

## YORUBA FOLK MEDICINE; ITS PRACTISE; RESEARCH DEVELOPMENT AND RELATION TO MODERN MEDICAL THERAPY

by

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### ABSTRACT

This paper reviews, the origin practise, methods of preparation and dispensing by traditional healers in Yorubaland. It also discusses, various efforts made by research centres to prove or disprove claims of these healers on some of these herbal preparations. Finally, it suggests various ways of integrating traditional medical system with modern medical system.

### HISTORICAL REVIEW

From the beginning of history, plants did not only provide man with food but also with means of healing. The art of healing was conceived by instinct and by observation in Africa in general and in Yorubaland in particular before man was living in society and in any case before Hippocrates was known-he whom we consider as the greatest Greek doctor of antiquity. The origin of healing in Yorubaland seems to be that it is the result of observations made by the first hunters. While stalking their quarry, these hunters noted that animals who were sick would eat selected plants partly for curative qualities and would return to these same plants regularly until such time as they were completely cured.

Independently of the valuable discovery of the hunters, oral tradition tells us that a certain number of plants and preparations were originally revealed to the people in dreams, or by the spirit in the forest. In addition many formulae were introduced by travellers moving around as a result of intertribal wars. These explains why some specific plants are used for identical purposes in areas situated far apart although the plants are given different names depending on the locality. For example-Botuje (*Jatropha curcas*) a plant generally used for the treatment of skin diseases is known as Botuje in Lagos; in Ijebu it is Serugu; in Ekiti it is Ose lfe, in Egbaland it is commonly called ewe iyalode or lapalapa.

Another school of thought feels that the law of signature also played a significant part in our process of discovering the art of healing. On the law of signatures it is believed that nature has provided a plant for every disease and has indicated by the appearance of some of these plants for which disease or for which part of the body each drug plant is to be used. Obviously they must have recognised these signatures instinctively since their mind need not concern itself with the physical constitution of these plants. Hence plants with white latex are taken by women to increase milk production; while plants with swollen fruits are taken to increase the size of a woman's breast and also to favour fertility.

Since the discovery of the art of healing, there has been many healers who have endeavoured to help their fellow men in Yorubaland by preserving or improving their health with treatment. The protection of Health has therefore been a major pre-occupation of our people and occupies a special place in our way of life.

### Method and Practises of Traditional System

Those persons who hold the power of healing in Yorubaland are commonly referred to as healers. This word includes sorcerers, fetishists, diviners and herbalists.

**Sorcerers:-** (Aje-Witch, Oso-Wizard). These practise witchcraft. They are believed to be extremely powerful and are greatly feared. They are the undisputed holder of all evil powers, and controller of fate. A large percentage of diseases and deaths are attributed to them. Thus Yorubas when there is any misfortune believes that somebody is using a sorcerer against him. He is in the category of healers because he is capable of destroying his own spells and those of his other sorcerer colleagues if a sacrifice is made to him. Tales have it that these group could also change from human forms to birds and that in this form they hold nocturnal meetings under special trees and could also travel distances to meet the person they wish to harm. It is also believed that they feed on human blood and organs.

However, it is clear that there are two types of sorcerers; those of good faith and those of bad faith. Only the former are of interest to us in the sense that they not only control the actions of the latter but could also use plants to cure their patients, in addition to their supernatural spiritual powers.

### Fetishists:-

(Olorisha) Idol worship is still a common feature in the Yoruba society. The fetishists is the protector of the people and is regarded as an elder and represents local divinities as the knowledge and powers conferred upon him by his fetishes elevate him to a position of mysticism within the sphere of his own village or area. Some of the local deities include Ogun-god of iron, Sango-god of thunder, Obalufon-god of creation and Soponna-god of smallpox. It would appear that he, receives instructions as to the method of treating a disease from these idols. Sacrifices are often offered to these gods from time to time to appease them. However his method of healing and that of the sorcerer are both magical.

