

Making a Case for Integrative Medicine in Yoruba and Western Health Care Paradigms

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Abstract

The world is evolving and conservative positions are giving way to practical and existential ones. The Western healthcare paradigm has conservatively been the formally acceptable healthcare paradigm in Nigeria although WHO knows and supports African Traditional Medicine (ATM). Current healthcare needs to show the limitation in both methods, when isolated, in such a way that either cannot give holistic care every time a patient requires it. This paper focuses on disease causation, diagnosis and treatment found in Yoruba Traditional Medicine (YTM) as a framework for integrative healthcare in Africa. There is a need for a complementary blend between the ATM and the Western model. The blend is necessitated because of the limitation experienced when one excludes the other. The Western paradigm focuses on the empirical analysis of disease causation and treatment whereas YTM focuses on both the empirical and spiritual dimension of disease causation and treatment as recognized by WHO. This study calls for an integrative healthcare aimed at providing a holistic approach to diagnosis and treatment of the mind, body, and spirit. To achieve the purpose of this paper, the Yoruba principle of 'Àgbájọ ọwọ la fí n sọ àyà, àjèjé ọwọ kan kò gbé ẹrù dé orí' (one hand is not good enough to lift a heavy load unto one's head) will be used, with the objective of making a strong case for the integration of ATM and Western healthcare.

Key Ideas: African Traditional Medicine, Paradigm, Western, Integrative medicine, Àgbájọ ọwọ la fí n sọ àyà, àjèjé ọwọ kan kò gbé ẹrù dé orí

Introduction

A person is healthy only when all the parts - body, mind and spirit - function properly. The days are gone when some cultures were regarded as lacking value that can contribute to knowledge, thanks to the works of foremost anthropologists like Tylor (1871) and Malinowski (1922). Today, more than just the realization of the importance of every single culture, there is the quest for a return to originality especially in Africa. This gives credit to indigenous knowledge in the emerging modern world. For effectiveness and progress, culture must be observed from a scientific perspective in order to understand how people live, and what forms of knowledge and beliefs they have to guide their lives, “these are traditions (*bi a ti nsé*) (Akin-Otiko, 2015:14).

A society’s culture consists of whatever the members know or believe and use in order to function in an acceptable manner. Culture is not merely a material phenomenon, it consists of attitude, behaviour, responses and emotions adduced to prevent and respond to needs. Culture is the way a group of people respond and organize things to suit their context. “Culture is a medium of expression, every facet of human existence, including religion, [and medicine] finds expression in various cultures” (Akin-Otiko, 2015:13). This realization is important in the evolving of the modern world since the world is gradually becoming a global village that can no longer be represented by a part but by the whole. It cannot be over emphasized that societies in this modern age must emerge with their very different and unique character to make up the whole.

This paper focuses on Yoruba traditional healthcare paradigm. By healthcare paradigm, we mean the method that the Yoruba use in the prevention, diagnosis, and treatment of their health needs. The study is based on reports and records of efficacy among practitioners and patients. It has been noted that “the continuous re-appraisal of Africa’s traditional medical heritage should aid in raising these indigenous belief systems on to the higher pedestal of clinical science” (Ohaeri, 1988:24). The fact of re-appraisal shows that the discussions on African traditional medicine are not new. Ohaeri (1988:24) discussed the strategies to be adopted to transform indigenous African medicine into a science. That is, a deliberate, systematic collection of data, analysis of the data to see how they fit into the hypothesis being tested, the elimination of bias as much as possible, and the readiness

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to freely communicate the process and results arrived at. Many have attempted definitions and discussions on herbs, diagnosis and cure in African traditional medicine. For Sofowora, African traditional medicine

can be described as the total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing, or eliminating a physical, mental, or social disease and which may rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing. (Sofowora, 2008:2)

According to Acharya and Shrivastava (2008:440) paraphrasing WHO's definition of Traditional medicine, traditional medicine is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as prevent, diagnose, improve or treat physical and mental illnesses. For them, there has to be a conscious inclusion of every aspect of man including the spiritual for there to be a holistic approach to health care. To make the above definitions more acceptable, World Health Organization (WHO) came up with a more embracing definition which states that

traditional medicine is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness (WHO, 1978, 1991, & 2005).

