



## JOURNAL OF PHILOSOPHY AND CONTEMPORARY ISSUES

Volume 1, Number 3 (December 2025)

ISSN: 1595-9457 (online); 3093-060X (print)

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Received: December 20, 2025 Accepted: December 30, 2025 Published: December 31, 2025

Citation: Ishaya, Samuel O. & Abang, Hossana A. (2025). "African Traditional Medicine: Rebranding the Hermeneutics." *Journal of Philosophy and Contemporary Issues*, 1 (3): 11-24.

Article

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### AFRICAN TRADITIONAL MEDICINE: REBRANDING THE HERMENEUTICS

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#### Abstract

Different critical studies have questioned the dominance of orthodox medicine and the stereotypes against African traditional medicine (ATM) that underscores the hegemony of Western medicine and practice. The objective of this research is to interrogate the stereotype and rebrand the hermeneutics of ATM. Every culture, race and region of the world has established forms, modes and methods by which the health challenges of its people are surmounted. The Chinese, the Indians and the Arabs all have their medical practices that differ from that of the Western world. It is however a fact that the practice of medicine is laced with religious, mythological and philosophical undertones in most regions of the world including Africa. These undertones include metaphysical, epistemological and axiological are what differentiate these kinds of medicine; each of them has its kind of spaces, methods and applications. The aim of each of these medicinal cultures is to cater for the health needs of its people using what they have in their immediate environment. But some of these medicinal cultures and their methods have been misinterpreted and disparaged as a curative practice. ATM is a victim of this hermeneutic misinterpretation. This research is aimed at fostering intellectual understanding of the concepts and practices of ATM including challenging policy makers to see African traditional medicine as the frontline medicine rather than alternative medicine. The analytic method is used for conceptual analysis. The paper is of the view that deliberate effort should be made to equip young people with philosophical skills to understand, analyse and defend the traditional medical practices of the African people against the stereotypes of the West.

**Keywords:** Alternative Medicine, Orthodox Medicine, Philosophy, Philosophy of African Traditional Medicine, Traditional Medicine.

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## **Introduction**

Philosophy is a discipline that interrogates issues about the universe, about human beings and about existential issues that confronts human beings; it does not claim to know everything but makes definite, critical and objective efforts to acquire knowledge about the universe and everything in it. According to Stumpf (1994) “from the beginning, ... philosophy was an intellectual activity, for it was not a matter of seeing or believing but of thinking and philosophy meant thinking about basic questions in a mood of genuine and free inquiry” (4). Stumpf’s assertion above has remained the focus of philosophy even in this age of artificial intelligence. Philosophy is essentially a rational and unbiased inquiry into whatever is, insofar as it is. The implication of this supposition is that there is no forbidden subject-matter for philosophical scrutiny. So, whatever is; is within the ‘jurisdiction’ of philosophical investigation including medicine and its various mode of practices in different cultures. Simply put, philosophy is a rational and critical reflection about the universe, human beings and the society. As a critical enterprise, philosophy raises critical questions, and tries to proffer solutions to questions raised. That is why one would not be wrong to conclude that it is a systematic search for the truth of all realities. One thing to note is that philosophy does not claim to provide answers to all human problems; it rather makes effort to rationally address them. The fact about this proposition is that the human person and the human society cannot do without philosophy. As a rational activity, the human person needs philosophy because according to John and Ishaya (2019):

Philosophy plays important role in the society such as enabling the human person to change some foundational beliefs. This is because it is an existential fact that most of the things we do or even the way we interpret our experiences are based on our foundational beliefs. It is therefore the task of philosophy to question those beliefs that are not in agreement with the rationality of the human person. And any belief that is in contradistinction to reason is bound to be discarded by the philosopher (82).

The belief in ATM and its efficacy in dealing with the health challenges of Africans was however, dealt a blow by the intrusion of health practices of the Western world and the subsequent demonization of ATM by the colonial masters and the Christian missionaries. The rejection and demeaning of ATM runs contrary to reason hence the need to appropriately situate its narratives. Along this objective, the Philosophy of ATM was made a course of study in the University of Uyo, Nigeria.

