

OUR MENTAL HEALTH AND THE ROLE OF TRADITIONAL MEDICINE IN NIGERIA.

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Abstract

Traditional medicine is a complementary and alternative method of health care delivery and its relevance to public health in both developed and developing countries cannot be overemphasized. This paper discusses the role of traditional medicine in mental health care delivery in Nigeria. It also highlights the evolution of trado-medical practice in Nigeria. It describes traditional psychiatry as a specialized branch of traditional medicine which involves the treatment of all forms of mental illness or disorders. It touches on the role of trado-medical health practitioners in Nigeria and some of the legal implications of the concept which, among others, involves consent to treatment of the mentally ill person. The paper also presents the liability or culpability of a negligent traditional medicine practitioner and the consequences of such act. The paper concludes that traditional medicine is used as a last resort for health care by the poor in Nigeria because orthodox medicine is relatively expensive and unaccessible to rural dwellers. The paper therefore advocates for a legal framework for trado-medical practice as obtainable in its orthodox medical counterpart. It also recommends the integration of traditional medicine into orthodox medicine in Nigeria as it is currently done in some developed countries in the world such as Japan, India and China.

Keywords: Mental Health, Mental Illness, Role, Traditional Medicine.

1. Introduction

Mental health issues know no geographical boundaries. From East to West, North and South, developed to developing Nations, cases of mental and behavioural disorders abound.¹ Often diagnosed and frequently misunderstood, many individuals suffering from mental health issues have been placed in the fringe of society and given inadequate treatment. Nigeria is no exception. The relevance of the mental health condition of every individual cannot be overemphasized. This is in view of the fact that psychiatric disorders are widespread and the sense of responsibility of any individual is largely influenced by the state of his mental health. Nobody can be optimally useful to himself or the society where he is constrained by mental health disorder. Mental health, as a formidable public health challenge, can manifest in diverse ways that may lead to serious embarrassment and unproductiveness to the affected individual and, or the general society. The resultant mortification more often lead to discrimination and unfriendly treatment of vulnerable persons with mentally unstable conditions in a manner that sometimes violate the rights guaranteed for every individual under the Nigerian law.

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¹ A. H. Westbrook, "Mental Health Legislation and Involuntary Commitment in Nigeria", in *Washington University Global Studies Law Review*, Vol. 10, p. 392

2. History of Mental Health Care in Nigeria

Historically, Nigeria's mental health care dates back to 1904 when the first Asylum was opened in the Southern City of Calabar.² In 1907, Yaba Lunatic Asylum opened in Lagos and another facility followed in 1914 in Lantoro, Abeokuta.³

The treatments of mental illness in Nigeria have existed in a number of forms with the basic method of treatment being orthodox and traditional modes. Traditional medicine plays a significant role in the culture and practice of the different ethnic groups.⁴ The Yoruba and the Igbo people of Nigeria, for example, have established systems of traditional healing. Existing mental health research has primarily focused on the Yoruba and many of the revolutionary developments of Nigeria psychiatry have occurred in connection with the Yorubas.⁵

Traditional treatment of mental illness among the Yorubas centres on 'Babalawos' or 'fathers of the Secret'.⁶ Traditional healers are professionally organized in Yoruba society and most deal with both physical and mental ailments.⁷ Treatment is based on the perceived causes of the illness. A general description of the treatment process, particularly for illness of natural cause follows.⁸ A family brings the patient to the healer. If the patient is excited or difficult to control, the healer places him or her in restraints – using the plant 'Raowolfia', a relative of orthodox antipsychotic drugs to sedate patients.⁹

Once under control, the healer begins assessing the causes of the illness, which often takes place by simply beginning treatment based on one cause and changing treatment until the patient improves.¹⁰ If the perceived cause of the illness is preternatural, or supernatural, the patient seeks treatment from a diviner. Diviners use methods such as "incantations, rituals, and sacrifices" to attempt to remedy their patients' illness.¹¹

3. Framework of Traditional Medicine in Nigeria

It is unequivocally true that traditional medicine practitioners exist in all nooks and crannies in Nigeria and the majority of the people patronize them¹². In Nigeria, traditional medicine practitioners are closer to the people. They enjoy the confidence of the people and hence they record high patronage.

