

Religion, Healthcare and African Herbalism

Bartholomew Chidili, OSA

Abstract

Homegrown African medicine has been severally criticized as irreligious, diabolical and un-theological by its African detractors. Rather, to the detriment of African indigenous medicine, its critics advertize western medicine with the glowing tone of its being the best for healing all kinds of diseases. As a result, many African Christians have developed severe apathy in taking what is their own so as to get the best from the West and, above all, to avoid sinning. This paper, the fruit of a thorough research carried out on the subject matter, reveals that African indigenous medicine is, in fact, not only heavily religious but densely theological. African medicine is also accessible, efficacious, and above all affordable as against the unaffordability and non-accessibility of western medicine. Consequently, a preponderance of the African population living both in rural and urban areas still patronizes the indigenous medicine for their healthcare.

1. Introduction

When the missionaries brought the western medicine with them to Africa in the early nineteenth century, it served as a second major tool, after education, to make innumerable conversions. Evangelizers treated the patients as they disseminated the teachings of the Scriptures to them. Within a short time clinics and hospitals were littered all over Africa, laced with the Word of God. People were encouraged to embrace the western medicine at the expense of traditional medicine. The missionaries and the colonial masters denigrated traditional medicine to the degree of nothingness. Many Africans began to reason that embracing

African medicine was sinful and therefore inimical to the biblical message brought by the missionaries. What is even more disturbing was that people thought that embracing western medicine meant becoming modern and civilized. People who were still depending on African medicine for their healthcare were branded backward and uncivilized. Many religious adherents, most especially the Christians, associated this development with inadequacy and sinfulness and therefore denigrated African medicine as un-theological and irreligious. Theology for them became following sheepishly the rendition of God-talk along the lines of the missionary thought-category that denounced African theological thought-categories as satanic. They saw the Christian religion as the only religion worthy of communicating with God.

Since the late twentieth century, theology and religion have been studied and understood to be of many categories (Russell, 1974, p. 52) and pluralistic (Ilesanmi, 1997, p. 55). This means then that one does not necessarily need to stick to western traditional ways of either theological exploration or religious search. Rather, one can follow any style of theological or religious exploration. That is why Africa not only adopts liberation theology, the theological style that develops through life experience, but also discovers its own religious identity. This thought then opens a new vista to Africa to understand not only its religious identity but that it can have its own theology based on an African worldview (Chidili, 2008, p. 87). It is within this line of thought that medicine is discovered to be one of the essential parts of the African worldview and it is against this backdrop that this work studies African medicine and its theological underpinnings. It does it by clarifying what Africans understand as medicine, and examining pertinent questions such as the medical specialists, the influence of western medicine, the procedural medical consultation, the clientele and stipends, and the power of God in African medicine.

2. Conceptual Clarifications

2.1. *Medicine*

By medicine an African means any substance or substances that are used in treating or preventing disease or illness; in other

words, medicine is a recipe of herbal mixtures and some ritual formulae designed to generate some powers which are built into nature by God, which can be tapped and applied with the help of God and other spiritual beings to meet various human needs (Metuh, 1987, p. 222). Medicine also means any power that has (greater) influence over other powers. According to Nadel (1970), medicine is any “substance or object which exercises remote and miraculous effects upon the efficacy of other objects, for example, tools or weapons, upon the outcome of human efforts of all kinds, and upon human fate in general. For this reason, Nadel suggests that it is correct to understand African medicine in the sense of “efficacious substance” or “force in-substance” (1970, p. 132). In the same vein, Metuh, (1987) suggests that Africans basically conceive medicine as forces contained and which can be extracted from the properties of some plants and herbs and applied as the solution to the variety of human problems. That is why Magesa (1997) is correct when he claimed that whatever strengthens the power of life is good medicine and all powers contrary to life (such as witchcraft) are bad medicine (p. 213). African medicines are often readily available for selling and of course for purchasing in many African markets. In fact there are a number of simple medical mixtures which are known and used by many people in every African community.

