

African Traditional Religion and Medicine in Contemporary Times

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Abstract

This paper examines traditional religion and medicine in Africa. Little credence is given to quality healthcare through traditional medicine in Africa and Nigeria to be precise. Every nation is saddled with the responsibility of ensuring quality healthcare delivery for its citizens. Regrettably, as a result of inconsistency in policy, misplacement of priority and corruption, healthcare indices in Nigeria and Africa generally are among the worst globally. Preventable diseases like malaria, diarrhoea, measles, typhoid, tuberculosis, diabetes and hypertension, among others, often lead to avoidable death. These are diseases which traditional medicine had been effectively providing remedies and cure for from time immemorial to the present period but this system has been neglected by the government. This is the problem that this study is meant to bring to the fore and thus be solved by proving ways in which traditional medicine can positively impact Nigerian society and Africa at large. Adopting the phenomenological, historical-analytic and direct observation methods, the article covers the use of herbs for healing purposes, medicine men and traditional practice in Africa, aspects of traditional medicine practised in Africa, divination, medicine and healing, medicine and taboo, and traditional medicine in modern society.

Keywords: ATR, Traditional medicine, Quality healthcare, Diseases, Epie-Atissa.

Introduction

Generally, medicine is the study and treatment of diseases and injuries. It can be in substance in liquid or tablet that can be swallowed or inserted

into the body to cure an illness (Omoera, Awosola, Okhakhu & Eregare, 2011). It can also be in form of other objects and processes for the treatment of ailments. Regarding the Native Americans, *The Webster New Twentieth Century Dictionary* defines medicine to mean any object, spell or rite that is supposed to have natural or supernatural powers as a remedy, preventive and curative. Medicine is any substance that is prepared and taken by a sick person for the alleviation of a health condition or the restoration of health (Aluede & Omoera, 2009a; 2009b; Adeg, Kachii & Yokos, 2020). Traditional medicine or *Ibiazi* as it is called by the Epie-Atissa people in Yenagoa Local Government Area of Bayelsa State is a cardinal aspect of religion in African traditional societies. This is the paradigm of medicine this study focuses on in its analysis. It has different approaches such as the use of ritual, herbs and other medicinal substances. And in practice, it covers both natural healing agencies such as leaves and roots; and the invocation of ritual or spiritual influences that are thought to be associated with them (Parrinder 1969, p.156). The practice of traditional medicine in Africa is mainly to heal or cure diseases or change the condition of the person desirous of it.

Against this background, medicine in the general African worldview includes everything that can be used to heal, kill, possess power, enhance health, fertility, and personality, maintain order or cause disorder. That is, medicine consists of both drugs for curing and preventing diseases as well as objects with ritual effects. Ikenga-Metuh (1985, p162) also intellectualizes medicine within the framework of the conceptualization of the subject and vocation as he says "generally the practice of medicine include herbal as well as psychotherapeutic and spiritual techniques, herbal mixtures ritual objects, incantations and rites capable of changing the human condition for better, or for worse." The practice of medicine in Africa is an inseparable aspect of religion and traditional knowledge, which, somehow is not within ordinary human sight. This is in consonance with Onunwa's suggestion that knowledge of traditional medicine is covered in the mystery of religion (Onunwa 1990, p.81). It involves not only leaves and roots and their likes but also extends to magic and spiritual influence. This assertion is in line with the suggestion of Malachy Okueze (2004, p.15) when he says, "in Igboland when a man has malaria, it is not enough to explain it from the point of view of a mosquito bite when a man is sterile, a low sperm count explanation will never surface as an adequate answer. The causality of

sterility must be seen from the point of view of evil spirit whose activities must be checked."

