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Integrative Theories of Medicine: A (W)Holistic Vision

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INTEGRATIVE THEORIES OF MEDICINE: A (W)HOLISTIC VISION

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INTRODUCTION

Since the beginning of civilization, people have always had a method of coping with sickness and disease in their communities. There is a great deal of misapprehension and doubt prevailing in the minds of many people in western cultures regarding the ability of traditional health practitioners in developing, especially non-western, countries to diagnose and, indeed, treat diseases. Even the general term of "witch-doctor" given to them is now as outmoded as it is inappropriate in describing practitioners of an ancient art whose skill in handling certain types of medical problems is often unsurpassed and misunderstood by western- trained doctors.

The traditional African worldview is one that values cosmic harmony. Africa is a fruitful place to study traditional medicine because much of the population is still rural,where traditional practices still flourish. The Yoruba,of southwestern Nigeria, for instance, have rich resources of cosmology available which are reflected in the deep roots of their sophisticated culture. Yoruba art,medicine,philosophy, and religion are complex and all figure in Yoruba

concepts of wellness. Currently, the revival of the Yoruba religious practices is worldwide; some consider it as a "Yoruba Renaissance"[1].

The Yoruba, who represent one quarter of Nigeria's estimated 120,000,000 population, have their own ideas about health and illness. These ideas are deeply rooted in their world view. Yoruba ideas of illness and wellness reach far beyond the categories that orthodox western medicine practices, and they can best be understood through Yoruba concepts of alafia (health) and saison (illness), which are central in Yoruba culture. Throughout Yoruba history, an emphasis on a balance between physical, psychological and spiritual factors has characterized the culture's concept of health care, and these factors are interrelated. Health must be understood through an interdisciplinary approach, encompassing the disciplines of philosophy, religion, medicine, economics, and sociology, and the integration of two medical theories, traditional (a word derived by W.H.O. for medical practices utilizing herbs) and scientific, (an orthodox method of modern medical practices used today).This thesis will study problems of integration of the two and explore the efficacy of traditional

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[1]Andrea Honebrink, "Yoruba Renaissance," Utne Reader (November/December 1993) 46-48.

medicine. The potential interdependency of these two theories of medicines, traditional and scientific,will be examined for the purpose of determining their possible co-existence and integration to best serve and save lives worldwide.

In a course called "Social Aspects of Medicine", I began to ponder the myths associated with medicine in America. In this course, American medical practices were studied over a period of one hundred years. Initially, traditional medicine was the only method of treatment practiced in this country. At first, technological development was seen to be the major way to advance medical treatment. Later, the professionalization of medicine in the late 19th century led to its being a very lucrative career and in the process, many believe, affected its availability and practice.[2] This discovery led me to further delve into the present system of medical healthcare available, not only for the people of the U.S., but throughout the world. Because of my prior interest in the Yoruba and their practices I chose to analyze and compare U.S. and Yoruba practices of medicine.

Currently, The World Health Organization has

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[2]In the development of American medicine,the rise of professional sovereignty and the transformation of medicine into industry may be further studied in Paul Starr's, The Social Transformation of American Medicine (U.S.:Basic Books,) 1982.

estimated that 80% of the world's population rely chiefly on traditional medicine. Twenty five percent of all prescriptions in the U.S.A. between 1959 and 1980 contained extracts or active principles prepared from higher plants used in traditional therapies, yet there is an ongoing campaign by the Federal Drug Administration (FDA), the pharmacies, and the American Medical Association (A.M.A.) to prohibit these extracts because of their potential toxicity. Plant-derived medicines are used in self-medication in all cultures. However, only a fraction of the world's plants has been studied. Even so, humankind has already reaped enormous benefits.

Wholistic medicine has had a resurgence in this country, but Western medicine practitioners, for the most part, have vehemently opposed it. Are their objections based on their concerns for quality treatment or are greed and maintaining capitalistic control the determining factors? In this study, I propose to argue that without the cooperative measures between both traditional and scientific practitioners, treatment of disease and illness will remain only mildly effective. By mutually recognizing the efficacy and commonalities both medical theorists share, world healthcare will become enriched.

Any clash of interest between the two practicing

medical cultures will result in the suffering of the patient. Most of the conflicts that have been identified seem to have been activated through professional culture blindness, egotism, ethnocentricism, suspicion, false pride and provincial thinking on the parts of the two medical cultures rather than from professional philosophy.

Selective sharing of knowledge is an interdisciplinary problem that has affected all areas of study. In a former class, "Perspectives on the Planet", the lack of corroborative measures among humanists and scientists was attributed to the same conflicts mentioned in the above paragraph. Some shared their knowledge to gain power, while some wanted position. Others wanted their wisdom to be privy to a select group so as to gain fame among the "aristocracy" and their peers. Could this exclusivity apply to the objectives of western medicine practitioners? Does western medicine want to hold complete power over decision - making and legislative policies in the field of medicine while forfeiting the opportunity to research infinitesimal curatives available in untapped plant extracts? Do the traditional practitioners want to hold on to family secrets and continue to risk lives because of traditional taboos and customs, while substandard methods are being used to measure plant

toxicity that endangers lives? Humankind can no longer afford these forms of discrimination.

Modern medical practice has led to the realization that the injurious effects of diseases on humans are due to many factors,not least of which are the social conditions of particular communities. Factors such as the environment, poverty, knowledge, attitudes, beliefs, culture, customs, and the elements of the working place form the complex of social conditions. These conditions are coexistent and create a multitude of effects which contribute to the manifestation of the illness. They interdependently create the cause and effect.

All that influences us is an integration of experiences. Change formulates through a constant state of transformation, and by recognizing that this transformation is influenced through a host of interrelated elements transcendents can be initiated and start the wheels of progress in motion. If healthcare is to flourish and preserve humankind, then channels must be opened between the traditional and scientific practitioners. This opening will embellish comprehensive healthcare, which is the totality of all aspects of medical practice. Both curative and preventive methods must be considered.

CHAPTER II

YORUBA HISTORY AND PHILOSOPHY

State formation among the Yoruba dates back to the 11th century. The word Yoruba is a Hausa name for the people of the Oyo empire. Ife, the original Yoruba state, was an important economic, political, and cultural center by the 11th century. Ife bronze sculpture demonstrates not only great art but also serves as a testimony that demonstrates Yoruba proficiency in advanced technical metallurgy during this period. "Tradition credits Oduduwa, son of the supreme being, as the founding father of the Yoruba nation."[1] The Yoruba belong to a Niger-Congo subgroup speaking languages that probably originated in the savanna near the Niger-Benue intersection. The Yoruba colonized a large area of combined savanna and forest in the western region of present-day Nigeria. Their purpose was to comprise small secluded and mutually independent properties, including the Oyo who were later to create a vast and powerful empire.

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[1]Robert W. July, A History of the African People (Prospect Heights, Illinois: Waveland Press, 1992) 103. See also Kevin Shillington, History of Africa. (New York: St Martins Press, 1989) 188 -93.

Traditional history no doubt suffers from distorting influences such as local patriotism, but it does not differ in principle from written history, as the same criteria of evaluation can be applied to both. Likewise, traditional medicine also suffers from distorting influences, such as European standards of evaluation and the current political influence, yet they too share the same principle as the scientific practitioners, to treat an illness with efficacy.

The cultural uniformity of the Yoruba people and fascination aroused by the apparent discrepancies may nevertheless detract from the study of another aspect of Yoruba society, its social and political structure, in which great variation exists. The institution of kingship seems common throughout most of Yoruba country, rituals of installation and paraphernalia of office follow remarkably similar patterns. Yet the structure of government in individual Yoruba kingdoms and communities is so diverse.

The study of these differences in political and social structure within Yoruba country constitutes one of the major fields of historical research. According to sociologists, a structure[2] is a pattern of relationships between individuals and groups in

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[2]S.O.Biobaku ed., Sources of Yoruba History (Oxford:London Claredon Press, Ely House, 1973), 207.

society. When we speak of Yoruba social structure we mean inter alia, that pattern of relationships between men and women of common descent which leads to our recognition of descent groups (or lineages) whose members corporately and variously hold rights in land, in political offices, and jurally over each other.[3]

Ethnic History

The Yoruba homeland in southwestern Nigeria is populated by many different Yoruba sub-groups. There are the Egbado and Awori of the Ilaro division of Abeokuta Province of Nigeria; the Egba of Abeokuta Province;the various groups of Ijebu in Ijebu Province; the Oyo and Ilorin Provinces; the Ife and Ijesa of Oyo Province;the Ondo, the Idoko, Ikale and Ilaje of Ondo Province; the various small groups of related people collectively known as the Ekiti, the most important of which are the people of Otun,Ado, Ikole and Efon; the Yagba and the Igbomina of Ilorin and Kabba Provinces.

