**Introduction:** More than ever, it is becoming impossible to achieve a holistic treatment (mind, body and soul) through only one method of health care. This has inspired World Health Organization (WHO) to lead a campaign for a combination of more than one method of health care. This they have called integrative medicine; a process whereby the good and useful aspects of different methods of health care systems are brought together to complement and bring about a holistic treatment of body, mind and soul. This is coming with the awareness of four facts: a) that diseases exist. b) That many diseases are diagnosable and treatable. c) That many diseases are diagnosable but not treatable and d) that many diseases are not diagnosable and so, not treatable, when only one method of diagnosis is employed.

Since diagnosis is the most paramount aspect of health care, this paper attempts to examine the methods of diagnosis as found in Yoruba health care paradigm with a vision to recommend an aspect of it for integration in view of a holistic treatment.

Diagnosis has been known to be a tedious and important task. Tedious because diseases vary and can present different symptoms making it difficult for health care providers to be precise in many of their diagnosis. It is important because without it, treatment cannot commence. Western medicine is daily advancing and developing methods of diagnosis, but in the midst of this development, one discovers that there are still many diseases that Western methods cannot diagnose. This awareness has inspired WHO to begin a campaign to integrate all possible indigenous knowledge that can provide or contribute to holistic health care. Indigenous or traditional medicine refers to “the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.” (WHO, 1978)

**Diagnosis**

For the purpose of this paper, diagnosis means, to discern, distinguish, or identify diseases using the symptoms and signs presented to the health care provider. This process uses a combination of signs, symptoms, and test results to attempt to ascertain the correct diagnosis. Symptoms are investigated and consultations are made before the physician is able to tell what the patient is suffering from. In the 1900's, William Osler came up with what is called "The Oslerian Ideal". For him, a physician should be able to identify diseases and their different manifestations and understand how they may be prevented or cured. This makes diagnosis the hallmark of health care.

**Yoruba health care paradigm**

The operational paradigm of a health care provider plays a big role in the process of diagnosis. In Yoruba traditional health care practice, there are four different levels of involvement in terms of capability in the handling and delivering of health care. The first level is the general practice, second is *lékuléja* (sellers or retailers of medicinal ingredients), and third is *onísègùn or adáhunse* (those who use herbs to restore health) and fourth *Sawo/sè sègùn* (diviner and healer). In the first three levels, medical diagnosis is done using medical history and physical examination of patients for symptoms. The health care provider examines the colour of urine, the formation of excreta, colour of the eyes, level of temperature, ask questions about the history of the condition, etc. But in the fourth and the highest level of health care, there is the use of both the physical examination and divination tools. This is what this paper intends to explore and recommend for integration.

**Methods of diagnosis in Yoruba health care paradigm**

Diagnosis stems from the understanding of disease causation. Many scholars have come up with categories to be used in classifying disease causation, most notable among them are Forster and Anderson (1978:103) who have postulated three basic typologies of disease causes in non-Western societies, these are personalistic, naturalistic and emotionalistic typologies.

**Naturalistic typology** refers to the diseases that are caused by unwholesome food or water, through over-indulgence in food, sex, etc.. **Emotionalistic typology** refers to diseases that result from bad experiences. And **Personalistic typology** refers to the class of disease causation that has generated strong debates among different groups of health care providers, anthropologists and researchers. This is largely a class/group of non-empirical causes of disease, like witches, breaking of curses and taboos (*Èèwò)*, etc. But non-empirical as these causes are, they are recognized and accepted by Yoruba traditional health care providers as possible causes of diseases. This is especially so when the symptoms of an illness leaves a health care provider with a mystery.

Simpson (1994:81) noted that the belief in witches is still strong among the Yoruba people. This belief provides a convenient explanation for the causes of diseases and troubles, making it easy for health care providers at the fourth level to believe that a disease may be caused by some spiritual forces, cultural or economic disequilibrium.

There are three possible groups of diseases that can be diagnosed as having personalistic causation in Yoruba traditional health care paradigm. *(A) Àìsàn ti omo aráyé fi se ènìyàn* (diseases cause by witches)*, (b) Àfowófà* (self-inflicted disease, e.g. breaking of taboo, offending a divinity, etc) *(c) àrìnà bá pàdé* (these are usually not directed at the victim, he/she just walks into the disease)[[1]](#footnote-1)

Given the understanding of disease aetiology, providers of Yoruba traditional health care attempt diagnosis across the four levels of health care, knowing that diseases can be caused by visible as well as invisible elements because man is considered as an integral somatic and extra-material entity, such that “the causes of diseases are not always attributed to germs, but also to the transgression or violation of natural laws.” (Oyeneye, and Orubuloye, 1985:9) Once a disease is suspected to be having a personalistic cause, a *sawo sè sègùn* (diviner and healer) employs all the diagnostic tools available for his use, combining leaves, roots, bark, latex, incantations, rituals and divination.

