CURRENT ETHICAL AND OTHER PROBLEMS IN THE PRACTICE OF AFRICAN TRADITIONAL MEDICINE

OMONZEJELE, F. PETER

Department of Philosophy, University of Benin, Benin City, Nigeria

INTRODUCTION

African traditional medicine has an important place in health care delivery among Africans. It is a first port of call before “western” or orthodox medicine and a last resort when all orthodox efforts fail. The primary purpose of this work is then to highlight the strong and weak points of African traditional medicine and the place of medical ethics (without intending to compare the two systems) with a view toward upgrading the African system to more scientific standards.

What then is African traditional medicine? Perhaps it is equally important to understand even if succinctly what the work “traditional” means. What may be considered as traditional are those things done and passed on from generation to generation, along the line there may or may not be some sort of refinements. Hence, it will not be out of place to define African traditional medicine as: medicine as known and practised by Africans from time immemorial for the health need of her people; and the practitioners of the art the traditional healers are recognized by their communities. Traditional healers in the days gone by got no monetary reward or remuneration for the services they rendered. They however, may received gifts from their patients especially food items, such as, tubers of yam, bush meat, palm oil etc. Those items were given as appreciation and not for services rendered.
AFRICAN IDEA OF MEDICINE

In the traditional African setting, the notion of medicine seems peculiar. According to Little (1954), medicine in Africa is a living force, he went on further to illustrate;

...It (medicine) represents a special kind of supernatural power or quality which becomes attached to the object through the influence of Ngewo (God) because a connection with Ngewo is implicit in the notion of hale (medicine)... mshandling of it may bring down harm on its manipulator and those associated with him. The more powerful medicine might be compared to electric batteries of high voltage; they are charged with energy. (pp. 127-128).

What Kenneth Little tried to explain is the fact that Africans do not see medicine as inanimate pills or solutions, rather medicine is seen in Africa as that with its own vital force. It is not owned by the traditional healer, he is only privileged to have the knowledge of those healing herbs, roots and animal parts as given to him by the gods. Among the Ishan people of Nigeria, the simple logic is: what you do not own you took no credit nor money for it. The healer is just an instrument of the god(s); but he is very well respected and consulted on important matters. The traditional healer may sometimes be the priest of the community deity.

The idea of African medicine is further illustrated by professor C.A. Dime who is an expert in African religions and traditions. He is of the opinion that the idea of medicine in African is based in the belief that:

the natural resources have (1) active therapeutic principles that heal, (2) occult/supernatural powers, (3) power to change active principles which can be manipulated by those who know how to produce marvelous result.


C.A Dime’s views would be better understood, when it is realized that in African, health problems are not only attributed to pathological explanations but also to other forces as witchcraft, former existence (most African believe in re-incarnation) etc. Dime clarified it thus:
...the medicine-man does not see his medical preparation n isolation. His medicine is in the realm of religion, perhaps with some element of magic. In many cases, when the goes to collect leaves or barks or roots of trees for his medicinal preparation, he performs some rituals he usually involves the spirit in the tree or herb, the breaks kolanuts and, at times cowries or money are offered to the spirit; he pours libation and at other times offers sacrifices, p. 66.

The sacrifices and various incantations uttered by the traditional healer are supposed to take care of the negative forces that may militate against achieving cure. In Africa there is a divine touch to ill-health and healing, at least that is the belief.

Africa idea of medicine cannot be severed from their general view of the universe neither is it separated from their religion. Infact they form an integral whole. Though no one can say when African traditional medicine started and by whom, what is however not in dispute is that African traditional medicine is connected with the observation of what obtains in the universe. According to professor Mbiti, Africans built their world view after careful observation of the myriads of life-forms, animals, insects, and plants etc. They observed the strengths and weaknesses of human beings. They observed what animals used to treat themselves when injured or pregnant, and came to the conclusions that same may be useful to humans. when tried out on humans if successful it was adopted. (1995:31).