Discussing the recent Covid-19 outbreak and its cure, Iyande (2021, p.133) submits that "in Yoruba environment, rituals, sacrifices, and offerings were carried out by cultic functionaries to ward off Covid-19 pandemic." According to Asowe (2021, p.40), "a ritual is a way of behaving or series of actions which people regularly carry out in a particular situation because it is their custom to be so." In the Covid-19 situation, the Yorubas as mentioned above used rituals to ward off the spirit of the Covid-19 outbreak. Any power that is under control or known to be controllable, and is directed towards achieving certain result(s) is an embodiment and art of medicine. Any technique and process used to attract and control such power is making, or to make medicine. And the man or woman who makes the medicine is called the medicine man (*Oyon-abu*) or woman (*Afina-abu*) as it is known by the Epie-Atissa people.

History of the Use of Herbs for Healing Purposes

The use of plants and minerals in the treatment of illness is as old as humanity. Early humans depended directly on nature to live and to cure their illnesses. Plants, animal parts and mineral water were used to treat illnesses. With an increasing ability to observe and understand the natural world, humanity began to base the concept of health and disease on the natural order they saw around them. Morris (1996) asserts that "herbs were traditionally and scientifically collected in ancient times, from which well-detailed pharmacopoeia has survived. These indigenous healing systems eventually evolved into orthodox medicine." The Assyrians, Babylonians, Greeks, Chinese, Indians, Persians and especially the Egyptians, had a tremendous interest in the medicinal potency of herbs. Herbs were regarded as sacred, possessing spiritual powers. The Egyptians kept a written list of medicinal plants; herbalism was a discipline taught in their schools. The ancient Egyptians acclimatized and cultivated many plants of native and exotic origins in the temple gardens (Hilfrey, 1982).

A World Health Organization (WHO) report on herbal medicine estimated that 75-80 per cent of the world's population relies on herbs for medicinal purposes (Akerere, 1993). Even in technologically-advanced Germany, it is estimated that 70 per cent of German adults use herbs to treat their illnesses (Kenneth, 2000). The Chinese, who constitute the largest population in the world, have preferred their traditional medicines

for clinical use, and these products are being marketed worldwide. In Nigeria, an estimated 90 per cent of the rural population and about 40 per cent of urban dwellers depend partly or wholly on herbal medicine (Okogun, Clifford, Iyanga & Okpaku, 2002). Almost every plant in Nigeria has medicinal use in the treatment of one ailment or the other. Herbalism includes both preventive and curative medication, and may also evoke supernatural powers to aid in the healing process (Obafemi, 2010, p.90). Generally, according to Owete (2004, pp. 81-144), there are different types of medicine in African religions and cultures. The etymologization and classification are one of the major highlights of medicine and medical practice in traditional societies of Africa and these can be classified into two main categories of good (*Ibivie*) and bad medicine or sorcery *Ibidieli* as known by the Epie-Atissa people. Under good medicine, we have productive medicine, medicine for wisdom and intelligence, and medicine for the control of rain, among others.

Therapeutic medicine is another aspect of good medicine, it includes substances and processes used to cure disease and drive away evil forces that are inimical to human well-being. Such categories of medicine include medicine for stomach aches, medicine for the cure of venereal disease, medicine to keep a dying man awake, medicine to postpone death, medicine to cure mental sickness, and medicine to remove or neutralize poison among others. Protective medicine is another type of good medicine. This is the medicine used for warding off the destructive act of sorcery and sorcerers in society. Some of the functions of such aspects of medicine include those made for the prevention of poison, an antidote for destructive medicine, medicine for premonition, medicine to avert evil forces, medicine for cutlass and knife protection, medicine against gunshots, etc. The third category of traditional medicine is the destructive type. Such medicine is evil and is used for the destruction of people and properties, and disruption of people's harmony, home, relationship and business. Examples of medicine in this group include medicine for 'shooting poison'. 'hit and fall medicine', medicine to cause madness, medicine to disunite and scatter household and kinship ties, medicine to prevent one's progress, medicine to stop a woman's childbirth, medicine to cause an accident, medicine to make somebody useless, as well as medicine to kill and take life (Owete & Iheanacho, 2009, p.133). However, the attention of this study is going to be focused on good medicine.

