

AN OVERVIEW OF IGBO TRADITIONAL MEDICINE

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Abstract

Traditional medicine has proved an enigma to the contemporary mind such that the average person views it with suspicion. Scholars sometimes also tend to express divergent views about the nature and value of this phenomenon to compound this confusion. The bone of contention here has been the fact that this system of medicine is believed to be unscientific, yet the history of medicine as a whole started with traditional medicines to which contemporary western medicine owes so much. This paper presented a synopsis of African/ Igbo traditional medicine from what the research has been working on. It therefore uses the participant observer and culture area approaches; interviews and analyses of facts to arrive at some logical conclusions. Starting with origins of African traditional medicine as a being in her worldview and the wholistic nature of life and good health; meaning of medicine in the Africa traditional sense, the medical expert, components of African traditional medicine, this paper discovered found out that in spite of various insinuations to the contrary, African/ Igbo traditional medicine as part and parcel of the people's religious beliefs and contains elements that make up the psycho-spiritual and biological sciences that cater for the much needed wholistic health-care needs of the Africans. It's still yearning for more developments and laboratory certifications in the present global circumstances which most practitioners may not be able to afford. It therefore needs support of all and above all the political will of African/ Igbo leaders to eradicate abuses and evolve a medicine that will compete with their current Asian counterparts.

Keywords: African, Igbo, Traditional, Medicine, Wholistic

Introduction: African Traditional Medicine

Traditional medicine (TM) can be called a branch, system or art of medicine that employs the indigenous beliefs and experiences of particular peoples. Because most indigenous people have existed from time immemorial, their systems of health care would have involved ancient roots, cultural bonds, trained healers, and a theoretical construct generally believed to have developed over generations within the community before the era of modern [medicine](#) as the

history of medical sciences suggests. Hence, the World Health Organisation (WHO, 2021) defines it as,

The knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness.

In this category lie the medical practices of the various cultures of the world like the Ayurvedic, Unani, Islamic, Chinese, acupuncture, Muti, Ifá, traditional African medicines, and other medical knowledge and practices all over the globe

Today such terms as indigenous, folk, alternative, complementary and unorthodox are used to disparage this group of medical practices by the European modern medical practitioners and users alike. Fortunately though, these derogatory terms do not detract from the values of these ancient practices. Hence, African Traditional Medicine (ATM) has been defined as “a range of traditional medicine disciplines involving indigenous herbalism and African spirituality, typically including diviners, midwives, and herbalists (https://en.wikipedia.org/wiki/Traditional_African_medicine).

Origins Of African Traditional Medicine

I. Medicine in the African Pantheon

African world views also gave rise to the hierarchy of beings. At the head of this hierarchy is God or the Supreme Being. These beings are known for their constant interaction with each other in what is generally considered and peculiarly known as the origin and foundation of African concept of communalism.

Metuh (1987) explains that the Igbo is among the western African cultures that recognize five categories of spiritual beings in this hierarchical order-the Supreme Being, Deities, Spirit forces, Ancestors and Magical powers; unlike the Bantu of East and Central Africa that have only four- Supreme Being, Spirit forces, Ancestors and Magical forces. In which ever tradition, medicine is included and grouped among the magical forces Medicine is therefore one of the beings in the African pantheon which man must explore for his own benefits being at the centre of the universe. Opoku (1978) rightly observes that,

An important aspect of the religious heritage of Africans is the recognition of the existence of mystical forces in the universe. These mystical forces manifest themselves as witchcraft, magic and sorcery which are neutral in themselves but which can be employed by those who possess the power, for beneficial or evil ends (p. 140).

Magical forces are therefore those vital forces in the African universe that are neutral in their nature but can be employed for positive or negative purposes. The researcher has explained the meaning and relationship of the various forms of magical forces in another work (Obidigbo, 2021) and would want to avoid unnecessary repetitions. Suffice it to say however that all the magical forces are closely related and can be used to enhance each other. What name(s) a community gives each depends on the aspect that is more manifest at a particular point in time.

