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From Prejudice to Preference: the Case of Traditional Medicine in Nsukka, Nigeria, 1960-2014

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Abstract

This study attempts to explain why Phyto-medicine referred to as *Ogwu Igbo* has remained relevant in the health care delivery system of Nsukka Igbo despite its derision following the advent of Western medicine. Nsukka people have had a rich tradition of herbal medicine for their health challenges but much has not been researched, a gap this intends to fill. Primary and secondary data such as journals, books, interviews and Ad-Hoc observations and accounts were analysed qualitatively using historical and self-report technique which revealed the people were depending on traditional medicine increasingly due to several factors. It submits that economic hardships and the efficacy of traditional medicine have promoted its acceptance.

Keywords: Traditional Medicine, Orthodox System, Health, Villagers

Introduction

Traditional medicine to some, is a method of healing founded on its own concept of health and disease which comprises unscientific knowledge systems that developed over generations within various societies before the era of western medicine (Antwi-Baffour, *et al*, nd: 49-54) The World Health Organization defines it as health practices, approaches, knowledge, and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, mutual techniques and exercises, applied singular or in combination, to treat, diagnose and prevent illness or maintain well-being (Agbor, *et al*, 2016: 133-142). This paper contextualizes it as the art of ritual or physical application of indigenous medicinal plants to cure sickness and hasten the patient's recovery from illness. Nsukka people developed this medical know-how to address their health challenges long before their contact with the Europeans. Such practitioners were derogatorily referred to as 'native doctors' by Eurocentric scholars.

To WHO, a traditional medical practitioner is a person who is recognized by the community where he or she lives as someone competent to provide health care by using plant, animal and mineral substances and other methods based on social, cultural and religious practices (Quoted in Abdullahi, n.d.: 115-123). Traditional medical practice had room for training with varying duration, but in some cases it ran in given families as a result of natural endowment as opposed to academic training of modern doctors. Not all family members have this calling hence the existence of many lay-healers in the field. The inadequacy of modern medical facilities has created a yawning gap in the health care services especially in the rural towns where over 70% of Nigerians resided. In consequence, traditional medical practices not only filled the gap but also became a major source of live-

lihood for a significant number of population who depend on it (sic) as their main source of income (Ekeanyanwu, 2011: 90-94). Today, some Christians and even priests have taken to the practice a development that widened the scope of its acceptability and volume of patronage among the people.

Methodology

This study is anchored on chronological and analytical methods. While chronology captures the vagaries of traditional medical practice, analysis of data examines the relevance of traditional medicine in Nsukka. The study adopts inter-disciplinary approach and distilled data from across various relevant disciplines such as pharmacy, sociology, public administration, religion, economics, medical laboratory sciences and chemical sciences. The study, therefore, makes copious references to written materials such as books, projects, journals as well as international online databases from the relevant disciplines for up-to-date information and comparison purposes.

Primary sources are used to situate the study on Nsukka environment. The study generated data from both orthodox and traditional medical practitioners, and also used social science empirical tools for logical analysis of data. Furthermore, protocol or self-report technique and observation methods were also employed to add flesh to the information already generated. Again, all the pieces of information so gathered were subjected to rigorous logic of content analysis so as to establish their reliability and validity.

Results and Discussion

Modern health infrastructure was scarce in the rural towns of Nsukka to challenge the indigenous health care delivery. The traditional medicine was, therefore, not subordinated to the orthodox system. Because the traditional medicine was as old as the society itself, the orthodox medicine, which came much later, has only been able to play complimentary role in the health care system of the people. From all indications, the traditional health care providers were readily available in every part of the society. As the practice ran in families, the skill and experience formed part of the ancestral heritage hence it was engrained in the culture of the Nsukka people. The environment would appear to have boosted the traditional health care system all the more because most of medicinal plants used were sourced from within the area. Investigation shows that big time practitioners now have certificate of recognition from government.