The traditional medicine practitioners Association of Nigeria is vested with the powers of admitting new members into the Association. The Association seems to be inactive because there are different Associations which are under different control outfits. While one

² I. O. Jack Ide, L. R. Uys, and L. E. Middleton, "A Comparative Study of Mental Health Services in two African Countries – South Africa and Nigeria" available at <http://www.academicjournals.org/ijum>. Accessed on 12/7/2024, p.53.

³ *ibid.*

⁴ A. H. Westbrook, "Mental Health Legislation and Involuntary Commitment in Nigeria – A Call for Reform", in *Washington University Global Studies Law Review*, Vol. 10, p. 399.

⁵ *Ibid* p. 400.

⁶ *ibid.*

⁷ A. H. Westbrook, "Mental Health Legislation and Involuntary Commitment in Nigeria", p. 400.

⁸ *ibid.*

⁹ *ibid.*

¹⁰ *ibid.*

¹¹ A. H. Westbrook, "Mental Health Legislation and Involuntary Commitment in Nigeria – A Call for Reform", in *Washington University Global Studies Law Review*, Vol. 10, p. 401.

¹² F. O. Osadolor, "General Principles of Law", Dave Prints Association, Benin City, 2003, p. 79.

Association's requirement for admitting new members is that the prospective new member is required to pass an examination before the issuance of a certificate, other Associations' requirement is the performance of entry initiation ceremony.¹³ Applicants are questioned on the length of time they have been practicing, the kinds of medicine (roots, herbs, etc) they use, and the kinds of plants, when if eaten, may cause death.¹⁴ Another group does not believe in giving the candidate examination but reliance is placed on observing the applicant, the ways the applicant treats patients before the applicant is admitted and membership fee is collected from the applicant.¹⁵

When admitted, the new member is issued a certificate to enable him practice. The certificate must be displayed in the place of practice.

4. Regulating Trado-Medical Practice in Nigeria

Law is aimed at maintaining orderliness in the society. It is also to regulate the practice within any profession thereby creating channels for remedy, establish and enforce standards. Therefore, a legal perspective of Trado-Medical practice has to be rooted in statutes which spell out rights, obligations and remedies of practitioners and their prospective patients. This becomes imperative as where there is no enabling law regulating the practice, "professional breach of obligations and patients' rights of legal actions for remedy or compensation becomes blurred provisions."¹⁶ Unless a statute expressly or by necessary implication executes a common law remedy which will be readily available to the plaintiff, it will be deemed that he has a choice and can decide to pursue either the common remedy or statutory remedy which the statute gives a special or peculiar form of remedy different from what obtains in common law.¹⁷

Okojie¹⁸ asserts that uncertainty under such circumstances is somewhat inevitable and no general principle can be stated for all cases. This confused state of law led Lord Denning to comment that the legislature "had left the court with a give guesswork, puzzle, the dividing line between the pro-cases and the contra-cases is so blurred and so ill-defined that you might as well toss a coin to decide it".¹⁹ Similarly, Professor Glanville Williams is quoted to have expressed his views on this issue thus:

...in effect, the judge can do what he likes and then select one of the conflicting principles stated by his predecessors in order to justify his decision.²⁰

This lacuna in Trado-Medical practice can be bridged by the legislature with the provision of an enabling statute to moderate the practice. However, the 1999 Constitution of the Federal Republic of Nigeria (as amended) has impliedly made some provisions to this effect.

