

RE-FOCUSING THE VISION AND MISSION OF TRADITIONAL MEDICINE IN NIGERIA'S HEALTH SECTOR IN THE 21ST CENTURY

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Abstract

Nigeria's projected target of good health for all by the year 2010 is quite recommendable. However, the attainment of this long-term goal is predicated on several variables in the health service. It is against this background that this paper intends to examine the vision and mission of African traditional medicine towards the collective efforts to achieve this objective. The paper attempts to address some fundamental issues regarding the credibility of traditional medicine in achieving wholistic health care in Nigeria in the 21st century.

Introduction

A vision may be considered as faculty of seeing or imagination. This imagination, which transcends the natural, may be theoretical, unpractical ideals or fanciful beliefs. Such a natural vision may completely remain a spectrum except it has acquired the desired channel of realization by assuming un-deflective, pragmatic character. It is in this perspective view of the practical achievement of a vision that Onimode (1997:1) postulates a typical vision that embraces all Nigerians; A vision in a country is for everybody, but a plural, large and increasingly hierarchical class society like contemporary Nigeria, everybody's role and interest in such a wholistic vision cannot be taken for granted.

This line of reasoning prompted and inspired numerous Nigerian enthusiasts of the vision to questions that borders on what the Nigerian vision appears to streamline. It was therefore not strange when General Sani Abacha, at the opening ceremony of the Third Nigerian Economic Summit (NHS) in Abuja first announced publicly that the country would adopt a development concept. This concept of development entails conscious efforts by individuals or the entire society to focus on the future whose attributes include planning towards such future based on realistic facts. It is also mainly a long-term programme with so much of scientific projection or rather than mere prediction inherent in an imagination. The vision also fundamentally presupposes the will and determination to meet a set goal,

In the order of wish and direction, the vision went further to specify targets to be obtained by the year 2010. These cover such areas and issues as education, industry, petroleum, agriculture, infrastructure, poverty alleviation, rural and urban development, and health, among others. The management of these issues depends on a proper appreciation of "where we are", "where we want to be", and "how to get there", in respect to each.

It is against this background that this work attempts at examining the conceptual perspective of the vision, which essentially underscores Nigeria's strategy of development. The second part discusses traditional medicine as an essential element in the vision for the provision of wholistic health services in Nigeria. The third part provides a critique of the possible integration of traditional medicine in achieving this visionary process. In conclusion, the work provides some recommendations, which will bridge the existing gap between traditional medicine and western medicine with a view to achieving the aims and objectives in Nigeria's vision in health development.

Traditional Medicine and Nigeria's Health Service: Vision and Mission

The western scientific doctors may have a special technical way of defining health, but for the purpose of this work, we shall say simply that health is a state of well-being which an individual experiences personally, whether physically, mentally or emotionally. These three components, which make up the human being all counts in health- a person, may be physically strong with no traces of a malfunctioning organ in his body. However, if his mind is not balanced or if he is emotionally depressed, he cannot be said to be in a state of health. Health, in this perspective will then embrace the body, the mind and the emotions of man all together constituting one single continuum.

In dealing with health in traditional African experience, Etuk (2002:65) observed that in much of traditional African, there is a strong belief in and dread of evil and malevolent men and women who are credited with supernatural powers - powers that enable them to wreak havoc on their enemies and innocent folks. The point therefore, is that in dealing with health we are not dealing merely with individual complaints. Rather, for the traditional African, health is a finely balanced and finely tuned relationship among forces, the least significant of which may be the material or the physical. In this regard, Ubrurhe (2001:1) maintained that Health is essential to life as a signal of the sanctity, which hedges it. Health is about wholesome and the maintenance of the balance in existence: ... Balance in cosmic order, in relationship between humans and other inhabitants of the psychic environment, balance in social and human relationship with the supernatural.

This view portends that health has essentially the psychic, social and religious dimensions and health care practices seek to nurture, preserve, restore and enhance wholeness. Health is an antidote to brokenness and medicine is the agency. Ritual agents diagnose, prescribe and apply medicine to combat various types of brokenness. Some are internally induced and others come through external sources such as witchcraft, sorcery, ecological pollution and war (Ubrurhe, 2001:1).