At the same effort has been to relevant agencies of government including the legislative arm to enact laws promoting and guiding the practice of traditional medicine. The National Agency for Food and Drug Administration and Control (NAFDAC), the body in-charge of regulating the manufacture, sales and administration of drugs in Nigeria has been involved in certifying herbal drugs produced by the traditional medical practitioners. This development has encouraged many more people to identify with herbal medicine especially in rural towns such as Nsukka. In spite of geometrical growth in population, investment in western healthcare facilities remained abysmally low thereby creating a deficit in meeting the healthcare needs of the people. The traditional medical practitioners became handy in filling this deficit. The elites of the society have found solace in the indigenous medicine thereby turning hitherto prejudice to preference.

With the advent of the Europeans into Nsukka area, the indigenous health care services became subjects of spiteful attacks. To stifle competition between the indigenous and the orthodox health systems, the Whiteman treated the former as ‘paganism’, savagery and necromancy. During this time, traditional medicines were discouraged by the colonial authorities ostensibly to sway people away from them for western drugs to excel (Eya, Oral: 2019). Divination *IjuEse* in the tradi-

tional system which recognized the relationship between the physical world of man and that of the ancestors was also condemned and rejected as fetish. This attitude disallowed a synergy between the two systems. This attitude was founded on two premises.

First, traditional medicines were never subjected to laboratory analysis to establish their reliability and efficacy hence the disdain for them. The impression was that anything indigenous was inferior, ineffective and of no value. Secondly, colonialism and Christianity also re-defined the people's cultural values and attitude towards health care delivery system. Again, traditional medical practitioners in Nsukka, as elsewhere, believed that illnesses were caused by either physical or spiritual factors and should therefore be treated through appropriate means. It is believed that propitiatory sacrifices were important to the ancestral spirits who had conquered the complexities of life and had eventually attained the status of mediators. (Nwali, Oral: 2019)

This is because traditional medicine is premised on the belief that human being is both a somatic and spiritual entity, and that disease can be caused by supernatural forces as well as the invasion of foreign object into the body (Antwi-Baffour *et al*, nd: 49-54).

As a result, sickness is considered far more than a mere physical distortion hence the ancestral spirits were propitiated always for the restoration of the health of the patient. The people believed that calamities and adversities of all kinds were caused by mystical forces generated or evoked and directed by conscious agents… They may operate directly on their victims or indirectly through mystical intermediaries (Turner, 1963: 2). Divination becomes relevant here because, in every attention-rousing sickness such as schizophrenia, anxiety disorder, mental problem and infertility which could not be logically or mnemonically handled, a diviner was usually consulted to determine the causal agent(s). Divination, therefore, enables the people to satisfy their needs to understand that which otherwise would remain forever unknown (Shelton, 1971: 201-202).

Its result determined the prayers and sacrifices of propitiation offered to causal agents or ancestors to restrain them from whimsical exercises of their powers on the sick. The sacrifices enabled the sick commune with the dead and thereby establish harmony between body and spirit (Eze, Oral: 2019). While the clairvoyant diviner consulted the deities or ancestors to unravel the root cause(s) of sickness, the herbalist provided medication for its cure. The acts were relevant because sickness was seen to be a breach of spiritual relationship between the patient and deities/ancestors. As divination remained unscientific and the herbalists surrounded herbalists' pharmaceutics with secrecy, the prejudice against phytomedicine heightened. Certainly, health and healing among the people involve both rational and mystical processes so much that a substantial aspect is kept out of view of the country man but shrouded in mystery of religion and magic (Onunwa, 1990: 81). This effort to safeguard, preserve and protect pharmaceutical knowledge of traditional medicine has attracted its condemnation by Eurocentric scholars and orthodox doctors as unfit for human consumption.

The Post-Colonial Experiences

The establishment of the University of Nigeria at Nsukka in 1960 had far-reaching impact on the people's health care systems. Both the University Medical Centre and the missionaries were expected to provide health care needs to the burgeoning population. Interestingly, a Maternity Clinic step up by Bishop Charles Heerey in 1938 had in 1943 been upgraded and re-named Bishop Shanahan Hospital (Catholic Directory, 2019: 12). The services from these institutions remained out of the reach of the rural villagers because of transportation difficulties and cost of drugs. For those who lived… in remote places, the few existing health institutions meant little or nothing because they did not have access to them. The situation had remained more or less the same till the end of First Re-

public in 1967 (Ezeh, 2010: 110). The inaccessibility of orthodox medical services to rural dwellers rather encouraged their recourse to the old system.

