

AFRICAN GODS AS POTENT FORCES IN THE EFFICACY OF TRADITIONAL MEDICINE

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Abstract

The main aim of this research work is to review and highlight the importance, prophylactic and therapeutic potentials of medicinal plants from the African ecological biodiversity inspired by God through his pantheon of gods who serve as potent forces in the efficacy of African Traditional Medicine and whose spiritual roles are always undermined and degraded. The research method adopted here is the phenomenological research method. Having been identified as people notoriously religious, and being hemmed round with a strong belief in God and other pantheons of divinities, Africans through the help of deities have identified certain herbs that cure different ailments. It however should be noted that this work is conceived as a result of excruciating pains and effects observed among Africans over the years of their existence through expenditure on orthodox medicine. The Nigerian people of West Africa believe in the power of her herbalists to cure ailments using herbs. Christians and Muslims also seek medical help from herbalists in the face of medical challenges. The paper argues that traditional medical system inspired by the gods who are today despised, used to be the dominant health care system in Africa prior to colonialism. To some extent, colonialism, Western religion and education as well as globalisation phenomenon have negatively affected perception about African Traditional Medicine. This notwithstanding, the demand for and use of African Traditional Medicine have continued to grow not only in Africa but indeed the entire world. As with all things traditionally African, we must learn from the past, build on it and carry it forward for continued growth.

Keywords: African, God, Traditional, Medicine, Potent Forces, Healing.

Introduction

The main aim of this research work is to review and highlight the importance, prophylactic and therapeutic potentials of medicinal plants from the African ecological biodiversity inspired by God and the gods who serve as potent forces

in the efficacy of African Traditional Medicine and whose spiritual roles are always undermined and degraded. The research method adopted here is the phenomenological research method. Information were gathered from oral interviews and existing materials.

Traditional African Medicine has a holistic approach to medicine based on the premise of interconnectedness of African herbs and spirituality. Disease is understood to be a misalignment, spiritual and social disorder either internal or external. It is believed that all people are made up of many levels of being which function together as a whole; moral, social, physical and spiritual, and if any of these parts are out of balance, the person will become physically ill (dis-eased) or suffer spiritually. There cannot be any form of African Traditional healing without a connection to the spiritual. This study on African God(s) as potent forces in the efficacy of African Traditional Medicine is necessitated to show how holistic African Traditional Medicine is with the help of the gods through divination.

Using myriad forms of diagnosis such as questioning, observation and touching (still used today in western methods) as well as a very important aspect of divination and dream interpretation to name a few...it is the role of the *dibia odinani* (traditional physician) to re-align the patient with the origin of the influences so as to re-balance the disorder. Forms of treatment include but are not limited to; surgery, dietary therapy, herbalism, psychotherapy, aromatherapy, exorcism, rituals and sacrifice without the two later processes it cannot be called traditional medicine. African healing is influenced by natural cycles of days, seasons and natural occurrences and the accepted realities of the physician. African culture acknowledges that real healing lies, not in a synthetic pill but in recognition of our true position on the earth and in bringing our actions into respectful balance with the natural world intent upon god. African traditional medicine is also used for other functions aside healing; it is used for hunting, love portions, trading, and security to mention a few.

Definition of Key Terms

African Traditional Medicine

According to the World Health Organisation, African Traditional Medicine is “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, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses". (WHO, 2000b:1).

Traditional Healer,

Traditional healer, on the other hand, is "a person who is recognised by the community where he or she lives as someone competent to provide health care by using plant, animal and mineral substances and other methods based on social, cultural and religious practices" (WHO, 2000a:11).

Traditional Medicine in 21st Century Africa

Every African has a notion of God and believes in his existence and it is not questioned or doubted. Here, it will be necessary to look at the African concept of God and god(s); and their understanding of Him in their world view. For Africans, God is essentially good and He is credited with superlative attributes.

Omeregbe (1988:23) opined that, when the African man reflects on his own life, its brevity, the vicissitudes, joy, sorrows, suffering, achievements and failures of life, fundamental questions arise in his mind. Man's powerfulness to control even his own destiny, stark reality of disease, death and decay, to which he is subject, can lead to deep reflection about his nature and dependence upon a being higher than him.

Metuh (1998:38), pointed out that the concept of gods can never be treated outside a people's religion because it is through religious worship or activities that man relates with his god. Human life is dynamic and the mind of man continues to yearn for the absolute good which is truth and life. As observed by Adegbehingbe (2008:34), African religious revelation designates a Being from whom all good things, like power to cure sickness, flow by the term God(s). In African Traditional Medicine, it is a belief that the gods inspire man on the right herbs to use in curing any ailment.

