

Integrating Indigenous and Western Health Practices as Synergy for African Development in the Globalization Era: The Nigerian Example

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Abstract

The health policy of colonial rule precipitated structural and institutional changes in the healthcare system of the colonized Africans, as Western medicine was imposed across Africa as a better system of health management. This development fundamentally altered the professional and practical acceptability of indigenous medicine even beyond the colonial era. The much-acclaimed theoretical incompatibility of western and indigenous medical systems is one of the major causes of the strain in the levels of acceptance between indigenous medicine and western medicine in post-colonial Africa. In the case of Nigeria, a majority of the populace, especially in the rural areas, still consult the indigenous medical care providers. This consultation is arguably as a result of some factors, including the people's thin financial resources, the mythical belief in the therapeutic efficacy of indigenous medicine, and closeness of the indigenous healthcare centres to the patients, among others. Given this, it becomes imperative to explore the historical development and value of

indigenous healthcare practices in Nigeria and determine the possibility of its integration with western medicine. Towards accomplishing this, we explore historical-analytic method, using primary and secondary sources to examine the current state of indigenous traditional health practice in Nigeria, identify the factors that drive (mis)communication between patient and practitioner, and suggest solutions that can be implemented to address existing challenges. In addition, with illustrations drawn from successful examples of integration of indigenous and modern health practices in developing countries, the paper argues in the context of globalization that an advantageous synergy between indigenous and western health practices is feasible as a development strategy for Africa.

Keywords: Western health practices, Traditional medicine, Synergy, Practitioners

Introduction

There is no doubt that the concept of medicine is interwoven with that of magic in many parts of Africa. Before now, anthropologists and sociologists who visited the continent of Africa usually confused the two because of their close affinity. Some dictionaries also did not help matters and their definitions of magic and medicine are patently misleading (Dopamu, 1985, p. 442). The professional and political acceptability of indigenous or traditional medicine differs from country to country. In fact, the acceptability and utilization of traditional medicine in a particular country differs in the areas of principle and practice of traditional medicine, especially in some regions in Nigeria. This was precipitated by structural and institutional changes observed in the healthcare system of the people within the last century or so. These changes are largely as a result of colonialism, international mobility, western education and burden of foreign culture, which brought about the imposition of western or modern medicine on traditional medicine (Suleiman, 1985, p. 74). This has impeded them from meeting the socio-economic development and has in turn resulted in their inability to meet the social, economic, and political needs of modern healthcare systems in Africa.

Judging from the trends of scientific principles of pragmatic explanation of cause and effect in much a way that western educational principles have become indispensable in the explanation of cultural phenomenon, the development in diseases and illnesses for both preventive and curative diagnosis has called for precision of science and

discovery principally in diagnosis of therapeutic healing. This paper, therefore, addresses and clarifies that a uni-medical care system couldn't have afforded human population a robust healthcare system, especially in Africa with several socio-biological infirmities. At this point, it may be necessary to briefly define traditional medicine in the first part of this discourse. The second part will focus on historicizing the state of traditional health practice in Nigeria, while the communication gap between patient and practitioners would be the focus of the third section. The fourth section will suggest solutions to the challenges. The concluding part will stress the advantages embedded in synergizing traditional medicine and western health practices.

Traditional Medicine in Contexts

Traditional medicine is conceived as the sum total of all knowledge and practice whether explicable or not used in the diagnosis, prevention and limitation of physical and medical imbalances which rely exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing (WHO, 1998). In the same vein, Owumi (1993, p. 15) regards traditional medicine as an art that is original and originates from a group, transmitted through time and it is acceptable, affordable and accessible within a group where it obtains. This definition subsumes the original concept of nature which includes the material world, the sociological environment whether living or dead and the metaphysical forces of the universe. It is this form of medicine that is often referred to as indigenous medicine in Asia (Sofowora, 1982, p. 3). Guthrie (1982, p. 823) claims that traditional medicine is a folk or domestic medicine which he identifies with early man. The practice is an innovation based on the intellect of the early man in his effort to forge a living in the supposed hostile environment where diseases are ravaging his entire society.

Aluko (2007, p. 422) gives credence to an early man in Africa for his innovation in this respect, especially the devised means of keeping abreast of the niggling conditions that pervaded his world then. He further observes that rather than desecrating the African attempt as widely done by the missionaries and early scholars who came into the continent, the quest and crave of man within the continent prior to their arrival should have been credited (Aluko, 2007, p.423). In having to combat the menace of ill health, various methods were used relatively in the African experience. Osume (2003, p. 101) submits that traditional medicine does

not only consist of herbal concoctions for treating diseases. Rather, there are other serious disease conditions which are ascribed to the supernatural in Africa (Aluede & Omoera, 2009a; 2009b). The latter are given a suitable treatment involving the use of charms, incantations or sorcery. However, WHO (1978) describes a traditional healer as: that person who is recognized by the community in which he lives as competent to provide healthcare using vegetable, animal and mineral substances and certain method based on the social, cultural and religious backgrounds as well as knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and moral well-being and the causation of diseases and disability.

