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# **Traditional Medicine Making of the 'Emu': Continuity and Change**

# Chapter One

## 1.1 Overview

In 1986, General Olusegun Obasanjo advocated the use of traditional medicine to dismantle the oppressive apartheid regime in South Africa. In March 1977, at Benin City, the Nigerian Army held a seminar to which indigenous medicine men were invited. The aim of the meeting was to explore the possibility of tapping the potentials inherent in African traditional medicines, for military and defence purposes (Fabarebo, 1990: 3). Around 1987, universities in Sokoto and Bendel (now split into Edo and Delta states) States were employing “juju” men to solve what they considered as intractable problems. After the Vice Chancellor of one of the institutions was bitten by a mysterious snake, the school sought the assistance of medicine men to rid the school of snakes. In another development at Bendel State University (now Ambrose Alli University Ekpoma), the thieves that carted away the university property were detected and apprehended by the use of traditional medicine (Fabarebo, 1990: 8). In 1990, the news was widespread in respect of two undergraduate students of the University of Jos who became victims to ritual medicine. Unknown to one of them, a female student, her father had laced her with “*magun alemaro*”. This medicine is to make turgid the penis of whoever tries to have sex with her. However, the male lover decided to use his tongue instead (cunnilingus). The tongue and the head of the boy increased tremendously and then exploded. The above instances speak to the reality of the belief in ritual medicine. The question is why do we (Nigerians) still engage in traditional medicine and why does the belief still continue in our society, despite the perceived collapse of traditional beliefs and practices? These questions owe in part to the pursuit and the re-discovery of the African traditional medicine in the 21<sup>st</sup> century.

In an attempt to introduce research into traditional medicine, the University of Ibadan (African Studies Institute) established degree programs in African Traditional Medicine. This and other institutional undertakings are serious efforts to uncover values in medicinal plants that are becoming increasingly viable as more and more diseases are showing resistance to orthodox antibiotics, the side effects of which are of a great medical concern. This concern accounts for the recent move away from the use of synthetic

medicine to galenicals and the use of herbs which form about 90% of the traditional medicine (Ubrurhe, 2003: 1). Against this backdrop, the quest of this work was to investigate the religious beliefs and rituals of Emu people, with the view of documenting their medicinal practices within the context of change.

Where new influences infringe on any society, a scholar of culture is at once confronted with the problem of how much is modified and how much is retained (Bascom & Herskovitz, 1959: 06). Consequent upon the aggressive wind of change that heralded capitalistic penetration in Africa, the boundaries of the old ethnic kingdoms were shattered. Indigenous beliefs, ideas, practices and norms that were held sacrosanct and sacred were almost obliterated. The impact of the drastic shift from traditional collectivism to individualism and from spiritualism to materialism is profound. This shift is the main focus of this book.

Existing literatures in African religions (in general) including traditional medicine tend to be dominated by data obtained from small – scale societies. The cultural anthropologists who initially researched this field studied religion within structuralism and functionalism. These approaches may be useful for the study of distinctive religio-cultural elements such as medicine, sorcery, witchcraft, and rites of passage. However, among the Emu people, such studies were carried out in a sweeping fashion lacking analysis on continuity and change. Additionally, historical and phenomenological studies have been absent. In view of the above limitation, the goals of this book are:

1. To provide a systematic and descriptive documentation of indigenous beliefs and practices of the Emu people.
2. To examine the relationship between Emu contemporary economic and socio-political situations in the context of continuity and changes to the people's religious beliefs and ritual practices concerning medicine.
3. To use the facts from Emu as basis for examining changes and consequences of religious changes in Africa.

## 1.2 Approach

Given the systemic inquiry that the study of this book adopts, there is a heavy dependence on the Husserlina principles of understanding-epoch, eidetic vision, empathy and quest from meaning. This theoretical perspective makes

it possible to avoid the cold objectivity that defines western scholarly approach. Ayward Shorter in his book, *African Christian Theology* (1975: 39), listed eight approaches which have been adopted by different authors in the study of African religions. Out of these eight, he suggested that the multidimensional approach-historical, limited comparative, categorical and thematic approaches will be better suited to the study of African religions.

Harold Turner argued against Short's multidimensional approaches. For Turner, religion is a "human activity and experience that is liable to be inter-woven with all aspects of human life, and its study therefore requires, sooner or later, all human science" (Turner, 1981: 1-2). In the study of religion, the methods employed should, according to him, be able "to study, not only religion in its total milieu and that milieu itself, but also what it is that is interwoven with all other dimensions of existence". Shorter's approach, according to Ikenga-Metuh, is an anthropological study of African Religions, which may be useful for the study of the milieu of religion but inadequate for the study of the distinctive elements of religions. Ikenga-Metuh further noted that "in the four approaches that make up Shorter's Multidimensional method, no mention was made of the specialist religious disciplines" (Metuh, 1987: 87). This book marks the first attempt to study the traditional religion of the Emu people with specific focus on its' specialists use of herbs or practice of medicine. The major approach is documentation of practices as well as descriptive description of the practices underscoring the importance of the medicines that are used within the contexts in which they are used.

### 1.3 Terminologies

Of importance to this work are certain concepts and terms such as tradition, medicine, and traditional medicine. Since these terms will feature prominently in this work, and because there are certain negative stereotypes associated with them it is important to make clear the manner in which they are used. Tradition refers to doctrine, belief, opinion, custom, and story that is passed from generation to generation, especially orally. By medicine is meant any object, spell or rite that is supposed to have natural or supernatural powers as a remedy or curative. There are ritual medicines that are used for the cure of diseases. Most times, these ritual medicines

involve the use of incantations alongside the medicinal substance. It is common place to say that the efficacy of the medicine is dependent on both the active ingredients of the ritual medicine and the incantations. This fact has been acknowledged in the definition of medicine by Parrinder (1969: 156), who stated that medicine in the African context covers both natural healing agencies such as leaves and roots, and the invocations of ritual or spiritual influence that are thought to be associated with them. It includes anything that can be used to heal, kill, to secure power, health, fertility, personality or moral reforms (Metuh, 1985). *Igwo Ogwu* (medicine making) includes the use of herbal, psychotherapeutical and spiritual techniques. Medicine includes herbal mixtures, ritual objects, incantations and rites capable of changing the human condition for better or worse (Metuh, 1985: 162).

Traditional medicine is the method of healing or curing diseases as well as preventing diseases, which have been handed down from generation to generation. It is the oral transmission of the knowledge and practices, based on customary methods of natural healing or treatment of disease (Mume, n.d.: 27). It is also the total combination of knowledge and practice, whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disease which may rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing (Sofowora, 1984: 21).

An important distinction has to be made between “medicine” and “ritual medicine”. Ritual medicines involve the use of incantations for the treatment, prevention or cure of diseases; it is difficult to say whether the efficacy of ritual medicine is in the active ingredients or in the incantations. Contrarily, medicine is a cover term for natural healing agencies such as leaves, roots and the invocation of ritual or spiritual influences that are thought to be associated with them (Parrinder, 1965: 69). It is also anything that can be used to heal, kill, and secure power, health, fertility, personality or moral reforms. Medicine thus includes drugs for curing and preventing disease as well as objects with ritual effects (Metuh, 1987: 7). Finally, there is the making of medicine (*Igwo ogwu*) as well as psycho-therapeutical and spiritual techniques. The making of medicine is not limited to herbal mixtures; it includes ritual objects, incantations, and rites capable of changing the human conditions for the better or worse (Metuh, 1986: 162).