

**TRADITIONAL MEDICINE IN THE FACE OF NEW ERA: A
BETTER SAFEGUARD FOR THE PROGRESSION OF
HEALTHCARE CLAIM IN IGBO-AFRICAN WORLD**

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Abstract

Traditional medicine has been an age-long mode of treatment. It has been in existence even before the domination of orthodox medicine, particularly in Africa. Almost everybody was highly dependent on it for survival when it comes to health issue. But gradually, orthodox medicine became the order of the day, putting the traditional medicine by the side. Today, the reverse is becoming the case, as there are many health challenges facing orthodox medicine. Medical doctors are too few to attend to the massive population that needs them. Many orthodox medicines are too expensive and do not get to the reach of the common man. Diseases are becoming resistant to orthodox medicine. Some ailments that defy orthodox medicine, such as amputations/bone settings, poison, snake bite, etc., can be comfortably taken care of by the traditional medicine. However, this paper aims at bringing out its effectiveness and how to protect it from the new healthcare directives. It claims also that

traditional medicine is not just an alternative mode of treatment to orthodox medicine, but that it is currently a better safeguard for the progression of healthcare system in Africa, since its usefulness has made some orthodox manufacturers to append the word “herbal” to their products, due to its potency and effectiveness. Scientists are turning to traditional medicine by studying its drugs and modifying them to look modern. Since traditional medicine can no longer be avoided, this paper concludes that sooner or later, traditional medicine will not only become a better safeguard for the progression of healthcare claim, but will remain the only saving grace that can save humanity from dying out.

Keywords: Medicine, traditional medicine, orthodox medicine, African world, treatment

Introduction

In the words of Heraclitus, “the only constant in life is change”. This simple truth is all-embracing that even on the aspect of medical treatment, change is still constant. The change here thus remains that before the introduction of orthodox medicines, the traditional medicine used to be the prevalent medical system available in Africa, both in rural and urban areas. The earliest form of healing substances has been herbal medicines, but the coming of the Europeans marked a significant change in the history of traditional medicines in Africa. The colonization of Africa by the white ethnicity, together with the civilization which has come about the scientific understating of ill health, have become the basic and well-known products in managing diseases in the modern health system in Africa. This in effect brought about some accusations against traditional medicine. The criticisms so far have made a number of people to be afraid of making themselves available for receiving the traditional healthcare. But then, it is still important to think of the following questions: How then was the traditional medicine used in those days that men were noted for

longevity? Was traditional medicine so destructive and people were able to survive and produce the present medical doctors? What makes traditional medicine still effective in healing up to this age? This similar case makes the President of Madagascar – Andry Rajoelina - to question the world when their traditional medicine for COVID-19 was neglected. He asks: “what if this remedy had been discovered by European country, instead of Madagascar? Would people doubt it so much? --- What is the problem with COVID Organics, really? Could it be that this product comes from Africa? Could it be that it’s not OK for a country like Madagascar, which is the 63rd poorest country in the world --- to have come up with (this formula) that can help save the world?”(<https://www.france24.com>). Yet it is pertinent to note that orthodox medicine does not provide all it takes to cure people of their different sicknesses. Due to the same imperfection in orthodox medicine, traditional medicine is becoming a turning point in Africa. In Nigeria, for instance, experience shows that orthodox medicine is mostly available in social media as well as other so called avenues of procuring the medicines (Egbucha, 2006). Where they are, an average income earner finds it difficult to obtain them, while others below average status go home disappointed. This explains why the rural populace has got new interest in the use of traditional medicine. Likewise, majority of the people in Nigeria today still find it difficult to afford the cost of anti-venom injections for snakebite when the incident occurs. Hence, snakebite is easily cured with medicinal plants. Bone fractures are also taken to traditional health centers for bone setting, which the orthodox health care system still battle to handle; while in most cases they cut off the affected part of the body. Although there has been mix reactions and feelings over the use of traditional medicine in Africa (Bello, 2006; Feierman, 2002), traditional medicine is still in use in present-day Africa, without many reported cases of adverse effects (Okigbo and Mmeka, 2006:83). Countries such as Zambia, Ghana, Nigeria and Mali are are reputed for treating over 60% of children who had fever that came as a result of malaria with the use of herbal medicine (WHO, 2006). Carpentier