II. African Concepts of Life and Health

The African worldview immediately gives rise to her concept of life and health as we can observe. Tempels (1956) conceives of all life in the universe and their interaction in terms of the Vital Force:

The Bantu speak, act, live as if, for them, beings are forces. Force is not for them an adventitious, accidental reality. Force is even more than a necessary attribute of beings. Force is the nature of being, force is being, being is force.

By this he means that each being is endowed by God with an invisible force. This force is however strongest in man (the *Muntu*- person) who is also capable of renewing his vital force by tapping from other creatures. Thus he further observes that Bantu philosophy is largely based on man's earthly experience such that the essence of her religion is to offer a practical solution to the great problem of humanity; the problem of life and death, of salvation and destruction. According to Nwala (1985), all life is from God who is the creative spirit; He is the absolute, pure disembodied spirit or Force not affected by any created force but remains the "superintending power to whom final appeal is made in the event of any injustice" (p. 38). He further states that God had imbued all His creatures with the same force in a lesser degree, and from the principle of their interactions, they possess some spiritual and physical qualities. For man therefore, his life is supreme and connotes;

An existence in which a being still functions in his natural mode.... The activating principle sustaining all existence and also regulating all

actions.... It is the dynamic quality of material and human existence. *Ndu* is also existence itself and existence can take various forms either material/spiritual or pure spirit" (p. 43, 44, 144).

Human life is most valued also because man is the major player in the game of life. His actions are seen to generate "reactions from the gods and have deep implications for the lower beings and forces, who may have to be manipulated to satisfy the needs of the human beings" (p. 41). They are also superior in natural intelligence to all except God himself. As such man is said to be alive when he is fulfilling the necessary functions expected of him by the community; he must be physically and mentally active and effective, otherwise he is said to be dead (*onwuola*) or alive but better dead (*odi ndu onwu ka mma*).

Consequently, human life is believed to be a continuous process which perpetuation is the greatest of all man's aspirations and activities. He therefore carries his present state or status to the spirit world and may reincarnate for many generations. Hence physical death is seen as "the dissolution of the flesh during which the spirit enters a separate existence maintaining the *ndu* of the individual in another sphere or form of existence" (p. 144). For him, spiritual death is also considered the greatest tragedy or curse to man and his community.

Human life is also extended in the community which is perpetuated by the life and aspirations her members but is more important to their individual lives. Hence the saying that *umunna bu ike* (kingsmen are strength).

Onunwa (1990) explains this similarly when he says that because the African sees and interprets his world religiously, his traditional religion is indeed 'society' itself. This is because there are no clear cut demarcations between the sacred and profane since all work in a consistent harmony like an ordered system and rhythm. The implication is that "any breach in the system by man's misconduct causes a disaster and the whole system is disrupted" (p. 80). Consequently he mentions sickness and death as the greatest enemies to human life.

These notions of life also sharpen the people's understanding of good health which is far more social than biological. Human health means much more than the absence of mere physical ailments to include the unitary concept of psychosomatic interrelationships. Hence the African concept of sickness has a direct bearing on their world views, ethical values, self image and relationships with their neighbours:

A healthy man is therefore one who has not been uprooted from the context of his primary solidarities; one who is in harmony with his fellows and the deities, one who is not destabilized or incapacitated" (p. 82).

For Ejizu (1986) African traditional religion is known to be heavily anthropocentric because of the strong emphases they place on human life and its enhancement. This is such that even the deities appear manipulated for such benefits as offsprings and good health and those who do not deliver are abandoned; childlessness is considered a curse because it threatens the physical continuity of life in the community; this is also the case with sickness and personal sufferings which are also resisted with every means possible, while moral norms and taboos are enacted and strictly enforced because they are believed to "foster life and to shield it from threats of malevolent spirit-forces" (p. 145).

Umeh (1999) summarises the Igbo traditional formular for longevity and good health in the advice of the elders thus: if your mouth does not kill you; if your throat does not kill you; if your penis does not kill you; you are sure to achieve longevity; attain very old age and wear age cataract. By these he seems to locate the secret of life and health in the control of the senses, desires or passion. By mouth he therefore means what one eats, drinks, or says and how he does these to avoid both physical and spiritual pollution. Pollution for the Igbo is therefore caused by contact with a menstruating woman, eating of unclean food or drink including totemic animals, reptiles and birds, or eating from the same utensils used in preparing these. Similarly the Igbo is to exercise caution in what he says because of the beliefs that what the mouth says can bring good or bad.