Up until 1967, there were the Akulue Memorial Hospital at Nsukka urban, two General Hospitals at Ikem and Enugu Ezike for a population of about 689, 353 people in the zone.(Ezeh, 2010: 48)At this period, there were no more than twelve doctors in all the health institutions in Nsukka (Ugwu, Oral: 2019). Given the above scenario, the traditional system retained its prominence because of the preponderance of its practitioners. Those in dire need of modern medicine had to contend with long queues for hours on end even for barest medical attention. Such experience coupled with poverty dissuaded patients from availing themselves of these rare facilities. All these gave greater value to herbal drugs as more demands for them were made. Put differently, the efforts of Missionaries to discourage the people from phytomedicine did have much effect on the latter.

The failure, notwithstanding, the missionaries had continued with the parochial notion that indigenous healing system was an extension of 'pagan' practice of the people. This was why Rev. Fr. Denis O' Keeffe (an Irish) traversed most rural areas of Nsukka to assemble and burn all objects in the home of Catholics that did not resemble and or represent sacramental (Ezeme, P.C. Oral: 2019). This did not really constitute any threat to traditional medicine which treated physical illness as well as spiritual attacks. Worse still, the outbreak of the Nigeria Biafra War in 1967 reversed whatever little in-road the orthodox medicine had made in the life of an Nsukka man. As the first theatre of the war, all modern health facilities therein were abandoned and overgrown with grass and shrubs. The vacuum so created was filled by herbal healers and a few Red Cross personnel who treated severe cases like *kwashiorkor*. This situation hardly changed even after the war in 1970.

After the war, Nsukka witnessed an upsurge of Christian sects. This development provoked spirited attack on herbal medicine and its practice all the more. The few medical personnel inherited the Whiteman's prejudice against the indigenous health care system. These personnel took up the gauntlet to deride the time-hallowed *Ogwu-Igbo*. This was intended to uproot this traditional practice for their practice to blossom hence they portrayed the former as nothing but 'witchcraft' and fetish (Adefolaju, 2014: 118-124). This unsavoury attitude to herbal medicine was an overt attempt to stunt indigenous pharmaceutical innovation and growth in order for the western drugs to flourish and excel. Rather than advocate synergy between the two medicines for the good of the greater number of the populace, 'these White-Black men' openly undermined African medicine.

The prejudice disregarded the savvy of the traditional medical practitioners in the areas of prevention and treatment of some ailments like malaria, convulsion (seizure), cholera, asthma, gout, burns, infectious diseases (STD), hypertension, schizophrenia, snake venom, urinary tract infections, typhoid, bone-setting, benign prostate hyperplasia (Eya, : 2019). Other diseases the treatment of which, Nsukka herbalists have demonstrated *savoir-faire*, included hepatitis- *Ibaochan'anya*, filarisis, skin diseases, food poisoning, swollen legs-*Odema*, Breast Cancer-*Eshi era*, Conjunctivitis-*Apollo*, Bronchi pneumonia-*Mkpoyi*, Tonsillitis- *Mgbapia*. Others such as *Haematuria*- blood in urine, *Pyuria*- pus in urine both classified as *Oria* or *oyanwanyi* (sexual transmitted diseases), *haemoptysis* chest disease, protracted labour and bleeding in women were (still are) effectively treated with herbal medicines. (Nwali, : 2019) Given the variety of ailments and their lethal character, there were also many specialists employing different *materia medica* to promote, maintain and preserve the patient's health.

To many, the prejudice against traditional medicine is misplaced because modern health care services are grossly inadequate, and sometimes of doubtful efficacy. This is corroborated by the

postulation that the prejudice against phytomedicines by current practicing health-care professional (sic) who did not learn about them during their academic programs and consequently, believe all of them to be ineffective forms a barrier (Ekeanyanwu, 90-94). This attitude, notwithstanding, people's patronage of and confidence in traditional medicines have hardly been shaken.