While the western propaganda machine would lead those who don't know to believe that African traditional healers are practitioners of witchcraft, it is important to note that African belief does not encourage or condone witchcraft, it merely accepts that witchcraft or bad medicine exists in Africa; the same way that a particular religion does not support or condone adultery, but must accept

that some of its practitioners partake in it. As in any religion, people set up their own concept of what it means to live in harmony with their philosophy and find ways to excuse their evil. This is evident in religions around the world; the Pope who blessed the soldiers that Mussolini sent into Ethiopia to slaughter Africans for their land and Columbus to perform genocide on the Native Americans and Indians on the Caribbean Islands, Israel taking Palestinian land and placing people in refugee camps because God says it's their land etc. African religion is no exception, and it is possible if one goes looking to find unethical and unsavoury behaviour. However, it is important to understand that making a connection between bad-medicine and African traditional healing is the exception to the rule, especially since the employment of a traditional healer is not always necessary.

Discourses about the impact of colonialism in Africa are clouded by a mixture of 'fortune' and 'agony'. Some scholars like Nyamiti (1984:68), are of the opinion that the process of modernization in Africa is intrinsically connected with foreign intervention particularly in areas of health and democracy. He argued that the period between 1840 and 1860 marked a significant and rapid innovation in tropical medicine, particularly, the invention of quinine to stem the scourge of malaria in the most endemic region of the world like the West African Nigeria. From this point of view, the institutionalization of the modern health care system can, therefore, be seen as one of the many 'legacies' of Western encroachment in Africa.

On the contrary, there are those who believe that Western invasion is a set-back in the process of development in Africa see Achebe, (1958); Afisi, (2009); Offiong, (1980); Rodney, (1972). This Afrocentric attitude is made manifest particularly in the 'modes of knowledge production'. These scholars mention slavery, capitalism, colonialism and imperialism, neo-colonialism and all forms of dominations and exploitations that are embedded in these epochs as major stumbling-blocks in the actualization of indigenous African development especially in areas of African Traditional Medicine.

Similarly, while some critics of colonialism have focused on the economic and political impacts, others have shifted attention to the impact of colonialism on indigenous herbal knowledge system; such views underscore the negative impact of colonialism on indigenous medicine. It is explained that the introduction of Western medicine and culture gave rise to 'cultural-ideological

clash' which had hitherto created an unequal power-relation that practically undermined and stigmatized the traditional health care system in Africa because of the over-riding power of the Western medicine. According to Hassim (1996:2)

...a century of colonialism and cultural imperialism have held back the development of African traditional health care in general and medicines in particular. During several centuries of conquest and invasion, European systems of medicine were introduced by colonisers. Pre-existing African systems were stigmatised and marginalised. Indigenous knowledge systems were denied the chance to systematize and develop.

The suppression of African Traditional Medicine continued in most African countries even after independence. Indeed, local efforts were initiated to challenge the condemnation and stigmatisation of African Traditional Medicine in some African communities during and after colonialism. Adejoh, (1971:6) reported that the first protest against the marginalization of African Traditional Medicine in Nigeria is dated back to 1922 when a group of native healers insisted that their medicine be legally recognized.

Smith (2008:33), noted that concerted efforts have been made to recognise African Traditional Medicine as important aspect of health care delivery system in Africa. For instance, in Nigeria, the Federal Government through the Ministry of Health encouraged and authorized the University of Ibadan in 1966 to conduct research into the medicinal properties of local herbs with a view to standardising and regulating African Traditional Medicine (WHO, 2001). In 1980s, policies were put in place to accredit and register native healers and regulate their practice. In 1981, the National Council on Health (NCH) unanimously approved the establishment of a National Traditional Healers' Board at the Federal level involving representatives of the Federal and State governments which was to be duplicated at the State levels. Under the present health care reform of the Federal Government of Nigeria, African Traditional Medicine is purportedly recognized as an important component of health care delivery system especially at the primary care level (Federal Ministry of Health (FMoH), 2004).