Since discussions on African traditional medicine are not new, the focus has moved from whether it exists or not. It has also moved from whether it is potent or not. Today's discussion is centered on how to make it relevant and what it can contribute to development as the world evolves. World Health Organization (1975) noted that traditional medical practitioners who live and work among the people should

constitute the basic core of primary health workers. This is because they understand disease causation and natural cure available within the environment.

Granted that discussions have progressed on the issue of African traditional medicine does not remove the fact that it is not yet generally accepted and understood. As far back as the early 70s and 80s, Evan-Pritchard (1973:9) and Buckley (1985:185) hold that if one does not understand African Traditional medicine, it will be called magic. Sadly, “many anthropologists and sociologists who visit Africa take medicine and magic to mean the same thing. Even African scholars continue to present African medicine as a form of magic” (Jegade, 2010:19). This kind of misunderstanding stands in the way of a holistic approach to diagnosis and treatment of health conditions, while at the same time increases the need for a genuine concern for a complementary approach to healthcare.

Technology and science have influenced modern society’s perception of health in a manner which spitefully describes traditional medicine as unscientific and consequently irrelevant to development in the area of healthcare (Jegade, 2010:3). Traditional modes of diagnosis have suffered more in this regard and even when it is clear that Western medicine is limited and cannot solve all health problems, especially those which are spiritual in origin.

Over the years, Good (1979) and his colleagues have come up with two broad groupings of traditional medicine (a) the ancient, codified medical systems of nations such as Arabia, India and China (e.g., Acupuncture) which are recognized and accepted and so have made a lot of progress. (b) the “more localized indigenous system of traditional healing which has been associated with non-literate peoples of tropical Africa, Asia and America. They are referred to as the little or non-formalized traditions of healing” (Ohaeri, 1988:24). What is referred to as ‘more localized’ indigenous system has also been referred to as the “non-formalized systems of non-literate peoples that is mostly non-hierarchical, less systematized and more than not devoid of written record” (Oyebola, 1980:33).

Given the facts about the existence and the efficacy of African traditional medicine, this paper departs from the above stated description and goes on to state that Yoruba traditional medicine like other traditional medicines can be rated and incorporated as a

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complementary paradigm in formal healthcare systems in Nigeria and Africa as a whole.

Clarification of concepts

African Traditional Medicine: “is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness” (WHO, 1978).

Paradigm: The Merriam-Webster Online dictionary defines paradigm as “a philosophical and theoretical framework of a scientific school or discipline within which theories, laws, and generalizations and the experiments performed in support of them are formulated.” For the purpose of this work, paradigm will represent a framework used in both Western and African Traditional Medicine.

Western paradigm: This is the kind of medicine introduced from the West, it is a system that the missionaries and colonialism have helped to spread through every part of the world.

Inclusivist: is “one of several approaches to understanding the relationship between religions, asserts that while one set of beliefs is absolutely true, other sets of beliefs are at least partially true. It stands in contrast to exclusivism, which asserts that only one way is true and all others are in error” (Andrew, 2010). This paper is not an attempt to show that Western paradigm is the main method while African Traditional Medicine is partially reliable, the two paradigms are taken as complementary to each other.

Àgbájọ ọwọ la fí ñ sọ àyà, àjèjé ọwọ kan kò gbé ẹrù dé ori: This is a principle that explains complementarity and it literally means that ‘coming together makes one succeed, one hand is not good enough to lift a heavy load unto one’s head’.

