Traditional Healing Systems Among Nsukka Igbo

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Introduction

The use of traditional healing remedies for ailments has always been part of human culture. Among the Igbo, disease is generally referred to as *'aru mgbu'* (body pain), '*oria'* (sickness) etc. Apart from recognizing disease as a major problem, they attribute the causes to several agents such as sorcery, breaking of taboos, mystical disease and witchcraft (Okwor, 1997). They therefore devised way for curing diseases that are environmentally induced as they tried to dominate and conquer the environment in which they lived. Unfortunately, this cultural practice has been widely criticized especially by Eurocentric scholars. This is principally based on the assumption that traditional healers rely almost exclusively on magic, witchcraft and necromancy (Shu, 1997b:173). Some have questioned the relationship between African medicaments, its practices and diseases (Iwu, 1981). The traditional healing systems have also been criticized on the ground that practitioners are illiterates who do not understand the anatomy of human being. The drugs and herbs administered do not pass through laboratory processes and so may still contain some harmful elements, which can cause more harm than good in the body system. Furthermore, the practitioners do not adhere to the rule of hygiene and administration of herbal drugs may not be on the right dosages because they do not have the technology to determine drug dosage. In spite of all these criticisms, the practice has continued to persist among Nsukka Igbo.

The introduction of western medicine into the third world in the mid-20th Century with the laudable goal of improving the health and nutritional status of various populations was welcomed by many. These programmes were however, instituted without much consideration for existing practices and beliefs of the local people for whom they were meant. The fact, however, that traditional healers did not simply disappear with the advent of western medicine, but are rather gaining more prominence even among the urban populace is a glowing testimony to the inadequacies of modern medicine in these parts (Ijeh, 1997:161).

In spite of the rapid growth in the development and spread of modern medicine, traditional knowledge on the use of plants continues to be the most popular alternative to health problems in Nigeria. Moreso, the uneven distribution of health personnel between rural and urban areas has left the rural dwellers with virtually no alternative than to patronize the traditional practitioners. Even where modern medical services are adequate and accessible to the people, they are sometimes too expensive; hence, they are

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substituted with alternatives from herbal medicines (Shu, 1997a:148). To effectively address the problems, this report attempts to examine: the traditional healing systems in the study areas; how diseases are diagnosed and the processes involved in herbs procurement, processing and administering of drugs to patients; and the different types of leaves / roots and the specific diseases / illnesses etc. Examples shall be drawn from Enugu-Ezike, Edem-ani, and Owerre-ezeoba to drive home our viewpoints. These areas have long history of traditional health care practices, and they are renown in traditional medicine. The three towns have practically similar cultural traits and trait complexes. Their ritual practices / performances are similar; and there are little variations in the terminologies used for diseases / herbs. Therefore, these communities truly represent Nsukka culture area in general, and will also offer valuable insights into the healthcare systems in the core Nsukka culture.

Studies in Traditional Healthcare Systems

The World Health Organization (1978) defines traditional medicine as "the sum total of the knowledge, skill and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintaince of health as well as in prevention, diagnosis, or treatment of physical and mental illness" (c.f. Muanya, 2009:17). For Mume (1973), it is "an art, science, philosophy and practice following definite natural, biological, chemical, mental and spiritual laws". A traditional healer can therefore be described as a person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods. These methods are based on social, cultural and religious backgrounds as well as the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and, social well being (Sofowora, 1982).

Traditional medicine first began when man started to create and manipulate symbols as well as develop systems of belief (Atando, 1973:2). However, some 3,000 years B.C. man was well aware of the medicinal properties of some plants growing around him. The seeds of the *Opium* poppy (*Papaver ominiferum L.)* and castor oil seed (*Ricinus communis L.)* excavated from some ancient Egyptian tombs indicated their use in that part of Africa as far back as 1500 B.C. (Shu, 1997a:150).

Many researches have been conducted on various aspects of traditional medicine by scholars and the like, using individual societies as case studies.

Ugwu's (1998:1) unpublished work on *"Traditional Healthcare in Nsukka: An Ethno-archaeological Approach"* argued that traditional healthcare refer to all the actions or cares outside the orthodox healthcare, needed by individuals and communities for the purpose of promoting, maintaining and preserving health. Ugwu (1998) identified the kinds of diseases associated with Nsukka people to include malaria (*Iba*), boils, infertility, swollen breast (*Ezhi-era*), Apollo (*Eye – disease*), snake bite, swollen legs (*Odema*), swelling

stomach (*Afo ototo*), stomach ache (*Afo oruru*), dysentery, 'Mkpoyi' *(Bronchi pneumonia)*, convulsion (*Osise*) and tonsillitis (*Mgbapia*). The causes of the diseases range from spasmodic contractions of muscles, germs, bad blood, mosquitoes bite, abnormal growth in the throat, to socio-cultural/religious factors like magical powers, evil spirits, poisons, sacrifices etc.

It is worrisome that the writer has no idea about the pharmacological agent(s) used in the preparation of the treatment of these diseases. However, further revelation in her research report is that plants, which serve as regular diet, are used in preparing the medicine. It is therefore, not only the organic properties of the plant that are beneficial in the healing process; but also the magical or spiritual forces embedded by nature in all living things and the contributions of ancestral spirits and God. She maintained that proper hygiene and good feeding are vital for good and sound health. Ugwu also pointed out that Igbo traditional doctors (*dibias*) are believed to be able to protect people's lives from accidents, witches and other supernatural powers or influences. However, the belief in these protective powers still exists, but its effectiveness remains doubtful.

