

# ABIBISEM

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# *Traditional Medicine in Nigeria: The Appraisal of an African Cultural Heritage*

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## *Abstract*

*Africa is a culturally heterogeneous continent. It has witnessed changes in virtually all facets of life. Nevertheless, certain traits of African cultures have subsisted despite social and cultural changes. One of such is traditional medicine, which was the earliest means of healthcare delivery in the continent that is still widely practiced today. Its Africanness consists in its uniqueness to Africa, which is inherent in its age-long practice among the peoples and societies of Africa. This paper therefore, examines the nature and common characteristics of traditional medicine in Africa, south of the Sahara using Nigeria as a reference point. It posits that because of its antiquity, traditional medicine is not just a means of solving health problems but also an important, African cultural heritage. Review shows that, traditional medicine is an organized system of healthcare delivery, which cuts across different societies and cultures of Africa. It is recommended that governments of African countries should educate or enlighten their peoples on the need to see traditional medicine not only as a means of healing but also as an important African heritage, which should be appreciated and preserved.*

**Keywords and phrases:** Traditions, cultural history, belief, treatment, cultural change, preserved

## **Introduction**

Anthropological and sociological studies of societies and cultures of Africa have revealed the importance of traditional medicine in the treatment of different kinds of ailments. According to Ogunbodede (1997), traditional healing processes, which developed in African traditional societies over a long period of time, had been transmitted from one generation to another. In other words, African traditional medicine evolved in African societies through time. Generally, traditional medicine is a cultural trait, which originated from the society where it is being practiced. That is, like other aspects of culture it is a product of a people's cultural history. Thus, Oyeneye and and Orubuloye (1985:8) have observed:

... traditional medicine is a cultural product and should be seen as part of the indigenous culture of the people that practice and make use of it in finding explanations to the causes of illness and curing them.



The World Health Organization (1976) defines traditional medicine as the sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention, and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation from generation to generation, whether verbally or in writing. Oyeneye and Orubuloye (1985:6) define traditional medicine as "a scientific endeavour which follows definite natural, spiritual, mental, chemical and biological laws for the restoration of health". Traditional medicine is a mechanism designed by the people from their past experience, to cope with the environment (Good, 1987).

In Sub-Saharan Africa, early men lived in harmony with their environments. This entailed the use of herbs to solve health and other related problems. Differing climatic and topographic conditions all over the continent gave rise to different vegetations, leading to the use of different traditional herbs and other materials to treat similar ailments in different parts of Africa. According to Owumi (1996) traditional medicine is a mechanism designed by the people from their past experiences to cope with the environment.

This paper examines traditional medicine in Sub-Saharan Africa drawing with reference to Nigeria. It conceives of traditional medicine as an essential part of African cultural heritage which was transmitted through the ages to the present generation. The paper is anchored on the anthropological theory of historical particularism. The phrases traditional medicine and African medicine are here used interchangeably. The paper is divided into six parts. These are: the theoretical orientation; brief history and nature of Nigeria, philosophy of traditional medicine; causes of diseases in traditional belief; factors responsible for the survival of traditional medicine; methods of healing, and reference to selected Nigerian cultures- Ibibio, Urhobo, and Hausa.

### **Theoretical Orientation**

This paper is written within the framework of an anthropological theory – Historical Particularism. The theory emphasizes the necessity of studying cultural traits in the context of the society in which they appeared. It was a reaction to the predetermined Evolutionism theory in the beginning of the twentieth century when the evidence for unilineal evolution was becoming shaky as data on non-Western cultures were collected and analyzed (Harris, 1968).

The leading proponent of Historical Particularism was the American Anthropologist, Franz Boas. According to Boas, 'specific cultures should be studied in their particular historical contexts. This, he said should be done not only because the search for uniformities in history is futile but because the only way in which the amount and nature of such uniformity

can be appraised is through a programme of inductive historical research (Oke, 2004).

No aspect of African life can be understood except in the context of its cultural history. The continent's cultural, similarities despite ethnic diversities is of great antiquity. Similarly, indigenous means of healthcare delivery had existed in the region for a very long time. It still exists today not only as part of Africa's overall healthcare delivery system but also as an important cultural heritage. Because traditional (or African) medicine is age-long, it is obviously part of Africa's cultural heritage. It is also a heritage because it is an indigenous means of healthcare delivery.