The course is a brain child of the Department of Philosophy and it is structured in line with the Core Curriculum and Minimum Academic Standard (CCMAS) of the National Universities Commission (NUC) in Nigeria. The course is designed to interrogate, examine and evaluate the methods, concepts and philosophy behind ATM using the analytic and critical tools of philosophy; the aim is to expose young Africans to the traditional mode of therapy that had provided and is still providing the healthcare needs of Africans. It aims to equip students and other interested parties in the medical chain with philosophical tools to interrogate the spaces, methods, and application of ATM. Also, this research is intended to introduce the philosophy of African Traditional Medicine as a course of study in philosophy to the academic community especially the humanities, the medical sciences and specialists in orthodox medicine for interdisciplinary understanding. But most importantly, with its set objectives as an academic course of study, the research aims to rebrand the negative stereotypes about ATM that was orchestrated by colonialism and to inculcate a positive interpretation of the practice and its practitioners among young generation of Africans.

Achieving some of these objectives will greatly help in reversing the designation of ATM as alternative or complementary medicine but as a dominant healthcare practice of the African people.

### **The Genesis of Medicine**

The human person is known to be composed of body, soul and spirit. Each of these components has the tendency to degenerate if proper attention is not paid to its well-being. That is why after food and shelter, the next most important want of man is a healthy body, a healthy soul and a healthy spirit. The importance of a healthy human system is reinforced by the African adage that says that 'health is wealth'. In other words, a healthy person is a wealthy person because the three basic components of the person are properly cared for. Medicine is the instrument by which the human person is cared for. The practice of medicine has its beginning from the time human beings found themselves on earth. From the very beginning, man has always sort for ways to make his body return to normalcy after every injury, infection, or unexplained affliction. The bible records how Elisha stopped 'death in the pot' by casting a meal into a poisoned pot of food (2kgs 4:39-41). Medicine is therefore, the instrument that is used to return the human body, soul and spirit to normalcy. Every culture, race and region of the world has established forms, modes and methods by which the health challenges of its people are surmounted. The Chinese, the Jews, the Indians and the Arabs have their unique medical practices that differ from that of the Western world. It is equally important to note that the practice of medicine is laced with religious, philosophical and traditional undertones in most regions of the world including Africa. These undertones include the metaphysical, epistemological and axiological underpinnings. These underpinnings are what differentiates the Western kind of medicine, from Oriental medicine and the Arab kind of medicine from African medicine. Each of them has its kind of spaces, methods and applications. The aim of each of these medicinal cultures is to cater for the health needs of its people using what they have in their immediate environment including the established customs of the people to ensure healthy living and continuity of practice.

### **The Meaning of Medicine**

Medicine can be defined as the science and art of preventing, diagnosing, treating and curing diseases, injuries and disorders that affect the human body and mind. It involves the application of knowledge from various fields such as biology, chemistry, physics and psychology to develop effective treatment and interventions for the afflicted. For Sigerist as cited in Etim (2019) 'medicine is a science that is generally defined as 'what a physician does in diagnosing and curing disease' (12). But this definition according to Etim as argued by Sigerist is too narrow and legalistic because it excludes the activities of non-professionals who are often the ones on the spot, and who are daily grappling to find solution to the issues of disease. The definition therefore limits the practice of medicine to only licensed professionals who are accorded professional status by the state after exhibiting or demonstrating minimum knowledge in the field as required by the law of the land. But the point according to Sigerist is that majority of illnesses that afflict people are never treated by the professional physician especially in traditional societies right from antiquity till date. These illnesses are either treated by the patient themselves, by relatives, non-physicians or traditional medicine men. Louis Lasanga (1985) on his part defines medicine 'as an art and science of healing'. For him medicine is a science because it is based on knowledge gained through careful study, experimentation and observation. On the other hand, it is an art because it depends on how skillful doctors and other medical practitioners apply this

knowledge when dealing with patients. In other words, medicine is a skill that is learned with the sole aim of healing the afflicted by restoring the body, soul and spirit to its initial healthy condition and the relieving of sufferings occasioned by diseases and sicknesses of both the body and of the mind (13). From the definitions given above, it can be deduced that medicine involves the deliberate attempt to find solutions to the various kind of sicknesses and diseases that afflict human beings no matter the method used. It also reveals that human beings are not only afflicted in their bodies but also in their minds, suggesting that the term – medicine encompasses everything that is done to eliminate or reduce human suffering both of the body and of the mind.