et al (1995) revealed that there was an increasing demand for traditional medicine, especially in the case of rheumatic and neurological complaints in Burkina-Faso, while about 70% of the population in Ghana depends primarily on traditional medicine (Roberts, 2001). In South African (majorly the black South Africans), over 27 million people use traditional medicine to treat different kinds of diseases (Mander et al, 2007; Lekotjolo, 2009). In Tanzania, Makundi et al (2006) assert that traditional healthcare has made a wonderful impact on treating *degedege* (convulsions) in rural areas. In Nigeria (Lagos), Amira and Okubadejo (2007) uphold that a significant number of hypertensive patients at the tertiary health facility make use of both conventional treatment and CAM therapies. The above instances summarize the true use of traditional medicine around African countries. These and some other vast knowledge showcase the evidences of growing demand for traditional medicine for primary health care in Africa. Recent studies about health care claims are testing whether traditional medicine system is becoming dominant or at least is paying important healing process of which can no longer be undermined as it was in third world countries. Therefore, traditional medicine, if properly harnessed, will become a better safeguard for health care delivery, since all and sundry will have access to it.

Conceptual Analysis of Traditional Medicine

Traditional medicine, also known as folk medicine, ethno-medicine, native healing or complementary and alternative medicine (CAM), is the oldest form of health care system that has stood the test of time (Abdullahi, 2011). It is a type of medical practice that has been culturally bound by aboriginal inhabitants who have been using it to combat different ailments affecting their life. The World Health Organization (2006) defines traditional medicine as “the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health of physical and mental illness”.

The World Health Organization Report (2000) further gives the features of traditional medicine to include:

- a. Traditional medicine is based on a belief that health is a state of balance between several opposing aspects in their human body. Illness occurs when an individual falls out of balance, physically or mentally. The “cause” of imbalance could be change of whether, intake of certain food; external factors, such as magical or stimulation and societal reasons. Traditional medicine tries to restore the balance using different therapies.
- b. Traditional medicine is based on the needs of individuals. Different people may receive different treatments, even if they suffer from the same disease. Traditional medicine is based on a belief that each individual has his or her own constitution and social circumstances which result in different reactions to “causes of disease” and treatment.
- c. Traditional medicine applies a holistic approach. It considers a person in his or her totality within an ecological context and usually will not only look after the sick part of the body. Besides giving treatment, traditional practitioners usually provide advice on lifestyles and healthy behaviour.
- d. Traditional medicine precedes modern medicine. Most traditional remedies have not been evaluated by sound scientific methods. This means that, at this stage, traditional medicine is not easily understood by modern medicine. However, traditional remedies have been “field-tested” by tens of thousands of people for hundreds of years.

From every indication, the traditional health care systems are still functional and effective in the use of their medicines by the majority of people, both in Africa and beyond. No wonder Romero-Daza (2002) points out that traditional medicine remains the only source of medical care for a greater proportion of the population.

On the other hand, traditional healers are those who do not have any formal medical training but are considered (by the local community)

as being competent to provide health care using animal, plant and mineral substances and certain other techniques based on social, cultural and religious backgrounds as well as the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of the disease and disability (WHO, 2002). According to Cook (2009), the healers in Africa are being addressed in differently as *Babalawo*, *Adahunse* or *Oniseegun* among the Yoruba speaking people of Nigeria; *Abia ibok* among the Ibibio community of Nigeria; *Dibia* among the Igbo of Nigeria; *Boka* among the Hausa-speaking people of Nigeria; and *Sangoma* or *Nyanya* among South Africans. The indigenous healers (doctors) are known for treating patients in all ramifications in both spiritual and physical aspects.