Table 1. Some plants with medicinal values

Combination	Botanical name	Ailment treated
Yam	*Dioscorea alata*	
Utazi leaves	*Gongrenema latifolia*	Vomiting
Okpeye seed	*Prosopis Africana*	
Nzu	Kaolin	Diarrhea and vomiting
Nzu	Kaolin	Mental disorder
Aboshi leaves	*Baphia nitida*	
Guava leaves	*Psidium guajava*	Bleeding in women
Udara (star apple) leaves	*Gambeya albida*	
Paw-paw leaves	*Carica papaya*	Hasten child delivery after protracted labour

Benjamin Itodo in an oral interview on 20th July, 2019

Nigeria's oil wealth never changed peoples' patronage to traditional medicine as the first line of health care service.

In health economics, public health expenditure is determined by the population size, but in rural towns, the contrary is the case despite their burgeoning population figures. While the rural dwellers were discouraged from patronizing herbal medicines with preventive and prophylactic treatments, they were not provided with the alternatives. The World Health Organization (WHO) appears to accept the efficacy indigenous medicine contrary to the parochial notion of its shortcomings by a few critics. It advocated for the integration of traditional medicine into the National Health System and urged the Federal Government of Nigeria to take responsibility for the health of her people by embarking on policies that promote appropriate, safe and effective use of traditional medicine (See Ekeopara, C. A. *et al* 2017: pp. 32-43). By implication, the prejudice against traditional medicine was not in the interest of an average man in Nsukka who faced deprivations of modern medical facilities.

SAP and the Embattled OgwuIgbo

Structural Adjustment Programme (SAP) was introduced on the premise that it would promote robust economy and all other sectors. This argument has not been borne out. Contrarily, SAP has hampered provision of health facilities in the rural towns of Nsukka. The health sector of Nigerian economy became most devastated and faced with the problem of chronic under-funding. Her expenditure on health in 1988 was 0.8% of the GNP which went down to 0.2% in 1989 while that of defense was 2.8% (Alabi, 2009: 207). This situation encouraged the migration of health personnel out of the country in search of greener pastures. The United Nations Development Programme (UNDP) report of 1993 posited that there were more than 21,000 Nigerian doctors practicing in the United States of America alone to the disadvantage of Nigeria where the population ratio to a physician remained as high as 3,717. (Okeibunor, 1995: 179-195)

This was more acute in the local government areas where health centers remained ill-equipped with hardly four qualified medical doctors. Today, each of the six local government areas

of Nsukkahad a General Hospital in addition to the University of Nigeria, Nsukka Medical Centre, Bishop Shanahan Hospital.In Nsukka town, there were a few private-owned hospitals with equally a few doctors and other personnel who practiced there. With less than a hundred doctors in Nsukka, the fate of the rural dwellers was better imagined than explained during this period (Obeta, : 2019). SAP with its anti-poor conditionality shortchanged rural dwellers on low incomes and thereby exacerbated the need for a home-grown alternative. This created a propitious atmosphere for fake health care providers and charlatans to proselytize their dud drugs. Consequently, there emerged an army of quack doctors peddling various forms of dangerous or dud drugs as instant remedies for all diseases under the sun (Osoba, *et al*,1983: 596). As a result, SAP was not able to effect discontinuities with traditional medicine. What made the situation grimmer was non-availability of good roads for easy transportation of patients and even women in labour to hospitals. Non-provision of required facilities and social amenities hindered health workers taking up their postings to rural towns of Nsukka.

Faced with this, people in rural areas resorted to herbal medicine for their health challenges, all the advances in health technology, notwithstanding. Understandably, the number of patients waiting to access the few available health workers easily worked up the Western medical facilities; hence they appeared impersonal both in their treatment and bills. Clearly, the long queues and interminable waiting by patients, coupled with rude short-tempered behaviour among varying categories of hospital workers have become the main distinguishing characteristics of government hospitals (Osoba, et al 1983: 595-596). The result is that many reverted to indigenous health providers who, on a good day, had as many as thirty patients to attend to (Uroko, 2019). As a result, even those who could afford the exorbitant bills from orthodox medical personnel had had to resort to herbal doctors because of the latter's accessibility and humaneness; another soothing balm to the sick.

