



African Traditional Medicine: Its Potential, Limitations and Challenges

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Abstract

This paper is a commentary on the potential as well as its limitations and challenges for African traditional medicine. The term “African traditional medicine” (also called African folk medicine or African indigenous medicine or African ethno-medicine) as used in this paper refers to the indigenous medicine of Africa, based on traditional indigenous knowledge systems (traditional medicinal knowledge) and passed down, by word of mouth, from generation to generation within the particular indigenous community either along familial lines or traditional apprenticeships. This genre/system of medicine is reported to be the oldest of all the world’s medicine systems, having existed since time immemorial; in fact long before the advent of modern medicine. It continues to be used, in the treatment of diseases and illness, by a majority of the Africa’s indigenous populations especially in rural and peri-urban areas of sub-Saharan Africa that are characterized by poverty, low literacy levels, shortage of health workers, lack of allopathic medicines, as well as inadequate allopathic health services and facilities. Despite being the world’s oldest medical system, it has remained a cropper and the least established traditional medicine system in the world as well as the most rudimentary, informal, with lack of overall public acceptance. It is also plagued by lack of adequate governmental recognition and support. Which is in diametrical contrast with for instance its Asian counterpart (Asia’s traditional and alternative medicine). While the World Health Organization (WHO) has for decades now encouraged the use of traditional medicine especially in the developing world, WHO’s support is only for scientifically-proven traditional medicine. This is a tricky balancing affair because one of the major challenges that traditional medicine suffers is lack of scientific credibility for most of its claims. Which is attributable to the fact of it being primarily founded on mysticism, superstition, deity, magic, supernatural powers, as well as its being association (both real and presumed) with witchcraft, sorcery and wizardry.

Keywords

African traditional medicine, Potential, Limitations, Challenges, Africa, Sub-Saharan Africa

Introduction and Factual Background

General introduction and methodology

This paper is a commentary on the potential as well as its limitations and challenges for African traditional medicine. Being a commentary, it presents the author’s personal views on the subject matter. But it is also informed by survey of the existing literature, diverse documented views of other commentators, the author’s previous research, as well as the responses (views and information) of purposively selected respondents he contacted or interviewed in a period of seven months stretching from June 2021 to January 2022. The contacts were mainly through telephone as well as Whats App communication, except for a few physical interviews, and in respect of which the COVID-19 regimen of protocols were strictly observed. The physical interviews were conducted in accordance with the said restrictive protocols confined to Kenya where the author resides. This limitation on physical face to face contact was mitigated by the use of telephone and social media, hence did not significantly undermine the findings or research design of the research for this paper.

Definition of key terms

Gakuya, et al. [1] have reported that the term “traditional medicine” is a broad term incorporating various systems and forms of indigenous medicine. It is also referred to as folk Medicine or ethno-medicine [2]. The World Health Organization has defined the term as referring to the totality of health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercise, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being. Badal & Delgoda [3] have defined the term as ‘the sum total of the knowledge skills

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Accepted: September 28, 2022

Published online: September 30, 2022

Citation: Sifuna N (2022) African Traditional Medicine: Its Potential, Limitations and Challenges. J Healthcare 5(1):141-150

and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illness' It comprises health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercise, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being [4]. It is a system of health practice based on indigenous knowledge (also called folk knowledge, indigenous knowledge or ancestral knowledge) that has over a long span of time been passed on from generation to generation [5].

The term "African traditional medicine" (also called African folk medicine or African indigenous medicine or African ethno-medicine) as used in this paper refers to the indigenous medicine of Africa, based on traditional indigenous knowledge systems (traditional medicinal knowledge) and passed down, by word of mouth, from generation to generation within the particular indigenous community either along familial lines or apprenticeships. Its counterpart is also known by several names, namely modern medicine, orthodox medicine, biomedicine, allopathic medicine, conventional medicine, western medicine and European medicine. Unlike the latter whose medicines (allopathic medicines or biomedicines) are mainly bio-pharmaceuticals manufactured through industrial processes, traditional medicines are directly extracted from plants, animals or other components of nature. Further, while allopathic medicine focuses mainly on the physical and biological well-being, African traditional medicine is holistic in approach and embraces the physical, mental, spiritual and social well-being. Just the way allopathic medicine has bio-pharmacology with bio-medicines, African traditional medicine (ethno-medicine) has ethno-pharmacology with ethno-medicines (ethno-pharmaceuticals). Ethno pharmacology is the study of the indigenous drugs from plants and animals used in past and present cultures. Both ethno-medicine (indigenous medicine) and its ethno-pharmacology are based on traditional indigenous knowledge that has been passed down, by word of mouth, in particular cultural societies from generation to generation, often along kinship and familial lines- and remains largely either undocumented or unrecorded. On the origin of African traditional medicinal knowledge, the narration by Jackson Wasukira an elderly cultural enthusiast residing in Masaabal and in eastern Uganda in a Whats App communication to this author on 11th September 2021 was authoritative. Narrated what his grandmother told him about how the traditional medicinal knowledge in his ancestry was acquired, he reported as follows:

"Let me share something about African traditional medicinal research by our people of antiquity. In 1966, as a curious young boy, I asked my grandmother how they were treating themselves before the advent of hospitals. She narrated to me how her grandmother too passed on that information to her. That whenever they would spot a sick monkey left behind by others, they would hide around and wait for others to come back to tend to it. That they

would monitor which type of stuff would be applied on the sick monkey then they would take the direction where the monkeys came from and reach where they had excavated the roots or plucked leaves or barks. That by so doing they would have discovered the traditional herbs, which they would in turn administer the same to their sick humans."

