Introduction: A person is well only when all the parts -body, mind and spirit- function properly. Gone are the days when some cultures were regarded as lacking some value to contribute to knowledge, thanks to the works of foremost anthropologists like E.B. Tylor and Malinowski. Today, more than just the realization of the importance of every single culture, there is the quest for a return to originality.

This gives credit of place to Ethnoscience, that is, "indigenous knowledge," which promotes an understanding or a way of doing things based on native perceptions in such a way that makes it important in the making of the modern world. Today more than ever, it is important to develop an attempt at looking at culture from a scientific perspective in order to understand how people live with different forms of knowledge and beliefs, with a focus on the ecological and historical contributions people have been making. (Atran, 1991: 650)

A society’s culture consists of whatever it is the members have to know or believe in order to operate in an acceptable manner. Culture is not a material phenomenon; it does not consist of things, behaviour, or emotions. It is rather an organization of these things. It is the form of things that people have in mind, their models for perceiving, relating, and interpreting them. (Goodenough, 1957:155)

This realization is important in the evolving of the modern world since the world is gradually becoming a global village that can no longer be represented by an aspect but by the whole. It cannot be over emphasized that societies in this modern age, must emerge with their very different and unique character to make up the whole.

This paper will focus on Yoruba traditional health care paradigm. By health care paradigm I mean the method Yoruba use for health care. This case is based on the record of its efficacy. It has been noted that “the continuous re-appraisal of Africa’s traditional medical heritage should aid in raising these indigenous belief systems on to the higher pedestal of a clinical science.” (Ohaeri, 1988:24) The fact of re-appraisal shows that the discussions on African traditional medicine is not new. Ohaeri, (1988:24) discussed the strategies to be adopted to transform indigenous African medicine into a science. That is, a deliberate, systematic collection of data, analysis of the data to see how they fit into the hypothesis being tested, the elimination of as much bias as possible, and the readiness to freely communicate result.

Many have attempted definitions and discussions on herbs, diagnosis and cure in African traditional medicine. For Sofowora, African traditional medicine

can be described as the total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing, or eliminating a physical, mental, or social disease and which may rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing. (Sofowora, 2008:2)

According to Acharya, and Shrivastava, (2008:440) traditional medicine is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses. For them, there has to be a conscious inclusion of every aspect of man including the spiritual for there to be a holistic approach to health care.

To make the above definitions more acceptable World Health Organization (WHO) came up with a more embracing definition which states that

traditional medicine is 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, 1991, & 2005)

Since discussions on African traditional medicine is not new, the focus has moved from whether it exists or not. It has also moved from whether it is potent or not. Today’s discuss is centered on how to make it relevant and what it can contribute to development as the world evolves. World Health Organization, (1975) noted that traditional medical practitioners who live and work among the people should constitute the basic core of primary health workers. This is because they understand disease causation and natural cure available within the environment. This in no way excludes the religion and the culture of the patient.

Abiodun, (2005:218) argues that the traditional perception of health with its metaphysical presuppositions enhances the functionality of Yoruba traditional medicine and it makes it more appropriate to the needs of the people than western medicine which is inherently bacteriologic. Jegede stresses the link between the Yoruba traditional medicine and religion. For him,

In traditional religion, religion and medicine are connected and are ever crossing each other. Thus, African therapeutics is medico-religious. It includes the use of divination, rituals, and sacrifices as well as incantations, from etiology diagnosis to the management and treatment of diseases. (Jegede, 2006:64)

The fact that discussions have progressed on the issue of African traditional medicine does not remove the fact that it is not yet generally accepted and understood. Evan-Pritchard (1973:9) and Buckley (1985:185) hold that if one does not understand African Traditional medicine, it will be called magic. Sadly, “many anthropologists and sociologists who visit Africa take medicine and magic to mean the same thing even African scholars continue to present African medicine as a form of magic.” (Jegede, 2010:19) This understanding stands in the way of holistic approach to diagnosis and increases the need for a genuine concern for Yoruba traditional medicine.

