

Review Article

Culture and the Development of Traditional Medicine in Africa

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A B S T R A C T

Traditional medicine has been the dominant healthcare system in Africa before westernization, civilization and colonialism. For people living in the rural areas, traditional medicine is easily available, accessible and affordable. The purpose of this paper is to examine how the cultural way of the life of Africans has contributed to the emergence and development of traditional therapeutic systems in the continent. By explaining the way Africans perceive illness and disease, this paper argues that various forms of healing were predicated on the socio-cultural environment of the people. The paper therefore opts for concerted efforts in the development of traditional medicine in Africa through policy formulation and implementation. Also, due to its economic and socio-cultural importance, the area of traditional medicine should be explored through scientific research.

Keywords: Traditional medicine, Healthcare, Africa, Rural

Introduction

Various cultures in Africa have developed their own medical systems even before the advent of colonialism and the introduction of western medicine. Every village had a "health practitioner" who was accessible and a friend of the community (Samuel et al., 2015). One of the major features of traditional medicine in Africa is the attribution of illness to supernatural causation. A second feature is the use of herbs and animal parts for medical preparations, the knowledge of which was handed down from generation to generation.

It is important to note that the health needs of the African population was maintained by traditional health practitioners and they included specialists like herbalists, diviners, bone setters, midwives oracle men and magic healers (Akawak, Raghavendra and Messay, 2015). Africans believe that good and bad health are culturally

constructed requiring different treatment strategies. The traditional practitioners were highly ubiquitous and the services rendered were in tandem with the socio-economic conditions of the people as it is with other parts of the developing world. For instance, Ohemu et al (2017) observed that the Fulani people of Nigeria believed that bone setting is better done by traditional bone setters and cheaper than hospitals. Similarly, Ahmed, Muhammedawel and Ashebir (2016) reported that among the Jara of East Ethiopia, disease, illness and misfortunes are attributed to witchcraft requiring a witch doctor.

Africans believed that germs do not cause disease because if that is the case, all life on earth would have been exterminated (Moshen and Masoumeh, 2014; Abdullahi, 2011). The causes of diseases are mainly due to the transgression of natural laws which are constantly violated in ignorance and sometimes deliberately. A typical

traditional African believes that there is inherent ontological harmony in the created universe and any attempt to disturb the harmony, leads to a diseased state. The attempt could be human or non-human, hence, a disease could be physical or metaphysical, that is why sorcery, breach of taboo, spirit intrusion, diseased objects, ghosts of the dead and acts of the gods were believed to be some of the factors that can cause diseases and illnesses (Osborne, 2007).

Based on a review of literature, this paper will examine the emergence of therapeutic systems based on the African cultural systems. The paper will discuss how traditional Africans perceived disease and illness behavior and how this influenced treatment outcomes.

Conceptualizations of Disease, Illness and Illness Behaviour among Africans

Various scholars have explained the concept of disease differently. Foster and Anderson (1978) premised disease causes on three theories. These are personality factors which often base disease causation on malicious agents such as sorcerers, witches, ghosts or ancestral spirits; naturalistic factors which link disease causes to organisms such as bacteria, viruses, fungi, parasites, accidents or toxic materials; and emotional factors that assume that emotional experiences such as the death of a loved one can cause a disease. Feerman(2002) argued that disease is caused by a functional disturbance where harmony is replaced by contradiction and cooperation by discordance. We can therefore say that a disease is indicated by certain abnormal signs and symptoms which can be observed, measured, recorded, classified and analyzed according to clinical standards of what is normal.

Illness, on the other hand, is indicated by personal feelings of pain and discomfort and may lead to behavioural changes (Erinosho, 2012). These changes are rooted within a social context. Illnesses are socially defined and treatments are designed within the sociocultural context for their management (Bamidele, Adebimpe and Oladele, 2009). Africans believed that there are three groups of illness. First, there are everyday complaints that can be treated by home remedies. Second, is disease that responds to western scientific therapy and finally those not likely to be understood or treated successfully by western medicine. People response to illness varies and this is influenced by age and social status. The aged might perceive ailment at old age as normal in the same way as mild ill-health is accepted as a normal part of life even when it has biological underpinnings and consequently not induced illness behaviour amongst many groups of people in society (Afisi, 2009; Owumi, 1996).