Historicizing Traditional Health Practice in Nigeria: Pre-Colonial Era

Prior to the advent of European civilization in Africa, Africans have lived and appreciated their environment within a firm cultural context. Whether such had been brandished as pagan, fetish or barbaric is not germane. What is, however, paramount is that African indigenous cultural value provided the required impetus that accorded an identity, focus and bearing to Africans as people endowed with capable and rational abilities to live and distinguish themselves. As Dopamu (1998, p. 66) points out: before the Europeans found themselves in Africa, Africans had their ways of life, their culture, their religious beliefs, and practices and medical systems. Even today, when the whole of Africa has been infiltrated by western culture and system, we still find that the African age-old system endures. According to the popular myth, the first man to practice the art of healing in the Yoruba-speaking parts of Nigeria was Orunmila, who was endowed with this knowledge by Olodumare. Orunmila had a younger brother Osanyin who gained knowledge of medicinal herbs through assisting his elder brother in the pharmaceutical processes. The two brothers were separated during inter-ethnic war, but Orunmila continued to heal with herbs. One day a slave in the household commented on and faulted some medicinal herbs to Orunmila's wife Gbinrinbiti who reported to her husband. During an interviews and series of interrogations, it was revealed to Orunmila that this slave was his biological brother Osanyini (Sofowora, 1982, p. 13). These two legendary men are believed to be the first to practice herbalism in Yorubaland.

The Colonial Era -1979

In the wake of colonialism in the early 20th century, most aspects of African indigenous cultural values were downgraded, desecrated and degraded by the new order and its agents with the aim of discouraging the local peoples' patronage of their age-long treasures, African values such as indigenous medicine, through countless campaigns were tagged barbaric, witchcraft and disease-ravaged practice. However, the traditional healers persisted with the practice of their profession which recorded more patronage. In 1922 a group known as "The African Council of Herbal Physicians" sought official recognition by demanding for registration of traditional medical professional body through a memorandum of association in Lagos, which was consistently ignored by the authorities (Erinosho & Ayomide, 1988, p. 73). This was the position of Nigerian authorities despite the agitation by a wide range of traditional healers' guilds for official recognition. The guilds persisted in their agitation after the return of the civilian government.

The need for research into medical herbs and plants was borne out of the need to bridge the gap perpetrated by shortage of expatriate and indigenous health personnel and facilities. Deficiencies of this nature and others more or less reflected the official policy of Nigerian authorities toward traditional medicine for much of the period between 1920s and 1979 (Erinosho & Ayorinde, 1988, p.73). As far back as the 1950s, it was reported in the proceedings of the House of Representative of 22nd March 1954 that a member named Mr. D.A Njai, among others, remarked: "I wish to make certain observation on the investigation into African drugs and medicines and local manufactures of medical requirements. I wish to say, sir that the sum of £950 pounds which was voted last year for the investigation and also to be voted again next year, is too small" (National Archives, Ibadan, 1965, pp. 73-74). Notwithstanding, the positive attitudes from the authorities towards traditional herbal practice further strengthened its popularity in terms of patronage and open exhibition of the art by practitioners.

The Third Republic to Date

The return to democracy in 1979 rekindled great enthusiasm among interest groups in the country. Amidst agitations, the federal legislature constituted several special committees, one of which was to re-examine the issues of traditional medicine or healers in Nigerian society. However, the democratic process was short-lived for the report of this special

committee to see the light of the day and to be submitted and tabled in the national assembly. Although, a few of the states in the federation showed interest in the subject matter during the third republic, only the Lagos State government blazed the trail by its programme on traditional medicine/healers. For the first time in the history of the country, an administration proceeded beyond the level of rhetoric (or merely funding research into medicinal herbs) and formally launched an active programme for traditional medicine/healers by the establishment of a Traditional Medicine Board (Erinosho & Ayorinde, 1988, p. 73). Thus, the Jakande Administration submitted a bill to Lagos State legislature, which was later passed into law and became the first state to legally approve the practice of traditional medicine in Nigeria (Erinosho & Ayorinde, 1988, p. 73). The state went further to establish the Traditional Medicine Board headed by the renown Chief J.O. Lambo, President General of Nigerian Association of Medical Herbalists until the civilian regime was overthrown in the December 1983 via military coup. Before this time, the Lagos State government also acquired 35 acres of land at Ipaja for the establishment of a medicinal plant garden.

