YORUBA MEDICINE

by
ANTHONY D. BUCKLEY

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To Kathleen and Linda

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1

Introduction

(a) An encounter with Yoruba medicine

The Yoruba of Western Nigeria are well known to anthropologists as a people possessing a rich cultural tradition with a highly-developed indigenous religion. Although the Yoruba live primarily from agriculture, theirs is an urban culture based upon the town as the fundamental settlement. Regions vary (P. C. Lloyd 1962; Goddard 1965), but a Yoruba farmer typically regards his village or farmhouse as a provisional or even temporary dwelling, and he finds his real home with his patrilineal kinsmen in the family compound in the town. It is in the town that the household, the palace, the town government, the markets, and most of the religious shrines are located, and it is the town which provides the geographical focus for Yoruba cultural life.

Traditional medicine, which is only one of a number of systems of medicinal techniques nowadays practised in Yorubaland, forms part of the rich cultural tradition of a Yoruba town. Although it should in many respects be regarded as distinct from the mainstream of Yoruba traditional religion, medicine, like many other aspects of Yoruba life, is inextricably intertwined with it.

There are healers in Yorubaland who diverge from this central tradition (MacLean 1964, 1978b; Oyebọla 1981). The most obvious group of these are the healers trained in the traditions of Western Europe. These include the doctors and nurses based mainly in the hospitals and clinics, as well as the pharmacists and those others who, with varying degrees of formal training, dispense the medicines produced by European manufacturers. Among these too can be listed the 'quack' healers who sell medicines of often doubtful, sometimes downright fraudulent, medicinal value which purport to be founded in western medical tradition (Beier 1956).

In addition, there is a specifically Christian mode of healing practised in the indigenous *alá.dúrà* churches (Aina *c.*1932; Mitchell 1963, 1965, 1968, 1970; Mitchell and Turner 1968; Peel 1965, 1966, 1967; Turnbull 1959; H. W. Turner 1965, 1967a, 1967b, 1967c, 1969, 1970, 1977). Many of these eschew all forms of medicine, traditional and modern. Others are more lenient, but all place great reliance upon the healing power of Christian prayer. Of lesser importance are the two types of healer who operate within a specifically Muslim tradition. The first of these use the medicinal practices whose roots lie in the Koran. Some of these healers are Yoruba, and some are members of other tribes resident in the area. The second group of Muslim healers are the Hausa surgeons reputedly skilful in bone-setting.

When I began two years of field-work in October 1969, I determined to concentrate my activity upon those healers who were within the central Yoruba tradition. It was rapidly discovered that almost all Yoruba men knew at least a little about traditional medicine (*oògùn*). University students at Ibadan cured malaria by brewing barks and leaves instead of spending their meagre resources upon western medicines. Most household compounds contained at least one man who was reputed to be well versed in traditional medicine. There were also professional herbalists (*oníṣeègùn*) who were more knowledgeable about the craft but the difference between these and the other men was one of degree. Many men treated disease and sold medicines as a sideline to their other occupations. Farmers and more especially hunters whose work brought them into contact with the forest were particularly well-informed about the medicinal properties of plants.

Women on the other hand seemed to know relatively little about medicine. They sometimes possessed some knowledge of cures for minor ailments—particularly those of children—but they seldom pretended to know more than a little. The reason generally given for this was that medicines could be spoiled by the presence of a menstruating woman, and that there was therefore little point in a woman taking too much interest in the subject. The only female *oníṣeègùn* I knew was a woman beyond the age of childbearing.

Women however did predominate in one field of medicinal

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activity, namely in the collection and sale of medicinal ingredients. There were large daily markets at Ọja Dugbè and Ọjaaba in Ibadan, as well as smaller ones elsewhere (particularly at Ọjabode), where women and a few men sold unprepared medicinal ingredients. Ingredients, it was said, were not affected by menstruation and could therefore be handled by women. Since these women were intimately familiar with the plants and animals they handled, they undoubtedly did know much about medicine, but they tended to limit their medicinal practice to the sale of ingredients. Sometimes, too, they offered advice, recommending cures to their friends, and occasionally they would sell someone a recipe.

My original, rather naïve intention was to establish close relationships with a large number of herbalists so that as a participant observer it might be possible to observe the treatment of clients and discuss the nature of medicines with each healer. Accordingly, contact was made with a number of herbalists living in Ibadan and I attempted to befriend them. They were told in general terms that I was interested to learn about medicine. Their responses to this varied from bemusement to indignation. It was absurd that I, a stranger, could hope to discuss such a subject with them and expect to gain any knowledge which approximated to the truth. The problem was that the contents of medicines were closely guarded secrets. A person might learn these medicines, but only if he was prepared to pay. Frequently, I would be proudly shown a powder said to cure some ailment; but should I ask the nature of this powder, I would be met by an embarrassed silence followed by a curt demand for money. Nor were the sums discussed small. Twenty, thirty, a hundred pounds were the sums first mentioned and no amount of bargaining could bring the price down to a figure remotely within the range of my pocket. I paid nothing so I learned nothing. Clearly this was no way to conduct my research.

