

Issues of doctrine and reality in Christian attitude towards traditional medicine in Nigeria



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Among Nigerian Christians, there is a clash of doctrine and reality revolving around the question of the correct Christian attitude towards traditional medicine. The clash resides in the fact that, while most of them consult traditional healers, especially in critical health situations, some still hold that, using traditional medicine, contradicts the Christian faith. Employing the descriptive approach, this article attempted to reconcile the use of African traditional medicine with the Christian faith. This research found that Western missionaries condemned African healing practices, teaching that Christians should find healing only at the hospitals and in Christian prayer. However, African converts continued to rely on native healers, particularly for ailments for which Western medicine was ineffective – a practice which continues till date in Nigeria. Moreover, many Nigerian Christians, especially the Aladura group, still believe that sometimes ailments have supernatural causes, and therefore combine African and Christian methods for healing. This article postulated that this approach to healing is appropriate because it is not offensive to the Christian faith and provides alternatives for Christian patients.

Contribution: This article is a contribution in Christian ethics. It argues that a solution to the clash between doctrine and reality in Nigerian Christians' attitude to African traditional medicine is to adopt traditional African healing practices that are not offensive to the Christian faith.

Keywords: doctrine and reality; African traditional medicine; Western medicine; Christian missionaries and traditional medicine; Nigerian Christians' attitude to traditional medicine.

Introduction

At the advent of Christianity in Africa, the missionaries condemned African culture in its entirety, including its traditional healing methods. To the missionaries, the condemnation was in accord with the purpose of the missionary enterprise, which was to convert Africans to Christ from their heathen ways. African healing practices particularly contradict the missionary purpose in that they combine herbalism with spiritualism, thereby ostensibly involving the worship of multiple deities as well as ancestral and nature spirits. Hence, African traditional medicine was 'not in sync with Christian faith and morality' and was therefore branded 'as the devil's schema' (Omosor 2019:363). The doctrine that there is no link between Christianity and African traditional medicine was adopted by the native African converts – so much so that, to date, many Nigerian Christians find themselves in a dilemma regarding Christian attitude towards traditional medicine. In fact, some hold tenaciously to the teaching that healing through traditional medicine contradicts biblical teachings. Nonetheless, in critical health situations, traditional medicine is usually the saving last resort for most Christians. In this way, certain aspects of traditional medicine are rejected because they are believed to contravene certain Christian doctrines, but they are embraced by most Christians. There is thus a clash of doctrine and reality in Nigerian Christians' attitude towards traditional medicine. The issue revolves around the question as to whether it is right or wrong for a Christian to patronise African traditional medicine, especially in view of the 'mystical practices and ritual performances associated with it' (Omosor 2019:381). Employing the descriptive approach, this article examines this clash of doctrine and reality in detail, and attempts to reconcile the use of African traditional medicine with the Christian faith.

The traditional African health care system

The traditional health care delivery system in Africa is based on the traditional African conception of well-being. Unlike the Western world, where good health means the absence of disease or ill-health, in the worldview of Africans it implies all-round wholeness, that is, physical, spiritual,

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and psychological health. In other words, in Africa good health entails not only that a person is physically and mentally fit, but also that they are free from 'spiritual impediments or impurities' (Omosor 2019:370). Well-being is seen as an outcome of a good relationship between a person and his or her social, natural, and supernatural environment, while disease is the result of a disruption of this relationship (Tosam 2019:29). As expressed by Osawu and Kangpe (2019:72), in Africa, disease is perceived as 'an interruption in one's relationship with one's ancestors, divinities, and the community'. This means that, being unhealthy, refers not only to the presence of disease or ill-health but also to an imbalance in the spiritual or psychological state of being. Sometimes 'somatic manifestations of illness are merely symptoms of a spiritual pathology' (Tosam 2019; 22). In such a situation, the unhealthy person has been attacked spiritually, which is manifested in physical symptoms. Thus, in African conception 'a person with spiritual disturbance is said to be unhealthy' (Omosor 2019:22). On this, Juma (2013) aptly states that:

From the standpoint of an African worldview, the natural and supernatural are inextricably interwoven, and spirituality and health are strongly connected to the point where the human body and the soul are not viewed as separate entities. (p. 102)

Thus, from the African perspective, disruption of well-being can arise from natural or supernatural causes (Akpomuvie 2014:52; Tosam 2019; 2021). Natural causes of ill-health resonate with Western medicine which 'attributes illness to organisms' (Jegade 2006:176). Ill-health is also often caused by 'environmental hazards, improper dieting and harmful practices' (Omosor 2019:370). It is noteworthy, however, that in Africa, even when ill-health is caused by natural occurrences, it is still believed that a supernatural cause underlies the natural. For instance, if it arises from an accident, it is believed that certain evil forces must have caused the accident. Apart from this, Africans believe that a person may suffer sickness and misfortune 'because of supernatural activities' perpetrated by certain evil forces (Omosor 2019:371). Expressed in another way, for certain reasons, these forces 'may inflict a disease or some misfortune' on people (Tosam 2019:29). According to Omosor (2019):

