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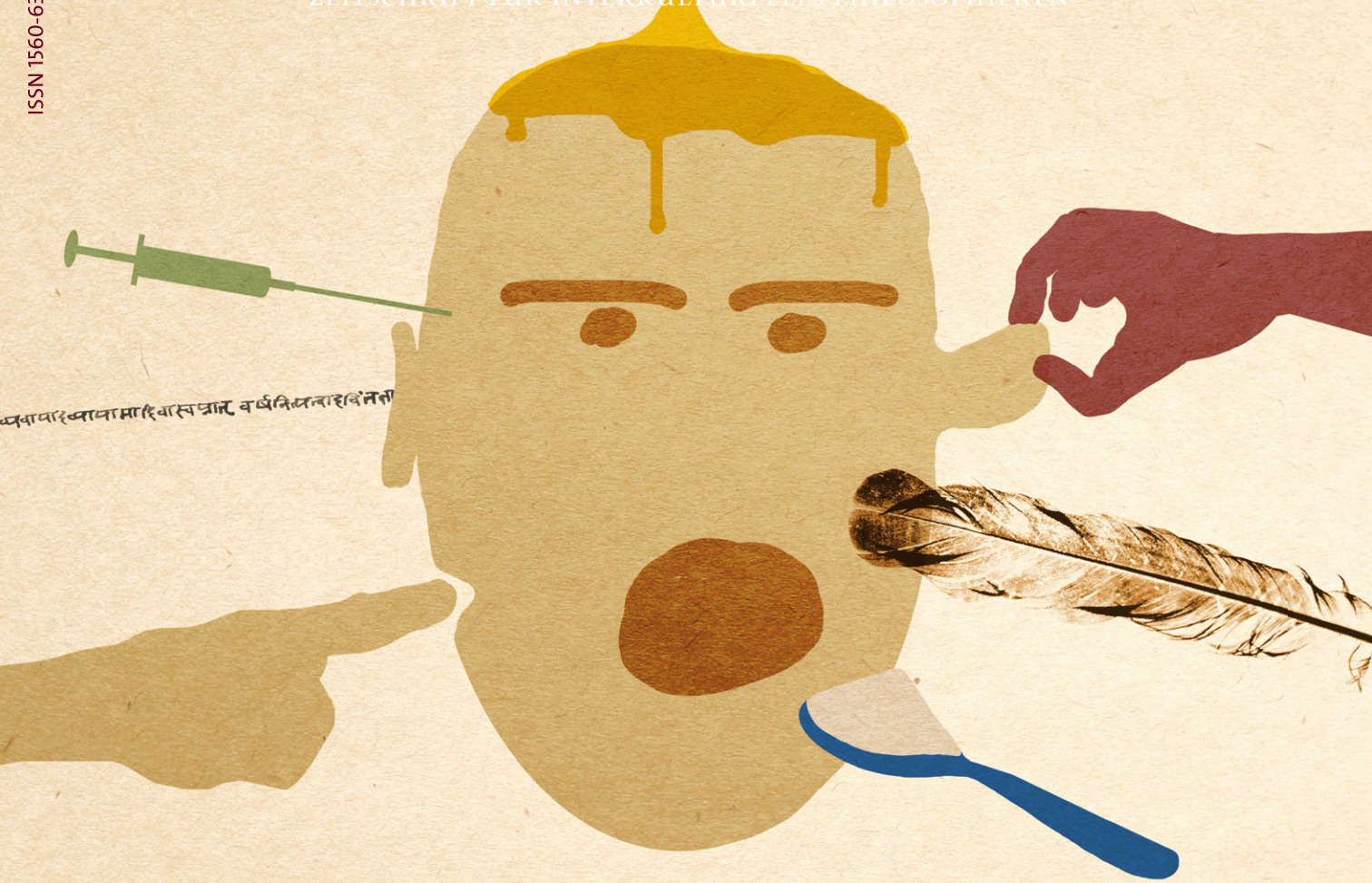
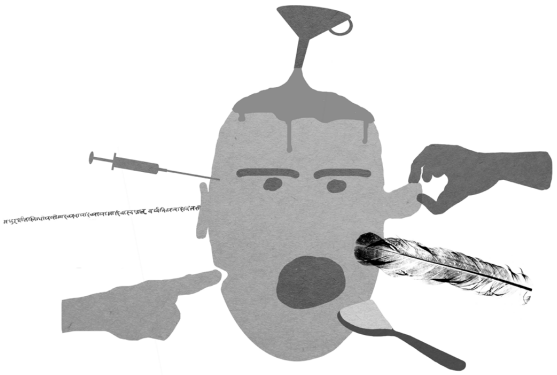


Gesundheit und Heilung

Mit Beiträgen von VITUS ANGERMEIER, MBIH JEROME TOSAM, JOSEF ESTERMANN, BARBARA SCHELLHAMMER, TOBIAS SCHLOSSER, DAMIAN PEIKERT, STEPHAN POPP und anderen

SONDERDRUCK

Gesundheit und Heilung



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MBIH JEROME TOSAM

Human Nature, Disease Diagnosis and Health in Traditional African Medicine

ABSTRACT: A fundamental feature of any enduring healing tradition is accurate diagnosis. This is because diagnostic errors along with imprecise and delayed diagnosis all affect health care delivery and quality of care. In this paper, I argue that, in order to understand indigenous African disease aetiology and diagnostic system, it is necessary to have a good knowledge of the traditional African conception of the human body. Without a proper delineation of the boundaries of the body and what this implies for disease and diagnosis, effective healing would be impossible. Specifically, I show that the sub-Saharan African relational model of the body provides a construct of disease, diagnosis and health that differs diametrically from the predominant view in Western scientific medicine. According to the traditional African outlook, the body is not merely a discrete entity made up of measurable and rational parts, as posited by the biomedical model. Rather, it is made up of several interrelated and interdependent parts. The relational model of the body encompasses the whole being, which is to say one's bodied and disembodied, as well as one's social and ecological self. Disease arises, therefore, from a breakdown of harmony between these interconnected parts of the body; and for any efficient diagnosis to take place, this unified nature of the body must be taken into consideration. I argue for an intercultural medical dialogue and not one of integration, because integration may result in assimilation and unwarranted appropriation of the healing traditions and medical knowledge of less powerful societies.
KEYWORDS: Traditional African Medicine, diagnosis, divination, Western scientific medicine, healing traditions, relational model

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INTRODUCTION

As imperfect beings, humans, by nature, are susceptible to disease and infirmity. For this reason, in every society throughout history, human beings have been concerned with finding ways to prevent, diagnose and treat the different illnesses that afflict them. Throughout history different societies have invented

various methods for diagnosing and treating diseases as well as for allaying human suffering. These approaches to health are influenced by each society's cultural conception of the human body, the nature of disease and their perception of the universe. Traditional medicine (TM) has been practiced by indigenous people across the world for several centuries, and in sub-Saharan Africa, TM is widely used.[1] The World Health Organization (WHO) defines traditional African medicine (TAM) as a collection of all the »knowledge and practices [...] used in diagnosis, prevention and elimination of physical, mental, or societal imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing«.[2] In TAM, disease is considered to be caused by spirits, broken relationships and disruption of cosmic equilibrium. In the indigenous African integrated conception of the cosmos, the community, the living and the living-dead, the natural and supernatural are all implicated in health, disease, and treatment.