By the throat, this writer further understands ones desires/ wants and passions/ pleasures and the quests to satisfy them. Here too the Igbo advice restraint. The same also applies to sexual desires or pleasures here represented by the penis. The belief is that unbridled pursuit of sexual pleasures can directly or indirectly shorten one's life, ruin his health or generally limit his creativity and achievements. It is also necessary to point out here that keeping to these principles amount to living a hygienic and righteous life.

Similarly, Madu (2004) underscores the fact that life and health for the Africans are two sides of the same coin and include the harmony of both the physical and spiritual aspects of man:

Life therefore for the Igbo is health in the true form. Since health ...is a composite of the material and spiritual wellbeing then, for one to be alive,

vis-à-vis healthy, both the spiritual and the material aspects of man must be taken into consideration (p. 24).

He also suggests that man is encouraged to “tune himself with the other forces of the cosmic order” (p. 25).

Obiagwu (2000) relates that the very high premium the Igbo attach to life is worth the efforts made to preserve it by all and sundry even from conception. At the moment the woman takes in, she begins to receive special attention and care that continues long after she is put to bed. In some areas she is also treated to a luxurious celebration after she gives birth to her tenth issue. The vital force which is continually preserved and strengthened through prayers, sacrifices, ritual wisdom and proper conduct, is therefore considered an emergency once sickness of any sort strikes. Indeed, just as life is synonymous with good health, the Igbo regard sickness as an end to life and therefore man's greatest enemy; a diminution or threat to life against the physical, psychological, socio-economic and cultural balance that attend life and health. As such, at the onset of sickness, the sick is expected to first of all examine his conscience to know whether he has done anything wrong or omitted his duties to the spirits, he equally meditates on what he has eaten while his relations consult a diviner on his behalf; all to ascertain the cause of the sickness before any step is taken to control or cure it. These steps indeed strengthen the Igbo belief that every sickness/ misfortune has a cause which can be material or spiritual, and the need to heal to whole man.

Metuh (1987) on his part also broadly explains the nature of man from his origins, ontological dimension and social environments. In the first instance, he is created and specially endowed with freedom and intelligence by God, man enjoys a special relationship with God; secondly, he is also viewed as a living force in active communion with other living forces in the universe via his constituent elements. For the African therefore man is not a duality; split into two conflicting realities (body and soul) but a homogenous integral unit; like a nucleus comprising of mostly four principles: the breath or heart (Obi), the animating principle and the seat of affection and volition which links him with the cosmic force; shadow/ spirit (Onyinyo) is the real person as created by God; the destiny-spirit (chi) is the emanation/ spark of the creator in man while the ancestral guardian spirit (Eke) is the spirit of an ancestor that can incarnate in the new born. These are the life- forces in man through which man relates with other

life-forces in the universe and while the heart dies at death, the others survive in various forms.

Metuh (1987) repeats the truth that the African life is also defined by the group or community he belongs. These include the family, lineage, clan and tribe:

There is an ontological element in man linking him to his family, and through the family to the clan. This is not only the physical and biological element, but a spiritual element; the ancestral spirit guardian in each new born, maintain an unbroken ontological bond between a man, his family, his lineage and his clan. A son's life is the prolongation of the life of his father and his grandfather, and the life of the whole lineage. Each new baby born to the clan makes it possible for the ancestors to come back to participate and strengthen the lineage. As its numerical strength increases so does its life-force become stronger (p. 194).

He continues that every segment of the African society including some kingdoms and states that have incorporated various ethnic groups through conquests or immigration is regarded as a family and administered in such a way that the administrative head is also the spiritual head who is able to foster harmony between the living and their ancestors. Full membership into the community is therefore not just by birth but also through a series of initiation or the rites of passage.

