



HEALING AND MEDICINE IN TRADITIONAL AFRICAN SOCIETIES, A REFLECTION OF THE WORLDVIEW

Idrisu, M. T.

University for Development Studies

Abstract

The objective of this article is to analyze the African world view and how it affects our understanding of health: the African concept of disease and healing, the role of the supernatural world, evil spirits, and witches in healing, ill health and cure in traditional culture. An attempt is made to look at various perceptions of ill health and healing among diverse African societies. It also looks at the modes of healing and the challenges that traditional practitioners face.

Keywords: Worldview, Traditional Healing, Therapy, Deities, Herbal-Medicine

INTRODUCTION

Traditional healing has its roots in ancient times. Its systems and practices vary according to geography and culture, but because the different cultures do share a consciousness of the world and have in common a characteristic perception of life and health, it makes it possible to describe their overriding philosophy (Lambo, 1974). However, because of the empirical nature of traditional healing, it has not taken advantage of the advances in science and technology (Anfom, 1986). It has, therefore, by and large remained stagnant and has been overtaken by modern, orthodox scientific medicine. In the developed world, traditional medicine has practically disappeared, whilst in the developing countries where experience and lessons exist, its influence is being gradually eroded by modern practice. Nevertheless, a greater proportion of people in these societies, especially those who live in the rural areas still depend on it entirely. There is every likelihood that they will continue to do so for a long time to come. It has therefore been the avowed aim of mainstream health delivery systems to include traditional medical practitioners as members of the health team. Also, there has been the growing need to encourage practitioners of modern medicine to cast away their understandable prejudices in order to get to know more about the traditional healing system. In this way, they would help

the traditional practitioners to fit into the national health system.

For the traditionalist, he/she has come to believe that the environment consists of two parts, the physical world, which is seen, and the supernatural or spiritual world, which is unseen. According to Mbiti (2015), although unseen, the supernatural world exerts a powerful influence over the natural or visible world and also is responsible for all that goes on in the physical world. Man believed, and still does, that when a person dies he lives the spiritual world and assumes supernatural power, which enables him to influence and protect the living, sometimes punishing them for errors of commission or omission. Lambo (1978) writing on psychotherapy in Africa, says that the basis of most African value systems is the concept of unity of life and time, phenomena that are regarded as opposites in the West exist on a single continuum in Africa. He states further that African thought draws no sharp distinction between animate and inanimate, natural and supernatural, material and mental, conscious and unconscious and that all things exist in dynamic correspondence, whether they are visible or not. For him the past, present and future blend in harmony; the world does not change between one's dreams and the

daylight. Essential to this view of the world is the belief that there is a continuous communion between the dead and the living.

Anfom (1986) argues that since man believes that there was a divine control of the universe and that it is possible to contact this divine to find explanation for what had happened and information on what was happening or what was about (or likely) to happen, a technique of divination therefore came into being. There were the seers and oracles, which were regularly consulted by the public on a wide range of problems. These problems included those pertaining to health and disease.

According to Nukunya et al. (1974), the remedial course of action is decided by divination, a fact that makes the position of diviners very crucial in questions relating to health and diseases. Some of the diviners were able not only to assume the reasons for a particular illness but also suggest a remedy. Indeed, some have considerable wealth of knowledge about animals and flora with medicinal properties and could claim to have been the first doctors. Some of them claim the knowledge comes to them through visions and dreams. Among many non-

western societies, the man who cures illnesses is looked upon more as a magician than a doctor. These doctors were also priests and practiced strictly according to rules handed down by their forebears. They seldom departed from the rules lest they become liable to punishment by death should a patient die. Knowledge about healing therefore became stagnant, treatment became more empirical and shrouded in charms and superstitions.