In the face of some proven cases of ineffectiveness and inefficacy, some patients still preferred phytomedicine. Despite this, a substantial number of sick people in contemporary rural Igbo communities seek primary help from assorted 'native healers' before they call on any medical practioner (sic) trained in Western medicine.(Onunwa, 1990: 92)This was probably because the herbal doctors operated under certain norms, taboos, traditions and the *ubuntu* philosophy of 'humanity first' before material profits. Modern doctors, though guided by professional ethics too, had breached them sometimes in their guest for profits. What is more, in resource-constrained-settings, traditional medicine prevailed over expensive imported pharmaceuticals. With pervasive economic hardships, many workers faced disengagement, lay-offs, retrenchment or steadily rising cost of living. Not a few of such people lived below absolute poverty level and had had to resort to tradomedical practice for survival because of the ostensibly high costs of biomedicines. Consequently, in the current economic climate and amid the concomitant unemployment, there is a marked increase in the ranks of traditional healers, among whom there are, unfortunately, quite a number of charlatans (Quoted in Abdulbaqi, *et al* 2014: 181-194). This, notwithstanding, traditional medical practice has come to assume a centre-stage in health care delivery as well as creating wealth among its practitioners and promoting rural economy.

The activities of the traditional medical practitioners have not only promoted their economic wellbeing but also sustained the manpower needed to propel the economic growth of the society. In recent years, some city dwellers, too, patronized herbal practitioners in the belief that traditional medicine treated not just the symptoms but also the causes of ailments. In recognition of this, some State and the Federal governments gave approval to traditional medical practice. The Federal Gov-

ernment has subsequently established the Nigerian National Medicine Development Agency (NNMDA) to study, collate, document, develop, preserve and promote traditional medical products and practice (Abdullahi, nd, 115-123). Similarly, traditional doctors established Nigeria Union of Medical Herbal Practitioners (NUMHP) and Naturopathic Medical Association of Nigeria (NMAN) to regulate their practice (Okonkwo, 2012: 69-81). These associations concerned themselves with the practice and conduct of individual members.

With this recognition, the contributions of these groups to the development and sustenance of health care for the populace are not doubted. Through such boards like NNMDA, several states have attempted to promote traditional medicine so as to provide affordable health care services to the teeming population. For instance, Enugu State Government registered and issued several practitioners with Certificates of Registration. Thos further bolster herbal medicine subsector. By implication, traditional medical practitioners have become an influential group in primary health care services. Accordingly, WHO has described traditional medicine as one of the surest alternative means to achieve total health care coverage of the … population (Antwi-Baffour *et al* 49-54). On this account, herbal practice in Nsukka today enjoys a high profile patronage from far and near.

Herbal Medicine: The Past in the Present

Generally speaking, public health expenditure has remained abysmally low in most rural towns of Nigeria. Bureaucracy hindered access to the few available drugs because their requisition went through the District Hospital to the State Headquarters; a process that lasted up to one calendar year (Ogbodo, 2019). In consequence, critical cases were referred to private hospitals with the usual high cost of medications. Worse still, when referred to a tertiary healthcare centers at Enugu, some patients often felt discouraged by protocol or distance from home. The situation, undoubtedly, gave the sick every cause to consult with unorthodox practitioners who treated their physical illness and also enhanced their emotional and spiritual balance. Because traditional medical practice was deeply rooted in the people's culture the relations of the sick always preferred trado-medicines.

Given the above attitude, some indigenous health providers have claimed that in recent years they have had patients referred to them by orthodox doctors (Uroko, 2019). In some cases, patients have opted for dual consultations where biomedicine and traditional healers were consulted thereby making dual treatment a common occurrence in many communities. Surprisingly, some Catholic priests, such as E. Okanya and I. Eje were said to have been cured of poison by Odo Nwa Uroko and Ugwu Ona Egwu, respectively. The latter argued that the priest consulted him after all orthodox medications had proved ineffective to his cure. He noted that he prompted the emission of the 'living alien' from the priest's body with 'consecrated' herbal drugs and thereby terminated the ailment (Ugwu, 2008). Undoubtedly, traditional medicine has performed creditably well with respect to poison. There were other ailments easily and better treated with herbal medicine. Such ailments included typhoid, high blood pressure (HBP) prostate cancer.