**Methods**

Unlike what is popularly thought and said, providers of Yoruba health care do not skip natural means of diagnosis before attempting to use divination. Investigations among the Yoruba health care providers show that all ailments are first presumed to have a natural cause. Tools used for diseases with naturalistic and emotionalistic causes include; *Anamnesia*, observation, naming or description of symptoms, use of the senses, questioning and the use of some leaves, while in the case of diseases with personalistic causation, divination is used. In using any of the methods of diagnosis, the experience of the health care provider comes to play.

*Anamnesia* is the recollection of a previous existence of the patient. “The practice delves deeply into the patient’s past and often ramifies into the patient’s entire family and /or social setting.” (Tella, 1977) It is believed that “an offence committed in the past existence of a patient can cause his disease after reincarnation.” (Sofowora, 2008:41) This diagnosis is possible because Yoruba believe in reincarnation and a second chance for persons who either died young or are being punished for some offence committed while on earth.

**Observation:** This method of diagnosis involves watching the patient’s attitude and gestures. This can extend to the family members to find out whether the disease being observed runs in the patient’s family. The health care provider looks at the patient and makes some mental observation, he also “listens to the patient’s stories, using this opportunity to observe the patient, and later enquires into the health of the patient’s relations.” (Sofowora, 2008:41) In some cases, the Yoruba health care providers know the patients that come to them, making it possible for them to diagnose the diseases.

**Naming of disease/ ailment:** Once observations are made, the symptoms are put together to describe the experience of the patient, thereby naming the disease. For the Yoruba health care provider, the name of any disease already describes what the disease is, either in its appearance (*ibà pánjú pántò* –fever that makes the eyes and the urine red-Yellow fever) or in the effect (*àtògbe*- that which makes one urinate as well as lose weight). The name also describes the symptoms in the patient. *Èjè ríru*, literally means boiling blood. This describes and names high blood pressure or hypertension. *Ode orí* describes mental illness. *Ode orí* literally means the hunter of the head. This describes the head as having something influencing or hunting it. “The patient feels that something is walking around inside his head. In addition to the crawling feeling, the patient hears sound in his head and in his ears.” (Simpson, 1994:90)

**The use of the senses:** In Yoruba traditional health care paradigm, the senses (sight, touch, smell, taste and hearing) are used as tools for diagnosis. **Sight** is employed in all the processes of diagnosis. It is very important in observing the colour, attitude and expressions of the patient. There are some ailments that can be diagnosed by mere looking at the patient. If a patient does not know that she is pregnant, and goes to an experienced health care provider, looking at the patient can tell the health care provider that the patient is pregnant. (*Ó ti nfunfun, esè re ti wú* – she is getting pail and the legs are swollen). The sense of sight is also helpful in diagnosing skin diseases like *ètè* (leprosy). *Ètè* in most cases is first detected by looking out for the change in the colour of the skin.

Sometimes, since the patient is involved in the process of diagnosis, he/she is asked about thetexture of his/her mucus, or the texture of the excreta. The observation of these, helps the health care provider to diagnose. The patient may be asked if the excreta is watery or solid (*guru tàbí lí le*)? Or if the patient is excreting and vomiting at the same time? If the answer is “Yes”, *àrùn onígbá* *méjì* (cholera) will be easily diagnosed. This is because *igba méjì* (two bowls) represent potty for stool and the other one for vomit. Sight is also used to assess colour. In the case of àsé-*dúdú tàbí àsé-pupa* (black or red menstrual discharge), if it is dark, *kòkòrò* (bacterial infection) is diagnosed.

The sense of **touch** is used for things that are not visible. The body of the patient is usually touched to feel the temperature. Here, the health care provider touches the patient to determine the body temperature or the pulse rate. Touch may also be used in cases like constipation to determine the extent. The stomach may be felt to know the extent of the constipation or in some other cases to examine if there are other areas of concern. The sense of **smell** also helps in diagnosis, even though it is not directly used by the health care provider in most cases. He/she may perceive some odour while treating a patient or ask the patient the nature of the odour that comes from the area of concern. A menstrual discharge or any form of discharge from the body with strong odour is an indication of infection. This leads the health care provider in the process of further diagnosis.