The magical concept of disease regards illness as a result of the influence of an evil eye. Unseen forces operating by direct contact or from a distance are believed to affect the patients psyche so as to produce secondary effects manifested as physical ailment. Sudden death, particularly in the young, infertility, repeated unsuccessful pregnancy and difficult labour to name the commonest are seen as non-natural phenomena whose locus operandi is hidden in magical psyche (1). Belief in magical cure is common among the Yorubas.

### Diviners:-

(Aladura and Alfa) Clairvoyants are considered the best diviners. They all believe in a spiritual force and have to read oracles and often prescribe preparations for cures or specific sacrifices. Their method of healing is mainly theological. The theological concept views disease as a consequence of sin against God or as the result of infringement of a divine taboo. Hence the

Aladura (traditional christian healer) and the Muslim influenced Alfa use the Bible or Koran as the case may be as their instrument of healing.

This is normally done by bathing with or drinking blessed water, praying with candles, fasting as well as using blessed oil in the case of the Aladuras whereas Koranic words written on a dark slab (hanturu) and washed off with water are drunk by patients in the case of the Alfas. Like the sorcerers and fetishists, the Alfa also use sacrifices as a means of treatment. (2, 3). Diviners believe that healing is achieved on faith of the sick in the healer and that even with faith, self-will is also necessary.

#### Herbalists:-

(Babalawo and Onisegun). These are classified separately and merely on the qualities of plants grown by their families or other senior healers whose students they have been. Their profession demands rigorous apprenticeship which last for years and separation of field of speciality. The training involves a thorough knowledge of the names and properties of hundreds of roots, herbs, plants and fruits; and in the case of the Babalawo he must learn the rudiments of Ifa divinations and the various sacrifices appropriate to the numerous divination of the Yoruba pantheon. (4, 5, 6). In both cases the apprentice must be familiar with various diseases and their prescribed cures.

The Babalawo (Master of divination) practise the teachings of Orunmila both religious and healings. The Yorubas believe that Orunmila is a prophet sent by God to make life more comfortable for people on this earth. The collection of the good tidings preached by Orunmila coupled with healing and divining arts is known as IFA (7) Some sources even credit Orunmila with the Yoruba word given to healing herbs—"OGUN"

An apprentice babalawo has to learn about 256 verses (Odu) of the Ifa poems before he is fully qualified to practise. When a patient comes to a babalawo, the priest first consults the ifa oracle after the patient would have told him what is wrong with him. His consulting instrument includes the Opele (a stringed cowries) which he drops on the floor after reciting the appropriate odu for the patient's ailment; or by throwing kola on the floor or by making some patterns on a special sand in a flat wood. It is claimed that the ifa now tells the priest the appropriate steps to take in curing the patient.

The healer that interests us most in the Drug Research Unit and which is the most popular as well as the traditional equivalent of the modern pharmacist or doctor is the Onisegun. The Onisegun is a physician so designated because he treats diseases with herbs and other materia-medica; in other words he is primarily concerned with the physical manifestation of the disease. Animal parts are also included in the materia-medica of such herbalists as well.

The Yorubas regard the oniseguns as practitioners of Osanyin's teachings and practise. Yoruba history revealed that Osanyin was the junior brother of Orunmila. While Orunmila was blessed with divinations, Osanyin was blessed with a natural gift of knowing which plant to use for the appropriate ailment.

Thus the babalawo and the onisegun have one thing in common—the use of plants or herbs in obtaining cure. Hence, in a sense they view disease, like the modern pharmacist or doctor as a natural rather than a supernatural occurrence. Though the Yoruba biological concept of disease is rational it is not scientific but empirical. Over centuries experience in the symptomatology and resolution of diseases has led the Yoruba traditional practitioners to the formulation of pragmatic therapeutic methods which have proved successful in most cases. But where it has failed, recourse is taken to magical or theological treatment instead of investigating scientifically the reasons for failure.

An example to illustrate that this group believes in the validity of biological concept is the management of smallpox. When an epidemic breaks out in the community this becomes a matter for healer specialists in this disease. All affected households are isolated. Contaminated clothing and utensils are burnt. Herbal concoctions are prescribed for the patients. Sacrifices are offered to the god of smallpox (SOPONNA) to bring in the theological aspect for good measure. Invariably the epidemic is controlled and it is claimed that the patients are cured.

