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## Original Research Article

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# The Dynamics and Changing Structure of Traditional Healing System in Nigeria

### *Abstract*

Traditional medicine had existed in Nigeria prior to the era of colonialism serving the health needs of the people. However with the advent of colonialism, it experienced restrictions and obstacles in the face of the introduction of Western medicine. In recent time, the practice got a resurgence and greater patronage by the people due to its ability to explain the 'hidden' cause of illness and consequently, cure the illness. This paper accounts for this renewed patronage of traditional medicine by the people by locating it in the ability of its practitioners to respond to their environment of practice. This entails a conscious restructuring and 'modernising' efforts at alligning its practice with current trends in orthodox practice by establishing standards of safety, efficacy and quality control. This is coupled with government recent interest in developing traditional medicine for national health system development and economic benefits.

**Keywords:** Structure, Traditional Medicine, Colonialism, Western Medicine, Modernising

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## **Introduction**

All human societies desire good health for their members. It is therefore an ideal state couched on the realization that only the healthy can perform his obligation towards the survival and development of the society. Yet every human being has the tendency to fall ill, thereby unable to perform as expected by the society. The sick suffers the pain, discomfort and agony of his illness. He becomes a burden to his relations, friends and the community who will have to divert and concentrate their energy and resources on him. Consequent upon this, illness becomes a

sociological problem. Society therefore ensures that its members are healthy by encouraging them to patronize health practitioners. Traditional healthcare system was therefore developed in recognition of the pervasive importance of good health without which there will be no life.

Good health is regarded as the state of total effective physiologic and psychological functioning. The World Health Organisation WHO [1979], sees health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. It represents that complex and elusive feeling on the

part of the persons and groups that is reflected in a sound body and mind. Furthermore health care embraces all the goods and services available for the promotion of health, including preventive, curative and palliative interactions.

The methods of health care system developed by the indigenous peoples arose from the interaction with their peculiar environment and belief system. In spite of the derision suffered by this healing system from western propaganda who see it as being crude, unscientific and primitive, among others, it has survived and thrived and has continued to meet the health care needs of the people.

## Theoretical Guide

This paper revolves around two main theoretical platforms –functionalism and modernization theories. Functionalism sees society as an organic whole, with each of its parts working to maintain the others. This is akin to the way parts of the human body work to maintain each other and the body as a whole. The most important features of functionalism are the concepts of structure and function (Spencer [1910], Malinowski [1944] and Radcliffe-Brown [1952]). To the functionalist, behaviour in society is structured, that is, relationships between members of society are organized in terms of rules (Adelola [2001]). The structure is seen as the sum total of normative behaviour, consisting of the sum total of social relationships which are governed by norms. Thus the main parts of society, its institutions, become major aspects of the social structure.

This perspective conceptualizes society as a system, or any organ in the body. An understanding of the liver for instance, requires an understanding of its relationship to other organs and in particular, of its contributions towards the maintenance of the organism. In a similar vein, an understanding of any part of society should also involve an analysis of its relationship to other parts especially its contributions to the maintenance of society (Radcliffe-Brown [1952]). Thus, just as the survival of an organism depends on the satisfaction of certain basic needs, society equally

requires that some basic needs be met for its continued existence.

That a structure exists presupposes its continued functioning and therefore, relevance to the existence and survival of the whole system. Traditional medicine has been developed to enable the people meet their health needs. This health system has survived great onslaught from western propaganda and the modernization process. However the people still patronize it, in spite of the diminishing and derogative status accorded it. This suggests its functionality and continued relevance to the health needs of the people.

The second theoretical framework is located in modernization theory. This theory situates itself within the concept of modernity which refers to what is 'up-to-date' in a particular place at a particular time. Harrison [1988], notes that it is an aspect of westernization involving changes which are in contrast with the previous traditional situation. Modernization essentially means the process of change towards those social, economic and political systems developed in America and Western Europe between the 17<sup>th</sup> and 19<sup>th</sup> centuries. Spencer [1910], had noted that social aggregates like organic ones grow from relatively undifferentiated states (simple) in which the parts resemble one another into differentiated states (complex) in which these parts have become dissimilar and functions become differentiated. The differences in societies and cultures will reduce consequent upon industrialization which brings about a shift towards modern society. This transformation is usually effected through internal dynamics.