Traditional healing refers to the African's perception of health and how he/she goes about healing. Modern healing and medicine has its origins in traditional healing and medicine. The latter therefore existed long before the application of science and technology to medicinal practice. The traditional healing system is however closely bound to the culture of people; and rather an assorted collection of indigenous, unorthodox, and folk medical practices and procedures loosely bound together by a common bond of empiricism and or non scientific approach to the whole problem of healing or health care. (Anfom, 1986). It is therefore not easy to define the traditional healing system. But a group of experts from WHO sub-region of Africa meeting in Brazzaville in 1976 attempted to do so and came up with the following definition:

Traditional African medicine or healing system might be considered to be the sum total of practices, measures, ingredients and procedures of all kinds, whether material or not, which from time immemorial has enabled the African to guard against disease, to alleviate this suffering and to cure himself and the traditional healer is seen as a person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability” (Anfom, 1986. p.1)

This system can also be defined as “the sum total of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, and social imbalance and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing” (Anfom, 1986). In either definitions, the references to, or emphasis on, culture is indeed very evident and clear.

Before the advent of western science, medicinal practice as applied to human beings, animals and plants was probably very similar in all parts of the world. The art

of healing consisted of two major elements that were often used in combination; the application of natural products and an appeal to spiritual forces. Natural products included extracts or concoction from leaves, roots' oils, fats, animal parts, insects or their combinations. Appeal to spiritual forces involved incantations, symbols and sacrifices among other rituals (FAO, 1984). According to Nukunya et al (1974), traditional medical notions have broad ranging ties with cosmology and the total way of life of a people, perceptions of health and illness are therefore related to many socio-cultural factors. Traditional healing system

is closely bound to and integrated with human culture, and because most of the developing world tend to cling on to ancient beliefs and customs and has chosen the empirical rather than the scientific approach in these areas the practice of traditional healing has stagnated and has not developed much throughout the ages.

In Africa, ill health is whatever endangers better life; therefore, healing in traditional African societies is the process of restoring life to its fullness. It has to do with the spiritual, social and mental well-being of an individual especially the harmony of the total human body. Hence the concept of healing is closely tied to the African perception of the universe and concept of man. For instance, according to Emefa (1987), “the effect of African therapies does not so much lie in the drug administered as in the fact that they try to heal the whole

man within the context of his/her worldview”. As. Burstein wrote. to be healthy requires “averting the wealth of gods or spirits making rain, purifying steams or habitations, improving sex potency or fecundity or the fertility of fields and crops-in short, it is bound up with the whole interpretation of life”. Nwata (1988, p.44) further buttressing this assertion says that “human life is believed to be of prime value and every other thing is expected to serve its realization.

It is the belief in Africa that man does not inhabit the world alone but with spiritual beings that are endowed with life as well. These beings also play a contributory role in determining the good health or otherwise of the human beings. Furthermore, the African believes that man has his spiritual as well as corporeal component. Thus in the words of Aywards (1979):

Health and healing are the most important values in traditional African religion, connected as they are with the fundamental theme of life, sickness for the African is a diminutive of life, a threat posed to life. Petition for healing is probably the most common subject of prayer.

Then also Ezeanyi (1989) says that:

Since life is such a valuable gift, it is clear that any means by which it can be saved or prolonged when it is threatened is of paramount importance. To the African, healing is one of those vital processes.

With much more specificity, Ejizu (1980) argues that:

“Igbo perception of disease is holistic; hence their approach is multidimensional and integrative. The greatest strength of their approach is that they approach at several levels at once”.

Therefore, the practice of medicine in Africa is consistent with Africa philosophy and thought about the universe.

African disease perception

Across the African continent, sick people go to acknowledged diviners and healers; they are often called witch doctors in the West. In order to discover the nature of their illness in almost every instance, the explanation involves a deity or an ancestral spirit. But this is only one aspect of the diagnosis because the explanation given by the diviner is also grounded in natural phenomena (Anfom, 1986). As anthropologist Horton (1967) observes” the diviner who diagnoses the intervention of a spiritual agency is also expected to give some acceptable account of what moved the agency in

question to intervene. And this account very commonly involves reference to some event in the world of visible, tangible happenings. Thus if a diviner diagnoses the action of witchcraft influence or lethal medicine spirits, It is usual for him to add something about the human hatreds, jealousies, and misdeeds that have brought such agencies into play (Anfom, 1986), or, if he diagnoses the wrath of an ancestor, it is usual for him to point to the human breach of kinship morality which has called down this wrath