Within African health systems, identification of diseases and treatments is shaped by the makeup of the physical environment, social class, the beliefs that people hold

about diseases and cures that are inherited from past generations and a cultural continuity that has survived within each generation (Birhan, Giday and Teklehaymanot, 2011). The African traditional society is premised on the interrelationship between the living and the nonliving, natural and supernatural elements and the material and the immaterial. There is the cultural belief that deceased individuals transform into invisible ancestral spirits and involve themselves in all aspects of life, including assisting individuals in obtaining good fortune, assisting with interpersonal relationships, promoting good health and preventing illness (Bojuwoye, 2005).

According to Chitindinguet al (2014), some cases of sickness in many non-western societies are attributed to sorcery, others to the actions of spirits, still others to the malfunctioning of organs in purely physiological sense. Each of these indigenously defined causes can also result in disturbances other than sickness. Sorcery might result in loss of business. Spirit possession can lead to law breaking and police arrest. The cures are equally diverse, including exorcism, hospital visits, penicillin injections, ritual purification, magical counterattack, then administration of herbal medicines and others (Agbor and Naidoo, 2016).

Jegede (2010) observed that among the Yoruba of Western Nigeria, illness can be traced to enemies (ota), witchcraft (aje), sorcery or wizard (oso), gods (orisa) and ancestors (ebora). Owumi (1989) In his study among the Urhobo of Southern Nigeria noted that illness causes could be traced to three basic factors which are natural, supernatural and mystical. The people of the Kalahari Desert also attribute diseases and health to Hishe (god). The Bantu of South Africa believe that supernatural entities can inflict pain or disease on individuals. Africans believe that diseases could come from the gods, spirits, deities and other supernatural entities such as wizards and witches. There is the widespread belief in spirits within and outside human social boundaries. These spirits inhabit trees, rivers, lakes, mountains and deserted places around habitation (Bhasin, 2007). There is the existence of gods or deities in most African societies who need to be appeased from time to time, whether at community or individual levels. Lack of appeasement bears severe consequences which could have implications for one's health.

Illness is not only a personal affair in African settings, it also arouses a wide variety of feelings in the sick person and in those close to him as they engage in a search for treatment, which becomes an immediate problem. As Dorai (2012) explained, a serious illness comes with the fear of death or disability leading to cooperative efforts both from family members and from health care providers.

Traditional Therapeutic System of Care in Africa

It has been noted earlier that environmental conditions influence therapeutic care in traditional African settings. There is a commonly held belief in some parts of Africa that the spirits of the ancestors protect their living descendants, who in return demand veneration and strict adherence to the moral laws of the land. Failure to abide by such laws could risk their anger leading to serious illness (Ekeopara and Ugoha, 2017). As reported by Okpako (2006), among the Urhobo of southern Nigeria, ancestor spirit veneration is the core of the traditional religion. Even an immoral act such as incest could trigger ancestor spirit anger and result in serious illness.

Due to the cultural belief of the African people, divination and incantation play a vital role in traditional African medicine. Divination simply refers to the consultation of an oracle to discover a hidden sin or contravention which could anger the spirit of ancestors (Bamidele, Adebimpe and Oladele, 2009). This practice is used to understand the nature of a particular illness or disease. If divination reveals ancestor spirit anger, rituals are carried out to appease the spirits so that the individual(s) concerned will be healed. However, before this can be done, confessions of the misdemeanour have been extracted from the sick patient. Confessions are believed to be therapeutic (Bello, 2006).