All these people mentioned above speak a language known as Yoruba, which belongs to the Sudanic family. When they split before the British colonial rule into the many groups there are today, the question was whether the word Yoruba does not in fact, refer to a linguistic, rather than an ethnic cultural group. At present, elderly persons located in certain parts of

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[3]Ibid.

the country tend to distinguish their own local groups from the one they collectively refer to as Yoruba.

The British explorer, Captain Clapperton, visiting Badagary (on the coast of Nigeria) in 1829, referred to the territory inhabited by the Yoruba as Yarriba and its population as Yarribans. He is responsible for communicating this name to Europe in the journal he published describing his expedition.[4] The word Yoruba is inclusive of many diverse groups, but what makes their culture so unified is that they revered a shared common ancestor from a not too remote past. One cannot view them as one distinctive group with one distinctive set of beliefs or practices. Yet, their customs suggest a broad common worldview, which encompasses their attitudes on health care.

Economic History

There are two dominant factors that contribute more than any other in structuring the historic economic organization of the Yoruba. That is, usufruct privileges rather than actual private ownership, applied. Land, as long as unoccupied, was free to anyone. Secondly, the Yoruba population, for reasons of either self-defense or sociality or both,has been predominantly urban since as early as the fifteenth

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[4]N.A. Fadipe, The Sociology of the Yoruba, ed. Francis Olu. Okediji and Oladejoo. Okediji (Ibadan: Ibadan University Press, 1970),30.

century. As author Fadipe observes:

> Even the farming folk have their houses in the town and look upon their farms which are in many cases situated at great distances from the town merely as places of work and temporary residence. The annual festivals of the various orisas (deities) are seldom celebrated in the farms - only the man who is in debt or who, because of his laziness, has no clothes for festive occasions would think of spending this season out of town. When marriages are to be celebrated they have to be performed in the town. Except under certain circumstances and in the case of people who die young, the dead are still carried home from the farm for interment.[5]

In the pre-colonial period, no freeborn person who wanted land needed to go outside his/her area. Redeemed slaves were in a similar position. Women also could inherit usufruct privileges to land in their natal families though not in that of their husbands. Therefore, every person who had passed the age of parental authority was either a producer of her/his own account or had the potential to initiate use of land.

The word communal would best describe the control of land in Yoruba territory. To be more specific, the community as a whole historically exercised control over the land within the limits of its territory so as to confine the occupation and use of land to individuals who are members of the community and to others who settle in it with the understanding that

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[5]Fadipe, N. A., The Sociology of the Yoruba, Francis Olu. Okediji and Oladejo O. Okediji, eds., (Ibadan: Ibadan University Press, 1970), 147.

they accept the jurisdiction of the recognized authorities and identify themselves with the community. So community, in this sense, refers not only to the whole of Yoruba territory but also to any part of it with a politically and socially integral life of its own.

With almost unrestricted facilities for farming and the opportunities thereby offered for a practically self-sufficient household economy there were many occupations besides farming. Among professions for men, there were blacksmiths, iron-smelting, an important industry because of cheap imported iron,brass and lead workers,leather makers,cloth weavers, amusement experts - mostly drummers and bards and herbalists and medical doctors. Some surgeons restricted their practices to certain families. Women were traders, hairdressers, sellers of cooked and processed food and engaged in other occupations.

A medium of exchange, cowry shells, were introduced by the Portuguese into the country during the seventeenth century by way of Zanzibar. At first, they were valued as ornaments, and were an additional line of goods introduced into the barter system of a rudimentary exchange economy. But because of their general acceptability, they soon became a regular medium of exchange. The cowry shell fulfilled to the

locals all the requirements of money. It served as a medium of exchange, a standard of value, and a store of value. Today, though no longer money, cowry shells are used in certain methods of Yoruba divination, as well as varied practices of orisa worship, to determine the health, spiritual and physical, of an individual.

The Philosophy

Through centuries of the slave trade, it was necessary for the Europeans to create a mythological set of beliefs regarding African philosophy; they speculated that the Africans were shallow thinkers, therefore, they had no philosophy. Scholars have put to rest the idea that Africans had no history or only "primitive" political, social and economic structures before the arrival of Europeans. African history is now a well-established field. In addition, an expansive literature has become available on African philosophy[6]. Yoruba philosophy, for example,is both sophisticated and complex. Though today many Yoruba people are Christian or Islamic, below I am describing indigenous, historic Yoruba philosophy. In life, the Yoruba expect to have happiness, well being and good fortune. But the prerequisite to these blessings, they

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[6]Information on African philosophy can be found in Robin Law's Oyo Empire and Philip Curtin, Steven Feierman,Leonard Thompson and Jan Vansina's African History, John Mbiti's African Religions and Philosophy.

believe, is peace. This is what is called alafia(health). Alafia encompasses far more than the western concept of good health. For the Yoruba, good health includes a harmonious relationship of Self and Other --- other people, ancestors,gods, spirits, plants and animals and inanimate objects. An individual is said to be in good health or have alafia when he/she has good crops, and many children. In" The Yoruba Philosophy of Life", author Awolalu defines alafia : "Alafia is the totality of what makes for harmony, joy, wholeness in physical, mental, domestic, social, national and international life."[7] It is the sum total of all that is good that humans may desire. This desire for alafia is expressed not only in prayers and aphorisms but also in songs, as illustrated by the following short modern song:

Ma a ko'le - I want to build a house,
Ma a bi'mo - I want to have children,
Ma ra moto ayokele - I want to have a motor-car.
Laisi alafia - Without peace,
Wonyen do se ise. - These things are impossible,
Alafia loju - Peace is supreme,
Ilera loro - Health is wealth,
Eniti o ni alafia - He who has peace
O lohun gbogbo. - Has everything.[8]

To the Yoruba, life on earth is not real unless it

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[7]Omosade J. Awolalu," The Yoruba Philosophy of Life," Presence Africans 73 (1st quarterly, 1970):22.

[8]Dele Ojo, Alafia, Philips West African Records, No PFB. 898, quoted in J. Omosade Awolalu's"The Yoruba Philosophy of Life".

is happy and peaceful. If a person does not have the good things in life - good husband/wife, many and good children,and long life to enjoy these earthly blessings -life will be said to be unkind to her/him. People will say that the person only escorts into the world those who enjoy life, but s/he does not really partake of the good things life offers, but is merely an onlooker.

The elements of a peaceful life are joy and happiness, increase in prosperity, ritual devotion, observance of moral values, and a long life.

Happiness is present when everything one does prospers. It is present when the person is satisfied with things seen around him/her in domestic and national life. Also there is a smoothness of life that goes naturally for the person,and no bitterness is held against anybody; love is shown to all.

Prosperity is not regarded as material possessions, such as mansions or cars, but traditionally, for instance, in the number of children a person has . Unfortunately, data about women and their happiness is limited in Yoruba literature. If a man has a woman who is barren, or if the children die one after another, there can be no peace in the home. A husband and wife that find themselves in this type of dilemma seek assistance, oracular and medical, to avert the misfortune.

Perhaps one of the most significant factors that contribute to obtaining a peaceful life is the Yoruba devotional system. Here many disciplines are integrated and considered, such as religion,philosophy and medicine.

The Yoruba believe that the Supreme Being (Olorun or Olodumare) is the Creator of life. He has limitless power to order all things as He wishes. Man's happiness is based on how close he keeps in touch with God. God is the benevolent father who provides all human needs - uninterrupted train of happiness,increase in the group, protection of crops and domestic animals, victories over enemies, long life to enjoy the good things.

Olorun's organization of the world consists of a number of divinities who act as ministers or angelic beings in his kingdom. To each a designated duty and part of nature is assigned. These divinities are known by the generic name Orisa. They serve as intermediaries between men and God, just as saints do in the Catholic religion.

The Yoruba devotee must keep in close touch with the Supreme Being and the divinities under him. A true devotee arises in the morning and begins to pray and give thanks at the shrine of the divinity. The person invokes the divine spirit and prays loudly for the

blessings of her/his life, as well as for others. A libation is poured of gin or water and then a kola-nut is cast to divine what the day has in store for the individual. Until this form of prayer is done, the days work cannot begin. At one time or another, sacrifices,such as votary, thanksgiving, expiatory or communion - are offered.

In order for things to go well, the Yoruba man or woman continues close communication with the divinities he or she worships. These intermediaries are believed to carry man's request to God. If the communication breaks down, then calamity will descend upon the person. It is a constant goal on the part of the person to establish, renew or maintain communion and communication with the divine, so as to enjoy peace which gives meaning and coherence in life.