Jegede, (2010:3) noted that technology and science have influenced modern society’s perception of health in a manner which spitefully discounts traditional medicine as unscientific and consequently, irrelevant to development. Traditional modes of diagnosis have suffered more in this regard and as a result Western medicine is limited and cannot solve all health problems, especially those which are spiritual in origin.

Over the years, Good, (1979) and his colleagues have come up with two broad grouping of traditional medicine (a) the ancient, codified medical systems of nations such as Arabia, India and China (e.g. Acupuncture). These are recognized and accepted and so make a lot of progress. (b) there is a second group called “more localized indigenous system of traditional healing. This has been said to be associated with non-literate peoples of tropical Africa, Asia and America. They are referred to as the little or non-formalized traditions of healing. (Ohaeri, 1988:24)

The so called “more localized” indigenous system has also been referred to as the “non-formalized systems of non-literate peoples that is mostly non-hierarchical, less systematized and more than not devoid of written record” (Oyebola, 1980:33)

Given the facts about the existence and the efficacy of African traditional medicine, this paper departs from the above stated description, it goes on to state that Yoruba traditional medicine can be rated and appreciated like its counterpart ancient, codified medical systems of China, India or Arab?

This departure is essential as the modern world evolves and more so that a) there is a big need for integrated medicine today. That is, a system that has a goal to treat the mind, body, and spirit, all at the same time. Yoruba traditional medicine has the means to do this, even though some of the therapies used are non-conventional, what is important is that these therapies have some high-quality evidence to support them. The west is outstanding at diagnosing and treating diseases at the levels of mind and body, but lacks what it takes to diagnose and treat ailments that are spiritual. Many of which they call somatoform disorder.

b) Unlike what many have said that there is no scientific system to the method. There is a scientific method at least in Ifa system of health care. This method stands out in terms of format, universality, and organization (what comes first and how to use what).

c) This process more than what it does at the first two levels, provides for the aspect that is missing in the West which is the spiritual level in the effort to provide holistic treatment.

d) Ifa corpus is known by all the practitioners, it has a fixed understanding and content e.g. *Èjì-ogbè* (a chapter in *Ifá* literary corpus) is the same everywhere and prescriptions can actually be taken from one health care provider to another. The second health care provider will understand what had been done and what is left to be done. The same way Acupuncture is understood anywhere and interpreted and understood universally.

Yoruba traditional medical paradigm:

**Diagnosis:** Western medicine understands the importance of diagnosis and rates it as the first procedure in medical care, for unless the cause of an illness is known, treatment is impossible. Sofowora (2008:41) calls diagnosis the hallmark of medicine, it is the first thing to be done in medical procedure. Jegede affirmed this when he noted that “diagnosis is the most important aspect of any healing system. The treatment of a patient cannot commence without an understanding of the illness or disease.” (Jegede, 2010:36)

In the Western forms of diagnosis, there is a focus on the material and psychological causes of illness with little or no reference to spiritual causes. This is due to the limitation in the knowledge of spiritual causes of illnesses. Western medicine claims that there is no scientific pattern to diagnosing spiritual causes of illness, but in Yoruba traditional medicine, diagnosis includes the process of divination.

Divination comes to play when there is need to diagnose something that physical methods of diagnosis fail to pick. Usually this is believed to have spiritual or sociological causes which affect the spiritual part of man. That is when physical examination of colour, texture, temperature and history of ailment fail, *Ifá* divination comes handy. A Yoruba traditional health care giver in Idanre observed that when the spiritual dimension of man is sick, it automatically manifests physically; likewise, when it is healed, it manifests physically. He also noted that patients may have the same illness and similar symptoms, but the methods of treatment employed may not necessarily be the same, because the causes of these illnesses may differ. (Jegede, 2010:10)

According to Gale Encyclopedia, (2001) “there are strong spiritual aspects to African Traditional medicine and among traditional healers, the ability to diagnose an illness is considered a gift from both God and the practitioner's ancestors. A major emphasis is placed on determining the root causes underlying any illness.” In Yoruba traditional medicine, diagnosis of serious diseases are reached through experience or with the help of divination, after which a treatment is prescribed.