Since 1983 till present period, the practice of traditional medicine had been improved for merely cooking of leaves, to modern pharmaceutical drugs, using tablets, capsules and had undergo some NAFDAC process to register drugs for therapeutic healing. Traditional medicine in contemporary Nigeria has recorded quality and standard. Traditional drugs are relatively no longer being administered with clear measurement as it was in the past: where it is possible, they have sufficiently modernized the raw bitter pills to conceal the associated bitterness that the raw bitter pills to conceal the associated bitterness that the traditional medicines are noted for. Largely some of such drugs have all been turned into either oral drugs or tonic caplets that can be taken so easily. Despite its wide acceptance in our age, the traditional medicine had relatively come of age and is effectively competing with the western medicine. Many of such traditional healing homes have been licensed by government, thereby given a legal backing to the profession as against the practice in the past. Some of the leading traditional drug manufacturers are "Yemkem" and "Oko Oloyun" in Lagos. In both the Eastern and Northern parts of the country, many of these traditional practitioners are on the streets and in the media advertising their products. This is because their herbs are cheaper and are readily available accessible to would be buyers. The factor of cheap price and accessibility to the people recorded

an appreciable advantage to traditional medicine in her competition with orthodox medical practice. Today, many of the traditional herbal producers have consistently carried their trade to virtually all states of the federation and through their association, they have organized joint trade fairs where their herbal products were advertised and sold to the Nigerian populace.

Factors Responsible for Herbal Practitioners' Acceptance

The acceptance of herbal practitioners by the indigenous people is because they appear to occupy a very important position in developing countries and their pre-eminence is better understood by their closeness to the grassroots. In Nigeria, patients normally seek help from traditional healers (or use traditional medicine) before they seek care from western-styled facilities. In other instances, patients are advised to go back home for traditional healing after the failure of western medical procedures. Given this, most patients rely more on the herbal curative medicine for healing (Omoera, Awosola, Okhakhu, & Eregare, 2011). Despite efforts by the authorities in the development and promotion of comprehensive western-styled health facilities, accessibility and strong communication link among literate and non-literate Nigerians and traditional medical practitioners have further strengthened and enhanced their craft in the country (Hairison, I.F, 1974, pp. 3-10).

Secondly, the patients' greater confidence in the therapeutic skills of the traditional therapists than those of the western-styled workers is believed to stem from their widely shared concept of diseases. Africans believe that traditional healers are capable of understanding diseases nature and would relate to that meticulously in the course of providing care. It is in line with this that most important reason accounting for the communication link and disposition of the patients and their next-of-kin to the healers could be found in the nature and scope of the therapies which they the healers administered. Erinosho (1984, pp317-324) further buttress their relevance in the following words: "in addition, the healers initiate social diagnosis, as well as integrate symbolic rituals and incantation into the healing process... these idioms (i.e., social diagnosis and symbolic rituals) which are familiar to African patients and their next-to-kin, and which appear awesomely lighter and induce a very strong therapeutic influence." This has accounted for the preponderant utilization of traditional medicine in Nigeria.

Margetts (1965, pp. 115-118) claims that 75% of Nigerians directly patronize traditional medicine. Ademuwagun also reports the increasing rate of traditional medical practitioners than western doctors (1989, p.1091). He adds further that 10% of the rural and 4% of the urban dwellers are traditional healers (Ademuwayun, 1989, p.1091). This report shows the robust communication links, availability and accessibility between the patients and the herbal practitioners. Despite its wide acceptance of herbal medical practitioners in the contemporary period, there exists some challenges that need to be overcome by ethno-medical practitioners. Firstly, the mentality and mindset that all things made locally are either not good or are of substandard quality constitutes a huge barrier to the development of traditional medicine in Nigeria. This factor thus informed the non-acceptance of traditional drugs most especially by the emerging younger generations. The trend seriously impedes the practice of traditional medicine. It has been criticized not to have developed when compared to the cotemporary standard of scientific developments. Its examination of causes of diseases (diagnosis) is still inclined towards preternatural causes rather than being holistic, which supposed to be scientifically analysed.

Moreover, the areas that have to do with rituals should be carefully de-emphasized because there are many people who for the fear of what they see will never accept traditional medicine, while some others because of their faith and conviction will never subscribe to traditional medicines. Directly linked to the above is the attitude of many traditional healers combining sorcery with herbalism. This has made their patients to be more of slaves even after they might have been treated. The belief is that traditional healers possess the power of calling back diseases on their patients if such they flout the 'orders' set by the traditional healers. In addition, there has been no dedicated coordinating organ in their ranks, and knowledge is hardly shared among traditional healers. The bane of the profession is that of selfishness so that competing members try to outshine one another. On the part of government, the relevant agencies should be able to provide loans or funds that would facilitate the development of traditional medicine. The government should openly support traditional medical ventures so as to further help to enhance man's life and good health of the people. Government should assist in building herbal health centres in local communities, the same way they did in the construction and provision of western health centres. They should also put in place medical records and statistical units to further

enhance the operations and services of traditional caregivers. Funds should be made available to them to carry out further researches, which will enhance traditional and indigenous medicine and cultural values. The association and guilds should be supported, monitored and regulated in order to effectively meet the health care needs of Nigerians.