The principle of *Àgbájọ ọwọ la fí ñ sọ àyà, àjèjé ọwọ kan kò gbé ẹrù dé orí*

This is a complementarity principle that highlights the limitation in excluding others as against the value of complementary effort. This principle comes handy because healthcare is a patient centered engagement that requires all the assistance that can be mustered to achieve the health of a patient. The principle moves beyond the tussle of ego and mutual suspicion that exists between practitioners of the Western and African paradigms of healthcare. The expression *ọwọ kan kò gbé ẹrù dé orí* indicates that a single paradigm cannot deliver total and holistic healthcare to patients in the modern times, and rather than leave healthcare deficient, collaboration is needed to provide adequate care for patients. The idea of a second hand is the complementary paradigm which should be engaged to assist in providing holistic healthcare. It is complementary in the sense that each healthcare paradigm recognizes its limitation and the role of the other. It is not a time to test strength, just as much as it is a time to recognize each other's limitations. It is not a call to function one after the other, as the purpose of the invitation would have been defeated. *Ọwọ kan kò gbé ẹrù dé orí* is a principle of complementarity as it invites parties to a simultaneous cooperation (what exists today are attempts to rescue: when African Traditional Medicine fails, the practitioners of Western method grudgingly step in to help remedy the situation; and vice versa, when the Western method fails, the African Traditional Medicine practitioner steps in to announce the potency of their method).

The principle of *Àgbájọ ọwọ la fí ñ sọ àyà, àjèjé ọwọ kan kò gbé ẹrù dé orí* advocates the harnessing of potentials from the Western method of healthcare and blending it with the potentials and expertise found in African Traditional Medicine at the level of disease causation, diagnosis and treatment in order to achieve a total, holistic treatment and healing of patients.

Yoruba traditional medical paradigm

The Yoruba traditional healthcare, like every healthcare paradigm, has a clear understanding of disease causation and from this understanding, prevents and treats diseases. At the level of disease causation, there are four different levels of involvement in terms of capability in the handling and delivering of healthcare in Yoruba traditional medicine. These levels vary from merchants to diviners, but

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all make up the paradigm. The first three levels rely on medical history and physical examination for symptoms. They examine the colour of urine, the formation of feces, colour of the eyes, level of temperature, ask questions about the history of the condition etc. In the fourth level, the highest level of health care, there is the use of both the physical examination and divination tools to achieve total health (spirit, body and psych) (Akin-Otiko, 2018:9-10).

The first and lowest level of healthcare in Yoruba paradigm is the general level as Buckley noted, that “almost all Yoruba men knew at least a little about medicine (*Oògùn*)... most household compounds contained at least one man who was reputed to be well versed in traditional medicine.” (Buckley, 1997:3) At this level, illnesses like headache, can be handled by first aid treatment.

The second level of involvement in Yoruba traditional medicine, is the level of the *lèkulèja* (sellers of medicinal ingredients) who deal exclusively with the sale of medicinal ingredients like animals, fish, barks, roots, stems, fruits, pods, and minerals. Many of these people acquire some knowledge of medicine while selling these medicinal ingredients. The acquired knowledge enables them to take care of simple natural illnesses like fever, after birth pain, etc. These have been referred to as quacks in the Western paradigm because they attempt to undertake basic health care without formal training. In reality, they are only meant to be retailers of medicinal ingredients.

The third level, in terms of competence, is where one finds the *onişègùn or adáhunṣe*. These are herbalists, persons recognized by the community in which they live as competent enough to provide general health care with the use of vegetables, animal or mineral substances and certain other methods based on the social, cultural, religious background, knowledge and attitudes of the community regarding physical, mental and social well-being (WHO, 1976). Osunwole (1989:29) noted that traditional healers are popularly known as *onişègùn or adáhunṣe*. *Onişègùn* is a general medical practitioner with good training and experience in traditional healing. He is also called *adáhunṣe* because he does not depend on any power or force apart from his knowledge and experience. *Onişègùn or adáhunṣe* “rely on medical history and symptoms for diagnosis” (Simpson, 1994:93).