**Treatment:** This treatment usually consists of herbal remedy that has not only healing abilities, but symbolic and spiritual significance, because it is believed that illnesses do not derive only from chance occurrences, but also through spiritual or social imbalance.

This method, researchers have shown flows from Yoruba understanding of disease causation. Yoruba believe that disease can be caused by natural, spiritual and mystical means. This makes the paradigm holistic.

Forster and Anderson (1978) have come up with three different disease causations in Africa. Lambo (1979) expressed these divergent disease causations in five different ways. These various forms of disease causations determine the paradigm for health care in African and precisely Yoruba traditional medicine.

In the Yoruba world view, some supernatural factors such as bewitchment, sorcery, curses, aggrieved spirits of ancestors and the breaching of cultural taboos can cause diseases. According to Sawandi (2010), Yoruba believe that human beings are vulnerable to physical and spiritual illnesses, which may be caused by oppressive forces known as *ajogun*. Illnesses caused by these forces usually defy biomedical solutions. Such that, it becomes paramount to look at the cultural environment of the patient to see if there is an imbalance resulting from a disregard of social, cultural or traditional norm to diagnose such illnesses.

**Levels of involvement in Yoruba traditional medicine:**

There are four different levels of involvement in terms of capability in the handling and delivering of health care in Yoruba traditional medicine. These levels vary from merchants to diviners, but all make up the paradigm. The first three levels rely on medical history and physical examination for symptoms. They examine the colour of urine, the formation of feces, colour of the eyes, level of temperature, ask questions about the history of the condition etc. In the fourth level, the highest level of health care, there is the use of both the physical examination and divination tools

The first and lowest level of health care in Yoruba paradigm is the general level as Buckley noted, that “almost all Yoruba men knew at least a little about medicine (*Oògùn*)… most household compounds contained as least one man who was reputed to be well versed in traditional medicine.” (Buckley, 1997:3) At this level, illnesses like headache, first aid treatment can be handled.

The second level of involvement in Yoruba traditional medicine, is the level of the *lékuléja* (sellers of medicinal ingredients) these deal exclusively with the sale of medicinal ingredients like animals, fish, barks, roots, stems, fruits, pods, and minerals. Many of these people acquire some knowledge of medicine while selling these medicinal ingredients. This enables them to take care of simple natural illnesses like fever, after birth pain, etc. These have been referred to as quakes because they attempt to undertake basic health care without training. In reality, they are only meant to be retailers of medicinal ingredients.

The third level, in terms of competence, is where one finds the *onísègùn or adáhunse*. These are Herbalists, persons recognized by the community in which they live as competent enough to provide general health care with the use of vegetables, animal or mineral substance and certain other methods based on the social cultural, religious background, knowledge and attitudes of the community regarding physical, mental and social well-being. (WHO, 1976)

Osunwole, (1989:29) noted that traditional healers are popularly known as *onísègùn or adáhunse*. *Onísègùn* is a general medical practitioner with good training and experience in traditional healing. He is also called *adáhunse* because he does not depend on any power or force apart from his knowledge and experience. *Onísègùn or adáhunse “*rely on medical history and symptoms for diagnosis”. (Simpson, 1994:93)

The fourth level of competence is the position of those called *Sawo/sè sègùn* (diviner/healer) this category of healer can be placed higher than the *onísègùn or adáhunse* because of their involvement in a wider spectrum. For Osunwole, (1989:29) *sawo/sè sègùn* combine divination with other traditional healing methods, they are vast in both physical and spiritual aspects of Yoruba traditional health care. At this level, the *sawo/sè sègùn* has a range of divining tools to choose from as means of complementing his medicine. It can be *ikin, Òpèlè*, *eérin, eérìndínlógún, yanrìn, omi* etc., these are used for diagnosis.

