic sampling techniques to ensure adequate representation of the population size. There are 25 local government areas in the state with significant population found in the rural areas and the few urban centers. Three local government areas from each of the senatorial districts in the state were selected for this study to make valid generalizations on the entire population of the state. Data collected were analyzed using the simple percentage interpretations. Data from IDI was complemented with materials from secondary sources of information, amongst others; archival materials, journal articles, textbooks, bulletins, monographs and so on

### **The Challenges of the Traditional Medical Practitioners and Practice in Delta State**

This section of the paper is intended to analyze the very substance of African traditional medical practice and examine its proper place in contemporary African societies. It is also mindful of the fact that irrespective of the shortcomings of African medicine, its substance is vital to the development of present day Africa. Onu (1999) noted that traditional healing practice in Africa is fraught with controversial issues. Firstly, what is being healed and secondly the methods used in the healing. The only way to tackle these issues is to have a working knowledge of the African “world view”. African perspectives on diseases and ailments can only then be appreciated in addition to the strategies overtime that have been employed by Africans in fighting such ailments and diseases. The preoccupation of healing in Africa is not only on the individual well-being but also involves a studied watch on the society to guarantee its continuum for the good of man generally. Many people according to Akah (1999), are skeptical about the efficacy and use of some herbal preparations in the health-care delivery system in the state. Their doubts are hinged on the belief that diseases can be treated only when the physiology, biochemistry and the pathological changes in the organ and tissues affected are known. Akah (1999) further noted the differences between the ability to cure or treat diseases from the scientific knowledge of the physiological, biochemistry and the pathology of the diseases.

Another major problem facing the practitioners and practice is the uncontrolled exploitation of forest resources without conscious efforts at reforestation over time which has depleted the resources that were beneficial in providing health-care services for the people (Alade and Sowemimo, 2008). Deforestation has resulted in serious shrinkage in forest resources (trees and herbs) which the traditional practitioners depended on in Delta state; resulting in the degradation of vegetation cover, erosion, reduction in the soil organic materials and has in turn

affected traditional medicine and its practitioners who depended on plants, animals, mineral substances and so on.

Critics of traditional medicine revel in proclaiming that it is secretive, lacks standard dosages, riddled with superstition, and uses incantation and divination; unscientific, crude and unhygienic and as such unsuitable for the modern man. They maintain these points as if the patients are concerned about them; the result or the cure is the main concern of the patient and whichever means it occurs, is acceptable to the patient. As long as the expectations of the patients are satisfied, his or her patronage of the traditional doctor continues (See Mume, 1991). Some people for lack of knowledge of the things of the spirit argued rather vigorously that some aspects of traditional medicine and practice are fraught with superstition. As much as that might be true to some extent, it should be noted that most of the phenomena branded as superstitious and unscientific belong to different realities and science; yet unexplored and not identified with any means of contemporary scientific methods. With advancement in man's march towards greater knowledge, these doubts will be placed in their proper perspectives as realities and not mere superstition. With time these mysteries may be unveiled by scientific investigation and thrown open to all and sundry. But in between as Mume (1991) rightly noted, science should focus on those aspects of traditional medicine which are amenable to scientific investigation and leave the spiritual aspects of the practice intact for further investigations -after all Africans believe strongly in dual planes of existence namely, the nexus between the physical and ethereal worlds.

From the foregoing positions, can traditional medicine and practice in Africa particularly in Nigeria and by extension Delta State cope with the demands of contemporary health problems? Can the practice successfully ward off the opposition against its substance? Are African governments and leaders sufficiently knowledgeable about the relevance of traditional medical practice? Onu (1991) observed succinctly that in an attempt to provide answers to these questions, it is imperative to state that Africa's medical heritage has not been studied with the commitments and sympathy it deserves by the indigenous experts. This situation has produced misinformation which in most cases are misplaced and biased by European armchair anthropologists. To say the least, the European viewpoint of Africa's medical heritage and culture is largely ethnocentric and stereotypical. There is therefore the urgent need for the various governments in Africa to promote traditional medical practice and as well accord the traditional doctors recognition. A major problem facing traditional medicine and practice is that of 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 medicine knowledge in Africa particularly Nigeria.

### **The Prospects of Traditional Medical Practice in Delta State**

Although there are some lapses in traditional medicine and its practice in Africa, attempts should be made to identify these lapses honestly. It is only then the value of African traditional medicine can be brought to the fore so as to develop it to cope with the present and the future health needs of the African continent and Nigeria in particular. Traditional medicine and medical practice occupy important places in the spiritual and cultural spaces of our people. Thus traditional medicine is the accumulation of our people's experience in tackling diseases and ailments overtime. No matter the ill will of agents of neocolonialism, traditional medical practice and practitioners will continue to thrive and given significant patronage and recognition. Mume (1991); Abayomi(2012); Akpomuvie (2014); Forae (2020). Atemie and Okaba (1997) observed that the shortcoming of the Western-styled medical practice has also helped in the resurgence of African indigenous medicine. The indigenous health care system has witnessed tremendous changes over the years in Nigeria to enhance its acceptability. It has met certain standards of

Western medical practice and provided data for documentation as well as standardization of its therapies.