TREATMENT IN AFRICAN TRADITIONAL MEDICINE

From the start, it must be indicated that African traditional medicine is wholistic in approach. The patient is not only seen as a physical being, but also as a body with soul and spirit. The traditional healer seeks to strike some sort of equilibrium amongst these three components of the human being. According to Kafaru, (1990:10) this equilibrium can be brought about by herbs because herbs are natural and the patient’s body which is only momentarily in disequilibrium is natural. Following this view, only nature can restore nature. Some of these means of treatment as
Dime (1995: 75-83) suggests are: Herbalism, therapeutic dieting, hydrotherapy, bone-setting, Uzo massage, psychotherapy etc. Some of these shall be briefly explained.

Herbalism is the application of herbs, roots, leaves etc to bring about cure. Herbs may be used alone or used with other components, such as animal parts. According to Sofowora, (1982:34) parts of the herbs used may not necessarily be curative but preservative or flavouring agent.

Therapeutic dieting is the aspect of African traditional medicine which has to do with taking certain foods or avoiding certain foods. This form of traditional therapy is more common with traditional healers who are also spiritualist. The healer may forbid the patient from taking certain foods for a certain time or forever. This conclusion is usually arrived at after divination.

Hydrotherapy, in African traditional medicine involves water in various forms, which may be used alone or with other forms of treatments to achieve cure. Amongst most Africans, the use of boiled water with herbs in the treatment of malaria fever is common place.

Bone-setting is a specialized aspect of African traditional medicine. It may be true that some traditional healers dealt in all aspects of cure but some specialized in only certain aspects of human treatment and they involved themselves in no other aspects. Many bone-setters are specialists whose only medical interest revolves around orthopaedics. The successes achieved in the area of orthopaedics by traditional healers have been so amazing that even the western orthodox medical practitioners have had to acknowledge the fact that traditional bone setters are better. In Nigeria hopeless cases are often referred from hospitals manned by orthodox physicians to traditional bone seters. Positive results are often achieved by these traditional bone-setter. The Ijaw people of Nigeria (who perhaps started bone setting) have excelled in this area (Mume 1973:10).

Uzo massage is suspected to have started with the Uzos (one of the ethnic groups in Nigeria) but its origin maybe also be attributed to other riverine dwellers in Nigeria, what the massager does is to use the fingers to trace where the problem is. This kind of treatment is effective in the treatment of muscle and bone problems and the proper functioning of the nerves (Dime:79).
Other forms of treatment employed by African traditional healers is the use of diviners and seers; these methods are employed if the cause of illness is suspected to have spiritual undertone.

LIMITATIONS OF AFRICAN TRADITIONAL MEDICINE

Despite the strong points of African traditional medicine, there are some obvious shortcomings especially as it is practised today. These limitations have almost discredited the very important heritage.

First among the plethora of problems associated with African traditional medical practice today is the fallout of Africa’s economic woes. Suddenly, and to everyone’s embarrassment there is an upsurge of traditional medicine providers. Most of whom are mere charlatans who like, the sophists of the ancient times, make huge sums of money from the “trade”. In those days, traditional health providers only saw what they did in terms of service to their communities where one cannot really afford to be dubious. African traditional medicine providers, these days, move from the rural to urban areas with the sole purpose to enrich themselves. They are patronized by unsuspecting “patients”. These mobile practitioners of African traditional medicine sometimes do not know anything about African traditional medicine. They are merely people who unable to cope with present economic situation, resort to this “trade”. They, perhaps, are in business because most Africans somehow have faith and confidence in traditional medicine.

Another problem associated with African traditional medicine (even in the past) is when it sometimes resort to spiritual explanations for the causation of ill-health which is attributed to mystical forces (Sofowora 1982:26). I find this particularly disturbing: while there may be some very small cases of illnesses with mystical explanations, most illnesses have scientific explanations/causation. This factor limits African traditional medicine to the extent that it is extremely difficult to provide explanations and evidence in accordance to basic epistemology for the cure of ailment even when the therapy is effective. For instance, in Nigeria, everyone knows that orthopaedic cases are better managed by traditional healers, but the connection between the broken leg of a chicken and the eventual treatment of a patient with broken bone is extremely
difficult to explain. In western medicine, scientific explanations are usually provided on how a particular drug works with body chemistry, in that wise, one cannot expect the west and indeed non-Africans to accept any kind of cure or advances in medicine by Africans without adequate explanations.