The [supernatural] causes are unscientific, immaterial and beyond human rationality. [They are] only authenticated by subjective religious experience which eventually translates to collective, communal or cultural experience as it becomes widely shared and replicated among members of the culture [concerned]. (p. 371)

There are several types of supernatural forces that are believed to inflict sickness or misfortune on people, but magic, sorcery, and especially witchcraft are the most frequently talked about. It is said that 'magic is a two-edged weapon' in that it can be used for good and bad purposes (Omosor 2019:372). Magic involves the 'manipulation and control of supernatural forces ... for desired ends' (Omosor 2019:372). Witchcraft and sorcery are negative aspects of magic, often referred to as 'bad magic' (Ajima & Ubana 2018:3) and commonly believed to be employed by evil

people to inflict 'pain, sorrow, misfortune' and illness on their real and perceived enemies (cf. Ajima & Ubana 2018:3; Omosor 2019:373). Differentiating between witchcraft and sorcery, Evans-Pritchard (1937:9) states that 'a sorcerer uses charms, incantations or invocations' and spells intentionally, while a witch does none of all of these. Neither does he or she possess any medicine. Middleton and Winter (1942) opine that:

Witchcraft is part of an individual's being, a part of his innermost self, while sorcery is merely a technique which a person utilizes. Thus, in some societies, a person's witchcraft can operate at times without his being consciously aware of the fact that it is doing so. This can never be the case with sorcery; recourse to it must always be on a deliberate, consensus and voluntary basis. (p. 96)

In the belief of the Yoruba of south-west Nigeria, as in the tradition of most African peoples, 'there is no belief more profoundly ingrained than that of the existence of witches' (Awolalu 1979:75). To them are attributed all strange diseases, accidents, untimely death and all other misfortunes. To this end, Mbiti (1969:83) asserts that 'witches ... and sorcerers are the most hated persons in our communities'. Witchcraft, particularly, is the African 'traditional way of explaining the ultimate causes' of ill-health, misfortune and even death (Omosor 2019:372). This fact remains so in contemporary Nigeria where not only adherents of traditional religion but even Christians believe in witchcraft 'with great tenacity' (Adogbo 2010:89).

Disease and misfortune may also happen to people for 'infringing upon taboos' (Tosam 2019:30), as it is believed that such a violation 'may incur the wrath of the gods' (Omosor 2019:372). For example, there are taboos prohibiting the killing of certain animals or plants, 'hunting and hoeing during particular days or seasons of the year', et cetera (Tosam 2019:30). In African belief, taboos are sacred prohibitions meant to uphold the 'status of holiness in the society' (Adogbo 2010:100). Hence, it is believed that the breach of a taboo 'can provoke cosmic disequilibrium, which may cause people to become sick' (cf. Adogbo 2010:100; Tosam 2019:30). Furthermore, it is believed among African peoples that some wicked acts 'that negate the moral code of a community' attract the wrath of the gods and may cause illness or misfortune for their perpetrators (Omosor 2019:371). Such acts include stealing, murder, rape, adultery, among others. Similarly, failure to discharge required 'obligations owed to the ancestors may disrupt the well-being of the defaulters' (Omosor 2019:371). As further explained below, health issues arising from natural causes and those from the supernatural, require different therapeutic approaches for solution. While natural ill-health can be cured with orthodox medicine or herbs, supernatural ones would not go until spiritual means of treatment are applied.

To this end, the healing process is holistic, its purpose being to address all 'potential symptoms, worries, and fears of the patient' (Muchemwa 2023:1). As expressed by Tosam (2021:265), in traditional African medicine, apart from attending

to the ailing body part, the purpose of healing is also 'to repair a broken relationship', which might involve rituals to expiate certain spiritual forces in conjunction with the use of herbs. It is believed that treatment is incomplete until 'all the possible natural and supernatural causes of the disease' have been properly addressed (Tosam 2021:265). The process therefore involves the use of herbs, 'spiritual inquiry, manipulation of supernatural forces and mystical practices' (Omosor 2019:367). For this reason, scholars have identified 'three distinct, but overlapping components' in the traditional African medicine, namely divination, spiritualism, and herbalism (cf. Muchemwa 2023:1; Sadiku, Ashaolu & Musa 2020:123). Nonetheless, some scholars argue for two components in view of the apparent overlap between divination and spiritualism.