The causes of illness are not simply attributed to the unknown or dropped into the laps of the gods. Causes are always of social events. A study of the Ndembu people of central Africa revealed that diviners believe a patient “will not get better until all the groups interrelations have been brought to light and exposed to ritual treatment (Deflem, 1991). Herbert and Margarete (1981) citing Lambo in his work with the Yoruba Culture, he too found that supernatural forces are regarded as the agents and consequences of human will. Sickness is the natural effect of some social mistake-breaching a taboo or breaking a kinship rule.

African concepts of health and illness, like those of life and death, are intertwined. Health is not regarded as an isolated phenomenon but a sign that a person is living in peace and harmony with his neighbors, that he is keeping the laws of the gods and the tribe. The practice of medicine is more than the administration of drugs and potions. It encompasses all activities-personal and communal that are directed toward the promotion of human well-being”. Thus Anigbo (2005) captures it all when he says that for many Igbo scholars, traditional Medicare systems bother on the restoration of body equilibrium to be in tune with the natural forces

This African worldview of duality underlies all the thinking of the African, hence the system of health and healing. Ailment therefore has various dimensions in traditional African Society and whatever inhibits good health is considered as a major problem to grapple with. The diagnosis of African health according to Anfom (1986) therefore can be grouped into two main causes. First, natural, physiological causes of ailments: This refers to common diseases like fever and malaria. This is where illness is explained in impersonal systemic terms. The intrusion of heat or cold into or their loss from the body upset its basic equilibrium. Second, if the fever or malaria becomes persistent then the question of its cause becomes a problem; the question no longer becomes what but whom. When the question of “who” comes in then the diagnosis of the ailment has moved to the spiritual, supernatural and mystic realm.

Some complaints various people bring to fetish shrines suggest the dimension in which the African views disease. Field (as cited in Anfom, 1986) gives a list of 46 different complaints/requests that various people brought to a number of shrines among the Ga society in Ghana and for which some sort of traditional therapy

was sought. Below is an incomplete listing of the complaints:

- Complaints of not prospering
- Routine thanks for a year’s protection
- Request for the birth of a child
- Request for help in new business
- Marital problems including request for divorce
- Complaints of impotence
- Women in want of husbands
- Men in want of wives
- Relative of a drunkards/drunks themselves requesting rescue
- Complaints of unaccountable insomnia
- Complaints of seeing fire (Migraine)

As can be discerned from the above list of illnesses, psychological and neurotic elements are involved and traditional healers handled this efficiently. According to Morris and Bossard (1996), Africans distinguish between four types of diseases. First the natural cause of disease equated to acts of God. Second their diseases related to moral or ritual infringement like, sexual abuse, stealing, killing or ignoring taboos. The third kind of disease is associated with either witchcraft or sorcery. Finally, there are these diseases associated with spirits like the ancestral spirits.

Some of the causes of illness as listed by Foster (1998) as conceived by the traditional healer are:

- Angry societies who punish wrong doers for sin and immoral conduct e.g. breaking of taboos.
- forces and witches/wizards working for personal measures
- Loss or pollution of soul following a bad fright that jars one loose from the body or as the consequences of the work of a force or supernatural spirit.
- Spirit possession, or the infusion of an object into the body
- Loss of the basic equilibrium usually because of the entry of excessive heat or cold into the body
- Evil power can also cause illness (*Okra in Akan*)
- Refusal to serve the gods can let one go crazy or bring about misfortunes
- Curses emanating from parents or people with close affinity
- Dereliction of filial duties such as neglecting of one’s parents

- Angry deities who punish wrongdoers e.g. those who violate taboos
- Ancestors and other ghosts who feel they have been too soon forgotten or otherwise recognized. He goes on to subdivide this list into two broad categories.
- Personalistic-that is characterized by the purposeful intervention of sensate agents. Deities, evil spirits, force(s) who, for whatever their reasons, seek out a victim who falls ill.....aggression or punishment is directed against a single person as a consequence of the will power of human beings or supernatural agent or being” and
- Naturalistic-this is where illness is explained in impersonal, systemic terms. The infusion of heat or cold into or their loss from the body upsets its basic equilibrium; the balance needs to be restored if the patient is to recover. (Anfom, 1986).