Besides ritual devotion, the Yoruba attach great importance to iwa' (character). They find this the most distinguishing factor that separates man from animal. A person of good character is called omoluwabi (omo-on'iwa - ibii) or one who behaves as a well - born; and a person of bad character is enia-k'enia, a mere caricature of a person, an unprincipled person. A value judgment in the Yoruba system is apparent.

In revering their ancestors, the Yoruba only invoke good ancestors; that is ancestors who lived a

good life upon earth and had a peaceful death. The reverence for ancestors has been much misinterpreted and misunderstood as ancestor "worship". Ancestors are not worshipped, they are not deities, they are intermediaries between human beings and God. Bad ancestors are never called upon. This suggests that only those who are declared good by accepted standards of the society can enjoy life hereafter. These devotees try to be in good harmonious relationship with God and with the divinities and ancestors who are the guardians of morality.

The Yoruba know that death is inevitable, but it is believed that a person should live to a ripe old age and have a long life. Death from old age is the only one that is regarded as natural. For little children or young adults to die is considered quite unnatural, and it is believed to be caused by an enemy. Children are expected to live long enough to properly bury their father.

Elements have been identified regarding reaching a peaceful life or alafia. However, the factors believed to be contributory to the disruption of harmony need to be addressed. They are wrath of the divinities, anger of the ancestors, failure to observe taboos, and sorcery.

I will give a brief of account of these disruptive

forces. Ritual devotion has to be given to the divinities in order to secure and maintain favor. If not, their wrath can bring havoc to the person. The ancestors are believed to preside spiritually over the welfare of the family. It is believed that witches and sorcerers cannot harm a man and bad medicines cannot affect individuals unless their ancestors are sleeping or neglecting them.

If a woman is having a difficult and protracted labor, the family head consults oracles, and if it is revealed that the ancestors are angry, for whatever reason, one brings gifts like a goat,gin, kola-nuts or a cloth belonging to the sick person. After the woman has delivered, she fulfills her vow; perhaps a goat was promised to ensure safe delivery. This is followed by family feasting where the ancestors, though invisible, are believed to be present.

Among the Yoruba there are certain things that must not be done. The observance of these ritual prohibitions and avoidances aims at maintaining ritual status in the community, a breach of these restrictions involves supernatural dangers. To avoid disaster and to ensure alafia, the Yoruba take great care to observe these prohibitions. It is their great concern to see that, if any are violated, necessary rituals are performed to exonerate the offenders and put them in

balanced relationships with the divinities, so they will be acceptable to the society.

Witchcraft is a strong belief in traditional Yoruba philosophy. This belief is perhaps analogous to the evil Christians believe the devil can do in the world. Witchcraft is considered the greatest factor that causes the abnormal to happen and brings about disruption in harmony[9]. There are various types of witches, mainly women, but what is ascribed to them is that they threaten people's lives, health or property, not only because they wish them evil, but also because they are considered freaks of nature,"cursed people", with perverse habits and thoughts. Because of their state of deviance they cannot plan good things and never think well of their fellow beings.

Another factor that dictates insecurity among the Yoruba is the presence of sorcerers. Sorcerers differ from witches because they are mainly men and use medical and magical powers to bring about harm, discomfort and death to people, especially those they happen to hate. The witch uses sinister powers that extend beyond the ordinary course of nature,but the sorcerer uses the natural, known powers of medicine for anti-social ends. Many are believed to put poison in food to cause death or terrible diseases like

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[9]Ibid., 29.

tuberculosis; they can cause people to commit suicide or to be involved in accidents.

From these examples, we see that sorcerers are wantonly wicked. Consequently, people must seek means whereby they can bypass catastrophes planned by the evil-doers.

How do the Yoruba meet these challenges? One way is by consulting the oracle. Ifa, the most important oracle among the Yoruba, is consulted on all important occasions. For example, when a child is born, the parents consult the oracle to know what type of child it will be, what Orisa is to be worshipped, what offerings to make and what taboos are to be observed by the child.

As an adult, the Yoruba consult the oracle to know what the future will be or to find out what the causes of present problems will be. A priest called a babalawao, father of secrets, communicates with the divinities. After the arrival of Islam, besides the Ifa oracle, some Yoruba consult Muslim leaders and others aladura (prayer groups) who communicate visions. Each class of diviners has its special way of finding what the problems are now and will be in the future and how the situation can be brought under control.

When the oracle reveals to the priest what things are and are likely to be, there is the usual

prescription of what is to be done to prevent imminent evils, to change the present bad circumstances, or to retain good fortune. These prescriptions take the form of sacrifices to be offered, medicine to be used, amulets to be worn, or taboos to be observed.

It is not an uncommon practice among the Yoruba to join secret societies. One of the reasons why they do so is to build up a small unit where harmony, wholeness, unity and love can easily be nurtured. In other words, there is the conviction that alafia has eluded the world and a smaller world can be created where members can bind themselves under a secret oath which is strictly observed, and which will create a perfect society where certain rules of behavior are observed to ensure alafia.

As pointed out earlier, there is a strong belief among the Yoruba that there is a strong bond between the present and past members of the extended family. Communication is in constant flow between the two at all times. Those who have gone to the life beyond are believed to be more powerful than those on earth because they have been released from human limitation. Hence, their " children"(descendants) make offerings to keep in touch with, and call upon them, in times of need.

Judging from what has been discussed so far, we

know that the traditional Yoruba philosophy covers both this life and the life to come. One is regarded as a preparation for the other. But one has to question the present generation of Yoruba about their thoughts on crime and other vices,and their thoughts on healthcare, which are characteristic of our present day society,but not compatible with the traditional Yoruba philosophy of life.

Western economic forces have profoundly changed both the structure of traditional Nigerian societies and the perspectives of people, including the Yoruba. Monetary wealth has become the key to status and the criterion for deciding prosperity. Men and women are acquiring a university education. Progress must be allowed to exist, but shouldn't it include the values and principles that the Yoruba society was built on? We must remember, in seeking progress,to hold on to the essentials of the culture and its traditional ethical teachings. The Yoruba emphasis is to simplify life here, while maintaining alafia; this is preparation for the life beyond. Now let us look at the operational and philosophical aspects of traditional medicine.

CHAPTER III

TRADITIONAL MEDICINE AND ALL IT ENCOMPASSES

Traditional medicine is a somewhat vague term that is loosely used to distinguish ancient and sometimes culture-bound health care practices. These practices existed long before the application of science to health matters in official modern scientific medicine, and often coexisted with them. Other synonyms that are frequently used are indigenous, unorthodox, alternative, folk, ethno, fringe and unofficial medicine and healing. These terms are unsatisfactory because they imply broadly that there is some body of principle, knowledge and skills common to all varieties of traditional medicine; and because they do not distinguish between all-embracing and complex systems of health care such as Ayurveda, meaning the science of life,(a traditional healing method of Hinduism in India) on the one hand, and simple home remedies on the other.

Until the beginning of the 19th century, all medical practice was what we now call traditional. The earlier upheaval of the Renaissance period introduced Cartesian scientific materialism into all human

activities and notably into the theory and practice of health care. This new way of looking at things subjected all assumptions to experiment and statistical validation, and it foresaw the future in terms of research and organization. From necessity, it introduced doubt where previously faith was present; its emphasis was on intellect and logic and belittled emotion and intuition.

The application of scientific method to medicine and public health brought dramatic improvements in all those conditions concerning material factors such as infection, poisoning, injury, nutrition or personal and environmental hygiene, that constitute a major part of etiology. However, Dr. Mahler, World Health Organization (WHO) Director, states: "In degenerative conditions, the results have been less striking, and in conditions where behavioral, emotional or spiritual factors play a major role it would be difficult to argue that the scientific method has produced noticeable improvements; some would contend that deterioration is evident."[1] Since psychosomatic illness is one of the commonest of human afflictions,and emotional well-being and support can play a major part in the healing process, the

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[1]Robert H. Bannerman, and John Burton and Ch'en Wen-Chieh, eds., Traditional Medicine and Health Coverage (Geneva: World Health Organization,1983),11.

philosophy and functioning of modern health and medical services is being questioned in many sectors. Whatever the health administrators' point of view may be, the fact is that, wherever traditional medicine is being practiced and unofficial health care exists, it is enjoyed with confidence by large sections of the population.

Pharmacological Effects

About half the world's medicinal compounds are still derived or obtained from plants. The medicinal products from plants are, in general, more important in developing countries than in industrialized nations. But even in the industrialized areas, where the focus is concentrated on chemical discovery and synthesis of pharmaceuticals, drug products from plant life are major contributors to the human health services sector of the economy, and plant-derived drugs contribute billions of dollars to the economy each year.