In African culture, divination is the diagnostic method of the traditional healer 'used for a wide array of inquiries' (Tosam 2021:270). It is not only a means to diagnose and treat ailments. Rather, it involves seeking information about the past, present, and future 'by consulting the spirit world' (cf. Ajima & Ubana 2018:3; Tosam 2019:33). In the healing process, divination is usually applied 'when the condition defies all conventional medical application' (Omosor 2019:368; cf. Tosam 2019:32). It entails 'consulting and communicating with spiritual forces', such as gods, spirits, and the ancestors (Sadiku et al. 2020:124). Diviners use several methods of diagnosis such as the manipulation of objects like stones, gourds, cowries, bones, water, animal parts, *et cetera* (Tosam 2019:33). In African thought, the use of divination is based on the belief that the information needed to solve a particular problem, sometimes 'lies hidden in the network of relationships' (Tosam 2019:33) between people, objects, and the dynamics that surround the problem. When divination reveals that the cause of an illness is supernatural, the condition 'must be treated by spiritual means', which may include animal sacrifice or other forms of sacrifices (Sadiku et al. 2020:124). The healer may also use talismans, charms, amulets, or a 'spiritual bath to drive the evil spirits away from the victim' (Sadiku et al. 2020:124). In the employment of all these methods of spiritualism, incantations often play a prominent role (Asongwe 2021:26; Sadiku et al. 2020:124). In Dime's definition (1995), an incantation is:

[A] formula of words written or delivered orally in poetic form to conjure up mystical forces into a medicine or ... to [cast] spells over a thing, a situation [or] a person. (p. 69)

Incantations are sometimes recited on charms prepared in form of a ring, an amulet, a girdle, and similar objects to achieve therapeutic purposes (Dopamu 2001:3). They may also be spoken directly upon an ailing part of the body, as it is believed that incantations are 'capable of healing both the body and soul of a sick person' (Osawu & Kangpe 2019:72).

Herbalism is 'the art and science of the prevention and cure of diseases' using natural substances (Awolalu 1979:74). Such natural objects include leaves, roots, barks, animal parts, and a host of others (Asongwe 2021:26; Omosor 2019:367).

At the centre of the health care system is the traditional health practitioner, popularly known as medicine-man or -woman – a reference to an herbalist, diviner or even a magician. In some ethnic groups, the same term is used to refer to the three personalities. For instance, the Yoruba use the term *onisegun* or *oloogun* for the three categories. Nonetheless, although their functions sometimes overlap, most often they differ significantly. Distinctively, an herbalist is one who extracts 'the medical properties of ... plants and animal substances ... for the treatment' of ailments in human beings (Omosor 2019:367). The primary task of an herbalist is to provide herbal medicine 'for the healing of physiological and psychological diseases' (Gabasiane 2013:87). A medicine-man or -woman is simply an herbalist if he or she dispenses herbal medicine 'without any religious connotations' (Gehman 1989:78). In the words of Dopamu (1979:4), an ordinary herbalist is not often 'interested in rituals or incantations'. That is in contradistinction to the diviner-herbalist who 'combines the art of making a diagnosis by [spiritual] means with that of treating ... with herbal preparations' (Staugård 1986:56). Diviners, on the other hand, 'are believed to communicate with' the spirit world on behalf of their clients and patients (Gabasiane 2013:86), as it is believed that 'the spirits give healing information' (Escobar 2007:613).

Herbalists usually acquire their skills through apprenticeship from elderly relations, such as their fathers or mothers, uncles or aunts, or other individuals, and the expertise is 'passed on from generation to generation' (Gabasiane 2013:87). In my own community in Yorubaland, certain aspects of herbal medication run through members of some families, such that some families are experts in bone setting, wound healing, and especially poisonous bites. Narratives abound of how diviners acquire their skills such as being 'called into their practice by a voice from the spirit world' or by means of some serious illness or through dreams and visions (Gabasiane 2013:87). Some forms of divination, for example the *ifa* divination among the Yoruba, are learned from experienced elderly diviners through apprenticeship (Gabasiane 2013:87). In the African health care delivery system, there is also usually collaboration among the experts to such an extent that, if a practitioner lacks knowledge in one area, '[they engage] the services of' a specialist in that area (Omosor 2019:368; cf. Tosam 2021:270).

Thus, in the belief of Africans, ill-health is mostly caused by spiritual forces, for which reason treatment often involves consultation with the spirit world. It was this nature of the African health care system that the Western missionaries found offensive to Christianity, which explained their negative attitude towards it. The section below examines the attitude of the early missionaries in Africa to traditional medicine.

Attitude of the missionaries to traditional medicine in Africa

The task of the missionaries was 'mainly the proclamation of the good news' to the peoples of Africa (Mulemfo 1995:345). These evangelisers, however, not only came to preach the

gospel but also 'to civilise' Africans (Hassan 2015:197), the latter role in which 'they were at one with the colonizing forces' (Hassan 2015:197). In actual fact:

[*The missionaries*] were indeed an important vehicle of [W]estern imperialism, which readily lent to the churches its wealth. They identified themselves with [*the*] colonizers, acted like Lords and rode on the powers of European states. (p. 197)

Being part of the European prejudice against Africans, the missionaries showed no interest in studying the culture, beliefs, and practices of the African peoples. For this reason, the early missionaries did not care to learn about 'the socio-cultural and anthropological' context of their converts (Gabasiane 2013:84). Also alienating the missionaries against their mission field was their background of western science, which conflicts with especially Africans' belief in supernatural powers. Because science deals only with physical matter, it excludes the metaphysical and supernatural, which 'effectively separates religion and science into two compartments' of faith and matter (Gabasiane 2013:84). This means that issues relating to spirits or ancestors, which are the centre points of African traditional religion and medicine, could not be comprehended by the missionaries.