The state and importance of African traditional medicine

African traditional medicine is as old as humanity, and has been reported by Ebu, et al. [6] to be the oldest of all the world's medicine systems. It has been used in the continent's healthcare (especially in the sub-Saharan region) since time immemorial. FAO [7] has opined that prior to western science and conventional medicine (orthodox medicine), medicinal practices were somewhat similar in many parts of the world. Mothibe and Sibanda [8] have reported that ATM has been used by African populations for the treatment of diseases long before the advent of orthodox medicine and continues to carry a part of the burden of health for the majority of the population; and further that it plays a role in health, in terms of preventive, curative and even palliative health care.' It has been and remains important in treatment and cure of diseases and illnesses, especially in the rural areas which are characterized by shortage of health care facilities, health care workers and allopathic medicaments. This system of medicine is, is undeniably important in treatment and cure of diseases and illnesses in the rural areas which are characterized by widespread poverty as well as a shortage of health care facilities, health care workers and allopathic medicaments. Despite this fact, it remains the least established traditional medicine system in the world and has remained rudimentary, informal and with little and sometimes no governmental recognition, endorsement and support; as well as lack of overall public acceptance. This is in diametrical contrast with unlike Asian traditional and alternative medicine. It is largely due to those factors that Africa's traditional medicine has remained a cropper, yet it is an important source of health care for its inhabitants, and especially the pre-dominantly poor populations in sub-Saharan Africa [9].

Banquar [10] has reported that traditional herbal medicines, for instance, play a vital role towards the well-being and development of rural populations, and that herbal therapy although still an unwritten science, is well established in the indigenous people's cultures and traditions and has become a way of life for almost 80 percent of the people in Africa. Further that many diseases which could not be cured by the allopathic or other systems of treatment have been cured by African traditional medicine. This view is corroborated by Kipkore, et al. [11], who have reported that traditional medicine remains an important component of the healthcare in sub-Saharan Africa largely due to the prevailing poverty, inadequate health services and shortage of health workers. Uprety and Asselin [12] for their part have reported that medicinal plants have been used in traditional healthcare systems since prehistoric times and are still the most important healthcare source for the vast majority of the population around the world. They further estimate that

70 to 80 percent of people worldwide rely on traditional herbal medicine to meet their primary healthcare needs. This traditional herbal medicine can be an important driver in the primary health and even in the curative health of the predominantly poor, less literate and unsophisticated setting of the rural populations. This is not only for reason of being cheaper and more accessible than biomedicine, but also for reason of being based on traditional knowledge systems that have endemically existed in the local communities for generations. Given that it does not require the technological sophistry of modern medicine it is more convenient and adapted to the circumstances of the largely traditional African setting/environment.

Akerele [13] has further added that that the WHO has for decades now encouraged the use of traditional medicine especially in the developing world, by incorporating its useful elements into national health care systems [14]. It is worth noting however, that WHO's support is only for scientifically-proven traditional medicine. This is a tricky balancing affair because one of the major challenges that African traditional medicine suffers is lack of scientific credibility for most of its claims. This can be majorly attributed to the fact of it being primarily founded on mysticism, superstition, deity, magic, supernatural powers, as well as witchcraft, sorcery and wizardry. Be that as it may, traditional medicine has been the subject of interest and has received formal recognition at the local, national level and even the international level. Rasamiravaka, et al. [15] have observed that 'African traditional medicine is characterized by a belief in the supernatural as a cause of illness, divination as a diagnostic tool, and the ritualized use of a wide variety of plants and animal-derived agents in its treatment'. Noting that traditional medicine as an alternative and complimentary therapy is gaining prominence in primary health care worldwide, Adeniyi, et al. [16] attribute this largely to its efficacy in the management of mild as well as chronic and seemingly incurable diseases and ailments. Admittedly, it remains the most affordable and easily accessible medical care in many poor countries across the world, especially sub-Saharan ones. Azaizeh, et al. [17] have on their part reported that about 80 percent of the world population depends on traditional medicine.

The formal international recognition of traditional medicine as a source of health care dates back to the 1970s and were spear-headed by the World Health Organization (WHO) [18]. These efforts begun when the 30th World Health Assembly (WHA) of the state parties of the WHO held at Geneva from 2nd to 19th May 1977 unanimously recognized the importance and role played by traditional medicine in the health systems of developing counties, and the need to mainstream it. The Assembly urged member states to promote it. This was in 1978 followed by a call to governments in their national drug policies and regulations to give priority to utilizing traditional medicines [13]. This call was made in the 1978 Alma Mata conference. This was the International Conference on Primary Health Care held the Alma Mata Kazakhstan from 6th to 12th September 1978. The conference even adopted a Declaration of Principle named The Alma Mata Declaration. Those resolutions and recommendations

regarding traditional medicine were re-affirmed at the WHO's 40th World Health Assembly at Geneva held from 4th to 15th May 1987.

