



African Traditional Healthcare as a Model for Sustaining Life in a Globalized World: Issues Involved

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Abstract

Africans believe that life, its preservation and enhancement is pivotal to their existence. As such both the spiritual, physical and material wellbeing of an individual is valued and protected. Thus, African traditional healthcare system from time immemorial handles and delivers quality healthcare that preserve and enhance life. Unfortunately, the emergence of orthodox medicine seems to portray Africans healthcare system as object of mockery and caricature. Yet, the orthodox medicine seems to be ineffective in handling certain cases such as nsi (poison/paranormal ailments). This paper is a qualitative one using descriptive method of data interpretation and analysis. Thus, the paper reechoed the impact of African traditional healthcare especially in areas of trado-orthopedic therapy and treatment of paranormal ailments like Nsi. Therefore, the researcher recommends the need to showcase the pride of African Traditional Healthcare in handling serious health cases with a view to presenting it as a model for the globalized. research.

Keywords: African Traditional Healthcare, Life, Health, Paranormal

Introduction

From the earliest times, Africans believed that life is of supreme value and as such must be cherished, preserved and enhanced. Therefore, for the Igbo and rest of Africans the summum bonum or the highest value is life (Ndu). This is made manifest in their names eg 'Ndubisi'-life is of supreme importance, **Nduka**-life is greater, **Ndukaku**– life is greater than wealth, **Nduamaka** –life is good. In this, the supremacy of **Nduis** both the cosmological order and in the day to day life and activities of the Igbo is reflected. (Madu, 2002).

African cosmology is a religious one, a cosmology that believes in the unified view of reality. This unified view of reality act in web-like manner, for whatever affects one sphere affects the other. (Madu; 2007). This belief promotes the harmonious interaction of beings that balance interpersonal relationships in the cosmic order of Africans. However,

Africans also believe that there are forces that disturb the harmonious co-existence of beings in universe. These forces Africans dread includes bad magic, sorcery, witchcraft, voodoo, pin casting, and all aspects of occult and paranormal cases that hinder life. Thus the Igbo statement '*ajommadubuajomuo*' (a bad person is a bad spirit) fits the category of individual that indulge in activities that disturb the harmonious co-existence in the African world. Also, other types of enemies that terminate life includes but not limited to diseases, sickness, accidents of various types, barrenness/childlessness, troubles from wandering spirits and so on.

Squeal to the above, is the consideration of Africans about the pattern the universe is ordered. It is important to know this as it affects health, healing and mystical powers in the African world. For the Africans, Mbiti, (1975) is of the view that, order in the universe is seen as operational at several levels. Such as,

- *Natural Order*: This order exists through creation and it is that which gives a sense of security and certainty to the universe. It is believed that if this order is left undisturbed, there will be peace and harmony in the universe; however, if it is tampered with or caused to change, there will be chaos in the world, which could endanger the existence of both life within the universe and the universe itself.
- *Moral Order*: This order exists because it is what God gave to the people in the universe so that they might live happily and in harmony with one another. It is believed that customs and institutions have arisen in society to safeguard the laws of the moral order and to keep the people in check. It is also believed that individuals get punished or sanctioned for contravening moral orders.
- *Religious Order*: It is believed that the religious order exists because the universe was created and sustained by God. All life's experience is therefore interpreted from the standpoint of creation. In its relationship with other orders, the natural order is regarded as being controlled by God directly or through His servants, while the moral order is thought to have been given by God or is sanctioned ultimately by Him. Therefore, any breach is seen as an offense against God, the spirits, or even against the departed members of one's family. There are taboos that strengthen the keeping of the moral and religious orders. Breaking a taboo entails punishment in the form of social ostracism, misfortune (e.g., barrenness of women), or death. It is believed that if people do not punish the offender or seek to appease God for forgiveness, then the invisible world will do so.
- *Mystical Order*: This order is believed to also come from God, and the powers therein are assumed to be available to the spirits and to certain "anointed" human beings such as the priests and priestesses. It is believed that people who have access to these powers are sometimes able to "see" departed souls, are able to

communicate at a distance with such souls without the use of physical means, are able to foretell events, and are said to have visions or see certain invisible sights. (Mbiti, 1975; Adeyemi, 2012).