2.2. The Varieties of African Medicine

Even a casual observer discovers that African medicine comes in diverse forms. This is to say that Africa has both good and bad medicines in abundance. Good medicines are socially approved medicines usually used to cure diseases and ward off misfortunes. They include medicines for good fortune, love affairs, success in business, security of persons, good health, fertility, and so forth (Metuh, 1985, p. 163; Magesa 1997, p. 210). Bad medicines are those used to bring injury or misfortune to people. The purveyors of this type are known as the sorcerers, but any medicine man or woman can actually be a purveyor of good and bad medicine. As Magesa (1997) points out, medicine men and women, though they are knowledgeable about both good and bad medicine, deal mainly with good medicines so as to maintain their good public image which in turn attracts a lot of clients for them (p.210). Moreover, Adibe (2006) points out that

bad medicine could be produced from ordinary roots and herbs. He explained that the power to know this is vested on the specialists who through their enabling spirits know all roots and herbs for doing good and bad. He echoes Metuh and Magesa when he named the custodians of bad medicines, the witches, the wicked, the vengeful, the sorcerers and the envious or evil-eyers who never want other people's success or wellbeing. These people are enemies of the society. Nidiokwere (1990) believes that there are certainly some notorious individuals and families known to belong to the camp of evil people who never like to see other people prosper (p. 36). He stresses that this wickedness is heritable and could be transmitted from one generation to the next to the extent that such families become objects of threat and fear to the society. But as observed earlier, not many medicine men and women are desirous of this ignoble trait for the fear of creating a bad public image that might lead to losing clients.

3. The Medical Specialists

Specialists in African medicine, variously known as herbalists or medicine-doctors, or *dibia* or *babalawo* or *boka* among the Igbo, Yoruba and Hausa people of Nigeria respectively, are people with knowledge of herbs, roots, or even fruits with the power to prevent or cure disease or other afflictions. This is why the name of a medical specialist among the Fon of Benin Republic, the 'observer of plants,' and among the Twi of Ghana the 'worker of roots' is very revealing. Both names add up to present an African medical specialist as a person who primarily prepares medicine from herbs for the treatment of ailments. Hence the name 'herbalist' properly fits the African medical specialist. However, the herbalist, in the words of Metuh (1987) can also make some other medicines from herbs mixed with some other material objects especially parts of animals which can have miraculous or benign effects on other objects, and consequently can affect the human being and human conditions. Such medicine can act for anyone who observes the proper ceremonies for becoming the owner of it, and indeed observes the taboos surrounding the medicine carefully (Parrinder, 1949, p. 158).

Moreover, medicine-doctors consist of men and women specialists who frequently rely on divination for their practices (Magesa, 1997, p. 209). In this case then, the diviner diagnoses the cause of illness and recommends adequate treatment which may come in the way of herbs, twigs, roots or animal parts, separately or their mixture. Other elements include bones, excreta, oils, skins, fur, feathers, fish, animal products and other ingredients suitable for yielding medicinal purposes. These are processed into powders, liquids, or oils and used to treat common ailments such as stomach upsets, malaria, migraines, asthma, arthritis, wounds, and skin ulcers (Chekwony, 2006, p. 39). Herbalists who specialize in bone setting are called surgeons. Chekwony (2006) explains that they specialize in the treatment of fractures, operations and suturing wounds. According to him, the bone-setters deal with fractured bones with perfection equal to that of western surgeons. In their adept professionalism, he says, they adjust sprained and fractured bones with herbal jellies and other adequate ingredients. Borrowing from Thairu, he illustrates how traditional healers in Uganda and Kenya demonstrate their surgical skills as follows:

The best example of traditional surgery perhaps hails from western Uganda... it was recorded in 1884 that African surgeons from this region used to perform caesarean sections – using sharp knives which were first heated till red hot and then dipped in beer... another surgical procedure... was the craniotomy, i.e. opening the brain case to relieve pressure... was practiced in Gusii in Kenya (Chekwony, 2006, p. 39).