Author Schultes, as quoted in Conservation of Medicinal Plants, takes note:

> It is also noteworthy that some of the most important drugs of the past 50 years or so, which have revolutionized modern medical practices, have almost all first been isolated by plants, and often from plants which for one purpose or another have been employed in primitive or ancient societies....These "wonder drugs" include the curare alkaloids; penicillin and other antibiotics; cortisone; reserpine;vincaleukoblastine; the Veratrum alkaloids;podophyllotoxin; strophanthin and other

new therapeutical agents.[2]

Ethnobotany is the study of the interrelationships of human beings and plants. Schultes expanded this definition to include " the relationships between man and his ambient vegetation".[3] Ethnobotany is considered to be a subset of the science of economic botany which emphasizes the uses of plants, their potential for incorporation into another(usually Western) culture,and suggests that even in the absence of direct use of plants most people have indirect contact with plants by usage of plant by-products. This area of study was formulated because of the necessity to investigate all medicinal plants and their effects; this includes all curatives methods of wellness and healthcare, which are intertwined by plant usage.

The tropical rain forests, in terms of human existence, are considered to have the richest supply and variety of natural sources on earth, including both animal and plant species, which contribute a myriad of items for the survival and well-being of humankind. These include basic food supplies, clothing, shelter, fuel, spices, industrial raw materials and medicine.

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[2]Conservation of Medicinal Plants, eds. Olayiwola Akerele,Vernon Heywood and Hugh Synge,,chapter 2,, The Joint IUCN-WWf Plants Conservation Program and its Interest in Medicinal Plants, (Cambridge: University of Cambridge, 1991), 19.

[3]Ibid.,p.55.

It is highly unlikely that anyone could challenge the fact that people are still largely dependent on plants in treating their ailments. Estimates by the WHO show that approximately 88 percent of people in developing countries rely chiefly on traditional medicines (mostly plant extracts) for their primary health needs. In Doctors Soejarto and Farnsworth's article on the tropical rain forest, they point out: "In a country like the People's Republic of China, with a population of more than 1 billion, the main type of drug therapy is still in the form of extracts...This high degree of dependence, based on trial and error over many generations, surely is a demonstration of efficacy: these plants/and or extracts would not have remained in use unless they provided some relief from symptoms".[4] Even in the United States, where synthetics dominate the drug market, plant products still represent an important source of prescription drugs. "Approximately one fourth of all prescriptions dispensed from community pharmacies in the U.S. contain one or more ingredients derived from the higher plants, which in 1980 was valued at $ 8.112 billion".[5]

There is an estimate that only 5,000 species of

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[4]D.D. Soejarto and N.R. Farnsworth. 1989"Tropical Rain Forests: Potential Source of New Drugs?" Perspectives in Biology and Medicine 32,2 (Winter): 246.

[5]Ibid., 246.

plants or less than 15% worldwide have been exhaustively studied as a source of new drugs for human use. Many of these plants originated from the temperate regions. " At least 85 percent of the world flora of higher plants, the greater part from the tropical rain forests, remain to be screened for anticancer activities".[6]

The process used in discovering new plants is a complex one. In the U.S., aside from the technical aspects of drug discovery, there are two major stumbling blocks for development and discovery. "First, the cost of drug development is high, in the vicinity of $50-$100 million for each new drug".[7] Second, U.S. government drug regulations for marketing new drugs are unrealistic. In order for a drug to be shown to be safe and effective, a period of more than ten years must transpire and a large financial investment is needed to comply with these requirements.

Besides the high cost and rigid stipulations for the development of drugs there is a special problem that has to be considered with plants from tropical rain forests. The conversion and depletion of rain forests is done through commercial logging, fuelwood consumption,cattle ranching, and forest farming, which

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[6]Ibid.,247.

[7]Ibid., 249.

are estimated at generating 8-11 million dollars annually.

Plants have been used by humankind since the beginning of human culture for various purposes, including medicinal ones. At present, we know of thousands of such plants which have at one time or another been used for medicinal purposes. Folk or ethnomedical uses represent leads which could shortcut the discovery of modern therapeutic drugs, either directly from the plants or from their synthetic similarities. Although many are skeptical and regard such uses as mere old wives' tales, the fact remains that many modern plant drugs have been discovered by following leads from folk uses. It is at least worth investigating the medicinal efficacy of cures that have survived the test of time in "folk" usage. "In fact, 74 percent of the 121 biologically active plant-derived compounds currently in use worldwide have been discovered through follow-up research to verify the authenticity of information concerning the folk or ethno-medical uses of plants".[8]

Plant-derived natural products have long been and will continue to be extremely important as sources of medicinal agents and models for the design of novel substances for treating humankind's diseases. Many of

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[8]Ibid., 251.

the medicinally important plant-derived pharmaceuticals have been instrumental and essential in ushering in the era of modern medicine and therapeutics, some of these substances, such as morphine, have attained the official status of strategic materials. However, despite these many important contributions from the plant kingdom a great many plant species have never been described and remain unknown to science, and relatively few have been surveyed systematically to any extent for biologically active chemical constituents. Recently, a major pharmaceutical company investigated a number of traditional Chinese herbal medicines used to treat cancer, cardiovascular diseases, and central nervous system disorders."There is another program instituted by another pharmaceutical giant to systematically investigate the tropical plants of Costa Rica."[9] Unfortunately, the current trends of destruction of the tropical forests are placing time constraints on the scientists. It is estimated that they will only have a few decades remaining in which to research much of the rich diversity of the plant kingdom useful for new compounds, and many opportunities will almost certainly be lost. Therefore, it is mandatory that all measures be taken to guard and

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[9]D.D. Soejarto and N.R. Farnsworth, "Tropical Rain Forests: Potential Source of New Drugs?" Perspectives in Biology and Medicine 32:2 (Winter 1989) 244-53.

preserve those species that risk extinction so future generations may have the tools, both technical and intellectual, necessary to successfully manage and explore these species more aptly.

The African Cosmology of Traditional Medicine

The desire of the inhabitants to know their universe led them to decipher and investigate their natural environment. From mysticism, dogma, systematic and unsystematic observations based upon personal experience, humankind has evolved the process of thinking or intellectual investigation. Such thinking has further developed into the method of deductive-inductive thinking, which has formulated the foundation of scientific theories. But, nothing could be less primitive than for people, in search of a universal method of solving problems, to deliberately suppress, underrate or ruin a way of life of another with one stroke of the hand, and later turn around to revive and resuscitate it in their own language and for the benefit of their own people.

This is visible in the history of education in Nigeria. Although the Christian white "Father" shared some good things of his culture, he has underrated the helping profession of the Yoruba. He came, saw and admired some of their system; but he went back to his country to denigrate it so his own Christian objective

might thrive in the land that he was cultivating. Consequently, he has affected the mind and the social pattern of the Yoruba adversely and the effect of his impact on their social life was also adverse. The assumption that each individual has to detach him/herself from the matrix of the family, the babalawao and the village and to exercise their individuality in a competitive society that he (white "father") has created with its accompanying philosophy is adverse to traditional African society.

Courage, sense and insight are some of the virtues the ordinary Yoruba exhibits in daily living. Brevity and elegance are the two main guiding principles of the Yoruba proverbs. The Yoruba have their own distinct, systematic and rationalized ideas about the mysteries of the world; their philosophy is life affirming. Leo Frobenius, author, believed," the material endowment of the Yoruba is a fund of invaluable information for the scientist. They are so immeasurable above the apathy peculiar to the denizens of West Africa in general, so vivacious and alert, so skillful in the management of Africa, people who are ready with an apt illustration of whatever may be under discussion as the thoughtful peasant of Europe."[10]

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[10]Olu Makinde, "The Indigenous Yoruba Babalawao Model-Implications for Counselling in West Africa," West African Journal of Education, n.s.(1973) 322.

The subject of African traditional beliefs, especially concepts of health and medical practice have certain paradoxical and complex features. These beliefs cannot be exoticized.

In many parts of Africa where traditional customs still flourish in considerable strength, the style of life and modes of thought have become a great archetype, a center around which countless congenial beliefs are formed. From these beliefs, a concept of health and treatment is initiated among the varied sectors of the Yoruba.

In his article on African Traditional Beliefs, Dr. Lambo states his observation:

> The difficulties which beset the observers illustrate the unfortunate effect on behavioral science of the moral arrogance of nineteenth and twentieth century Europe, which set up its civilizations as the standard by which all the other civilizations are to be measured.[11]

In any society, the study of traditional medical practices and of the beliefs which underlie them is an exercise which spans the boundaries of several disciplines. The information may be collected and classified in a variety of different ways depending upon the primary interests and viewpoint of the individual investigator. Medicine and

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[11]T. Adeoye Lambo. "African Traditional Beliefs:Concepts of health and Medical Practice"in The Ann Kercher Memorial Collection,October 24, 1962 (Ibadan:Ibadan University Press,1963),4.

sociology,anthropology and pharmacology can all be employed to organize data whose implications may ultimately form the basis for the efforts of health educators and the proponents of preventative medicine.