We will return to these for more clarifications especially as it affects healing and religious functionaries that employ mystical powers in healing activities.

Conceptual Clarifications

African traditional healthcare is the institution within the cultural African setting that oversees treatment of ailment of various degrees. It makes use of functionaries that specializes in treatment of ailments. The main trade of African traditional healthcare is to dispense quality healthcare to Africans and other persons who care about using traditional medicine. Traditional Medicine, obviously in existence for several hundreds of years, was once believed to be primitive and wrongly challenged with animosity, especially by foreign religions, dating back to the colonial days in Africa and subsequently by the conventional or orthodox medical practitioners. However today, Traditional Medicine has been brought into focus for meeting the goals of a wider coverage of primary health care delivery, not only in Africa but also, to various extents, in all countries of the world. Traditional Medicine is the first-choice healthcare treatment for at least 80% of Africans who suffer from high fever and other common ailments. It is hard to talk about African traditional healthcare without traditional medicine. Thus, effective health agenda for the African continent can never be achieved by orthodox medicine alone unless it is complemented by traditional medicine practice.

Traditional Medicine is defined by the World Health Organization (WHO, 1978)

as the sum total of knowledge or practices whether explicable or inexplicable, used in diagnosing, preventing or eliminating a physical, mental or social disease which may rely exclusively on past experience or observations handed down from generation to generation, verbally or in writing. It also comprises therapeutic practices that have been in existence often for hundreds of years before the development of modern scientific medicine and are still in use today without any documented evidence of adverse effects.

Elujoba et al (2005) writes that the explicable form of Traditional Medicine can be described as the simplified, scientific and the direct application of plant, animal or mineral materials for healing purposes and which can be investigated, rationalized and explained scientifically (p, 3).

The origin of the traditional medicine is constructed around the value the traditional African man placed on human life. Life for the African is the most prized possession, for directly and indirectly, all his interest and activities ultimately centre upon its gratification

and preservation. Mume (1984) traced the origin and practice of traditional medicine to the priest who always directed the burning of smelling substances of herbal materials to produce sweet incense to appease the gods of medicine. He further claimed that most of the herbal products used now by the native doctors and herbalists were shown to the medicine men of old by their ancestors and these have been transmitted from generation to generation. These views can be considered plausible since what gave rise to traditional medicine is to ensure that human life is protected, enhanced and cherished. On the other hand, the efficacy of traditional medicine cannot be if not for the role played by the traditional (native) doctors. Hence the Igbo saying '*Chi gboomkpa, onudibiaadi ire*' (when God solves a person problem, the words of the medicine man ministering to him becomes effective and real). At this point, it will not be out of place to give a definition of traditional medicine as an art, science, philosophy and practice following definite natural, biological, chemical, mental and spiritual laws of restoration and maintenance of health and the correction of bodily disorders. The practitioner of traditional medicine himself with what constitutes good moral living learns to detect by spiritual diagnostic signs, how, when and where departure from the normal or natural has taken place and then applies his knowledge and skill, aided by the various kinds of traditional treatments, to help bring back a return to the normal and natural (Mume, 1973; Ejiofor, 1984; Madu, 2004).

Classification of Traditional Medicine

Traditional medicine has various classes. Mume (cited by Madu, 2004) classified the various therapies used in traditional medicine as follows:

Herbalism – The system of treating by the administration of herbal medicine including some parts of animals.

Hydrotherapy – The treatment of diseases by the application of water of various forms and temperatures through cold baths, hot baths, compress baths and the steam vapour baths with regards to ritual baths. Onwukwe (cited by Madu, 2004) opined that, ritual washing is one of the acts that punctuate the whole process of making the patient whole...it is through the performance of the ritual that the medicine man tries to re-establish cordial relationship with the deities and ancestors.

Massage – This is the passive manipulation of the soft tissue made directly upon the nude skin in a methodical manner. This is very common in Ijaw areas.