The Potential of African Traditional Medicine

Traditional medicine as an alternative and complimentary system of is an opportunistic branch of medicine. Opportunistic or opportunist in the sense of thriving on the failings, challenges, inherent weakness and disadvantages of allopathic medicine and the conventional health care systems [19]. One of the reasons why traditional medicine flourishes over conventional medicine is the fact that with continued use of biomedicines (pharmaceutical drugs), many patients and pathogens develop resistance to them (drug resistance). Besides there are diseases and illnesses that have defied conventional medicine e.g. cancer and HIV/AIDS and certain mental illnesses. While allopathic medical practitioners classify them as incurable, their traditional medicine counterparts claim cure of all diseases including these "incurable ones". Therefore, such diseases and illnesses are better left to traditional medicine.

It also has several advantages over allopathic medicine. These include the following: Even when traditional medicines do not provide the claimed cure, they can still alleviate the symptoms of the disease; since they are natural elements and components, traditional medicines have less side effects as compared to allopathic medicines (biomedicines or pharmaceutical drugs); traditional medicines are more affordable than most allopathic medicines; traditional medicines are largely non-prescription, hence they do not need prescriptions to be dispensed. For this reason, they are easy to obtain; they are mostly existing in their natural state hence cost less to extract as opposed to pharmaceuticals or biomedicines which are developed and manufactured through industrial processes by licensed pharmaceutical companies hence cost more as the research, development, manufacture, marketing and other incidental costs have to be factored into their prices.

Despite its numerous challenges, African traditional medicine is nevertheless effective

Despite the numerous problems and challenges that African traditional medicine faces, discussed later in this paper, it is nevertheless effective in the cure of diseases and illness [16]. In their study of traditional herbal medicine in the Marak wet community of Kenya in East Africa, Wanjohi, et al. [20] have identified the following 25 diseases for which cure is claimed: Malaria, diarrhoea, chest problems, typhoid, diabetes, pneumonia, arteriosclerosis, meningitis, arthritis, trachoma, smallpox, rheumatic fever, gout, flu, mumps, tuberculosis, skin rashes, stomach ache, tetanus, blood pressure, dental problems, backache, and heartburns. Similar findings were made in the research for this paper. Several respondents interviewed by this author have claimed it can cure some allegedly diseases that are allegedly incurable, or those that allopathic medicine has been unable to cure. Even when traditional medicines do not provide the claimed cure, they can still alleviate the symptoms of the disease. Indeed,

traditional medicine is result-oriented and has no idea of terminal malaise; unlike biomedicine, that has categorized some diseases and ailments as terminal and incurable. In this category falls: Cancer, HIV/AIDS, leukemia, sickle cell anemia, schizophrenia (including Alzheimer's disease), Hepatitis B, mental dementia, and senility. Even when they do not provide the claimed cure, it can still alleviate the symptoms of the diseases. During interviews for this paper, Mr Sasaka, a herbalist based in Webuye Bungoma County of Kenya boasted of therapeutic success in virtually all diseases including venereal diseases (sexually transmitted diseases, especially syphilis and gonorrhea), diseases such as leprosy, asthma, tuberculosis (TB) and even allegedly terminal incurable diseases such as HIV/AIDS and cancer; as well mental illnesses, especially those resulting from supernatural and spiritual etiological agents such as curses, bad omen, witchcraft, black magic and malevolent ancestral spirits.

Traditional medicines are less toxic and have less side effects

Traditional medicines are extracted from plants and natural elements, hence have less side effects as compared to allopathic medicines (biomedicines/pharmaceutical drugs) [10]. This is because unlike the latter that are manufactured through industrial processes by use of chemicals some of which may have high toxicity, traditional medicines such as herbs are for the most part liquid concoctions arising from mere mixing of certain natural extracts with liquids such as water, honey or milk; or powder obtained from the mere crushing of solid matter. Some of those chemicals have adverse side effects such as renal disfunction, hepatic disfunctions, cardiovascular disorders, gastrointestinal disorders, blood disorders, and even chemical poisoning. Other common side effects include hypersensitivity, nausea, vomiting, dizziness, vertigo, insomnia, diarrhoea and headaches. These are common to both biomedicines and traditional medicines. Notably, as for pharmaceutical drugs, their descriptions, compositions, pharmacology, pharmacokinetics, contra-indications and side effects are usually documented. For traditional medicines these aspects of them are often undocumented and even unknown; hence the problem of toxicity could still be higher; as being informal medicines, they are usually not subjected to prior or pre-administration toxicity evaluations. This is especially the case in jurisdictions where due to legal prohibitions in their laws, traditional medicine is still a clandestine sector or underworld. Nevertheless, being direct extracts from natural material, they are less likely to be toxic as compared to pharmaceutical drugs. It is issues of toxicity that have largely necessitated the need for alternative and complementary medicine systems such as acupuncture. This is also one of the key drivers of the growth of these two systems of medicine in Asia especially.