In the indigenous African integrated conception of the cosmos, the community, the living and the living-dead, the natural and supernatural are all implicated in health, disease, and treatment.

A cardinal feature of any medical tradition is its diagnostic system. Diagnostic errors as well as inaccurate and delayed diagnosis all affect health care delivery and quality of care. Also, poor diagnosis can result in physical and psychological harm, waste of financial resources, wrong treatment options, and death. To understand the diagnostic system of any health care system, it is necessary to understand its perception of the body, its ways of being in the world, and its notion of disease aetiology. Sub-Saharan African disease theory, health, and diagnostic philosophy are based on the relational model of the body. Here, physical observation and divination are the principal diagnostic methods, where divination is the diagnostic laboratory of the traditional healer, and goes beyond somatic diagnosis to probe into the spiritual dimensions of disease. According to the leading sub-Saharan African worldview, somatic manifestations of illness are sometimes merely symptoms of a spiritual pathology; once the spiritual part of a person is impaired, this is manifested physically.

Moreover, no medical tradition, no matter how scientifically sophisticated or vestigial it may be, has absolute mastery of disease and treatment and can provide solutions to all dimensions of health, because any medical system is only as efficient as its idea of the sick body, and each medical system sharpens and focuses its diagnostic and healing gaze on the basis of its perception of the body/the patient. Because the efficacy of any medical tradition is limited to its conceptualization of body, its diagnostic knowledge cannot go beyond that construct. Hence, each medical system has its area of competence which may not necessarily be shared by others. TAM, like traditional Chinese medicine, homeopathy, and modern scientific medicine each have their respective fields of expertise that are not shared by other healing systems. It is from this perspective

1 James et al.: *Traditional, Complementary and Alternative Medicine*, 1–18.

2 WHO (2002): *Traditional Medicine Strategy 2002–2005*.

that people in most African communities know exactly which kind of ailments to take to the biomedical practitioner and which to take to the traditional healer. For example, in the Shisong Catholic Hospital in Nso in and the Mbingo Baptist Hospital in Kom in the North West Region of Cameroon, doctors sometimes advise patients to seek traditional healing, and »quite often, traditional healers refer patients with conditions they cannot handle to the hospital«.[3]

Such interactions and cross-referencing of patients call for mutual respect and collaboration between medical traditions, and not the assimilation or outright absorption of less influential medical systems into dominant systems, as has been the case in the past. In rural areas traditional healers are usually consulted before and after the modern health practitioner has been consulted. This is because, according to the African worldview, not all diseases have natural causes, and also because TM is accessible and affordable. Even after being declared healed through scientific medicine, patients always want to be sure that the illness might not have a supernatural cause, and to treat it at that level, or else it may reappear, perhaps lethally, if it is not completely treated.

Although each culture has its medical system, Western scientific medicine (WSM) has been the prevalent tradition across the world for more than two centuries. As a result of the predatory tendencies of colonialists towards indigenous systems of knowledge and therapeutic methods, the healing traditions of these societies were suppressed and some of their medical knowledge appropriated and integrated into mainstream scientific medicine. Non-Western healing systems are today regarded as merely »alternative«. However, alternative is a relative concept, because, in spite of the rapacious and disparaging attitude of colonialists towards indigenous African knowledge and healing systems, TAM is still the predominant medical system in Africa today. Consequently, if conventional is taken to mean that which is common, customary, generally accepted or widely practiced, then it may be appropriate to regard TAM as conventional medicine in Africa because it has been used for several centuries and, side-by-side with WSM, still serves more than 85 % of the population today.[4] In this sense, therefore, TAM is not merely an adjunct form of medicine, but conventional medicine in the African context. WSM may rather be regarded alternative in the same context. However, I am not equating TAM with WSM; TAM has not been subject to the sustained critical scrutiny, revision and development that WSM has. My view is that, while there is need to engage in an open, democratic and critical analysis of TAM, in order to be rid of antiquated and obnoxious beliefs and practices, the canons of WSM must not be simply used as the incontrovertible benchmark. This is because, although WSM has achieved remarkable feats in health

... TAM is not merely an adjunct form of medicine, but conventional medicine in the African context. WSM may rather be regarded alternative in the same context.

3 Tangwa: *How not to Compare*, 44.

4 See James et al.: *Traditional, Complementary and Alternative Medicine*.

care, it is far from perfect; it also has much to learn from less advanced healing traditions.

The fact that people persist in using traditional medicine even where modern medical facilities are available is an indication that modern medicine does not fully attend to their health needs. African governments, policy makers, and global health bodies need to do more to encourage research than mere recognition of this healing tradition. As Metz and Harris have argued, »the refusal to consider modes of thought that are prima facie at odds with scientific rationality motivates a shallow form of cross-cultural interaction between healing traditions and practices«.[5] It is therefore important that all healing cultures be given equal voice, because every medical tradition has something to lend to or borrow from others. This will require negotiation between distinct healing traditions irrespective of power differences between medical traditions; it will entail epistemological openness and the ending of prejudices against non-Western medical traditions. As Metz and Harris write, »Overcoming the stereotypes fostered by this assumption opens the possibility of learning from a multiplicity of interpretations, where attempts to predict and control the physical environment do not invariably take precedence over other forms of interaction with the world and other people«.[6]

I do not imply here that there is a single and exclusive African medical tradition, or even a unique Western healing tradition, or medical model.

In this paper, the terms *traditional African medicine* (TAM) and *traditional medicine* (TM) are used interchangeably. I use the terms *Western scientific medicine, orthodox medicine, biomedicine*, and *conventional medicine* interchangeably. Also, I use the terms *human nature, the body*, and *medical model* as synonyms.