Medicine and Holistic Healing

Healing is a part of the complex religious attempt by traditional Africans to bring the spiritual and physical aspects of the universe, as well as humans who live in it, into a harmonious unity and wholeness. Wholeness is therefore the underlying focus of African medicine. And healing is a cardinal African traditional religious practice. This assertion is very close to the suggestion of Ekpefa-Abdulahi (2022, p.112) when he says "in Nigeria as indeed in Africa, herbal medicine continues to gain momentum, due to its availability, acceptability, and perhaps low toxicity." This is against the background of African cosmologies affirming the demand that life must be kept free from problems, such as ill health and obstacles, which may hinder the fulfilment of the desired goals. Life on earth is understood to be essential and valuable. Elaborate protective measures and strict cautions are among the several ways recommended for an effective and happy sojourn here on earth. Among the unfriendly agents that threaten life here on earth is illness. Sickness is an enemy which Africans try to fight, avoid and eradicate. For the Africans, sickness is a diminution of life – a threat posed to life, hence, healing is an activity second only to that of giving life. Petition for healing and general well-being is probably the most frequent and constant subject of African people's prayer.

A comprehensive understanding of human health includes the greatest harmony of all human's faculties and energies – the greatest possible spiritualization of human's bodily aspect and the finest embodiment of the spiritual. True health is made manifest in the self-actualization of that level of freedom which nourishes and guides human potential and resources for human vocations fulfilment. Thus, in sickness Africans perceive that the affected person's general worldview, ethical values, self-concept and perception of neighbours and various group members are affected. It is not only a case of physical weakness, but a spiritual breakdown, and social pathology. This is why the rudimentary approach of medicine men in Africa is to trace and attack the cause of the ailment before intensive medication is administered. Scholars like Erinoshio (1978), Oyebola (1980), Oke (1994), Aluede & Omoera (2009a) have identified three major causes of disease and ailment in traditional African societies, which are natural causes associated with human cravings, nutrition and environmental factors and supernatural causes for example the wrath and attack of spirit forces, and sorcerers who manipulate powers negatively against other persons. Others are of

mystical causes, and this includes sickness-causing factors such as neglect of ancestral duties, breaking of a taboo and false oath.

A close look at the causes shows that there is no significant distinction between supernatural and mystical causes. And, in all, both causes intersect in one way or the other. However, the intersecting factors of sickness causation and healing process in Africa stretch from one dimension of life to another. That is based on the relationship between the supersensible world, and the physical world of humans. Both worlds must function in harmony, hence, human beings are at the centre of the universe. Udochukwu (1978, p.7) argues that the entire world is one fluid, coherent unit in which spirits, plants, animals, the dead and human beings interact. There is a thin line between any two sections of reality..... man strives at all times to maintain a harmonious relationship with all the forces that impinge on his life and being...wooing by benevolent forces and keeping in check of malevolent ones.....Therefore, as earlier indicated in African medicine and healing, the diagnostic searchlight is focused on all aspects of life. The healing process involves the whole man – his bodily ailment and needs, his spiritual problem and the cultural obligation of his kinship and all relationship networks. Healing is aimed at bringing all these into equilibrium and stability. Only when this is achieved that the African, ipso facto West African man is conceived to have been healed and as such in sound health (Owete & Iheanacho, 2009).

Medicine Men and Traditional Practice in Africa

In furtherance of the definition of medicine men, we must emphasize that they are not ‘fetish doctors or diabolic personae’. They must be understood from the prism of their vocation, position and function in society. The medicine man, “is a kind of scientist, in that he seeks to discover and use the laws of the universe, not only of inanimate nature but also spiritual forces” (Parrinder 1965, p157). The background of the vocation is the belief that there is an inherent and latent power in natural processes and phenomena; animals, plants, natural features and objects in the world. Through special knowledge and skill, the medicine man organizes items, and materials in a solemn mood and speeches, towards manipulation of forces for the desired result in respect of health or to determine any human desire. On this understanding, the medicine man prepares and administers different types of medicine, according to his client’s health problems and holistic well-being (Owete 2004, p.149).