### **Brief History and Nature of Nigeria**

The country known today as Nigeria was created by the British colonialists. Prior to its formation, there were many traditional states existing independently in the territory. It was indeed the colonialists that brought these independent states together to form a single nation state known today as Nigeria. Though the colonialists initially governed the area known as Nigeria as different Protectorates, it could not be said that Nigeria was a single country then. Indeed, what existed was different Protectorates. However, in 1900, the area was sub-divided into three – the Colony and Protectorate of Lagos, the Protectorate of northern Nigeria and the Protectorate of Southern Nigeria.

The actual formation of Nigeria was in 1914 when Lord Lugard amalgamated the three protectorates. This action marked the emergence of what was thenceforth called the Colony and Protectorate of Nigeria. It is obvious therefore, that it was at this point that the country, Nigeria actually came into existence. Lord Lugard was made the first Governor of the then new state/country, Nigeria.

Nigeria was governed by the colonialists till October 1, 1960 when the country gained her independence. Since then, the country has witnessed changes with respect to growth and development. Successive governments have created some transformation and development in the country. Nevertheless, the pace was not as expected. This is because within her fifty-four years of independence, the country has witnessed quite a number of conflicts which often threatened her unity and slowed down her development. Other social problems that constitute hindrances to the country's development include poverty, unemployment, corruption, illiteracy, diseases, crimes etc.

Right from her birth as a country, Nigeria has been a plural society. The country is multi-cultural and by implication, it is a multi-lingual and multi-religious country. There are about 513 languages, spoken in Nigeria (Bamgbose, 1993). Similarly, there are many religions in the country. But the popular ones are Christianity, Islam and traditional religion. While each

ethnic group has her peculiar traditional belief system known as traditional religion, there are also the foreign religions. That is, religions that originated from outside the country. Prominent among them are Christianity and Islam. The country is made up of three major ethnic groups and many other minority ethnic groups. The major ethnic groups are Ibo, Hausa and Yoruba while the minority ones include Urhobo, Edo, Ibibio, Efik, Tiv, Igala, Ogori, Ijaw, Nupe, Fulani, Kanuri, Gbagyi, etc. The colonialists identified 250 ethnic groups in Nigeria, but some studies put the figure at 376 (Otite, 1990).

Archaeological, historical and anthropological studies have shown that prior to the amalgamation of the Northern and Southern protectorates in 1914, there existed many culturally distinct societies. Ethnographic data collected by prominent anthropologists from the various societies in Nigeria during the period of colonialism and thereafter have shown that the societies differed from one another. Such ethnographic reports include Nadel's study of the Nupe, Bohanan's study of the Tiv, Meek's study of the Ibo, Lylod's study of the Yoruba, Forde's study of the Yako, Stenning's study of the Fulani and so on and so forth. These descriptions of the ways of life of the various societies in Nigeria have shown that though there are differences among them, yet they have a lot of cultural traits in common. There are differences as well as similarities in their traditional mode of sustenance, religion, political organization, norms and values, medicine, arts, etc.

### **Philosophy of African Traditional Medicine**

The philosophy of traditional medicine is the same in virtually all African societies. However, it cannot be understood without a good understanding of the differences between traditional medicine and witchcraft. This is necessary because quite often many people believe that the two phenomena are the same, whereas they are not. It is therefore, pertinent to make a distinction between traditional medicine and witchcraft before discussing the philosophy of African traditional medicine.

Evans-Pritchard (1937, cited in Onwuejeogwu, 1975) describes witchcraft, as a supposedly psychic emanation from the witchcraft substance which is believed to cause injury to health and prosperity.<sup>1</sup> According to him, the witchcraft substance is a material substance in the bodies of certain persons. From this description it is obvious that witchcraft is mainly meant to do evil, i.e. to harm somebody. Traditional medicine, on the other hand, is meant to do good, that is, to prevent and cure of diseases to enhance good health. Discussing the relation between traditional medicine and witchcraft, Oyeneye and Oribuloye (1985) have observed that because witchcraft is believed to be the cause of some diseases most traditional medicine practitioners need to know how to handle the witchcraft cause though they do not need to be wizards themselves. If a disease is witchcraft-caused, the



traditional practitioner starts by attacking and getting rid of the underlying witchcraft or wizard cast-spells before administering herbal or other medicines.<sup>2</sup> However, treatment involves a variety of methods deemed necessary by the traditional medicine practitioner.