Finally, human life extends beyond the material world in death which is regarded as a going home (Metuh, 1999) and is expected back after judgement and retribution via reincarnation. Hence human life is cyclic and there is no notion of a permanent place of rest or punishment like the Christian paradise or hell. The good are believed to stay in *Ala mmuo* where they continue life similar to the earthly one while awaiting reincarnation. The bad on the other hand, are rather banished to the *Ama nri mmuo na mmadu* where they turn into frustrated wandering spirits. For this author therefore the question of this, next, after, or eternal life is borrowed from Euro- Christian philosophy and does not apply to Africans;

The African wants to live and continue to live with strengthened life- force with each cycle of life. The living are happy that they are alive. The visible world is preferable to the spirit- land, even though the ancestors who live there are believed to be more powerful (p. 184).

From what we have seen, African's view of life and health is natural and supernatural; physical and spiritual; individual and communitarian; and therefore basically cyclic. In all, sickness and/ or handicaps are seriously frowned at just as life and health is encouraged and rewarded. It is indeed to sustain life and health and therefore prevent or dismiss the consequences of sickness and/ or inactivity that medicine is introduced, which importance is also generally affirmed by the belief that an unaided life is only imagined than real (Nwala, 1985; Adibe, 2008).

Ogwu- Igbo Traditional Medicine

This is mainly culled from another work for emphases (Obidigbo, 2021).

From the foregoing, Africans/ Igbo seem to have medicine for whatever happens and could happen to man anytime and anywhere except death, which the Igbo call *otu ihe ahughhi ka e mere* (one thing that defies solutions). Hence the Igbo rendition for all medicine is Ogwu, and appears to be one of the few common names in all Igbo dialects.

Etymologically, the word Ogwu is a combination of two syllables: 'O'-It is, and 'Gwu'-finished, to mean something like 'It is finished'. Ogwu for the Igbo therefore suggests the end of all discoveries and human problems (*E jechaa O gwu*). Some people however believe that "it is only destiny that cannot be affected by Ogwu" (Umeh, 1997, p. 87; Okafor, Personal Communications, 16th April, 2008) which is a subject for debate to be done in another work.

As with all Africans, the Igbo Ogwu has been discovered to be much more than the mere use of drugs because it has other social and spiritual components. Hence Umeh (1997) while comparing the Western type of medicine emphatically states that "medicine is necessarily Ogwu but an Ogwu is not necessarily a medicine...the Igbo Dibia is adept or master of healing with medicine only as a single item" (p. 87).

Here we therefore uses the name 'Igbo Traditional Medicine' for Ogwu for a better understanding and will now see the Dibia and components of his medicine.

I. The Dibia- Igbo Chief Medical Officer

Dibia is a combination of two Igbo words Di- husband/ master/ Adept or Expert; and Abia- Wisdom or Knowledge. Thus, the Dibia is simply the master or adept in Knowledge or Wisdom which includes everything there is and knowable; material, mental or spiritual. Such is the influence of the Dibia that defies western categorization. The researcher however prefers to call him/ her an

Igbo traditional doctor not in the medical/ biological sense but for the fact that the doctor (Latin -teacher) is expected to have knowledge of many things in order to be truly one.

The word Dibia therefore seems to have equivalents in the ancient Greek word-philosopher; Aramaic- rabunni- teacher, or the general understanding of the word- Master or Wise one, with all the respects that go with them. As such many indigenous authors have remarked the incongruity in the western influenced understanding of the Dibia simply as merely an herbalist, diviner, psychologist, healer, prophet, or witch doctor. The fact is that the Dibia combines these works and many more. Umeh (1997) for instance prefers to call him/ her "*Ikuku amaro ebe isi ya na odu ya di-* the air or wind in the universe of which no one can fathom the head or tail" (p. 76) or more concretely, the wind that controls the universe as if the tail of the palm frond.

Perhaps it is in relation with Ogwu that the person or nature of the Dibia stands out. Here the Dibia could well be called the custodian of Igbo traditional medicine which bothers on all that enhances human life. Corroborating these Metuh (1987) says that the,

Medicine man is seen primarily as a protector of life. Life in this context is not limited to the physical life, but includes the various dimensions of the African conception of life- his existence, health, long life, offsprings, his well- being and the strength and well- being of the groups to which he belongs (p. 223).