The practice of medicine is a vocation which is required through calling and training. One can be called into the profession by a deity and ancestors or a benevolent spirit. In such cases, the spirit force infuses the knowledge of medicine into his beneficiary to practice and excel in the profession. Some medicine men attain knowledge of their vocation and practice through vision or through falling into mysterious sickness. The experience of which is a liminal, transformative period from ordinary life to the acquisition of sight and knowledge of medicine. This is a one-way water goddess who empowers her votaries with the knowledge of medicine (Wotogbe-Weneka, 2003). Recovery from the sickness sees the beneficiary emerge as a medical expert. Some medicine men acquire their skills as lineage heritage. In such a case, a successful medicine man gradually transfers his lineage medicine knowledge and instruments to the next inheritor in the kinship group and most cases the inheritor is one of the medicine man's children.

There is yet a group of medicine men who acquire their knowledge and skill through training. This category attaches itself to reputable medicine men as apprentices for several years. During this period of learning, the master gradually introduces the trainee to the nitty-gritty of the profession. The master and the trainee work together till when it is certified that the trainee can practice independently. But the relationship blossoms even after the period of training. The training of medicine men is not peculiar to Africa. Navajo Bergman (2001, pp.168-172) identified such endeavours as a school for medicine men. And such training is elaborate and complex after which they are accepted and respected as experts in the various forms of medicine and healing. Functionally, medicine men are regarded as the watchdog of society in issues concerning health and wellbeing – prevention and cure of sickness, disease and misfortune, which impinge on the life of the individual, and or community. Their functions also range from treatment of minor ailments like headaches, with herbs, to the complex problem of driving away witches, exorcising evil spirits, detecting mysteries, uncovering crimes, protecting from danger and charming for fortune, removal of curses, exhuming evil charm buried in the ground, the performance of ritual sacrifice and offerings to appease the god or gods for offence or to thank them for good deeds to the individual or group.

Medicine men prescribe cures which may include the observance of taboos. Sometimes, they function as priests and leaders in religious matters. They perform certain sacrifices and rituals, and diviners unravel

mysteries. They also perform sorcery. Medicine men function as counsellors to the people, deriving their potency from the skill of 'seeing' and tapping knowledge from the supernatural world. Hence, they are common channels to the supernatural world of power. They also function as prophetic voices in society. They penetrate the supersensible world, based on their findings of the state of things, concerning living, and the vicissitude of things in the universe. They censor, interpret and relate the implications to the people. In some African communities, medicine men are prominent members of the ruling class. Socially, the vocation of medicine men enhances one's ranking in the stratification of his traditional community hence, it is an occupational status that is prestigious, powerful and wealth-attracting.

Aspects of Traditional Medicine Practised in Africa and the Categories of the Practitioners

- i. **General Medicine Men:** These are those types of medicine men who have the knowledge and skill of handling different health-related problems in society. Such practitioners know herbs and roots, their mixture and their application for medical purposes. They also 'have sight' to see beyond the ordinary physical reality.
- ii. **Diviners:** These are medicine men that deal with the discovery of the cause of an ailment so that proper and effective medication can be administered. Many diviners only diagnose causes, and prescribe sacrificial remedies where necessary, but do not involve in-depth and complex medicine making.
- iii. **Psychiatrists:** These are traditional medicine personnel who specialize in the treatment of mental problems. They combine both physical strategies and techniques such as flogging, chaining, confinement, and the administration of sedatives; to the manipulation of spiritual forces that have taken over the psychiatric patient.
- iv. **Bone Setters:** These are those medicine men or orthopaedics who specialize in 'fixing' fractured bones and dislocations. They use herbs, roots, and barks, which are respectively used to handle similar parts in the body of the living. They make pain relief medicine and ritual for the healing of their clients. Many traditional bone setters effectively handle referral cases from orthodox hospitals.