Modernisation theorists posit that in many respects, tradition and modernity were regarded as anti-thetical. Thus peoples, values, institutions and societies were categorised as either traditional or modern. Not both, and their coming together portends instability in the social system. The best that can be achieved by them is a kind of symbolic relationship, one that is temporary. The Nigerian society today houses both traditional and Western medical systems. Until very recently the relationship between the two was at best, a hide- and-seek one especially as traditional

medicine was regarded as fetish, primitive and not modern. This led to its relegation to the background, while greater emphasis was placed on western medicine. This stems from the fact that traditional medicine is not considered “rational” and therefore does not deserve recognition and funding from government like its Western counterpart. This is in contrast to the situation in countries like China where there is already full integration of both traditional and western medicine (National Open University, [2001]).

It must be noted that while the dichotomy of old still exists between traditional and western medicine, the move now is towards some tolerance and recognition. Many state governments in Nigeria have established boards to supervise traditional medicine practice. Moreover, many of the practices of western medicine are now being adopted by traditional practitioners.

## Traditional Medicine Practice in Nigeria

Health is a very precious commodity in any society, hence the saying that health is wealth, and it is seen as the foundation of all happiness. Traditional medicine has developed the world over in response to the health needs of the people and it involves the development of various traditional systems of using locally available resources for the alleviation of their health crisis. Traditional medicine essentially represents a natural form of health care which has been used through generations. According to the World Health Organization (W.H.O.), traditional medicine is the sum total of all knowledge and practices whether explicable or not used in the diagnosis, prevention and elimination of physical, mental imbalance and relying exclusively on practical experience and observation down from generation to generation whether verbally or in writing. It is a practice derived from the values and perception of the members of the community (in, Owumi [1996]).

This is a practice that goes beyond the maintenance of good health of the populace as it

also protects the people from the menace of wild animals, evil spirits, motor accidents, bountiful harvests and other human activities (Roan [1999]; Osborne [2007]). Nigerians have a deep belief and reliance on the services of the traditional practitioners for their health care needs. An estimated 75 percent of the population still prefers to solve their health problems by consulting the traditional healers (Adesina [2008]; Nigerian Tribune, [March 2008]). The World Health Organisation (W.H.O.) has also recognized the central position traditional medicine plays in the 21<sup>st</sup> century, specifically in the areas of prevention and management of diseases such as malaria, tuberculosis, HIV/AIDS, among others. Hence in 2002 it launched its first ever comprehensive traditional medicine strategy (Adesina [2008]).

The strategy aims at;

- Developing national policies on the evaluation and regulation of traditional medicine,
- Creating a stronger evidence base and quality of the traditional medicine products and practices,
- Ensuring availability and affordability of traditional medicine including essential herbal medicines,
- Promoting therapeutically-sound use of traditional medicine by providers and consumers, and
- Documenting traditional medicine and remedies to ameliorate physical illness as well as psychological and spiritual comfort.

Owumi [1993] posits that traditional medical practitioners acquire herbal knowledge either through inheritance or apprenticeship as a call by one or the other. In the past, many of them practiced the art as a hobby or as a form of community service with little or no financial rewards thus making the practice “pure and efficacious”. Trado-medical knowledge system is well structured and organized and has survived through generations to maintain harmony between body, mind and soul within its socio-cultural and religious context. The various ethnic groups in Nigeria have different traditional health care practitioners aside their western health care counterparts. The Yoruba call them ‘Babalawo’,

the Igbo call them 'Dibia', while the Hausa refer to them as 'Boka'. However, different experts have emerged within their ranks including herbalists, bone-setters, psychiatrics, birth attendants, among several others. They usually rely on vegetables, mineral substances, animal parts and certain other methods such as prayers, divinations and incantations (Owumi and Jerome [2008]). Traditional medicine has impacted significantly on the lives of the people especially in the rural areas where access to orthodox medicare is minimal. Aside the lack of access, the prohibitive cost of western medications makes traditional medicine attractive .