The fourth level of competence is the position of those called *Sawo/sè sègùn* (diviner/healer); this category of healer can be placed

higher than the *oníṣègùn or adáhunṣe* because of their involvement in a wider spectrum. For Osunwole, (1989:29) *sawo/sè sègùn* combine divination with other traditional healing methods, they are vast in both physical and spiritual aspects of Yoruba traditional health care. At this level, the *sawo/sè sègùn* has a range of divining tools to choose from as means of complementing his medicine. It can be any of the divining methods found among the Yoruba health care providers such as *ikin, òpèlè, eḗrin, eḗrindínlógùn, yanrìn, omi*, etc., which are used for diagnosis as well as for prescriptions (Akin-Otiko, 2018:11).

In the Yoruba world view, some supernatural factors such as bewitchment, sorcery, curses, aggrieved spirits of ancestors and the breaching of cultural taboos can cause diseases. According to Sawandi (2010), Yoruba believe that human beings are vulnerable to physical and spiritual illnesses, which may be caused by oppressive forces known as *ajogun*. Illnesses caused by these forces usually defy biomedical solutions. Such that, it becomes paramount to look at the cultural environment of the patient to see if there is an imbalance resulting from a disregard of social, cultural or traditional norms to diagnose such illnesses.

Among the *sawo/sè sègùn*, I choose to recommend those that use *òpèlè* and *Ikin Ifá*. These are regarded as the “fathers of secret” (Bascom, 1969:81). They are the custodian of the Ifá literary corpus which is believed to contain everything including diagnosis and treatment of all forms of diseases. In the Ifá method, divination is not a creation from what does not exist, it is a reference to an existing format, a principle that worked for X. Ifa corpus is a collection of medical cases from which the diviner consults to diagnose and prescribe. What divination does is to establish a condition X, looks for condition X in the corpus and repeats the prescription that worked for condition X. It is a consultation with history, precisely what Western medicine does. Case “A” looks like “X”, what was used for “X” should work for “A”. That is: “X” divine for “Y”, when “Z” was wrong with him, now “Z” is wrong with “A”, let us use what “Y” used when “Z” was wrong with him. There is abundant evidence to show reliability and efficiency.

Diagnosis: Western medicine understands the importance of diagnosis and rates it as the first procedure in medical care, for unless the cause

of an illness is known, treatment is impossible. Sofowora (2008:41) calls diagnosis the hallmark of medicine, it is the first thing to be done in medical procedure. Jegede affirmed this when he noted that “diagnosis is the most important aspect of any healing system. The treatment of a patient cannot commence without an understanding of the illness or disease” (Jegede, 2010:36). In the Western forms of diagnosis, there is a focus on the material and psychological causes of illness with little or no reference to spiritual causes. This is due to the limitation in the knowledge of spiritual causes of illnesses. In Yoruba traditional medicine, diagnosis includes the process of divination.

Divination comes into play when there is a need to diagnose something that physical methods of diagnosis fail to pick. Usually, diseases that are beyond physical manifestations (spiritual or psychic) are believed to have spiritual or sociological causes which affect the spiritual part of man. It is for instances like this, when physical examination of colour, texture, temperature and history of ailment fail, that *Ifá* divination comes handy. A Yoruba traditional health care giver in Idanre observed that when the spiritual dimension of man is sick, it automatically manifests physically; likewise, when it is healed, it manifests physically. He also noted that patients may have the same illness and similar symptoms, but the methods of treatment employed may not necessarily be the same, because the causes of these illnesses may differ (Jegede, 2010:10).

According to *Gale Encyclopedia*, (2001) “there are strong spiritual aspects to African Traditional medicine and among traditional healers, the ability to diagnose an illness is considered a gift from both God and the practitioner's ancestors. A major emphasis is placed on determining the root causes underlying any illness.” In Yoruba traditional medicine, diagnosis of serious diseases are reached through experience or with the help of divination, after which a treatment is prescribed.