In Africa, the classical anthropological approach has long prevailed. This is scarcely surprising, since an appreciation of African beliefs is basic to the understanding of traditional medicine on the continent.

Native healers among the Yoruba can be divided into two broad groups, the herbalists or onishegun and the diviners, or babalawao, who are priests of the Ifa cult. Although the former are primarily concerned with treating bodily symptoms through the use of herbal remedies, whilst the latter specialize in a form of psychotherapy for mental problems and in diseases due to supernatural influences or malevolence, in fact they have much in common. Thus, a herbalist whose management of a case after prescribing several medicines has been unsuccessful may resort to some simple divination procedures to clarify his diagnosis. On the other hand, a diviner is generally familiar with a large number of medicines appropriate to his own specialty.

The herbalist has usually come from a family famous for this skill. At an early age,herbalists embark upon an apprenticeship with a master healer,

which may last 8-10 yrs and, indeed, many herbalists insist that they continue to learn about herbs throughout their entire life. In the film, Life Story of an African Inyanga, Jamile, a Zulu inyanga or herbalist, had studied under his grandmother for twenty years.[12] During this early period, the herbalist gains familiarity with the appearance and use of many plants which it is his/her business to collect for his/her teacher and they are also instructed in their dispensing.

By the time herbalists have become established in practice on their own they have built up a firm basis of detailed knowledge. Although their learning is oral and committed to memory it is none the less extensive and a herbalist is rightly regarded as a specialist and as a learned member of the community in which they practice. Thus, while most people may have a superficial knowledge of herbal lore, the onishegun knows a very wide range of remedies and lengthy prescriptions. Some herbalists, though technically illiterate, may engage in transferring their knowledge to paper with the assistance of younger members of the

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[12]Even after twenty years, he felt uneasy about the knowledge that he acquired. His grandmother was called the "rain prophetress", but he never did learn that skill, so consequently, he felt that his training was incomplete. Life Story of an African Inyanga VHS, 27 min.,1985,distributed by The Cinema Guild, West Glen Films, New York.

family who have been taught to write Yoruba.

Apart from manuscript notes of this kind, there are already in circulation a number of small printed booklets forming the local equivalent of the "Home Doctor" type of literature one might see in a homeopathic office.

However, these booklets contain not only specifics for physical ailments but for all kinds of problematical and difficult situations. Medicines are available for success in love and at the law, for the prospering of business enterprises, for passing examinations and as talismans for safe journeys. Many of the apparently more pharmacological formulas relate to disturbances of the reproductive system with whose correct functioning, due to the importance of family and children, most Yoruba are anxiously concerned.

The medicines published in these booklets must, of course, be largely selected with an eye to the reader's probable requirements, but the magical element in many Yoruba prescriptions are often very obvious. For example, a medicine can be prepared for rubbing on a padlock which is to secure a violent madman, another medicine may be intended to be hung above the bed of a pregnant woman to avert abortion. The making of medicines must, moreover, invariably be attended with the pronouncement of the appropriate incantation, a

recitation of the symbolic and sympathetic purpose of the magical ingredients without which the mixture would be deemed powerless. This belief in the vital power of the spoken word is not only fundamental to Yoruba medicine but to conception of causation, which extends into realms of African philosophy and religion. Dr. Lambo, quoted Dr. Ackerknecht from Bulletin of the History of Medicine:

> Our medicine is not the medicine nor our religion the religion, and there is not one medicine but numerous and quite different medicines in the different parts of the world and in the past, present and future. Measuring everything by our everyday standards, we will never understand either the past or the future.[13]

It is well known that orally preserved traditional legends and mythological concepts are among the chief riches of traditional African culture; and they assist us to unravel and understand other historical elements of African life. They have their roots in the origin of the ethnic group. Because of the interrelationship of religion, culture and mythology, particularly in pre-industrial Yoruba society, psychological illness can't be treated as discrete from the total environment. That is, an ill person can be more successfully treated by marshalling not only normative psychoanalytic treatment but also by including religious figures, the use of culture mythology and

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[13]Lambo, pg. 4.

other cultural resources of wellness.

Dr. Lambo believes that most non-literate cultures are at many points especially conducive to states of morbid fear and anxiety; however, in our culture, which is considered literate, anxiety and stress are still psychological menaces that permeate our society. Rituals involving sacrifice which may connote life-taking(actual or symbolical), are a common religious practice among non-literate peoples in attempting to control both material and spiritual aspects of their world. Sacrifice has a crucial psychological role in many religions, the essential bond between human and deity. It is among the earliest popular traditions of human beings. Plato did more than any other philosopher to develop the notion of expiation. Until the beginning of Christianity, sacrifice was expected from believers in the Old Testament of the Bible, as seen with Abraham whose faith was tested by God asking him to sacrifice his son.

Treatment of complaints which may have a psychological basis are given to the babalawos;these are the diviners. The training of professional diviners involves the acquisition of a very lengthy oral tradition consisting of all the verses, or Odu, of the Ifa religion. Divination is a complicated procedure, dependent upon the permutations resulting

from successive throws of 16 oil palm nuts or a divining chain called an opele. When a throw is made, the diviner recites the appropriate couplets from the Ifa Odu, whereupon his client, (no women are allowed to be babalawaos), who has not previously stated his/her case, extracts from the verses the instructions or advice which he deems appropriate to his situation.[14] For physical illnesses divination is the last resort when empirical treatments have failed and when the persistence or intensification of symptoms suggests the existence of a serious underlying cause. Such causes are perceived to lie either in defects in the patient's own life or, frequently, in the machinations of evil wishers.

Ifa priests are known to achieve considerable success with psychoneuroses, employing a combination of psychotherapy, physical restraint and locally known sedative drugs. "The Nigerian psychiatrist, Dr. Lambo, whose village settlement at Aro, not far from Ibadan, has a worldwide reputation, does not hesitate to invite their co-operation on occasion".[15] For example, in

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[14]Hence, the Yoruba patients who are in a hospital are shocked to find the doctor asking them what is the matter with them, since they conceive it as the doctor's special function to diagnose and advise.

[15]Catherine M.U. Maclean,"Traditional Medicine and its Practitioners in Ibadan, Nigeria.,Journal of Tropical Medicine and Hygiene 68: 240.

treatment done by Dr. Lambo of Nigerian students who broke down during their course of studies at the British Universities in 1957 a discovery was made that over 90% of the patients had symptoms that showed clear-cut evidence of African traditional beliefs of bewitchment and machinations of the enemy. They tended to regard their dream life as objective reality. The appearances of dead persons in dreams thus took on a quality of reality with deep psychological significance.

In 1960, Lambo quoted a case-history:

> In my recent communication with my colleague in Africa on the subject of social psychiatry, I referred to the case of an English University-trained West African patient of mine who got promoted in the Administrative Service by superseding quite a number of able West African contemporaries by virtue, it was alleged, of his highly placed social position and contact. A few weeks after his promotion, he had an accident in unusual circumstances and became somewhat terrified. He thought his colleagues were trying to get at him in a mysterious way.[16]

In Lambo's study done over forty years ago he found that 60% of the patient population of a large General Hospital in Western Nigeria received "native treatment" in one form or another during the same time they were being treated in the hospital. In psychiatry, the percentage was believed to be higher.

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[16]Lambo, p.8.

This is indicative of a co-existent form of treatment rather than a competitive choice of preferring one over the other.

These observations imply that indigenous African culture has not yet accepted European methods of treatment in their present forms and that people seek medical help with a considerable degree of ambivalence, yet paradoxically with such a degree of dependence, and often a resignation, that increases both the effectiveness and the difficulties of the physician to the point where an individual may earn undue credit or undue blame.

It would appear, therefore, that under stress, emotional or otherwise, the newly acquired and highly differentiated social attitudes and ideologies are more susceptible to"damage" leaving the basic traditional beliefs and indigenous moral philosophy functionally over-active. Even though by Western standards this approach is indefensible and though some of these indigenous cultural factors may be caricatured as primitive and antediluvian, they are nevertheless emotionally reinforced and, as an historical and traditional legacy, the behavioral scientist working in an African cultural setting must be sensitive to their implications and deal with them.