Oyeneye and Onibuloye have posited that the disease-causative-concepts underlie the philosophy of traditional medicine. According to them, African (traditional) medicine follows definite natural laws for the restoration, maintenance and correction of bodily disorders. Drawing from Turner's (1969) social causation theory, they observed that in African traditional settings the cause of any disease is not attributed to germs but to the transgression or violation of natural laws such as adultery and sexual abuse, failure to eat the proper kinds of food from natural sources etc. Obviously therefore, this philosophy guides the orientation of traditional medicine practitioners in Africa.

Although most societies of Africa believe in supernatural causes and seem to deny natural causes of diseases, their belief system is internally consistent (Ogunbodede, 1997:60). Thus, Lambo (1993:151) has noted, "The cause of illnesses are not simply attributed to the unknown or dropped in the laps of the gods. Causes are always linked to the patient's immediate world of social events."

However, in most societies of Nigeria, traditional concepts of health and illness are intertwined. Again according to Lambo, in African traditional societies health is not regarded as an isolated phenomenon but it reflects the integration of the community. Health is not the mere absence of disease but a sign that a person is living in peace and harmony with his neighbours and that he is keeping the laws of the gods and the tribe.

### **Causes of Diseases: Traditional Belief**

Researchers (Erinosho, 1978; Oyebola, 1980; Odebiyi 1980; Oke 1994; Osunwole, 1996) have at different times identified three (3) major causes of diseases in traditional societies. These are natural, supernatural and mystical causes. Their views can be summarized thus: ill-health may be due to a number of sources or causes – natural, supernatural or mystical – considering the fact that ailments in the developing world are magico-religious in nature.

With respect to natural cause, diseases are linked to factors such as poor nutrition, insect bite, bad environment, overcrowded living and lack of exercise. In the traditional system of thought, diseases can occur naturally in the course of human interaction with the physical environment. Thus, Osunwole (1996: 210) has noted:

Naturalistic conception of disease follows the laws of nature which stipulates that as long as human beings comply strictly with

naturally – ordered health behaviours, their health is not endangered unnecessarily. But when such behaviours are in opposition with natural laws, disease or death may follow.

The supernatural causes include diseases, which are otherwise caused by supernatural factors and sorcerers. For example, a snake may be sent to bite somebody. The mystical causes refer to diseases caused by mystical factors such as the neglect of ancestors, breaking of taboos or taking false oaths. Mystical causes are also linked with supernatural forces.

However, there are overlapping areas in the classification especially between the supernatural and mystical causes. Because of the similarities between the two (supernatural and mystical causes) Osunwole (1996) has merged them into one category, which he calls personalistic.<sup>3</sup> Again, (Osunwole, 1996:210) has observed:

Personalistic category of diseases are best understood within their religious or social context, causation is not easily determined by physical examination of the sufferer as signs and symptoms of illness are obscure. Self medication is quite irrelevant as specialist healers and diviners are consulted for therapy management. Diseases in this category are believed to have different causes outside the law of nature... Health problems are often traced to the involvement of neglected ancestors whose devotees have failed to accord necessary rite. Witches also have the capacity to cause affliction. Sorcerers are also human beings with evil intentions whose pre-occupation is to interfere with the well being of innocent people by using bad contagious medicine to harm them. In many traditional societies, breach of cultural norms, envy, quarrels or strife within the family are causes of many health problems.

### **Why Traditional Medicine Thrives in Africa Despite Rapid Social and Cultural Changes**

African medicine has continued to exist despite the on going modernization process in Sub-Saharan Africa. This is no doubt unconnected with the fact that it is efficacious. In contemporary African societies, there is indeed, no doubt about the efficacy of traditional medicine. In fact, it has continued to appeal to the people despite the increasing popularity of Western medicine (Ogunbodede, 1996). The Weekend Pioneer (February 20, 1998) has stated, "Beyond the cloudy specter of skepticism that beclouds traditional medicine, the truth is that an appreciative dawn of increased patronage is hovering today". Similarly, Owumi (1996:225) had earlier observed:



It is against this background of vast array which it caters for in addition to its indigenous ethos that traditional medicine has continued to appeal to the people in spite of the availability of Western (Scientific) medicine.

