

RE-PACKAGING AFRICAN CULTURAL VALUES FOR A DYNAMIC ECONOMIC DEVELOPMENT IN NIGERIA

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Abstract

Through advances in culture, human beings have come a long way from our prehistoric heritage. We can send astronauts to the moon, split the atom, and prolong lives through heart transplants. The process of expanding human culture has already been under way for thousand of years and will continue in the future. However, the attainment of these long term or short-term achievements in many other spheres like traditional medicine is predicated on several variables including the renaissance of our cultural values. This paper examines the significance of repackaging traditional medicine and how this can be useful in the health development of Nigeria in the twenty-first century.

The traditional worldview expressed the physical and spiritual worlds in totality. The symbiotic relationship between these two distinctive but interacting worlds cannot be emphasized. The essential thing about this is that the people are truly religious in all facets of life; hence any discussion which relates to them can only be significant and meaningful if taken from their religious perspectives.

This paper seeks to examine traditional medicine in Nigeria, the focus in development which has surrounded the health system in contemporary time. The health sector is witnessing rapid and drastic change from the wholly traditional method as most practitioners of traditional medicine now adopt modern scientific methods in the healing processes.

In Nigeria in particular, there is the dire need to bring the people back to their original

state of health. This is usually approached wholistically (the body, the mind, and the soul) to restore the individual patient back to form harmony that is essentially for human existence. However, the result of the historical events such as colonization, migration and the process of nation-building have been points of interaction and culturally shared values which consciously or unconsciously regulated and undermined the traditional system. Since culture permeates all aspects of life, the way we perceived, experience and cope with health and illness are culturally destabilized.

The paper contends that to have a clear understanding of the relevance of traditional medicine, the people's concept of medicine must be properly articulated and repositioned through cultural rebirth. It is only within this framework that we can understand and appreciate the wisdom behind the traditional health care system in Nigeria national development.

Some Conceptual Issues

We may say emphatically here that, all our social and cultural items fulfill sociological functions. This means that all structures or components of the society have positive function within the society. No item of culture can survive without it performing some useful function in the society. All socio-cultural items are indispensable for the functioning of the total system. That is, the units or parts are necessary to the maintenance of the whole unit of society.

When we are discussing the functions of traditional medicine, we are referring to the role which cultural renaissance plays within the total aim and objective of folk medicine in

contemporary health sector in our society. As a high point of African traditional history, the renaissance may be referred to as an age of supreme cultural achievements. However quoting St. Bernard's work "De Delligendo Deo" Spitz (1971:vii) observes that "to possess what one knows nothing about, what glory can there be in that?" Thus certain assumption of African culture merit explicit expression; hence this paper emphasizes the relationship between African culture, traditional medicine and national development.

Culture as commonly used in the social sciences refers to a totality of people's ways of life. Nwosu and Kalu (1980:3) refer culture to the gamut of the knowledge, beliefs, customs, traditions and skills that are available to the members of a society. Culture as man-made are designs, prescriptions and responses, which are deliberately fashioned to guide all aspects of a people's life. Culture therefore, covers all aspects of life such as technology, economy, social structure, politics, education, language and religion.

According to Uche (1954:19) culture is the sum total of the ways in which human beings live, transmit from generation to generation by learning. It is the acquired or cultivated behaviour and thought of the individuals within a society. Culture in this perspective is commutative as it is handled down from one generation to another. It is meaningful to human beings because of its symbolic equality. It is learned by each person in the course of his development. As a basic determinant of society it depends for its existence upon the continued functioning of the society. This means that culture is static but at the same is bound to change. The individual receives culture as part of his social heritage and, in turn he may reshape the culture and introduce changes which then become part of the heritage of succeeding generations.

In corroboration of this view, Kottak (200:74) observes that one way of culture change

is through "diffusion", or borrowing of traits between cultures. Such exchange of products has gone on throughout human history because cultures have never been truly isolated. Diffusion is direct when two cultures consciously interact. Diffusion is forced when one culture subjugates another and imposes its customs on the dominated group. Diffusion is direct when items move from one group to another without any first hand contact between them.