Similarly the Kaguru of Tanzania “believe most misfortunes, however small, are due to witchcraft. Most illnesses, death, miscarriages, sterility, difficult childbirths, poor crops, sickly livestock and poultry, loss of articles, bad luck in hunting and sometimes even lack of rain are caused by witches (Beidelman, 1964, p113). Also the general feature of illness is that it is interpreted in a framework of witchcraft and malevolence (Horton, 1967, p.123). Therefore, the various perceptions held have a significant bearing on the modes of healing.

African healing modes/methods

According to Forster’s (1992) typology, therefore, if the sickness is natural or physiological, herbs are used, and if spiritual, it starts with divination and proceeds to treatment. Some herbs are ordinary and may be used whilst some are also believed to be especially spiritual. Herbalists do not only use the herbs physically but sometimes divines and consult the gods and ancestors since the African herbalist believes that it is the Supreme Being who heals and all powers come from him.

Healing therefore is the ability to harness this spiritual herbs or items to treat. Many Africans believe that life

forces are manifested in everything. Common ailments, such as headaches or coughs are considered to be diseases with natural causes. Their symptoms are treated at the household level, without resorting to magical practices. However, when a common ailment persists recourse is sought to divination in combination with herbalism.

African herbal medicines are applied to every part of the body in every conceivable way. There are oral forms, enemas, fumes to be inhaled, vaginal preparations, fluids administered into the urinal tract, preparation for the skin, and various lotions and drops for the eye, ear and nose. For the African, the spirit or power is the essence of every living creature, natural event or inanimate object. These life forces have their own personalities and cosmic place. Consequently, the preservation or restoration of health is impossible without them. Unlike a doctor trained in western medicine, the traditional African healer looks for the cause of the patient’s misfortune in relation to the patient and his social, natural and spiritual environment (Smet, 1999).

Traditionally, Africans use herbal and animals products as medicines, intoxicants and poisons in the struggle for survival and in their religious experiences. A healer’s power is not determined by the number of medicinal plants he or she knows, but by the ability to apply an understanding of the intricate relation between the patient and the world around him or her. The healing process, in cases where the causes are classified as spiritual or supernatural starts with divination (Anfom, 1986). Various forms of divination like interpreting the movements of a small metal ring hung on a thread and dangled before the patient, interpreting the position in which cowries shells and broken pieces of metals and wood thrown randomly on the ground fall, examine the marks left on sand by an animal attracted by a bait and strange footprints. Interpretation of gestures or utterances (however unintelligible) made by possessed persons in trance, and water gazing in which the diviner communicates with the appropriate spirit whose image he sees reflected in a pot or water. According to Anfom, (1986) divination is so integral to the healing process.

Three reasons account for divination; firstly to know what is in store for the client, secondly to seek cure and

thirdly for prophylaxis. The same person, who has the power to deal with the spiritual realm, often practices divination and healing. It is not surprising then that diviners are generally listed as the most important traditional African healers. They look for disturbing events in the past, which can cause misfortune if left unattended to.

Many healers specialize in one or more biomedical aspects such as herbalism, midwifery or surgery. In traditional healing, depending on the outcome of divination various healing methods like the following are used.

- Confession of sin and guilt
- Expiation-(Sacrifice to ask for protection from the wrath of the gods, our ancestors and enemies.)
- Propitiation: In situations of immoral conduct we sacrifice to appease or pacify the gods and ancestors
- Warding off Evil Spirit; giving them what they want to keep them off
- Exorcism: Casting out the spiritual powers especially in the case of witchcraft
- Purification: When one's soul is polluted and this causes illness, one is made to go through a spiritual bath washing through rituals in a river or sea for purification. This is referred to as "OKRADWARI" among the Akans of Ghana
- Reconciliation: When one is at loggerheads with the society or a close relative or friend, he/she reconciles to bring about harmony or some compactness (Anfom, 1986).