Still in that regard Owumi and Taiwo (2012:246) have noted:

It has been acclaimed that 70% of the Nigerian population and by extension, Africans utilize the services of traditional medicine (Owumi, 2005). This is quite significant when we consider the fact that the frontier of western health care in our society is highly limited, and so, the underserved in the society are catered for by this health care (traditional health care) in our society.

Studies (Ataudo, 1985, Arubalueze, 1990; Inyaring 1991, Aregbeyen, 1996; Ogunbodede 1996); Owumi; 1996, 2005; Oluwabamide, 2007; Owumi and Taiwo 2012, have shown that in contemporary African societies (urban and rural) traditional medicine practitioners have been successful in treating various ailments. According to Owumi (2005 cited in Owumi and Taiwo, 2012) the effectiveness of some indigenous healing practices in the management of a variety of ailments is indisputable. This is one of the factors responsible for the increasing patronage of traditional medicine in Africa. Cases which orthodox medicine practitioners have confirmed as hopeless are sometimes taken to traditional medicine practitioners who, in some cases, apply correct remedies. Thus, Oyeneye and Orubuloye (1985:4) have noted

In spite of the restrictions and difficulties imposed on traditional medicine as a result of the introduction of western medicine, traditional medicine practitioners have continued to uphold the dignity of their profession. They have also continued to enjoy the patronage of every segment of the society both high and low income earners in every segment of the society.

Similarly, Owumi and Taiwo (2012:246) have observed:

The strong appeal of traditional medicine to the literate and non-literate in Nigeria and Tropical Africa, despite efforts by the authorities to develop and promote a comprehensive western health care delivery system has been attributed to a no of reasons.

Owumi and Taiwo (2012) have identified still other factors responsible for the increasing patronage of traditional medicine in Africa. Firstly, traditional medicine practitioners are more accessible to African patients than western medicine practitioners. Secondly, the patient's confidence is greater on the therapeutic skills of the traditional medicine practitioner than in those of the western medicine practitioner. Thirdly, the nature and scope of the therapies which the traditional practitioner administers encourages constant patronage. This involves treating diseases through the use of herbs and other concoctions and initiating social diagnosis as well as integrating symbolic rituals; all of which are familiar to African patients.

Fourthly, there are some areas where traditional medicine is more proficient than western medicine. According to Oyebola (1980) traditional practitioners seem to cater for certain Health needs of patients in the Yoruba cultural milieu in which Western medicine falls short of expectation. Owumi (1993) has supported this by saying that Oyebola's assertion is true for almost every culture in Africa. In fact, Oyebola (1980) observed that in Ibadan and Lagos (both are big cities in South-western Nigeria) where Western medicine facilities are available within easy reach of inhabitants, a large percentage of the people still visit traditional practitioners or have traditional medicine secretly brought to them when they were in the hospital. Thus in this respect Owumi (1993:50) has observed, "The point here is that there are some areas of proficiency where traditional medicine has leverage over Western medicine."

### **Categories of Traditional Medicine Practitioners**

The practitioners of traditional medicine specialize in particular areas of their profession in the same way as western medicine practitioners (Ogunbodede, 1997; Oluwabamide, 2007). There are some who are experts in the use of herbs (herbalists). There are others who are proficient in spiritual healing especially in the use of incantations, while others specialize in both. There are also, traditional Birth Attendants, bone setters and psychiatrists massagers (Owumi, 1996).<sup>4</sup>

#### **(i) General Practitioners**

These are persons who are capable of handling a variety of health problems. They perform general services. This group of practitioners can also perform the functions of the other categories of practitioners. They are versed in the use of herbs and divination, both of which they combined in handling various health problems.

**(ii) Oracle Men/Women**

These are practitioners who are highly skilled in of divination. Their healing process involve divining the cause of a health problem and then adopt the most effective method to cure it.