The reason for the Dibia's expertise in Ogwu is indeed not far fetch as he is possessed by the same Agwu deity known for divination and healing. Authors like Adibe (2006) and Umeh, (1999) therefore agree that Ogwu is not discovered by anybody but only by the Dibia who is under the control of the Agwu. It is "through him that the Dibia receives messages in forms of dreams and premonitions of the powers of herbs and animal parts that have the powers to heal ailments and improve human life" (Adibe, 2009, p. 196). The Dibia is therefore directly responsible to the Agwu deity and offers his practices to him for protection. Obviously, as with Ogwu itself, the Igbo also believe "from time immemorial that the only thing a Dibia cannot and should not solve or cure is *Onatalu Chi* (fate or destiny)" (Umeh, 1997, p.86).

But the Agwu deity has various manifestations and types that determine the function and strength of the Dibia. Generally, it is believed that whoever would

be a Dibia is imbued with the Chi Dibia from birth which confers on him such special physical and spiritual qualities as *ifu uzo, aka ile, and onu atu*. However these may not be manifest until a time deemed fit by God himself. At this time the person is believed to be inflicted “with psychological disturbance which sometimes takes the form of restlessness, wasteful or even madness- Ara Agwu” (Metuh, 1999, p. 96). This psychological state has led authors to regard Ogwu as the Spirit of disturbance. For Umeh (1997) who likens Agwu to the Holy Spirit of Christian theology, these disturbances should rather be judged for their purposes because they engender the ‘Ilu Agwu’ ceremony which seeks to;

Give appropriate channeling and direction to the cosmic and very potent spiritual influences and poundings falling on the Agwu- possessed and ensure that any accompanying or spirit off baleful effect...would miss the Agwu possessed and land on the ground” (pp.116-7).

After such a relatively lengthy ritual, the Dibia initiate can now begin his function, exhibiting special qualities in all aspects of practice if possessed by the ‘Nne Agwu’ or along a specific line of practice if possessed by the ‘Ebo Agwu’.

The fluidity of the practices of the Igbo Dibia as we hitherto observe, admits of many classifications, more so because he is believed to drink directly from the source- ‘Chukwu’, who is referred to as ‘ABIAMA- WISDOM PAR EXCELLENCE’. Nevertheless, some authors have attempted some forms of classification:

Umeh (1997) identifies the major roles of the Dibia as the creation, procurement, preparation, giving or administration of Ogwu as well as the offering of various forms of sacrifices as the needs arise. Similarly, Ekechukwu (1982) classifies the function of the Dibia into two major parts: Herbalism and Divination. In line with these, Madu (2004) talks about the important nexus in traditional Igbo medicine between divinations, healing with herbal medicine and the use of sacrifices in ritual healing. This is because herbal cures are often preceded by divination to ascertain the cause(s) of illnesses. In the same way some ailments are cured, and progress in life sustained, only when some appropriate sacrifices are made as prescribed by the diviner (Dibia Afa).

Another classification of the roles of the Dibia appears to consider the materials used by him/ her. Here Adibe (2009) clearly states that apart from the general practitioner, the Dibias could further be classified as *Dibia Afifia na Mkpogwu*,

herbalist, *Dibia na ara nwa* - gynaecologist, *Dibia na- awa ah-* Surgeon, *Dibia na-agba okpukpu-* bone setter and *Dibia na-ekochi amusu-* witch doctor.

However besides all these roles that are mostly geared towards protection of life and cure of illnesses, the Dibia are seen to be capable of other feats that show their control over nature and the enhancement of human life. Umeh (1999) makes a list of some of these as follows: *Ishi Eshishi, Igho, Mmina, Ndena, Ibi Iboo, Igba Isaa, Ikwu Eli, Ikwu Ekili, Ima Ichi, Ije na Mmuo, Ije- Eke Mmuo, Ifu Mmuo, Iku Ume Ndu, Iko Nsi, Iwa Anya, Inyu Anwu, Iturwa Anya, Igwo Ike Ji Ndu, Igbakobe Ndu Neenu, Nsi Mgbo, Ogwu Agha, Ikponite onye nwulu anwu juo ya ajuju, and Itute onye nwulu anwu*. They have also made significant contributions in the areas of stitchless surgery and anaesthetics which are grouped under the large umbrella of Ogwu as the unusual Dibia's discoveries that affect human life in one way or another.