Seemingly, the concepts of health within the

framework of African cultures are far more social than biological. The term "social" is broadly defined. In the indigenous African worldview, there is a more unitary concept of psychosomatic interrelationship, i.e., a reciprocity between mind and matter. Health is not an isolated phenomenon but it is part of the entire magico-religious fabric; it is more than the absence of disease. Since disease is one of the most important social sanctions"peaceful living with neighbors, abstention from adultery, keeping the laws of gods and men, are essentials in order to protect oneself and one's family from disease."[17]

In a closer analysis, the concepts of health and disease in African culture can be regarded as constituting a continuous transition with almost imperceptible gradations. Lambo quoted an author named Bernstein, who wrote an article on public health and prevention of disease in primitive communities: "Medicine, in our sense, at primitive culture levels, is only one phase of a set of processes to promote human well-being;averting the wrath of gods or spirits,making rain, purifying streams of habitations, improving sex potency or fecundity or the fertility of fields and crops - in short, it is bound up with the

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[17]Ibid.,9.

whole interpretation of life."[18]

There has been a misconception about the traditional practitioner and the question of efficacy because of illiteracy. Many of the native medicine people possess extraordinary qualities of mind - common sense, eloquence, generous sentiments, disinterested virtue, reverential faith, sublime speculations; these are all the attributes featured in African traditional medical practice. By professing to hold communion with and control supernatural beings the practitioner can exercise infinite influence over those around her/him.

Although there has been biased speculation about traditional medicine,"It is not a queer collection of errors and superstitions, but a number of living unities in living cultural patterns, which has survived through the centuries in spite of their fundamental differences from our pattern."[19] What makes the African concept of health unique is its effort to telescope centuries of civilization. To further illustrate my point, a look into cultural variations of traditional medicine will be examined.

Health and Cultural Variations of Traditional Medicine

The encounter with sickness often gives rise to

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[18]Ibid.,9.

[19]Ibid.,10.

the quest for well-being, a yearning for physical and spiritual cure that is itself the foundation of many world religions. The link between religion and medicine differs just as religious expressions do from one tradition to another. If sickness provokes innumerable question, the quest for well-being spawns a plethora of schemes for cure. Thus, the questions of medicine become a questioning of medicine, a religious and moral interrogation of its resources, purposes, accomplishments, and limits. My exploration will be focused on the traditional practices of the Ningerum of Papua, New Guinea and the Native American.

In Papua, New Guinea, traditional medical systems are varied considerably both in form and in content. The role of the traditional healer also varies,which may partly explain why some healers have attempted to integrate modern drugs into their traditional practice while others have maintained considerable distance from the aid post's (government regulated medical supply areas) medicines referring their clients to the aid post but not providing medicines themselves. But in addition to the role of the healers and the content or form of their therapeutic practices there is another factor that influences both the use of modern health facilities in Papua, New Guinea and the possible role that traditional healers might play within the modern

health system. This has to do with how therapeutic knowledge is distributed in local communities, an aspect of traditional medical systems that has often been ignored by scientists.

Ningerum family-based care takes many forms: herbal preparations, warm baths, rest,healthful foods,stinging nettles (a counterirritant used to strengthen the body),steam applications, and methods to stop external bleeding, to dress cuts, and to treat fainting. Non-specialist care, however, is not restricted to topical applications but includes a number of minor divinations and rituals as well. It may invoke men's cult secrets - the details of which are unknown to women but well understood by every man; or it may concern women's knowledge about childbirth, menstruation and menopause - all of which are common knowledge among women but frightening secrets for men. Aside from gender distinctions, all of these family based therapies,whatever their form, depend on knowledge that is openly and freely available to all.

These treatments are considered "generalist" treatments. However, the Ningerum have more specialized therapeutic practices. These practices are invariably sought during life-threatening illness (or those that threaten chronic disability or debility) and they typically involve some kind of esoteric ritual

knowledge. Usually, these special therapists are available outside the household. In all cases the knowledge required includes some secret, jealousy guarded procedures, ingredients or ritual formulae not readily available to the ordinary person unless he or she has been specifically trained.

In comparison, Africans practice similar forms of specialization. The Yoruba have the onisegun, herbalist, and the babalawao, father of secrets, for specialized cases. The Inyanga, herbalist for the Zulu, have kindred practices. All require prolonged periods of studying, training and apprenticeship.

An intimate knowledge of what specialist practices are available, what illnesses they are effective in treating, and why these therapies are effective is, of course, an essential part of every part of every adult Ningerum person's general knowledge about illness. Everyone in the community must understand the premises and general methods of specialist treatments. Although no one individual in the community can perform the entire therapeutic repertoire, Ningerum healers do not see themselves as diagnosticians. Author Robert Welsch states:" Healers may (and should) offer their services when a patient's behavior, signs and symptoms suggest that their specialties are needed. But they do so as kinsmen and members of the patient's support network,

not as diagnosticians. Patients and their families are largely responsible for diagnosis."[20]

The Ningerum were quite receptive to the introduction and expansion of rural health care facilities in the form of aids posts, Maternal and Child Health clinics and health care centers. However, the Ningerum rarely called on the primary health workers to make a diagnosis of particular illnesses. "In over 95% of all visits to the aid post or health center, Ningerum patients have already determined what the source of sickness is and how they should treat it. They do not present complaints to the aid post orderly seeking advice about their health problems; they have come in search of some specific treatment or some general kind of medicine."[21]

The significance of the Ningerum practice bears similarity to Western thinking. When we have been diagnosed, we then bypass general practitioners and seek assistance from specialists who have knowledge of the treatment for a particular illness. Our differences lie between the methods in which we seek diagnostic assistance,yet both traditional and scientific

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[20]Robert L. Welsh, "The Distribution of Therapeutic Knowledge in Ningerum: Implications for Primary Health Care and the Use of Aid Posts," Papua New Guinea Medical Journal 28 (1985) 207.

[21]Ibid., 208.

recognize the need for treatment specialization .

Ningerum people,like the Yoruba, have not totally rejected modern medicines. They, like most Papua, New Guineans see aid posts as a valuable component of their health system, though they are often accused of both ignorance and non-compliance. Such criticisms generally stem from a fundamental misunderstanding between patient and health worker over precisely who is and should be responsible for diagnostic and therapeutic decisions. In order to better serve patients, health workers need to understand what role villagers expect them to play. By taking time to understand the community distributions of responsibility, health workers could better serve their patients "by anticipating non-compliance and averting it instead of being continually frustrated by it."[22] Another group that believes health and religion relate closely are the Native American.

Since the native people of North America represent a multitude of nations and are part of a great many cultures, depending on the ways these cultures are defined, it is difficult to give a unified picture of their ideas of health and illness. However, across linguistic and cultural boundaries there are certain common attitudes and beliefs that practically all of

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[22]Ibid., 209.

them share.

The main emphasis should be placed on the concept of health. Again and again there is expressed a concern for health in prayers, public and individual. Here is a prayer said at Christmastime(the Shalako ceremonies) among the Zuni of New Mexico:

> I have been praying for my people that they may have much rain and good crops and that they may be fortunate with their babies and that they may have no misfortunes and no sickness. I have been praying that my people may have no sickness to make them unhappy.... I want my people to reach old age and to come to the ends of their roads, and not be cut off while they are still young.[23]

Today, health represents an even more important value than when hunting, horticulture, warfare, and individual prowess played more decisive roles. Many rituals once performed in connection with concerns about the annual round, vegetation and access of animals have been transformed into rituals of health. Health has been a major concern since the early history of North American Indians, and as the premise for human life, was taken to be the result of a supernatural blessing. Many of the North American Indian beliefs are supposed to have descended from the ancient Mexican. Their ideological features circle that human beings, supernaturals, and the world constitute one integrated

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[23]Lawrence E. Sullivan ,Healing and Restoring:Health and Medicine in the World's Religious Traditions. ed. (New York: Macmillan Publishing,1989) 328.

whole and that humankind contributes to this cosmic harmony by conducting rituals intended to reflect or stabilize this harmony. The state of physical and mental health is an integrating part of this cosmic harmony.

In the perspective of traditional Indians, injuries and diseases of a more severe nature are indications of weakened relationships with supernatural powers. The Indians react in two ways: they accept suffering as a consequence of the circumstances at hand, and they try to find a way to reestablish their relations with the supernatural world in a positive way. "Among these means of restoration are measures against vicious spirits, among whom are ghosts and ogres, and against witchcraft."[24] Here we see the commonalities practiced among the Yoruba, Ningerum and North American traditions. The Indian also have their group of specialists, which include healers, who are experienced herbalists, medicine men, who cure by supernatural means and Shamans or doctors, the diviners who work in a trance.

The Indians' attitude toward nature and animals is similar to the other two mentioned. This respect towards life permeates the thinking and feelings of all those Indians who still believe in ancient traditions.

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[24]Ibid.,331.