Incantation, on the other hand, is medical poetry. It refers to the rituals accompanying the use of herbal medicines (Ebomoyi, 2009). It involves a collection of carefully chosen words used to bring out the healing effect of the medicine. This procedure is an emotional therapy to assure the patient and their relatives that everything possible is being done in the cultural context to heal the sick person.

Another therapeutic care is the use of plants as curatives and palliatives for various ailments (Enwereji, 2008). The use of plants is dependent on geographical, sociological and economic factors that surpassed ethnic, national and political boundaries. The Indigenous African society had developed drugs and surgical skills for fighting ailments as well as trained specialists in the healing of various diseases and disorders of various complications before the arrival of the "white men" (Ibrahim, Kazeem and Mercy, 2011). In fact, medical technology in Africa developed before now to the stage of setting bones, trepanning, healing mental disorders and even conducting seemingly complicated operations like that of the caesarean section (Salim, Chin and Kinghorn, 2008; Izugbara, Etukudoh and Brown, 2005).

The use of drugless therapy was adopted in many parts of Africa for the treatment of ailments. One of such therapy is massage. Ubrurhe (2003) observed that the Izon, Urhobo, Isoko and Itsekiri ethnic groups of Nigeria whose environment does not permit the growth of many herbs, as an alternative, specialize in "massaging". This therapeutic

system was been employed for the treatment of ailments of the nervous, muscular and osseous systems as well as treating gynecological problems. In such societies, there was the presence of a trained masseur who is specialized in the physical manipulation of the muscles, joints and veins on the nude skin in a technical manner. In addition, massage treatment may be applied to relax the muscles and veins as well as to allow circulation of blood.

Furthermore, in traditional African societies there was the practice of hydrotherapy, which involves the use of cold, hot and steamed vapour baths. This therapy aids in increasing muscular tone and nerve force, improving nutrition and digestion; thereby increasing the activity of the respiratory glands. It also facilitates the elimination of broken down tissue cells and toxic matters and other noxious issues which impinge on the proper functioning of the body system (Oyelakin, 2009). Hydrotherapy was used for the treatment of different illnesses like fever, headache, rheumatism and general pains. It is surprising that this therapeutic method, which not only makes the skin capillaries to relax but also increases the activity of the sweat glands, was developed before advancement in medical practice (Heath, 2006).

In Africa, particularly Nigeria, cupping or blood-letting was widely adopted as a therapy. In northern Nigeria, this therapy has been regarded as an effective treatment for rheumatism as well as other morbid condition of the blood. Traditional medicine in Africa advanced to the stage that surgery could be performed to remove bullets and poisonous arrows from traditional wounded fighters (Garro, 2000). There were skilled medicine men who could operate on the belly to extricate noxious tissues which caused unnecessary disturbances and stitch the tissues together by application of pieces of calabash on the operated part while the sore gradually heals (Iwama, 2003). There were also traditional anesthetic drugs applied to the operated parts to relieve pains before the performance of the operation.

As Lambert et al (2011) reported, injuries resulting from burns are treated with herbal preparations, which produced a soothing effect. This involved the preparation of ointments from papaya juice which are applied by Ayurveda practitioners to produce a gradual removal of dead tissue. There are also traditional bone setters who performed bone setting without the use of X-rays. In such therapy, the traditional bone setter, uses his hands and fingers to feel and assess the type and extent of the damage to a broken bone. If there is a broken bone, the patient lie or sit down with the fractured bone lying flat. The fractured leg is dressed using herbs before planks or sticks are tied round the leg with string or the stem of a climbing plant. Throughout the treatment, the patient is required to keep the leg stationary (Labhardt, 2010).