Health care can no longer be carried out under the cloak of secrecy. Often times, the efficacy of a drug is not sufficient, the side effects and other issues equally come to the fore. Otherwise, health resources which are usually limited would be merely spent without corresponding improvement in health care generally. The fact that a certain kind of treatment “works” is not enough, how it works is equally important. In any case, a drug that is very effective for adults with risk-benefits in the adult’s favour may not be same for geriatrics.

The methods and procedures of the trial of new drug before its application on humans in African traditional medicine is weak. That the bark of a particular tree is effective in animals is not enough and sufficient reason that the same bark would be effective in treating similar ailments in humans. Furthermore, the anatomy of any animal is not the same as those of humans. Hence, in scientific experiments it is no secret that the systems of some animals, like monkeys, tolerate what human bodies may not tolerate. No human is supposed to be used as a subject for experimentation without consent and beyond that must have idea of the probable consequences of the outcome. The African traditional healer hardly has knowledge of botanical properties of the drugs he uses. Consequently, he is unable to anticipate the effect the drug would have on humans at the trial stage, which he ought to share with the subject to enable him (subject) make informed consent or refusal. The traditional healer only hopes the drug ‘works’ without adverse effects. This is grossly insufficient. This is because the drug may not only not ‘work’ but may be harmful to the subject. In agreement with Kantian ethics no man should be used as a means for any end, since everyone is unique in himself. I think the application of African ethics in this context is more appropriate.

According to professor Wiredu (1983), African ethics is based on the consideration for human welfare. He used the Akan people of Ghana to illustrate his arguments, that, if you asked an average Akan, if it was wrong to go to bed with another man’s wife, his response is most likely to be, ‘would you like it if that was done to you?’ while according to Oluwole (1988),
Yoruba ethics which is based on secular morality is to enhance justice. On the same line of thought, professor Summer (1983) argued that Ethiopian traditional morality is based on the natural light of reason. R.M Downess (1977) summed up the idea of African ethics as doing good to others and not evil. From the aforementioned, one may safely conclude that African ethics is found on justice and concern for others. Based on African ethics, it is wrong to use subjects for experimentation without their consent, especially well informed and knowledgeable consent.

**WHAT IS TO BE DONE?**

Africa would do its self a terrible disservice if because of the limitations associated with African traditional medicine, it should be entirely discarded. It has served us well in the past, it may even serve us better now if we harness its strengths and discard its weaknesses. This is more so, when the side effects associated with synthetic drugs are considered; for instance, a common drug like aspirin has the side effects of being anti-haemostatic and it was also observed that aspirin enhanced post-operative blood loss. According to L.F Prescott (1980: 207):

> Almost identical result were presented by a similar report and that prolonged chest tube drainage was required in aspirin takers. Serious post-operative bleeding has also been attributed to aspirin in neuro-surgical and dental practice.

There are many other side-effects associated with aspirin. If such a relatively simple drug is plague with many side-effects, one can only imagine the side –effects of more complex drugs. African tradition medicine may come to the rescue, but How?

First and foremost, Africa and Africans must accept that this our heritage (African traditional medicine) must be brought up to meet with universally accepted standards. This is because health care as an aspect of knowledge must transcend subjective views; and that knowledge be it in health care, astrology etc must and should be subjected to objective test. African traditional medicine no matter how well it “works” cannot be exempt from the rule of ‘universal test’ and it is only then this our heritage would be enhanced not only for Africans but for the general betterment of the world.
Secondly, African traditional medicine must have uniform ethics. As it stands today, there is neither a regulating body nor standard professional ethics. Medical ethics is meant to protect all parties and interests concerned: the physicians, patients, society etc. In western medical practice, medical ethics which was first drafted by Hippocrates has evolved over the years; these include what is now known as the Declaration of Geneva, International code of medical ethics (English text) Declaration of Tokyo, 1975, Declaration of Oslo, Declaration of Helsinki etc.