Apart from registering with the government and the various Traditional Medicine Boards in the state, the practitioners now operate in neatly kept offices and waiting rooms like their western counterparts. In addition, western trained nurses are also employed to enhance record keeping and services. Traditional healers have also been able to produce herbs in tablets and capsules, bottled their products in various ways and packaged in well-designed packets and cartons for circulation to consumers. Some practitioners also keep records of their patients and ailments and operate web sites for information to the public (Akpomuvie, 2014). Universities/Research Institutions now house the departments of traditional medicine to enhance the future prospects of traditional medicine and practice. Similarly, the National Agency for Food and Drug Administration and Control (NAFDAC) in Nigeria has been playing supervisory roles in the production and administration of traditional medicine. It was established by Decree No. 15 of 1993 of the Federal Republic of Nigeria. Membership of international bodies; Nigeria is signatory to the following international treaties aimed at conservation of national resources; African Conservation Convention for the conservation of nature and natural resources (Algeria, 1968); Depository: OAU Secretariat (Addis Ababa) b. Convention for the Protection of World Cultural and Natural Heritage (Paris, 1972), C. Convention on International Trade on Endangered Species of Wild Fauna and Flora (Washington D.C, 1973) etc.

Traditional medicine and its practitioners are more accessible to the people in the Third World unlike Western medicine and its practitioners. Sofowora (1984) also argued that traditional medicine is cheaper than its Western counterpart and enjoys wider acceptability amongst the people because it is culture bound. This cultural under-pinning as Forae (2016) noted is underscored by popular realization that health and well-being are of vital importance to agriculture and entrepreneurial pursuits.

### **Results/Findings**

This study showed that significant number of people in Nigeria particularly in Delta State consult traditional doctors when sick. Traditional medicine and its practice have come of age with in-roads made in bone-setting, mental disorder, sickle cell anemia, malaria, diabetes, epilepsy, kidney and liver disorders, small pox, measles, yaws, stroke, snake bites, chronic disorders, witchcraft and culture-bound ailments. This was attested to by 63% of the respondents and 56% responses from the key informants. 59% of the respondents also attested to the collective ambivalence of individuals, groups and western trained doctors towards traditional medical practice and practitioners, and shared their concerns about its consequences on the development and enhancement of our traditional health- care system. Similarly, 65% of the respondents reported the existence of “quacks”; practitioners who used herbs and plants in treating patients without having much knowledge of their properties while 48% affirmed the incidence of “medicine peddlers” who appear in market places or go from door to door selling traditional medicine and in some cases, antibiotics. And perhaps those who fall within these later two categories could be called “quacks”.

In most cases, traditional healers or practitioners see their clients in rooms reserved for consultations as reported by 69% respondents. 67% of the respondents including 62.4% of the key informants noted that these “offices or consultation rooms” were kept clean and orderly with framed traditional doctor’s certificate from the Delta State Traditional Medical Board hanging on the wall. 60% of the respondents also asserted that most traditional medicine practitioners possess one or more certificates of recognition and membership of association of healers. A prospective member is expected to pass an examination before getting the certificates and put on surveillance on ways they treated patients as reported by 75% of the informants.

## Discussion

The findings showed that traditional medical practice and its practitioners have taken their pride of place among professionals as their medicine and practice have been proven to be very efficacious beyond reasonable doubt (Mume, 1991; Andah, 1992; Simpson, 1994; Owumi 1996; Ubrurhe, 2003; Abayomi, 2012; Forae, 2012; Akpomuvie, 2020;). Mume (1991) further observed that traditional medicine and its practice has made great strides in such areas as bone-setting, mental disorders, sickle cell anemia etc and conjectured that there are no diseases known to man that has no traditional cure or remedy. Okah (1999) noted that there are convincing evidences that concoctions and therapies of traditional medicine can stand their own as alternatives to conventional medicine which can be developed scientifically. He however, lamented that if traditional medical practice had been organized and systematized and the practitioners were literate and open; a proper system of medical practice would have evolved as an effective alternative to Western or orthodox medicine.

Similarly, Onu (1999) in his robust understanding of the issues raised and discussed stressed that the foregoing brings to focus the relevance of traditional medicine and the traditional healers. Onu (1999) however, summed his observations about traditional medicine and practice thus; it poses a challenge to Africans and it is here with us; it has been here before our time and from all reports, it will continue to be because it is part of our cultural heritage. Instead of discarding it in entirety, the practitioners must be encouraged to improve; noting that Africans “belong to two worlds”. Apparently in agreement with the findings of this study, Abayomi (1984); Ubrurhe (2003); Forae (2012); Akpomuvie (2020); noted that traditional medical practice like the Western medical practice are aimed at healing or preventing diseases but however, differ in their concept of the causes of diseases, approach to healing as well as their healing methods.

One of the major findings of the study is that of paucity of resources for the development of strategies and plans for improving local production and the rational use of traditional medicine in Nigeria and Delta State in particular. Sallah (2005) while concurring with the findings of this study, advocated the setting up of professional traditional medicine body charged with the responsibilities of drawing up codes of conduct and ethics to guarantee the quality of products and services provided, the development of standards and the establishment of mechanisms for the recognition, identification, registration and accreditation of qualified traditional practitioners.

## Conclusion

From the foregoing, it is evidently clear that traditional medical practice and medicine is widespread throughout the world and particularly Delta State in Nigeria. The recognition accorded traditional healers and modern medicine is borne out of the fact that different etiological factors are responsible for diseases or health problems and the perceived causes may determine the source of cure to seek by the patients. Despite the mounted campaigns and criticism leveled against traditional medical practice, it should be encouraged to grow in all ramifications. The position taken on the retention of traditional medical practice is based on the inability of western medicine to cure all illnesses. To combat the dangers of quacks, professionally qualified traditional medical doctors should be accorded recognition while the quacks should be encouraged to attend the training that will enhance their relevance to the community in its health-drive in addition to appropriate legislations to eradicate the phenomenon. Similarly, traditional medical doctors should be encouraged to be more open in their practice and subject their products to refinement, research and development to advance the course of African traditional medicine.

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