Kottak further identifies "acculturation" as a second mechanism of culture change. Acculturation in this regard refers to exchange of cultural features that result when cultural groups may be changed by this contact. However, each group remains distinct. In situations of continuous contact, cultures have also exchanged and blended foods, medicine recipes, music, dances, clothing, tools, and technologies.

The "independent invention", is a process by which humans innovate, creatively finding solutions to problems. Faced with comparable problems and challenges, people in different cultures have innovated and changed in similar ways, which is the one reason culture generalities exist. One example is the independent invention of western scientific medicine which over the course of human history has spread at the expense of earlier traditional African systems. This revolution has social and cultural repercussion on African traditional medicine. In our society today, western technology is very much involved in the creation of things. Its influence threatens to control our lives and activities. For example, one of the most interesting revolutions for changes in our present stage of development in African is in the area of new techniques and the establishment of industrial technology.

Thus, cultural policy, as social engineering, demands a notion of culture as a strategic instrument which has to do with man - made

aspects of our social environment, including the ideas and symbols. Culture is therefore more than just a heritage, a historical product. It is more than the expression of man's mode of living. Uchendu (1988:18) reminds us that every culture embodies two separate but related spheres: (i) cultural universal, which refers to those elements of a culture open to all and shared by every culture bearer; (ii) cultural alternatives, which are various institutions for specialized training and knowledge whose membership may be voluntary or ascribed. It follows therefore that no individual can master the knowledge of his culture since part of a culture must be learned by everybody, part may be selected from alternative institutions and part is open to only those who perform special roles society.

In contemporary age when Africa must re-design its cultural institutions, culture must be seen as an instrumental agent, as an essential mode of intervention in our social life. Thus cultural renaissance may be a deliberate social efforts to channel behaviour in the direction that would maximize traditional medicine for national objectives, especially that of integrating health development.

The Concise Oxford Dictionary defines tradition as "opinion or belief or custom handed down from ancestor to posterity especially orally or by practice". While the Dictionary of Social Sciences defines tradition as "the transmission, usually orally, whereby modes of activity or taste of belief are handed down from one generation to the next and thus perpetuated". When we apply those definitions to social institutions, tradition is the vehicle through which every individual learns something of the mores and stock of the accumulated knowledge and prejudices of his forefathers. This concern the transmission of knowledge, opinions, doctrines, customs, practices etc. from generation to generation, originally by word or usage so handed down existing by transmission.

Traditional medicine which is the cognate of tradition denotes the transmission of the values, activities, mores or beliefs from one generation to another orally or through practice (Ubrurhe, 2003:8). In Africa by and large, the basis of medicine is tradition, culture and religion, in as much as it came directly or indirectly from the people, belief and the supreme deity and operated through a tutelary of religion and cultural values.

The notion of medicine, disease, illness, and healing among Africans is very often associated with the people's worldview. This has to do with a body of beliefs about the universe which are common among members of any society and existentially demonstrated in their value systems, such as social conduct, norms, rites and rituals, ideas, etc. (Apenda and Shishima, 2003:1-51). According to Shishima (2002: 71) medicine may be considered as any substance either natural or synthetic that is used to modify or explore the physiological, pathological or psychological state of the recipient. For African, medicine includes drugs or herbs, plants and sometimes animal matter, incantations and prayers.

Laguda (2003:466) sees medicine as one of the cardinal beliefs in African religion. These beliefs are taken as a whole and therefore cannot be isolated. It is perhaps based on this premise that medicine is related to religion in African societies. Medicine is an art which seeks to restore and preserve health. It is curative as well as preventive because it builds up antibodies which help the human body to resist infection by boosting its organs. Ayoade (1979:49) observes that people all over the world have different ways of preventing and curing illness. This difference exist because all human beings are imbedded in varying natural settings from which they gain information to be used in the development of techniques for coping with environmental difficulties.