Medicine as an aspect of human efforts to maintain health deals with diseases and its prevention and treatment. Medicine (traditional) has been practiced since the beginnings of human history. Unlike centuries back when Africa folk medicine would only be concerned with cure and treatment, today, traditional medicine presents us with methods of prevention and programmes to promote public health (Akpaamo, 2004:26). Thus traditional (indigenous) medicine transmitted by word of mouth and by example, the knowledge and practice based on customary methods of natural healing or treatment of disease or the total combination of knowledge and practice, whether explicable or not, use in diagnosing, preventing or eliminating a physical, mental or social diseases, and which may rely exclusively on past experience and observation handed down from generation to generation constitute the contemporary challenge to wholistic health in Nigeria.

The twenty-first century is therefore witnessing serious efforts to discover the active principles in Africa medicinal plants. This urge according to Ubrurhe (2001:1) "has become more vigorous with the scientific findings that diseases are becoming more resistant to systematic medicines especially antibiotics". In the United States of America for example, the number of days a patient is expected to stay in hospital for medical treatment has been increased by 3-5 days because of their induced side effects (Oguakwe, 1990:2). This indeed, has prompted much concern to different world governments, especially those of the third world countries.

The notion of wholistic health care is not new to Nigeria when Boer (1989:29) observed the limitation of biomedicine thus:

From 1966-1975, I worked as a pastor and evangelist under the auspices of the Christian Reformed Church of Nigeria in Southern Gongola State (now Taraba). One of the things that perplexed me was the fact that when any parishioner fell sick, she would frequently go to the Christian hospital nearby. After she has been treated, and dismissed, one of the first things to be done would be to pay a visit to a functionary of the local traditional religion...

When Boer decided to investigate this matter, he made frequent visits to the hospital and engaged both Nigerian and expatriate staff in discussions. The finding revealed that the treatment patients received was either too one sided or had its inherent inadequacies. As common knowledge relatives of patients who were admitted to these hospitals "smuggle" in for them medicine obtained from the traditional methods of healing, while in some cases the African trained doctors advised relatives of patients in hospital saying:

This is not a case for this place, or that case, as I see it, cannot be treated successfully in this hospital, why don't you take the patient home and try the native way.

The doctors trained in western methods of healing genuinely believe in the efficacy of traditional medicine for certain forms of sickness. This concern is manifest in the recent movement

away from the use of synthetic medicine to galenical and the use of medicinal plants, which form about ninety percent of the traditional medicine. Beside, World Health Organization (WHO) introduced the health for all programme as encapsulated in Nigeria's Vision 2010, realized that the achievement of this objective could not be through orthodox medical practice only. WHO therefore encourages the use of all available medical systems, both orthodox and traditional. To this end, efforts are to be made to provide enough data on traditional medicine so that intensive scientific research can be caused out on the consistent of traditional medicinal plants. Hence, Laguda (2003:465) asserts that:

To make it attractive, traditional health care can be supported by modern medical methods. And to have a wholistic approach to form harmony of the body, the soul and the spirit, the people's concept of medicine must be properly articulated.

It is therefore only in this framework that we can appreciate and understand the wisdom behind the traditional health care system. In complementing this view, Etuk (2002:76) quoting K.O.K.. Onyioha says:

If one would go by what we are now seeing of hospitals in Nigeria, one would be inclined to believe that European medical science needs now to call off its professional jealousy, and investigate and learn what traditional healers are doing. There are many cases given up by hospitals as incurable, which traditional healers have cured.

In the light of the foregoing, the praxis of western medicine also have limited value in cultures. For instance writing on the etiology in Urhobo traditional medicine, Ubrurhe (2001:41) recognized that there are natural diseases which are usually caused by the disequilibrium of the bodily chemicals like dysentery, worms, fever, hemorrhoids pile etc. They utilize any physically concocted herbal preparation. However, the preternatural and supernatural diseases are more involving and are usually in the cultic realm. They do not utilize any physically concocted herbal recipe. Rather, the forces inherent in nature are at their disposal for manipulation to their own advantage. This is the reason why Ubrurhe (2001:49) quoting J.V. Taylor argues:

A man's well-being consists rather in keeping in harmony with the cosmic totality... The whole system of divination exists to help him discover the point at which the harmony has been broken.

This is also the reason why Apenda (2000:118) quoting E.B. Idowu describes African medicine in these words:

The point in the ritual is simply that unconsecrated medicine has no meaning for Africans. That is why divine and ancestral sanctions are considered necessary before and during the preparation and application of medicine.