**(iii) Traditional Birth Attendants**

These are practitioners (mostly women) who are skilled in reproductive health issues. They perform pre-natal and post-natal services for their clients. They handle issues of women during and after birth. They also handle childhood diseases using herbal preparations.

**(iv) Psychiatrists**

These are practitioners who manage mental problems. How this is done is dependent on the nature of the mental derangement. Usually violent patients are treated with some level of violence, ranging from flogging, chaining, confinement, to the administration of sedatives. Thereafter, the patient is placed on a special treatment.

**(v) Bone Setters**

Bone setters are traditional practitioners who are skilled in "fixing" fractured hand and leg bones. In doing this, they use herbs, barks and other materials, which they apply to fractured bones after setting them appropriately.

**(vi) Massagers**

The massagers are practitioners who possess special skill of rubbing the body and dislocated bones. They also render services to expectant mothers in order to facilitate easy delivery, This involved assisting them to put the foetus in its proper position in the womb.

**Traditional Methods of Healing**

African (traditional) medicine practitioners use a variety of healing methods according to their respective areas of specializations. Sofowora (1984), Oyenyne and Orubuloye (1985) have categorized them as herbalism, faith healing, massage, heat- therapy, hydrotherapy, surgery and divination.

**1. Herbalism**

Herbalism involves the use of herbal therapies in curing patients of their ailments. Leaves, roots, barks, flowers, juices and



occasionally parts of animals are used in preparing herbal therapies. Herbalism is the most basic of all traditional healing methods. Virtually all categories of practitioners use herbal therapies.

## **2. Heat Therapy**

This involves the use of heat in curing patients. The heat is generated from fire, which is believed to possess some mysterious healing power. There are specific ailments for which this method is used. The method is believed to improve circulation, induce sweating, and destroy dying tissues. It is often prescribed for the aged or feeble patients. It is also said to reduce fever, which often follows fractured bones.

## **3. Massage**

This method involves a methodical manipulation of body's soft tissues to achieve the desired curative objectives. It is usually done with the tip of the fingers and the palm. This involves gently applying pressure to various aching muscles of the body which have been treated with some aromatic, oily dressing. This method (massaging) is used for muscle strains and to improve the general circulation as well as the functioning of the nerves.

## **4. Hydrotherapy**

This method refers to the use of water of different temperatures for the treatment of diseases. This involves the use of water in cold, hot or vapour state with or without other drugs for treatment. A cold bath is sometimes prescribed as an invigorating agent for the weak patient (Sofowora, 1984). According to Sofowora, hot baths (with or without the addition of herbs), are prescribed for fever, rheumatism, headaches, and pain all over the body, as well as for general debility. Hot water or steam is also used for therapeutic purposes.

## **5. Divination**

Although divination is not a healing method, it is an approach towards unveiling the causes of diseases, or misfortunes (Oyeneye and Oribuloye, 1985). It is the most useful preliminary step in every healing process. It guides the traditional practitioner in the process of treating their patients. It involves both magical and mystical manipulations of certain objects to hear from supernatural powers. Divination is central to traditional medicine since it affords the practitioners the

understanding of the underlying causes of diseases as well as the kind of treatment they require.

## **6. Faith-Healing**

Faith healing is another branch of traditional medicine in Sub-Saharan Africa. According to Nabofa (1996), faith healers are considered as people who are specially called for specific duty of divine healing ministry. A faith healer deals with the spiritual cause and effects of the disease which have manifested in the physical body and/or in the patient's aura. In the thinking of the African faith healers and their patients, the major causes of diseases are of spiritual origin. Thus, Nabofa (1996:239) has observed:

It has been observed that most spiritual therapeutic practices contain the following elements: diagnostic rituals, confession cum mind reading, counselling, atonement, exorcism, fasting, use of symbolic elements, such as oil and water, prayers, dance and drama, giving of testimonies couple with thanksgiving.

The faith healer believes that most diseases are caused by spiritual/psychic agencies. Consequently, he probes the spiritual realm in seeking solution to the problem.

We shall now briefly examine the practice of traditional medicine in selected societies in Nigeria. This shall be done based on relevant literature.