It became apparent that I would have to pay for information, but this could not be done on an informal basis. A better possibility seemed to occur in the form of apprenticeship. I would pay a lump sum, in much the same manner as would an indigenous apprentice (Lloyd 1953), and would thus learn my

trade from a master. This solution had much to commend it. After the initial payment, I was required to pay little extra and I would have an established position in a Yoruba home from which it would be possible to observe medicinal practices and become familiar with Yoruba daily life.

This I resolved to do, and I was soon a fully-paid-up apprentice herbalist. There was one snag. My research studentship was for two years; my apprenticeship was for four. My master with great subtlety and tact declined actually to teach me anything about his craft. I discovered that apprentices are expected to learn slowly, so very slowly that in the early stages of my apprenticeship I should learn little, if anything.

Good use was made of this time, however, in this herbalist's compound. I learned some basic Yoruba; I observed the daily routine of a Yoruba household; I became familiar with the rudiments of folklore. As my master was the leader of a guild (*ẹgbẹ́*) of herbalists (Oyebọla 1981), there was a steady stream of healers through his compound and it was possible to discuss medicine with them in a general way. I talked at length to market women who sold ingredients for medicine, and they gave me information about the curative powers of plants and animals. They occasionally told me recipes for complete medicines.

It emerged that one could discuss medicine as long as the subject was not approached too directly. There were two central questions which I began to find interesting: the way that specific medicines were supposed to cure illness, and the contents of the medicines. To raise these subjects in discussion was to invite embarrassment, hostility, or a demand for a vast sum of money, but there were other topics which did not provoke such resentment. By avoiding the subject of medicines as such, and by discussing matters only indirectly related to it, it was possible to induce informants eventually to volunteer information.

Meanwhile, my position as apprentice was becoming untenable. I had learned nothing of value from my master and it became clear that I would never learn anything substantial from him. I was not permitted to witness his interviews with clients, nor would he tell me the secrets of his medicines. What was more, I concluded that our relatively informal relationship

did not permit me to question him in depth about even the less touchy subjects. In consequence of all this, our relationship became strained and, sensing that he feared I might try to poison him, I donated a half-bottle of gin and left.

There were now three considerations. First, any relationships which I might henceforth have with herbalists should be such that I could question them in depth. I must force the pace. Second, it had become clear that it was necessary to study herbalists as individuals. Not only did different herbalists use quite different medicines from each other; they seemed to have no consensus about the causes of any given illness. Third, since it seemed to be impossible to ask direct questions about the contents of medicine it would be necessary to develop very close relationships in the hope that, as the herbalists grew to know me, they would volunteer the information I required. These considerations could be fulfilled only by using formal interviews with a few informants over a long period of time, using prepared questions.

In deciding upon this course of action, I was conscious that I was making a crucial decision. Much of the research which has been published on the subject of traditional healing both before and since the commencement of my field-work has been concerned with specifically sociological aspects of healing. By devoting my time to the study of the ideas of few herbalists, interviewed in the main away from the interaction of healer and patient, my ability to look at the sociology of healing would be seriously impeded. I was choosing to study only a limited social reality—that of specific healers. I was turning my attention away from the patients and away from social interaction. Such questions as the 'sick role', or the role of kin and others close to the patient (Giapassi and Kurtz 1975; MacLean 1976) would be peripheral to my task. Nor would I be able thoroughly to investigate the interrelationship between the patient's place in social structure and his choice of healer or indeed his preferred explanation of illness (Beals 1976; Elinson and Guttmacher 1971; Feierman 1979; Foster 1979; Frankenberg and Leeson 1976; Glick 1967; Riley 1980; Uyanga 1979). Quite apart from these specific worries, traditional social anthropology has always and correctly stressed the importance of seeing life as it happens, of assessing a total situation and of discovering the

views of as many people as possible within that situation (cf. Strickland and Schlesinger 1969). My approach would remove the herbalist from his everyday situation and require him to talk about illnesses, medicines, and plants as abstract concepts in a context divorced from his practical life. I would find myself studying less Yoruba medicinal practice as such, and more my informants' description of their medical practices.

But herbal medicine was clearly the most important of the *oníṣeègùn*'s practice, and to hope to discuss this in the immediate context of healing and a specific cure was unrealistic. It would require a herbalist to answer direct questions about specific medicines and this appeared to be too much to ask. Later, in my last few weeks in Nigeria, when I had built up a close and friendly relationship with my informants who had kindly given me countless recipes for medicines, I made the mistake of asking one of them what a specific cure contained. Perhaps because he knew that my time was now severely limited, and that my lack of politeness was therefore excusable, he gave me the reply I wanted. This was not before he had given me a very 'dirty' look to indicate that I should not presume too far on his good nature. Even after payment of a fee, and after a long association during which we had indicated mutual respect, knowledge was his to give, not mine to demand.