Furthermore, the traditional specialists in smallpox are able to inflict the disease on any household or community which falls foul of their favour. This again implies a knowledge of bacterial cultivation. They themselves never contact the disease which proves their ability for self-immunisation of some sort.

From the above it is now obvious that the cause of diseases in Yorubaland is often based on (a) non-natural causes (intervention of the magician and the sorcerer), (b) religious causes (misdemeanors committed voluntarily which cause the vengeance of the spirits) and (c) biological cause (malfunctioning of some parts of the body for example infection caused by germs or due to "black blood"). Therapeutics are based on two techniques—purification and sacrificial rites on the one hand and physical treatments by drugs are applied depending on the individual circumstances.

It is pertinent to mention at this stage that even though we have classified healers in Yorubaland into four categories as above, in actual fact there is no water-tight distinction when confronted with an actual case, since most Yoruba healers belong to two or three of these classifications. For example, no Yoruba healer would ascribe the death of a 25 year old man with a Ph.D and from a rich family to a natural phenomenon. A lot of eye brows will be raised and a lot of questions asked.

Another common phenomenon to Yoruba traditional healers is secrecy. Amadau Hampate Ba once said that "in Africa when an old man dies, a library dies with him." This is still true today in relation to modern science and medicine. A Yoruba traditional healer still believes in most cases that he must pass his knowledge only to his son or apprentice but not a modern scientist or doctor because he feels the latter would get him out of job. Hence in cases where information has been handed down the fact that this instruction is oral and esoteric, is in itself a formidable obstacle to the generalisation of knowledge and perfection of method. This is why we find that there is not one African pharmacopoeia but several.

## DRUG PREPARATION AND ADMINISTRATION

Yoruba herbal preparations come in various forms:-  
 (i) They could be powdered (Agunmu). In this form the patient takes the medicine with pap or swallows it with water. (ii) Instead of injections we have sacrification or gberere. The preparation, usually a black powder is rubbed into cuts made on any part of the body with a sharp knife or blade. (iii) All the materials for a preparation could also be soaked for sometime in water or local gin (ogogoro). This is then decanted and taken as required. The materials could also be boiled with water. (iv) Sometimes the materials are pounded with black soap and given to the patients for bathing. (v) The materials could also be presented in the form of pastes, pomades or ointments. The usual medium are palm oil (Epo pupa) and shea-butter (Ori). These are rubbed into the affected parts of the body. (vi) Aseje-a form of soup prepared with herbs.

Some present day Yoruba herbalists have even started selling some of their preparations in bottled forms carrying adequate information on what it does and the dosage. To confirm their inborn scientific instinct, Yoruba healers also use local equivalent of standard modern equipment for preparing their medicines; such as frying pot (Agbada) or burning the materials, mortar (Odo) for pounding and grinding stone (Olo) for grinding.

### Preservation :-

Methods of preservation include bottling and corking, use of sunlight to dry the herbs, by hanging the bottle of medicine properly stoppered by the fireside, by adding caphra clove or ataare (*Aframomum meleguata*) to the preparation.

### Systematic Study of Medicinal Preparations in the Laboratories

The organisation of African Unity Scientific Council of Africa (CSA) in 1963 agreed that investigation into African medicinal herbs and traditional healing methods should be encouraged. The body also agreed that surveys should be carried out amongst Africans who have knowledge of the plants used in traditional medicine and all known species must be catalogued, as a plant which is today considered of no value could become an essential new material for a valuable drug in the future.

Even though many of the plants or herbs indigenous to Yorubaland have medicinal value in that they have been used for saving lives by our fathers, lack of written records as well as the reluctance of the practitioners to disclose the precise method of preparation and application of the herbs has seriously impaired their usefulness and development.