In Nigeria, among the Tiv people of Benue State there is a group of bone-setters whose prowess is inherited from their parents. An interview by Desmond Agernor, a Tiv and a veteran journalist reveals that the people of a village known as Chigyo in Benue State are inherently talented bone-menders. Agernor presents two methods of handling broken bones in this village: First, is by using some red-hot-earth which they call imondu, as a kind of plaster of Paris (POP). This process is as follows: Boil the red sand to the highest point, then rub it on and around the broken bone and thereafter a kind of POP is formed with the red-hot-dirt to hold the mended bone until it heals completely. This method

heals the fracture within a very short time, Agernor asserts. The second method is by asking the victim to bring a live chicken. The chicken's leg is used as a model for the broken bone. This means then that the chicken's leg will be broken as the human victim's leg is broken. If the victim's leg is shattered in many places so will the chicken's leg will be shattered; the chicken's leg will then be mended and from there the bone menders mimic how to amend the human broken bone. While the chicken's leg heals so the human fractured bone heals. This healing depends on how quickly the chicken bone heals. As Tiv people inherited the knowledge of their bone-setting from their ancestors so Almquist (1991) maintains that some people inherited or acquired the knowledge of relieving neck-stiffness, others making infants walk, curing spirit possession, giving an enemy sickness, or for seizing thieves in garden crops or trapping forest animals (p. 103). This is to say that the knowledge of African herbalism is heritable and unarguably the patrimony of the individual family, passing from generation to generation, is in service of the whole community and beyond.

4. The Influence of Western Medicine

Chepkwony (2006) points out that the introduction of western medicine and the discouragement from missionary institutions threatened the practice of African herbalism to drastic diminishment. According to him, due to the introduction of western medicine,

it has become unfashionable and even criminal to pay homage to them (the herbalists) and to seek their specialized intervention. Indeed it was illegal in Uganda to claim to be a healer, and anyone who did so, risked imprisonment of up to five years. On the other hand, the Tanganyika Ordinance penalized those who claimed to have supernatural power or knowledge with a year in prison or a fifty pound fine. Similarly, the Kenya Ordinance of 1928 penalized any person who even pretended to exercise supernatural powers. (Chepkwony, 2006, p. 43).

He further explained that the fear raised by this threat made

many traditional healers to work under cover and utmost secrecy to avoid prosecution. Thus, many knowledgeable traditional healers died with their knowledge leading to the loss of innumerable valuable herbalists and healing practices. He pointed out the most disturbing European hypocrisy when he alleged that the herbs were taken abroad where their ingredients were extracted, processed and then shipped back to Africa as 'modern' medicine at prohibitive prices (Chepkwony, 2006, p. 43).

While the threat and repackaging of African herbs at prohibitive prices are quite understandable what is on ground, as far as the depletion of African medicine and its demand are concerned, somehow belies this claim. According to Ityavyar (1990) there are ever-increasing varieties of health specialists emerging from every nook and cranny of African communities (p. 236). These specialists range from local healthcare to public community healthcare. This is as a result of the increasing number of clients, bulging in their hundreds or even thousands daily, in an obvious effort to counter the ever increasing diseases in the modern world. Besides bonesetters, there are also specialist diviners, magicians, midwives, and literally specialists of all kinds of diseases ravaging Africa. There are some who specialize in charms, and amulets for warding off evil spirits. Ityavyar (1990) claims rightly that each village and city has a variety of health specialists to the extent that no type of disease in Africa can claim lack of a specialist. He is very sure that there are health specialists in such cases as child birth, child care, bewitchment, diarrheal diseases and even complicated cases such as arthritis. While most are fulltime healthcare practitioners, there are also many part-time practitioners who cover all the daily vulnerabilities like simple cold, headaches and casual bruises. This is to say that even in the midst of western medicine, African medical specialists, practices and medicines are increasing on a daily basis. Even in Christian and Muslim homes there are adults who fetch herbs to prepare a mixture for colds and other pains (Ityavyar, 1990, p. 236). Fr. Anselm, a Catholic priest of the Cistercian Monastery Ewu, Edo State, Nigeria, is a very notable herbalist in our midst today. He has innumerable clients from across nations, tribes and religions.