The Federal Government of Nigeria has established the Nigeria Natural Medicine Development Agency (NNMDA) to study, collate, document, develop, preserve and promote Nigerian traditional medicinal products and practices and

to also fast-track the integration of the African Traditional Medicine into the mainstream of modern health care system in line with happenings in China and India. However, the lingering mutual distrust between white and traditional medicine practitioners in Africa has continuously hampered and thwarted the process of integration and cooperation between traditional and modern medicines as well as the difficulties in regulating traditional medical practice, Magesa, (1997:33). On the whole, Western-trained physicians appear unwilling to allow African Traditional Medicine and their practitioners to be included in the official system of medical care in Africa. For instance, Abodunri (2008) found out that Nigerian medical students have reservation for the integration of African Traditional Medicine into the mainstream of health care provision in the country. This is an indication that not much is being done in medical schools to encourage the teaching of African Traditional Medicine as they keep unfolding in some parts of the world. According to Mrs. Faith Ibekwe (Phone conversation, July 21, 2016) of school of Nursing Abakeleke, Ebonyi State and Nwachukwu Lilian of Sunderland University, London (Phone conversation, July 21, 2016), African Traditional Medicine has never been treated as a course in the nursing school, mention is only made often in line of criticism.

African Gods as Potent Forces in the Efficacy of Traditional Medicine

The celebrated potency of African traditional medicine lacks impetus without the role of God(s) who are often consulted for inspiration to get a cure for particular ailment. African traditional physicians are often priests, or high priestesses, or belong to a guild-like society hidden within tribal boundaries, completely secret to the outside world. In African communities, even obtaining an education in African Traditional Medicine may require becoming an initiate of one of these societies.

Diviners treat illnesses primarily through facilitating the direct intervention of the spiritual world Obinna (2012:142). If an illness is believed to be caused by inappropriate behaviour on the part of the patient, a remedy or cure for the illness can only come through spiritual intervention. Whilst herbal healers use plants to treat diseases, diviners seek input from the spiritual world to understand the cause of the illness and prescribe a cure.

The role of a traditional healer is broader in some respects than that of a contemporary medical doctor. The traditional healer advises their clients in all aspects of life, including physical, psychological, spiritual, moral, and sometimes legal matters. They also understand the significance of ancestral spirits and the concept of witches. As some medicine men attach the practice of their medicine to a tutelary spirit and magic, they are sometimes shunned by Christians. The fact is that many of the types of medicine prescribed by African traditional healers, especially the herbal practitioners, have nothing to do with mystical powers.

The high priests interpret the factors surrounding a patient's misalignment by means of their connection to the various oracles of the religion. These reveal themselves through divinatory activity of the priests and an elaborate corpus of oral tradition that interprets the divinatory symbols as analysed by Ugwu (1999:48). The world view of the African priests involves training and discipline to interpret events that are indicative of the nature of the patient's ailment internally with their own conscious and unrecognized issues, as well as with a variety of external forces and beings which inhabit our realm and require the inner version of the priests to interpret.

The history of medicine cannot be traced without Egypt. Egyptian history of medicine seems like a quagmire that relative new-comers to the medical field would have the audacity to present traditional medicine as primitive. However, it is a fact that during colonial rule traditional healers were viewed as pagan superstitious heathens using unscientific methods; and, in an effort to control went so far as to send diviners and healers to camps to be "re-educated" as well as declaring the sale of herbal medicines illegal. In addition, despite their ability to tend to the basic health needs of the people, traditional healers were largely ignored and attempts were made to discredit them, since Healers are more likely to call on the supernatural realm in times of conflict and war. The hypocrisy is even more evident when it is understood that today the herbal trade market in Durban alone is said to attract between 700,000 and 900,000 traders a year. Another example is the 2,000 metric tons in Cameroon and another 600 tons from Ijebu-Ode here in Nigeria. Africans have a proven history of treating illness and many of the ancient remedies remain in use today, although the active component in many cases is now produced synthetically.

It is easy to understand African cynicism and suspicion towards western medicine philosophy when one understands the history of colonialism. Couple this with the multitude of western doctors who have intentionally (and factually) caused harm and gone unpunished to countless African families. To name a few; the Bulgarian doctors who intentionally infected 100's of Libyan children with H.I.V, Werner Bezwoda who conducted experiments using very high doses of chemotherapy on unsuspecting South African breast cancer patients, Richard McGown who in Zimbabwe killed at least 7 infant patients with lethal doses of morphine, "Dr." Michael Swango who is suspected of causing the deaths of over 60 Africans with lethal doses of potassium and finally Wouter Basson, a former head of Project Coast (South Africa's chemical and biological weapons unit under Apartheid) who was charged with killing hundreds of Africans via injected poisons but was never convicted. In Nigeria countless cases of forgotten instruments in different parts of the body by medical doctors abound. It should also be noted, that during the trial of Basson, at which his lieutenants testified to the medical crimes conducted against African people, it was also reported that one of their chief goals was to find ways to selectively and secretly sterilize Africans. Abodunrin, (2008:55).