Despite its obvious limitations, confining my field research in the manner of an East (Akiga 1939) or Griaule (1965) to a few expert informants had its own peculiar advantages. There is generally in studies of medicinal systems a failure to give adequate weight to indigenous knowledge of the medicines themselves. Ngubane places her finger upon a general problem when she admits to such a weakness in her own study of Zulu medicine. 'In order to acquire a comprehensive knowledge in this field', she writes, 'I would have had to be apprenticed to an ethno-medical practitioner for some time' (1976). The simple fact is that many of the pharmacopoeia and aetiologies of illness to be found in Africa, and probably elsewhere in the third world, are too complicated to be combined, at least in the first instance, with a more sociological approach, however desirable this might be as a long-term aim.

I have been able to console myself that others have investigated many of the aspects of Yoruba medicine which I was

unable to study, among them Asuni (1962, 1979); Leighton, Lambo, Hughes, Leighton, Murphey, and Macklin (1963); Lambo (1956, 1965); MacLean (1964, 1965a, 1965b, 1971, 1976, 1978a, 1978b); Orubuloye (1979), Oyebola (1980a, 1980b, 1981) and Pierce (1980), and that my work complements their varied efforts. And I am also glad that I did not adopt the methodology of Fabrega and Manning (1972) who took around a questionnaire to discover popular beliefs about the power of herbs.

When I did eventually manage to sit in on several sessions between herbalist and patient, my approach was to some extent vindicated. I did not attempt to inquire into the nature of the specific cure which was used on each occasion, but in diagnosis, the herbalist searched for the symptoms which we had already discussed in interviews. Whilst I am aware that a more direct observation of diagnosis could have been very useful for a fuller understanding of Yoruba ideas about illness, I am also conscious that direct observation could have played only a minor role in the sort of study that I had chosen.

Among the handful of informants I consulted, I shall here discuss only two. The first, Babalọla Fatoogun, is a *babaláwo*, or priest of the *Ifá* cult, who lives near Ọṣogbo. The relationship between *Ifá* and medicine will be considered later. Here it may be simply noted that as a *babaláwo*, Fatoogun is required to have learned by heart a massive body of verses and incantations which embrace most, and in principle cover all, facets of Yoruba life, including medicine. Fatoogun has had little formal schooling, he speaks no English, and at this time had only recently begun to write in Yoruba. He started to learn *Ifá* from his father when he was about nine years old, but four years later he was sent to study for eleven years under another *babaláwo*. In some ways, Fatoogun is a typical *babálawo*, quiet, unassuming, with a formidable memory for verses. More than this, however, he is gifted with philosophic insight and great subtlety. Within his own framework, he has a superb intellect, and takes a delight in exploring the ideas of his culture.

In contrast is Mr Adebawọ, a rumbustious, good-humoured man, who is primarily a craftsman with little interest in those philosophical matters which do not affect his craft. He claims allegiance to the Church Missionary Society, but with the

easygoing syncretism of the Yoruba (Schwab 1952, 829–31) he is also a *babaláwo*, though he seldom practises as such, and is a member of the Reformed *Ogbóni* Fraternity. These activities, however, are subordinate to his main concern which is the craft of medicine. Adebawọ was born in Ijẹbu in a town called Ode Ogbolu, but he travelled first to the North of Nigeria and then to India with the army during the Second World War. He can read and write Yoruba and is quite fluent in spoken English. His knowledge of medicine comes from his family for he was born into a lineage of *Ifá* priests. He has been living for many years in Ibadan, but when he first arrived he was a tailor. Upon the advice of his elders he began to practise medicine in a small way, starting by treating small children suffering from convulsions (*gìrì*). According to his own account, he became so successful, that he was able to give up his tailor's trade, and devote himself exclusively to medicine, in which profession he now regards himself as both successful and prosperous. His travels do not seem to have affected him deeply, though he was impressed by the fact that in India there were cults rather similar to the *òrìṣà* cults of the Yoruba. Perhaps also his contact with the British army led him to experience European medicine at first hand, for he regards his own craft as complementary to that of European-trained doctors and he has no compunction, in certain cases, in sending his own patients to the local hospitals. In this and in his general familiarity with European medicine, Adebawọ does not however differ significantly from other Yoruba herbalists. Whatever slight knowledge of European medicine he might possess, Adebawọ's medicinal thought owes little or nothing to non-Yoruba influence. By disposition he is given to a jovial and robust scepticism, but he has a lively mind, is deeply serious about his trade, and knows it thoroughly.

In addition to these two informants, I also had a third, Mr Awotunde, a *babaláwo* from Ọṣogbo with whom I had a close relationship for several months. I also had occasional conversations with Mrs Ajayi, an old lady herbalist from Ibadan and with a number of other informants.

By the time I had settled down with my main informants it had become clear that the major part of Yoruba medicinal practice consisted in the administration of herbal medicines to

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