Pioneers in the fields of research into Yoruba folk medicine include the late Professor El-Said and Professor A. Akinsanya to mention a few. In spite of claims by some people that traditional healers are flukes, recent findings in various laboratories in Nigerian Universities have shown that some of these preparations in fact contain ingredients which are physiologically and pharmacologically active. For example *Oldenlandia affinis* and *O. Corymbosa* which the Yorubas use to accelerate delivery has been shown to contain oxytocic principles (8). The edible giant African snail, *Achatina* sp which the traditional healers claim lowers blood pressure and act as a hypnotic has been shown to lower blood

pressure appreciably when the undiluted body fluid of the cooked snail was administered intravenously to dogs. (9).

The results obtained from pharmacological investigation of isolated alkaloids from *Monordia foetida* justifies some of its use to relax the smooth muscles of the intestine to ease defecation. It is no gain-saying that Yoruba medicine has contributed in no small measure to the health of the people in this country especially when one takes a close look at some of the native prescriptions. The leaves of *Carica papaya* as anti-snake bite; the seeds of the same plant as anti-hypertensive; antifungal and anti-microbial (10); the roots of *Cassia occidentalis* to check nausea and vomiting, the roots of *Cochlospermum tintarium* as a remedy for yellow fever (11); *Pistia stratiotes* for cure of smallpox, the root of *Garcinia Kola* for cure of jaundice, aqueous extract of *Zingiber officinale* as cure for infective hepatitis, the juice of *Crinum yuccaeflarum* for convulsion and the leaves of *Ficus exasperata* for gonorrhoea (11).

Osteomyelitis has no permanent cure in modern therapy, however aqueous extract of the root of *Clausena anisata* has been used to effect permanent cure. Treatment of fractured bones is accomplished by an external application of the leaves of *Chasmanthera dependens*. Also Caesarian operations necessitated by narrow pelvis is often avoided by a daily bath of the vagina with a warm concoction containing mainly the leaves of *Ceratotheca Sesamoides*.

The author has also reported the presence of male sex hormones in a Yoruba concoction made up of five plant roots. This is a major break-through in the field of medicinal research since male sex hormones have previously been associated with animal parts only. (12). A lot of work has been done on a local chewing stick (*Orin ata*) *Fagara Zanthoxyloides* from which a large variety of compounds have been isolated, characterised and shown to have antisickling properties (13, 14, 15). Recent findings have also shown that three alkaloids isolated from *F. zanthoxyloides* are responsible for its antimicrobial properties. (16).

However, it has not always been a success story in every case. A recent survey (17) has shown that the extracts of the bark of *Erythrophylum guineense*, roots of *Rauwolfia vomitoria*, and *Butyrospermum parkii*, seeds of *Mormordica Balsamina* — and the latex from the trunk of *Euphorbia poisonii* were found to be toxic to mice. An infusion made from the leaves of dongoyaro (*Axadirachta indica*) is a popular drink in Nigeria as an antimalarial drug. To date all attempts to prove or disprove its efficacy in our laboratories has been unsuccessful.

The search and investigation into medicinal plants of Nigeria and of Africa as a whole is of crucial importance today. The high recognition of this is evident from the huge financial support being given by the OAU/STRC and Nigerian Universities in setting up research centres where active investigation into African medicinal plants are currently going on. True information as to the claims of efficacy or potential therapeutic effects of these extracts will help to alleviate suffering and reduce the high mortality rates that arise from traditional and irrational administration of untested extracts and herbs.

### Combining traditional medical practise with modern therapy

Some of the objections to traditional practise is that the preparations are not always based on scientific principles; are of an inconsistent nature and have no standard dosage. Scientific necessity is such that we cannot be content with hearsay or approximation.

Traditional healers are not restricted to any part of the world be it developing or developed. In developed countries, the development of science education and the advancement in technology have provided new knowledge which provides other methods of medical treatment that are preferred to the early traditional methods.

In Nigeria, as in most parts of Africa, the traditional healer had in the past been referred to as native doctor—the word "Native" as then used by the former colonial masters, had a derogatory undertone. The native doctor was regarded as a jujuman, or witch-doctor and had the stigma of death artificially clamped on his head mostly by missionaries, in bold relief, to scare people away from him. This campaign of hate went on for many years but still, the native doctor enjoys a wide patronage, and his clinic is continually full of patients who have implicit faith in his ability to diagnose their ailments and give efficacious preparations.