Treatment: At the first three levels of healthcare in Africa, treatment is purely natural. But at the fourth stage, treatment usually consists of herbal remedies that have not only healing abilities, but symbolic and spiritual significance, because it is believed that illnesses do not derive only from chance occurrences, but also through spiritual or social imbalance. This method, researchers have shown flows from Yoruba understanding of disease causation. Yoruba believe that disease can be

caused by natural, spiritual and mystical means. This makes the paradigm holistic (Jegade, 2010).

Basis for Inclusive Paradigm

The first three levels of healthcare provision in African Traditional Medicine exist as parallels to Western healthcare. The first level is general, and all are encouraged to have the basic knowledge that can serve as first aid during minor healthcare concerns. The second stage is where one finds the equivalents of pharmacists. Here, one finds those whose business is to merely sell herbal items as prescribed by a trained medical practitioner, these are *lékuléja*, they learn the pattern of disease presentation on the job and choose to prescribe and treat without training in such areas. The third stage is for the *onişègùn or adáhunṣe* who are well trained African healthcare givers.

The differences between the Western and the African traditional healthcare provider is in the nature of *formal* training that is received. This is basically so because of the differences in the operating paradigm. The Western paradigm is empirical whereas in Traditional African Medicine, there is a knowledge that transcends empirical experience. It is at this level that the principle of *owó kan kò gbé erù dé orí* 'load is not lifted to the head with one hand' begins. At this level, collaboration is meant to enable both paradigms recognize their differences and areas of competence. With the advancement in technology, diagnosis is a lot easier and more definitive in the Western paradigm and the practitioners of African Traditional Medicine recognize that. This however does not mean that they still do not function using their methods. They cannot be done away with, especially in the rural areas.

At the fourth level, there is a fundamental separation in the understanding of disease causation which reflects in the methods of diagnosis and eventual treatment. The definition of Traditional medicine given by WHO (1975) shows that there are some diseases which are known, diagnosed and treated using different indigenous methods that are not known to Western methods. It is at this point that collaboration becomes crucial and necessary. The Western practitioners are not ignorant of such diseases, what exists is an informal referral, rather than formally collaborating with practitioners of traditional medicine. The Western healthcare provider "informally/orally refers or advises the patient's family members to

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take the patient home, based on the belief that there exists a wider understanding of disease aetiology in African traditional medicine (ATM). The patient is to go to any place where alternative methods of diagnosis and treatment can be employed” (Akin-Otiko, 2018:38).

In such cases the African healthcare practitioner deploys different means which may include divination as a method of diagnosis and treatment for diseases with ‘beyond-the-physical’ causations. The Western paradigm has in the past referred to this medium as magic or superstitious, but life experiences and researches have attested to the reality of such methods as well as their efficacy (Akin-Otiko, 2018). Even though it is becoming clear that some diseases that had been traced to super-physical causation in the past are treatable without the intervention of any divinity today e.g., chicken pox which was at some point linked with *Ọbàtálá* (a divinity) is now known to be treatable without any recourse to the divinity. Abiodun, (2005:218) still argues that the traditional perception of health with its metaphysical presuppositions enhances the functionality of Yoruba traditional medicine and it makes it more appropriate to the needs of the people than western medicine which is inherently bacteriologic. Jegede stresses the link between Yoruba traditional medicine and religion. For him,

In traditional religion, religion and medicine are connected and are ever crossing each other. Thus, African therapeutics is medico-religious. It includes the use of divination, rituals, and sacrifices as well as incantations, from etiology diagnosis to the management and treatment of diseases (Jegede, 2006:64).