¹³ A. E. Okojie, "Legal Perspective of Trado-medical practice in Nigeria", Being a Ph.D Thesis submitted to the Oba Erediauwa College of Law, Igbinedion University, Okada, 2011, p. 79

¹⁴ Ibid., p. 79.

¹⁵ Ibid.

¹⁶ Ibid., p. 46.

¹⁷ Ibid.

¹⁸ A. E. Okojie, "Legal Perspective of Trado-medical practice in Nigeria", op. cit p. 91

¹⁹ Ibid.

²⁰ Glanville Williams, "The Effect of Penal Legislation in the Law of Tort" 2M. L.R. 233, p246.

Accordingly section 33(1) of the Constitution states that every person has a right to life.²¹ On its part, section 34(1) provides that every individual is entitled to respect for the dignity of his person.²² Therefore, the fact that an individual has opted for treatment in a trado-medical home should not entitle a trado-medical practitioner to give the individual counterfeit, substandard or incompetent treatment capable of, or, actually destroys his or her life. The principle of “*volenti non fit injuria*” – meaning “*one cannot claim damages for injury he acquiesced to*” will not avail a trado-medical practitioner as a defence if actual loss of life or avoidable physical injury is caused a patent.

Similarly, section 460 of the 1999 Constitution (as amended) envisages redress in State High Courts. The section provides that:

Any person who alleges that any of the provisions of this chapter has been, is being or likely to be contravened in any State in relation to him may apply to a High Court in that State for redress.²³

Viewed from the legal perspective, the above provision does not specifically relate to Trado-Medical practice. Rather, it is based on the general law of tort.

These constitutional safeguards notwithstanding, we are of the view that there should be justiciable enactments specifically applicable to trado-medical practitioner to regulate the practice.

5. Evolution of Trado-Medical Practice in Nigeria

Traditional medicine is used as the last resort for health care by the poor in Nigeria. Collective modern medicine is relatively unaffordable and unaccessible to rural dwellers.²⁴ However, the failure to sustain and expand community-based or oriented mental health programme as a standalone or through primary health care in Nigeria has created a vacuum. The vacuum that has been created by the inadequate Nigerian psychiatrists to reach as many millions as possible who require mental health care through community oriented mental health care programme is being occupied by “charlatans, traditional leaders, religious leaders/sects”.²⁵

The age of traditional medicine lost prominence with the renaissance of British colony in Nigeria. Since that period, the practice of traditional medicine has become increasingly scientific. New dimensions have been introduced. The introduction of modern medicine in Nigeria brought about a revolution in modern health care. Ever since, medical health care has always operated as two levels – the traditional and the orthodox.²⁶

The introduction of Western medicine into a country that relied solely on traditional healers in the South and as “Maraboat” who are trained in the Quranic healing arts in the North led to

²¹ Section 33(1) 1999 Constitution of the Federal Republic of Nigeria (as amended)

²² Section 34(1) 1999 Constitution (as amended)

²³ Section 46(1) 1999 Constitution (as amended)

²⁴ A. E. Okojie, “Legal Perspective of Trado-medical practice in Nigeria”, Being a Ph.D Thesis submitted to the Oba Erediauwa College of Law, Igbinedion University, Okada, 2011, p. 73.

²⁵ Professor Lai Erinoshio “community Psychiatry in Nigeria: Retrospection, Challenges, and future Prospects” Being a key-note address at the Annual Conference of the Association of Psychiatrists in Nigeria”, Enugu, December 13, 2010, p.8.