The mentality of the missionaries was that Africans were idol worshippers, barbaric, primitive, and uncivilised people who did not know God (Adamo 2004:32–40). For them, therefore, evangelisation was synonymous with westernisation, that is, the replacement of 'the entire African traditional system with the western culture' (Omosor 2019:366).

Therefore, it is no surprise that, among the colonial heads and the missionaries, official disdain for African traditional medicine existed, by which they viewed even 'the use of herbs as fetish at best and evil in its worst' (Kasilo et al. 2019:7; cf. Mulemfo 1995:347). Nonetheless, the diviner-healers particularly drew 'the ire of Western missionaries and doctors' (Gabasiane 2013:84). According to Hassan (2015):

The missionaries viewed diviner-healers as purveyors of lies and fraudsters. The whole institution was targeted for eradication and extermination ... [*because*] the diviner-healers were believed to be capable of involving the spectacular and supernatural. They were the central in the execution of what missionaries called heathen rites ... Little wonder that throughout Africa, a holy war was openly declared and waged against the diviner-healers. (p. 196)

The diviner-healers were believed to be the producers of protective charms, the use of which the missionaries associated with idol worshipping. Therefore, diviner-healers and all those who used their products 'were worshippers of the devil' (Hassan 2015:196). This means that, as far as the missionaries were concerned, there could be no healing by diviner-healers without the patients being involved in fetishism and idolatry. Thus, by virtue of the complexity of its practice and procedures, which the Westerners did not care to understand, 'traditional medicine was vehemently denigrated, misrepresented and marginalised' (Asongwe

2021:32). Writing on the attitude of British colonialists in Tanzania towards the traditional healing methods, Langwick (2011:40) states that African traditional medicine was deemed completely illegal and wholly rejected.

Perhaps, the attack of the colonialists and missionaries on the African traditional health care system is best situated in the context of the introduction of Western medicine in Africa in the 1840s (Asongwe 2021:27). According to Akoda (2009:53), the 'earliest known source of orthodox medicine' in Nigeria came to Calabar in the south-south region in 1846 through the Presbyterian Mission of Scottish and Jamaican missionaries. Akoda (2009:53) notes that most of these missionaries acquired some knowledge of medicine before their arrival with the intent 'to cater for themselves and their families'. However, colonial and missionary expeditions into Africa came to require health services more than family needs, as the foreigners had a rather difficult time with what they called 'the extremely harsh diseased environment' (Adetiba & Msindo 2022:594). Moreover, the missionaries came to see 'medical missions [*as*] an integral part of their evangelism' (Adetiba & Msindo 2022:602). Believing that African medicine was founded on superstition and idolatry, they thought that the introduction of Western medicine would 'transform the African mind-set in terms of their use of medicine' (Adetiba & Msindo 2022:602).

Writing on missionary activities in the Southern Cameroons, Asongwe (2021:27) opines that with the establishment of biomedicine, the colonialists had the impression that they were presenting 'a benevolent European gift' to a people who had a heathen and primitive understanding of health care. To this end, hospitals were established 'as a form of Christian charity ... to help people in need' (Agbiji & Landman 2014:242). Its perceived purpose therefore was to improve the health of these pagans and bring them out of their primitiveness. In this way, Western medicine was presented as 'the only true and superior form of medicine' (Asongwe 2021:31).

The missionaries demonstrated this impression of superiority throughout Africa. For instance, in the Republic of Congo:

[T]he missionaries [*warned*] Christians about the dangers they would court in accepting heathen healing practices ... A Christian should find healing at the hospital and in Christian prayer. To seek it somewhere else is not compatible with the Christian faith. (Dalmalm 1985:109; cf. Mulemfo 1995:347)

The demonstration of the superiority of the European health care over the African system was also at play in Southern Cameroons, where the medical reports are replete with 'belittling and demonising' evidence (Asongwe 2021:32). The channel of opposition was not only the colonial authorities and the missionaries, but also the doctors and nurses who 'constituted the basic colonial medical personnel' (Asongwe 2021:32). In the first place, the 'colonial authorities were quick to accuse' traditional healers of being unhygienic in their treatment processes, and that their healing substances were 'rarely standardised

[as they] comprised a mixture of a variety of herbs' (Asongwe 2021:32). Nonetheless, the most substantial fact seems to be that, despite the acclaimed superiority of Western medicine, indigenous people, particularly those in the rural areas, continued to rely on the traditional healers. Several reasons accounted for this. In the first place, rural dwellers obtained traditional medicine 'at little or no cost' (Asongwe 2021:32) compared to the costly Western medicine. Another reason was the shortage or non-existence of medical facilities in African rural communities. For instance, in Nigeria, by the early 20th century, there were very few African medical staff, and 'the few Europeans [were] restricted to the city centres' (Adetiba & Msindo 2022:594). To this end, the burden of health care in the rural communities was largely borne by medical missionaries, but these were 'limited by financial, ideological, and environmental challenges' (Adetiba & Msindo 2022:595). Another very cogent reason Africans had to depend on traditional rather than Western medicine was 'the failure of Western medicine' in many instances (Adetiba & Msindo 2022:606). For example, when a plague was ravaging Ijebuland in Western Nigeria in 1929, the people had to rely on the traditional healers 'because the provincial health office [was unable] to control' the disease (Adetiba & Msindo 2022:607). Cases of mental illness, particularly, had to be managed by traditional healers, as they were 'generally neglected by colonial medical service' (Asongwe 2021:32).