The objective of health development is to change attitudes and behaviour and thereby to improve health; its focus is on people and their health actions. Health development is a process of creating particular cognitive, perceptive, behavioral, and motivational structures in the individual client. To be effective and lasting, change in health behaviour must take into account the realities and the possibilities in traditional medicine. The medicine men's knowledge of the culture and of people's needs and interests as generated by the local environment is particularly relevant when changes in health practice are sought in African communities. According to Charles (2003:491) the African concept of health carries confusing images. That is the people's ideas of being in good health vary widely. To the layman, being healthy may simply mean not being ill. To the medicine practitioner, being healthy may mean having a physiological balance or freedom from medically defined diseases and disability. However, health is basically a social concept. Perception of health is shaped by peoples' experience, knowledge, values and expectations and the fitness they need to fulfill that role. According to Adeniji (2003:546), this is a state of total effective physiological and psychological functioning in a human development. This is as a state of complete physical, mental and social well being, and not merely the absence of disease and infirmity.

Viewed from this perspective, it could be argued that there are as many dimensions of health as there are determinants of health. Dimensions of health could be categorized as physical health, mental health, emotional health, social health and spiritual health. In other words, the determinants of health are ingrained in the socio-cultural context in which disease and health are perceived. This is based on the fact that all human societies develop some set of beliefs, cognition and perceptions consistent with their cultural matrix for recognizing disease or health.

The concept of health has been shifted away from diseases, to prevention of diseases, and even currently to health promotion. With the Alma Ata-Declaration of "Health for all by the year 2000", the approach to attainment of health has been redefined. Health is viewed as prerequisite for human development both individual and national, and is seen as a responsibility of everyone, (Adeniyi 2003). Thus, if our actions in the prevention of disease and the promotion of health and well-being are to be effective, they must be based on the understanding of culture, traditions, beliefs attitudes, values and pattern of interaction of people and their new approaches for development of healthy behaviours and modified strategies. These are essential factors in health development, because they imply the rejection of habits harmful to traditional concept of health and healing and adaptation of measures that promote health (Ezekwesili, 2004:7).

A Profile of Traditional Medicine in the Health Development

The imagery that portrays African culture as savage has not changed so much over the years, when western imagery on African religion and culture was promoted by the evolutionary trend that became popular in Europe with the writing of G.G. Hegel (1880-1831) and the emergence of Charles Darwin's theory that advocated the concept of survival for the fittest. The theory becomes the basis of imagery of African Religion and Culture. African religion and culture were thus perceived as still in its primitive, primordial stages of evolution and thus underdeveloped and with no value. Chepkwony (2003:155) quoting Eric Sharpe (1975) describes this state of African religion-cultural imagery thus:

In the new evolutionary perspective, the mind of "primitive" man could be seen to be human, if childish and therefore worth studying. His religion could also be seen to be

eminently worthy of attention if only as a means of demonstrating the earliest stages through which the faiths of mankind has passed on to the heights of ethnical monotheism...

The emergence of the evolutionary theories was a curse to African religion and culture because the nineteenth century theories were responsible for a variety of nomenclature that has created almost permanent negative images of African religion and culture. According to Urbruhe (2001:13) the early anthropologists, ethnographers, traders and missionaries who undertook the study of traditional medicine and its practitioners look at the African world with different cultural lenses and cloud not understand the African religion and philosophical framework in which the African perceived existence. The traditional medicine and its practitioners were thus dubbed superstitious, fetish, witch-doctor and magician. The African medicine men were dubbed witch-doctor because it was the element of magic in African medicine which captured more of the foreigners' attention. This popular negative image of the traditional medicine and its practitioners is articulated by Iwu (1987) thus:

The popular image of the African medicine men is that of a fabled witch- doctor with his exotic paraphernalia's of feathers, cowries and animal skin, muttering meaningless incantations and dispensing worthless potions to equally ignorant clients. Even the herbs they dispense are considered harmful; and when they are found efficacious the detractors of traditional medicine are quick to dismiss them as chance discovery. The incantations and the rhythm of drums are said to be weird sounds and part of the mumbo- jumbo designed to hoodwink the superstitious savages who are their spell.