5. The Procedure for Medical Consultation in Africa

The process of medical consultation in the African traditional health system is determined by the seriousness and nature of the sickness. In West African countries, for instance, the lepers as well as physically and mentally challenged patients often stay with the specialists until they recover. In some ethnic groups where visiting the homes of the patient is the norm, the herbalists visit their patients at home. Because of the contiguous nature of some ethnic groups, the homes are close to each other and therefore frequent visits are not a problem. Outstanding herbalists who treat complicated cases always build large homes to accommodate both their families and any number of would-be clients. According to Ityavyar (1990), the Tiv people of Central Nigeria provide special treatment rooms in the practitioner's home where patients are accommodated. When guest and treatment rooms are fully occupied, the clients might be accommodated in the large sitting room called 'Ate.' According to him, patients are mainly treated publicly to 'let all, including witches, know that the person is now treated and his disease should be removed from him' (Ityavyar, 1990, p. 237). He enumerates other ways of tackling acute, non-incapacitating, simple and non life threatening illnesses as follows:

For acute and non-incapacitating sicknesses, healers are often called to the patient's home. However, it is quite normal too, for patients themselves to walk over to the healer's home to seek treatment. Problems such as stomachache, childbirth, colds, and accidents belong to this category. Ailments considered by members of the community to be simple and non-mortal ones never need the attention of a specialist. The healer may not even be required to examine the patient. Mere prescription by a local healer may be enough. In some cases, especially for children, prescriptions earlier given to a neighbor for similar symptoms may be passed on another. Most of these simple cures were administered by women (Ityavyar, 1990, pp. 237-238).

Ityavyar explains further that while some diseases may be treated in public, as observed earlier, others are treated in private or some

other esoteric places selected by the healer, particularly when it is concerned with spiritual attacks. Some common places conducive for such treatments in the West African region are: shrines, pools, isolated hills, thick forests, rivers, deltas, road junctions and other places deemed therapeutically acceptable to the healer and his 'spiritual' friends (Ityavyar, 1990, pp. 237-238). When in the place of healing the healer must do everything possible to restore the health of his/her client. If in any event he/she fails, the healer refers the client to a more superior specialist who will do the job. If he/she fails, the specialist will refer the client to another specialist. This will continue until the patient is restored to health. When everything possible fails, the only alternative is to allow the patient to die a natural death, explaining the Igbo adage that states that (oya gbul'onye kasi oya) any ailment that causes the death of any person is the greatest ailment.

6. Clientele

Unlike Western medicine which is so prohibitive that only the rich can access the best, African medicine is actually for all the members of the community - rich and the poor alike. Metuh (1987) maintains that the clientele for African medicine comes from all sectors of the community and includes politicians, highly placed government officials, university lecturers and students, business men and women and military officers (Metuh, 1987, p. 223). Ityavyar (1990) adds that all members of the society, including the orphans and the poorest, avail themselves of medical and health services. If statistics are anything to go by, a random opinion poll conducted during this period of research revealed that 99% of Africans depend on African traditional medicine for their medication. In the said poll, seven hundred Africans, comprising male and female, were asked which medicine they depended on for their healthcare: western medicine or African medicine. Although 88% of the males said African medicine, 10% of them said both western and traditional, 1% said mainly western medicine while only 1% remained neutral. About 93% of the women polled depended on African medicine, 6% use both western and African traditional medicine

and only one percent depended solely on western medicine. These statistics add to my belief that an overwhelming majority of the African population depends on African traditional medicine for their medication.

7. Stipends

Among the Igbo people of Nigeria, it is the custom to give something to the dibia/ specialists, for their services. For instance, for minor treatments that might include ordinary sacrifices for appeasing the spirits, the fees might be a few yams and about ₦100 now. In the days of yore the specialist charged nothing except the general consultation fee which was three pence only. A gifted specialist never demands more than the consultation fee. For there is a general belief that when the dibia lusts for money and therefore charges higher fees for his/her medicine, the power of effectiveness will depart from him/her. Perhaps it is the fear of suffering a culpable setback arising from such charges that hinders him/her from inflating their charges. Or a revelation inherent in the character of the dibia that he/she should charge sparingly to preserve the divinely given talent. Whichever is the case, it is obvious that the Igbo dibia fulfills the biblical mantra that says "freely you receive, freely you give" (Mt. 10:8). This is further explained in the Acts of the Apostles (8:9-25) concerning 'simony' that the divine endowments are not for sale. However, when the medicine is effective, the client can willingly go back with gifts of all kinds in thanksgiving to God through the dibia from whom he/she received the medicine. If the patient is a poor person, the thanksgiving gift might be a chicken and perhaps a few yams. But if the patient is wealthy the gift might be as high as a cow and even a car or a building depending on the complication and type of sickness treated. The fact of willful thanksgiving is even true of the scripture as it is obvious from the cleansing of the ten lepers by Jesus Christ (Lk. 17: 11-17).