Cupping or blood-letting – A method of treating disease by abstraction or letting out impure blood through the use of abstraction cups or horns

Faith healing – Where patients are persuaded to confess their sins which torture them, and once this is done, such patients feel emotionally relieved

Fasting – Deliberate abstinence from food

Heat therapy – including exposure to sunrays (heliotherapy) and exposure to the vibrative forces which emanates from fire

Surgery-medical treatment of ailments that involves cutting open a person's body and often removing or replacing some body parts.

There is need to emphasis that the use of traditional medicine cannot be efficient without the religious specialists that are within the mystical order of the operating forces in the universe as believed by Africans. Adeyemi (2012) writes

It is this last order, the mystical order, coupled with religious sanctity that priests and priestesses employ to help people in healing. Ordinary people, it is believed, do not know much about this mystical power, and it may take a long time for anyone to be trained in the knowledge and use of such powers. The knowledge of the mystical power is often safeguarded and kept secret, and in some cases, the ability to use this power is simply inherited or passed on without conscious intentions. When a person discovers that he or she has some of this power, he or she may either proceed to undertake further training in using it or may just neglect it completely. There is thus much belief, hope, and value in whoever has the mystical power and this is why priests and priestesses are able to heal rather easily. (p, 3)

Classifications of Traditional Healers

The traditional healers/specialists are men and women set apart for the service of the supernatural beings. They are usually people with sound religious experiences. Really, they are the embodiment of what is the best in religion and act as custodians of religion. They are those who because of their expertise religious knowledge lead others in religious activities. They serve as intermediaries between their fellow human beings on one hand and super sensible realities on the other. Usually, the professional roles vary depending on the skill and religious knowledge they are trained for (Anyanwu, 1999)

In Igbo/African category of traditional healers, we have; Priests, Diviners and Medicine Men.

Priests: the Igbo priestly institution is closely connected with the social structure (Metuh, 1985). The priest in the Igbo traditional belief and practices, just like other religions of the world mediates horizontally between man and man and vertically between man and the Supernatural reality. He is a public functionary and usually attached to some cultic centre, a shrine or a temple where he performs certain prescribed forms of rituals on behalf of the people whom such centres are suppose to serve.

The ministry of the priest in the Igbo society consists of two functions- i) performing

the traditionally prescribed regular worship of the spirit and ii) attending to the individual problems of the devotees. It must be noted at this point that there is a dialectical relationship between the status and powers of the spirits and the status and influence of their priests. That is to say that the status and influence of the priest, depends on the powers of the spirit he serves (Metuh, 1985). The interest in this section of the study is to decipher the roles of the priest as a religious specialist within the Igbo cosmogony in the health care delivery system. The art of healing is a part of that whole complex of religious attempt by man to bring the physical and spiritual aspects of the universe as well as man who lives in it into that desired consistent harmony. The priest plays these roles in the art of healing with the Igbo worldview:

- The priest offers the needed and necessary sacrifices on behalf of a devotee in order to restore the cosmic harmony between the spirits and the individual. In most cases, the devotee first consults a diviner who then directs him to the deity or spirit who would respond to his needs.
- Sequel to the above the priest assists in no small measure in offering prayers/petitions on behalf of the sick person
- The priest also gives advice and counsels the sick individual. Counseling from the priest of traditional religion to a great extent quickens the healing process since it is believed that they are the mouthpiece of the gods.

Diviners: are those whose main functions are to find out hidden secrets or knowledge probably from the land of the unknown (spirits) to the land of the living through the act of divination. The act of divining is called *Igbaafa* (divination). This is as much a skill as an exercise of a spiritual power by the individual diviner, who is a self employed practitioner. He is not the head of any public cult like *Isi mmuo* (priest), but divines under the influences of 'Agwu' divination spirit, to whom he is devoted (Metuh, 1985; Anyanwu, 1999) Diviners can be either men or women but the majority of them are often men. They occupy an important position in the Igbo health care delivery system hence the Igbo saying/proverb- '*Ana esin'anyadibia (afa) afundimmuo*' (one sees the spirit through the *dibia's* eyes. This proverb can be better understood against the backdrop that the Igbo world is populated by a vast number of spirits and spiritual beings who are closely involved in the affairs of men sometimes as helpers and protectors, at other times as adversaries and agents of misfortune. Because of the great numbers of these spirit-forces, whose sphere of influence sometimes overlap, it takes an expert to know which spiritual force is responsible for any given misfortune and which are the appropriate remedies to take (Metuh, 1995).