There appears a clash in methodology and world-view when studying the differences between traditional African healing vs. Western methods (metaphysical vs. crisis intervention). Well educated traditional healers are the preferred option for African patients because of their shared belief systems, and because they offer personalized information, counselling and treatment based on an understanding of their environment. Yet even today, medical apartheid rears its head as traditional healers are rarely included in key decision making, action agendas and community program discussions held by colonizers. Not only is this behaviour arrogant, but the continued failure to engage manifests the image of the west as aggressive and perpetuates the view that the goal of colonialism is to erase indigenous peoples thoughts and perceptions of their own culture. Surely the West has many useful medical advancement, that Africans can learn from, but their current overpowering role makes reciprocity nearly impossible. Traditional healers have a crucial role to play in the continued growth of the health system on the Continent, the only acceptable solution to this conundrum is African agency.

A divergence of the attitude towards faith healing in 21st century has taken place. According to scientific medicine, rigidly conceived, all illness often including mental disorder is a result of physiological malfunctioning; in this scheme of things, faith healing including results of African Traditional Medicine has a credible role as observed by Odebiyi (1990:27). The belief in the therapeutic supremacy of the god(s) is made manifest in the day to day activities of traditional healers. Today, people have globally, developed unique indigenous healing traditions adapted and defined by their culture, beliefs and environment, which satisfied the health needs of their communities over centuries. Shaw (2008:12) mentioned that herbal drugs are now being packaged for export and used by people of all nations.

African Traditional Medicine has also been integrated into some countries' national health care systems to encourage the development of national policy and regulations as essential indicators of the level of integration of such medicine within a national health care system. **National Agency for Food and Drug Administration and Control (NAFDAC)** have already established African Traditional Medicine registration processes in Nigeria.

At the other extreme, scholars like Offiong (2008:91) opined that some practitioners of faith healing believe that the genesis of all diseases lies in the disorder of the mind or spirit realms in which faith healers see themselves as uniquely effective. Two quite different manifestations of healing attitude are presented by science and traditional faith healing sects. The former holds that the origin of all evil, including physical illness, is in the minds, ignorance of true reality, (which can be scientifically diagnosed) whereas the latter regard illness as caused by demons or evil ancestral spirits and practice healing techniques through which the divine spirit is believed to triumph over the evil spirit. This dualistic believe in the causes of illness still hold true till date.

A number of factors have been identified as responsible for the widespread use of Traditional Medicine and the sudden concern for assessing and evaluating the effectiveness of the medicine across the world. Research has shown that a number of traditional medicines are important and effective therapeutic regimens in the management of a wide spectrum of diseases, some of which may not be effectively managed using Western medicines. In Nigeria, effective medicinal plants in management of various diseases have been documented by

various researchers. In the words of Omololu (Oral conversation, August 15, 2016), among the Ijebu Remos, some insects, when combined with other ingredients, can be used for spiritual protection, preparation of love medicine, management of the eye and ear problems, as well as prevention and control of convulsion in children. In the same vein, arthropods are reportedly used to cure thunderbolt, child delivery, bedwetting, yellow fever, and a host of many other ailments that cannot be treated using Western medicines and therapy.

Furthermore, inadequate accessibility to modern medicines and drugs to treat and manage diseases in middle and low income countries in Africa, may have contributed to the widespread use of African Traditional Medicine in these regions especially in poor households. In a recent study by the World Health Organisation and Health Action International (HAI) in 36 low and middle-income African countries, drugs were reportedly way beyond the reach of large sections of the populations. Therefore, the widespread use of African Traditional Medicine in Africa can be attributed to its accessibility. For instance, the ratio of traditional healers to the population in Africa is 1: 500 compared to 1:40 000 medical doctors. Indeed, majority of medical doctors available in Africa are concentrated in urban areas and cities at the expense of rural areas. Therefore, for millions of people in rural areas, native healers remain their health providers.

African Traditional Medicine provides an avenue through which cultural heritages are preserved and respected. Indeed, African Traditional Medicine practice is in line with the socio-cultural and environmental conditions of the people who use it in Africa Owumi, (2002:88). African Traditional Medicine is sought by Africans for health conditions that had failed to respond to initial treatment, health conditions stigmatised at communities of origin and health conditions thought to have resulted from supernatural causes. The use of African Traditional Medicine can be attributed to safety, acceptability, affordability, compatibility and suitability for the treatment of various diseases particularly chronic ones.