Its basis is spiritual. Black Elk, the Oglala Sioux holy man makes this clear while speaking of the Great Spirit Wakan Tanka:

> We should know that He is the fourlegged animals, and the winged peoples.This feeling of oneness with all living beings through the supernatural explains the caring attitude toward animals and trees, the feeling of closeness with the spirit animals of the visions...Humankind's participation in the same mysterious life as the animals and plants obliges human beings to show consideration and friendship in their communion with all these beings.[25]

Native Americans are uncertain about planning for life after death because they question its existence. Most North American Indians might say that the main concern of human beings is to exist in this life, like the Yoruba, and here is where religious faith and medicine come to their assistance. The commonalities of these comparative traditional medicines have been discussed. If they were to co-exist in a culture, indications would suggest a harmonious existence between them. Although one of the objectives of this thesis is to identify commonalities, the integrative problems posed by traditional and scientific practitioners needs to be addressed, in order to successfully initiate a merger between these two practitioners.

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[25]Ibid., 350.

CHAPTER IV

INTEGRATIVE PROBLEMS OF TRADITIONAL AND SCIENTIFIC PRACTITIONERS

> "Unite all medical workers, young and old, of the traditional school and the Western school, and organize a solid united front for the development of people's health work."[1]

The Chinese in Peking (now Beijing) wanted to modernize the health sector without frontally attacking native medicine and without losing all the relevant and useful skills and energies of its practitioners. The traditional system was legitimatized and even the doors of the Chinese Medical Association were opened to its practitioners. In 1956, out of 15,059 members, there were 1,037 traditional practitioners.[2]

Patients were left with the freedom of choice though "integrated consultation" was promoted. Traditional practitioners rapidly assimilated modern

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[1]L.C. Fu, "President's Report" Chinese Medical Journal 74:413-423, 1956, from Zacchaeus A. Ademuwagun, "Problem and Prospect of Legitimatizing and Integrating Aspects of Traditional Health Care Systems and Methods with Modern Medical Therapy The Igbo-Ora Experience" Nigerian Medical Journal 5 No2. December 1973.

[2]Ibid., 182.

concepts of anatomy, physiology, diagnostic techniques, and therapeutic practices. At the same time because of shortage of drugs, the modern physician found her/himself using traditional treatments in certain types of cases. The amalgamation of traditional and scientific health services led to an expansion of available health services; a fulfillment of perceived health needs of the community; an opening of communication channels for training or retraining of traditional practitioners into crucial scientific diagnostic, dosage and treatment methods;a conscious effort by scientific medical people to study service delivery of traditional practitioners;a development of mutual trust and respect between the two groups of practitioners - a situation which led to the spirit of team work and division of labor in health care delivery. The innovation in health care delivery in China was due to the problem of shortage of human-power and mal - distribution of resources, which were aggravated by the patterns of utilization by the target populations.

Mass media and health education programs frequently failed in the diffusion of modern values

connected with health attitudes and behaviors. Shortages of mass media -e.g. television, radio, newspapers - coupled with mass illiteracy made public health communication to the remote corners and to the masses in the rural areas almost an impossible feat. These problems were compounded by the problem of acceptability.

All the problems mentioned in connection with health care delivery system and methods in China in the 1950's are being experienced in Nigeria today. Yoruba prospects for integrating aspects of traditional health care systems and methods with modern ones are obstructed from the forces of fear, distrust, and prejudice, which are often blocking meaningful communication channels between the two groups of health care providers. These are also the same pragmatic problems of illiteracy and reaching people in rural areas,and availability and maldistriubtion of resources.

While the health care personnel continue to negatively and suspiciously perceive the role of each other and engage in name calling, the health consumers perceive the two differently. The consumers believe the two practitioners to be inevitable partners in the improvement of health conditions, working in a complimentary rather than contradictory fashion."The

health consumers belong to two worlds which are not mutually exclusive - the traditional and orthodox health practitioners' worlds. They represent or symbolize the intersection point of the two worlds."[3] Through trial and error process, or through experiments, in their quest for complete physical, social, and emotional/psychological well-being, the health consumers have identified particular cases which they would normally refer to scientific practitioners and which to refer to traditional practitioners. The consumer commutes freely between the two health groups to solve their health problems. To her/him, then, the co-existence of the two types of health personnel leave no room for any void in their life, so there will be no excessive yearning for care in all its complex ramifications, in the consumer's local traditional environment and experience.

Some of the problems addressed by author Ademuwagun, who studied the challenge of the co-existence of the two medicines, were the identifying of the numbers of traditional practitioners within the population, and their specialties, how many are still active in medical therapy, and whether the increase of scientific practitioners will eventually render the traditional practitioners useless? As studies of the

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[3]Ibid., 183.

relationship between Christianity and traditional religions have shown, people labored futility under a misapprehension by taking appearances for reality. Many people seen attending church on Sunday still communicate between the traditional shrine and the church.

So, this example suggests that even if statistics of the number of traditional practitioners is available, however small next to the scientific practitioners, the health consumers will continue to be the major deciding factor. For only they know what they are getting from both worlds. As long as their relationship with the two continues to be complimentary the traditional practitioners will continue to wield their influence positively or negatively among their people. Statistical data should be taken with extreme reservation because human nature is paradoxical.

Working side by side as front line personnel are: the traditional practitioners(e.g. traditional healers) midwives medical assistants, auxiliary nurses, and auxiliaries with little training. None of the other personnel has succeeded in replacing or eliminating the services of the traditional practitioners.

The traditional practitioners as front line health providers engage in diagnosis and treatment, preventive care, essential educational activities, and referral of

complicated cases to higher or other levels of specialization. They basically render primary health care to individuals and communities all day long.

A strong advantage that traditional practitioners hold is that they live with and among the health consumers. Their availability is easily accessible - a condition which eliminates the inhibitive forces of cumbersome referrals commonly associated with orthodox health care systems.

Generally, the traditional practitioners belong in the same culture as the health consumers - sharing common beliefs and value systems; common needs, interests and problems; common life experiences; common language symbols or signals. It has long been established in medical care that no realistic health personnel- -orthodox or traditional- -can reasonably disregard or minimize the cultural equation of health, sickness, disease and medicine. On this point alone, the traditional practitioner has the unquestionable edge over the orthodox.

Experience has demonstrated that language gaps exist between the health communication techniques of the traditional and orthodox practitioners in the mass media for health campaigns or for dissemination of health information. Ademuguwagen quotes researcher Vertinsky, from a similar experience:

> We saw that semantic differences between the urban, semi-sophisticated culture of the medical doctors and public health workers versus the community culture are important causes for the relatively low effectiveness of educational campaigns. Audio-visual materials as well as public talks often miss the point by looking at phenomena from a foreign point of view ...."[4]

The continuation of the traditional practitioner constituting the bulk of front line personnel in the rural sector of Nigeria for at least the next generation is underscored by the problems of wide dispersal of population in the rural areas, the shortage of medically qualified staff, difficulty of posting qualified doctors to the rural areas, and difficulties of transport and communication, and shortages of money and material.

Other problems associated with the integration are the problem of naming ingredients used in treatment by the traditional practitioner because of varied dialects and regions,the problem of quackery in administering drug dosages that could prove toxic, the problem of "unscientific basis" of the work of the traditional practitioner, and the problem of recognition and acceptance of the traditional healers and midwives by the orthodox practitioners.

Because of the language barrier approved traditional practitioners could be used when

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[4]Ibid., 185.

communication and education are necessary - as interpreters, and in psychological therapy cases to complement modern curative and preventive medicine. A systematic study and chemical analysis should be initiated to determine the potency of the herbs, so they may be used in modern medicine. Ways and means need to be devised to re-educate or train the traditional practitioner in certain crucial scientific diagnostic, dosage and treatment methods. If both types of health care providers practice reciprocal referral, a beginning of division of labor and team work could be activated - starting with simple cases. If a discussion panel were to be established between the orthodox and traditional practitioners, this could serve as a basis for obtaining mutual trust, confidence and collaboration.

The only difference between the two lies in their methods, techniques and approaches, such as disease diagnostic methods, how health information is communicated, measurement of dosage and system of delivering health services. S.A. Jamile stated in Lifetime of an Inyanga that both traditional and orthodox practitioners are striving to cure and treat an illness or disease but through different methods. Both share a common purpose; they are committed to helping people achieve good health so that they may be

happy and productive human beings, as well as enjoy longevity.

Both groups of medical professionals strive to make their services and themselves acceptable, available and accessible to the patient. In this way they command followers among the public who make a conscious decision. All human behavior has a cause . Therefore,there are specific reasons why some people go to traditional, others to orthodox, and yet others still commute between the two groups.

In a study conducted on the efficacy of Yoruba traditional medicine the impression has gained ground in Africa that education status affects the pattern of utilization of health services, i.e. that the more formally educated individuals tend to utilize the orthodox health services more than traditional while the reverse is the case among those with no or low levels of literacy.