- v. **Traditional Midwifery Attendants:** These are gynaecologists and midwives. They are mostly women who are versed in the knowledge, skill and birth of babies. They attend to women's reproductive medicine as well as advise couples on, and for childbearing purposes. They massage pregnant women, putting their embryos in the proper place to ensure the safe delivery of the baby and the mother (Owete & Iheanacho, 2009, p138).

Divination, Medicine and Healing in African Traditional Religion

Divination is a perspective of medicine and healing in Africa. "It is the practice of determining the hidden significance or cause of events by various natural, psychological and other techniques..." (*Merriam Webster's Encyclopedia of World Religions*, 1999, p.298). The techniques of divination enable humans to have insight and knowledge of the future, or about things that may be mysterious or hidden. Following its divine root, divination relates to the supersensible world. It is a sight into the supersensible world, aimed at obtaining information about things in the future, or otherwise concealed from ordinary human perception and comprehension. The diviner uses skill to tap information from the supernatural world and relate them to human affairs (Owete & Iheanacho 2009, p139).

Divination is an important aspect of the healing technique in African traditional healthcare system. The spectacular thing about the divinatory method is that it is a spiritual means of healing. Particularly about sicknesses that emanated from the metaphysical realm. This assertion is apt to that of Gabriel (2016, p208) when he said that "finding solutions to metaphysical problems which besets man seem to have defied all efforts. This is why the Epie-Atissa people use the divination system of the *Aganaga* oracle to find out the causes of negative occurrences among them. As Gabriel and Allison (2017, p.98) suggest "before the introduction of western medical science, traditional medicine was used in the diagnosis, treatment and management of bio/psycho/social disorders and illness." Divination which underscores the link between man and God entails the unravelling of the spiritual roots of ailments and by so doing the origin and means of cure are prescribed. According to Ekwealo (2000, p.17), divination is the vehicle with which diagnosis is carried out and it reveals authentic information as to how the patient would be healthy. After divination, treatment can start at two levels- spiritual and physical.

Examples of spiritual treatment include herbs, good food, rest and environmentally friendly conditions.

Consequently, the basis of African traditional healthcare rests on the affinity between men and nature/God and the belief that nature can heal itself therefore communication with nature/God would reveal ways and methods of curation. The attempt is always to help the individual re-establish a rhythm with other elements in nature and when such harmony is achieved, other minor issues bordering on the physical are easily achieved. Jesus Christ followed this technique in most of his healing by giving attention to the soul. He says in the Bible "your sins are forgiven, go and sin no more". Once a healthy state of mind is achieved, the patient can now go on to have a quick recovery. Accentuating this method of healing as quoted by Ekwealo (2000, p17). Daisaku Ikeda, a healer in African Traditional Religion explains the link between Oriental Medicine and African Medical Philosophy. According to him as cited by Ekwealo, "while examining patient's sickness thoroughly, practitioners of African Medicine try to restore the whole human to a normal healthy condition, this is in contrast to Western medicine which tracks down the physical causes of illness and uses of surgical treatment and medicines to cure them. Ekwealo's discussing further submission that:

African medicine is primarily concerned with the patient, not the illness. It insists on examining the sick person's condition thoroughly and tries to detect the difference between the patient's health and the sick state. It first examines all the patient's symptoms and then analyses them from the standpoint of the total living organism before initiating treatment. (Ekwealo 2000, p.18)