Among the *sawo/sè sègùn*, I choose to recommend those that use *Òpèlè* and *Ikin Ifá*. These are regarded as the “fathers of secret” (Bascom, 1969:81). They are the custodian if *Ifá* literary corpus which is believed to contain everything including diagnosis and treatment of all forms of diseases.

In Ifa method, divination is not a creation from what does not exist, it is a reference to an existing format, a principle that worked for X. What divination does is to establish a condition X, looks for condition X in the corpus and repeats the prescription that worked for condition X. It is a consultation with history, precisely what Western medicine does. Case “A” looks like “X”, what was used for “X” should work for “A”.

That is: “X” divined for “Y”, when “Z” was wrong with him, now “Z” is wrong with “A”, let us use what “Y” used when “Z” was wrong with him.

There are four levels of treatment for the *babaláwo*, there is *ebo* (sacrifice to make the herbs and the process of healing potent), *ìbo* (appease of a particular divinity when it is prescribed), *ètùtù* (sacrifice to show the involvement of the patient)[[1]](#footnote-1), and *àkóse-ifá* (medicinal ingredient prescribed by Ifá).

As the modern world evolves, one must know that the aim of Yoruba traditional medicine is the same as western medicine, which is, preventing, diagnosing and healing of diseases, but they differ in their understanding of disease causation, approach to healing and the method of diagnosis:

the basic concept of Western medicine centres around the results of experiment, and the disease is regarded as caused by physiopatholgical agents (including micro-organisms and noxious substances in food and the environment). Traditional medicine, however, considers man as an integral somatic and extra-material entity and many developing countries will accept the fact that disease can be due to supernatural causes arising from the displeasure of ancestral gods, evil spirits, effect of witchcraft, the effect of spirit possession, or the intrusion of an object into the body. (Sofowora, 2008:37)

Hence, cure for diseases must follow the laws of nature using the numerous natural agencies available in the environment. Yoruba believe that sickness or misfortune results from a breach of the equilibrium between humans and the spirit world, or a dysfunctional relationship between the gods and their mortal followers. To restore this equilibrium, a *babaláwo* employs the holistic diagnostic methods, combining leaves, roots, bark, latex, incantations, rituals and divination. (Voek, 1997:115) This is important since “what a particular society or ethnic group believes about the causation of illness is important in the treatment of illness.” (Kottack, 1994:62)

Evaluation:

This is not an attempt to celebrate mediocrity, nor is it an attempt to celebrate unscientific procedures, it is n the contrary an attempt to acknowledge where Yoruba traditional medicine is and what has to be done to move it forward as we are at the threshold of the modern world. Even though so much has and is still being done in Yoruba traditional medicine, a lot still needs to be done in the area of documentation. This will allow for better systematization of diagnosis and prescription.

This is all relevant because clear distinction has to be made between medicine and religion. In the pre-colonial Yoruba societies like pre Hippocrates period, traditional healing was the only form of therapy among the Yoruba, and it was provided by the healers who were also the popular religious priests whose medical knowledge was solely based on religious belief and practices, thus, justifying the use of spiritual practices for the diagnosis and cure of diseases. (Osunwole, 1989:223) But today, it is becoming clear that some treatments that had been traced to divinities in the past are treatable without the specific intervention of any divinity. e.g. chicken pox which was at some point linked with *Obàtálá* is now known to be treatable without any recourse to *Obàtálá.*

This point must be carefully handled as views like Hadley’s, that religion is irrelevant to health or that it has negative effect on health because health is purely scientific and to mingle religion with health steps down the progress in the advancement of medicine (Hadley, 2003:86-88) may not be true. Buckley believes that scholars like Hadley have difficulty in understanding traditional medicine because “there are undoubtedly some healing techniques used in African culture [including the Yoruba] which seem to contradict both scientific knowledge and common sense.” (Buckley, 1997:17)

Even though Yoruba health care is visibly effective, there is still the difficulty of linking the prescribed treatment to the nature of illness, the concept of concoction shows lack of precision, it is more of “anything among these concocted materials that works” health care providers are not sure of the make-up of the component, and why they are used, they rely a lot on trial an error, Yoruba believe that if they do it the way they have been instructed, it will turn out the way they want (“*e jé kí a sé bí wón tin sé, kí ó ba lè rí bí ó tin nrí*”) they must not understand the working. As the modern world evolves, there is the need to move beyond this level to be able to justify and explain what goes into health care and why because the patients need to know that they are using in the name of health care.