### **Components of Medicine**

Medicine has several components that include the following:

- i. **Treatment:** This component of medicine involves the application of remedies or interventions to cure, alleviate and restore disorders of the body, soul and spirit.
- ii. **Diagnosis:** This is the process of identifying and determining the nature of a disease or disorder.
- iii. **Prevention:** This component involves the measures that are taken to prevent diseases or injuries from happening. These preventive measures are taken against known, anticipated and unknown diseases and occurrences.
- iv. **Palliative Care:** This component of medicine involves the focus of care on relieving symptoms, ameliorating pain and stress rather than curing the underlying condition. Palliative care is mostly used on patients that are afflicted with terminal diseases. Terminal diseases are diseases that are yet to have a definite means of curing it and is likely to lead to the death of the patient such as cancer, HIV/AIDS, Amyotrophic lateral sclerosis (ALS) and Parkinson's disease, among others.

### **Branches of Medicine**

Medicine is not an omnibus enterprise; it has branches that cater to specific kind of needs. These branches include:

- i. **Allopathic Medicine:** Allopathic medicine is the general term for modern Western medicine. It is described as the scientific method of treating diseases with remedies such as surgery and pharmaceutical drugs. It is also known as conventional medicine.
- ii. **Alternative Medicine:** Also known as Complementary and Integrative Medicine (CAM); it refers to a broad range of healthcare practices that are not considered part of conventional medicine. It is often used as an alternative to or in conjunction with conventional medicine. Examples of alternative medicine include:
  - a. Herbal Medicine – The use of plants or plant extracts for therapeutic purposes.
  - b. Acupuncture – The insertion of thin needles into specific points on the body to stimulate energy flow.
  - c. Mind-body Therapies – The use of techniques like meditation, yoga and biofeedback that focuses on the connection between the mind and the body.
  - d. Massage Therapy – The use of manual manipulation of soft tissues to relieve pain, reduce stress and improve circulation.
- iii. **Preventive Medicine:** This branch of medicine involves protecting, promoting and maintaining health and well-being by preventing disease, disability, and death through various strategies including, vaccinations, screenings and lifestyle modifications. It focuses on the health of individuals, communities and defined populations.

## **The Goals of Medicine**

There are several goals that medicine aims to achieve but four of them are basic and foundational to any other goal. These goals are pursued by different kinds of medicine. They include:

- i. **Relieve Pain and Suffering** – Every medicine is aimed at relieving pain and suffering caused by sicknesses and injuries, and improve the quality of life of individuals and communities.
- ii. **Prevent Disease and Injury** – Medicine aims to prevent diseases and injuries through public health initiatives like vaccinations, and promoting healthy lifestyles to reduce the risk of illnesses caused by preventable diseases and unhealthy lifestyles.
- iii. **Cure Disease and Heal Injury** – Medicine aims to cure diseases that afflict individuals and heal injuries that may come on individuals through accidents or conflicts. The goal is to restore health and bodily functions.
- iv. **Promote and Maintain Health** – The goal of promoting and maintaining health involves educating individuals and the general public about healthy lifestyles and behaviours. It also involves providing access to healthcare and advocating for policies that support public health.

It is instructive to note that medicine is a constantly evolving field of human endeavour with new discoveries, technologies and treatments emerging regularly including the use of Artificial Intelligence (AI) for diagnosis and treatment; its primary goal is the improvement of human health and well-being.

## **Categories of Medicine**

Medicine can be categorized into two distinct groups such as medicines and traditional medicine. This categorization is important to situate their proper historical and philosophical evolution.

- i. **Orthodox Medicine:** This category of medicine is also known as Conventional or Western medicine and it is the mainstream system of healthcare in the world today. It relies on scientific principles to diagnose and treat illnesses and it is practiced in a carefully built edifice called a hospital. It uses various interventions such as medications, surgery, radiation therapy, and other medical technologies to address health challenges. Trained medical doctors, nurses, pharmacists and other healthcare professionals are used in the practice of orthodox medicine. It is called Western medicine because of its historical and geographical roots in the Western world (Europe, North America and Australia). Colonization is basically responsible for the popularity and acceptance of orthodox medicine as the mainstream healthcare system in the world. Colonial authorities demonized the healthcare system of the people they came to colonize which made the people to detest their traditional healthcare system thereby setting the stage for the dominance of orthodox medicine.
- ii. **Traditional Medicine:** Traditional medicine is the one that comprises the various health practices, approaches and therapies that have been used for centuries in different cultures and societies to tackle health challenges. These practices are often based on traditional knowledge, beliefs and experiences passed down from generation to generation. For Eze and Okwor (2024), traditional medicine is the one that is indigenous to the people and holistic in its approach to health-related issues. Every traditional society has its own health system and different traditional societies have developed their indigenous healing system to deal with diseases that threaten their individual and

cooperate existence (56). That is why the World Health Organisation (WHO) (2014) defined traditional medicine as:

The sum total of the knowledge, skill 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 health (15).