While all these are going on protective steps are taken to make healing efficacious. Africans do not only wait for cure but take prophylactic or preventive measures as well. Dopamu (1978) of University of Illorin observes "Medicine in Africa is both therapeutic and prophylactic since the African does not wait to become sick before restoring health' (p.2).

Appropriate preventive measures that African healers employ include:

- Charms and Amulets: They are used before one embarks on war, hunting, travels and any related personal adventure such as in courtship and as protection on festive occasion and in funerals.
- Cults: e.g. Anti witchcraft cults to prevent one from being bewitched, these are dotted round many African communities and are highly patronized
- Protection with herbs: for some ailments, which are physical/organic, and also for spiritual/psychological ailments
- Prayer and sacrifice to ancestors: to guide and protect one from envious and scrupulous people.

Problems and constraints of African traditional healing

Traditional healing and medicine, like its western medicine counterpart, has its peculiar problems. Commenting on the problems of traditional healing and medicine, Ofodile, (as cited by Anfom, 1986) writing in the Daily Times of Nigeria" condemned the harmful practices of traditional healers and suggested some form of effective control over them. Chief J. O. Lambo, President of the Nigeria Association of Medical herbalists in a rejoinder accused Dr. Ofodile of displaying a "colonial mentality" and pointed out that a lot of harm was being done in hospitals too, and that it is not uncommon for patients to die there. For him death will come when it will, it is sheer hypocrisy to assign the cause of a death to a particular art. According to him the span in Nigeria was longer before the white man came than at present. He further stated that Dr. Ofodile must have been nursed by traditional medicine when he was young because all African mothers are used to it (Anfom, 1986).

To the western eye, such lingering beliefs in ritual and magic seem antiquated and possibly harmful obstacles in the path of modern medicine. But the fact is that African cultures have developed indigenous forms of psychotherapy that are highly effective because they are woven in to the social fabric (Lambo, 1978). Although many African therapists are adopting western therapeutic methods, few Africans are simply substituting new

methods for traditional modes of treatment. Instead they have attempted to combine the two for maximum effectiveness.

But there has been a tendency in Western medical journals to play down such expertise of traditional healers by focusing on the risks of traditional African medicines. Though there is a genuine case for concern, it is unfair to pass judgment on African healing simply on the basis of its worst results. Below are some major shortcomings associated with the African healing systems.

1. Some of the handicaps that traditional healers face relates directly to the area of diagnosis. Due to lack of full knowledge of, say, anatomy, physiology and pathology and their inability to conduct a proper physical examination, and if necessary, support this with laboratory tests and also the fact that majority of the practitioners are illiterates even in their vernacular make the situation worse.
2. Another drawback is the extreme individualism that characterizes the process. This is tied up to the element of secrecy as often linked to “professional” jealousy within their ranks.
3. Thirdly, because of the difficulty in diagnosing correctly, the practitioner tends to readily ascribe supernatural causes to diseases, which present problems.
4. Furthermore, the environmental conditions under which traditional practitioners do some of the compounding dispensing leaves much to be desired. Whatever form of preparation is used, the mode of preparation and storage is usually unhygienic.
5. There is also the question of standardization of dosage; Many an African is familiar with the sight of huge earthenware pots filled with leaves, barks and roots of trees boiling in water for hours. From time to time a calabashful of liquids is taken and given to the patient without regard to the right dosage needed by the body.
6. It is also evident that the amount of active drug in a calabashful of concoction keeps on

changing, as the contents become more dilute. Usually more water is added to the pot, which is boiled again, and as often as more medicine is removed, more water is added. This may go on for days, if not weeks.

7. Added to all these problems is the real problem of storage and preservation of these plant preparations so that they do not lose their potency early not to mention the possibility of being reduced to poison.
8. The wide range of pharmaceuticals displayed in shops also constitutes a challenge to the traditional healer.