The use of the sense of **taste** as a means of diagnosis on the part of the health care provider is obsolete because of the possibility of contacting disease. But on the part of the patient, taste is still very vital. A patient may be asked if the mouth is bitter to diagnose *ibà* (fever), or the patient may be asked if he/she can taste the food that he/she eats, to test for mouth infection.

Finally, the sense of **hearing** plays a role in diagnosis. The sound a patient produces helps the health care provider to determine the nature of the disease under query. The sound from a patient’s breathing pattern tells if he/she has *semi semi* (asthma- seizing of breath) or not. Many of the health care providers that were interviewed for this work claim that they can diagnose some diseases from the nature of the sound that the stomach produces. The sound tells if it is *aràn* or *atégùn* (worm or air). The sound a patient produces can also help the health care provider diagnose sexually transmitted disease. It is believed that the way a patient expresses pain if infected by *àtòsí* (gonorrhea) can help in the diagnosis.

**Phyto diagnosis**: This is the use of natural means or plants to diagnose diseases. Health care providers can read the reaction on the skin of a patient when there is a contact with some particular leaves. This helps to diagnose the presence or absence of a particular disease. That is, a patient’s response to a particular leaf helps in diagnosis. *Ewé-ajogun* (*Pergularia daemia*) can be used to diagnose *ibà jèdòjèdò (*typhoid fever) from *ibà* (malaria). This is known “if, after rubbing it on a patient’s forehead, the forehead swells a bit, it implies that the client has typhoid. Otherwise, malaria is diagnosed.” (Jegede, 2010:39) There are some other leaves that can be used to diagnose pregnancy. Once the patient rubs the leaf on her palm, the palm starts to itch if she is pregnant, if not, nothing happens.[[2]](#footnote-2)

The Yoruba health care providers are aware of three facts with regard to diagnosis. First, that the diagnosis of some diseases are easy and straightforward; second, that some diseases present similar symptoms thereby making the process of diagnosis difficult; and third, that many “diseases are difficult to diagnose through physical manifestations or symptoms alone.” (Jegede, 2010:38) To overcome the two last difficulties, providers of Yoruba health care employ some other tools of diagnosis which include the following: ***Àte àyèwò* (tray of diagnosis), *Òmò* (that which helps to know), *Àwòdé*, *Ìkóbéré* and *Ifá dídá* (divination).** These are used for more difficult diseases that neither the senses nor phyto means can diagnose.

Here these diseases may have any of the known causes (naturalistic, emotionalistic or personalistic causes). At this level, these tools are only available to health care providers who are *Sawo/sè sègùn* (diviner and healer) because of the potency of these tools and because they can be used for more purposes than diagnosis.[[3]](#footnote-3)

***Àte àyèwò*** (tray of diagnosis) is a tray that is filled with *oògùn* (natural active agents*)*, the patient is made to stand on it, if the hands of the patient begins to shake, the health care provider knows that the patient is not well. It is mostly used to diagnose mental conditions.***Òmò*** (that which helps to know) can be in different forms, there is *ìwo òmò* or *ìwo esé* (horn of knowledge), these tools are questioned and signs are received as impressions made on the content of *ìwo òmò or ìwo-esé*. ***Àwòdé****,* this is a small tool either swallowed by the health care provider or given to the patient to keep under the armpit. If it is swallowed, the health care provider is inspired on the direction of questions to ask the patient, if the patient on the other hand puts it under the armpit, it becomes hot and the hotness determines the kind of disease that is being diagnosed. ***Ìkóbéré***is a little *oògùn* (medicine) tied in a small piece of cloth. This is kept under the pillow of the patient, it is expected to reveal the source and the nature of the disease being diagnosed to the patient in a dream.

***Ifá dídá* (divination):** Divination comes handy **i**n Yoruba health care paradigm, when all the above fail and at some other times to complement other tools of diagnosis. Divination is usually the last method resorted to when all else fails. It is important to say that all diseases -the naturalistic, emotionalistic and personalistic caused diseases- can be diagnosed using divination, but divination is most appropriate for diseases with personalistic causation. At the level of divination, the health care providers are into some kind of partnership with the divine. That is why they are called *sawo sè sègùn* (diviner and healer). They make use of any of the following: *obì* (kola nut), *eérin* (four cowries), *eérìndínlógún* (sixteen cowries), *agbigba*, *òpèlè* (cowry chain), *ikin* (sixteen palm nuts), *Òsanyìn*, etc. (Simpson, 1994:94)