Following from the definition given by WHO, Abbot (2014) opines that traditional medicine is 'medical knowledge developed by traditional societies based on their culture which includes plants, animals, mineral-based medicine, spiritual therapies and manual techniques for treatment of diseases (web). The deduction from WHO and Abbot establishes the fact that traditional medicine is the medicine that is culturally indigenous and peculiar to a people or society and it encompasses all facets of a people's ontology including physical and spiritual. It is cultural because it is part of their historical and ontological existence; it is peculiar because it is specific to a people's existential space. This is informed by the fact that every region of the world has different plants and minerals that are specific to that region and which may never be found in other regions of the world. That is why there is Chinese traditional medicine, Indian traditional medicine, Japanese traditional medicine, Arabian traditional medicine and African traditional medicine amongst other traditional medicine of different people, cultures and societies.

### **Characteristics of Traditional Medicine**

- i. **Holistic Approach** - Traditional medicine is holistic in its approach to health issues because they do not only consider the physical but also the emotional and spiritual aspects of health. In other words, it considers the totality of the human person in the diagnoses and treatment of health challenges. According to Onunwa (1980) 'there is no demarcation in African traditional society between the sacred and the profane. Both the spiritual and physical realms of the universe are believed to work in consistent harmony and are subject to ordered systems and rhythms' (50). For Etim (2013) 'health for the African is far more social than biological, which invariably does not entirely mean an absence of physical ailments but a wellbeing that is holistic' (146).
- ii. **Use of Natural Remedies** - Traditional medicine uses natural substances such as plants, herbs, barks and mineral extracts to treat diseases and sicknesses.
- iii. **Cultural Significance** - Traditional medicine is deeply rooted in the cultural and social context of the community. Here, the beliefs, myths, norms and customs of the people are incorporated into the healthcare system of the people.
- iv. **Empirical Knowledge** - Traditional medicine is sometimes based on empirical evidence of technicalities and observations passed down from one generation to another. Examples of traditional medicine include acupuncture which is practiced by the Chinese, Ayurvedic medicine, practiced by the Indians, African traditional medicine which is practiced by Africans. These medical practices incorporate diverse range of traditional methods and therapies.

### **African Traditional Medicine**

African Traditional Medicine (ATM) can be defined as the indigenous healthcare practice and therapies used by Africans to maintain health, prevent disease, and treat illnesses. For Eze, cited in Eze and Okwor, African traditional medicine 'is a healthcare system of indigenous

peoples of Africa for healing of diseases and maintenance of well-being within their cultural context which satisfied their health need prior to the emergence of orthodox healthcare system' (59). ATM is a healthcare system with a rich history that dates back to antiquity and is deeply rooted in African culture, myth and spirituality. Scholars of varying persuasions have argued that the practice of traditional medicine is one of the many tools invented by man to help himself navigate the vicissitudes of life that date back to pre-historic times. Therefore, it can be argued that its origin, as with other human phenomenon in Africa is as old as the emergence of man on the earth. The point here, is that ATM is not a recent invention or development. It is a system that has been in practice for as long as Africans have been on the earth. According to the Editorial of the Guardian Newspaper of October 10, 2025 'Traditional medicine in Nigeria is not lacking in popularity, millions still rely on it, particularly in rural areas where modern healthcare is largely absent'. This means that ATM should not be confused with alternative medicine or complementary medicine as some scholars may want to suggest. That is why for Etim (2013), 'African traditional medicine is the medical theory and practice that is native to Africans' (143).