The colonial authorities were not pleased with the continued influence of traditional medicine, and therefore sought ways to discredit and permanently eradicate it. Along with the introduction of the native authorities in Nigeria, rural health services were under the control of the local chiefs. It was the responsibility of the chiefs to use their native treasuries to fund rural dispensaries and hospitals, among other duties. The chiefs were also 'charged to control traditional healers' (Adetiba & Msindo 2022):

As leaders of the reconstituted native authorities, chiefs took up more responsibilities like encouraging some reluctant people to patronise medical facilities within their localities instead of preferring traditional healers. (p. 600)

The colonial authorities also fought African traditional healers through ordinances ostensibly 'introduced to regulate the public health' (Asongwe 2021:32). Two of such rules in Southern Cameroons, for instance, directly affected the traditional health care system, namely the Pharmacy Ordinance of 1945 and the Dentist Ordinance of 1954, both of which 'limited the activities of traditional healers' (Asongwe 2021:32). Some of the provisions of the Criminal Code on the preservation of human life, particularly, 'discredited traditional healers [and] criminalised traditional medicine' (Asongwe 2021:32). Asongwe (2021:32) opines that the colonial authorities saw traditional health care as a challenge to their intended monopoly; hence, the need to extirpate it. The ordinances were 'intended to fight competition between African traditional doctors and colonial health personnel' (Asongwe 2021:32).

Thus, the missionary doctrinal legacy is that African traditional medicine resonates with fetishism and idolatry, the use of which contradicts the Christian faith. In the section below, the article examines how this doctrine affects Nigerian Christians' attitude to traditional medicine.

Christian attitude towards traditional medicine in contemporary Nigeria

Perhaps, one can validly say that in Nigeria, there are no churches that have any official instruction on members' attitude to traditional medicine. In most denominations, 'the leaders are silent' on whether members should use traditional medicine or not (Ajayi, Kirika & Mavole 2019:55; cf. Gabasiane 2013:89). However, there are some where the teaching of the missionaries is generally upheld that the use of traditional medicine 'is tantamount to heathenism', and members are discouraged from using it (Agbiji & Landman 2014:244; cf. Ajayi et al. 2019:56). Omosor (2019:364) found that a substantial number of the mainline churches' members 'frown at the traditional healing system because it is fetish and therefore sinful'. According to Owumi, Raji and Aliyu (2013:24), based on this same premise, to many Nigerian Christians the use of traditional medicine contradicts their faith, for which reason they rely on 'the efficacy of prayers to solve all' their health problems. Criticising the traditional healing ministries in Nigeria, Amunnadi and Arum (2022:25) state that the use of traditional medicine is a 'resort to witchcraft and magical powers as sources of healing', which amounts to the worship of creatures instead of God, the Creator. Citing Deuteronomy 18:10–14, Galatians 5:19–21, and Revelation 21:8, the scholars point out that this act contravenes biblical injunctions against witchcraft and other occult practices. Abiaziem and Uma (2019) interacted with several church leaders on what ought to be the Christian attitude towards African traditional medicine. Almost all the respondents said Christians may use herbs provided they are 'not sourced from those who practice fetish things'. Abiaziem and Uma (2019) state that this proviso is based on the following belief:

[T]he practice of herbal or traditional medicine does not go without the invocation of some powers to make the medicine effective ... It is also believed that most people who trade in roots, leaves and barks are not allowed to do so unless they belong to some forms of associations tagged ungodly. ... [This is] why some Christians steer clear of patronising such herbal dealers. ... Christians [should] stay away from idolatry in form of traditional medicine. (n.p.)

However, despite these declarations, most Nigerian Christians take traditional medicine. They are thus not exempted from Gabasiane's finding (2013:89) that the 'quest for African traditional medicine is so strong that African Christians are not exempt from its drawing power'. To buttress this fact, Juma (2013:95) opines that many African Christians who go to church on Sunday 'at the same time consult traditional healers' when the need arises. Ajima and

Ubana (2018:4) are therefore correct when they write that a vast majority of Nigerians, including Christians of course, still have strong belief in 'the traditional practitioners for their health care needs', the evidence for which resides in the high degree of patronage. As a matter of fact, in Nigeria, as in most parts of Africa, many now see orthodox medicine and traditional medicine as complementary to each other (Agbiji & Landman 2014:244); hence, 'patients, whether they are Christians or not, visit these providers simultaneously' for their health challenges (Tosam 2021:271). The World Health Organization (WHO) has 'discovered that millions of Nigerians' still rely on traditional medicine, particularly those in the rural areas, even with the prevalence of Western medicine (Apenda & Adega 2007:152). As expressed by Oduma-Aboh (2020):