Thus, African traditional medicine tries to strike harmony between the patient and his environment. This is based on the cosmic understanding of their universe. Man and every aspect of this universe are inextricably linked and these coupled with moral thought constitute man's positive relationship with his world. Medicine is, therefore, aligned with morality in a traditional African setting and whenever one experiences disease and unfortunate circumstances, it is believed that the patient has disobeyed or caused disequilibrium through his conduct in society and life. Again, there are specializations or divisions of labour among the practitioners. No one medical officer takes it upon himself to do curative practice except where he doubles as a diviner. Some are knowledgeable in

herbs and drugs, some specialize in bone setting or orthopaedic treatment. The herb specialists, whenever they are in the bush or the forest in search of herbal elements, a communication based on harmonious existence goes on between them and the plant kingdom. The plants are capable of revealing their curative contents and abilities which the Medical officers can understand (Gabriel & Allison 2007, p.105). They also know the time of the day when it is per nature's planning to take out these plants and herbs. The early morning or evening is when the spirits, with all their powers, are present, symbolizing when the plants are in their active potencies and abilities. While tablets and drugs used by Western orthodox doctors restore life by killing other cells in the body, plants and other traditional physical treatment agents are healthy and do not destroy living tissues, which strengthens the body and enhances its function. This African Healthcare Philosophy explaining the nature of disease and cure is in line with the teachings of Hippocrates who is regarded as the father of modern western medicine. In his writings and treatment, the patient is seen as a psychosomatic and spiritual unity dependent on the social and physical environment (Gabriel & Allison 2017, p.105).

Medicine and Taboo

Taboo is of Polynesian origin – meaning "prohibition of an action or the use of an object based on ritualistic distinctions as being either sacred and consecrated or dangerous, unclean, and accursed" (Merriam – Webster's Encyclopedia of World Religions, 1999, p.1050). Such prohibitions with its traditional medicine practice are obtainable in all societies, and more so, in Africa. Taboo according to Familus (2009, p.103), is common to all civilizations but it is particularly developed and systemized in many African societies. The phenomenon is cultural and relative, hence it varies from one society to another. What is considered to be taboo in a given locality may be allowed in another area. Traditional medical practice in prescriptions is accompanied by certain regulations and prohibitions that are meant to guard against antidotes and conditions capable of reducing, paralyzing or even neutralizing the efficacy of a specific medicine. Some of such medical taboos can be dietary restrictions, communication or contact with people, restriction on certain places or weather conditions like rain, exposure to the moon or sunlight etc. It could be avoidance of certain human beings, and or biological conditions, like the pregnant, the menstruating, the deformed etc. Medicine taboos are as many as there are medicine men and medicine for different purposes. Violation of a medical

taboo or spell as Owete and Iheanacho would say "may not only affect the effectiveness of the medicine, but may be counterproductive, dangerous and disastrous to the careless handler, and or the client" (Owete & Iheanacho 2009, p.144).

Traditional Medicine in African Society

The perception of traditional medicine is ambivalent. With scientific strides, wonders and breakthroughs in orthodox medicine, certain traditional conceptions and methods of healing are giving way to modern medical institutions. But in some cases, and to many minds, both traditional and orthodox medicine are different poles of the same thing – health. Despite the advance in orthodox medicine, traditional medicine still flourishes, making an impact on the health and general well-being of Africans. Even, while receiving orthodox medical treatment, under professional medical personnel, the African patient still seeks the help of a traditional medicine man in addition. This partly accounts for the persistence of traditional medicine. Many ailments and diseases in modern times can be healed either in orthodox or traditional medicine. In such cases, it is a matter of choice, preference, conviction and availability. Orthopaedic medicine is one area where traditionalists excel, and are preferred to the orthodox method (Owete & Iheanacho 2009, p.148).

There are ailments and sicknesses that modern medical institutions and personnel cannot cure, hence they are ignorant of their causation and diagnosis (Owete & Iheanacho 2009, p.48). Such are not immediately within the scientific spotlight. Fundamental issues of African religion and customs are problematic in conceptualization. Thus, effective diagnosis and cure must be in harmonious association with such background. Idowu (1973, p.206) underscores this reason and recourse for the survival of traditional medicine, noting that, "in strictly personal matters relating to the passage of life and the crisis of life, African traditional religion is regarded as the final succour by most Africans." The overwhelming impersonality and bureaucratic processes that surround orthodox medical institutions, and the method of administering a course of treatment, discourage many traditional persons. Thus, there is relatively little personal fervour in the operational systems of orthodox medical institutions and personnel, contrary to what obtains in the African family, the medicine man, and his client. The hassles of patient's card/register, consultation of the physician, obtaining drugs from the pharmacist, and even payment procedure are felt as hectic exercises,