In Igbo understanding, every disease or sickness has connections with invisible, spiritual or supernatural and natural origins. In view of this, Iroegbu (2005) maintains that “for the Igbo, health is something shared inter-corporally and inter-subjectively, both in the worldly and other-worldly or the visible and invisible realms”. It is as a result of this that the Dibia (traditional healer) practicalizes his duty towards being an expert in the general or particular field of healing. Besides, the supernatural and, at times, long vocational and initiatory apprenticeship into the art of healing are very exhaustive and demanding (Iroegbu, 2005). In as much as the healers are qualified by the type and nature of disease they treat, a healer’s reputation is mostly relied on his level of expertise. A particular Dibia can combine more than one area of specialization, sometimes the physical and the spiritual. Thus, it is through this methodic healing that the Igbo have been able to protect themselves and take care of any health challenge that comes across their life.

However, this is why in Igbo African world, the English word ‘medicine’ cannot be properly referred to as traditional medicine and healing. The proper word for medicine in Igbo is *ogwu*. The term ‘Ogwu’ is not just limited to materials used for therapeutic reasons.

According to Nadel (1954), it involves materials which exercise remote and miraculous effects on the efficacy of other objects. In the words of Monica Wilson, as cited in Ogugua (2015), “Medicines in African beliefs can be used not only to heal or to kill, but also to secure power, health, fertility, personality or moral reform, to make a bride ‘patient and polite to her in-laws, a chief majestic or judge complaint”. The Igbo medicine is managed and controlled by those who know how to tap its power and the implications involved in its use. This is why it is not everybody that administers traditional medicine to people. It is believed to be destined to some sets of individuals or groups. “Thus medicines are thought to tap the power put by God into some herbs and other substances with those who know the right formula can tap and use for their own ends, good or bad” (Metuh, 1985). Above all:

This understanding of the concept “Ogwu” is engineered by the dual though co-extensive perception of reality of the Igbo, in which there is no demarcation between the physical and the spiritual, the profane and the sacred, as both the visible and invisible realities penetrate and permeate each other as postulated by the theory of forces, more so interaction of forces (Ogugua, 2015).

Meanwhile, this paper is silent on the spiritual, metabolic or metaphysical aspect of traditional medicine (and healing) attached to it. What is concerned about here is the capacity the African traditional medicine has in treating ill-health, which, to some, the orthodox medicines are incapable of treating, and not even the method the traditional healers applied.

Areas Championed by Traditional Medicine in Igbo–African World

Bone setting is one of the areas championed by traditional medicine, compared to orthodox medical practice. The traditional bones setters

are experienced and specialized in this field. They have the abundant knowledge and skill of setting broken bones through traditional methods. Patients that sustain the fractures are taken care of by the bones setters until they recover fully. It is worthy to note that the traditional healers or doctors are highly recognized in this field more than the practitioners in the field of orthodox medicine. Sofowora (1993) confirms this when he says that “traditional bone setters are known to repair compound fractures, and some are said to be so skilled in the art that they can heal fractures which do not respond to treatment in modern hospital”. Merely looking at the method of bone setters at their practical operations, one will find out that it is not so complicated and complex. One can learn to handle the bone fractures if taught, and without the sense of keeping the secrecy.