[Traditional medicine] is the source of health [care] delivery [most readily] available ... and affordable ... in our poverty-stricken age when the imported drugs are no longer affordable to the majority of Nigerians who need them due to prohibitive cost. (pp. 20–21)

Apart from the issues of cost and availability, there are other reasons why Nigerians, Christians inclusive, still cannot do away with traditional medicine. As extensively discussed in the first section of this article, Africans believe that most ailments have supernatural causes for which spiritual treatment must be sought. This explains why most patients consult traditional healer-diviners before or after receiving treatment through orthodox medicine for spiritual diagnosis and possibly further treatment. This attitude is informed by the belief that Western medicine usually 'does not treat the underlying [spiritual] causes' (Tosam 2021:266). Moreover, there are several conditions which orthodox medicine has proved unable to cure, with affected patients usually 'referred to traditional medicine for solution' (Ajima & Ubana 2018:4). This is always the case when an ailment defies orthodox treatment continually. It is also the case with issues such as complicated fractures which are usually managed by traditional bone-setters, who 'proffer solution to accident [cases requiring] amputation in orthodox medicine' (Ajima & Ubana 2018:4). Another area in which most Nigerians, including Christians, still depend more on traditional than orthodox medicine is that of mental illness, as mentioned in the preceding section.

The Aladura churches,¹ a subset of the African Initiated Churches (AIC), which originated in Yorubaland, adopt a unique attitude to traditional medicine, having drawn their 'ritual healing practices from the Yoruba worldview' (Ademiluka 2023:2). Arising from this African milieu, unlike the mission-oriented churches, the Aladura denominations take the problem of evil spirits, witches, and sorcerers as a reality (Johnson 2011:154) for which reason rituals take 'the major functional and elaborate aspect' of their healing practices (Ogungbile 1997:105). As in the African worldview, the Aladura believe that diseases have physical as well as spiritual causes and that those which have supernatural

origins can only be overcome by certain rituals, that is, sacred preparations popularly referred to as *eto* in Yoruba (Ademiluka 2023:2). Thus, this group of Nigerian Christians combine Christianity 'with the continued acceptance of local African spiritual explanations for ... illness' (Pfeiffer 2002:178). Gabasisane (2013:88) aptly captures their attitude to traditional healing when he states that 'the prophet healer or spiritual healer uses similar healing methods as the diviner and herbalist, except for the additional use of Christian prayer'. Some scholars have interpreted the Aladura methods of healing as 'a reaction to a modern healthcare culture that apparently ignores the religious value of the [African] health knowledge' (Agbiji & Landman 2014:244).

It has thus been demonstrated in this section that the missionary health practice, inherited by Nigerian Christians, cannot adequately meet their health needs, as it is insensitive to the African belief system on health care. Therefore, when occasion demands, Nigerian Christians must seek traditional 'means of responding to their health challenges' (Agbiji & Landman 2014:244). In other words, the negative missionary perception that African traditional healing methods amount to heathenism, 'created a new identity challenge' for Nigerian Christians (Agbiji & Landman 2014:244). This means that, not being totally convinced by the missionary doctrine, they have evolved new ways of dealing with their health problems by which they maintain 'their new Christian identity and their [African] culture' relative to health care (Agbiji & Landman 2014:244). This sort of clash between doctrine and reality in Christian attitude to traditional medicine is the burden of the following section.

Issues of doctrine and reality

As discussed in the preceding section, some Nigerian Christians still stick to the missionary doctrine that the use of traditional medicine resonates with idolatry. For this reason, some profess that, instead of taking traditional medicine, Christians should rely on orthodox medicine and prayers for their health challenges. This position is further strengthened by the belief that traditional medicine is inseparable from witchcraft and sorcery. The Bible recognises the reality of witchcraft, sorcery, and other mysterious powers. For instance, the Egyptian magicians competed with Moses, performing feats like those produced by Moses (Ex 7:11, 22; 8:7, 18, 19). The medium at Endor was a reality (1 Sm 28:11–15). In the New Testament, there are the encounters with Simon, the sorcerer (Ac 8:9–24) and Elymas, the magician (13:6–12). In Galatians 5:20, 'sorcery is listed among the works of the flesh' (Kibor 2006:157). Moreover, in modern times 'those who have been delivered from the power of witchcraft' testify that witches exist (Kibor 2006:156). The Bible, however, warns copiously 'and forbids the use of mystical powers' (Kibor 2006:157; cf. Ex 22:18). When the gospel was received in Ephesus, 'the magical charms and medicines of the converts were burned' (Kibor 2006:157; cf. Ac 19:18, 19).