In developed countries, on the other hand, factors responsible for the widespread use of African Traditional Medicine are beyond accessibility, affordability and cultural compatibility. According to the World Health Organization (2002) anxiety about the adverse effects of chemical drugs, improved access to health information, changing values and reduced tolerance of paternalism are

some of the factors responsible for the growing demand for African Traditional Medicine in developed countries.

Similarly, increase in reported cases of chronic diseases especially in developed countries has been attributed to the growing use of African Traditional Medicine. Although modern treatments are widely available to deal with these ailments, some patients are convinced that they have not provided satisfactory result, hence, the need for alternative or complementary measures. There is a widespread use of African Traditional Medicine among people with chronic illnesses in developed countries. It appears that people with chronic illness comfortably reconcile the potential benefits of remedies and practices whose foundations derive from radically different worldviews and understandings of human health and illness processes.

Following the growing demand for African Traditional Medicine and the contributions of the medicine to the overall health delivery system particularly in Africa, some authors have suggested that traditional medical system be integrated into the mainstream of health care services to improve accessibility to health care (Obute, 2005; Odebiyi, 1990; Okigbo and Mmeka, 2006). For example, Obute (2005) asserts that “like all peoples of the world the south-eastern Nigerians have their rich traditional medicine that should be properly organized and formally integrated into the regular healthcare delivery system”. This, according to Odebiyi (1990: 341), would improve health care in two folds: enhancement of quality of care and supply of low-cost primary health care. In the same vein, the resolution made at the Regional Committee for Africa, in 2000, recognized the potential of African Traditional Medicine for the achievement of universal health coverage in the African Region and suggested accelerated development of local production (WHO, 2002), consequently, the publication of methodologies on research and evaluation of traditional medicine by the World Health Organization (WHO, 2000b) and “guidelines for assessing the quality of herbal medicines with reference to contaminants and residues” (WHO, 2007) were to ensure that people have adequate access to the kinds of information required for effective use of African Traditional Medicine and appropriate methodology to be adopted.

There are certain problems and challenges to be overcome in order to fully achieve the objective of regulation, standardization and integration of African Traditional Medicine in Africa. First and foremost, the ethnocentric and

medicocentric tendencies of the Western hegemonic mentality that are usually paraded by most stakeholders in modern medicine remains a very serious challenge. It is a general belief in medical circle that African Traditional Medicine defies scientific procedures in terms of objectivity, measurement, codification and classification. Even then, there are indications that the physical aspects of African Traditional Medicine (i.e. the physical ingredients) can be scientifically studied and analysed. In Yoruba culture, for instance, African Traditional Medicine comprises the physical and spiritual realms. While the physical aspects can be subjected to scientific analysis using the conventional scientific methods of investigation, the spiritual realm may not. The biggest challenge therefore, is how to scientifically analyse the spiritual aspect of Yoruba African Traditional Medicine e.g. *ofò* (incantation). Again, if integrated, who provides training to medical doctors on the ontology, epistemology and the efficacies of African Traditional Medicine given the ethnocentric tendencies in modern medicine? That is, who determines the efficacy and effectiveness of African Traditional Medicine given the inherent epistemological and ideological characteristic differences of both medicines? It is part of these difficulties that some scholars suggest that both African Traditional Medicine and cosmopolitan medicine be allowed to operate, develop and flourish independent of one another. The western people did not develop their medical aspect in order to integrate it with anyone else. Theirs was to first make themselves and later the rest of the world live a healthy life. From this point of view, if African Traditional Medicine is co-opted into the modern medicine, it would further justify and promote the “supremacy” or “superiority” of the cosmopolitan medicine thereby jeopardising the identity and integrity of African Traditional Medicine in Africa.

Another fundamental challenge to African Traditional Medicine is the widespread reported cases of fake healers and healing, though, this is not limited to African Traditional Medicine practice only. Since the proficient healers could be rendering beneficial services to a large population, it might be a common place to encounter quacks among the practitioners. In the same vein, it must be noted 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.

Modern Africans believe that it is their prerogative to be healthy and enjoy life, thus sickness and disease of any form is believed to be caused by the gods who

are meant to be protectors of man or who to some are the cause of evil in the society. Disease is primarily understood as a disorder or misalignment of the internal or external milieu of the patient. Part of the role of the physician is to align the patient with the matrix of influences that will rebalance their particular disorder. Sometimes also, a disorder develops as a result of losing or ignoring a relationship with a matrix or influence.