Furthermore, the payment of health services among the Tiv people of Nigeria, claims Ityavyar (1990), is never a problem. According to him, services for barrenness, for instance, attract no more than a goat or chicken used to appease the god of fertility. He adds that a measure of millet or corn might suffice at times to

defray such bills. Mazuri (1986) suggests that East Africans are charged as much as a cow or even cows for complicated cases. Owing to the unavoidable class society which abounds even in today's Africa, some wealthy people pay very high prices not only for their health services but also to acquire some protective charms and amulets. Since the poor has little or nothing to protect, they bother less for protective charms and when they care at all, they must settle for cheap ones they can afford. Thus, "in traditional Africa, medicines for fertility, fame, good luck, protection and the like are, to be sure, more expensive than others within the limits of the economy prevailing. Because these are expensive, not all members of the society have access to them." Only the wealthy can afford such medical services (Ityavyar, 1990, p. 240).

Generally, the traditional health services are never free but always affordable. Even when the medicine-doctor is willing to offer the service free, the patient insists in paying something, for there is a general belief that free medicines are not efficacious. Thus, patients happily and readily pay for their services. To pay grudgingly is to attract the neutralizing effects of the service. Hence, the client does all in his/her power to keep the specialist happy and thus be sure that his/her medicine will bring the desired effect.

8. The Power of God in African Medicine

Generally, the powers that generate healing are believed to be innate in nature so that anyone who is gifted to recognize the recipe can harness it. That is why the herbalist's extensive medicinal powers and knowledge of curative and protective herbs are acquired either by revelation, inherited, through friendship, or purchased (Magesa, 1997, p. 210). But to activate this knowledge and make it work, herbal recipes must be mixed in right proportion, which includes appropriate invocations, sacrifices and other forms of required rituals (Metuh 1987, p. 221). Appropriate invocation together with required rituals is an essential ingredient in African medicine to engender an efficacious mystical power. This means that in every situation

where African medicine is administered some form of invocation must be made. It is even imperative to do the invocation since the general belief holds that the medical herbal mixture alone without invocation is ineffective. The invocation is understood as the divine breath in the medicine.

Hence Chepkwony (2006) is right when he argues that African medicine goes beyond the mere scientific findings of the healing ingredients which western medicine makes so much fuss about. Rather, it targets holistic healing which Ityavyar (1990), explains as the “effective mobilization of all affordable resources (physical, spiritual, economic and political) in preventing or curing a person's” illness (p. 233). Since, according to Hamer (1975), the human person is a composite of the physical, the psyche, the social, the moral and the spiritual (p. 125), any of the parts could be afflicted either in part or as a whole at anytime. When, perchance any of them is attacked by the illness, other parts are invariably affected. As Igboman maintains, whenever the eye weeps, the nose in sympathy participates. Hence ailment of any part of the body is viewed holistically by the African. Thus, while western medicine deals with a particularly affected part of the body independently, the African traditional healer religiously deals with the entire human body system at a time. Again, this is due, among other things, to the religious centrality of the African medicine, the great interest and concern the *dibia* has for the patient, and the unique integral communitarian approach the traditional medicine portends. This is why Shorter (1985) insists that African traditional healers do not only deal with the illness but essentially with the total human person (p. 37).

Perhaps, that is why Adibe (2006) asserts that any medicine man or woman worthy of his/her name must have an unflinching alliance with mystical powers (p. 28). He explains these mystical powers as the spiritual beings whose potency attracts reverence and homage. That is why Awolalu and Dopamu (1979) assert that most traditional medical specialists possess supernatural power (p. 146). It is this power that enables them to consult the spirit which guides them to a veritable knowledge of herbs, roots, twigs and proper animal parts to use for effective healing. They know

the particular divinity through which they worship God and must make sacrifices and offerings to them from time to time for effective materialization of their medicine; failure to do that might result in the ineffectiveness of the medicine and the humiliating failure of the specialist. Hence, as full-fledged specialists they portend the embodiment of the presence of spiritual powers, the living, the dead and the spirits among their people. They hear their voices. Through them the spirits transmit their message to their clients (Awolalu and Dopamu, 1979, pp. 144-146). These spiritual powers are what Nadel (1970) translates as the 'force in substance' that brings about healing. This 'force' is interpreted as Supreme Being or God who brings about healing to the patient (Chidili, 2005, p.109).