Traditional healers also make use of hydrotherapy in their treatments. The peculiarity of this hydrotherapy among the traditional practitioners is that they use water, either cold or hot, or even the hot vapor state, with or without drugs, for treatment. At times, it is recommended for one to bath with cold water, especially a patient that is so weak, in order to regain strength and to boost the body system, but not in the case of one that is feverish, which is contrary to the practice of orthodox medicine. For the traditionalists, hot water is always prescribed for a patient that is febrile, either to bath with it or to drink it. Any of them may be done with herbs. Inhalation of steam that contains some herbs is also powerful in hydrotherapy. When the COVID-19 disease was ravaging the whole world at high rate, hydrotherapy was highly recommended, especially in Africa. Till date, the use of traditional herbs (medicine) is still effective as a precaution against the COVID-19 pandemic. According to Andry Rajoelina (the president of Madagascar) the patients who have healed from corona virus have taken no other product than COVID-Organics. Of course, 171 coronavirus infections and 105 recoveries with no deaths were reported in Madagascar. And this is why when the World Health Organization (WHO) warned that the COVID-organics drink, which Madagascar’s Rajoelina has touted as a remedy against the deadly

coronavirus, has not been clinically tested, Rajoelina declared vehemently that “no one will stop us from moving forward – not a country, not an organization”(https://www.france24.com).

Poison is another known disease that is cured by the Igbo-African traditional medicine. The Western medicine has not been known to cure or control poison cases. In most cases, when sick people who are suffering from poisoning are diagnosed, nothing is found. Yet, we watch them dying. The tradition healers (of this kind) know the type of herbs they use to treat the ailment. It is very effective, and many in Igbo land precisely can testify to it. A lot of testimonies have been given by the victims of the deadly poison sickness. The only problem with these traditional healers is that they hardly reveal the secret concerning the actual herbs they use for the treatment. At most, they can only reveal the secret to their favorite children who may wish to practice it with the parent.

Snake bite treatment in traditional medicine is also effective and cheap compared to orthodox medicine. Due to the availability of the simple materials, traditional healing can easily be got at a low price. It is not commensurable to the modern medicine (specifically the anti-venom injections). As such, many choose to get treated with herbs and roots of plants that prove very effective against snake bite. Amadi (1991) confirms that this has been proved to work against the lethal effects of cobra toxin.

There are many more other areas that traditional health care services provide for their people in Africa. In Igbo precisely, Tapan (2014) enumerates some health problems which the Igbo people have been able to tackle by themselves. Such problems, according to him, include: “...neurological disorders and some others... like eye disease, skin disease, fever, diabeties, headache [birth delivery], arthritis, diabetes, diarrhea, stomach ache, and nervous disorders”. Though these may appear to be minor, yet, they are major,

considering the population that could have been congesting the orthodox hospitals and the level of poverty surrounding the countries in Africa. A good number of people are being saved from many deadly diseases via the affordable traditional medicines. Just as many could have died from one sickness or the other simply because they could not afford to pay for their treatment in modern hospitals, if there were no such thing like traditional medicines.

Challenges Facing Traditional Medicine in Igbo-African World

In every profession, there are always some challenges. The production of traditional medicine is not left out, just like orthodox medicine too. In Igbo, there are still barriers to translating the knowledge of traditional medicine into commercially reasonable health products. And the cause of this particular problem is because the knowledge of (each) traditional medicine has not been able to be channeled through any of the communicative links like radio, television, internet networking, as well as discussing it in seminars, conferences and distance learning programmes. These are some of the vital tools that will help the traditional practitioners to be more exposed with novel and practical steps to be taken in discovering the new medicines that solve human-related health problems. This will also make individuals, both home and abroad, to have access to the medicine, since there are proven information that enhance their productivity. In most developed countries, their traditional medicines are quite more effective due to access to proven information made available through different modes of media links. When the traditional healers begin to translate knowledge of their medicines to different parts of the world through the media channels and possibly through information communication technology (ITC), it will pave way for standardized traditional medicine not only in Igbo land but the entire African world.

Traditional medicine in Igbo-African world is still faced with problems of unethical practices. Unethical practices, according to Akarowhe (2018), are “practices which are not in conformity with a given institutional code - of - conduct, or a given profession or institution”. It is expected that at this present era of globalization,

traditional medicine should be re-modernized from a primitive way of products manufacturing to a modern way. There should be neatness in performing a specific function of the medicine. Obu (2015) says that why this peculiar problem is associated with traditional medicine practitioner is because most of them are illiterate and they practise it in very remote areas. This is why some people get discouraged about taking the medicine. Therefore, there should be an inclusive education so that the primitive and barbaric standard of traditional medicine will improve to a more modern type.