²⁶ A. E. Okojie, “Legal Perspective of Trado-medical practice in Nigeria”, op. cit. p.24.

problems. Among the traditional medical practices, procedures such as “tonsillectomy, circumcision, bone setting, abortion and child delivery were and continued to be common problems.²⁷ It should be remembered that Western medicine evolved from what we now term alternative medicine, especially from traditional and religious healing practices.²⁸ Indeed, traditional medicine practitioners have revolutionised their modes of operation and procedures. Diseases such as “*Etagba*”²⁹ and chronic mental disorder”³⁰ which previously defined orthodox medical treatment are now being cured by traditional medicine practitioners with the use of herbs.³¹

In every of society, traditional medicine is a reflection of the culture in that society. Even within individual cultures, there may be more than one system of traditional medicine.³² Professor Makanjuola asserts that in Yoruba land, for example, there are at least two major types of traditional healers involves in mental health care, the “*Onisegun*” and the “*Babalawo*”. The Babalawo are practitioners of “*Ifa Divination*”.³³ The two systems of mental health care overlap. In most other parts of the country, divination of one form or another is widely employed in the treatment of illness, including mental illness.³⁴

6. Traditional Psychiatry

Traditional psychiatry is a specialized branch of traditional medicine. It involves the treatment of all forms of mental illness or disorders. In orthodox or Western psychiatry, the diagnosis of mental illness involves obtaining a comprehensive history concerning the illness, its antecedents and the individual’s background including his past medical history, his family history, his personal history and social circumstances. This is followed by an examination of the mental state and a physical examination and investigations which comprise physical, psychological and social investigations.³⁵

In most African countries, including Nigeria, traditional psychiatric practitioners adopt similar procedures. The practitioners start by asking psychological investigative questions to determine whether the patient had committed some evil deeds and if so, persuade the patient to confess his sins and make sacrifice.

In some cases, if the mental disorder is due to anxiety, or loss of a dear one or business failure, the traditional psychiatrist would offer necessary advice and encouragement that would enable the patient to recover from his or her depressed state.³⁶

²⁷ A. E. Okojie, *Traditional Medicine and the Law*, Ambik Press, Benin City, 2013, p.10.

²⁸ R. O. A. Makanjuola, “Concepts of the Aetiology and Management of Mental Illness – A Comparison of Western and Traditional Medicine” – Being a paper presented at the sixth Professor James Ogonor Memoria Lecture, Women’s Health and Action Research Centre, 6th January, 2009, p.1.

²⁹ A disease in Urhobo Land (Urhobo is a tribe in Delta State of Nigeria). *Etagba* is the introduction of a poisonous foreign substance into the body which is injurious to health or life. It is described as filed outlet, dragon arrow or native injection.

³⁰ Madness which resulted from prolonged evil-doing by the victim. This is what the medical psychiatrist will not bother himself to indulge in shocking of a mental patient which electric impulse cannot cure him but send him into a state of temporary coma, but when he wakes, he will still be confronted with evil deeds.

³¹ Okojie A. E. *Traditional Medicine and the Law*, Ambik Press, Benin City, op.cit. p.10.

³² R. O. A. Makanjuola, “Concepts of the Aetiology and Management of Mental Illness’ op.cit p.3.

³³ *ibid.*

³⁴ *ibid.*

³⁵ A. E. Okojie. “Legal Perspective of Trado-medical practice in Nigeria”, op. cit. pp.60-61.

³⁶ A. E. Okojie, *Traditional Medicine and the Law*, Ambik Press, Benin City, op. cit, pp.b38-39.

Traditional healers adopt a wide variety of agents in the treatment of mental disorders which makes it difficult to categorize the various treatments. However, broadly speaking, these can be classified into two groups.

- (a) Those involving medicines that are ingested or applied to the body,
and
- (b) Others (those employed in other ways)³⁷

This is illustrated with the treatments employed, for example, by Yoruba traditional healers. This procedure involves administering directly to the patient orally, in the skin or through inhalation at least ten types of traditional preparations.³⁸

Traditional healers do accept that physical and psychological factors are involved in the scientific study of the causes of mental illness, but also believe that “preternatural and supernatural” causes are particularly important. Many of the Yoruba *Onisegun* herbalists regard the *Orisa* (Deity), *Osanyin* as the source of knowledge and powers of medicine, while the *Babalawo* (practitioners of *Ifa* divination) regard this knowledge and power as coming from the *Orisa Orunmila*.³⁹

Table 1 below shows some treatment patterns or modalities employed by Yoruba traditional healers.