Affordability and ease of accessibility

Allopathic medicine (western medicine) is based on science, infrastructure and costly hospital-based curative care that puts undue premium on expensive technology and the meeting of international health standards whilst ignoring local disease problems. Besides, since there is no

regulation on pricing and is suited to the economic reality of the economically vulnerable countryside and a majority of the populace. For instance, the fees and charges by African traditional medicine practitioners are relatively lower and even much lower than those charged in allopathic medical care facilities and biomedical pharmacies. One of the contributing factors for this affordability of African traditional medicine is that it utilizes indigenous knowledge in the indigenous local communities to meet the health care needs of the people of these communities [21], and is based on community philanthropy of alleviating pain and suffering and achieving the public and community common good rather than profit-making. It is also attributable to the fact that African traditional medicine does not require extensive or fancy infrastructural outlay as does allopathic medicine and practice. The later requires extensive, expensive, elaborate and structural infrastructure hence requiring huge financial and technological commitment. Pillsbury [22] has reported that even where such health infrastructure (hospitals, dispensaries and health centers) exists, they suffer from shortage of trained health workers, inadequate supplies and poor management; all translating into non-availability of services. The same is the case with traditional medicines. They are more affordable than biomedicines (allopathic pharmaceuticals) [20,23]. They being largely non-prescription do not need prescriptions to be dispensed, hence they are easy to obtain. Besides, since they are mostly existing in their natural state hence cost less to extract as opposed to pharmaceuticals or biomedicines which are developed and manufactured through industrial processes by licensed pharmaceutical companies hence cost more as the research, development, manufacture, marketing and other incidental costs have to be factored into their prices. Traditional medicines are more available in society and traditional medicine has more practitioners (traditional medicine practitioners) than conventional medicine.

Regarding its accessibility as compared to allopathic medicine, Sindiga [24] has noted that traditional medicine is usually decentralized in the sense of being everywhere in the community, hence is available everywhere, unlike in the case of conventional medicine where people have to travel to urban areas and built-up areas to access healthcare- which is time-consuming, inconvenient and costly. Moreover, it is socially acceptable to the community where it is applied, hence has a wide spatial coverage in terms of access, as each community has its own traditional practice, ethno medicines and ethno-pharmacopoeia.

African traditional medicine does not require advanced scientific knowledge, technology and technical know-how

Another comparative advantage of African traditional medicine over the allopathic or conventional medicine system, is that unlike the latter, it does not require complex scientific knowledge and technical know-how or technological sophistry of the latter. It utilizes indigenous knowledge in the local communities to meet the health care needs of the people of these communities [21], hence is simple and does not require the technological sophistry of the modern

biomedicine. This is knowledge that has, already stated in this paper, been passed down the cultural-ethnic lineage from generation to generation. This is unlike allopathic medicine (actually western medicine), that is primarily based on science, infrastructure and costly hospital-based curative care that puts undue premium on expensive technology and the meeting of international health standards whilst ignoring local disease problems.

Allopathic medicine is largely clinical in approach, while African traditional medicine is primarily holistic in approach

While allopathic medicine is mainly clinical-based and views disease and illness in terms of organical malfunction, African traditional medicine for its part is holistic in approach and views disease and illness to be disequilibrium of social groups with environment. Unlike conventional and biomedicine, African traditional medicine attempts to provide therapy for supernatural and spiritual etiological agents such as curses, evil spells and bad omen. Conventional medicine has no similar belief system and is more biological and scientific in character; based on science concepts and scientific method for all its claims. The closest it comes to African traditional medicine is perhaps with regard to psychosomatic and psychiatric ailments. Its cure claims unlike allopathic medicine cover diseases and illnesses arising from spiritual and supernatural causes. Notably, traditional medicine practice primarily comprises application of medicaments from natural extracts and appeal to spiritual forces [6]. In African traditional medicine, the aetiology (etiology) of diseases and illnesses incorporates social, cultural, supernatural as well as spiritual factors and causal agents.

With its afore going profiler, African traditional medicine can be a significant contributor not only to Primary Health Care and Universal Health Coverage (meaning medical/health care for all), but is also one of the 2030 Sustainable Development Goals (SDGs), which emphasizes having all people receive the quality health services they need without financial hardship.

Problems, Challenges and Limitations of African Traditional Medicine

As already stated in this paper, African traditional medicine has typically several problems, challenges and limitations that have resulted in, it remaining rudimentary, archaic and informal; and unable to keep up with scientific and technological development. The most common and widespread among them are following: Lack of formal education and professional training; proneness to inaccuracies in diagnosis; skepticism and reluctance in accepting it; preference for allopathic medicine; lack of quality standards and quality control; lack of documentation and health records; lack of good will between African traditional medicine practitioners and their allopathic counterparts; stiff competition from foreign traditional medicine; anxiety and eagerness of former to divulge medical secrets and knowledge; its being largely founded on superstition and the supernatural etiology of diseases and illnesses; the

malevolent use of African traditional medicine. These are discussed below:

Lack of formal education and professional training

Currently African traditional medicine is predominantly informal and is presumed to require no prior formal education or professional training for its practitioners, hence is prone to quackery and deceit; and the flourishing of unsubstantiated medicinal claims by practitioners. On this point, Sankan [25] has reported that there are two parallel systems of African traditional medicine, namely, the “genuine medical practice” and the “deceptive medical practice”; and observes that while the former is based on actual traditional knowledge, the latter is based on deceit and trickery, and is meant to exploit and fleece the public. In other words, the latter is a conduit for unjust enrichment. Notably, even the apprenticeship undertaken by apprentices under traditional medicine practitioners is usually not accompanied with formal training as there are no formal institutions for formal training in African traditional medicine. Establishing such institutions will be important in terms of imparting knowledge and capacity-building. Recently, there was an unverified report on social media that a University in the Ukambani region of Kenya, has proposed to start a degree programme in witchcraft. Even though that report remains unverified, it would have made more sense if that proposal was for a curriculum in traditional medicine instead of witchcraft [26]. The Ukambani region where the University is located is, for instance reputed for being inhabited by some of Kenya’s finest traditional medicine practitioners. This is information in the public domain, and was independently verified by this author in interviews for this paper. The public media is awash by promotional advertisements by them.

Proneness to inaccuracies in diagnosis

Due to its informal character, as well as lack of educational and training requirements, African traditional medicine is prone to inaccuracies in diagnosis. This is a major problem as treatment depends on diagnosis, in that a wrong diagnosis such as the ones by its practitioners which are largely based on guesswork and generalization can lead to wrong treatment, hence curtail the healing of diseases and illness. Indeed success in treatment will depend on proper diagnosing. This is complicated by two factors. First, the fact that African traditional medicine is focused on disease symptoms and cure rather primary health (general health); being reactionary rather than proactive. Secondly, most of its etiology and curative claims are largely based on mysticism, spiritual, superstition and supernatural forces hence it is not capable of rational validation. With such amorphous and anomalous concepts, diagnosis can be problematic.

Skepticism and reluctance in accepting it

Although African traditional medicine received international and even nationally recognition many decades ago, in many parts of the world its growth and development has been stifled by the skepticism and reluctance by governmental authorities and even the general public in

accepting it; who have often doubted and challenged the knowledge and claims made by its practitioners and some segments of the community. This slow growth is attributable to, among other factors, skepticism and lack of public information on this system of medicine. These two factors are largely due to perceptions arising from social transformations resulting from western civilization and Christian dogma that associate it to primitivity and evil, especially its being associated with witchcraft and black magic. Githae [23] has reported that African traditional medicine has long (since the colonial times) been associated with witchcraft and black magic. This is probably why it is sometimes referred to as “witch medicine”. While this is a misperception, it nevertheless not only affected its development but also its public acceptance by governmental authorities and even the general public. This is complicated especially by modernity, religion (especially Christianity) and social transformations that are predominantly fashioned on American and European civilization and concepts.

Commenting on these negative attitudes, Gathara [27] and Harrington [28] reported that Jomo Kenyatta, Kenya’s founding President in 1969 condemned traditional healers by describing them as ‘lazy cheats who want to live on the sweat of others.’ For his part, Harrington [28] observed that such attitudes are ‘prevalent in contemporary times, particularly amongst medical professionals and evangelical churches of urban slums that often condemn the practice [traditional medicine practice] as ungodly; a view born from their missionary founders who ardently opposed native practices.’ Admittedly, from colonial times to this post-colonial era, traditional medicine is viewed as a cultural artefact or object of curiosity rather than a serious medical enterprise or health system deserving of the official recognition, promotion, marketing, and financial support of Government. Such harsh judgments, disdain and indictments on traditional medicine are illustrative of this fact. Another case in point was a recent testimony of one of Africa’s pioneer Surgeons of the 1960s Dr Jacob Bodo (now aged 84) of Aga Khan Medical School in Kenya. In his valedictory speech early this year, he narrated his experience at The Royal College of Surgeons in Scotland in 1967, where he had joined to become a Fellow. His was an account that exemplifies the contempt and disdain with which traditional medicine practitioners (and particularly witchdoctors) are perceived by their counterparts of contemporary medicine practice. He narrated as follows:

“Becoming a Fellow of the Royal College of Surgeons meant a lot to me. But I remember one examiner asked me, who have you worked under? When I told him the name, he said: Do you know one of these days we shall examine witchdoctors? I did not pay attention to that, having worked in Nairobi I was used to that derogatory language.”

The legal prohibition on killing of wildlife

Apart from herbs, the other important source of extracts for traditional medicines is animals (both domestic stock and wildlife). While extraction of material from domestic has no problems, extraction from wild game is problematic and faces logistical and even legal challenges, especially where