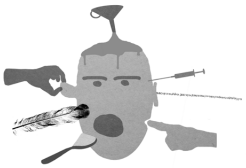
This paper has been structured into four sections. Section One examines the African relational model of the body and its conceptualization of disease. In Section Two, I critically examine disease and diagnostic theory in TAM. Section Three discusses the role of the politics of ontology in the exclusion of indigenous African systems of knowledge and healing traditions. Finally, Section Four argues for the need for mutual collaboration between the various healing traditions of the world, and not their integration or absorption into mainstream medical systems.

HUMAN NATURE IN TAM: THE RELATIONAL MODEL

I do not imply here that there is a single and exclusive African medical tradition, or even a unique Western healing tradition, or medical model. Although there are several approaches existing side by side with scientific medicine, scientific medicine is the leading medical tradition and is usually considered as superior to others. Even within Western societies, traditional medicine has never been completely eradicated; it has always existed alongside conventional medicine. For example, homeopathy, naturopathy, Ayurveda, among others,

5 Metz/Harris: *Advancing the Philosophy of Medicine*, 284.

6 Ibid., 285.



are some common therapeutic approaches that have survived alongside biomedicine in Europe and the USA today. Besides, as a result of international migration, globalization and the interaction of peoples and cultures, more and more medical traditions can be found within the same given society.

A traditional African conception of the body, which is intimately implicated in African medical practice, is the relational model. African relationality can be gauged from two angles: normative and metaphysical. The two are neatly connected with each other. At the relational level, the individual is perceived as a social being whose essence is defined by his/her capacity to engage in a meaningful social relationship with his/her environing community, the natural and supernatural, and is not defined by some discrete, internal quality as is promoted in Aristotelian and Cartesian metaphysics. At the metaphysical level, the body is seen as being constituted of several physical and spiritual parts.

THE NORMATIVE RELATIONAL VIEW

One of the most articulate renditions of the sub-Saharan African relational model of the body as applied in TM and other related fields is the one proffered by the Kenyan philosopher John S. Mbiti.

»In traditional life, the individual does not and cannot exist alone except corporately. He owes his existence to other people, including those of past generations and his contemporaries. He is simply part of the whole [...]. Only in terms of other people does the individual become conscious of his own being, his own duties. [...] The individual can only say: ›I am because we are; and since we are, therefore I am‹. This is a cardinal point in the understanding of the African view of man.«[7]

For Mbiti, a person is defined only in relation to other persons – in the community. In Kom[8] ethics, this relational outlook is expressed in the saying: *wul nɨn ghɨ wul bôm wul*, translated as »a person is a person because/through other persons«.

»A person is a person because/through other persons.«

A Kom saying

The relational model of the body is not peculiar to indigenous African perception of self; it concurs with the feminist theory of human nature and ethics of care developed by Carol Gilligan[9] and Nel Noddings[10]. Gilligan and Noddings developed care ethics as an alternative to utilitarian and Kantian moral theories, which they believe do not take into account women's perspectives on morality and ways of being in the world. The feminist view of self is based on relationship of care, compassion, and sensitivity to particular other people. This approach aligns with and is the fulcrum of indigenous African ontology or ways of relating to the world. I refer to this model as African because it is grounded on the predominant sub-Saharan African ontology and communal ethos.

7 Mbiti: *African Religions and Philosophy*, 141.

8 The Kom are one of the largest ethnic groups in the North West Region of Cameroon.

9 Gilligan: *In a Different voice*.

10 Noddings: *Caring: A Feminine Approach*.

The indigenous African model of the body is described as relational because it is characterized by lived-dependencies between members of the human/physical and spiritual community. The relational model attends to the whole person, which is to say his/her corporeal, psychological, spiritual, social, and ecological wellness. According to Mbiti, »the spiritual universe is a unit with the physical, and [...] these two intermingle and dovetail into each other so much so that it is not easy, or even necessary, at times to draw the distinction or separate them«[11]. There exists a reciprocal and solidaristic relationship between these components of reality.

»The spiritual universe is a unit with the physical, and [...] these two intermingle and dovetail into each other so much so that it is not easy, or even necessary, at times to draw the distinction or separate them.«

J. S. Mbiti

The two components of nature are intimately connected to each other such that when any part of this interrelated and interdependent cosmos is impaired, the well-being and health of the others are also threatened. It is from this perspective that Polycarp Ikuenobe argues that Africans conceive of the universe »as a composite, unity and harmony of natural forces. Reality is a holistic community of mutually reinforcing natural life forces consisting of human communities [...], spirits, gods, deities, stones, sand, mountains, rivers, plants, and animals«.[12] Everything in the universe is connected with everything else in a relationship of force, interacting and strengthening each other in a harmonious way.

In contrasting the African with the Western conceptions of human nature, Menkiti avers that, while most Western notions identify a particular characteristic(s) of a person and then go ahead to make it the fundamental feature that any being »aspiring to the description ›man‹ must have, the African view of man denies that persons can be defined by focusing on this or that physical or psychological characteristic of the lone individual. Rather, man is defined by reference to the environing community«.[13] In the African outlook, »all beings, organic and inorganic, living and inanimate, personal and impersonal, visible and invisible, act together to manifest the universal solidarity of creation«.[14] There is, therefore, no ontological gap between the natural and supernatural body; both are intimately interconnected; one is the extension of the other.

THE METAPHYSICAL RELATIONAL VIEW

From an ontological angle, a human person is made up of several composite and related parts. Inspired by the works of Placide Tempels and Alexis Kagame on the question of the African conception of human nature, Meinrad Hebga argues that amongst Bantu people it is commonly believed that human nature is constituted of three or five components.[15] These include the body, breath, the shadow, and

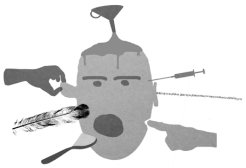
11 Mbiti: *African Religions and Philosophy*, 74

12 Ikuenobe: *Traditional African Environmental Ethics*, 2.

13 Menkiti: *Person and Community in African Traditional Thought*, 172.

14 Buju : *The Ethical Dimension of Community*, 209.

15 Hebga: *La Rationalité d'un Discours Africain*, 88. Hebga takes a critical distance from some of Tempels' and Kagame's views though.