II. Components of African Igbo Traditional Medicine

By components we mean all the ingredients needed in the making and practice of Igbo traditional medicine. These include the herb, the words of prayer, animal parts and ritual cleansing.

The major component of Ogwu is the herb which Hornby (2000) technically defined as "a plant with soft stem that dies down after flowering, or plant whose leaves, flowers or seeds are used to flavor food, in medicines or for their pleasant smell (p. 560). In the practice of Igbo traditional medicine however, the word herb has been extended to include roots, stems or branches of trees and even grasses.

Umeh (1999) outlines the primary importance of herb in Igbo traditional medicine thus:

First the dibia needs herbs for the opening of the essential faculties and perspicacities....the dibia uses appropriate herbs not only to strengthen and to protect him/ herself in the course of the dibia's work but also to strengthen and/ or protect his/ her clients as appropriate and as may be required. Many Dibia's instruments derive from herbal sources. *Ofo, Ogu, Alo*, for instance, come from herbal sources... (ps. 122-3).

For Metuh (1999), “all medicines are made from herbs, hence the Igbo proverb: *ogwu agwu n’ofia, afifia na aku ogwu*, Medicine in the bush can never be exhausted, because medicine is extracted from herbs” (p. 126).

Another important component of Ogwu is its activation with spiritual power considered as words of prayer and performed by the Dibia with the use of rites, spells and invocations. Most of our Dibia informants however hold that this is not as important as the knowledge of the herbs because most herbs already possess the natural power to cure certain illnesses and diseases. Hence *o bughi ahihia niile ka a na agwa okwu*-It is not all herbs that you talk to. They are emphatic that a Dibia would better know or discover the right herbs for a particular medicine because nothing will work without it no matter the length of the invocation. Furthermore, they state that outside the prayer of thanks to the deity and for the protection of the medicine against evil spirits, most of the rituals performed by the Dibia are aimed at further mystifying the whole process and frightening the client to pay up (Okafor, Personal Communications, 16th April, 2008; Okonkwo, Personal Communications, 23rd July, 2008; Onyekwe, Personal Communications, 24th September, 2008). Of these religious rituals in Igbo traditional medicine Onunwa (1990) says that;

Some evil spirits or unfriendly forces might be lurking at some secret places to destroy the potency of genuine efforts of the doctor to help the patients. Religious rituals are therefore important to ward off such unfriendly spirits and enhance the powers of the friendly ones to revitalize the efficacy of the medicine (p. 2).

Most of our informants however insist that some complex medicines need to be energized. But even here the efficacy of the medicine is in the power of the word than in the deity’s direct mediation (Ngoesinam, Personal Communications, 25th July, 2008).

Not many authors have talked about the use of animal parts in traditional medicine, yet they appear inevitable in most complex concoctions. Our informants therefore attest to their use and that the used parts have strong connections with the purpose of the medicine. They also have more prohibitions (Onyekwe, Personal Communications, 24th September, 2008).

May be the least mentioned component of Igbo traditional medicine is the personal sanctity of the Dibia and users of Igbo traditional medicine. Many of our informants however emphasised this. Okafor for instance says that “if a

Dibia maintains his personal sanctity, there is no feat he cannot perform, nothing he cannot achieve in his practice” (Personal Communications, 16th April, 2008). It is indeed “for the purpose of ritual cleanliness that prohibitions are stated and sometimes purposely maneuvered. It is also for this that the alligator pepper is a very important requirement of Igbo medicine, used for purification” (Udealor, Personal Communications, 9th May, 2009).

Forms Of Ogwu

Our work so far seems to demonstrate the elusiveness of the concept of Ogwu and the nature of the Dibia and his works. Thus beyond the western use of medicine and the attendant therapeutic drugs, the concept of Ogwu cannot be pinned down to a particular therapy. However, the following classifications of Igbo traditional medicine appear convenient for academic purposes with one or two frequently penetrating each other:

I. Preventive Medicine (*Ogwu Mgbochi*)

With the traditional belief that *mgbochi oria ka ogwugwo mma*- prevention is better than cure, Igbo take various measures to prevent diseases and illnesses. First of all, they recognize the importance of good food and healthy life-style to the general well being of an individual. These are encapsulated in the saying that *mmadu na adi ka ihe o na-eri*- one’s look is an evidence of the type of food he/ she eats; or the advice to *were nri tigbuo oria*- use food to destroy sickness, which are both emphases on the vulnerability of the one who does not eat good food. Similarly, the Igbo also advice that man should be at peace with the cosmic forces by at least living a decent and just life.