Thus within Igbo cultural setting:

- The diviner has the indispensable role of helping the sufferer to discover whether

the said misfortune comes from human agents of the community- witches or sorcerers, or from spiritual agents from outside the community- an evil spirit or an alusi. When this is established, the sufferer still needs the diviner to find out who or which particular spirit is responsible and what remedies apply.

- Sequel to the above point, the diviner refers the sick individual to the appropriate channels through which he can effect a cure. For instance, the actual medicine that will treat the sick individual and the type of roots and herbs as well as the medicine man that will treat the individual's ailment will be recommended by diviner as he is believed to be equipped with the eye to see the beyond.
- If the sickness requires sacrifice, which in most cases it does, the diviner tells the individual the type of sacrifice to embark on as well as the shrine or god to which such sacrifice will be addressed to in order to restore the health of the individual.

It is important to note at this point that in Igbo society, a person can be both medicine man (*dibiaogwu*) and the diviner (*dibiaafa*) and where this is the case, he or she will perform the different roles.

Medicine Men (*Dibia Ogwu*)

Medicine men are men or women that know the art of using the available natural forces like herbs and animal skins to prevent diseases and restore health. They are specialist in the act of *igwoogwu*(preparation of medicine) for preventive or curative purposes.

In Igbo traditional health care delivery system, the medicine men are considered extremely important as they are the ones to be first consulted to rescue individual that are inflicted with *Nsi* or suffering various degrees of ill health. The medicine men perform sensitive roles in the Igbo traditional health care delivery system.

- The main functions of the *dibiaogwu* are to prepare and administer medicines of all types. He is always approached to provide cure for all sorts of bodily and mental ailments a doctor and a psychiatrist would handle in western societies. He is also an expert in the ways of spiritual forces. He therefore prepares protective charms against witches, sorcerers and evil forces. He can also supply medicine to attract good fortunes-good health, fertility, success in business and so forth. In other words, he has four distinguishable roles – physical psychotherapist; protector against forces of evil; healer of spiritual problems; and provider of means of achieving one's aspirations. So the *dibia* in the traditional Igbo society is a friend of the people (Metuh, 1985).
- Also, the *dibiaogwu* understands the psychological background of his patient as well as his worldview and tries to meet him at the point of his needs (Onunwa, 1990). He finds out the religious causes of illness or complaints and prescribes a

cure which may include herbs, religious rituals and the observance of certain prohibitions such as abstinence from certain foods, sexual relationships and any other he considers appropriate.

- The traditional medicine man acts as a counsellor to individuals suffering from ailments of various kinds. He listens to peoples with problems and advises them on the possibly way out.

Furthermore, Mume (cited by Madu, 2004) identifies eight types of traditional doctors as

- The General Practitioners: They are traditional doctors that practice general medicine. They make use of herbs and offer counseling services to their clients in order to effect the needed cure.
- The herbalist and native doctors. The herbalist centring his mind on the knowledge of herbal application, taking care of viable ailments, and curing them with herbal medication while the native doctor is more inclined to supernatural process and always associated himself with a form of worship.
- Faith healers: They are the trado-medicalists that believe that only one's faith in God or Supernatural Being/deity will cure him/her of any sickness. They hold that sickness and disease are results of guilt, they are healed through confessions, prayers, faith and drinking of water. They believe that pure water possesses spiritual power of healing (Madu, 2004).
- The bone setter: They consist of the local orthopedic healer(s) that is endowed with the gift of bone setting. In the Igbo society, certain families are endowed with the gift/spirit of bone setting. The bone setter can be male or female but the greater number of bone setters in the Igbo society consists of males.
- The native gynecologist and midwife: The native gynecologist and midwife are specialists (mostly without any form of formal education but as a result of experiences gained over the years) that render quality services during the period of child delivery or complications resulting in child birth. They are mostly women. However their were many adult males in this category in the pre-colonial society.
- The witch doctor: They specialize in curing wizard-caused diseases, most of them being formerly wizards and witches. The witch doctors are normally referred to as white witches (Nmah, 2008).
- The blood letter: The blood letter is a traditional medical specialist that uses razor or any sharp object to cut open some parts of the human body in order to let out impure or bad blood responsible for causing bodily ailments. After such exercise

letting impure blood out of the body, some medicines are normally applied to the affected body area in order to effect the desired cure.