Nigerian Christians are familiar with these teachings of the Bible; yet, as already reiterated, most of them take traditional

¹The term is used collectively for the Cherubim and Seraphim Church (C&S), the Church of the Lord (Aladura), Christ Apostolic Church (CAC), and the Celestial Church of Christ (CCC) (Ademiluka 2023:2).

medicine, especially when faced with the reality of need in relation to their health. Expressing this reality, Ajayi et al. (2019:53) state that when 'the problem with a [Christian's] health persists, and it seems healing is delayed, the Christian visits [a *diviner*] even when [they do] not believe in it'. The reality is also represented in the fact that most often, when Nigerian Christian urban dwellers fall sick and 'respected therapies fail, [they] go back to their ancestral homes for divination and treatment' (Tosam 2019:33). Also, as earlier mentioned, the reality of traditional medicine further resides in its proven efficacy, particularly in some areas in which orthodox medicine has been ineffective. Cases such as mental disorder and complicated fractures have been mentioned – the latter involving the expertise of bone-setters, the so-called 'traditional orthopaedics ... found in many towns and villages' in Nigeria (Osawu & Kangpe 2019:73). Osawu and Kangpe (2019) state that:

[Traditional bone-setters] are so good in their art that patients are ... often referred to them from hospitals.... What they do is to simply break the particular joint or part of the limbs of the hen or cockerel, which corresponds to the human victim's problematic area and then apply medication while massaging those points. As soon as the hen or cockerel is healed the human victim is correspondingly healed. (pp. 73–74)

Omosor (2019:373) narrated that, in his childhood days, he had a leg fracture and when 'all medical applications in government hospitals failed' he was cured by a traditional orthopaedic doctor, following the method explained above. Another area in which many Nigerian Christians have had to face the reality of the indispensability of traditional medicine, is that of barrenness. Omosor (2019) states that sometimes:

[B]arren couples look healthy and medical examinations prove them fertile and capable of procreation, but they cannot just make it real. What this may mean is that the couple is spiritually unhealthy and until ... their condition is handled in the African way, they cannot function normally and reproduce successfully ... Such is the reality of Africa and the Africans from which African Christians cannot be detached. (pp. 370, 374)

It is therefore inadequate to attempt to resolve the problem of Christian attitude to traditional medicine by simply proposing that Christians may use herbs for curing diseases, as this does 'not contradict the healings of Jesus ... But Christians must move away from anything that is contrary to the [healings] of Jesus Christ' (Ajayi et al. 2019:51). First, this proposition overlooks the areas in which traditional medicine has proved indispensable. It also raises the question of what is or is not in conformity with Jesus' teaching on healing. The following concluding section of the article attempts to resolve these issues.

Resolving the clash

To start with, it is not true that all forms of traditional healing involve consultation with spiritual forces. As this work has clearly indicated, there are herbalists who specialise solely on using herbs for treating ailments, and there are Christians who 'make use of [such] ... herbal medicine without any

problems at all' (Ajayi et al. 2019:56). The clash between doctrine and reality therefore resides with the involvement of spiritualism, which most Christians consider as contradictory to their faith. As earlier discussed, judging African traditional medicine against its religious context, educated Christian elite consider it primitive, fetish, and 'shrouded in secrecy' (Tosam 2021:275). Educated Nigerian Christians would expect traditional healers 'to explain or justify [their medicine] in the light of the rationality of modern medicine or science' instead of attributing the source to their ancestors or some spirits (Osawu & Kangpe 2019:74). As they cannot do this, traditional medicine is thought incompatible with the Christian faith. In the words of Onunwa (1988:56), associating the Christian faith with the Western world, some Christians 'unconsciously ... think that everything African is fetish, idolatrous, quack, and unchristian'. Nigerian Christians, however, should understand that not all phenomena fall within the purview of Western science; neither is science 'a single tradition nor the best tradition there is' (Feyerabend 1993:238). Harding (2007:164) acknowledges that it is no longer reasonable 'to assume that Western modern science is uniquely capable of telling the one true story about nature's order' because new histories have shown the richness of other traditions such as the Chinese, Islamic and others. Following this line of thought, the West and Africa belong to two distinct cultures, and each of them 'brings its own intellectual and cultural resources to bear on the construction of its knowledge system' (Tosam 2019:35). Tosam (2019) aptly captures the difference between Western and African traditional medicines when he states that:

Western science limits its conceptualization of reality merely to physical and measurable parts, and perceives disease as a mechanical dysfunction in need of repairs. [Conversely,] traditional healers claim to be [dealing with] ... beings [such as] mischievous spirits, troublesome devils, disgruntled ancestors, the embodiments of human jealousies and greed, [all of which] are not recognized by medical science, and the transformations that healers effect cannot be confirmed through biomedical procedures. (p. 35)

Hence, in the case of 'diseases that involve disembodied entities', Western medicine has made little or no achievement (Tosam 2019:37), which implies that certain 'health conditions require the African approach for a potent result' (Omosor 2019:379). Should Nigerian Christians then reject traditional healing methods because they do not fit into the model of Western science? What should be done, particularly in cases where 'many patients suffer and testify about paranormal diseases' (Tosam 2021:275), and cannot get help through biomedicine? It is at this point that most Christians affected, turn to traditional healers, as earlier pointed out.