Thus, for the efficacy of African herbalism, the Africans rely totally on God. This can't be otherwise, since the African worldview deeply emphasizes the prime importance of the divine intervention in the interrelationship between healing, medicine and spirituality. That is why Dopamu (1985) maintains that African medicine, magic and religion generally operate on the thrust that "there is a transcendental power, the supernatural, a power which is beyond man" (p. 68). While Anyanwu (1992) suggests that the healing comes to the patient through the words of the herbalist (p. 77), a predominance of African scholars, Metuh (1987), Ityavyar (1990), Chepkwony (2006) and others, believe with the fundamental African faith that healing comes to the patient from God. The ultimate idea here is that no healing actually takes place until God intervenes. Hence among the Nupe of Nigeria, the medical specialist who invents new medicine "performs a sacrifice of fowl and a portion of the new medicine and pours some libation with beer and prays as follows: 'God the medicine that has been prepared, here it is. May the medicine be successful. I am sacrificing to Kpara, I am sacrificing to Tswasha Malu...'" (Cited in Metuh, 1987, p.221). The ancestral names mentioned are the custodian ancestors of medicine in Nupeland, elucidates Metuh (1987). This means then that though the specialists has discovered a medicine, the efficacy of the medicine is totally dependent on the spiritual patrons - God and the ancestors. Thus, the Kipsigis' herbalists of Kenya put it even better when they say that their job is to administer medicine but it

is the duty of God to heal the patient (Chepkwony, 2006, p. 38). And in the words of Paul the Apostle, "I planted, Apollo watered but God made it grow" (1 Cor. 3:6).

Here then is the crux of the matter, both Christian faith and African faith confesses that the power of efficacy subsists in God alone. Here then, as far as the herbal medicine is concerned, the African faith reckons with the Hebrew faith from which the Christian faith originated. For not only Gen 1:29 recommends as food every plant yielding seed upon the face of all the earth, and every tree with seed in its fruit, but Ezekiel 47:12 also recommends "all kinds of trees for food" and more importantly, "their leaves for healing." This is not a mere coincidence, rather it is the revelation of "what has lain hidden since the foundation of the world" (Mt. 13: 35). It is a resounding testimony that it is one God who creates human persons and the herbs, who directs human persons to use the herbs for healing (Chidili, 2005, p. 253). This aspect of African medicine makes it more of a religious than a scientific phenomenon.

From this religious viewpoint, Magesa (1997) acknowledges the power of nature in medicine, but then identifies an essential underlying factor in African medicine. According to him, the efficacy of African medicine also "underlines the interconnectedness of and interdependence between humanity and the rest of creation." He explains that the roots or leaves or parts of animals or birds boiled in water or pulverized in fire are the basic ingredients of medicine (p. 210). He further clarifies these elements – plants, animals, water and fire as representing the major forces of nature. The vapor and smoke produced in boiling and pulverizing these medicines symbolizes the air. During the application of these products to the human body, the connection between nature and humanity is intensely established in a very special way and this establishment generates the power to either protect or heal. This is obviously clear in the herbal treatment of malaria fever. This is also true in the case of charms and amulets which are the medicines that protect (Magesa, 1997, p. 210).

Moreover, Parrinder (1949) divides the protective charms into

personal and public protectors. The personal protector charm found in Ashanti, Ghana but which can also be located in Nigeria and Benin Republic, he describes in this way: "a small broom of palm fibers, of common type but with sacred objects attached to it. Clotted with blood and cowries, it may contain a piece of cloth from a menstruating woman, and has touched the tabooed objects avoided by its owner, and all manner of dirt" (p. 160). He explains its nature as vicarious, since it takes every evil upon itself. When the dibia finishes preparing the object, he/she says this prayer to activate its power, "Kunkuma, receive this fowl and partake; if any one poisons me let it have no power over me; if any one takes a gun and points it at me, do not let it have any power over me." With this prayer then, the charm starts its defensive duty. Some other types of charms popularly known as amulets or talisman are very common among people. It is difficult not to notice children wearing a leather packet round their waist and neck in Yoruba and Igbo villages and towns. Those necklaces are protective charms against witches and all manners of poison against the children and their families. They contain potent dried leaves or texts from the Qur'an. Parrinder suggests that the girdles round the waist, or hidden out of sight, are protections against loose-living (Parrinder, 1949, p. 161). Furthermore, among the Ewe, Yoruba and Igbo, public protective charms are often seen hanging above the doorway or stuck in the rafters. "Quranic texts on strips of yellowed and dusty paper float above the heads of chiefs and notables who are far from being Muslims. Bundles of sticks or dripping bananas are fastened over Christian doorways. Half calabashes, or bowls wrapped in colored cotton threads, hang over doorways; sometimes there is a large collection inherited from predecessors" (Parrinder, 1949, p. 161).

