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Author
Ejeckam, Gershon C.

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talismanic role with that of a traditional doctor. Medicine men cause all sorts of problems to the community, and often practise necromancy. They should not be confused with the respected and accredited local doctor.

Traditional doctors did not usually practise necromancy. They did establish credibility in their powers by performing illusionary phenomena for their patients. For example, if a patient came with protracted arthritis, he was likely to develop respect for and confidence in a doctor if while in the waiting room, he either experienced or witnessed unusual happenings. This sort of practice is carried on today but in a more "refined" way. It is not an overstatement to say that the more luxurious and entertaining a western-trained doctor's waiting room is the more he is considered a better doctor. In fact, the more difficult it is to get an appointment to see a doctor the higher his/her prestige. The reasoning being that if he is so busy that it takes two months to see him then everybody must be going to him and he must therefore be very good.

In contrast, to the expensive and often rich and arrogant western-trained doctor, the traditional doctor was a humble often poor man practicing in austerely furnished rooms. Patients paid virtually nothing except certain prerequisites which might include chickens, goats, lizards, snakes and tortoises to be sacrificed to the deities of healing. Only the blood, hair or feathers of these creatures were used. The chickens and goats were consumed by the doctor and/or his household. It is pertinent to say that most doctors did not suffer from malnutrition because they collected certain food items from their patients, who themselves might be malnourished. Also low financial rewards was based on the belief that good medicine should not be costly. In fact, some doctors rejected payments above the accepted rates, their fear being that if they charged more, their healing capability would disappear.

Having said this it would be naive not to touch on several areas of traditional medical practice which really were abhorrent and negatively affected a patient's survival. Childbirth, circumcision and beliefs about certain types of disorders were areas in which there was medical abuse. In some African societies and regretably so in more recent times, delivery of twins was regarded as an evil omen and the babies automatically discarded. Since the imposition of Christianity and its religious dogma these practices stopped. In parts of Nigeria such as Nsukka Division expectant mothers were expected to deliver in the squatting position in unsanitary bathrooms, according to the custom of the people. Regretably this still happens and I have unfortunately been unable to learn the reason for this. The medical danger here is that the woman delivers a child in a most uncomfortable and unnatural posture with attendant obstructed labor which in

some cases lead to vesicovaginal fistulae (vaginal and bladder problems). One of the most fatal practices is in certain parts of Western Nigeria where cow dung is applied to the navels of new born babies. Many of the babies die from an acute infection (neonatal tetanus) in the first four weeks after birth. Then there are cases in which people suffering from anaemia have undergone blood letting under the mistaken impression that their problem was due to "bad" blood. These procedures though still practised are rapidly disappearing.

One other important aspect is the general approach to and treatment of people with certain diseases. For example, patients who have what is called *anasarca* (excessive build-up of tissue fluid) a disease which could arise from liver, kidney, heart and caloric problems were thought to be possessed by some form of evil spirit. Since the presence of this evil was a bad omen for the family and community, the usual approach was to carry them during the night to an isolated forest and left there to die.

The mere existence of the above-mentioned mispractices in the African medical evolution does not in any way justify the slanderous campaign against those selfless men and women who held the fort of medical attendance until modern medicine became widespread. It should be noted that in curing diseases such as extensive *comminuted* fractures, psychosomatic disorders and frantic manic psychosis, the traditional doctor is still preferred. However, one may ask whether the advent of Christianity and westernization has been helpful and useful. I do not think the answer is unequivocally in the affirmative. It is true twins are no longer killed, patients with anarsaca no longer isolated in bushes, cow dung discouraged for navel treatment and pregnant women now deliver in maternities and hospitals, but a great deal has been lost in not utilizing some of the knowledge of the traditional doctors.

What is the status of the traditional doctor vis-a-vis modern medical practice today? Is everything changed to the high-rising hospital buildings? African societies have split into two sectors since colonialism: the urban and rural. In the cities the practices of traditional doctors have dwindled. However, governments of some African countries have come to recognize their ability and have licensed them but limited their practice to the use herbs. The situation is totally different in the rural communities where modern medical care is either non-existent or negligible. There, the traditional doctors and midwives still hold sway. In some situations it is even safer to obtain medical treatment from them than from "modern quacks" who are readily available with their unsterile syringes. It is known that traditional midwives in the villages perform neater circumcisions than inexperienced medical personnel in the high

rise, modern hospitals.

The future of traditional doctors, has improved somewhat with the independence of most African countries. The loathesomeness with which the colonial governments looked upon them has been tempered. With the recognition and licensing of some of them, there is hope that traditional medical sciences will be studied. Also some of the licensed doctors have formed unions. One envisages that the secrecy and distrust which surrounded individual practice would give way to better understanding through interaction and exchange of views. There is also hope that this will usher in standardization of treatment. Already some are able to dispense their medicine with modern exactitude. This, however, will not be fully realized until there is more organization among traditional doctors. Having said this, the onus of obtaining a full understanding and integration of traditional medical sciences with modern medicine rests on western trained African doctors and today's governments. The traditional doctors should be approached with understanding and with a desire to improve their positions rather than with fear, mistrust and destructive intentions. The latter, unfortunately, characterizes the line of action that has often been taken.

Departments of Pharmacology in African universities should be interested in analyzing the herbs used by traditional doctors. I am certain they will obtain revealing and interesting results which can be put to good use.

In conclusion there are tremendous potentials in indigenous African medical practices that have so far been ignored by the medical world. It is high time African governments examined their assets more closely before embarking on the often uncritical importation of western methods, systems and material.

Dr. Gershon C. Ejeckam, M.B., B.S.
(Ibadan, Nigeria)
Chief Resident,
Dept. of Pathology, University of Ottawa and Dept. of Laboratory Medicine
Ottawa General Hospital
Ontario, Canada