It is at the fourth level that inclusion and collaboration is strongly required for holistic treatment. Buckley holds that “there are undoubtedly some healing techniques used in African culture [including the Yoruba] which seem to contradict both scientific knowledge and common sense” (Buckley, 1997:17). The need for inclusive medicine has been demonstrated in research in the area of somatoform disorder among the Yoruba in Nigeria (Akin-Otiko, 2018). As the modern world evolves, one must know that the aim of Yoruba traditional medicine is the same as western medicine, which is, preventing, diagnosing and healing of diseases, but they differ in

their understanding of disease causation, approach to healing and the method of diagnosis:

the basic concept of Western medicine centres around the results of experiment, and the disease is regarded as caused by physiopathological agents (including micro-organisms and noxious substances in food and the environment). Traditional medicine, however, considers man as an integral somatic and extra-material entity and many developing countries will accept the fact that disease can be due to supernatural causes arising from the displeasure of ancestral gods, evil spirits, effect of witchcraft, the effect of spirit possession, or the intrusion of an object into the body. (Sofowora, 2008:37)

Hence, cure for diseases must follow the laws of nature using the numerous natural agencies available in the environment. Yoruba believe that sickness or misfortune results from a breach of the equilibrium between humans and the spirit world, or a dysfunctional relationship between the gods and their mortal followers. To restore this equilibrium, a health care provider deploys the holistic diagnostic methods, combining leaves, roots, bark, latex, incantations, rituals and divination (Voek, 1997:115). This is important since “what a particular society or ethnic group believes about the causation of illness is important in the treatment of illness.” (Kottack, 1994:62)

Conclusion

This is not an attempt to celebrate mediocrity, nor is it an attempt to celebrate unscientific procedures, on the contrary, it is an attempt to acknowledge the potential and success of Yoruba traditional medicine. This acknowledgement is aimed at advancing holistic healthcare as the threshold of the modern world approaches. It has to be acknowledged that so much has and is still being done in Yoruba traditional medicine. This does not remove the fact that a lot still needs to be done in the area of documentation and systematic process of engaging with patients. Progress will allow for better and more explainable processes of diagnosis and prescription in traditional medicine in view of collaboration. Particularly as Khalikova (2023) noted that “scholars

have experimented with other analytical conceptualisations such as eclecticism and hybridity (Brooks, Cerulli & Sheldon 2020) to highlight how seemingly distinct medical traditions can be practiced in eclectic and entangled ways, where every doctor-patient encounter entails a negotiation of diverse medical ideas and treatments.”

Improvement and development in traditional medicine is important because a clear distinction has to be made between medicine and religion. In the pre-colonial Yoruba societies like pre Hippocrates period, traditional healing was the only form of therapy among the Yoruba, and it was provided by the healers who were also the popular religious priests whose medical knowledge was linked to their religious belief and practices, thus, justifying the use of spiritual practices for the diagnosis and cure of diseases (Osunwole, 1989: 223).

While Africans continue to re-appraise their methods of healthcare, there is no need to wait for the approval of the west before Africans themselves begin to celebrate the recognisable achievements in healthcare. It must not become good and outstanding because the West calls it good and outstanding. Now is the time that African traditional practitioners should recognize their capability and take it for its worth. This principle proposes an inclusive healthcare center where the Western and African Traditional practitioner will be allowed to practice together with mutual recognition of strength and weakness, competence and incompetence for the sake of the patient.

References

Abiodun, B. O. (2005). Medical practice in Western Science and African Traditional Thought: A comparative Analysis. *African Identity* 3:2.

Acharya, D. and Shrivastava, A. 2008. *Indigenous Herbal Medicines: Tribal Formulations and Traditional Herbal Practices*. Jaipur / India: Aavishkar Publishers Distributor.

Akin-Otiko, A. (2015). *Àdimùlà [Religion in Yorubaland]: A New Perspective*. Ibadan: Gold Press Limited.

_____ (2018). *Uncommon Methods of Diagnosis and Treatment in African Traditional Medicine (ATM)*. Gold Press Limited: Ibadan.

Andrew Davis (2010) Defending religious pluralism for religious education, *Ethics and Education*, 5:3, 189-202, DOI: 10.1080/17449642.2010.519138.