It is important for instance to know, the place of the principle of respect for autonomy, relationship between “physician” and patient, the idea of balancing costs-risks-benefits and attitude towards the terminally ill in African traditional medicine. These and other principles in health care when successfully applied or incorporated would significantly improve the practice of African traditional medicine.

Autonomy in medicine is when choices are made with understanding and without external control. The purpose of autonomy is to enhance the position of the patient in decision-making with regard to his own health. African traditional medicine practitioners are often given to paternalism without much regard to the consent or refusal of their patients for recommended treatments administered by them. Infact, it is impossible for patients to make sensible and responsible choices/decisions in health care, since they are usually not informed of the risks and benefits of treatments administered by the traditional healers. Many a times the processes and procedures cannot be epistemologically explained. My opinion is that whatever the “mystical” component(s) involved in treatment should be made public and patent rights granted and protected by government. The paternalistic attitude of African traditional healers must change from ‘I know what is good for you’ to ‘we (healer and patient) agree it will be of benefit to you’. The patient must be encouraged to actively participate in health care delivery.

Another problem in African traditional medicine that must be addressed is that of confidentially. Confidentiality in medicine is when others gain no access except the physician to information regarding a patient’s state of health, when violated by those involved in the patient’s health care it is regarded and known as an infringement of the principle confidentiality (Beauchamp, et al 1989). The patient’s state of health in African traditional medical practice is for community consumption and not regarded as privileged information not to be divulged.
Hence it is not unusual for a traditional healer to raise and discuss the health problems of any of his patients in the public square. It is my opinion that this attitude must change.

The attitude of the practitioners of African traditional medicine (past and present) towards the terminally ill is that life must be preserved no matter how lowly the quality of life or level of pain associated with life. According to A. Onimhawo (1998:38),

\[...\text{There was no practice of euthanasia with respect to the terminally ill persons including the sick elderly ones. Even when they were suffering intolerable pain, they were left to die in their own time.}\]

One cannot expressly suggest what is to be done by the African traditional healers as the attitude has to with the views and convictions of the practitioner and indeed that of the community where he practices. For now, most if not all the practitioners would rather not assist their patients to die.

**CONCLUSION**

In the final analysis, it must be stated that the role and place of traditional medicine in African is that, it is still of much relevance to health care delivery in the African continent. This is more so, when we realize the shortage of health resources especially the western version. The continent is very much in lack in the area of specialists in various aspects of medicare. The economic situation in the continent equally encourages the use of traditional medicine which is less expensive, hence it is more available and affordable to the local/rural populace. All that is needed in African traditional medicine is refinement and scientific evidence for treatment of ailments, which can stand international testing standards. It is only when that is done, that one can safely suggest that African traditional medicine can operate and function side by side western medicine in government health centres; and consequently, traditional medicine practitioners would be made to adhere to the general ethics of medicine as it is known internationally.
END NOTES

Beauchamp, T and Childress J. (1989): Principles of Biomedical Ethics

Ekpoma, Edo State University Press.

Downess, R.M. (1977): TIV Religion, Ibadan,
University of Ibadan Press

Kafaru, E. (1990): “Herbalism: How it should be
seen” Nigerian Guardian, August 16 p. 10.


London, Heineman Publisher.

Mume, J.O. (1976): Tradomedicalism: what it is,
Agbarho, Jom Nature Cure Centre.


Onimhawo, J. (1998): Euthanasia and African Culture,
Ibadan, Stirling-Horden Pub.

Prescott, L. F. (1980): “Post-Operative Bleeding Caused by
Aspirin” J. Dent vol. 6, p. 207