For some scholars, divination is “an approach towards unveiling the causes of diseases or misfortunes… This makes it central to traditional medicine since it affords the traditional medical providers the opportunity to understand the underlying causes of diseases as well as the kind of treatment required.” (Oyeneye, and Orubuloye, 1985:11) Sharing this view, Mume, (1984) talked about how providers of Yoruba traditional medicine “learn to detect by physical and spiritual diagnostic means, signs, how, when, where departure from the normal or natural path has taken place.” (Mume, 1984:3) He further noted that:

In the event of disease, the tradomedical physician detects, by tradomedical diagnosis, the missing elements and supply them to the body through tradomedical preparations…, Therefore, in ailments without obvious bodily disorder, where the cause or causes are wrapped in obscurity … “Epha” or the oracle is used to probe the cause or causes of such diseases and where those are traceable to witchcraft or spiritual influences, sacrifices are offered to appease aggrieved spirits or solicit their help. (Mume, 1984:6-7)

Osunwole, (1989:iii) noted that the natural aspect of Yoruba traditional medicine can be tested using the method of science, but the spiritual aspect is not amenable to scientific investigation or laboratory tests. This for him in no way reduces their potency.

**Appraisal of the methods of diagnosis in Yoruba traditional health care**

Ignorance and bias among both the assessors and the practitioners of Yoruba traditional health care make room for the misunderstanding of the value and reliability of the methods of diagnosis used by the Yoruba health care providers. On the first three levels, the visible signs and physical means are used for diagnosis. On these levels, some limitations can be noted. First, on the part of many providers who rely on the experiences of their teachers to practice. They interpret signs and symptoms based on what they have been told. They do not make any extra effort to verify what they had learnt. And because they have a knowledge and belief in the supernatural, when their diagnosis is wrong, they quickly conclude that it has a super-natural cause, when in actual fact, they were wrong in reading symptoms presented by the patient.

Second, on the nature of the tools used for diagnosis, when compared with the Western methods, are very in exhaustive. The tools used in the first three levels of health care are only good for visible or observable symptoms. When symptoms are not visible or when they are indicative of developing conditions, Yoruba health care tools for diagnosis at the first three levels are not able to detect the diseases because the tools used are very inconclusive.

But despite these huge limitations, there are some cases, where the methods used are very similar to those used in Western methods of diagnosis. In the case of the senses, observation and a bit of naming, there can be some level of integration because diagnosis at this level is done with experience. There are diseases that Yoruba health care providers are more familiar with, such that traditional naming can contribute to integrative medicine. To boost integrative medicine and to aid better diagnosis and treatment, Oyebola, advocated the Western medical equivalents of the local names of diseases, symptoms and signs. He noted that “since these healers have a very firm grasp of the local dialect, usually they have no problem in identifying diseases when they are called by their local names by patients consulting them.” (Oyebola, 1982:32)

On the fourth level, the worldview of the Yoruba people comes to play. It is believed that man exists in the world alongside forces that can harm or cause diseases. With the knowledge of this possible causation, diagnosis is carried out using tools that can capture and relate to the belief of the Yoruba people. This position is not strange given the observations made over the decades, even though these observations have not gone without attacks. Many dismiss the observations saying that there are no scientific proofs to the link between diseases observed and the claimed causes. But it is time to acknowledge that reality is more than what is explainable by science.

This reality justifies the use of divination as a method of diagnosis which goes beyond the domain of science. It can diagnose socio-cultural and econo-religious causes, such that disequilibrium is spotted and therapies are prescribed to restore lost equilibrium. Diagnosis on the fourth level begins by asking if the ailment or disease is spiritually, culturally, economically etc. caused or not. If it is caused by anything different from a natural cause, the prescription makes logical sense, since if a thing is caused spiritually, spiritual cure will be appropriate.

It is only at the fourth level in the Yoruba health care paradigm that claims are made to the possibility of total diagnosis and total cure of all forms of diseases. This is the level that the Western paradigm does not have; this is the level I am recommending for integration, so as to achieve holistic/total health care.

**Possible findings of Yoruba health care method of diagnosis**

Given the visible achievements made using unscientific spiritistic practices, one cannot but ask that divination be given a second consideration in the general practice of medicine, even though it never left Yoruba health care paradigm. There are conditions that Western methods of diagnosis cannot diagnose given the nature of disease causation and the beliefs of Africans and particularly the Yoruba people. These conditions and diseases make the integration of divination paramount. For the Yoruba health care provider, *àìsàn* (disease) can be caused because a patient either broke or ignored *èèwò* (taboo) that the *òrìsàs* (divinities) prescribed. Once these are broken or ignored, it is believed that there are consequences that follow. *Àwon ìyà mi* (witches) can then use *ajogun* (*ajogun* is that which rages war), and it may be any of the following: *ikú (*death)*, àrùn (*sickness)*, òfò (*loss)*, ègbà (*paralysis)*, èse (*injury)*, òràn (*mishap)and *ìjà (*fight) to harm the patient. Divination identifies the source of the ailment and the therapy that will appease the *òrìsà* that was offended, but *ebo* (therapy) is never done to appease *ajogun*.