### **Feature of ATM**

There are basic features that characterize the practice of African traditional medicine as a system of healthcare delivery. These features include:

- i. **Use of Natural Remedies** – ATM sources for its therapeutic remedies from nature such as herbs, plants, barks of trees, natural minerals including animal products to treat various types of health challenges.
- ii. **Spiritual and Ritual Practices** – ATM sometimes involve spiritual and ritual practices in the administration of healthcare delivery. This is because when a person's life is threatened by disease or other misfortunes of life, various steps are taken to preserve the life and restore health that may include divinations, consulting deities, prayers and sacrifices. According to Essien (2023) 'if a sudden and accidental death occurs in a family, or an illness that seems to defy proper medical diagnosis, then one discovers the power of the traditional spirituality and practices as clarifications and riposte are often sought from the traditional religious specialists cum spiritualists' (45). Orthodox medicine does not accommodate this aspect of curative measures and to a great extent condemn such practices. This condemnation is borne out of ignorance of the culture, custom and healthcare practices of ATM and its efficacy.
- iii. **Culture Based** – ATM is culture-based. This is so because the traditional health practitioners base their practice on their deep knowledge of the culture of their community and the antecedent of the materials used in carrying out therapeutic and curative services to their people.
- iv. **The Use of Mythology** – ATM is a generational practice that is transmitted from one generation to another through 'myths and stories' (Ishaya 2017). These myths are not documented but are religiously communicated to the next generation of practitioners. The communication usually take the form of descriptions of locations of herbal remedies, incantations to invoke the healing spirits, the mode and kinds of sacrifices and consequences of abdicating procedural instructions.
- v. **Holistic in Approach** – ATM is holistic in healthcare delivery and practice. This means that ATM deals with the totality of human health challenges including the spiritual and physical aspects of health and well-being.

## **Major Types of ATM**

ATM is not an omnibus system where one individual carries out the whole business of attending to all manner of health challenges that affects a community. It is not a one-stop shop where one gets treatment for every kind of health challenge. It has specialties just like the orthodox. There is a form of specialization even though it is sometimes difficult to delineate one kind of practice from another. Types of ATM include: traditional birth practice, spiritual healing, traditional bone-setting and herbal medicine

- i. **Traditional Birth Practice** – This is the use of traditional methods and remedies to support childbirth and maternal health. This type of ATM is mostly practiced by women. It is still the most popular form of healthcare delivery that is accessed by pregnant women in Africa. The practitioners are called Traditional Birth Attendants (TBA). There are however concerted efforts by various governments in Africa to train the TBAs in modern ways of handling childbirth challenges to reduce maternal mortality. Maternal mortality refers to deaths caused by complications during pregnancy, childbirth or postpartum care.
- ii. **Spiritual Healing and Ritual Practices** – This is the employment of spiritual and ritual practices to effect healings. This practice is hinged on the notion in African cosmology that illnesses have spiritual implications that requires an intermediary between man and the spirit to determine how the patient's health can be restored, not only the physical health but also the spiritual including patients that may have lost their minds (lunatics). In most African communities, it is believed that diseases and illnesses have spiritual connections because according to Eze and Okwor (2024) 'studies show that the notion of germs as causative agents of illnesses is totally absent in African worldview' (59). That is why John Mbiti (1969) observes that 'in African villages, diseases and misfortune are religious experiences and it requires a religious approach to deal with them' (169). This approach may involve prayers, divinations, incantation and sacrifices. The aim, always, is the total restoration of the soul, spirit and body of the patient. This aspect of ATM can be practiced by male and female. The practitioners are sometimes referred to as native doctors, or priests. The Ibo tribe in Nigeria calls them 'Dibia', the Ibibio tribe calls them 'Mbia-ibok', the Yoruba tribe calls them 'Babalawo', why the Hausa tribe calls them 'Boka'.
- iii. **Bone Setting** – This is the use of traditional methods to treat bone fractures and perform surgical operations on patients with bone injuries. African traditional medicine has a rich history of using its method to treat complicated bone fractures and in time restore the affected part to normalcy. The practice of this aspect of ATM is sometimes hereditary. No one may take it up except the skill is passed down to him/her from their forebears. But even with lack of formal training in traditional bone setting, the practice continues to enjoy good patronage. According to Idowu Abdullahi in a report in The Punch Newspaper of July 06, 2025 'without formal training of practitioners and regulation by regulatory agencies, traditional bone setting practice in Nigeria enjoys enormous patronage'. The high patronage is however not without reservations from some keen observers of the system. According to Idowu Abdullahi in The Punch report 'patients with bone injuries and fractures often leave traditional bone-setting homes worse than they arrived, with most debilitating outcomes like amputation and permanent disability'. The cause of this according to Abdullahi is that:

Traditional bone setting, in many parts of Nigeria has long been regarded as a family trade, passed down through generations. But in recent years, that

legacy has been overtaken by a wave of new practitioners entering the field out of desperation. For many the trade has become less about the required skills and more of a means of survival in the prevailing economy.