But is it in conformity with biblical teaching for Christians suffering from paranormal or whatever diseases to submit themselves to the traditional healing process? To begin with, as has also been noted, the traditional healing process does not always involve spiritualism but sometimes only the use of herbs. Even the diviner-healer sometimes uses only material resources combined with certain rituals. An

important example here is that of the bone-setter whose method was explained above. The Bible warns against interaction with witches, sorcerers, and other occult powers but not the employment of rituals. Rather, the Bible itself contains many instances of ritual healing. The healing of Naaman by prophet Elisha comes to mind here, where Elisha instructed the leprous Naaman to go and bathe himself seven times in the Jordan river (2 Ki 5). Omosor (2019:378) notes the 'spiritual or religious implication' of the ritual of bathing seven times. More importantly, attention has often been drawn to the employment of rituals in the healings of Jesus. One that is similar to that of Elisha is the healing of the blind man in John 9:6–7, where Jesus mixed his own spittle with clay, applied the mixture to the man's eyes and told him to go and wash in the pool of Siloam. The man obeyed and regained his sight. Ademiluka (2023:5) notes two other passages where Jesus used the ritual involving spittle for healing, namely Mark 7:32–35 where he spat and touched the tongue of the deaf and dumb man, and 8:22–25 where 'Jesus spits directly on the blind man's eyes'. Jesus' employment of rituals for healing is one of the reasons why many scholars admit that he used healing techniques that 'were common to magicians' in the culture within which he operated (Cunningham 1990:17). Like Jesus' method, magicians 'might resort to physical means' including touching the affected part of the body with fluid, especially spittle (Smith 1993:128). In view of the similarity of Jesus' healing methods with those of his contemporary traditional healers, he was reckoned by many as simply another magician (Ademiluka 2023:5). That was why he was 'accused of performing miracles by the power of Beelzebub' (Dube 2018:6; cf. Mt 12:24; Mk 3:22).

It is therefore not correct to say that African traditional healing methods contradict the Bible. Rather than throwing away the baby with the bath water, it might be more realistic for the church in Nigeria to identify and adopt aspects of traditional medicine that are not necessarily offensive to the Christian faith. As Gabasiane (2013:90) puts it, the church should engage African traditional medicine and identify 'possibilities of cooperation ... between' it and Christianity (cf. Mulemfo 1995:354). This is a vacuum already being filled by AIC, particularly the Aladura² in Nigeria, as earlier discussed. '[F]inding legitimate support for their healing rituals in Jesus' miracles, Aladura prophets and prophetesses combine [prayers] with African techniques' of healing (Ademiluka 2023:6). Their approach represents the fact that, for Africans faith is not exclusively the requisite factor for 'assessing spiritual solution' (Omosor 2019:379), which is proven by the fact that 'desired effects are achieved [also] by the application of rituals' (Omosor 2019:379). Supporting this view, Muchemwa (2023:3) opines that the effectiveness of the Pentecostal healing methods 'may partly explain the growing popularity and demand for [religious healing] in Africa'. Thus, resolving the clash between doctrine and reality in Christian attitude towards traditional medicine in Nigeria demands that Nigerian Christians should identify and adopt its elements that are compatible with the Christian faith. When

2. That is, barring the excesses involved in their methods (Ademiluka 2023).

this is done, Christian patients who cannot find healing through orthodox medicine, and are not predisposed to visiting traditional healers, may find help from Christian religious healers.

Conclusion

Seeing African traditional medicine as an inextricable part of the traditional religion, the Western missionaries believed that African medicine was founded on fetishism and idolatry. Hence, they created official disdain for it, and in fact, made frantic efforts to eradicate it. The diviner-healers particularly drew the ire of the missionaries, seen as the ones with the ability to involve the supernatural in what they termed heathen rites. The missionaries believed that there could be no healing by the diviner-healers without the patients being involved in fetishism and idolatry. To this end, when Western medicine was introduced, they sought it to transform the African mind-set in terms of their use of medicine. Therefore, they taught their converts that Christians should find healing only at the hospitals and in Christian prayer because, seeking it through traditional medicine was incompatible with the Christian faith. The clash between this doctrine and reality, emerged when African Christians realised that Western medicine was ineffective in certain cases, for which they had to continue to patronise the native healers. To date, there are Nigerian Christians who still uphold the missionary doctrine that using traditional medicine is against the teaching of the Bible. Despite this, however, most Nigerian Christians resort to traditional medicine, especially in situations for which orthodox medicine is ineffective. Moreover, it is evident that most Nigerian Christians still believe that ailments may have supernatural causes, for which traditional medicine must be applied. Consequent upon this realisation, some Pentecostal groups, the Aladura in particular, combine Christianity with African spiritual explanations for the treatment of illnesses. In this way, many Nigerian Christians consider the missionary teaching on health care insensitive to the African belief system, and therefore inadequate to meet their health needs. They have therefore evolved new means of dealing with their health problems – methods that enable them to maintain their Christian and African identities at the same time. This seems to be an appropriate way of resolving the problem of Christian attitude to traditional medicine because it represents cooperation between African and biblical healing methods in a way that need not be offensive to the Christian faith. It also provides alternatives for Christian patients in that those who cannot find healing through orthodox medicine, may approach traditional or Christian religious healers.

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