The misconception and the subsequent derogatory terms used in describing traditional medicine and its practices made the missionaries viewed them as targets of attack and its

campaigns of vilification. They were, therefore, regarded as the main propagators of superstition and magic and were in-elegantly dubbed with all sorts of designations magician, sorceries, witch-doctors and witch-hunters.

But today missionaries and others have been proved wrong in their use of this pejorative term. We have realized how unreliable the statements of the early explores, traders and others on religious beliefs, cannot be observed directly, and their understanding requires a thorough knowledge of a people's language and also an awareness of the entire system of ideas of which any particular beliefs and practices to which it belongs renders it meaningless.

The Relevance of Traditional Medicine in Contemporary Health Development

Traditional medicine exists with time; enough data abound worldwide to ascertain its efficacy. The *Ayur-vedic* in India, *Acupuncture* in China and *Onisegun* in Yoruba of Nigeria have been studied and founds to be meeting the health requirements of vast majority of people. Many scholars have noticed the utility and potency of native medicine. Some of these authors include Odebiyi (1977), Bonsi (1982), Pearce (1986), Owumi (1993), Oke (1995), Apenda and Shishima (2003), and Ubrurhe (2003).

According to Ajala (2003:480), there are differing terminologies by different authorities to traditional medicine. While some refer to it as native medicine, indigenous and primitive medicine, others refer to it as folk or black medicine. Upon this background, the traditional medicine is conceived as sum total of all knowledge and practice whether explicable or not used in the diagnosis, prevention and limitation of physical mental imbalances and relying exclusively on practical experience and observation handed down from generation to generation whether verbally or in writing. Expatiating on this, the World Health Organization (W.H.O, 1976) conceives traditional

medicine as an art which is original and originates from the group transmitted through time, and it is acceptable, reliable, affordable and accessible within the group where it obtains.

This seems that more clients tend to go for traditional medical care in African societies; this can probably be explained in terms of the encouragement they received in connection with their employment. According to Jahoda (1999:99) the reasons for visiting the healer are categorized in five broad perspectives set out below:

- i. Gynecological and Venereal Diseases - These cover barrenness, repeated miscarriages, disturbed pregnancies, or other complaints described more vaguely as "womb trouble". Both kinds are characterized by the frequency with which specific details of magical causations are offered by both healers and clients
- ii. Biophysical - As borderline symptoms one might suspect of being psychosomatic in origin unless there are definite indications to the contrary. Severe headache, couple with nightmares or hallucinations would be an example.
- iii. Mental - Those under this group suffers from acute behavior, such as disturbances of a type which may attributable to organic or functional psychosis.
- iv. Job, Love and Marriage - These cover all specific problems relating to these crucial aspects of life.
- v. Protective and Ritual - This refers to a wish for safeguard against any enemy who might scheme some supernatural mode of doing harm, so that the client would continue to prosper. On the other hand, the latter concerns various types of customary rituals, including the cleansing of clients who are believed to be witches.

The modern healers are characterized by a departure from the traditional pattern, involving the adoption of some of the external trappings of the western medical man and pharmacist. Such new style healers tend to have printed visiting cards, to be on telephone and to sell what are in effect patent medicines for all conceivable kinds of ills, prepared in an herbal laboratory.