There are also traditional medical practitioners who are good psychotherapists, proficient in faith healing (spiritual healing), occultism, circumcision of the male and female, tribal marks, treatment of snake bites, treatment of whitlow, cutting the umbilical cord, piercing ear lobes, extracting a carious tooth, abdominal surgery, preventive medicine and so on (Uzobo, Olomu and Ayinmoro, 2014). A caesarean section was reported among the Banyero people of Uganda in which the patient was first narcotized with herbal preparations. The bleeding vessels were cauterized with red-hot iron rods. Blood was then drained from the abdominal cavity before the uterus was cut open and the baby and placenta carefully removed. This incision in the uterus was then sutured using iron spikes to which strings made from the bark of a tree were attached. The wound was then covered with herbal pastes, a hot banana leaf and finally a cloth bandage (Gyasi et al., 2011).

Categories of Traditional Healers in Africa

Prior to the introduction of cosmopolitan medicine, various traditional practitioners existed in Africa. The various categories of traditional healers known in traditional medicine are discussed below.

Herbalists

Herbalists use medicinal plants or parts known as herbs. This could include root, stem, leaves, stem or root bark, flowers, fruits or seeds. They also use animals or animal parts such as snails, snakes, chameleons, tortoises, lizards, insects, bees or black ants (Abdullahi, 2011). Herbs were the first medicines used by early man (Matheka and Demaio, 2013). They are, therefore, part of every cultural tradition and have helped the development and growth of traditional medicine in Africa.

Traditional Birth Attendants

A Traditional birth attendant is “a person who assists the mother at childbirth and who initially acquired her skills delivering babies by herself or by working with other birth attendants” (WHO, 2008). In most parts of Africa, this is a duty performed mainly by females. In Nigeria, between 60-85 percent of births delivered in the country and especially in the rural communities are performed by traditional birth attendants. These birth attendants even provide pre-natal and post-natal care, manage simple maternal and babyhood illnesses, thereby combining the role of modern-day midwives. In modern medicine, traditional birth attendants have been trained to assist at primary healthcare level due to their experience and exposure (Owumi and Joseph, 2013). This leads to improvement in maternal child mortality and morbidity.

Traditional Surgeon

It is interesting to note that surgery had already been done several times in traditional African society by trained

specialists. They were traditional surgeons who usually cut tribal marks on the cheeks and bellies and rubbed herbal products on the bleeding marks to effect healing (Sangaré et al., 2012). Also, traditional surgeons carried out simple surgical operations with special knives and scissors. They even cut open and treated diseased toes or fingers, pierced ear lobes and removed and treated infected tooth that caused discomfort with herbal medicines (Ogah and Ocheni, 2014).

Bone Setters

Traditional bone setters are knowledgeable in the art and skill of setting broken bones, using their skill to see that bones unite and heal properly (Dada, Yinusa and Giwa, 2011). Fractures resulting from motor accidents or falls from trees are set or united properly to prevent any deformity. Plant extracts such as banana leaves are commonly used to stop bleeding while wooden splints made from bamboo plants are used to immobilize the fractures using fresh or dry banana stem fibre to serve as bandage. Something interesting occurs during the medical procedure. There is the selection of a chicken whose leg would be broken and re-set. The deformity or fracture on the chicken's leg is treated alongside that of the patient using the same procedure at the same time. This helps determine the time the patient's fracture would heal (Agbor and Naidoo, 2016). It is also interesting to note that traditional bone setters often successfully work on deteriorated gangrenous limbs that may lead to amputation (Dada, 2011). In fact, there are times when patients withdrawn from the hospital are referred to traditional bone setters for treatment.

Traditional Psychiatrists

These are individuals specialized in the treatment and management of those with mental disorders. People with chronic mental illness are usually restrained from going violent by chaining them with iron or other means. Others are beaten to submission and given highly sedative herbal portions to calm them. Such treatment and rehabilitation usually take long periods of time (Agbor and Naidoo, 2016).