it involves off-take i.e., the killing of the same. Indeed some wild animals are known to be of medicinal value with their body parts being used in African traditional medicine for cure of diseases and in biomedical for manufacture of drugs; such humans especially in rural areas of Asia and Africa usually use game traditional medicines for their health care. Krunk [29] for instance reports that several wild animals are popular for their supposed medicinal properties, with parts of some of them being used either in witchcraft or traditional medicine. These two uses cannot be practiced in countries that have outlawed hunting or the killing of wildlife generally. In such countries therefore, the only non-consumptive uses of wildlife such as viewing and non-consumptive socio-cultural and spiritual uses may be exercised, and not the consumptive ones. On the use of wildlife in African traditional medicine this author has in a related study reported the following uses: Sniffing of burned ash of the rhino horn to arrest nose-bleeding; swallowing a mixture of crushed powder of the horn with milk to cure asthma; ingestion of crushed rhino horn as an aphrodisiac; applying of crocodile body fat on human body to cure skin ailments; the private parts of a female crocodile are cooked and mixed any food and secretly fed adulterous husbands to wean them from adultery; smearing of the lion’s body fat on one’s body to keep away their creditors as it is believed that the scent evokes an aura of fear; drinking of the elephant’s urine to cure asthma, and its semen to cure impotence among the old men; burning the dried skin of the Bush baby near a child and having the child inhale the smoke is believed to give protection to the child against the evil powers of the sorcerers; a portion of the Bush baby’s dried meat cooked together with certain herbs and the soup given to an epileptic to drink over a prescribed period as a cure for epilepsy [30-32].

African traditional medicine is often associated with witchcraft and black magic

As already noted in this paper, African traditional medicine is, from earlier times to date, often associated with witchcraft and black magic, which are practices that are by law prohibited in many African countries, hence illegal. Such that in these jurisdictions it is unlawful to practice or promote witchcraft or possess witchcraft articles and paraphernalia. This means that it is only the beneficial use of traditional medicine (especially its beneficial use of treatment and healing) that is lawful and legally permissible, and not its harmful use for evil or malevolent use. Such malevolent use is usually calculated to cause suffering and misery, and therefore undesirable.

Lack of good will between traditional medicine practitioners and their allopathic counterparts

There is lack of good will and association between traditional medicine practitioners and those of allopathic medicine. This has resulted in there being little or no interactive intercourse between these two systems of medicine. Yet such intercourse can spur the mutual growth and development of both, and vice versa [33]. After all, some of their medicaments for instance are from same sources. CTA [34] has reported that apart from providing medicinal

herbs for traditional medicine, extracts from certain plants are used by pharmaceutical companies in the manufacture of medical drugs; hence their use in modern medicine. With such intersection, interactive intercourse between these two systems of medicine is most desirable. This intercourse can be in terms of referrals, association, co-operation and other collaboration. These can be in the areas of research, training and even capacity-building with regard to preventive health care, curative health care, palliative health care, and even public health (primary health care). It could also take the form joint ventures such as: Joint surgical operations by medical surgeons and their TM counterparts (the traditional surgeons), as TM practice has a surgery specialty; joint research on medicines between biomedical pharmacologists and their TM counterparts (e.g herbalists), as TM has a pharmacology specialty; joint orthopedic procedures between medical orthopedics and their TM counterparts (e.g bone-setters), as TM has orthopedic specialty; joint programmes between psychiatrists and their TM counterparts in the treatment and management of mental illnesses and psychiatric cases, as TM has a psychiatric specialty; or joint deliveries by medical midwives with their TM counterparts (traditional birth attendants- TBAs), as TM has an obstetric specialty. Sindiga, et al. [24] have noted that what is required is collaboration rather than incorporation of the two health systems, and that collaboration is achieved when the two make referrals to each other on a routine basis.

The major challenge to this interactive intercourse will be the fact that the traditional lot: Lacks formal training; lacks requisite pre-practice registration; lacks professional boards to regulate its practice, punish wayward members, or enforce professional standards and ethics. Most of them are quacks and deceitful, and use lofty titles (and some instances scary titles). The common ones are: “doctor”, “professor”, “prophet”/“prophetess”, “servant”, “seer”, “exterminator”, “black jesus”, “god”, “jehovah”, etc. Note this author’s deliberate use of a small letter instead of a capital letter for purposes of emphasis. They employ this kind of craft to exploit and take advantage of desperate and vulnerable, in dire need of treatment and medication. To stem this quackery and craft, there is need for interactive intercourse (and association) between allopathic medicine and African traditional medicine, or allopathic medicine practitioners (health professionals) and their traditional medicine counterparts in terms of collaboration, co-operation, joint ventures, or even just mere mutual recognition between them; can be problematic and even elusive.

Stiff competition from foreign traditional medicine

African traditional medicine faces stiff competition from foreign traditional medicine practitioners and traditional medicines, especially from Asia. Unlike African traditional medicine, which is archaic, rudimentary and lacking governmental recognition and support, its counterparts from the continent of Asia (particularly Chinese and Indian traditional medicine) are more developed and enjoy governmental support especially in terms of formal

recognition and even financial support (including research and subsidies), hence are more competitive than Africa’s.

Anxiety and eagerness of traditional medicine practitioners to divulge medical secrets and knowledge

Unlike their allopathic medical counterparts who keep key medical secrets and information, their African traditional medicine practitioners are less bothered about intellectual property protection, and are in the spirit of African generosity or sheer ignorance, eager and anxious to divulge their traditional knowledge and key medical secrets of their practice and medicines. With regard to intellectual property secrets, the rule is “publicize and perish” rather than “publicize or perish”. The readiness to divulge medical secrets and knowledge foments infringement of intellectual property of African traditional medicine.