Generally speaking, Conco (1979:70) observes that there is no such thing as a primitive mind as primitive man is potentially like modern man. Primitive medicine is found in all ages in the orient as well as in the ancient Greece, Egypt, and Mesopotamia. In the Middle Age as well as in the very midst of modern industrial society a system of medicine is produced by every culture. In every medicine where a department of knowledge and practice dealing with disease and its treatment exists, man uses language or symbols when he observes, describes or thinks about the world of disease. The grouping of these observations, descriptions, and thoughts leads to a certain conceptual orientation. This is where primitive patterns vary from culture to culture, from epoch to epoch, from group to group and even individual to individual. But all these systems can be examined and analyzed from a certain interpretative point of view with a standard of evolution defined by the canons of reasoning adopted as a framework for contemporary relevance in health services.

In order to keep a good record of having no failure or as few failure as possible, the Yoruba traditional practitioners for instance are selective in the cases accepted for treatment; hence the tendency to specialize becomes established. All the same, majority of these people are generalists though they are still selective and refer unfamiliar cases. According to Ademuwagun (1979:61), the following are criteria for refusing a case: i) Hereditary nature of the disease since there is a great or chance of recurrence; ii) A wandering insane who has been sick for many years and hence has become thick and psychologically set

by the obsession; iii) Negative results of consultation with traditional oracles; iv) Negative relation of history of previous treatment at another herbalist's home or shrine.

Two kinds of diagnosis are clearly defined in the traditional practitioner's approach to his patient's problem, namely: medical history and personal history. The medical historical approach is strictly disease-centred, while the personal historical approach concerns the patient in his total environment (physical, biological, and socio-culture). The process is, indeed, a complex of ecological investigation, interview, or consultation in that it involves the patient's physical, emotional and social diagnosis.

In the disease-centred diagnosis, traditional practitioners seek to answer the question: "Is this patient suffering from some recognizable disease or disturbance of body function that we can explain in terms of knowledge of anatomy, physiology, or pathology?" The process involves history taking, observation and clinical testing. In the person-centred diagnosis the practice of traditional medicine involves not only the treatment of diseases but the management of people who are ill physical, emotionally, or socially. To this end, the traditional practitioner has evolved intricate, brilliant, and effective methods of dealing with the total person of his patient.

Corroborating this view Laguda (2003:468) posits that there are many methods adopted by traditional practitioners comparable to operational techniques of western medical practices. They listen to case history (medical history approach) of their patients, diagnose and make prescriptions based on experience.

Some drugs are prepared by pounding or grinding all the components together; others are pounding of half of and boiling of the remaining half to form a concoction. Some are dried and

grinded into power. In all grinding, pounding, boiling, and drying form the main methods of drug preparation (chemical extraction is the main purpose of the processes). Oral and through skin method of drug administration are used. Oral administration could be taken as a liquid or as a power mixed pap, drinks, or any other food.

Commenting on healing in a non-materialistic culture, Etuk (2002:71) explains that, there should be a clear difference when we contrast cultures with African cultures. The western culture is, unmistakably materialistic. Science holds the key to all explanations. If a person is sick the natural thing to do is to rush him to a doctor who will examine his body to determine the cause of the illness. Whereas, in African societies, when someone fall sick, especially if the context is the traditional rural community, (which may be far removed from any modern hospital specialist to determine the cause of the patient's sickness) the cause may not lie at all in the patient's physique rather it may have something to do with his ancestors who may be heralding warning from the spirit world, or it may be that his enemies are attempting to ruin or kill him.

In consideration of the essential element of the traditional medical system, a surgeon at Yale University, in the U.S.A. Bernie S. Siegal, came to realization when he became interested in a more wholistic approach of traditional medicine. He expressed annoyance at his training that kept him so ignorant of the facts of health and sickness with which those with a more wholistic approach and less training than his were familiar. He was referring to the success of traditional medicine in one of the Christian Missionary Hospital in Nigeria. This fact is captured in the words of Boer (1989:3) thus:

From 1966-1975, I worked as pastor and evangelist under the auspices of the CRCN of

Nigeria in Gongola state. One of the things that perplexed me was the fact that when any parishioners fell sick, she would frequently go to the Christian hospital nearby. After she had been treated and dismissed...the first thing to be done would be to pay a visit to a functionary of the local traditional religion...I arrived at the conclusion that the treatment patients received was too one-sided. The physical aspect of sickness was stressed to the almost total exclusion of other dimensions...