Another challenge of this medical treatment is the unavailability of quality control. It is easily abused. As long as individuals can indulge in self-medication of traditional medicine, one who is not careful enough can make the mistake of applying a wrong medicine on an ailment. Thus, this particular problem on the practice of traditional medicine can “double blind a clinical and toxicological studies to prove their efficacy and safety” (Obika and Eke, 2019).

There are lots of fake healers and fake medicines simply because of the growing demand of the traditional medicines and the contributions of the medicines to the overall health delivery system in Africa. No wonder Ebomoyi (2009) asserts that in as much as the proficient healers could be rendering beneficial services to a large population, it might be common place to encounter quacks among the practitioners. Pretorius (1999:253) also makes a similar point by articulating some reasons why traditional healers increase the production of fake drugs. Thus, he says that, “in the current economic climate and amid the concomitant unemployment, there is a marked increase in the ranks of traditional healers among whom there are, unfortunately, quite a number of charlatans”. To this effect, it is quite realistic that due to the above problem, patients may run the risk of buying or consuming the inferior quality.

The Western predominance mentality over the regulation and standardization of medicine that are usually swaggered by most influenced members in modern medicine is also another serious challenge that cannot be left out. It has been in circulation and well acknowledged that traditional medicine does not meet up with scientific paradigms or procedures with regard to objectivity, measurement, codification and classification. It is still an expectation that the physical ingredients of the traditional medicine can be analysed in the scientific pattern. But the philosophy behind this particular challenge is such that if the physical aspect of the traditional medicine is subjected to scientific analysis using the conventional scientific methods of investigation, what about the spiritual aspect of it? How can, for instance, the spiritual aspect of Ofo (incantation) in Igbo be analyzed scientifically? And then, the question remains, are we really looking for the scientific analysis and methodic rules, or the active healing of the medicine? How many persons in the world today are concerned about the scientific methods and analysis of the orthodox medicine before its uses? Given the inherent epistemological and ideological characteristic differences between orthodox medicine and traditional medicine, it is quite difficult to determine the efficacy and effectiveness of traditional medicine.

Conclusion

This paper has argued that traditional medicine has been long in existence even before the advent of white men ethnicity in Africa. It is of the opinion that irrespective of globalization and the challenges it has faced, traditional medicine will continue to grow not only in Africa but globally. The establishment of some core health treatments by traditional practitioners using traditional medicines in Africa (like, bone settings, healing of poison, snake bites, COVID-19 disease, etc) shows that traditional healers have made a great impact in promoting positive health care as well as serving as a good referral point to modern health care system. At least, the usefulness of traditional medicine has prompted some modern manufacturers to affix the word

“herbal” to their products, since there is a growing demand of the medicine.

However, this paper submits that since the goal of both orthodox and traditional medicines is to achieve, maintain and provide a satisfactory level of health care delivery to the large number of people. Traditional medicine should be recognized globally, provided it delivers people from the targeted ailment. Both traditional and orthodox doctors should acknowledge their areas of strengths and weaknesses, and refer to the other what they cannot handle. The philosophy and theories of disease symptoms, diagnosis, and treatment used in African traditional medicine should be established and learned, because the demand for the use of the medicine is no longer limited to its countries of origin but across the world. African leaders should develop interest and pay serious attention to global aims in the discourses of traditional medicine for the benefit of all and sundry. Above all, since many diseases are becoming resistant to orthodox medicine, and scientists are turning to traditional medicine by studying its drugs and adapting them to look modern, sooner or later, traditional medicine will not only become a better safeguard for the progression of healthcare claim but will remain the only saving grace that can save humanity from dying out.

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