Ogwu mgbochi therefore connotes all the measures taken to prevent any occurrence both physical and spiritual that may likely harm an individual, family or community. In this case it shades into protective medicine and is based on the traditional belief in the existence of such inimical forces and their human agents patrolling the community in search of human victims. Indeed the Igbo cannot avoid this duality because of her world view.

Ogwu mgbochi is believed to be normally sought by everybody especially those suspicious of evil neighbours or any incoming evil attack or epidemic because of the saying that *nkwucha abughi ujo*- circumspection is not a sign of fear. To some extent those who already experience ill-luck in their life ambitions may also take to preventive medicine when divination suggests that as an option to their

freedom. *Ogwu mgbochi* often goes with sacrifices or inoculation designed to ward off such attacks. These services are under the *Eze Alusi* and *Dibia Agwu* and include such medicines as *ogwu agwo*, *ogwu akpi*, and *ogwu amusu*.

II. Curative Medicine (*Ogwu e ji agwo oria*)

Whenever sickness strikes the Igbo take to curative medicine as a therapeutic measure. Curative medicine is therefore demanded by sick persons for all kinds of diseases and ill health. The *Dibia* can go on to cure a particular disease based on the symptoms presented. When in doubt or in the case of difficulties, it is normally the practice to consult a diviner to know the cause of the sickness and the better solution to cure or prevent it in future.

It is perhaps in the practice of curative medicine that the use of herbs is most evident even though it incorporates other components as the needs arise. Recent studies in this area reveal much striking similarities between western and Igbo traditional medicine in the diagnosis and cure of diseases.

Furthermore, curative medicine is sought by everybody since all get sick, and while all *Dibias* can effect one cure or the other, curative medicine is directly under the services of *Dibia afifia* and *mkpologwu*.

III. Enhancement and Success Medicine (*Ogwu Awele*)

The Igbo seek this type of medicine as aid to the ordinary human potentialities and efforts. Since achievements and successes are believed to be special favours from the supernatural world, any deity or spirit could be approach for this type of medicine. Therefore Adibe (2006) says that “all *Alusi* and *Agwu* deities are regarded as delegates of the Supreme Being in providing protection, life success and achievements. Those who do not do well are regarded as persons who failed to reverence the right deity” (p. 27). Enhancement and success medicines include the popular *Ite awele* and *Ebube agu na-eche agu*.

The business men and women, adventurers, farmers and apprentices to any profession, and professionals of all works patronize this type of medicine most while the *Dibia Agwu* and *Eze Alusi* are specialists in providing the services.

IV. Protective Medicine (*Ogwu Nchekwa/ Nchedo*)

In traditional Igbo society, protective medicine (*Ogwu Nchekwa*) is a type of medicine considered so necessary because of the strong belief that no one would succeed in any adventure without some protective means provided by no ordinary *Dibia* but a powerful one. These are the *Dibia Agwu*, *Dibia afifia* and

mkpologwu. Protective medicine is different from the preventive medicine in the sense that while the latter would prevent an occurrence (For instance an outbreak of disease) the former protects the individual from physical, psychological, and spiritual harms should anything happen (Onyekwe, Personal Communications, 24th September, 2008). *Ogwu Nchekwa (or Nchedo)* could be properly called an antidote. However in Igbo traditional medical practice, there appears to be no strict demarcation between the two as a particular medicine could serve both purposes.

The following are types of *Ogwu Nchekwa*: *Obiara egbu m gbuo onwe ya-* Back to Sender: Used not only to ward off an evil attack but to send it back to the source; *Ogwu Amusu* (Amagba in some area): Used to protect oneself/ household against the attack of witches; *Mgbu Nsi* (Protection against poisons) which is of two types. The first believed to be matched on and manifested by the swelling or cancer of the feet (*Nsi nzota* or *Enyi* which presents as Elephantiasis in some cases); the second one presents as serious food poisoning that possibly leads to death. Another type of protective medicine is *Mkpu*: Antidote to all possible physical pains and injuries caused by weapons, otherwise called *Odiishi* in some area.