Agents administered directly to the Patient	Agents applied in other ways
Agunmu (Pounded medicine)	Oto (Incantation)
Ogun Jijo (Burnt medicine)	Etutu (Sacrifices)
Agbo (Aqueous Infusion)	Medicines Applied
Oloti (Alcoholic Infusion)	Under the patient’s pillow
Aseje (Administered as form of soup)	Odu Ifa (Pressed into the medicine before it is administered)
Gbere (Medicine rubbed into scarifications)	Ritual bathing
Ipara (Medicine Ointment)	Ritual shaving
Ose (Medicine in traditional soup)	
Ogun finfin (Snuff)	
Turari (Incense)	

Table 1: Culled from: Concepts of the Aetiology and Management of Mental Illness, Women Health and Action Research Centre, Benin City, 2009.

7. The Role of Trado-Medical Health Practitioners in Nigeria

The concept “Traditional Medicine” is derived from two words – “Tradition and medicine”. According to the Oxford Advanced Learners Dictionary,⁴⁰ the word “Tradition” means “a belief, custom or way of doing something that has existed for a long time” among a particular group of people, a set of their beliefs and custom”. The dictionary also sees “medicine” as “the

³⁷ R. O. A. Makanjuola, “Concepts of the Aetiology and Management of Mental Illness’ op.cit p.14.

³⁸ *ibid.*

³⁹ *ibid.*

⁴⁰ A. S. Hornby, Oxford Advanced Learner’s Dictionary of Current English, International Students Edition (New 8th Ed, Oxford University Press, 2010) p. 1584.

study and treatment of diseases and injuries”.⁴¹ On its part, the World Health Organisation (WHO) defines traditional medicine as:

The sum total of knowledge and practice whether explicable or not, used in diagnosis, preventions and elimination of physical, mental and social imbalance and which relies extensively on experience from and observation handed down from generation to generation verbally or in writing.⁴²

In addition, the WHO also sees a traditional healer as that:

Person who is recognized by the community in which he lives as being competent to provide health care by using “vegetable, animal and mineral substance and certain method based on social, cultural and religious background as well as knowledge, attitudes and beliefs that are prevalent in the community” regarding physical, mental and social wellbeing and the causation of disease and disability.⁴³

Professor Makanjuola, on his part, asserts that traditional medicine is a “reflection of the culture in that society” adding that there are as many systems of “traditional medicine in Africa as there are cultures in Africa”.⁴⁴

Even within individual cultures, there may be more than one system of traditional medicine. Similarly, different names have been given to traditional medicine in different localities and countries. For example, in India and China, the concept is referred to as “People Medicine”.⁴⁵ It is so called because the system does not allow for any foreign or modern influences on its original and customary method of treatment. In most other parts of Africa, divination of one form or another is widely employed in the treatment of illness, including mental illness.⁴⁶

The various systems of traditional medicine also recognize different diseases entities. The classificatory systems differ from culture to culture. In most systems, the classification takes cognizance of causation as well as the clinical presentation of the individual’s conditions.⁴⁷ As Western medicine proposes a variety of causative factors for the different types of mental illness, traditional healers also acknowledge the importance of physical and psychological factors. These include supernatural forces such as the influence of evil spirits, ancestors and deities, and pre-natural forces including witchcraft (or its local equivalent), sorcery curses and a host of other agencies.⁴⁸

Individuals who require health care are faced with a number of choices of health care providers. Their choices include “western or modern” medicine as well as a number of different sources

⁴¹ *ibid*, p. 923.

⁴² World Health Organization (WHO) seminar in “Traditional Medicine, Geneva, 1978.

⁴³ F. O. Osadolor, *General Principles of Law*, Daveprint Associates, Benin City, 2003, p.79.