The Status of Integration of Traditional Medicine in the World Today

a. The Africa Region

In Africa today, traditional medicine has become part of the peoples' culture despite the fact that this form of medicine is not well organized. The training of traditional medical practitioners is still by unstandardized apprenticeship, but formalized training of traditional birth attendants has started in some countries like Nigeria and Ghana. Many countries in Africa now have a division, department, or taskforce on traditional medicine usually attached to their ministries of health. While some countries like Zimbabwe and other have enacted laws recognizing traditional medical practitioners.

b. The America Region

In the America region, more is heard of traditional medicine and its practitioners in South America and among the Caribbean Islands than in North America and Canada. This region also has its herbalists, bonesetters, masseurs, diviners, magic practitioners and spiritual healers. In several countries in this region, traditional midwives are given basic training and are partly or wholly incorporated into the healthcare system. In some countries of this region an attempt to integrate traditional medicine into official health system has been pursued, whilst in others the indigenes are trained as basic health workers or community health promoters (e.g. Guatemalans), thus eliminating the barriers of communication (Sofowora, 1982, p. 8). Organized research groups exist as, for example, in Mexico where a drug research institute, IMEPLAM, undertakes multidisciplinary research on local medicinal plants. This happens also in the University of Illinois in the United States of America (USA) (Sofowora, 1982, p. 8). Studies on local medicinal plants, especially related to psychiatry are being undertaken in some Latin American countries.

c. The South-East Asian Region

This region of the world is a special example in the area of integrating healthcare system and where formalized as well as informal training of practitioners exist. Formalized systems of indigenous medicine include Ayurveda, Yoga, Unani-Tibbi, modified Chinese and the Amchi system (a Tibetan) system of medicine. University departments of traditional medicine have existed for many years in India and institutes carrying out multidisciplinary research on medicinal plants abound throughout this region. An example is the Regional Research Laboratory in Jammu-Kashmir India (Sofowora, 1982, p. 8). Relatively recently, this part of a region had reaped a lot of external revenue of medical tourism from Nigeria to the tune of N41bn (<https://www.dailytrust.com.ng/news/general/report-nigerians-spent-n41bn-on-medical-tourism-to-india>).

d. The Western Pacific Region

This part of the world includes countries where superlative synergy exists between traditional medicine and the western health practices. The unity between practitioners of traditional medicine and those of western medicine is one of the cardinal principles of health work in China. Schools and research institutes for traditional medicine have long been established. China offers an enviable example of synergy between traditional medicine and western medicine, and delegations all over the world (e.g., Nigeria, the USA, etc) have revisited China to understudy the successful collaboration of traditional and modern medicine (Sofowora, 1982, p. 8). This fact is established by Erinosh, when he admits thus: the reasons for successful integration in China are attributable to the facts that Chinese traditional medicine is as old as western medicine and equally has developed. As a result, it has been possible for Chinese traditional medicine to co-exist side by side with western styled medicine within the same therapeutic institution (Erinosh, 1988, p.41).

e. The European Region

Little has been achieved in this region for traditional medicine. Officials and professional attitudes in Europe towards an extensive use of traditional medical practitioners are today the least. However, traditional medicine is practised in some remote areas but it is difficult to separate such practice from quackery or chiromancy. Perhaps, the only organized research in this field in Europe is carried out in various pharmacy faculties

of universities, especially in the pharmacognosy department or photochemistry laboratories.

f. Eastern Mediterranean Region

Traditional medicine is generally accessible and acceptable to the community particularly in the rural areas in this region. Official and professional attitudes vary widely in the region, from recognition and support to rejection and even suppression. In several countries, activities have been focused on research on medicinal plants and production of pharmaceuticals from locally available herbs. There is no official framework in any country for collaboration in the interest of the patient (Sofowora, 1982, p. 8). No national policy on traditional medicine exists in some countries, while dynamic policies exist in others.

Conclusion

This study has argued that before the advent of western healthcare delivery system, there was no medical vacuum in Africa. The traditional healthcare system adopted and practised was effective because it kept the people going. However, with the arrival of colonial masters, the traditional medical practice was derided to promote western medicine. It is within this context that this paper sought to rupture the colonial legacy on traditional medicine and advocate the synchronization of African traditional medicine and western health practice in Nigeria. It used insightful illustrations on global synergies between the indigenous and western health practices to undergird its argument. The conclusion reached is that there should be a practicable synergy between the 'two' to ensure good health and wellbeing of Nigerians.

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