which the traditional African finds it difficult to leave their home for one night, for any reason whatsoever. Consequently, traditional medicine is preferred to orthodox medicine. Orthodox medicine is therefore opted for as a last resort, and only when it is convincing that the traditional medicine men and their medication are ineffective, hence the health condition of the client (patient) is in grave danger.

In traditional medicine, there is a feeling for, and holistic approach to healing and health and this has helped in the continuity of the practice. The family, kinsmen and community, collectively make the sick believe that they care for his/her speedy healing, recovery and reintegration into groups and society. There is recourse, and prayers for the sick to get healed and resume their proper social positions. These are part of traditional healing desires. When the traditionalist goes to a hospital, he/she feels uprooted from the web of communal living, and sympathetic nurture and care. Another factor for the flourishing of traditional medicine in modern times is the economy. Medicine is a lucrative occupation, especially when a medicine man has proved his competence and expertise in certain life-threatening ailments and maladies. For this reason, many Africans still take up their vocation and job. Comparatively, the cost of obtaining traditional medicine services is cheaper than orthodox medicine. This is why the patronage of traditional medicine is more so in peasant and poor societies. In recent times, there have been clarion calls for serious recognition, integration and synergy between traditional and orthodox medicine practice in most African countries. Like Nigeria, recent developments in the health sector show that traditional medicine practitioners are being registered to provide health services in their areas of competence, to complement those provided by orthodox medical practice. Yet, traditional medicine and medicine men are still looked at with some disdain and criticized as having some shortcomings and problems (Owete & Iheanacho 2009, p.149).

Conclusion

In concluding this study, the researcher is suggesting that traditional medicine has contributed a lot positively to the furtherance of health care delivery in Africa, and as such, it should not be looked down upon. Instead, a synergy of the orthodox and traditional health-serving paradigms be encouraged. Traditional medicine men are sensitized and encouraged to set up modern ethics of medicine applicable to their model of medical practice. More recognition should be given to traditional

medicine men. Hence it shows signs of untapped potency and efficacy in healing.

References

- Adega, A.P, M. K, Kachi, & B.P Yokkos (2020). Covid-19 pandemic: Response from African traditional medicine. *Religions: Journal of the Association of the Study of Religions*, 30(2), 150-168.
- Akerele, O. (1993). *Guidelines for assessment of herbal medicine*. Geneva: WHO.
- Aluede, C.O. & Omoera, O.S. (2009a). The concept of illness and music therapy among members of Iyayi society of the Esan, Edo State of Nigeria. *African Journal for Physical, Health Education, Recreation and Dance*, 15(3), 392-408. <http://www.ajol.info/index.php/ajpherd/issue/view/6525AFAHPPER-SD>
- Aluede, C.O. & Omoera, O. S. (2009b). Dancing off illnesses: A study of the therapeutic technique of the dancing prophets of the Esan, Edo State of Nigeria. *Awka Journal of Research in Music and the Arts*, 6,13-20.
- Dimgba, D.E. (2022) *Ikoru Ohafia Udumeze: An instrument of indigenous religious rituals*. In G.I.K Tasié & Ben Onu (Eds.), *African Traditional Religion and Christianity in 21st century Nigeria: Essays in honour of venerable professor W.O. Wotogbe-Weneka* (pp. 40-47). Port Harcourt,: Pearl Publisher International Limited.
- Erinsho, O. (1978). Notes on concepts of diseases and illness: The case of Yoruba in Nigeria. *Journal of Economic and Social Studies*, 18(3), 148-149.
- Ekpefa-Abdullahi, J.Y. (2022) African indigenous medicine: The need for greater recognition and expansion in the era of Covid-19. In E. Abasibong & R. Lasisi (Eds.), *Culture, environment and the Niger Delta: A festschrift in honour of Professor Benjamin Ogele Okaba* (pp.111-115). Yenagoa, Smatts Publishing House.
- Familusi, O. O. (2009). The threat to taboo as a means of calculating ethics in Yoruba societies. *Orita: Ibadan Journal of Religious Studies*, XII (II), 102-111.
- Gabriel, I. & Allison, C. S. (2017). The resilience of African traditional medication in modern African society. *Andah Journal of Cultural Studies*, 9&10, 93-109.
- Gabriel, I. (2016). Introduction. *Aganaga* divination in Epie-Atissa, Yenagoa, Bayelsa State, *Kelikeli: Journal of Philosophy and Religion*, 3(1), 207-232.
- Harling, B. (1972). *Medical ethics*. London: St. Paul's Publication.
- Hilfry, S. (1982). *Pharmacopoeia and the Egyptian medicine*. Karachi: Hambad Foundation.
- Idowu B. (1973). *African Traditional Religion: A definition*. London: SCM Press Ltd.
- Ikwealo, C. E. (2000). African philosophy of health and disease, *Heritage: Journal of African Scholarship*, 21(1), 16-19.
- Iyande, S.E (2021). A sociological response of rituals in Yoruba theology to Covid-19 pandemic, *Journal of Religion and Culture*, 21(3) 133-141.