Conclusion: While Africans continue to re-appraise, no longer should Yoruba achievements in healthcare become outstanding because the West calls it outstanding. Now is the time that we recognize their capability and take it for its worth. One is not well unless all –body, mind and spirit- is well

REFERENCES:

Buckley, A.D. 1997. *Yoruba Medicine*. New York: Clarendon Press

Evans-Pritchard, E.E. 1973. *Witchcraft, Oracles and magic among the Azande*. Oxford: Oxford University Press.

Jegede, C. O. 2010. *Incantations and Herbal cures in Ifa Divination: emerging issues in indigenous knowledge*. Ibadan: African Association for the Study of Religion.

Kottack, P. 1994. *Cultural Anthropology*. Washington D.C.: Smithsonian Institute.

Malinowski, B. C. 1922. *Argonauts of the western pacific*. London: Routledge.

------------- 1989. *A Diary in the Strict Sense of the Term*. Stanford: Stanford University Press.

Sofowora, A. 2008. *Medicinal Plants and Traditional Medicine in Africa*. Ibadan: Spectrum Books Limited

Voek, R.C. 1997. *Sacred Leaves of Condomble: African Medicine and Religion in Brazil*. Austin: University of Texas Press.

**Journals**

Abiodun, B. O. 2005. Medical practice in Western Science and African Traditional Thought: A comparative Analysis. *African Identity* 3:2

Atran, S. 1991. Social Science Information / Sur Les Sciences Sociales*. Ethno science Today* 30.4: 595-662.

Good, C.M., Hanter, J.M. & Katz, S.H. 1979. The interface of dual systems of health care in the developing world: toward health policy initiatives in Africa. *Social Science and Medicine* 13D: 141-154

Goodenough, W. 1957. Oceana and the Problem of Controls in the Study of Cultural and Human Evolution. *Journal of the Polynesian Society* 66:146-155.

Forster, G.M. and Anderson, J.Q. 1978. Disease etiology in non-western medical system. *Journal of American Anthropology* 78: 103

Jegede, C.O. 2006. From disease etiology to disease treatment: An exploration into religion and the Yoruba therapeutics. *Orita* 60.20

Morey, N. C. and Luthans, F. 1985. Refining the Displacement of Culture and the Use of Scenes and Themes in Organizational Studies. *Academy of Management Review* 10.2: 219-229

Ohaeri, J.U, 1988. African traditional medicine: A stage in the peoples’ history. *African Notes*, 12 (1-2): 24-28

Oyebola, D.D.O 1980. The method of Training Traditional Healers and Midwives among the Yoruba of Nigeria. *Social Science and Medicine*14:31-37

**Unpublished materials:**

Osunwole, S.A. 1989. Healing in Yoruba traditional Belief System. PhD thesis, Institute of African Studies, University of Ibadan

WHO 1978 The promotion and Development of Traditional Medicine*. Report of a WHO meeting, WHO Technical Report Series* No. 622. World Health Organization, Geneva

WHO 1991 Traditional medicine and modern health care: Progress report by Director General   
 *Document No. A441/10, March, 1991*, World Health Organization, Geneva.

WHO 2005 National policies on traditional medicine and regulation of herbal medicines. *Report of a WHO global survey.* World Health Organization, Geneva.

**Internet resources:**

Tariq Sawandi, *Yoruba Medicine: The Art of divine Herbology*. Retrieved October 7, 2010 from http://www.planetherbs.com/theory/yorubic-medicine-the-art-of-divine-herbology.html

1. Interview with Abimbola, 2011 [↑](#footnote-ref-1)