Utilizing non familiar forms of diagnosis, such as divination and dream interpretation, in addition to traditional format of questioning, observation and touching, the African physician may use familiar techniques of dietary therapy, psychotherapy, surgery, and herbal medicine, but may also perform exorcisms, ritual, sacrifices and other procedures which seem more the province of priests than physicians Sofowora A. (1993:91).

Diagnosing Diseases in African Traditional Religion

Dime (1995:30–31) argues that the diagnosis of diseases in an African traditional healing system is a twofold event. Firstly, the organic or physical cause of the sickness has to be established by careful examination and questioning by the medicine man. Secondly, this is complementary to a divination of the spiritual or mystical cause for the illness.

Consulting the spirit world (divination):

They consult the 'spirit world' to identify the cause of the disease or to discover whether there was a violation of an established order from the side of the sick person. This is established through the use of cowry shells, throwing of bones on strips of leather or flat pieces of wood. The divining bones are not strictly all bones but comprise shells, money, seeds, dice, domino-like objects or even dominos themselves, and other objects that have been appointed by the gods and the spirit to represent certain polarities. Animal bones from lions, hyenas, ant-eaters, baboons, crocodiles, wild pigs, goats, antelopes and others form the large majority of the objects. There are bones for all psycho-socio-spiritual polarities. The bones represent all of the forces that affect any human being anywhere, whatever their culture Cumes (2014:11). In some African cultures, it is performed using sacred divination plates made of wood or performed on the ground, within a circle or the use of divination pots and slaughtering of animals Sarpong (2002:103). He further argued that:

Divination is a technology that is used to deliberately initiate a process of accessing and collecting information, through the use of randomly arranged symbols and then, using the brain's capacity for analogical thinking, making associations that are ordinarily inaccessible. It is therefore a transpersonal field of information to gain healing knowledge.

It is also viewed as a way to access information that is normally beyond the reach of the rational mind. Diviners base their knowledge on communication with the spiritual forces, such as the ancestors, spirits and deities (Olupona 2004:103–104). In view of this understanding, divination is, therefore, an integral part of an African traditional way of diagnosing diseases. Because of the revealing powers of divination, it is usually the first step in African traditional treatment and medicine Omonzejele (2008:122).

Interviews and medical reports: Some of the traditional healers in Kumasi, Ghana, confirmed that they do sometimes interview their patients in order to find out the history behind the sickness, where they have been for treatment, and how long the person has been in that situation. This approach informs them on how to handle the matter at hand. If the client is unable to speak, other family members speak on behalf of the sick person. Furthermore, some clients and practitioners of African tradition health care in Kumasi reported that some traditional healers do consider medical reports. Sometimes, after the healing process, they also advise their clients or patients to go for medical diagnoses to confirm that they are healed. These medical reports sometimes serve as a form of pride for the traditional healers and are a way of assuring other clients of their ability and credibility.

African traditionalists believe that there is only one Supreme God (Mbiti 1986:40–43). In spite of their view about God, they also believe in ancestral spirits, with the belief that they are all intertwined and are in constant relationship with living beings. These spirits demand worship and are said to possess supernatural powers with which they punish or reward their worshippers (Sarpong 2002:95–97). According to Mbiti, the African traditional view about God is influenced by factors such as geographical location, culture, language, social and political factors. He further states that the indigenous names of God are always present in the worldviews of African people and have been passed down through generations by oral tradition. In his conclusion, he emphasised that there is therefore, no place for atheism or denial of God's

existence in traditional African communities and that Africans are ontologically attached to God. In African traditional practitioners' understanding, God is for everyone everywhere (Mbiti 2012:6-15). However, God does his work through ancestral spirits and diviners (Chavunduka 1999). This implies that God is the healer but works through mediums such as spirits, herbs and deities with the assistance of diviners or traditional healers (Obinna 2012:135).

The Challenges of African Medicine in the 21st Century

Incurable diseases have forced Africans to reject their traditional belief. The outright condemnation of African traditional religion contributed a lot. People who inherited gifts from their parents have abandoned such because of Christian teaching. A good example is found among the Tiv of Nigeria. Among the Tiv people of Benue State, there is a group of bone setters to whom their ancestors bequeathed the act of bone setting. According to Shishima (1999:20) some people inherited or acquired the knowledge of relieving neck-stiffness, others making infants walk, curing spirit possession, giving an enemy sickness, or for seizing thieves in garden crops or targeting forest animals. This is to say that the knowledge of African herbalism is inherited and unarguable a patrimony of individual family, passing from generation to generation is a service of the whole community and beyond. Adults, who convert to other religions destroy these gifts.