other vital components such as spirit, the head, and the heart. Hebga argues that these constituents of the human person could be more or less regarded as the different levels of being and operations of the same being. He insists that they are not merely aggregations of distinct parts, as happens with mind-body dualism in Cartesian metaphysics; the subsistence of each is only virtual when taken separately.[16] Each component is not merely a part of the body, but a person as a whole, perceived from a particular angle. Also, these elements are the different spheres in which a person may operate – without separation from the whole being. How do these parts operate or relate with each other? In African metaphysics, the body signifies an external substance, the physical covering of a human person, the window into the external world, and the sensible part of a human being. Hebga maintains that if we admit that the spirit or soul is invisible, it is usually the body that we perceive as the whole person.[17] For the Yoruba people in Nigeria, *ara* (the body) signifies the »physico-material part of a human being [...] the external and internal components: flesh, bone, heart, intestine, etc«.[18] For Hebga, the body survives by taking different forms, which could be the form of breath and shadow.[19]

The second constitutive part of the body is breath. This is the spiritual part of a person. However, this is not breath in the sense of respiration through the nostrils. In African ontology breath may be compared to the soul in Western metaphysics. Hebga contends that the breath through the nostrils is not vital breath; it is only the sign of it.[20] According to the Kom people of North West Cameroon, *ayvɨs* is the divine breath; the active principle of life which is indispensable for human survival. Vital breath has to do with the psychic and spiritual functions of a person, a function which is similar to that of the spirit or soul in ancient philosophy or Christian theology. In the African worldview, breath is the activating or energizing life principle. It would be inaccurate to equate any of the non-bodily parts with the Western conception of the soul or the mind because breath is a person as a whole, considered in all aspects of life. It does not replace the body, but coexists with it. For the Yoruba people, the human being is not merely a bundle of bones and tissues; the key substance of the human person is the *emi* (spirit), which is interpreted as an aspect of divine breath. *Emi* »not only activates the body by supplying the means of life and existence, it also guarantees such conscious existence as long as it remains in force«.[21]

The third feature of the body is the shadow. This is not a shadow in terms of reflection of a body as a result of contact with light; rather, it is an internal shadow that is a person perceived from the point of view of mobility,

In African metaphysics, the body signifies an external substance, the physical covering of a human person, the window into the external world, and the sensible part of a human being.

16 Ibid., 92.

17 Ibid., 95.

18 Gbadegesin: *Eniyan*, 149.

19 Hebga: *La Rationalité d'un Discours Africain*, 88.

20 Ibid.

21 Gbadegesin: *Eniyan*, 153.

action, immateriality or spirituality.[22] The shadow is that part of the body which can exist in multiple locations at the same time. It is the part of the body which is in action when one has a dream. It is believed that during sleep the shadow can leave the body and have paranormal experiences. During this time, the shadow can sojourn in places the individual has never physically visited.[23] However, spiritists and diviners are said to be the only ones who are capable of penetrating such spiritual realm. For Wiredu, *okra* (shadow), the Akan[24] word for spirit, is quasi-physical because »highly developed medicine men are claimed to be able to enter into communication with an *okra*, and those that have eyes with medicinally heightened perception are said to be capable of seeing such things«.[25] Breath and shadow, therefore, are the vital principles of life, with the body only serving as their container. If the breath and shadow are impaired, this is manifested physically as pathology.

Apart from the three constituent parts of the body above, the heart and the head are other important components. In Kom culture, for example, *atem* (the heart) is considered as the seat of moral and emotional cognition. It is the affective component of a person – the conscience of the individual – and is central for social relationships. In Yoruba ontology, *ori* (the head), though a physical part of the body, is seen as the seat of knowledge and bearer of destiny as well as the determinant of personality.[26] From a medical perspective, a person is considered not merely as a collection of distinct body parts which medicine is meant to repair when they become dysfunctional, it is a body made up of genetic, spiritual, and social elements, which all play essential roles in the conceptualization of disease and health.

From a medical perspective, a person is considered not merely as a collection of distinct body parts [...], it is a body made up of genetic, spiritual, and social elements, which all play essential roles in the conceptualization of disease and health.

DISEASE AETIOLOGY IN TAM

What constitutes disease in TAM? What is the proper boundary between disease and health? Are they real, physical, social, or spiritual? Foster and Anderson (1978) identify three disease theories, namely, the personalist, naturalist, and emotionalist theories.[27] According to the personalist construction, disease is caused by some evil agent, witches, ghost, or ancestral spirit. The naturalistic theory maintains that disease results from some virus or bacteria. Here, disease is explained in objective terms. This is the most predominant conception of disease in WSM. According to this model, disease is understood as being any condition that impairs the proper functioning of the human body – a condition connected with specific symptoms and signs. Finally, the emotional theory defines disease in terms of emotional experience or imbalances that cau-

22 Hebga: *La Rationalité d'un Discours Africain*, 112.

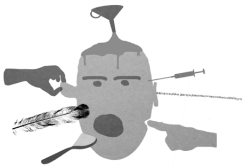
23 Ibid., 113.

24 One of the largest ethnic groups in Ghana.

25 Wiredu: *The Akan Concept of Mind*. Cited in Gbadegesin: *Eniyan*, 158.

26 Gbadegesin: *Eniyan*, 154.

27 Foster/Anderson: *Medical Anthropology*.



se illness. TAM combines the personalist and naturalist theories in its conception of disease.

Disease aetiology in TAM is also linked to the African relational perception of the universe and the place humans occupy in the universe. Disease is not perceived solely in terms of a mechanical or mental dysfunction, but holistically and »wholistically«. Thus, health is seen as a matter of good relationships and disease is the result of broken relationships. Such relationships are not simple relations between living members of the community. The community in the African outlook is not only limited to humans or living members of society, but also extended to include the natural, social, and supernatural environment. In this relational outlook, »the dead depend on the actions, especially ritual sacrifices, of the living for their well-being and the living, in turn, depend on the solicitations and intermediacy of the dead for their health, progress and well-being«.[28] Any rupture in this relationship may result in different kinds of diseases such as infertility, madness, as well as catastrophes like floods, droughts, and landslides.

In the African worldview ancestors and spirits are regarded as having many powers. In particular: »[Ancestors] transcend humanity and yet interact with humanity. This process is best understood within the framework of African metaphysics, which depicts everything and everyone as forces emitting life and energy, and this force applies to ancestors who play a significant part in human existence [...]. A man who is not in harmony with his ancestors is not expected to enjoy robust health.«[29]

Disease, therefore, is the collapse of cosmic harmony. According to many African metaphysical outlooks, every disease is connected to a natural or supernatural cause. It is commonly held that disease is caused by attacks by evil spirits, witchcraft, and violations of taboos. When spirits are mistreated or ignored by the living, they may inflict a disease or some misfortune on the living as a punishment or warning. Disease may therefore result from violation of the ritual regulation of taboos and ontological harmony by human beings directly or indirectly through their close or distant relations. Such diseases may require ritual expiation and purification to treat them.