### **Traditional Medicine among the Ibibio**

The Ibibio are the major cultural group in Akwa Ibom State, South-eastern Nigeria. Like other societies and cultures of Nigeria the Ibibio have a traditional medical system. Scholars (Ataudo 1985, 1991, Inyang, 1991, Ogunbodede, 1996, and others) have described aspects of the art of traditional medicine among the Ibibio.

Among the Ibibio, the traditional medical practice was an integral part of the social system during the pre-colonial period. Inyang (1991:126) observes 'The Ibibio belief is that there is a continuity between this physical world and the spiritual world; that it is the human flesh which as it were provides a veil that covers man's eyes from seeing the spiritual world'.

Ataudo (1991) posits that the theoretical and conceptual frame of Ibibio cosmology and traditional medicine resembles those of other African societies and those of other developing cultures. The soul as thought of, and believes in, by the average Ibibio is closely examined and related to aetiology and what happens to the soul when a person dies.

Ataudo (1991:399) further notes, "Theories of disease aetiology in traditional medicine practice in Ibibio land were built around applications of more basic beliefs about the nature of man and of the environment in which he lives". The disease aetiology includes soul — loss, spirit intrusion, and breach of taboo, evil age, sorcery and intrusion by disease objects.

Inyang (1991) notes that the Ibibio body of medicine may be broadly divided into two; namely, preventive and curative medicine. The preventive medicine is widely practiced. In it, varieties of natural objects are prepared and deposited in earthenware and calabashes and placed in entrances to houses, compounds and farms for protection against spirit induced diseases, and some of it is smeared on the body. Curative medicine is practiced in every part of Ibibio land. Some of the drugs consist of extracts from animals (e.g. galls of poisonous snakes and leopards), bark of trees, vegetables and mineral matter.

In traditional Ibibio society, medical practice is an integral part of the social system, and is linked with social interaction, values, statuses, and network of reciprocal social relationship. Traditionally among the Ibibio, health decisions are often taken by senior members of the family with due consideration of the level of health information available, such as the location of the healer, his expert knowledge of the ailment, the expenses involved, the belief as to what the cause of the illness is, etc.

Among the Ibibio people, the branches of traditional medicine include general practice, herbalism, trado-psychiatry, trado-surgery, trado-bone setting and traditional midwifery (Ogundodede, 1996). Practitioners of traditional medicine have been efficient in the practice of these branches of medicine. This has been attested to by patients who were successfully treated by traditional medicine practitioners.

### **Traditional Medicine among the Urhobo**

Owumi has described African (traditional) medicine as practiced by the Urhobo people of Delta State, South-western Nigeria in his study of the Okpe. Among the Okpe there are two major groups of traditional medicine practitioners the *Edjele* (witch doctor) and the *Oboh* (the ordinary doctor). The *edjele* addresses problems (ailments) that have witchcraft undertone while the *Oboh* only relies on herbs and barks of plants to handle illnesses.

There are different categories of traditional medicine practitioners among the Urhobo people. These include the general practitioners, the oracle men and women, the Traditional Birth Attendants, the bonesetters, traditional psychiatrists and Masseus.

Among the Urhobo people, traditional medicine practitioners acquire their knowledge either through inheritance or apprenticeship or as a call by one spirit or the other. The traditional healers practice traditional medicine either as a hobby or as a form of communal service with little or



no financial rewards from the people. This non-financial ethos is a major characteristic of the practice of traditional medicine among the Urhobo to-date.

According to Owumi the belief in witchcraft as a potent source of disease/misfortune and consequently illness management is well developed and entrenched in the culture of Urhobo people. Thus, there are traditional practitioners who, in addition to their skills in the natural method of healing, have witchcraft power that they utilize in the management of illnesses.

### **Traditional Midwifery among the Hausa**

Among the Hausa people of Northern Nigeria there are Traditional Birth Attendants (TBAs) who are generally known as *auguwan zome* (midwives). Alti-Muazu (1992) carried out a study of the TBAs in Zaria Local Government Area and made some revelations on certain features of TBAs among the Hausa.