Ademugawun confirms in another study,"This study confirms the efficacy of Yoruba traditional medicine in coping with psychologically related health problems such as excessive worries (over e.g. employment, marriage problems, poverty and a host of domestic problems) and sleeplessness."[5]

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[5]Z.A. Ademuwagun, " The Challenge of the Co-existence of Orthodox and Traditional Medicine in Nigeria" The East African Medical Journal (January 1976) 22.

There must be a collaboration of methods if the problems of integration are to be remedied. Nothing can co-exist without collaborative efforts. At present, neither traditional nor scientific methods are in danger of becoming extinct, so this separation of ideologies is creating a stagnation in the progress of medical treatment. To continue on this line of thinking, the next chapter will address the future and visions that this merger of methods can produce.

CHAPTER V

FUTURE OBJECTIVES AND VISIONS

Healing is the restoration of the memory of wholeness. It's the loss of fear and the loss of anxiety, and the understanding that we are complex beings where the balancing of mind/body and spirit become essential. Dr Chopra, a leading figure in the field of mind/body medicine states: "There exists in every person a place that is free from disease, that never feels pain, that cannot age or die. When you go to this place, limitations which all of us accept cease to exist."[1] This philosophy is a reoccurring belief worldwide that we can no longer afford to ignore. The efficacy of traditional medicine not only addresses the physical ailment but alleviates psychological fears and anxieties. Wellness is the responsibility of each individual inhabiting the earth, and humankind must all become active participants towards its quest.

With this responsibility comes a challenge for the universe to alter its perspectives and jettison the limitations and obstacles that society has created

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[1]Deepak Chopra, Perfect Health (New York: Harmony Books, 1991), 3.

towards the path to (w)holistic wellness and health care. Some possible avenues of research that could be explored:"If evening primrose oil prevents PMS in British subjects, should it be banned from women of other cultures? Could evening primrose oil curb alcoholism? Will oregano tea prevent cataracts? Will 200 grams of stingle nettle prevent osteoporosis? Will a diet of antioxidant teas, legume nodules, purslane greens and psoralen-containing fruits and vegetables extend the life span of AIDS patients on AZT?"[2] These questions posed by author/researcher Dr. Duke have not been researched. However, they demonstrate the infinitive curative possibilities of herbs and the need to further explore their medicinal benefits.

Of further great interest on a global basis is the so-called Traditional Medicine program of WHO. This program was initiated after a review of a collaborative UNICEF/WHO study concerning the health needs of the world that was carried out in 1973/74. Dr. Farnsworth states: " It was concluded in this study that alternative methods must be mobilized and used to meet minimum health care needs in the developing countries as opposed to the application of 'Western' methods (including drugs) so that reasonable primary health

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[2]James A. Duke, " The Botanical Alternative," Herbalgram 28 1993.

care will be available for all of the people of the world by the year 2,000."[3] WHO concluded that the application of at least some of the elements of traditional medicine will be required to attain this goal. Scientific reality can make the vision of improved health care more practical. A traditional practitioner can envision and provide preventative health care for the people indigenous to the culture, but the scientist can take that same vision and make it a practical reality for everyone.

Alternative organization, such as doctors for serious cases and other 'practitioners' (such as' nurse practitioners')being trained to do much of what doctors do now would prove advantageous. Because of the wide dispersal of rural population,"80% of the inhabitants are never touched by modern health services."[4] Traditional practitioners who live in these areas could extend medical treatment after they had received technical training. Furthermore, alternative organization could prove economically positive. Traditional practitioners need not be paid in money but

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[3]Norman R. Farnsworth," How Can the Well be Dry When It Is Filled With Water?" Economic Botany 38 1984, 9.

[4]Zacchaeus A. Ademusagun, "Problem and Prospect of Legitimatizing and Integrating Aspects of Traditional Health Care Systems and Methods with Modern Medical Therapy The Igbo-Ora Experience,' Nigerian Medical Journal 5:2: December, 1973. 182-190.

would accept other means of payment that would meet the satisfaction of both patient and practitioner without imposing exorbitant fees the patient could not meet. Lastly, the practitioner possesses the confidence of the people. This would enable quality medical care to reach the masses who resist treatment because of lack of trust between themselves and modern health care providers.

Medical knowledge has always included weighing alternative explanations, a symptom of the curer's willingness to become familiar with what is new or strange in the repertoire of cultural wisdom. By comparing ideas about illness and well-being medical questioning becomes an exercise in cultural history and not only an experiment in anatomy or bio-chemistry. Practiced as a cultural science, medicine can view sickness as a human problem as well as a material disorder.

The distribution of medicine can no longer be considered by and for the selected few. Masses of people who inhabit the earth are living under sub-standard health conditions. A quick review of the Health Profile of Africa in 1984 establishes the necessity of collaborative efforts by medicinal practitioners: 1. About 100 million people in Africa have no access to adequate drinking water;2. About 72

million suffer from serious malnutrition;3. Twenty-two of the thirty-six poorest nations in the world are in Africa;4. About 90% of African children who die between the ages of 1 and 4 do so due to malnutrition, dehydration,and unhygienic conditions as well as infectious diseases. Life expectancy in Africa is about twenty-seven years shorter than that of Western countries.[5] This last point expresses the urgency for a merger between the scientific and traditional practitioners.

The natural world has a continuing presence both in African society and ours. Despite the unique mix of cultural features from historic and industrial civilizations, it is the historic that largely continues to determine the manner in which people cope with misfortune and interpret affliction, though they may utilize biomedicine and share its technical scientific ideas in some dimensions of life. Traditional medicine has been indigenous to history world wide. Classic African cultural tenets are adaptable in their own right, and they continue to provide compelling interpretive ideas and values for medicine. Yoruba history documents their contribution and established efficacy.

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[5]Lawrence E. Sullivan, Healing and Restoring (New York: Macmillan Publishing,1989), 204-205.

With the destruction of tropical rain forests species become extinct every day. This situation becomes worse when we realize that perhaps among those lost species the chances of finding anticancer/anti-Aids compounds might be gone forever. Visions of preventative and curative medicines are grossly distorted and curtailed.

However, human beings have been seeking to create a perfect world for quite sometime throughout history. For the most part, this perfect world included a disease free environment. If we can envision a perfect world why can't we use the elements of our present environment to preserve the vision? Greed and professional ego must be secondary to (w)holistic wellness. Humankind must co-exist and integrate their medicinal knowledge in order to save and savor the precious gift of life. As human beings we already have a common base of intellect and will. We need to recognize, respect, and revere these commonalities so that our visions will spring forth new prospects.

CONCLUSION

One of the objectives of this study was to identify the efficacy of traditional medicine. What transpired from this analysis was the realization that the efficacy of the herbs was not in question,

moreover, it was the efficacy of methods used that were being challenged. However, traditional efficacy reestablishes itself through its continued existence and use.

The Yoruba represent a sophisticated culture that intertwine traditional medicine in their worldview. Yoruba medicine is part of a larger paradigm which emphasizes wellness as part of its harmonious state. Yet to obtain this state of balance many factors are to be considered; these factors must co-exist in order to achieve the end result of (w)holistic good health.

Traditional medicine is a vaguely defined term that is used to distinguish ancient methods that are indigenous to a culture in their health care practices. Many of the synonyms described as traditional are inappropriate because they infer that there is a common group of knowledge used rather than specialized information among the varied ethnic groups. The only constant commonality is the usage of herbs.

Commonalities do exist between the traditional and scientific practitioners. They both are striving to maintain longevity and quality health care for humankind. They both realize that plant extracts hold the cure for many diseases and that the problem lies in the identification and location of the plant extract that eliminates the disease. Both 'traditional' and

'scientific' practitioners recognize that health encompasses both the mental and physical aspects of an individual.

Problems preventing integration of 'traditional' and 'scientific' medicine include professional ego and lack of knowledge and communication. Through developing an interrelationship between the traditional and scientific practitioner, mutual recognition would make health care accessible to the masses who formerly were deprived of quality medical health care. Technology would serve as a tool to enhance wellness.

Comparative traditional practices all revere longevity in life and through a complex system of diagnosis they implement preventative medicine. Although each culture has specialized methods of treatment, they do address the physical, psychological and spiritual factors of an illness. These practitioners serve a lengthy apprenticeship that spans over a long period of years, usually family instructed, in order to provide quality health care to the people of their culture. Knowledge of medicine is a lifelong commitment as people never cease experimenting and learning.

African cosmology is unique within its own concepts and ideology. In order for the West to gain the most from Yoruba culture, a willingness to learn

about and understand the Yoruba is required. Perspectives need to be expanded so that the richness of the Yoruba contribution can be best utilized to serve the well being of humankind. It is the health of humankind that is at stake. We must escalate our consciousness and explore other traditions so all can enjoy the (w)holistic vision.

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Masters of Arts.

4/11/94
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