Preference for allopathic medicine

In modern Africa, allopathic medicine is generally considered to be superior to African traditional medicine and therefore perceived as the mainstream health care system; while the latter is considered primitive and supplemental as well as inferior to it. The same is the case with ethno medicines, which are considered to primitive and inferior to biomedicines (pharmaceutical medicines). This view misconceived and is largely due to the fact that Africa’s contemporary society is predominantly elitist and westernized and influenced by American and European civilization and concepts; which is pretentious as it is a typically indigenous African society trying to be more American than the Americans themselves, and more European than the Europeans themselves. The Asian scenario is in diametrical contrast with the African scenario, in that the Asian society has largely remained Asian, promoted Asia and all that is Asian. This is what has helped Asian traditional medicine to develop in leaps and bounds, unlike African traditional medicine that has for centuries remained a cropper.

Lack of quality standards and quality control

Allopathic medicine practice and biomedicines, are required to meet certain quality standards and undergo rigorous quality control and assurance testing by designated regulatory agencies and facilities, as well as peer review mechanisms. While individual countries have their own national standards and agencies, there are also international standards set by international entities such the World Health Organization (WHO). Unlike allopathic medicine and biomedicines, traditional medicine practice and ethno medicines lack quality standards and quality assurance. In relation to quality standards, one of the major problems of ethno medicines (such as herbal medicines) its lacks of own pharmacopoeia (an official publication containing a list of medicines with their effect and directions for their use), unlike its counterpart biomedicine which has a drug index (Codex). Its lack of quality standards, quality control and quality assurance has resulted in some of its practitioners and even usual hawkers peddling its products- many of which

have no known or proven therapeutic capability, or whose toxicological profile is not known. Many of its medicaments (traditional medicines) are produced by poor standards of preparation, or have poor harvesting and storage conditions. Conventionally, for any medicament to be acceptable for use, it needs to satisfy three internationally endorsed essential criteria, namely: *It ought to be capable of being sufficiently; it ought to be safe for use; and it must therapeutically effective* [35]. Indeed traditional medicines, like allopathic medicaments, should comply with these criteria.

Traditional medicines are usually in the form of bitter-tasting concoctions compared to biomedicine's more patient-friendly medicine forms such as tablets, capsules and syrups some of which are even blended with sweeteners [36]. A respondent the author interviewed in Shaka we region of Botswana, revealed that there is a belief in Africa, that sweet medicines are more sympathetic to the disease-causing agents, while bitter medicines act ruthlessly on them, hence the preference for the latter. While there is no scientific support for this belief, it is psychologically persuasive and is one of the main reasons why traditional medicines are usually bitter or sour. There are also unethical practices arising from such ubiquitous but non-scientific ideological positions. One such was an interesting revelation by one of the respondents that this author interviewed in Nairobi Kenya during the research for this paper, reported that some traditional medicine practitioners willfully adulterate or dilute traditional concoctions and cocktails in an endeavour to increase their quantity so that they can serve more clients/patients and fetch more money. This revelation is corroborated by the revelation of Sankan [25] aforesaid.

Mtumishi Wasswa (not his real name) a Ugandan herbalist the author interviewed during research for this paper reported that some unscrupulous peddlers of herbal medicines claimed or pretended to have sex boosting properties are reported to be adulterating (lacing) those herbal concoctions with known pharmaceutical sex boosters such as Viagra. The glowing testimonies of the users of such mixtures have been reported to boost the demand and sales of such adulterated products. While medically speaking this is a case of adulteration hence undesirable, practically and from this is a case of enhancement as the adulteration instead of intended benefits of the medicament, thereby enhancing its efficacy. Apart from such exceptional case such as this, adulteration will most likely adversely affect the quality and therapeutic efficacy of the adulterated medicament, and may in some cases even pose a danger to the health and safety of those to whom they are administered.

Lack of documentation and health records

Unlike allopathic medicine, African traditional medicine suffers from lack of documentation and health records. Traditional medicinal knowledge and traditional medicines are undocumented. As already stated in this paper, African traditional medicine is solely based on traditional knowledge passed on along familial lines from generation to generation or acquired through traditional apprenticeship within the particular community. This knowledge if undocumented is

lost by the death of its practitioners, as it is neither feasible or practical for them to have during their lifetime to have passed all their knowledge to their descendants. This is largely due to the fact of that knowledge being informal and undocumented. On the death of the particular practitioner, such knowledge will as a result of lack of documentation as well as non-documentation, be lost. There are for instance too many herbs and medicinal parts and substances, yet they are hardly documented, hence many are likely to remain unknown. On African this lack of information and lack of documentation, Ebu, et al. [6] report as follows:

"Knowledge of traditional medicine is still being passed by word of mouth from one generation to the subsequent by priests and medicine men. This may be that, there is no indigenous information about their uses, as most parents or herbalists die with the information owing to lack of interest of the present generation in practicing traditional medicine."