In accordance with the views of these scholars, most people, including western medical practitioners would have many questions lingering in their hearts concerning this significant development. They may wonder why they have become sick, who the cause of it is and how it is accomplished. Has an ancestor been offended in some way? If so, what must be done to effect reconciliation to ensure well-being? Might someone be practicing witchcraft? How can it be overcome? These are questions very important to the patient but virtually ignored by western medical practitioners. These western trained practitioners were taught a wealth of technical details and procedures to restore any malfunctioning part of that physical machine call the human body. And so the patient is dismissed from the hospital with none of his fears taken care of, hence the other needs of the patient are not considered relevant for the medical people. Of course, the patient has little choice but to revert to practitioners of African traditional religion.

No one will argue with the fact that traditional medical practitioners by and large perform useful functions in most African society. Nor would many take exceptions to the statement that there are within the system a proportion of crafty charlatans who affect more harm than good. But the important question that must be asked and that has been asked in the past is "what should be their place, if any, in the modern health

care delivery system?" Among many African communities, traditional medical practitioners presently are pre-eminent in rural areas and are holding considerable status in urban settlements where the goal is the attainment of better health care, which lies in development of quality health services infrastructure. Boer (1989:14) affirms that:

Its ideal represents an antidote to the narrowness of specialization a fresh attempt to understand and treat whole people in their total environment, without neglecting the treatment of disease, it include an appreciation of patients as mental and emotional, social and spiritual as well as biological and psychological beings.

In the light of the above, traditional health practitioners would search for the root cause of a patient's troubles. It would identify the physical problem and treat it, but it would not stop there. It would search for the cause of the physical problem, which often will be found to be non-physical. That cause may be found within the patient, in his relationship to the supersensible world, to his community, or to the environment.

Re-packaging Traditional Medicine for Health Development in Nigeria

The professional and acceptability of traditional medicine differs from country to country. In fact, within a particular country, there are still in existence, divergences in the principle and practice of traditional medicine with regard to its acceptability and utilization. This position was precipitated by structural and institutional changes witnessed by the health care system of the people within the last one century or so. These changes care largely as a result of colonialism, international mobility, western education and federation of culture, which brought about the imposition of western or modern medicine over the traditional medicine. Grossly affected is the health care system in African continent, which

suffered severe setbacks in their socio-economic development, such that have impeded them from meeting the social, economic, and political needs of modern health care system. It therefore shows that repletion of indigenous principle and practice of health care system in African continent has made large number of its population unsecured in terms of health care system.

Therefore, it seems that the sole inclination towards a uni-medical care system cannot afford human population of socio-biological infirmities. This position has called for intensification of studies on the principle and practice of possible integration of traditional medicine and modern medicine especially in the developing countries like Nigeria. While the call has won acceptance in most of the Asian countries particularly in South Korea, China, India, Pakistan and Indonesia, as more desirable as it is in African continent, most countries like Nigeria therein still pay lip service to the theory and practice of integration of traditional medicine and modern medicine (Ajala, 2003:474).

In his observation on the practice and success of traditional medicine vis-à-vis modern medical practice, Etuk (2002:76) postulates that very frequently in our culture, we encounter situations in which practices of modern medicine are either shunned or judged as incompetent in a traditional social milieu which accepts witches and demons. It is common practice among expectant women nowadays, to register in a modern maternity to ensure appropriate certification required, but when the time comes for delivery, they turn to so-called traditional healing homes to meet their needs of warding off evil.