Bascom, W. (1969). *Ifá Divination; Communication between Gods and Men in West Africa*. Indiana: Indiana University Press.

Brooks S. K., Webster R. K., Smith L. E., Woodland L., Wessely S., Greenberg N., Rubin G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet* 395(10227):919–920.

Buckley, A. D. (1997). *Yoruba Medicine*. New York: Clarendon Press.

Evans-Pritchard, E. E. (1973). *Witchcraft, Oracles and magic among the Azande*. Oxford: Oxford University Press.

Good, C. M., Hanter, J. M. & Katz, S. H. (1979). The interface of dual systems of health care in the developing world: toward health policy initiatives in Africa. *Social Science and Medicine* 13D: 141-154

Goodenough, W. (1957). Oceania and the Problem of Controls in the Study of Cultural and Human Evolution. *Journal of the Polynesian Society* 66:146-155.

Forster, G. M. and Anderson, J. Q. (1978). Disease etiology in non-western medical system. *Journal of American Anthropology*.

Gale Encyclopedia of Alternative Medicine. Gale Group: <http://findarticles.com/p/articles>.

Jegade, C. O. (2006). From disease etiology to disease treatment: An exploration into religion and the Yoruba therapeutics. *Orita* 60.20, pp?

_____ (2010). *Incantations and Herbal cures in Ifa Divination: emerging issues in indigenous knowledge*. Ibadan: African Association for the Study of Religion.

Khalikova, V. (2023). “Medical pluralism”. *The Open Encyclopedia of Anthropology*, edited by Felix Stein. Facsimile of the first edition in

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The Cambridge Encyclopedia of Anthropology
<http://doi.org/10.29164/21medplural>

Kottack, P. (1994). *Cultural Anthropology*. Washington D.C.: Smithsonian Institute.

Malinowski, B. C. (1922). *Argonauts of the western pacific*. London: Routledge.

_____ (1989). *A Diary in the Strict Sense of the Term*. Stanford: Stanford University Press.

Morey, N. C. and Luthans, F. (1985). Refining the Displacement of Culture and the Use of Scenes and Themes in Organizational Studies. *Academy of Management Review* 10.2: 219-229.

Ohaeri, J. U, (1988). African traditional medicine: A stage in the peoples' history. *African Notes* 12 (1-2): 24-28.

Osunwole, S. A. (1989). Healing in Yoruba traditional Belief System. PhD thesis, Institute of African Studies, University of Ibadan

Oyebola, D. D. O. (1980). The method of Training Traditional Healers and Midwives among the Yoruba of Nigeria. *Social Science and Medicine* 14:31-37.

Srivastava S, Angelo K. M, Vallereux S. R. (2008). Extraversion and positive affect: a day reconstruction study of person–environment transactions. *Journal of Research in Personality* 42(6):1613–1618.

Simpson, G. E. (1994). *Yoruba Religion and Medicine in Ibadan*. Ibadan: Ibadan University Press.

Sofowora, A. (2008). *Medicinal Plants and Traditional Medicine in Africa*. Ibadan: Spectrum Books Limited.

Tariq, S. *Yoruba Medicine: The Art of divine Herbology*.
<http://www.planetherbs.com/theory/yorubic-medicine-the-art-of-divine-herbology.html>

Tylor, E. (1871). *Primitive Cultures*, Volumes I and II.

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Voek, R. C. (1997). *Sacred Leaves of Condomble: African Medicine and Religion in Brazil*. Austin: University of Texas Press.

WHO (1975). <http://www.who.int/mediacentre/factsheets/fs134/en/>.

_____ The promotion and Development of Traditional Medicine. *Report of a WHO meeting, WHO Technical Report Series No. 622*, World Health Organization, Geneva.

_____ Traditional medicine and modern health care: Progress report by Director General *Document No. A441/10, March, 1991*, World Health Organization, Geneva.

_____ National policies on traditional medicine and regulation of herbal medicines. *Report of a WHO global survey*. World Health Organization, Geneva.