The WHO estimates that more than 80% of African populations visit traditional healers for health reasons and that 40%-60% of these have some kind of mental illness, a fact collaborated by Achebe Achebe (1986:16). However, little is known about the profiles and outcome of this traditional approach to treatment (WHO:2003).

Adulteration:

Herbal medicines were considered safe by over half of the users. Safety of herbal medicines was erroneously attributed to their natural sources. This misconception was one of the reasons for using herbal medicines by pregnant women in Nigeria and other people in the developed countries which resulted in the negative. The fact that herbs are of natural origin does not automatically

guaranty their safety. Several cases have been reported of herbal medicine preparations or products being adulterated.

Combination of African Traditional Medicine and Orthodox medicines.

One of the limitations of the role of gods in 21st century is the concurrent use of orthodox and African Traditional Medicine. This has given birth to confusion on whether to attribute healing to orthodox or A.T.M.

Lack of formal Education

The levels of education of African Traditional Medicine users have been shown to significantly influence their use in Nigeria as observed by Oke (1995:18). Many users of African Traditional Medicine contrarily, see no significant association between herbal medicine use and users' level of education. The influence of relatives, friends and neighbours on health-care seeking preferences for herbal medicines has been reported globally in both adults and children as scribed by Owumi (2009:12). Nevertheless, these findings further corroborate the fact that knowledge of herbal medicines are handed down from parents, relatives and friends and may not necessarily require any formal education.

Civilization

The challenge to African Traditional Medicine is attributed mainly to colonialism and its accompanying attributes. Traditional medicine and healing has always been associated with witchcraft, hence viewed with negative and prerogative connotations. Mbiti (1976:23). This has been chiefly because of Eurocentric paradigms of Africa where the perjured interpretations of Africa have remained grafted on the mental processes and human aspirations of modern Africans thereby robbing them intellectual confidence and mental identities with regard to posterity. Unfortunately many traditional medicine practitioners have stretched this kind of thinking further through their immoral advertising strategies.

Diagnosis: It does not rely on accurate diagnosis.

Dosage: Sometimes neglects the importance of dosage.

Unhygienic: Often prepared in unhygienic conditions.

Secrecy: The knowledge of the medicine is not easily disseminated but kept by those who have it.

Dependence on Divination: Some of the practitioners depend on divination which makes it difficult for Christians to access their services (Gyasi, Mensah & Osei-Wusu Adjei 2001:4850).

Long before the advent of Western medicine, Africans had their own way of dealing with diseases and it worked for them. African traditional healers or diviners were intelligent enough to prescribe traditional solutions to diseases whether it had spiritual or physical causes with little or no side effect.

Before we conclude our discussion it is pertinent we look at one of the fruits that the God(s) has blessed us with.

Recommendations

In the face of very high unemployment status of the Nigerian community, the federal government should encourage the use of herbal medicine. It is estimated that the Annual revenues in Western Europe stood at US\$ 5 billion in 2003-2004, in China the revenue was estimated at US\$ 14 billion in 2005, and in Brazil it was US\$ 160 million in 2007. (WHO,2008).

The paying of allegiance to some benevolent spirits who often inspires providers of African Traditional Medicine to mix different herbs for positive result should not be discouraged by so called born twice Christians.

By and large African Traditional Medicine has short- as well as long-term potential to be developed as future trado-pharmaceutical to treat and manage panoply of infectious and chronic conditions. African countries depend on traditional medicine for primary health care. The WHO estimates that in many developed countries, 70% to 80% of the population has used some form of alternative or complementary medicine including, homeopathic, naturopathic, traditional oriental, and Native American Indian medicine. It is also recognised by the WHO that herbal medicines are the most popular form of traditional medicine, and are highly lucrative in the international medicine market.

Conclusion

The paper argues that traditional medical system inspired by the gods who are today despised, used to be the dominant health care system in Africa prior to the

period of colonialism. To some extent, colonialism, Western religion and education as well as globalisation phenomenon have negatively affected the perception about African Traditional Medicine in Africa, usually among the educated elites. This notwithstanding, the demand for and use of African Traditional Medicine have continued to grow not only in Africa but indeed the entire world. As with all things traditionally African, we must learn from the past, build on it and carry it forward for continued growth. Keeping in mind that with the introduction of commerce in the form of paper money, many of these traditions have been corrupted and there is no shortage of characters who will take advantage of believers by claiming to have the power to heal or fend off spiritual attacks. Recent studies in health care seeking behaviour, therefore, are increasingly coming to a realisation that traditional practitioners are important players in healing processes especially in developing countries.