According to Apenda and Shishima (2003:153), modern medicine functions on the belief that there no knowledge without experience of the external world as described by empirical data. It emphasizes particular symptoms and

laboratory without consideration of the “whole” individual. Thus, the conflict between the traditional, wholistic, spiritual oriented healing and the modern, biomedical treatment-oriented approach reflects a basic difference in philosophy on the causation of illness and promotion of health. Since the body has inherent healing powers, the modern medicine is inadequate in this direction

Besides, a country like Nigeria can hardly be said to have been saturated by modern medical institutions. There are vast populations which remain unreached by either clinics or hospitals. Our doctor to patient ratio still remains one of the lowest in the world in spite of gigantic efforts to train medical and paramedical workers. Today, several people in the country depend either totally or partially on healing method of their ancestors. Sometimes, it is the kind of health care available where they live. Sometimes they are comfortable with it than with modern medicine which may give a different explanation for illness and use different method to treat than they are accustomed with. Traditional medicine thus, speaks, with a vociferous and prestigious voice, and it is often spectacularly successful in modern time.

Apparently, the traditional practitioners live with and among the health consumers. Thus, they are easily available and accessible - a condition which eliminates the inhibitive forces of cumbersome referral commonly associated with orthodox health system. As residents in the country, they are in a better position, and they do not hesitate to exploit the opportunity to influence the health attitude and behavior of the health consumers more than the sporadic visits of orthodox health personal can positively effect. Against this background, what can and should be done to bring the traditional and orthodox practitioners to augment and complement the services of each other, to develop attitude of mutual trust, confidence and respect, and to share

relevant professional experience with each other for the users of their health services and products, and for effective development of the country? These are the questions which experience of our cases studies attempts to suggest a solution of repackaging and repositioning traditional medicine in Nigeria health development.

We have discovered in the study that folk medicine has survived in modern urban centers in African not only because large numbers of people have faith in it, but also because as a system of medical care it has not remained rigid. It has adapted itself to the new urban scene. The availability of modern medical facilities in these cities has somewhat lessened, but not abolished, dependence on the traditional system. For example, in Ibadan, Nigeria, where a world-renowned medical school and University College Hospital exist, traditional medicine still flourishes. According to Imperator (1976:2002) there are some fifty stalls devoted to the sale of traditional medicinal material alone in one of eight recognized Ibadan markets. Ademuwagun (1979:159) maintains that among the Igbo - Ora, in Ibarapa division of the Western State of Nigeria is the centre for rural community health care project (that is, the Ibarapa project of the University of Ibadan medical school).

In spite of frantic efforts the orthodox health practitioners have been making since the intervention of Igbo- Ora and neighbouring communities, nothing has been so significantly reduce the influence of or totally eliminate the traditional health system. The grip-holds of the traditional healers and midwives on their customers are still tenacious, unyielding, and inexorable.

The Yoruba like their counterparts in China, India, Pakistan, and Kenya have evolved effective indigenous health methods of coping with disease. Men and women have both made

appreciable contributions to family and community health. They are involved in the physical preparation of medicine containing leaves, barks, roots and mineral substances used in both disease treatment and prevention (Osunwole, 2000:83).

The Chinese in Peking wanted to modernize the health sector without frontally attacking native medicine and without losing all the relevance and useful skills and energies of its practitioners. The traditional system was legitimized and even the doors of the Chinese Medical Association were opened to practitioners. In 1956, out of 15, 059 members there were 1,037 traditional practitioners. Patients in China were left with the freedom of choice though "integrated consultation" was promoted. Traditional practitioners rapidly assimilated modern concepts of anatomy, physiological, diagnostic techniques and therapeutic practices. At the same time because of shortage of drugs, the modern physician found himself using traditional treatments in certain types of cases. This programme in which traditional and modern health services are amalgamated led to:

- i) An expansion of the available resources in the health sector of the community;
- ii) A fulfilling of the perceived health needs of the community;
- iii) The creation of communication channels for training or retraining practitioners from the traditional health sector in certain crucial scientific diagnostic, dosage, and treatment methods;
- iv) A conscious effort to study the diagnostic and service delivery methods of the traditional healers by the modern healers;
- v) A conscious effort to chemically analysis some of the drugs used by the traditionalists by the modern practitioners in order to ascertain the potency of such drugs;
- vi) The growth of mutual

confidence, trust, and respect between the two groups of practitioners –a situation which is conducive to the spirit of team work and division of labor in health care delivery (Ademuwagun, 1979).