Even at that there is a palpable fear of offensive charms used by evil men and women to afflict their enemies. These charms known as *nsi* in Igbo or poison are the hub of conundrum stories of misfortune, ailments, diseases and even death among the people of Africa. Among the Igbo people of Nigeria for instance, no one dies but is killed. All deaths are killings attributed to this ominous phenomenon termed "poison (*nsi*)". These types of medicine espoused by the sorcerers often cast petrifying fear on the populace. It is believed that the sorcerer practices this

infamous trade by 'tying up a man's shadow', 'tying up a womb', 'pointing the finger,' 'invocation shooting,' and 'hot pot,' harvesting people's hair, or urine or feces. This has made many people to be very careful about urinating in public for fear of an enemy using their urine to afflict them. Just recently, a lecturer friend of mine had a near-death illness that caused his legs and stomach to swell and emit intermittent water and blood. When I visited him, he confidentially told me that he knew the man who was the cause of his illness, a man who owned a farm near which he had urinated. He revealed to me that he has tried all western medicine to no avail. He then assured me that he has now entrusted himself to God with the African medicine. Because, according to him, his sickness is that type the western medicine cannot heal. Sure enough, within a short time with the African medicine his ailment was healed. He called his friends and well wishers for a thanksgiving in the church.

Certainly, this is why every average African, regardless of the level of their education and social status, fears (nsi) poison to a scary point (Ndiokwere, 1990, p. 33). Stories abound where people almost died of fear on finding ashes, soot, a cloth, the head of a bird or chicken around the house, at the doorway, in the parking lot or on the farm field. People are always very curious to ascertain the content and meaning of such a sight. Accusing fingers are pointed at some enemy, real or imaginary, that has done that. Incidentally, people also often accuse God of being responsible for their misfortune, ill health or even death. Hence, Igbo people say that "izuzu onwu onye chi ya na sorogba ada egbu ya," literally, meaning that if God is not in any conspiracy against someone, it will never materialize. But it really means that if the finger of God is not in somebody's misfortune, ill health or death, such an adversity will not occur. Metuh (1987) corroborates this idea with his pathetic story of an Igbo woman who suffered the successive loss of eight children. In his words the woman laments thus: Why does God allow others to bear girls, and keep them and see their daughter prosper in the world, and she only suffers from time to time? What bad luck had she brought into the world, and what harm had she done to Him (God) (Metuh, 1987, p. 162).

From the preceding, the reader must have noticed that from the call of the dibia to his/her knowledge of the herbs to the herbal preparations and to the administration of the medicine, the dibia relies throughout on God's intervention, which indeed results in the efficacy of the medicine and in the protection or healing of the client. This reveals the fundamental African total confidence in God for the efficacy of any medicine, as narrated earlier. Moreover, the fact of including God as one of the harbingers of human misery demonstrates the African belief that everything comes from God, both good and evil, just as the Jews believe that it is God that gives life and brings death (1Sam. 2: 6). Thus, if the amulet appears to bring healing or protection, the ultimate faith is that it is God who enables the healing or protection to come about.

This is one of the ways Africans experience God in their lives, and in the case under consideration, this is the way the healing finger of God is felt by Africans. This is the theology of African medicine. This must obviously be understood from the viewpoint of the belief that there is God in everything (pan-en-theism) as we have demonstrated in this work and not in the sense of the belief that God is everything (pantheism) which the detractors of Africa have dubbed African religion (Chidili, 2005, p. 109). Certainly, that is why the university Don in the story above recognized the finger of God in his healing and profusely praised and thanked God and not the herbs nor even the herbalist.