»A man who is not in harmony with his ancestors is not expected to enjoy robust health.«

Omonzejele, Fn. 29

Moreover, people could get sick as a result of a spell cast on them or through witchcraft and malevolent forces. Witchcraft itself is not a cause of disease, but witches and wizards could use supernatural powers to provoke disease in their enemies as a way of punishing them or simply out of jealousy. These types of illnesses are usually difficult to cure. It is believed that certain types of witchcraft »inhibit biomedical diagnostic technologies or block the efficacy of pharmaceuticals. By removing the blockage, healers' treatments allow hospital-based technologies and medicine to work [...]«.[30] The problem with witchcraft and other supernatural causes of illness is that they

28 Tangwa: *Elements of African Bioethics*, 17.

29 Omonzejele: *African Concepts of Health*, 121.

30 Langwick: *Bodies, Politics and African Healing*, 10.

are highly subjective and esoteric. It is on this basis that during the colonial era such forms of knowledge, beliefs, and healing systems were »delegitimated«[31] and violently suppressed by colonial authorities in favour of empirical forms of medical evidence. The colonialists »introduced new forms of expertise in the colonies and new ways of articulating bodies and the matters of affliction«.[32] Even after they left, such forms of evidence have continued to be derided and discounted.

The British colonial authorities »made existence itself a political question« by decreeing what is real and what is unreal, what exists and what does not exist.

Disease may also be caused by infringing upon taboos. Taboos exist in order to ensure that the moral structure of the universe remains unperturbed for the good of humanity. There are taboos against killing certain animal or plant species, hunting and hoeing during particular days or seasons of the year. It is believed that the violation of taboos can provoke cosmic disequilibrium, which may cause people to become sick. It is therefore for the people's good that nature must be exploited rationally, respecting the gods and the natural order of things in order to ensure »balance and harmony in nature because what affects nature affects us as part of the cosmic whole. Keeping such balance and harmony makes the world a good place for us to live; it helps our well-being both physically and spiritually«.[33] Human and cosmic health are determined by harmony in the universe. Hence, to forestall »disaster, an illness, or any bad occurrence [...] we must bring about harmony in nature«.[34] Like witchcraft, the idea that the infringement of taboos can also cause cosmic disharmony and illness was also violently suppressed by colonial authorities. As Langwick shows with the case of the attitudes of British colonial administrators towards traditional medicine and healing methods in Tanzania, indigenous African medical knowledge and healing systems were not only wholly rejected, but were deemed illegal. The British colonial authorities »made existence itself a political question«[35] by decreeing what is real and what is unreal, what exists and what does not exist. With such politics of ontology, where the powerful define the boundaries of valid knowledge, indigenous forms of knowledge and therapeutic methods could not and have still not received the scholarly attention they deserve.

HEALTH IN TAM

The most common and widely acknowledged definition of health is the one provided by the World Health Organization (WHO) over half a century ago. The WHO defines health as »a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity«.[36] In the African worldview, being healthy involves more than

31 Ibid., 40.

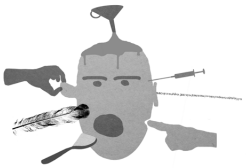
32 Ibid.

33 Ikuenobe: *Traditional African Environmental Ethics*, 10.

34 Ibid.

35 Langwick: *Bodies, Politics and African Healing*, 40.

36 WHO (2005): *Constitution of the World Health Organization.*



physical and mental wellness. Health is a holistic condition of complete physical, mental, spiritual, emotional, social, and ecological harmony and not merely a level of functional and/or metabolic efficiency of a person. »This integrated view of health is based on the African unitary view of reality. Good health [...] is not a subjective affair«;[37] it is achieved through the promotion of good interpersonal relationships amongst humans and also between humans and the rest of nature.

Whereas in orthodox medicine disease is perceived as mechanical dysfunction, and the role of the physician is to repair or replace impaired parts of the body, in TAM such mending might require the expiation of spiritual forces, spiritual cleansing, and sacrifices alongside medical procedures. Pine opines that »the philosophical foundations of African health are premised on wholistic treatment of illness. To be healthy transcends mere wellness and functionality of the body system«.[38] In TAM, healing requires the manipulation of natural and supernatural forces in order to establish lost harmony and »for any healing to be regarded as complete, a patient must be integrated into his total setting«.[39] This is why patients, even after have been declared completely healed through conventional treatments, they would still consult the traditional healer or diviner for spiritual diagnosis and/or treatment. Ritual cleansing »plays a positive psychological role in the patient's total integration into society; it also serves as reconciliation of the patient with the natural and supernatural powers, thereby guaranteeing the recovering patient a balanced emotional and social wellness«.[40]

However, indigenous Africans do not seek endless or perfect harmony; perfect harmony in an imperfect world is an illusion. However, in spite of the perpetual conflicts in society, we should always look for ways to resolve such differences, repair cosmic disequilibrium and to achieve a reasonable measure of balance.

In TAM, healing requires the manipulation of natural and supernatural forces in order to establish lost harmony ...

2. DIAGNOSTIC METHOD IN TAM

Medical diagnosis is an important part of health care and accurate diagnosis is an indispensable part of any efficient health care system. Correct diagnosis guides the physician in making the right clinical decision. Diagnostic errors as well as imprecise and delayed diagnosis each affect health care and quality of care in that these sometimes result in harm or the death of patients. »Diagnostic errors can lead to negative health outcomes, psychological distress, and financial costs. If a diagnostic error occurs, inappropriate or unnecessary treatment may be given to a patient, or appropriate – and potentially lifesaving – treatment may be withheld or delayed«.[41]

37 Omonzejele: *African Concepts of Health*, 120.

38 Pine: *Tiv Divination*, 114.

39 Ademuwagun, cited in Prinsloo: *A comparison*, 60.

40 Ibid.

41 Balogh et al.: *Improving Diagnosis in Health Care*, 19.

The diagnostic method in TAM aligns with the African relational and multivalent conception of the body. Diagnosis usually begins with physical observation of the patient, so as to ensure there are no organic malfunctions or symptoms. It is believed that some diseases have peculiar signs and symptoms and can be easily diagnosed by physically examining the patient. Here, close attention is paid »to the relevant parts of the body. Family members may be questioned and a case history constructed. In some cases there is the clinical examination of body temperature and the observation of urine«.[42] After observing and interviewing the patient and his/her close relations, some traditional healers go further to ask for medical records, if any. From this knowledge, the traditional practitioner would decide whether or not there is need for further investigation. It is at this stage that the diviner may be consulted.