V. Aggressive Medicine (*Ajo Ogwu*)

The fact of aggressive medicine raises a lot of questions: Why should this be considered medicine at all instead of poison- *Nsi*? Why should a Dibia indulge in this type of practice and how? Are there consequences to such maladies and their perpetrators?

The Igbo is aware that the introduction of foreign bodies into any living system is most likely to cause problems, so is any wrong prescription of any medicine. This can be called *Nsi*. The fact that *Ogwu* is considered basically as a neutral force in nature makes it amenable to any kind of use both positive and negative. Arinze (1970) clearly states that "some Dibias abuse their position and make aggressive charms (*ajo ogwu*) as well as protective ones. Only wicked people resort to them for such charms to harm others" (p. 67). It follows that the average Dibia has knowledge of both because "one who knows the cure to a sickness must have known the cause" (Udealor, Personal Communications, 9th May, 2009). Some Dibias therefore resort to this to make cheap money.

Adibe (2006) however observes that when "Ogwu connotes harmful effect it is dreaded by all traditionalists. The dreaded harmful medicine is a sign of destruction of life in Igbo traditional religion" (p.18). Nevertheless some form of

this medicine may be desired by the community for some utilitarian purposes especially in times of war and the punishment of offenders.

Umeh, (1997) who mentions *Nsi* (physical and spiritual poison), *Ochuchu* (malevolent sacrifice) and *Acha* as forms of *ajo agwu* further states that “while Dibias have knowledge of both, most Dibias will not dream of indulging in *Ajo Ogwu* for they appreciate very clearly the continuity which life is, and the spiritual axiom *njo ja-echelu onye melu y-* evil must wait for whoever commits it” (p.87). Our informants also believe that whoever practices bad medicine must have the wrath of God meted on him or his progeny.

Nevertheless Arinze (1970) states that some Dibias “are also credited with the power to cancel the effects of charms made by another Dibia who is not as strong as themselves (*ilu ogwu*)” (p. 67).

Ajo ogwu is mostly produced from ordinary herbs and roots, while the users include sorcerers, witches and the envious of the progressive persons, the wicked and the hurt who want to avenge the supposed harm done to them.

Aggressive/ bad medicine to a greater extent necessitates protective medicine.

Evaluation And Conclusion

One would not fail to appreciate the wonderful gifts of nature and the wisdom behind the discoveries and practice of African/Igbo traditional medicine. For the real practitioners also no alternatives seem to be so good. For them the indigenous is best and should be promoted because *nku di na mba na-eghere mba nri-* the firewood in any locality is good enough for their cooking. However this wisdom is hitherto not generally accepted.

Ever since the advent of the white man and his version of Christian religion, the Igbo at home and in diaspora seem to have rejected everything of value in her culture, medicare inclusive. Indeed with Metuh (1999) ours appear to be the truth that “Christianity has indiscriminately condemned most African medicines as evil and diabolical magic” (p. 126), leaving us at the risk of western medical practices that do not share our worldviews nor solve our peculiar needs. However, for those who know or care to know, African traditional medicine has been reliably tested as constituting more of natural herbs discovered by those who have such gifts and training. Here one discovers more of science than diabolism (THE EYE MAGAZINE, 2010 ps. 1-2).

Significantly though, defenders of the new found medical traditions have some legitimate concerns. Among them the secrecy in the practice, inappropriate dosage and storage, claims to cure all with same drug and the illiteracy of the practitioners, should all be seen more as areas needing improvement and development, knowing that medical practices pass through same processes globally. The emerging Asian drugs and health-care delivery systems are only the most recent examples.

For the much needed development of African/ Igbo traditional medicine therefore, all hands must be on deck. Most importantly, the political will of the leaders should be the rallying point of all individual efforts. In this way, not only would adequate funding be provided for the much needed researches, abuses would also be checked in order to achieve health-care systems that are truly holistic and enviable.

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