- Kenneth, R. P. (2000). *The best alternative medicine, what works, and what does not*. New York: Simon and Schuster.
- Malachy, I. U. (2004). (Ed). Exorcism and healing in Igbo traditional religion, Old Testament and Pentecostalism. *Religion and societal development contemporary nigerian perspective* (pp. 9-27). Lagos: Merit International Publication.
- Merriam, W. (1999). *Encyclopedia of world religions*. Massachusetts: Merriam Webster Incorporated.
- Morris, F. R.W. (1976). *Herbal practice from the ancient times*. London: Hip Publishers.
- Obafemi, J. (2010) *Incantations and herbal cures in Ifa divination: Emerging issues in indigenous Knowledge*. Ibadan: African Association for the Study of Religions, Nigerian Publication Bureau.
- Oke, E. A. (1994). Traditional health services: An investigation of the providers and the level and patterns of utilization among the Yoruba. Ibadan: Sociological Series
- Okogun, J. I., Clifford, H. C., Inyang, A. L. & Okpako, O. T. (2002). Paper presented at a workshop on complimentary traditional medicine, University of Ibadan.
- Omoera, O.S., Awosola, R.K., Okhakhu, M.A. & Eregare, E.A. (2011). Seeking solutions: Of radio/television advertisement and patients/non-patients' perception of traditional medicine in Edo State, Nigeria. *The International Journal of Research and Review*, 6 (1), 48-64.
- Owete, K. & N. N. Iheanacho (2009) *West African Traditional Society; Fundamentals and Socio-cultural Heritage*, Port Harcourt: Stepson Printing Press.
- Owete, K. (2004). Continuity and change in the religious beliefs and practices concerning medicine making, among the Emu people of Ndokwa LGA, Delta State. PhD thesis, University of Port Harcourt.
- Oyebola, D. O. (1980). Traditional medicine and its practitioners among Yoruba of Nigeria: A classification. *Journal of Social Science and Medicine*, 14(1), 23-29
- Odochukwu, O. (1978). Concept into forms of religion and aesthetics in African art. In O. U. Kalu (Ed.), *Reading in Africa humanities*, 86-94.
- Parrinder, G. (1965). *African mythology*: London: Hamlin.
- Wotogbe-Weneka, W. O. (2003). Continuity, adaptation and change in the aquatic spirits (Owumini) possession cult of the traditional Ikerre of upper Niger Delta. In T.I. Okere (Ed.), *Religion in a world of change: African ancestral religion, Islam and Christianity Owerri*: Assumpta Press.