With the exception of traditional birth attendants, however, well-functioning programmes of collaboration between western and traditional health systems have been relatively scarce in African. No pilot project has ever reached the stage where it could be implemented at the level of a national health system. One of the reasons appears to be opposition from the biomedical establishment. Moreover, traditional healers often do not want to be incorporated into the western oriented primary health care system as community health workers. They fear that this would look as if they accepted the superiority of western medicine, alienating themselves from their traditional roots. Their clients might feel that the healer has lost control over the total healing process hence there seems to be a mutual distrust between the two systems. Pathetically, this is to the loss of each and even more so to the larger African society. Instead, the complimentary principle and its practice should be a worthy goal to be vigorously pursued. Since different paradigms of health and illness stand in the way of real amalgamation, western biomedicine and Africa traditional medicine may remain apart as two parallel systems. (Dashan & Betus, 2000).

CONCLUSION

Concluding, it would be pertinent to mention some category of practitioners. Some of these traditional practitioners include herbalists, bonesetters, and midwives/TBAs healers, priest/priestesses whom westerners referred to as the “African Witch Doctor”. The World Health Organization estimates that 70% to 80% of people in developing countries use traditional medicine as a major source of health care (Dashan &

Betus, 2000). Since it is evident that the vast majority of the populations in developing countries live in the rural area and their immediate source of prophylaxis and therapy is traditional medicine then that time-honored system cannot be without merit. Rather than being condemned and debunked, it must be given recognition and offered the necessary support to contribute to the national primary health care system. Ritcher (2003) sums it up when she argues that;

if the systems of traditional and western medicines and healing are equalized and the same strict standards of safety, efficacy, professionalism and ethics are applied to both, no unfair discrimination towards traditional healing should be tolerated (p.17)

In this attempt however, the worldview on which it is anchored should be given due dispassionate review and consideration.

REFERENCES

- Anfom, E. E. (1986). Traditional Medicine in Ghana: Practice, Problems and Prospects. J. B. Danquah Memorial Lectures. 17th Series. In: Darko I. N. (2009). *Ghanaian Indigenous Health Practices: The Use of Herbs*. Master's Thesis. University of Toronto, Canada.
- Anigbo, F. (2005) African Philosophy and Pathology of Godhood and Traditionalism. An Interdisciplinary, *International Journal of Concerned African Philosophers* 2: 140.
- Aylward, S. (1979). *Religion in African* Ibadan: Heinemann.
- Beidelman, T. O (1964) Witchcraft in Ukaguru. In: Middleton, J. and Winter, E. H. (eds). *Witchcraft and Sorcery in East Africa*. Pp. 57-98 London: Routledge and Keegan Paul.
- Chukwuma, E. C., Soladoye, M. O., Feyisola, R. T. (2015). Traditional medicine and the future of medicinal Plants in Nigeria. *Journal of Medicinal Plants Studies*. 3(4):23-29
- Darshan & Bertus (2000) Vitality, Health and Cultural Diversity. *Compas Newsletter for Endogenous Development* 3.
- De Smet, P.A.G.M. (1999) *Herbs, health and healers, Africa as Ethno Pharmacological Treasury*. Bergen Del: Afrika Museum.
- Deflem, M. (1991) Ritual, anti-structure, and religion: a discussion of victor Turner's processual symbolic analysis. *Journal for the Scientific Study of Religion* 30(1):1-25.
- Dopamu, I. (1968) Ilorin State University Journal of Anthropology 20(4): 176-185.
- Ejisu, C. (1980) Igbo perception of the disease. *Nigeria Bulletin of Traditional Healing* 4 (7): 210-234.
- Ejizu, C. I (2001). Emergent key issues in the Study of African Traditional Religion. In: Isizoh, C. D (ed). *Christianity in Dialogue with African Traditional Religion and Culture*. Seminar Papers. Volume One. Rome: Tipografica Leiberit.
- Emefa, I (1987) *African Traditional Healing*. London: FEP International Private Ltd.
- Ezeanya. S (1989) Health among the Igbo. *Nigeria Bulletin of Theology* 10 (7): 6—74.
- Field, M (1982) *Search for Security*, Ibadan: Heinemann.
- Food and Agricultural Organization (FAO) (1984). *Traditional (Indigenous) system of veterinary medicine for small farmers in India, Bangkok*. Rome, FAO.
- Forster, G. M. (1998) Disease Etiology in Non-Western Medical Systems. *Journal of Beliefs and Ethno medical Systems*
- Ghana Herbal Pharmacopoeia (1992) Technology Transfer Centre, Council Health. Personal communication with the Director and other Officers.
- Gyasi R. M., Mensah C. M., Adjei P. O.W. & Agyemang S. (2011). Public Perceptions of the Role of Traditional Medicine in the Health Care