Practitioners of Therapeutic Occultism

These traditional specialists include diviners or fortune tellers, seers, alfas and priests who use mysterious forces, incantations and rituals for the diagnosis and treatment of various diseases (Diouf, 2013; Mhame, 2010). The community holds such ones in high esteem because of their ability to deal with the supernatural. Their activities include making prayers, citing and singing of incantations, making invocations and preparing fetish materials to appease unknown gods to cure diseases which are caused by supernatural forces. Sometimes, when orthodox medicine fails, they usually come into the picture (Truter, 2007). Specialists in therapeutic occultism believe so much in

the use of plants because of the belief that large trees usually house spirits and have occultic powers which can be effectively utilized by these practitioners for the good of all.

Development of Traditional Medicine in Africa

Traditional therapeutic system of care has been noted in modern Africa despite cases of its adverse effects (Wamber and Groleau, 2012; Okigbo and Mneka, 2006). Studies have shown that the first line of treatment for under five children with malaria is the use of herbal medicine (Abdullahi, 2011). Similarly, cases of neurological complaints have been discovered to be treated using traditional means (Carpenter, 2006). In one African country, about 70% of the population rely heavily on traditional medicine (Roberts, 2007). In South Africa, about 27 million use traditional medicine to treatment various diseases and illnesses (Lekotjolo, 2009; Mander, et al. 2007). In some cases, traditional medicine is used simultaneously with western medicine. As Amira and Okubadejo (2007) reported, a significant number of hypertensive patients also utilized herbal products for treatment.

Traditional medicine has received wide acceptability due to its contribution to healthcare delivery in Africa and other parts of the world. That is why the World Health Organization has recognized its importance in disease prevention, management and treatment of non-communicable diseases as well as mental and gerontological health problems (WHO, 2008). It has also been reported that traditional medicine has been proved to be effective in the treatment of chronic health issues (Akpomuvie, 2011). Even in the western world, traditional medicine is included in the curriculum of medical schools (Abdullahi, 2011).

Studies have shown that a number of traditional medicines are important and effective therapeutic procedures in the management of diseases some of which may not be effectively managed using orthodox medicines. Mander et al (2007) noted that among South Africans "traditional medicine is thought to be desirable and necessary for treating a range of health problems that Western medicine does not treat adequately". Notable scholars in Nigeria have also reported effective medicinal plants in management of various diseases have been documented (Ogunshe et al. 2008; Weintritt, 2007). Among the Ijebus of Nigeria, some insects can be used for spiritual protection, love medicine preparation, management of ear and eye problems, as well as control of child convulsion (Aiyeola and Bello, 2006). Specifically, some plants have been reported for use in curing thunderbolt (magun), child delivery, bedwetting, yellow fever and other ailments that cannot be treated using western medicine (Banjo and Lawal, 2007).

The widespread use of traditional medicine in Africa is because it is easily accessible. For instance, Cameron et

al (2008) reported that drugs were beyond the reach of large sections of the population of 36 low and middle-income countries leading to reliance traditional medicine. Another reason is that a majority of medical doctors are concentrated in the urban areas while few in the rural areas. For the latter, native healers remain the primary health provider.

The Traditional system of care is of vital importance in Africa because it preserves the cultural heritage of the African people. It is based on the socio-cultural condition of the people (Ansari and Inamda, 2010; Owumi, 2002). Research reveals that the utilization of traditional therapeutic procedures can be attributed to its safety, acceptability, affordability, compatibility and suitability for the treatment of various diseases particularly chronic ones.

Conclusion

This paper has examined the role of culture in the utilization of traditional healthcare. The paper argued that traditional medicine had been the mainstay in Africa before the westernization, civilization and colonialism of Africa took place. In contemporary African societies, traditional medicine is still utilized among many. Traditional therapeutic systems will not go into extinction in Africa because of their bright prospects. Moreover, studies show that traditional healers serve as a good referral point to modern health care system. Therefore, there is a need for the governments to engage in efforts in the development of herbal medicine, training of traditional medicine practitioners and formulation of policies for the regulation and standardization of traditional medicine. This will help checkmate charlatans in the practice of traditional medicine. The area of traditional medicine should be explored and researched due to its economic and socio-cultural importance.

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