Finally, the acceptance of Western religion, education, urbanisation and globalisation phenomena in Africa is affecting the use of African Traditional Medicine. This introduction of Western culture particularly into rural parts of Africa has had a tremendous negative impact on the role of the gods and their traditional medicine players. As Western education, Christianity and increased contact with the global community become an integral part of rural communities, taboos, traditions and customs have been affected and in some instances abandoned altogether. It is thus recommended that the black man should bear in mind that the white constantly seek ways to keep him mentally enslaved by recommending only what has her origin. We must all embrace what is good in African Medicine and reject what is bad.

References

- Abodunrin, F (2008). *Blackness: Culture, ideology and discourse*. Ibadan: Dokun Ltd.
- Achebe, Chinwe.(1986). *The World of the Ogbanje*. Enugu:Forth Dimention Pub.
- Adegbehingbe, O.O. (2008) **Clinical Effects of *Garcinia kola***. *Journal of Orthopedic Surgery Research*. Enugu: Orthopedic Publications
- Adejoh, R.G (1971), *Idoma Traditional attitude towards Disease*. Ibadan: University Press.

Cumes, D., (2014), *Divination bones*, viewed 13 January 2015, from http://davidcumes.com/Divining_Bones.html

Geertz, C (2004), *The Interpretation of Culture*. New York : Basic books

Hassim, S,B (2008) **Cytotoxicity and Biological activity of selected Sudanese Medicinal Plants. South Sudan Research Journal of Medicinal Plant.**

Magesa, L., (1997), *African religion: The moral traditions of abundant life*, Orbis Books, Maryknoll, NY.

Mbiti,J.S (1976).*The Prayers of African Religion*. New York; Orbis Books.

Metuh E.I., (1998) *Igbo World-view: A premise for Christian/Traditional religion Dialogue*. Jos: SAMS

Nyamiti, C., (1984), *Christ as our ancestor: Christology from an African perspective*, Mambo Press, Gweru.

Obinna, E., (2012), 'Life is a superior to wealth?: Indigenous healers in an African community, Amariri, Nigeria', in A. Afe, E. Chitando & B. Bateye (eds.), *African traditions in the study of religion in Africa*. pp. 137-139, Farnham, Ashgate.

Obute, C. (2005) '*Ethnomedicinal Plant Resources of South Eastern Nigeria*'.. (accessed from <http://www.siu.edu/~ebl/leaflets/-obute.htm>. on the 18th September, 2015)

Odebiyi A I. (1990). *Western Trained Nurses Assessment of the Different Categories of Traditional Healers in South Western Nigeria* International. *Journal of Nursing Studies*.

Offiong D A. (1980).*Imperialism and Dependency: Obstacles to African Development* Enugu: Fourth Dimension Publishers.

Oke EA. (1995) *Traditional Health Services: An Investigation of Providers and the Level and Pattern of Utilization among the Yoruba*: Ibadan: Sociological Series.

- Omoregbe, J. (1988). *History of Western Philosophy* Vol. 1. Lagos: Joja Educational Publication.
- Owumi, B. E. (2009). *The place of Traditional Medicine in Primary Healthcare in Nigeria: State of Arts*. Ibadan: Department of Sociology Press.
- Parrinder E.G. (1961) *West African Religion: A Study of the Beliefs and Practices of Akan, Ewe, Yoruba, Ibo, and Kindred Peoples*. London: Gerald's Press.
- Rodney W. (1972) *How Europe Underdeveloped Africa*. London: Bogle-L'Ouverture Publications.
- Sarpong, K.P., (2002), *People differ: An approach to inculturation in evangelism*, Accra: Sub-Sahara Publishers.
- Shaw, T. (2008). *Nigeria, Its Archaeology and Medicine and early History*. London: Thames and Hudson.
- Shishima, S.D (2005) *Lecture Notes*. Department of Religion and Philosophy, Benue State University, Makurdi.
- Smith E.W. (2008). *African Ideas of God*. London: Municipal Press.
- Sofowora A. (1993). *Medicinal Plants and Traditional Medicine in Africa*. Ibadan, Nigeria: Spectrum Books Ltd; 1993.
- Ugwu C.O.T. (1999) *Man and his religion in contemporary society*. Nsukka: Chukka
- WHO (2000), author. *General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine*. Geneva: World Health Organisation.