⁴⁴ R. O. A. Makanjuola, “Concepts of the Aetiology and Management of Mental Illness – A Comparison of Western and Traditional Medicine” – Being a paper presented at the sixth Professor James Ogonor Memorial Lecture, Women’s Health and Action Research Centre, 16th January, 2009, p.2.

⁴⁵ A. E. Okojie, *Traditional Medicine and the Law*, *op. cit.*, p.16

⁴⁶ R. O. A. Makanjuola, “Concepts of the Aetiology and Management of Mental Illness’ *op.cit* p.3.

⁴⁷ *ibid*, p.6.

⁴⁸ *ibid*.

that are called “Alternative” medicine. Even in the developed countries, such as China and India, these varieties of choices do exist. It should be remembered that Western medicine evolved from what we now term alternative medicine especially from traditional and religious healing practices.⁴⁹ We can assert that herbs and roots can be used to correct and cure several illnesses and ailments in the body. Seasoned herbalists even in America such as Jethroklos and Maria Treben of Austria have documented their experiences to show that even the most dreaded ailment such as cancer could be treated effectively with herbs.⁵⁰

8. Some Legal Implications of Trado-Medical Health Practitioners in Nigeria

It is trite law that whoever holds out himself to perform a duty owes a duty of care in the exercise of that duty.⁵¹ Therefore, the trado-medical practitioner owes his patient a duty of care, though it is difficult to determine the standard to be observed in order to meet the requirements of a duty of care.⁵² However, in the English case of *Phillip v Whiteley*⁵³, it was held that:

Where different professions deal with the same subject matter, the standard to be observed is the average standard peculiar with each set of particular professional group.

Accordingly, the standard for trado-medical practitioners will be difficult to assess since each practitioner claims expertise in very peculiar ways.⁵⁴ However, we can assert that the fault of the Trado-medical practitioner would lie on his embarking on the treatment “which results in the harm suffered by his patient as the standard of care should not be lowered vis-à-vis than his fellow practitioner who administers treatment in the same area”.⁵⁵

Suffice to state that the problem is that victims of Trado-medical malpractices are often ignorant of the remedy available and provided by the various laws and regulations. People often die as a result of harm or damage suffered from Trado-medical treatments and their relatives seldom go to court for remedy as they do when an orthodox medical doctor is found negligent or incompetent.⁵⁶

Another issue worthy of mention is that of pre-treatment consent of the mentally ill person in trado-medical practice. It is true that when the mentally ill person goes to the traditional medicine practitioner, it is implied that he or she has given consent for treatment. In orthodox medical practice, there is the need for either the express or implied consent before any major surgical operation, except in emergency situations. In Trado-medical practice, such consent is

⁴⁹ R. O. A. Makanjuola, “Concepts of the Aetiology and Management of Mental Illness – A Comparison of Western and Traditional Medicine”, op cit p.6.

⁵⁰ F. O. Osadolor, General Principles of Law, op.cit, p.79.

⁵¹ See the case of *R v Bateman* where Lord Hewart C. J. stated that: “if a person holds himself out as possessing special skill and knowledge and he is consulted as possessing such skill and knowledge by or on behalf of a patient, he owes a duty of care to the patient to use due caution in undertaking the treatment. If he accepts the responsibility and undertakes the treatment accordingly, he owes a duty to the patient to use diligence, care, knowledge and skill and caution in administering the treatment. No contractual relation is necessary, nor is it necessary that the service be rendered for reward”. See also *Lanphier v Phipas* (1838), SC & p.475; *Cassidy v Ministry of Health* (1951) 2 K.B. 348.

⁵² F. O. Osadolor, General Principles of Law, op.cit, p.81.

⁵³ (1953) All. E.R. 566.

⁵⁴ F. O. Osadolor, General Principles of Law, op.cit, p.81.

⁵⁵ *ibid*.