In many cases patients leave the hospital of their own volition or with the aid of junior medical staff in order to consult indigenous healers because they see no improvement from the modern medical treatment. It has not been proved that they always obtain better result but it is necessary to stress the faith that the majority of people have in the treatment given by traditional healers. Among diseases that traditional healers claim to cure and which modern medical therapy could not cure include asthma and diabetes mellitus. In fact a survey in the city of Ibadan (18) showed that traditional healers could cure various forms of cancer and that large proportion of our people still go to these healers to obtain cure.

It is clear that the majority of our people only go to modern hospitals or dispensaries when traditional heaters have failed to cure them and very often it is only the hopeless cases that are rushed to the hospitals. For example, an old man went to one of our hospitals in Ilesha and told the doctor that he had hiccups. He claimed it started just three days before. On proper examination however it was found that the man had a distended abdomen secondary to intestinal obstruction caused by strangulated hernia. He later confessed that he had had this ailment for some years and that he came to the hospital because attempts by traditional healers have failed. These facts seem to confirm the crisis of confidence of our rural people in modern medicine, as to date modern medicine does not have much hold on a large percentage of African invalid.

Nigeria is the most populous African country with an estimated population of about 70 million people. The ratio between patient and modern doctor is still very high. A recent WHO report has recommended that in developing countries traditional healers could be employed as integral parts of the health delivery system in medical and public health millieux.

The traditional healers can fill the vacuum in health

care created by the shortage of health manpower and the high cost of training modern health workers. They have developed traditional skills in the dispensing, curative, preventive and rehabilitative care. In their treatment techniques they use an astute approach to human ecology and health. They belong to the same culture as their patients sharing common beliefs, values and symbols of communication. They have skill in interpersonal relations, including counselling with sympathy, identification and concern (19).

From the above, it is obvious that Yoruba traditional medicine is integrative and so offers the patient total care. Modern medicine, on the contrary isolates the physical ailment of the patient from his spiritual and psychological anxieties hence it falls short of complete satisfaction to the patient in spite of its many spactacu ar advances in the cure or arrangement of physical ailment.

China is one of the few nations that has fully integrated traditional medicine (acupuncture and herbalists) with modern medicine. The results have been tremendous gains an infectious disease control, the eradication of famine and malnutrition and a greater distribution in material and child health, family planning services in urban and rural areas. Chinas's success in fertility decline has been attributed to the work of barefoot doctors. Although barefoot doctors gained prominence during the cultural revolution in the sixties, there were comparable rural medical helpers in the 20's and 30's (20).

In Nigeria, traditional healers have been used as diagnosticians and as guides and directors in psychotherapeutic management of mental diseases (21). The traditional healer is usually ignored and dismissed summarily or ridiculed in health literature. Professor Lambo's work in Aro Abeokuta which has been widely acclaimed in international psychiatry is a leaf borrowed from traditional mental therapy. He has also recommended that traditional medicine and western medicine should be combined to be more effective for African patients.

It is clear then that traditional healers do exist and are playing a significant role in the delivery of health care in this country and Africa in general. Since the objective of both the traditional and the modern doctor is the same—which is to cure a patient, it is the mechanics and the methodology of treatment which differ, but even so there is bound to be areas of similarity which can be usefully developed such that traditional method can be complementary to the modern.

In conclusion one would like to suggest that on their side, traditional healers should shed their secretive attitude and must be prepared to submit their therapeutic methods to rational investigation so that what is beneficial can be shifted from what is harmful. Brief training programme should be organised for progressive traditional healers in the rudiments of modern medical discipline such as clinical observations, systematic examination, and deduction, sanitation, asepsis simple pharmacological principles and above all the necessity for early referral of difficult or refractory cases to hospital. Once traditional healers have accepted these and have up-graded their professional standards, I honestly feel that the medical profession as well as the government should give active recognition to their practise within well defined limits.

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