Traditional medical practice, inspite of its popularity has been challenged on many grounds (Erinosho [1998]). One of such is that its popularity is based on the anecdotal experiences of patients. Osborne [2007], notes that the practitioners inflate the claims attached to advertisement and its products as well as not having scientific data about its effectiveness, thus making it difficult to ascertain legitimate and effective therapy and therapist. Some of the other arguments against traditional medicine include (Erinosho [1998]):

- that traditional medical practitioners lack the skills required for correct diagnosis of serious disorders,
- that they are always unwilling to accept the limitations of their knowlege, skills and medicines particularly in complicated organic disorders,
- that traditional medicine lacks standard dosage and have not been subjected to scientific verifications,
- that even though the educated are convinced that the healers have supernatural knowledge and that this knowledge is medically useful, they have found them to be unscrupulous and dubious, and
- that the healers lack the equipments required to conduct physical examinations.

In a similar vein, a former Director-General of the National Agency for Food and Drug Administration and Control (NAFDAC) expressed the challenges being faced in regulating traditional medicines (The Nation [August, 28, 2008 p. 44]). These include, lack of

documentation, inadequate coordination of the practitioners' activities, poor communication between the practitioners and their patients, secrecy of actual contents and/or difficulty in determining actual ingredients. Furthermore, most of the claims of the traditional practitioners are said to be unsubstantiated and their post-market monitoring has been difficult. Patients are also said to have reported adverse reactions. Akinleye [2008]), corroborated this when he identifies some of the drawbacks of traditional medicine as incorrect diagnosis, imprecise dosage, low hygiene standards, the secrecy of some healing methods and the absence of written records about the patients.

Traditional medicine practice in Nigeria, however, faces greater challenges in the hands of government officials who look at it with disdain and disrespect. This is a carry-over from the colonialists who "needed" to uproot this traditional medical practice for their own medical system to thrive and therefore portrayed the former as nothing more than witchcraft and fetish. Their successor, the Nigerian elite, despite the cultural background, was not better as the western propaganda had been infused to smear the historical and the indigineous health care system. This is manifested in the Nigeria government's reluctance to accord medicine its primate position in the healthcare delivery system. As a matter of fact, traditional medicine is practiced in Nigeria today without enabling national legislation that will regulate its practice as obtained in many parts of the world (WHO [2011]). However many states in the country have established traditional medicine boards/agencies to monitor the activities of its practitioners.

## **Emerging Trends in Traditional Medicine in Nigeria**

According to Leslie [1969], the process of transforming the old in terms of the new is called symbolic traditionalism (in Bonsi, [1982]). This is the process by which great traditions are modified by combining new elements with old practices. In the traditional medical practice, therapy is supposed to vary according to the peculiarity of each illness. This is different from

the controlled and standardized procedures of the chemical and biological sciences that underlie modern medicine which most traditional healers are now emulating. These new-style healers who adopt modern techniques are posing challenges to the practice of traditional medicine. They end up reviewing the practices by rediscovering and reclaiming traditional wisdom. Thus modernity and tradition are no longer placed at polar ends, rather they are brought together.

Traditional medicine in Nigeria has come a long way. Most people believe and rely upon the services of the practitioners for the relief of physical illnesses as well as psychological and spiritual comfort. Their success is enhanced by their understanding of the personal, social, cultural and political conditions of the individuals, families and communities (Roan [1999]). To many therefore, traditional medicine is indispensable as it is more accessible, cheaper and more holistic than the western alternative. In response to its high level of patronage and the need to give money for value, the traditional medicine practitioners are overcoming some of their challenges by modernizing in the following areas:

### **Recruitment and Training**

In the past, entry into traditional medical practice was through long period of apprenticeship or through inheritance. On the other hand, it could be a call by a spirit and the practitioners therefore saw it as a hobby or as a form of service to the community with low or no financial expectations from their clients. Because of the environment of practice, health services were administered by the illiterate and old people who could not document, and therefore lost most of their medical knowledge. In most cases only those whose genealogy has a claim to the history of traditional medicine are allowed to become practitioners. Thus, a major mode of entry into the practice was through relatives or parents.