The point to note from Abdullahi is that the seeming failure of healing and cure in some cases is not because the traditional method of bone-setting has failed or is failing but because quacks have infiltrated the trade due to lack of regulation. To corroborate this view, the Director General of the Nigerian Natural Medicine Development Agency (NNMDA) – Prof. Martins Emeje asserts that many Nigerians relied on local bone settings for generations using skills and techniques unknown anywhere else in the world. According to him ‘traditional bone setters have provided sustained healthcare in rural communities for centuries despite neglect by formal institutions’. For him, the sidelining of traditional medicine is due to ‘colonial mentality’ and poor prioritization by the country’s healthcare system. (‘Healthwise’, Punch Newspaper July 2025).

- iv. **Herbal Medicine** – This refers to the use of medicinal herbs and plants to treat various health challenges. The practitioners are called herbalists whether male or female. But this appellation is often rejected by the practitioners because of the negativity that is attached to the word ‘herbalist’. Herbalists are sometimes perceived as unlearned and clairvoyant persons in their chosen line of career but this is not true as some are highly skilled in the art and some are university graduates with relevant qualifications in related disciplines. Because of this negative perception, the practitioners prefer being called ‘Herbal practitioners’.

### **Relevance and the Challenges of ATM**

ATM has served the healthcare needs of Africans from antiquity and remains the nearest and most accessible healthcare provider to a vast majority of the people. The relevance of ATM is not in doubt but the challenges confronting it is enormous.

#### **Relevance of ATM**

- i. **Cultural Relevance** – ATM is rooted in the culture of the people and encapsulates their spirituality. It is part of their religious belief system. Before the advent of orthodox medicine, the community chief priest served as the medium between the gods and the people with the power and authority to diagnose sicknesses and recommend type of treatment. This made ATM a very important aspect of the life of the community.
- ii. **Accessibility** – Quick access to healthcare services makes ATM very relevant to the people because of the nearness of practitioners to those in need of healthcare services especially those in the rural areas.
- iii. **Affordability** – ATM is easily affordable by the people. Prescriptions can be obtained easily by those in need since the prescribed items are plants, herbs or things within the community thus making it easy and cheap to be treated of illnesses or other human misfortunes that requires the services of an expert.

#### **Fieldwork**

The bringing together of oral and visual texts enhances the quality of writing ethnography because according to Samjee (2000) ‘visual knowledge based on visual thinking and analysis certainly adds to viewing culture’ (102). To enhance the quality of this research, the ethnographic approach was adopted. This methodological choice intends to deepen cultural knowledge and to validate cultural data through structured recorded interviews of long standing traditional medicine practitioners in Idu-uruan in Uruan Local Government Area of

Akwa Ibom State and Afikpo in Afikpo Local Government Area of Ebonyi State, comprising of Mr. Nseabasi Ededem Sampson – a registered member of the Akwa Ibom State Traditional Medicine Association of Nigeria and Mrs. Cynthia Otuu – a licensed herbal (fertility) practitioner by the Ebonyi State Ministry of Health. Oral interviews and questionnaires were conducted and administered on both practitioners to unravel some cultural facts about their practices. This is in line with Ajah's (2005) assertion that interviews with knowledgeable elders of the village of origin is a way of unearthing cultural facts.

The structure of the interviews was thematically set with 15 questions. The questions touched on different aspect of traditional medicinal practices including the duration of practice, how the trade was acquired – through apprenticeship or inheritance, the source of the medicines for treatment of sicknesses, the method of treatment, the top three sicknesses that people seek help, the caliber of customers – educated, poor or others, the number of patients seen in a week, trust issues, the challenges faced, and the lucrateness among other questions asked. The pieces of information gathered from the interviews authenticate and complements bibliographic data on some seminal works on African traditional medicine such as John Mbiti's *African Traditional Religions and Philosophy* (1969) and Francis Etim's *Metaphysics of African Medicine: A Discussion on Philosophy of Medicine* (2013). Although these publications follow a philosophical trajectory, they nevertheless reveal the cultural underpinnings and value of African traditional medicine as the entrenched healthcare system of the people.