- The traditional surgeon: The traditional surgeon works on delicate ailment that requires expertise. Such delicate ailments include *iwaakpu*, *igbapuotuto* (both translates to cutting open a boil) *ikwaonya*(stitching up wounds) and so on.

Nwala (1985) also identified six categories of *dibia* in the Igbo society. They are;

- *DibiaAgwu*- Is usually the one who works specially under the direction and influence of an *Agwu* which is the oracle that has the power of letting its owner get into hidden mysteries and develop faculties for divining the past, present and the future. Usually, the possessed man combines the work of divination with the work of a medical doctor.
- *Dibia Aja*- Is another of the same class except that he concentrates on the work of divination and also on performing sacrifice.
- *DibiaOhu*-These are the seers who may also be palmists. They forecast future events, read and reveal people's destiny. They are usually wandering native doctors.
- *DibiaOgalanmuo*-These are the *dibia* who commune with the dead and the spirits. They can change forms, as the Igbo believe and they can go to the land of the dead, commune with them, get messages from them and receive special powers from them. Very often, one sees such human beings walking around burial grounds with candles and other materials, very late at night.
- *DibiaNsi*-Prepares poison and other medicine for aggressive purposes.
- *DibiaMmiri*-The rain-maker (rain doctor)

Impact of African Traditional Healthcare in Treating Orthopedic and Paranormal Ailments

Cases of broken bones, legs and *nsi* ailments are daily occurrence of the Igbo/Africans. This may be attributed to their belief system that *ifeadiemenankiti* (nothing happens for nothing without a cause and prevalent accidents in the society. The high rate of accidents can be attributed to recklessness of motorcycle riders know as *okada*. In the event of accidents bones are normally fractured or shifted. With the wave of civilization, the first port of call is the hospital that specializes in orthodox medicine. Most times the wounds are treated but bone injury receives poor attention due to the inability of orthodox medicine to handle such cases. Testimonies abound on the success stories on the intervention of traditional bone setters in the cure of orthopedic problems that was not possible for

orthodox medicine to handle. Nwachukwu (2012) writes that

The use of traditional bonesetters to treat musculoskeletal injuries is also widespread in developing nations, particularly in Africa, Asia and South America. In Nigeria, traditional bonesetters provide from 70-90% of the fracture care in certain areas. The coexistence of traditional bonesetters and orthopedic care for fractures in Nigeria provides an opportunity to learn about the potential strengths and limitations of each method and to examine opportunities for cultural synthesis and collaboration (p, 4)

Edward, a banker of 36 years old had a fatal accident that almost cost his life. He was admitted in a hospital in Enugwu-Ukwu but when the director of the hospital observed that his bones were fractured, he transferred him to National orthopedic Hospital Enugu. He stayed in the orthopedic hospital for 12 weeks plus without any serious sign of improvement. Operations conducted, plaster of Paris (POP) used and nothing significant was observed in the healing of Edward. It came to a point that the orthopedic doctors suggested that his legs be amputated. His relations came and asked that he will be discharged. They took him to a traditional bone setter in Ifite-dunu in Anambra State. In less than 12 weeks, Edward's conditions improved, his legs started to function though he was using clutches to walk and he was discharged. Within the period of his check up, he gained full control of his legs. A man that the orthopedic doctors have written off his legs as dead was restored by traditional bone setters. What a great impact played by our traditional bone setters. Similar stories are a frequent occurrence in African society where the orthopedic doctor sees impossibility and a traditional healer handles that with great expertise to restore life. This is possible because the traditional bone setter just like the medicine man understands the psychological background of his patient as well as his worldview and tries to meet him at the point of his needs (Onunwa, 1990). He finds out the religious causes of illness or complaints and prescribes a cure which may include herbs, religious rituals and the observance of certain prohibitions such as abstinence from certain foods, sexual relationships and any other he considers appropriate.