9. Conclusion

The foregoing has analyzed African medicine and discovered among other things that it is deeply theological and religious. We have also seen that despite all the hullabaloo about western medicine about 99% of Africans are still heavily dependent on African medicine for their health services and medication. This is very true when we discover that the great majority of Africans living in the rural areas, where western healthcare is very negligible, depend on African medicine. When at all the western medicine is available, it is so prohibitive that only a very few well-

to-do families can afford and can use it. Thus, since African medicine is not only accessible but also affordable and effective, the poor masses have little or no option but to embrace their traditional healthcare. A good number of town dwellers also patronize the traditional medicine because of the same reason adduced earlier—accessibility, affordability and above all, efficacy. Only about 1% of the population living in the towns and villages, who constitute are the rich members of the society, can afford western medicine. Even at that, our study revealed that many of the elites patronize traditional medicine for its efficacy and holistic care. The study discovered that while western medicine is wonderful in quick treatment of certain ailments like heart or brain surgery, the African medicine excels in its holistic approach to ill health. This approach helps the medicine men and women to religiously take care of the whole human person and cater even for the ailments that the western medicine cannot treat like nsi/poison. It is therefore totally unacceptable to dissuade Africans from patronizing homegrown medicine in the name of civilization or religion.

REFERENCES

- Adibe, G. E. (2006). *The complex features of Igbo traditional ogwu*. Onitsha, Nigeria: GoodMark Prints Production, Inc.
- Almquist, A. (1991). Divination and the hunt in Pagiberti ideology. In P. M. Peek (Ed.), *African divination systems: Ways of knowing*. Bloomington & Indianapolis: Indiana University Press.
- Anyanwu, E. J. (1992). The Church's healing ministry in the light of African understanding of health and healing. In J. S. Ukpong et al. (Eds), *Evangelization in Africa in the third millennium*. Port Harcourt, Nigeria: CIWA Press.
- Awolalu, J. O. & Dopamu, P. A. (1979). *West African traditional religion*. Ibadan, Nigeria: Onibonje Press.
- Chepkwony, A. K. (2006). Healing practices in Africa: Historical and theological consideration. In Adams, K. A. (Ed.), *Religion and health in Africa*. Nairobi, Kenya: Paulines.

- Chidili, B. (2005). *Provocative essays on the practices of religion and culture in African society*. Jos, Nigeria: Fab Anieh Press.
- _____ (2008). *Pedagogy of human dignity*. Jos, Nigeria: Fab Anieh Press.
- Dopamu, P. A. (1985). Health and healing within the traditional African religious context. In *Orita Ibadan Journal of Religious Studies* 17, no. 2 (December), p. 68.
- Hamer, P. I. (1975). *Understanding the Lord's prayer*. Philadelphia: The Westminster Press.
- Ilesanmi, S. O. (1997). *Religious pluralism and the Nigerian state*. Ohio: Ohio University.
- Ityavyar, D. A. (1990). African traditional medicine with reference to a holistic view of sickness and healthcare. In E. I. Metuh and O. Ojoade (Eds), *Nigerian cultural heritage*. Jos, Nigeria: IMICO, Publishers.
- Mauzri, A. (1986). *African Triple Heritage: A TV Documentary by BBC*.
- Magesa, L. (1997). *African religion*. New York: Orbis Books.
- Metuh-Ikenga, E., (1985). *African religions in western conceptual schemes*. Ibadan, Nigeria: Claverianum Press.
- _____ (1987). *Comparative studies of African traditional religions*. Onitsha, Nigeria: IMICO, Publishers.
- Nadel, S. F. (1970). *Nupe religions: Traditional beliefs and influences of Islam in a West African chiefdom*. New York: Schocken Books.
- Ndiokwere, N. I. (1990). *Search for security*. Benin City, Nigeria: AMBIK Press.
- Parrinder, G. (1949). *West African religion*. London: Epworth Press.
- Russell, L. M. (1974). *Human liberation in a feminist perspective: A theology*. Philadelphia: Westminster Press.
- Shorter, A. (1985). *Jesus and the Witch-doctor: An approach to healing and wholeness*. New York: Crossroads.