### **The Philosophy and Challenges of ATM**

The challenge to unravel the wonders of nature caused the early philosophers to ask relevant questions and at the same time proffer answers to questions raised about the ultimate composition of the universe including its components. According to Stumpf (1994) 'Many of the answers given to these questions by the earliest philosophers are not as important as the fact that they focused upon just these questions and that they approached them with a fresh and a new frame of mind' (1). In the same vein, ATM despite its cultural and historical affinity to the African people has continued to face challenges that may have prompted Francis Etim (2013) to ask:

What is really wrong with African medicine? Why the popular acceptance of traditional medicine? Is there anything good about it? What makes African medicine different from its Western counterpart? Why the disdainful regard of it particularly by outsiders? What could be done to salvage the situation? (2).

But unlike the answers of the earliest philosophers that may not be as important as the questions they raised; the questions and the answers raised and answered by African philosophers about ATM are both very important including the philosophical insight they bring into salvaging the health needs of the African peoples. The questions point to a challenge facing the African people because of the unfortunate events of slavery and colonialism. The answers on the other hand point to a solution that considers the African assumptions about reality.

### **The Metaphysical Challenge of Causality**

Metaphysics is a core branch of philosophical studies that is concerned with the question of the ultimate nature. For Stumpf (1994):

Metaphysics goes beyond particular things to enquire about more general questions such as what lies beyond nature, how things come into being, what it means for something to be and whether there is a realm of being which is not subject to change and which is therefore the basis of certainty of knowledge (479).

The practice of ATM is sometimes laced in metaphysical tones that challenge the understanding of non-Africans and Africans of neocolonial orientations. This is because of the issue of causality. In metaphysics, causality is defined as the relationship between cause and effect. That is, that nothing happens without a cause (Etim, 2013:51). In ATM, there is the believe that every sickness, ailment or misfortune has a cause and that the cause most times, emanates from the realms beyond the physical. According to Mbiti (1969):

First and foremost, medicine men are concerned with sickness, disease, and misfortune. In African societies, these are generally believed to be caused by the ill-will or ill-action of one person against another, normally through the agency of witchcraft and magic. The medicine man has to therefore discover the cause of the sickness, find out who the criminal is, diagnose the cause of the disease, apply the right treatment and supply a means of preventing the misfortune from occurring again (169).

For Mbiti, even if it is explained to a patient that he has malaria because a mosquito carrying malaria parasite has stung him, he will want to know why that mosquito stung him and not another person. The only answer which people find satisfactory to that question is that someone has caused or sent the mosquito to sting a particular individual by means of magical manipulations. Suffering, misfortune, disease and accidents are all 'caused' mystically as far as African are concerned (169-70). The deductions from Mbiti are that to an average African, diseases or misfortunes are caused, not by germs, parasites or nature but by another person with the evil intent to cause pain and suffering. This is however far from the truth and it is a great challenge to the practice of ATM in this contemporary period. In as much as it is an accepted truism that some afflictions have connotations beyond the physical realm, to suggest that they are all caused by enemy human agents is stretching the truth beyond limits. The philosophy of ATM is aimed at philosophically dissecting such causal assumptions. This is because causality is theory laden and as pointed out by Ryle cited in Walsh (1967):

There is an element of theory built into the description of every causal scenario. This theory is what helps in the explanation and prediction of events. To explain, one has to seek for the ultimate causes which are the secret springs that lay behind what happens in the natural worlds but are past finding out (100).

The point to note from the above is that the search for the ultimate causes of events or ailments is necessary in explaining and discovering the solutions to the effects of the cause. ATM practitioners may be right in seeking for the ultimate causes of diseases and human sufferings but to suggest that all are caused by wicked human enemies to satisfy the expectations of patients is to put the cart before the horse. This position is supported by Segun Oyegbami (2007) who opines that 'in spite of great improvement in African health services due to the influence of Western medicine, not all cases of illness could be cured'. According to Omosade J. Awolalu (1979):

At some times, doctors in hospitals confessed that certain cases cannot be handled effectively in the hospital because they baffle medical knowledge; such doctors have encouraged people to remove their patients home for treatment in the 'native way'. And in many cases, when necessary 'appeal' is made to the ... forces; healing, which could not be effected in the hospital, has been effected simply by placating these ... forces and applying the 'prescribed' herbs (89).