When an illness has challenged conventional medicine and the treatment with traditional herbs, or is protracted, it is usually assumed to have a spiritual cause such that would require the intervention of a diviner. In some cases even when the signs and symptoms are apparent, traditional practitioners still prefer to consult the diviner. This approach is influenced by the assumption that somatic symptoms are sometimes manifestations of spiritual maladies, which cannot be treated with mere herbs or drugs. To treat such diseases, ritual expiation or sacrificial cleansing of patients, their family or entire community may be required. The role of the diviner is not only to diagnose the cause of a disease, but also to tell whether or not the disease is curable, who can treat it, how it might be treated, and the appropriate ritual to perform.

Divination is a fundamental epistemological tool [, ...] a system of knowledge acquisition ...

DIVINATION

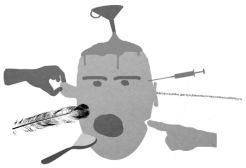
Divination is a fundamental epistemological tool in traditional African culture used for a wide array of investigations including medical diagnosis. Divination is a system of knowledge acquisition which has largely been neglected in scientific investigation because of the non-scientific sphere with which it is concerned. It is the laboratory of the traditional healer. Divination is commonly »applied during times of illness especially when other diagnosis and reputable treatments have failed«.[43] From a philosophical and anthropological perspective, divination emerged as a result of the human »quest to understand, interpret and give meaningful expressions to both natural and supernatural phenomenon«.[44] Diviners are mediators in knowledge; they are experts and consultants in their culture, traditional science and healing system. Divination is a transpersonal field of information to gain healing knowledge.[45] Diviners expand lay insight into an issue or circumstance through rituals or other standardized practices. Divination

42 Emeagwali: *African Traditional Medicine Revisited*, 162.

43 Taiwo: *Ifa – An Account of a Divination System*, 305.

44 Pine: *Tiv Divination*, 107.

45 See Croucamp: *Traditional African Divination System*, 4.



can provide information about the distant past and the future by consulting the spirit world. According to Croucamp, divination is a skill employed to begin a process of accessing and collecting information through the use of randomly arranged symbols and then, using the brain's capacity for analogical thinking, making associations that are ordinarily inaccessible.[46]

In traditional Kom society, for example, a diviner was consulted for counsel before a marriage was contracted, before a child was born, after the death of a relation, before the commencement of a new job, before one embarked on a journey, in times of crisis and sickness, before a king was enthroned, and at any time an event of great import to the people's physical and spiritual efflorescence was to be undertaken.

There are several methods that diviners use to diagnose diseases, see the future, determine the destiny of people, and receive information about the supernatural. They use stones, gourds, cowries, bones, form or see images in pots of water, interpret animal marks, crystal balls, a set of four calabashes, among others. All of these methods of divination are based on the belief that »the real information you need to solve problems lies hidden in the network of relationships between the various people, objects and dynamics that make up your life«.[47] This makes divination an active instrument for the organization of knowledge which can assist »our imagination in the process of thinking about complex dynamical systems. Because this information is not always obvious, but exists in the ›spaces between things‹, it requires some skill and some clever technology to access it«.[48] Although there are diverse processes of divination, all of them respect a set of procedures through which otherwise inaccessible knowledge about a disease or the future is obtained.

Divination is also a way of reintegrating the patient into the community.

Divination helps the patient to know »the source of the illness as well as the requirements for recovery«[49] which is psychologically assuaging even before the real treatment begins. In most urban centres in Africa today, when respected therapies fail, most patients go back to their ancestral homes for divination and treatment. Divination is used by the gods to repair lost cosmic harmony. Divination is also a way of reintegrating the patient into the community, and in this way it fosters community life. Divination is a form of knowledge to understand the world. For example, *Ifa,* the Yoruba divination system, is seen as »a repository of unsurpassable knowledge and wisdom [...] that transcends the limits of human cognitive capacities, has the capacity to know several perspectives at the same time«.[50]

46 Ibid., 5.

47 Ibid., 4.

48 Ibid.

49 Akin-Otiko: *Ifa Divination*, 246.

50 Taiwo: *Ifa – An Account of a Divination System*, 305.

3. THE POLITICS OF ONTOLOGY AND THE OTHERING OF INDIGENOUS HEALING TRADITIONS

As I have argued above, every medical tradition is hinged on a certain construct of the self and ways of being in the world. The body in TAM is not merely reduced to physical and measurable parts of the human being; it also includes disembodied entities. However, the most powerful ontology, the Western way of relating to the world, has pushed other ontologies and therapeutic traditions to the margins. The origin of the politics of ontologies can be traced back to the modern philosophical theories of René Descartes and Immanuel Kant. As a result of the remarkable success of the new sciences in the 17th and 18th centuries, »their methods soon became the paradigm for trustworthy knowledge. A combination of experimentation and mathematics became the norm to understand nature, and philosophers tried to emulate this approach«.[51] The philosophical and scientific endorsement of the modern scientific method led to the expulsion of spiritual ontology from the sphere of valid knowledge. »Providing an organized manner to produce very precise results, experimentation made everyday experience appear as an imperfect, chaotic, and untrustworthy source of information«.[52] The outcome of this was the emergence of an anthropocentric, sexist, and racist ontology, resulting in the belief (1) that humans can know the whole of reality by simply knowing the human being (white/male), and (2) that human beings and/or their interests matter morally and every other thing matters morally only insofar as it affects human beings and/or their interests.

In guarding Western ontologies the colonialists made little or no effort to understand indigenous ways of being and knowing that inform and guide traditional African therapeutic systems.

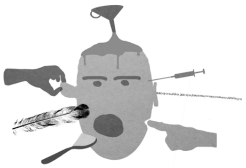
With this ontological outlook, valid medical knowledge was defined as that which conforms to Western scientific values. In this regard, therefore, spaces, diseases, and »objects of therapeutic care that remain inaccessible to biomedical practitioners and unintelligible to scientific medicine«[53] were regarded as esoteric, unscientific and unreal. The fact that scientific medicine does not understand and is unable to pierce into this realm does not mean that it does not exist.