This appears to be changing now due to urbanization and social change. The recruitment and training of trado-medical practitioners are no

more made exclusive to the family members. Bonsi [1982], notes that non-members of the family are now accepted to train as medical practitioners. Training now goes on until the trainee's competence is ascertained. The apprenticeship of old has become inadequate in producing the caliber of healers required for modern day practice of traditional medicine. As a result, training institutes are now emerging in many parts of the country, training men and women through formal courses.

As stated by Bonsi [1982], the institutes provide training organized mainly under supervision and instructorship of literate healers. In addition, the institutes encourage research into, and the teaching of various processes of obtaining, the medical properties of plants. Today, many successful traditional medical practitioners claim to have been trained in India, China and other Asian countries where traditional medicine has gained prominence, practice and organization.

Traditional medicine practitioners are persons with the knowledge and skills to maintain the health needs of their people. Some also have specialized skills that transcend, the everyday experience. This is against the background belief that ailment does not come on their own as something must be responsible for its occurrence (Owumi 1996). Most modern traditional healers have deviated from this. Rather, they now have great knowledge of the ordinary pharmaceutical properties of herbs, the shared cultural views of diseases in the society and they combine knowledge with modern skills and techniques in processing and preserving them (Bonsi [1982]).

Given their literate background, most of the modern traditional medicine practitioners have changed the processes and procedures of herbal preparation. Sophisticated machines are now used in transforming plants and ingredients to soluble granules and tablets in clean and standard forms. The medicinal herbs are also researched, documented and preserved. The drugs are now hygienically bottled and corked or put in sachets for preservation. They are properly labelled and the labels contain the names of the manufacturer and address, preparation, dosage, methods of preservation, and the diseases for which they

**Table 1:** List of some traditional medicines, manufacturers and approval status

Drug	Manufacturer	Tablet	Capsule	Liquid	Ointment	Powder	NAFDAC Status
KabalS.C.Herbal Powder	Idlak(Nig)Ltd	-	-	-	-	-	04-8464L
KabalS.C.Herbal Mixture	Idlak(Nig)Ltd	-	-	✓	-	-	-
DatumaD.BHerbal Capsule(30x10g)	Idlak(Nig)Ltd	✓	-	✓	-	-	04-8209L
DatumaD.BHerbal Mixture	Idlak(Nig)Ltd	-	-	✓	-	-	-
Viracomb(740mg)	PiecedovePharmacist(Nig)Ltd	✓	-	-	-	-	-
Pilopin	LifecareHolisticInternational	✓	-	-	-	-	✓
Vitron	LifecareHolisticInternational	-	-	-	✓	-	✓
Enitone	LifecareHolisticInternational	-	-	-	✓	-	✓
PaxHerbalBK	PaxHerbalCentre	-	✓	-	-	-	A7-0773L
PaxHerbalLogotina	PaxHerbalCentre	-	✓	-	-	-	A7-0193L
PaxHerbalSkinOintment	PaxHerbalCentre	-	-	-	✓	-	A7-0342L
PaxHerbalCoughSyrup	PaxHerbalCentre	-	-	✓	-	-	04-7540L
Energy2000	Yet-KemInternational	-	-	✓	-	-	L
M&T	Yet-KemInternational	-	-	✓	-	-	L
M2Formula	Yet-KemInternational	-	-	✓	-	-	L

**Source:** NAFDAC (National Agency for Food and Drugs Administration and Control, Nigeria) and Manufacturers' List 2011

are meant. The labels also contain the manufactured date, expiry date and the drugs registration with the regulatory authority, which in Nigeria is the National Agency for Food and Drugs Administration and Control (NAFDAC). Table 1 shows some of the drugs, manufacturers, style of packaging/preservation and level of regulatory authority's approval. While many of the drugs are undergoing laboratory tests and are given the symbol 'L' meaning listed, trials have been conducted on some others and are listed with numbers thus, '04-8464L, others are not yet considered by NAFDAC. However, no herbal product has been approved by NAFDAC (The Punch [May 23, 2011]).