While this state of affairs is likely to persist, there is nevertheless hope of change in the near future as efforts towards documentation start in earnest. and even situation is however likely to change in the near future. For instance, a Kenyan NGO by name Council for Human Ecology in Kenya (CHEK) has for instance developed a handbook in which it has indexed 42 plants (herbs) claimed to be medicinal, in the Bukusu community of western Kenya [37]. The handbook being on herbs along has dealt with herbal medicine, which is only source of traditional medicines; as these medicaments are usually extracted not only from plants, but from animal parts and minerals as well. This listing also falls short of pharmacopoeia, as it is a mere listing without any supporting evidence of scientific testing. Nevertheless, the effort by the NGO should be commended as a step in the right direction. Hopefully, there will from now hence be similar documentation for other indigenous communities across the country. Not just on herbs, but on the other two sources of traditional medicines as well. To deal with climatic, ecological, environmental threats as well as threats relating to user (e.g over-use) communities and even families could start setting up gardens of medicinal plants. Ebu, et al. [6] have for instance recommended that communities set up plantations of medicinal plants as a participatory way of protecting and protecting these plants and ensuring their constant supply.

Apart from lack of documentation, there is also the problem of lack clients'/patients' records. Unlike orthodox health care which keeps medical records (electronic and even paper records), traditional medicine in many parts of Africa is shrouded in secrecy and practiced discreetly, hence its practitioners neither have nor maintain health records [24]. They for instance do not even have patients registers. This could be attributed to its illegalities or perceived illegality in many parts of Africa, hence its methods, techniques, medicines and even training are often kept secret. For this reason, even patient's records and information including their demographic data are non-existent. The keeping of client/patient records can work even in traditional medicine, because even in this system there can be confidentiality of client/patient information. Some commentators e.g Sindiga [24] and Leakey [38] have reported that in the Kikuyu

community of Kenya, its practitioners just like their allopathic counterparts were by the ethics of their vocation enjoined to keep the confidentiality of the health and social problems of his clients. Further that a traditional healer who divulged such information was severely reprimanded by colleagues or would be so cursed by them that he would not recover.

African traditional medicine is founded on superstition and the supernatural

Unlike allopathic medicine that is based on science and scientific validation, traditional medicine is primarily based on non-scientific superstition and the supernatural e.g the belief in the black magic and the power of ancestral spirits, which is a supernatural spiritual realm that does not lend itself to scientific validation, hence has no scientific credibility for its claims. For that reason, most of its disease etiology and therapeutic claims cannot be scientifically verified. From its disease etiologies, disease and illness are attributable mainly to supernatural spiritual causes. Commentators have reported that African disease etiology attributes diseases and illnesses to multiple causes, namely: evil acts of humans (e.g witchcraft, black magic, curses and evil spells); violations of taboos and ritual prohibitions by the sick/ill or their family members and blood relatives; other supernatural and spiritual causes such as ancestral wrath; as well as environmental factors such as pollution and contamination [39-42]. Jomo Kenyatta for his identifies four spirits that are believed to cause diseases and illnesses in the Kikuyu community, namely: Spirits of departed parents (parental spirits), spirits of departed clan members (clan spirits), spirits of age-group members (age-group spirits), and spirits of other community members (community spirits). Rasamiravaka, et al. [15] have observed that "African Traditional Medicine (ATM) is characterized by a belief in the supernatural as a cause of illness, divination as a diagnostic tool, and the ritualized use of a wide variety of plants and animal-derived agents in its treatment. Such attributes make this system mystical and some kind of underworld rather than a branch of medicine.

The malevolent use of African traditional medicine

While African traditional medicine is used for beneficial purposes such as the treatment of diseases and ailments, in most of sub-Saharan Africa is reputed for malevolent uses such as use in bewitchment (witch medicine), witchcraft, sorcery, casting of evil spells, and curse ordeals. This is not only retrogressive, but is also undesirable and ought to be a cause for alarm and concern among all stakeholders, and especially governmental authorities that are entrusted with the public duty of protecting the welfare, security and common good of society. It is important for a critical traditional cultural heritage such as traditional medicine, traditional medicinal knowledge and traditional medicaments are employed for benevolent and beneficial purposes only, and not malevolent purposes such those listed above. Such use causes harm, suffering and misery to the victims, hence needs to be discouraged, prohibited, outlawed and proscribed in all its known forms.

Conclusion

This paper discusses potential as well as its limitations and challenges of African traditional medicine. It has established while African traditional medicine has potential, it is plagued by multiple limitations and challenges that undermine its role and efficacy in health care. These include its being founded on mysticism, superstition, deity, magic, supernatural powers, as well as its association with witchcraft, sorcery and wizardry. These limitations and challenges have made it remain a cropper and the least established traditional medicine system in the world as well as the most rudimentary, informal, little overall public acceptance. It also lacks adequate governmental recognition and support; which is in diametrical contrast with for instance its Asian counterpart (Asia's traditional and alternative medicine). It however continues to be relied upon by a majority of sub-Saharan Africa's indigenous populations especially in rural and peri-urban areas, that are characterized by poverty, low literacy levels, shortage of health workers, lack of allopathic medicines, as well as inadequate allopathic health services and facilities. The author has taken the view that despite these limitations and challenges, African traditional medicine is suitable and effective in the treatment of diseases and illnesses hence is an important component of health care and there is need to promote and develop it.

Declaration on Conflicts of Interest

The author declares that there is no conflict of interest regarding the publication of this paper. Further, the research leading to it was his individual scholarly enterprise devoid of any economic gain or prospect thereof, and was not funded by any organization, institution or entity.

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DOI: 10.36959/569/475