In guarding Western ontologies the colonialists made little or no effort to understand indigenous ways of being and knowing that inform and guide traditional African therapeutic systems. For this reason, some traditional African medical practices were all too quickly regarded as non-existent or designated as witchcraft and subsequently declared illegal. The modernist binaries and stratification of knowledge between modern Western mechanistic and spiritual ontologies are still in play today. Langwick opines that: »By privileging certain forms of evidence, colonial courts and laboratories authorized some threats and afflictions and declared others illicit. In short, colonialism transformed who and what had

51 Roothaan: *Indigenous, Modern and Postcolonial Relations to Nature*, 44.

52 Ibid.

53 Langwick: *Bodies, Politics and African Healing*, 207.



the right to exist in Africa. It made existence itself a political question. Courts and laboratories became central sites for generating colonial ontologies.«[54]

The politics of ontology has led to the stigmatization of TAM, even by some educated Africans, as being a form of unscientific medicine. The colonialists decided what exists and what does not, what is to be considered to be valid healing and what is not, what is real and what is unreal. The colonialists rejected ways of knowing which did not conform to the modern scientific method. But, what appears unreal or unscientific to the practitioners of WSM, »to the healer, the unseemly growths, dirty breast milk, and oversized heads [...] are telling clues about which actors are catalyzing the maladies in question, but to the doctor, these symptoms are insignificant and lifeless«.[55]

Within the Western philosophical tradition, not all thinkers have subscribed to this Eurocentric epistemology. Among the many critics, Paul Feyerabend and Sandra Harding stand out. Feyerabend challenges the methodological anarchism that characterizes modern science and avows that »science is neither a single tradition nor the best tradition there is, except for people who have become accustomed to its presence, its benefits and its disadvantages«.[56] For Harding, all knowledge is local, based on a particular physical, social, and historical environment. Each society brings its own intellectual and cultural resources to bear on the construction of its knowledge system. She writes: »No longer is it reasonable to assume that Western modern science is uniquely capable of telling the one true story about nature's order. New histories show the richness of the older Chinese, Islamic and other South Asian S&T traditions and innovative practices in contemporary indigenous S&T traditions around the globe today. They show the continual appropriation of these other knowledge traditions into Northern S&T.«[57]

The colonialists decided what exists and what does not, what is to be considered to be valid healing and what is not, what is real and what is unreal.

Because cultures have different perceptual orientations to reality, Western science can only be one among many other sciences. Western science limits its conceptualization of reality merely to physical and measurable parts, and perceives disease as a mechanical dysfunction in need of repairs. Since the kind of beings traditional healers »claim to be treating – mischievous spirits, troublesome devils, disgruntled ancestors, the embodiments of human jealousies and greed – are not recognized by medical science, and the transformations that healers effect cannot be confirmed through biomedical procedures«,[58] they are simply regarded as unreal.

As the history of science teaches, most of what is considered science was treated as non-science in the past. It would be rather unscientific to reject indigenous healing practic-

54 Ibid., 40.

55 Ibid., 208.

56 Feyerabend: *Against Method*, 238.

57 Harding: *Gender, Democracy, and Philosophy*, 164.

58 Langwick: *Bodies, Politics and African Healing*, 7.

es and procedures without critically engaging them. It is from this background that Shizha and Emeagwali argue that: »Ethno-medicinal treatment of illness and diseases as well as the application of spiritual healing from holistic geosciences and human interactions are viewed with suspicion. Rather than working within carefully constructed boundaries and methodologies established by cultural theories, they broadly generalize entire fields of academic expertise and dismiss many of them. Eurocentric scientism reduces science to a monolithic interpretation of the social reality using reductionist views, thus, restricting human inquiry.«[59]

»... each African scholar has been participating so far in a vertical discussion with his/her counterparts from the North rather than developing horizontal discussions with other African scholars.«

P. Hountondji

Because TAM has not undergone the same level of scrutiny as conventional medicine, it would be prudent to subject it to critical inspection to avoid »wholesale endorsement«[60] of its unverified medical beliefs and practices. It would also be a great loss to humanity if indigenous African therapeutic traditions were discarded without giving them any critical scholarly attention.

However, in spite of the politics of ontology at play in the fields of science and medicine, the subsidiary place accorded indigenous African ontologies and knowledge systems has been, inadvertently, promoted by African scholars themselves, because, regrettably, as Paulin Hountondji has poignantly pointed out, African »scientific activity is *extraverted*, i. e. externally oriented, intended to meet the theoretical needs of our Western counterparts and answer the questions they pose«.[61] This situation has been further compounded by the fact that African researchers exclusively »use European languages as a means of scientific expression« and this »reinforces« the »alienation« of such scientific production.[62] For this reason, Hountondji argues: »The majority of our country people are *de facto* excluded from any kind of discussion about our research outcome, given that they don't even understand the languages used. The small minority who understands knows, however, that they are not the first addressees but only, if anything, occasional witnesses of a scientific discourse meant primarily for others. To put it bluntly, each African scholar has been participating so far in a vertical discussion with his/her counterparts from the North rather than developing horizontal discussions with other African scholars.«[63]

In spite of all the good universities and fine scholars that Africa can pride itself on today, Africans have not been able to attain »our final goal: an autonomous, self-reliant process of knowledge production and capitalisation that enables us to answer our own questions and meet both the intellectual and the material needs of African societies«.[64] Hountondji

59 Shizha/Emeagwali: *Introduction*, x.

60 Metz/Harris: *Advancing the Philosophy of Medicine*, 285.

61 Hountondji: *Knowledge of Africa*, 128. Italics in the original.

62 Ibid.

63 Ibid.

64 Ibid.

thinks that for Africans to overturn politics of knowledge such as this, African scholars need to formulate original problems and questions »that are grounded in a solid appropriation of the international intellectual legacy and deeply rooted in the African experience«.[65]

While pressing for a democratic and objective debate between scientists and philosophers from both sides of the ontological divide, it is imperative for African governments and researchers to invest money and effort in critically examining indigenous healing knowledge for the benefit of Africans and the world in general. So far, such research has been directed towards satisfying Western research and scientific/health needs. This aim of satisfying the external world instead of an African audience can only thwart the work of African scholars towards the future of their societies and breed dependency and asymmetric relations between Western scientific and African scientific and healing cultures instead of collaboration between the two spheres.