- Delivery System in Ghana. *Global Journal of Health Science*, 3 (2).
- Horton, R. (1995). *Patterns of Thought in Africa and the West: Essays on magic, Religion and Science*. Cambridge: Cambridge University Press
- Horton, R (1967) African Traditional thought and Western Science. *Africa* 37: 50-71.
- Idowu, E. (1962) *Oludumare, God in Yoruba Belief*. Longman, Green
- Ikenga-Metuh, E (1992) *Comparative Studies in African Traditional Religions*. Onitsha: Imico Press
- Hackman-Aidoo A. (2014). A review of the Concept of Origin and Founder of the Indigenous African Religion. *Research on Humanities and Social Sciences*, 4 (22)
- Herbert, R and Margaret, R (1981) citing Lambo, T. A. (Pp.774-781)
- Maroyi, A. & Mosina, G. K. E (2014). Medicinal plants and traditional practices in peri-urban domestic gardens of the Limpopo province, South Africa. *Indian Journal of Traditional Knowledge*, 13 (4), pp. 665-672.
- Mbiti, J. S. (2015) *Introduction to African Religion*. 2nd Ed. Ibadan: Heinemann.
- Ministry of Health, Ghana (2000 – 2004) A Strategic Plan for Traditional Health Care in Ghana. Traditional and Alternate Medicine Directorate (TAMD) of the Ministry of Health: University Press.
- Morris et al. (eds.) (1996) *Medical Botany: A Study of herbalism in Southern Malawi*. London: International Institute.
- Mwangi, J. W (2000) Traditional herbal medicine in Kenya, University of Nairobi, Nairobi, Kenya.
- Neba, N. E. (2011). Traditional health care system and challenges in developing ethnopharmacology in Africa: example of Oku, Cameroon. *Ethno Med*, 5(2): 133-139.
- Nukunya et al (1973). Attitudes towards Health and Disease in African. (eds.), In J. S. Pobee, (Ed) *University of Ghana Population Studies* No. 8.
- Nyanto S. S. (2015). Indigenous Beliefs and Healing In Historical Perspective: Experiences from Buha and Unyamwezi, Western Tanzania. *International Journal of Humanities and Social Science*, 5(10)
- Opoku, K. A. (1978). *West Africa Traditional Religion*. Ibadan: Heinemann.
- Quarcoopome, T.N.O (1987). *West African Traditional Religion*. Ibadan: African
- Richter, M (2003). Discussion paper prepared for the Treatment Action Campaign and AIDS Law Project www.tac.org.za/Documents/ResearchPapers/Traditional_Medicine_briefing.pdf.
- Stanley, B (2005). Recognition and respect for African traditional medicine, integration of traditional medicine in health systems. The integration of scientific and traditional healing: A proposed model.
- Turner, V. (1957a). *Schism and Continuity in African Societies: A Study of Ndembo Village Life*. Manchester: Manchester University Press.
- WHO (2002–2005, p. 24) WHO Report: Traditional medicine strategy. Geneva.
- Willcox, M. L and Bodeker, G. (2004). Traditional herbal medicines for malaria. *BMJ*. 329- 1159.