⁵⁶ A. E. Okojie, Traditional Medicine and the Law, op. cit, p.103

not always necessary because consent is implied when the patient is brought by his or her relatives to the traditional medicine practitioner.

Consent before treatment in trado-medical practice may be impracticable in situations as the doctrine of necessity is always invoked in cases such as where the mentally ill patient is hostile and there is the urgent need to prevent him or her from constituting a nuisance to himself and the society. The relevant cases referred to in orthodox medical practice and the pronouncements of the judges cannot be strictly applied in trado-medical setting.⁵⁷ This is so because trado-medical practice is essentially based on “traditional norms derived from ancestors from generation to generation”.⁵⁸ Under this arrangement, judicial adjudication is not normally contemplated or envisaged. Hence, breach of any recognized norm earn adverse publicity and penalty by the ancestors or by the peers of the defaulting trado-medical practitioner. This calls for the need for a legal framework for trado-medical practice as obtainable in orthodox medical practice or incorporating trado-medical rules and regulations into the mainstream of orthodox medical practice. However, despite the absence of any applicable law moderating the practice of traditional medicine in Nigeria, under the Nigerian Criminal Law, consent to treatment does not constitute a valid defence to the willful killing of another. Section 299 of the Criminal Code⁵⁹ is instructive here. It provides:

Consent by a person to the causing of his own death does not affect the criminal responsibility of any person by whom such death is caused.

Accordingly, in the case of *State v Okezi*,⁶⁰ the accused, a traditional medicine practitioner (native doctor) prepared some charms for the deceased. The deceased, wanting to test the efficacy of the charm invited the accused to test the charm on him by firing a gun shot at him. The accused shot him the chest and killed him. The accused was convicted for murder.

Similarly, section 253⁶¹ of the Criminal Code provides:

An assault is unlawful, and constitutes an offence unless it is authorised or justified or excused by law. The application of force by one person to the person of another may be unlawful although it is done with the consent of that other person.

The implication of the decision in the above case of *State v Okezi* and the provision of section 253 of the Criminal Code (*supra*) is that if death occurs to a patient while undergoing treatment in a trado-medical home, the trado-medical practitioner would be charged for negligence and subsequently sued for murder.

⁵⁷ A. E. Okojie “Legal Perspective of Trado-medical practice in Nigeria”, op. cit. p. 87.

⁵⁸ *ibid.*

⁵⁹ Section 299, Criminal Code Act, Cap. C. 38, Laws of the Federal Republic of Nigeria, 2004.

⁶⁰ (1972) 2 E.C.S.L.R. 419.

⁶¹Section 253, Criminal Code Act, Cap. C. 38, Laws of the Federal Republic of Nigeria, 2004. See also the case of *R v Donovan* (1934) 2 KB 498 where it was held that, as a general rule to which there are well established exceptions, it is an unlawful act to beat another person, with such a degree of violence that inflictions of bodily harm is a probable consequence and when such act is proved, consent is immaterial.

9. Conclusion

Traditional medicine is used as a last resort for health care by the poor in Nigeria because orthodox modern medicine is relatively unavailable and inaccessible to rural dwellers. Traditional medicine is a reflection of the culture in any society. The concept has gained universal acceptance in basically all aspects of health care such as Bone setting (Orthopaedics), traditional birth, eye and psychiatry, to mention but a few. Many developed countries in the world, such as China and Japan have appreciated the importance of traditional medicine and have consequently integrated traditional medicine with orthodox medicine.

10. Recommendations

This paper is therefore advocating for a legal framework for trado-medical practice as obtainable in orthodox medical practice or incorporating trado-medical Rules and Regulations into the mainstream of orthodox medical practice. This will infuse the much needed sanity in the practice of traditional medicine in Nigeria. This discourse is also advocating for the integration of traditional medicine into orthodox medicine in Nigeria as practiced in some civilized countries in the world, such as Japan, China and India.