With every disorder suffered by human being, tradomedical method of treatment can provide a cure, provided the patient is willing to adopt the traditional and normal • methods of treatment embodied in trado-medicalism. However, in the process of fashioning a benefiting vision of health for all in Nigeria, we should seek to answer such critical questions: as; What is our purpose of health as a nation? What type of health do we really want for ourselves and generations yet unborn? What medical value do we hold dear? What do we expect our country to accomplish health wise after so many years of struggles in the health sector? Can we adopt a paradigm shift in our mindset by imbibing new core values, norms and standards that would align with the requirements of the traditional realities and the development of a corporate health care delivery for all Nigerians? If this can be attained, then there must be a proper appreciation of "where we are" and "how to get there".

Possibilities of Integrating Traditional Medicine Into Nigeria's Health Service

Both the orthodox and traditional health personnel of professional training and reputation share a common purpose; they are committed to helping people to achieve good health so that they may be happy and productive human beings and citizens, as well as enjoy dynamic and virile

longevity. One is not contesting that traditional medical practice has registered excessive successes in known cases where modern hospitals failed; nor is one saying that nothing can be gained from advice that modern medical science should learn what traditional healers are doing. The only difference between the two lies in their methods, techniques and approaches, such as disease diagnostic methods, how health information is communicated (techniques of interviewing and counselling patients), measurement of dosage, and system of delivering health services (Ademuvvagan, 1979:165). In spite of this obvious difference, each of the two medical professionals speaks in his own language, which is understandable to the patient who is the common denominator of the two-systems. Both groups of medical professionals strive to make their services and themselves acceptable, available, and accessible to the patient. In this perspective they command followers among the public who consciously decide on which of the two groups is more acceptable, available, and accessible.

What it all boils down to is the need to assess the pattern of fellowship (i.e. pattern of utilization of health services objectively). Since all human behaviour has a cause, there should be specific reasons, which prompt some people to go to traditional, others to orthodox practitioners, and yet others still commute between the two groups in their constant craving to achieve their wholistic health in their total environment setting. In effect, the consumers are exposed to the two systems. The average consumer is inevitably left with the crucial decision either to choose the service of one, or cling to both in order to enjoy the health benefits of the two worlds. The existence of the two sources of health service offers patients the kind of psychological support they need - giving them the assurance that if one fails the other will meet their health needs. To them, the two sources are not contradictory but complementary.

In Nigeria, achievements in traditional medicine and the push for its equal partnership with western medicine are not only matters of health and economic self-reliance, but also issues of cultural pride. Achievements of traditional medicine for decades have justified the pursuit of the above objective. Western medicine has progressed and helped in raising health standards; but traditional medicine has also developed rapidly and traditional treatment is regarded as safe, effective, and acceptable for common everyday illness. Boer (1989:29) in his comments about his pragmatic experience of an instant healing from a scorpion sting by a Christian in a Christian bio-hospital advised:

It will be feasible to resort to Black man's medicine... the skill of the healer should be in every hospital... I have been involved in a more than one case that was finally concluded in the compound of a traditional healer after all efforts by a biomedical Christian hospital failed miserably.

These considerations brought about a sizeable number of churches to agitate for sympathetic research into African traditional medicine in its emerging concern for Wholistic Health Care. At least nine of these churches called upon the government to do serious research into the whole area of traditional medicine and favour the immediate use of proven traditional remedies (Apenda, 2000:366). In this regard, it is easy to see that wholistic health care and traditional medicine are close to each other, while scientific medicine is far on the other side. The reason is that scientific medicine tends to treat diseases rather than people, while the traditional system does not only deal with biological malfunction, but also tries to reach into the underlying cultural, political, economic and social causes of illness - its approach is therefore wholistic.

The most critical question here is, will the conscious efforts to attaining our set goals by the 21st century not be a mere platitude? Considering this Ajala (2003:474) observed that the professional and political acceptability of traditional medicine differs from country to country. In fact, within Nigeria, there are still in existence, divergences in the principles 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. These changes are largely the result of colonialism, international mobility, western education and federation of culture, which brought about the imposition of modern medicine over the traditional medicine. Grossly effected is the health care system, which suffered severe setbacks in their social-economic development, such that have impeded them from meeting the social, economic and political needs of health in Nigeria. It therefore shows that repletion of indigenous principle and practice of health care

system in this country have made large number of the population insecure in terms of their health care system.

To change our country in its vision and sense of direction to traditional medicine for wholistic health development, the orientation of government and other people will have to change. Once we have integrated traditional medicine into modern method, we have reached the people at the grassroots and hence the whole nation in the bid to achieve total health care for all by 21st century.