However, there exists no single way or simple approach to the problem of how to fuse traditional medicine and its practitioners in national health system. Similarly, the process may not be certain either. Our experience of Chinese approach reports that it involves both the theoretical and practical aspects with the application of modern scientific means. Thus, the Chinese approach in training research workers in physiology, anatomy, microbiology, biochemistry, pathology, physical diagnosis, laboratory diagnosis, immunology, radiology and molecular biology, combined with basic modern scientific techniques as in electro microscopy and chromatography can be adopted in Nigeria, where our indigenous medical practitioners should have some knowledge of western medical system to boost national health development in the country (Ajala, 2003).

Conclusion

The integration of traditional medicine with western medicine implies the effort at incorporating the services in traditional medicine with that of western medicine for the benefit of the whole population. Success recorded in India, South Korea, China, Indonesia and Singapore motivated other developing countries to seek for the integration was wholeheartedly supported and promoted by World Health Organization in 1976 by always canvassing for legislation in support of official recognition of traditional healers

Nigeria particularly has favorable horizon for the goals of integration to be achieved in the country. Judging from close to a century of promoting western medicine in Nigeria, its services is only available to between 25-30% of Nigerian population leaving 70-75% to the care of traditional medicine, and leaving aside traditional

medicine, which on its own could not avail the population all biological infinities. Nigerian governments have for many years promoted western medicine and leaving aside traditional medicine. Upon the recognition of this, to independently provide sustainable health care system in Nigeria, government then embarks on many experimental projects towards establishing linkages between traditional medicine and western medicine. The first attempt was made in 1966 at the University of Ibadan where research programme on local herbal medicinal plants with reference to their medicine properties was sponsored by government as the first veneer of interest to international medicine and western medicine.

In the foregoing analysis we have examined the possibility of integrating western medicine with traditional medicine, directing principal attention to analysis of traditional medicine. Basic assumptions in the analysis are critically examined. Many of these assumptions have created bottlenecks to the integration approach of Nigeria health care system. In this work, we observe that awareness have been created through government programmes on the efficacy of traditional medicine. This has increased patronage and the relevance of these methods since some ailments transcend the realm of science, such ailments can only be treated through effective employment of metaphysical forces. Although these may not be empirical but the effect they make on the patients are enough evidence of their potency. Though it may take a little longer before science of African metaphysics could be articulated, the will to venture into such research should be endeavored so that traditional medicine can be repackaged and repositioned in Africa as a whole and Nigeria in particular to attain considerable achievement in health development.

Recommendations

In the light of our findings and experience in other parts of the world and Nigeria we recommend that:

- i. Integration of traditional and western medicine in Nigeria should not tend towards assimilation of traditional medicine, but it should be seen as complementary, especially in areas of deficiencies in the two systems.
- ii. The institutional problems affecting integration approach such as the existence of various misconceptions about traditional medicine as sorcerers and magicians should be abandoned.
- iii. There should be no cynicisms against integrating approach coupled with lack of government commitment and continuity in the pursuit of integration in Nigeria medical system. Governments in Nigeria can emulate the high profile of recognition and integrative approach by Lagos State Government in the establishment of Traditional Medicine Board to integrate traditional medicine in health sector (The Guardian 2005).
- iv. System study and chemical analysis of the native drugs must be redoubled and their potency ascertained for utilization in modern health care.
- v. Reciprocal referral should be encouraged between the traditional and orthodox practitioners to demonstrate the true beginning of division of labour and team work in action.
- vi. A forum should be created for periodic frank dialogue between the orthodox and traditional practitioners to serve as a basis for establishing mutual trust, confidence and corroboration.
- vii. Traditional medicine should be demystified in order to attract more patronage.

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