### **The Epistemic Challenge**

One of the core challenges of philosophy is the issue of certainty or otherwise of knowledge. Epistemology is the branch of philosophy that tackles the problem of human knowledge and claims. Defined as the theory of knowledge; some epistemologists posit that 'knowledge is justified true belief'. But the crux of the matter according to Etim (2013) boils down to how to discriminate between mere appearance and reality? (66). The answer to Etim's question is the challenge that is facing the practitioners of ATM in the face of other types of medicines. How do patients differentiate between the frivolous and the authentic therapeutic claims of ATM practitioners? Even though ATM has been the primary source of healthcare system of the African people, the social interruption caused by colonialism and the deliberate demonization of the African social structure cast doubt, disdain, disregard and sometimes outright rejection of African traditional knowledge system and structure. According to Abdullahi in Eze and Okwor (2024):

The introduction of Western medicine and culture gave rise to culture-ideological clash which had hitherto created an unequal power-relation that practically undermined and stigmatized the traditional healthcare system in Africa because of the over-riding power of Western medicine (60).

The point to note from Abdullahi's position is 'that traditional medicine has continued to suffer relegation in Africa so many years after independence because products of European civilization followed after their masters in jettisoning the use of traditional medicine. That is why Chiwuzie, et-al in Eze and Okwor (2024) contend that Western-trained doctors are among the greatest to oppose traditional medicine' (61). From the submissions of Abdullahi and Chiwuzie, one can argue that the central issue here is that of acceptance based on new knowledge that is different from what was already known. Western trained doctors oppose ATM because of the disparity between their knowledge claims; why Western medicine is based on scientific principles; ATM is based on principles more metaphysical than physical. This disparity in knowledge may have led to the designation of ATM as complementary or alternative medicine.

### **Is ATM an Alternative Medicine?**

Alternative or complementary medicine is defined by the World Health Organisation (WHO) as a 'broad set of healthcare practices that are not part of that country's own traditional or conventional medicine and are not fully integrated into their dominant healthcare system. Following from this definition given by WHO, it would be counter-productive to designate ATM as complementary or alternative to orthodox or any other type of medicine. This is because as shown in the study, every society across the nations of the world has its own form of traditional healthcare system that is peculiar to it and rooted in their culture. What this means is that the traditional healthcare system of every society should be regarded as its dominant healthcare system and not the other way around especially when research

according to a 2022 WHO report cited in Okwor and Eze (2024) has shown that 80% of Africans patronize ATM rather than orthodox medicine (18). Healthcare systems and practices imported from other parts of the world to Africa are rightly the alternative or complementary systems brought to complement the already existing healthcare system of the African people. Eze and Okwor (2025) captures this view succinctly when they averred that ATM is often confused with complementary medicine which according to WHO is ‘a broad set of healthcare practices that are not fully integrated into the dominant healthcare system’. For them, given this explanation, it is wrong to designate ATM complementary or alternative in Nigeria and some African countries because of its non-integration into the dominant healthcare system. The definitions show that traditional medicine is global and that every society’s health system developed from traditional culture. Thus, regarding traditional medicine as the dominant healthcare is a challenge facing some African countries including Nigeria (59).

### **Conclusion**

The objective of this research was the deliberate rebranding of the distorted and disparaged conceptions of African traditional medicine using the philosophical tools of analysis and criticism. ATM once suffered ideological, psychological and institutional neglect because of the stereotype of Western colonialism and the ‘colonial mentality’ of Western trained medical practitioners who reject and treat ATM and its practitioners with ignominy and contempt. But the narrative is changing. More and more people, including scholars of different disciplines are coming to terms with the reality and efficacy of ATM and its role in maintaining and sustaining the healthcare system of African. The research is of the opinion that more effort should be made to create the right awareness and atmosphere for the system to thrive especially among the young in their digital spaces. With the Department of Philosophy, University of Uyo making the African Traditional Medicine a course of study, other disciplines should be encouraged to follow in that direction. Policy makers and regulatory agencies in the health sector in Africa should also make themselves visible in both the print, electronic and social medias through seminars, conferences and press releases to counter in its entirety the stereotypes of Western narratives. Also, efforts should be made to train and retrain ATM practitioners to inculcate modern trends and practices in their trade such as the use of decent and appealing work spaces. Efforts should also be put in place by the regulators to weed out pseudo elements among the practitioners.

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❖ **Acknowledgements:** This work received TETFUND's Institutional Based Research Grant 2025/2026. We are grateful to the awarding institution for the funding of our project on African Traditional Medicine.

❖ **Note:** Some parts of this work was presented at the 2025 International Conference of the Philosophers Association of Nigeria (PAN)/World Philosophy Day held at the Rivers State University, Port Harcourt on November 19 – 22, 2025.