4. The Need for Mutual Collaboration between Healing Traditions

As I have stated earlier, no healing tradition has complete mastery of disease and can provide solutions to all dimensions of health. Since all medical systems are mainly restricted to their understanding of the sick body, each medical tradition can only stretch as far as its medical ontology. For example, modern scientific medicine has achieved remarkable feats in the treatment of somatic illnesses thanks to unprecedented advancements in medical technology. But when it comes to diseases that involve disembodied entities, scientific medicine has not achieved the same level of success compared to non-Western medicine. In these areas, therefore, medical traditions are not mutually exclusive; they can reciprocally learn from each other for the sake of improved healthcare. Healing traditions need to negotiate their epistemic differences and engage in an intercultural medical dialogue. This will promote mutual collaboration between therapeutic traditions. However, until now the approach has been skewed towards integration. Colonialists have appropriated and incorporated aspects of indigenous therapeutic knowledge and practices which conform to modern scientific paradigms and have censored those which have not.

Most practitioners of Western medicine prefer to work only with herbalists and not with spiritualists, because of the scientifically demonstrable properties of herbs.

However, the pursuit for integration has been mired by a number of challenges. Distrust is an important factor. Most practitioners of Western medicine prefer to work only with herbalists and not with spiritualists, because of the scientifically demonstrable properties of herbs. They consider the work of spiritualists as »too abstract, subjective and devoid of scientific objectivity«.[66] This has resulted in a bias against traditional medicine

65 Ibid., 129.

66 Mokgobi: *Towards Integration of Traditional Healing*, 50.

by biomedical practitioners.[67] In the same connection, most practitioners of biomedicine doubt the authenticity of TAM and usually refer to the illiteracy of most traditional healers as obstacles to integration.[68] However, misgivings about the validity of indigenous therapeutic practices stem from ignorance of practitioners of WSM about TAM. There is also the problem of trust and secrecy. Because traditional healers are usually apprehensive about the real intentions of integration, they are unwilling to divulge some of their therapeutic knowledge and procedures to practitioners of conventional medicine. This worry is substantiated by the fact that in the past, indigenous science and therapeutic epistemologies have been appropriated and patented in ways that have not been beneficial to the local communities.[69] Moreover, the high mobility of biomedical health workers »undermines the establishment of a relationship of trust between traditional healers and biomedical health staff«.[70] Finally, there is declining interest among young people in becoming healers.[71]

In the North West region of Cameroon, traditional medical practitioners refer their patients in appropriate and respective cases to biomedical practitioners and vice versa.

Conversely, there are opportunities that medical integration may bring. Integration may help reduce patient-doctor ratio, which is very high in sub-Saharan Africa. In some parts of this region, the doctor-patient ratio is 1:20,000, rising to 1:100,000 in others, while the traditional healer-patient ratio is 1:200.[72] Integration will enhance the establishment of trust and mutual respect between traditional and biomedical practitioners and cross-referral of patients, which is already common in some parts of sub-Saharan Africa. For example, in the North West region of Cameroon, traditional medical practitioners refer their patients in appropriate and respective cases to biomedical practitioners and vice versa. Moreover, traditional healers are generally open to collaboration.[73] More collaboration of this sort can be achieved if biomedical practitioners are more epistemologically receptive to traditional healers and recognize and respect their therapeutic practices. Integration may lead to better understanding and dispel mutual distrust between traditional healers and biomedical practitioners.

The major concern of anti-integrationists is that integration will actually translate into assimilation and appropriation of TAM. As a result of colonization, Africa's contribution to universal medicine has not been acknowledged. The result of this has been the appropriation of some indigenous medical knowledge into conventional medicine. What is commonly called modern medicine is not the exclusive heritage of any particular medical tradition, »it is simply the accumulation of theory and practice of healing art and science based on

67 See Krah et al.: *Integrating Traditional Healers*, 159.

68 See Mokgobi: *Towards Integration of Traditional Healing,* 50.

69 Ibid.

70 Krah et al.: *Integrating Traditional Healers*, 159.

71 Ibid.

72 Ibid.

73 Ibid.

scientific principles and technology contributed by people«[74] from different parts of the world for several centuries. For instance, the prescription of artemisine/amodiaquine combination (ATC) tablets for the treatment of malaria, which is advocated by WHO and different state organs as conventional treatment for malaria, is »the assimilation of Quinghasu Artemeter, a Chinese medicinal plant for universal use«.[75] Non-Western medicinal knowledge and products have contributed greatly to conventional medicine. But because most of these contributions are not acknowledged, there are concerns about medical colonization of indigenous medical knowledge by biomedicine.

An open and objective dialogue between different traditions of medicine will be beneficial for quality health care. It is, therefore, vital to maintain an open, tolerant, but critical attitude towards TM because there are »aspects of indigenous and alternative healing traditions that can shed light on aspects of mainstream medical practice, so as to strengthen our understanding of medicine across cultures«.[76] Also, when there is open and respectful collaboration between therapeutic traditions, new ways of treating old and/or incurable diseases may develop. The aim should not be to integrate one approach into the other, but for adherents of these approaches to learn from each other through an intercultural dialogue between healing traditions.

CONCLUSION

In this paper, I have shown that, in order to have a clear idea of indigenous African healing traditions and its diagnostic systems, it is essential to understand African conceptions of the body. In TAM, disease and health are linked to relational and multilayered conceptions of the universe often found in Africa. In this way of thinking disease arises from disharmony in cosmological balance or as a result of a broken relationship. Because the efficacy of any medical tradition is limited to its conceptualization of the human body, the diagnostic knowledge of a given tradition cannot go beyond its conception of the body. In an increasingly multi-cultural and cosmopolitan world where people from different cultural backgrounds converge, an intercultural dialogue between healing traditions, and not amalgamation, will be necessary. Integration may inadvertently result in assimilation and suppression of the healing knowledge and practices of some cultures. To achieve this, it will be necessary for health professionals to understand different medical perspectives. This is important for quality of care, because when a health practitioner understands his/her patient's cultural construct of disease, he/she is most likely to achieve a higher quality of care for the patient.

Non-Western medicinal knowledge and products have contributed greatly to conventional medicine. But because most of these contributions are not acknowledged, there are concerns about medical colonization of indigenous medical knowledge by biomedicine.

74 Lantum: *Traditional Medicine and Africa's Development*, 521.

75 Ibid.

76 Metz/Harris: *Advancing the Philosophy of Medicine*, 285.

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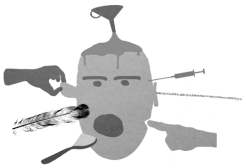

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