In the Hausa society the TBAs are all women. This according to Alti-Mu'Azu may be as a result of the religious belief of the Hausa where women are kept apart from men except their husbands. All Hausa TBAs are post-menopausal i.e. over the age of 50 years. Advancement in age is seen as an asset for a midwife because she is thought to have accumulated experience and also because post-menopausal women are past child-bearing and therefore have more free time for midwifery practice. Most of the TBAs are uneducated except a few who have attended Quaranic schools and are able to recite some chapters of the Qu'aran. In terms of religion, most of them are Muslims. Generally, the TBAs are married women or widows.

According to Alti-Mu'Azu the art of midwifery is learnt. That is, the TBAs acquired the knowledge through learning by means of apprenticeship. The process of learning involves observing or understudying an experienced TBA. The remuneration for the TBA could be in cash or kind or both. Most clients can pay the TBA in cash and kind on the seventh day after delivery. However, if a woman cannot pay within the stipulated period, payment could be postponed to a later date. The payment in kind is not fixed.

The major function of the Hausa TBA is to assist during delivery. They also provide antenatal and post-natal care services as well as medicines for some childhood ailments. Most TBAs supply antenatal medicines to their patients from the sixth or seventh month of pregnancy. Most TBAs prohibit patients from taking sweet things such as honey, sugar cane and biscuits since they believe that these are harmful to expectant mothers.

### **Conclusion**

Though orthodox medicine has become popular in Africa, it does not constitute the totality of the continent's healthcare delivery system.

Traditional medicine, the origin of which dates back to the ancient times, is still widely practiced in contemporary African societies. It complements western medicine. In fact, it is an integral part of the healthcare delivery system of most African countries. It is being patronized by people of different socio-economic classes. It is therefore, no gainsaying that African (traditional) medicine satisfies one of the basic human needs – health.

Apart from this obviously important function of traditional medicine to African societies it performs yet another important function which may not be quite obvious. It serves as an African (cultural) heritage. This is because it is not only indigenous to the peoples of Africa but also because it has existed for a very long time. While Africa's cultural history cannot be complete without information on traditional medicine, also no ethnography or description of the social structure of contemporary African societies can be complete without the inclusion of traditional medicine.

Traditional medicine is indeed, a cultural product, an essential part of the African cultural heritage. Its efficacy has long been established. It is relevant to healthcare delivery systems of African countries because it complements their western system component. Many Africans-educated and uneducated- still patronize the practitioners of traditional medicine for care and care. The fact that African traditional medicine thrives in the face of modernization is an assurance that it will continue to exist for ages to come.

Based on the discussions in this paper, a number of recommendations are hereby made. Firstly, the governments of African countries should embark on public enlightenment on the value of traditional medicine not only as an aspect of their health care delivery system but also as an heritage, which should be preserved for future generations. Secondly, traditional medicine should be included in the curricular of schools at various levels. It should be taught not only as medicine but also as part of the courses on African heritage. Thirdly, the governments of African countries should assist traditional medicine practitioners with funds to establish functional healing homes to enhance quality healthcare delivery for the people. Lastly, policy makers in the education sector should encourage interdisciplinary researches on traditional medicine. Their findings should be used to further develop traditional medicine in Sub-Sahara Africa.

### End Notes

1. E.E. Evans-Pritchard (1937), *Witchcraft, Oracles and Magic among the Azande*. London: Oxford University Press. His work was the most popular pioneering work on the belief in witchcraft in African societies.
2. O.Y. Oyeneye and I.O. Orubuloye (1985), *Some Aspects of Traditional Medicine in Bendel State of Nigeria: An Exploratory Study*, Monograph Series No. 4 (Ibadan: Nigerian Institute of Social

and Economic Research). The authors discuss the philosophy of traditional medicine adequately on page 8. They also discuss the categories of healing methods in African medicine on pages 9 and 10.

3. S.A. Osunwole (1966), "Diseases Diagnosis and Etiology as a System of Thought", in E.A. Oke and B.E. Owumi (eds.), *Readings in Medical Sociology* (Department of Sociology, University of Ibadan), pp. 209–222. He identifies a particular category of disease causation as personalistic on page 212.
4. B.E. Owumi (1996), "Traditional Practitioners (Healers and Healing Practices)", in E.A. Oke and B.E. Owumi (eds.), *Readings in Medical Sociology*, pp. 223–233. The author painstakingly categorizes the practitioners of traditional medicine on pages 228–232. He has also written several works on African (traditional) medicine.

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