Many of the traditional doctors now use stethoscopes and other simple instruments to determine signs. A typical patient now

commences treatment by obtaining a registration card, pays consultation fees and have his blood pressure taken. Unlike in the past, the discharge ceremonies no more involve any feast with the therapist, his family, the relations of the patient and the entire community. Rather, the medical practitioner simply issues a bill based on the cost of treatment.

### Packaging and Marketing

It was a common sight in the past in many Nigeria cities to come across hawkers of herbs in strategic locations such as roadsides, markets, moving vehicles and motor parks. With the advent of modern technology and greater awareness, practitioners have resorted to more aggressive marketing drive in both the print and

electronic media. The resort to mass media channels such as radio, television and news magazines as opposed to the traditional channel ensures a wider audience and patronage. In addition to these, traditional medical practitioners also buy airtime to sponsor programmes that are of greater public importance, like drama, football, etc, on radio and television. They also exhibit their products at various trade fairs organized to showcase their products.

One area in which traditional medical practitioners have attracted the attention of the public is packaging. Not only do they now make their ingredients in tablets and capsules, they are now packaged like orthodox drugs. They are packed in attention-catching labels and given suggestive names such as *Energy 2000*, *Hero*, *Vision 2010*, *Hyper 5000*, among others, to gain patronage. There is no doubt that traditional medical practitioners are more organized now than before. This is due largely to the influx of literate practitioners and high acceptability level by the public.

In spite of public functionaries' allusion to the possible contributions of traditional healers and their medicines to the promotion of health care, there is no federal legislation to regulate the practice of traditional medicine (Erinosho [1998]). However, some states have promulgated legislations for the promotion of traditional medicine in their areas. In consequence, regulatory boards have been established to license healers and document medicinal herbs and monitor the system. They have also established botanical gardens where the medicinal plants can be grown (Erinosho [1998]). Such states include: Lagos, Edo, Delta, Ondo, Oyo, Ogun, among others. The Oyo State Government recently established a traditional clinic at the Adeoyo Hospital, Ibadan, in order to explore all avenues to guarantee her citizens good health (Saturday Tribune [Jan 14, 2009, p.7]).

## Conclusion

Rapid social changes are taking place all over the world, especially in this era of globalization.

These changes are in many areas including traditional medical ideas and institutions which are undergoing modifications or expansions in order to meet the changing expectations and perceptions of the people. Traditional medicine in Nigeria is undergoing a revolution by its movement towards the ideas and structure of Western medicine in order to make it more effective and as a response to its environment.

It is in this mould that contemporary traditional medical practitioners have placed themselves- using new methods to sustain old knowledge and ideas for the betterment of society. Many benefits accrue from traditional medicine which apart from curing diseases also generate yearly revenues globally. Traditional medical practice in Nigeria is responding firstly to its technological environment by restructuring its mode of operations and production. This is apparently to justify its continued relevance and eventual contributions towards the health care needs of the people. This, it is doing in spite of non-recognition by government at the national level and incessant western propaganda against the practice.

The primacy of good health cannot be overemphasized in any society, as it is critical to productivity and prosperity. The Nigerian society stands to gain more working towards the integration of traditional medicine into its health care delivery system. In countries where this has been accomplished like China, India etc, they have continued to contribute to the Gross Domestic Product (GDP) and serve as a major foreign exchange earner. For a country which a substantial proportion of her population (about 80 percent) relying on traditional medicine for their health care needs, the government should provide the enabling environment for the practice to thrive.

As the practice is being restructured, appropriate legislation should be put in place by the National Assembly to regulate the industry. This law will expectedly take care of issues such as training, documentation, quality control, coordination, standardization and ethical issues. These steps will go along way in reinforcing the desire of traditional medical practitioners to modernize

their practice and put them on the same pedestal with their western counterparts this will eventually lead to an improvement in the health sector of the economy and end the rivalry between the two medical practices that has become a veritable threat to health care delivery in the country. More importantly, such integration would boost primary health care delivery, reduce the high maternal and child mortality, reduce cost of medical care, provide employment and eventually improve the economy.

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