**Reliability of Yoruba traditional methods of diagnosis**

There may not be scientific justification to show the reliability of divination as a method of diagnosis, but there are evidences to show cases of “constant conjunction” which are too precise and regular to be called “luck” or “mistakes”. In medicine, diagnosis is regarded as paramount because wrong diagnosis simply means wrong prescription and consequently, wrong treatment, which will lead to the worsening of the condition of the patient. But if there is a correct diagnosis, the treatment, if available will be correct, leading to the recovery of the patient. Divination has over the centuries led to prescriptions that have brought about improvement and eventual cure of different conditions and diseases that were diagnosed. Based on the visible efficacy of divination, it is becoming more and more difficult to deny or reject divination as a reliable tool of diagnosis in Yoruba traditional health care.

Diagnosis from the perspective of the Yoruba worldview shows that certain diseases require only therapy (what have been differently called spiritual). I refer to the process of offering sacrifices and making up for broken taboos as therapy because there are no scientific links to the actions and the resultant effects. The same way, there are no scientific links between the causes and the effects, (*àjé ké ní àná, omó kú ní èní,* *tani kò mò pé àjé tó ké ní àná ni ó pa omo je*. -a witch shouted yesterday, and a child dies today, who does not know that the witch that shouted yesterday is responsible for the death of the child). When such cases are diagnosed, the remedy prescribed is therapeutic. The patient is taken back through the world of possibilities as contained in the Yoruba world view, and healing is achieved also through therapy as provided for in the Yoruba world view.

This therapy is more of an association of the mind. When one is told that *ìyónú Olódùmarè ni ènìyàn ma ntoro pèlú ebo (* it is the favour of *Olódùmarè* that humans seek with sacrifice) it prepares the mind of the patient and also makes the therapy that is to be performed effective, this in itself brings about healing.

**Conclusion**

The project “integrated medicine” was established and defined using Western paradigm, but it must be noted that the efficacy and reliability of a method does not have to be within the perspective of the West to become meaningful. *Bayi là nse ní ilée wa, èèwò ni ní ibò míì* (our custom is taboo for some other people). If our paradigm is different from that of the West, it does not mean that it should be rejected. If a traditional medical system yields treatment outcomes that its society deems effective, it should be treated as worthy of consideration by Western allopathic biomedical investigators, especially those who are aware of the fact that allopathic biomedicine is the dominant health care paradigm for less than 20 percent of the world’s population (Mahler, 1977). It is also important to note that allopathic biomedicine places its emphasis upon “curing” (removing the symptoms of an ailment and restoring a patient to health), while traditional medicine focuses upon “healing” (attaining wholeness of body, mind, emotions, and/or spirit) and that is where divination becomes very relevant. Many patronize the Yoruba traditional health care providers for this reason.[[4]](#footnote-4)

More than ever, it is becoming clear that “ethno medical practices and beliefs are part of a total belief system that transcends class, ethnicity and religious belief in such a manner that the terms “folk or traditional” can be used to describe practices that are truly universal.” (Lowe, Payne-Jackson, Beckstrom-Sternberg, & Duke, 2000:170) Even though a lot has been raised with regard to the unscientific procedure of ethno medicine, it has not stopped some institutions in the USA from incorporating it into their services. (O’Connor, 1997) If all of these are happening, now is the time to integrate divination as part of health care practice with the aim of a holistic treatment beginning with Africa.

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1. *oríi túlu* (migraine), is treated by washing off the disease at a refuse dump or at a cross road. It is believed that whoever gets there first after the cleansing catches the disease. [↑](#footnote-ref-1)
2. Interview with Awo Itunbi Ifá, (a *Sawo/sè sègùn*, in Lagos, Nigeria) on 1/08/2011 [↑](#footnote-ref-2)
3. Interview with Awo Ifasesan Ojekunle, (a *Sawo/sè sègùn*, Ibadan, Nigeria) on 28/07/2011 [↑](#footnote-ref-3)
4. Interview with Awo Elebu Ibon ( in Oshogbo, Nigeria on 09/03/11) He claim to have treated an American friend of his who had swollen feet and could not be treated. He had even been told that he had only six month to live. After divination, the required *ebo* was performed and treatment commenced after, the man lived for three years and died of something else. [↑](#footnote-ref-4)