Furthermore, Africans believe in the reality of sorcery, witches and wizards. They are those that utilize mystical powers for anti-social purposes in order to destabilize the harmonious interaction of beings. Metuh (1999) posits that

Unfortunately in some cases, people choose to transform the power of herbs, which God has put at the disposal of men, to wicked, evil purposes. The Igbo says: 'Ajommadubuajommuo', 'An evil person is an evil spirit'. Among the most feared people in the community are ndi n' akpansi or ndinaagwoajoogwu; both terms mean sorcerers, evil men who make medicine to hurt others...a sorcerer may hurt a person by ikonsi, administering some poisonous concoction secretly hidden in his food, drink, or spread in the air

which he breaths or left in his farm or house to affect him by some form of contact. (p. 127).

The phenomenon of pin casting *iyantutu* is real in some part of Igbo society. It falls within the occult and paranormal activities of evil men and women. An ailment of this nature is hardly cured by orthodox medicine. Therefore, the intervention of African traditional healthcare enables people to enjoy quality life and healing when confronted with challenges of this nature.

In Igbo society where this research was conducted, Chukwuebuka, a boy of 15 years from Ezeawulu village of Nibo in Awka South Local Government Area of Anambra State was a victim of pin casting. He was infested with about twenty small pins which were mysteriously inserted into his body. This almost took his life. Initially, it took the form of malaria attack with feverish conditions like cold, headache and body pain. He took drugs but no injection because of insinuations by some people that the feverish conditions looked as if he was infested with *ntutu* (pins). It is believed by some Igbo people that when one is infested with pins, and injection is administered, that the person will die. So, to be on the safe side, most individuals residing in the area where pin casting is rampant are very careful not to be injected with needles when they have feverish conditions. They will first of all check with the traditional medical practitioner to find out whether it is *ntutu* before commencing with any form of orthodox treatment. This was the case with *Chukwuebuka*. The family consulted the services of a traditional medical practitioner in Agulu who confirmed that he was actually infested with *ntutu*. As a result, he commenced with the treatment of pin extractions to keep the lad safe from the torments of infested pins. The act of inquiring first from the trado-medicalist showcased the belief the Igbo have on the reality of *nsi* syndrome and the position the trado-medicalist occupies within the Igbo/African society.

Conclusion

This paper emphasized in the strongest terms that African traditional healthcare which has been the institution through which African fathers enjoyed quality health and healing techniques has not be given its place in the globalize world. The paper therefore recommends that there is need for an enlightenment campaign targeted directed to the native doctors and traditional medicine men that will promote our traditional healthcare. Also, there is the need for government and non-government agencies to embark on massive re-orientation that will mould the minds of the Igbo people patronize and promote our traditional healthcare.

The secrecy surrounding the traditional practices such as *ogwu* (medicine) whether curative or aggressive, *dibia* (native doctor/medicine man) needs to be played down. This is because this secrecy creates a barrier for researchers from getting adequate and needed

information for researches as this.

The trado-medical doctors should make their discoveries open for public criticism and for improvement. The conservative and secret attitudes of the traditional practices should be discouraged and efforts should be geared towards making the traditional doctors to be ready to accept useful and constructive suggestions in order to enhance their image and products.

Sequel to this, there is need for government especially the ministry of health, ministry of culture and tourism, ministry of commerce and industry to join forces in financial assistance, training and re-training the traditional practitioners to enable them carry out their functions efficiently and effectively especially in the area of enhancement and preservation of human life. To achieve this there is need for government to embark on aggressive registration of the trado-medical doctors in order to give them a sense of belonging as partners in the business of saving life.

There is need to add in the school curriculum cultural studies and human relations subjects at all levels of educational system. This is because, a better knowledge of African (Igbo) values could bring corrective measures to the anti-social and anti-life mentality. It will boost the socio-religious consciousness African society.

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