It is however expected that such a practice will naturally create some problems. How do we assure the continuity of the process? While one can envisage some problems involved in such a process of integration, the advantages, far outweigh the problems. Such a practice if well integrated will take care of the basic necessities for a viable health care system. The clearest advantage of such an integrated system is however the increased possibility of wholistic health care in Nigeria through: i. An expansion of the available resources and modern health sector of the society; ii. A fulfilling of the perceived health needs of the society;

- 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 analyze some of the drugs used by the traditional healers by the modern practitioners in order to ascertain the potency of such drugs; and 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 labour in health care delivery in Nigeria.

It is in the light of the above that Holzer (1995:160) postulates that "there will be a new discovery for illness. Definitely, there will be a new discovery and it is coming very soon. It will come from a very simple weed in the forest'. This confirms the African traditional view that, God, being interested in the health of man, specifically directed man to eat all plants, fruits and other consumable materials in the earth to counteract the effects of the various diminutive agents. In the course of this, man discovered that some of these plants and fruits had therapeutic properties. Hence the provenance of medicine is traceable to this process of trial and error experience. Thus, in their natural effort to maintain optimum health for all, Ubrurhe (2001:3) observed that:

In the search for food, ancient peoples tasted all that grows in the earth... the plants, animals... people noticed in this process that along with satiation, other sensations arise, different moods... and sometimes the cure of ailments.

This view supports the argument that the origin of traditional medicine is found in the trial and error method which guided man's three senses of sight taste and touch. The trial and error method must some day discover from a simple plant, which would lead to the healing of certain incurable illnesses by traditional healers.

Concluding Remarks

The Nigerian society has witnessed resurgence of traditional medicine. Folk medicine has survived in modern urban and rural centres in Nigeria not 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. In Ibadan, for example, where a world-renowned medical school and university college hospital exist, traditional Yoruba medicine still flourishes. One would ponder over the compelling forces leading to such a development in view of modern scientific and technological trend.

Besides, there is emphasis on herbal medicine today. Several tertiary and research institutes are currently researching on this interesting field of medical science. Today attempts are being made to integrate traditional medicine into the health care system, To people in South Africa, and Kenya, it is not a new development as a law has been enacted to that effect and to limit areas of practice. In Benue, Edo, Nassarawa, and Adamawa States of Nigeria, there are proven examples where traditional practitioners in some cases treat what really defy orthodox medicine (Gbenda, 2004:29).

Therefore, traditional technologies in the area of medicine have sustained and are still sustaining majority of Nigerians in health and disease. The traditional medical technology, which involves the use of forest resources as curative and palliatives are being used to promote health and well-being. This system together with the modern method, are essential for the health transformation of the nation with a view to boosting and ensuring sustainable health.

It is therefore evident that the African medical system and its practitioners are unique and, of right as a profession just as the practice of orthodox medicine is a profession. In 1978, the World Council of Churches (WCC) sponsored a symposium in Yaounde, Cameroon, on "The Religious Experience in Humanity's Relation with Nature", urged that, the beliefs and practices of traditional practitioners be studied objectively and taken seriously in relation to wholistic healing. In 1987, the 40th World Health Assembly reaffirmed the main points of the earlier resolutions made by the International Conference on Primary Health Care covered by WHO and UNICEF in Russia in 1970. These resolutions gave WHO a fresh mandate for future action on the member states which are to: i. Initiate comprehensive programmes for the identification, cultivation and conservation of medicinal plants for traditional medicine; and ii. Ensure quality control of drugs derived from traditional plants remedies (Apenda and Shishima, 2003:155).

Recommendations

The emphasis here is on making the health care more practicable, less foreign and utilizing more of traditional health care resources. This is however preponderate on the following recommendations relating to the promotion of community health by incorporating traditional medicine into primary health care system:

- i. Government arms of health should take the lead in formulating policies to promote the training of traditional healers; ii. There should be collaboration between the two systems to produce drugs through the use of local herbs to meet the increasing need of wholistic health; iii. Government should as a policy of coordinated research register all traditional healers as a way of eliminating quasi approach to health practice; iv. Government should encourage and promote research and study in traditional medicine, through symposia, seminars, workshops, encourage academic work in tertiary institutions to discover new trends in traditional medicine; v. Government should learn the lessons of integration of traditional and western medicines through systematic planning from China.

If this is planned and implemented, the vision and mission of integration of western and traditional medicines to achieve wholistic health care for Nigeria would not only be possible, but Nigeria's world break through in her goal to attain health for all in the 21st century will be recorded.

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