Also traits of pilferage could be stemmed using traditional methods. The WHO would appear to have Nsukka traditional medical practice in mind when it reported that the native healers have contributed to a broad spectrum of health care needs that include disease prevention, management and treatment of non-communicable diseases as well as mental and gerontological health problems (Quoted in Abdullahi, nd, 69-81). Because of propitious attitude to natural drugs contrary to earlier prejudice, some Catholic priests such as Okeke Obeta, Raymond Arazu and Martin Igboamalu have gone into herbal medical practice. There were only about a hundred orthodox doctors in Nsukka with a population size of one million, two hundred and twenty nine thousand, eight hundred and eleven (1,229,811) by the 2006 census (NPC, 2006). On the average, each doctor had up to twelve

thousand, two hundred and ninety nine (12, 299) persons to attend to medically if need be. This bolstered up the practice of traditional medicine in Nsukka.

Table 2. Census figures of each of the Local Government Areas in Nsukka as at 2006.

Name	Male	Female	Total
Igbo Etiti	105,262	103,071	208,333
Igbo Eze North	126,069	132,760	258,829
Igbo Eze South	72,619	74,745	147,364
Nsukka	149,418	160,030	309,448
Udenu	88,381	90,306	178,687
UzoUwani	63,759	63,391	127,159
Grand total			1,229,811

NPC, 2006

Just as there were herbal medicines with doubtful efficacy so were some allopathic drugs in the treatment of underlying causes of some diseases. In other words, treatment failures were not peculiar to unorthodox medicines as western medicines were also known to have exhibited the same phenomenon. The Voice of America reports that "60 percent of drugs circulating in Africa are fake just as orthodox medical practitioners look forward to only between 30 and 35 percent success rate for the efficacy of their drugs (Quoted in Adefolaju, 2014: 118-124). In order to regulate the practice and checkmate fake, dud and dangerous drugs from being sold or administered on unsuspecting sick people, the Federal Government on 1 January, 1994, established the National Agency for Food and Drug Administration and Control (NAFDAC).

This was sequel to an incident in 1989 where about one hundred and fifty children died after having been administered with paracetamol syrup with *diethyleneglycol* contents. The Agency was charged with the responsibility of regulating both Western and indigenous pharmaceutics. Following the rigorous competition with modern hospital system, some traditional health practitioners have put in place clinics with facilities to bolster up their status and also improve their environmental hygiene for sustainable health of the sick. Unlike orthodox medicine which uses synthetic chemicals, with side effects sometimes, herbal medicine is more natural hence its survival story.

Limitations

All documents reviewed postulate that the advent of the orthodox medicine into Nsukka has attempted to stunt the development of indigenous health infrastructure there. Modern health care system has faced glaring difficulties in its efforts to deflate the people's confidence in their age-long tried and tested traditional medicine. However, the idea of protecting their pharmaceutical innovations and discoveries by the traditional health service providers constituted a challenge to an in-depth investigation into indigenous health system. The non-documentation of the list of trees with medicinal values does not allow the transmission of knowledge to later generations. Investigation revealed that treatment failures were not peculiar to traditional medicine as canvassed by orthodox practitioners.

Conclusion

Indigenous medical practices in Nsukka came out strong in the post-colonial era despite spirited attempts made to convince and dissuade the populace. This was because most of the health care

canters had remained mere consulting clinics and incredibly ill-equipped. This attitude has subjected the rural dwellers to look unto indigenous medicines hence their continued relevance in Nsukka. The medicine, once associated with magic, witchcraft and necromancy, has come to be a preferred alternative in the health care delivery of a growing number of people. Even non-Nsukka unorthodox practitioners have taken advantage of the new attitude towards herbal medicine to proselytize herbal drugs. Fortuitously, traditional medicine has successfully freed itself from prejudice placed on it by the Whiteman and orthodox doctors. This is coming on the heels of the failure of the newly fangled modern health care delivery system to meet all the health challenges of the people. It has indeed exhibited a meteoric transition from prejudice to preference as the above discourse has shown.

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