The curative and protective measures identified among Nsukka indigenes by Ugwu (1988) are: incisions made on parts of the body by the traditional doctors and medicine prepared in lotion or powdered form; medicinal belts (amulets) or rings worn around the waist and finger(s); bitter kola (*Garcinai kola*) [*Igogoro*] a seed containing fluid for detoxication and believed to be an antidote against suspected poison by sorcerers; '*Uro*' (Earth chalk), believed to posses curative powers when mixed with many chemicals, medicinal plants and animals wastes.

In her study on "*Traditional Healthcare Practices in Nnewi North Local Government Area of Anambra State*" Anazodo (2008) classified traditional healthcare practices in Nnewi North into five: herbalists, bone setters, traditional psychiatrists, diviners, and traditional birth attendants. She noted that traditional healthcare practitioners inherit this practice from their fore-fathers and that patients consult on a daily basis. For the herbalist, the spirit of '*Agwu'* assist him either by day – by leading him into the bush and revealing medicinal herbs to the person; or by night in ones dream. Anazodo also noted that anyone who ignores the call of *'Agwu'* to join in the profession is continuously disturbed by the spirit of *'Agwu'* until he becomes a herbalist. The diviners on the other hand uncover the cause of a misfortune on a person through divination to find out the cause of the ailment. Anazodo (2008) noted that occasionally, sacrifices are offered to the gods or through '*dibia-aja'* in order to appease them. She sees bone setters as those traditional practitioners who specialize in mending broken bones (broken legs and hands), severe pains in the spinal cord, waist etc. They make use of herbs, roots, sand, alligator pepper, local ointments, animal product etc. for treatment of fractures. The traditional psychiatrist (*dibia ara*) specializes in curing mental illness caused by evil spirits or invoked by people on their enemies.

Finally, Anazodo (2008) argued that traditional healthcare practices in Nnewi North is affordable to all as well as a source of income to the practitioners. She also identified westernization, Christianity etc. as part of the challenges facing traditional healthcare in Nnewi North. However, the author failed to identify the various types of leaves/roots/herbs used in traditional medicines and the diseases which they cure. Again, this lives a gap in the body of knowledge on traditional healthcare practices in Nnewi Local Government of Anambra State.

Research Findings

There is a close correlation between traditional health practices and the belief systems of Nsukka Igbo. The healing system arises from the belief that the physical ailment is caused by evil spirits; a belief that placed native healer (*Dibia*) at the apex of traditional healing institution. As argued by Ijeh (1997:162) the "native healer's (*dibia*) art is shrouded in mystery and sometimes accompanied by dramatization, all of which add to the inspiration of awe on the part of his patient." In our study area, the traditional health practitioners are locally referred to as *dibia*. Although, a few *dibia* do a general practice; most *dibia* specialize in certain areas of illness. Among the specialization/categories of traditional healer identified:

1) *Dibia-afa* (Diviners)

A diviner can be defined as a diagnostician endowed with special skills of divination. Diviners basically foretell the cause of the problem(s) and the appropriate way of managing them. "Diviners' art is largely mystic, deeply magical and involves the use of several instruments purported to have magical or mystical power of consulting the spirits" (Ijeh (1997:163). They dominate the guild of native doctors, because of their power of extra sensory perception.

They are referred to as the priests of '*Agwu*' (the Igbo deity of divination) in our study area, and their main instrument is known as *afa* in which the diviner uses incantations called *Agwu*/Oracular language to perform his art. As he does this, the client also makes his complaint audible to the instrument. The diviner's findings are made known to the client during and at the close of the consultation and he advises accordingly. Often times, they give up to one hour or more as consultation duration. Caution is exercised by client not to break the rule or face unsuccessful adventure. Their consultation/divination fees are usually small they include a token amount of money, cola nut and/or a bottle of dry gin. They are consulted for different purposes ranging from the cause of illness, the possible cure, sacrifice and rites to be performed, settling of dispute as well as finding lost objects. More often, their clients are not necessarily the sick, but the troubled.

2) *Dibia Mgborogwu* (Herbalists)

This refers to a traditional medical practitioner who specializes in the use of herbs to treat various ailments. He is skilled in the language of the leaves. A herbalist is not concerned with the cause(s) of illness, but only the treatment of physical symptoms. In our study area, herbalists gather plants in their seasons, dry and store them in their local drug stores – usually, a single room. Some have mini-farm lands behind their house with all types of plants/herbs, which they grow themselves. The herbs are often prepared for each individual case either in a liquid form, as a concoction or sometimes dispersed as leaves, roots or stem barks; requiring that the patient soak them in water or dry gin over-night before drinking. They also sell their medicines to other medical practitioners; some sell theirs at the village market (this is seen in *mgborogwu* [root] line of the communities' markets). Herbalists receive some form of medical instructions – some of them get their knowledge from dreams, others have the oracular call.

As argued by Shu (1997a), the use of plants as medicine still represents a very important phenomenon in traditional culture; and this is deep-rooted in the cultural background of Nigerians. This is so because; the plant remedial systems are closely interwoven with the overall beliefs and cultural ways of the peoples' rural life. As Aki-Assi and Guinko (1991) argue, the knowledge of the therapeutic virtues of plants is indeed part of the African cultural heritage.

3) *Dibia Okpukpu* (Orthopedists)

Orthopedics is a branch of medicine concerned with the correction or prevention of skeletal deformities, disorders, or injuries. *Dibia okpukpu* is a name given to those that specialize in bone setting. They generally fix or take care of broken bones. Bone setters (*Onye ogba okpukpu)* in our study area are traditional health practitioners who are versed in the art of fixing fractured or sprained bones mainly hand and leg bones. While the western orthopaedic surgeon applies the 'Plaster Of Paris' (P.O.P), antibiotics, pain relievers etc, the *dibia-okpukpu* relies on herbs, wooden splints, clay etc. which they apply to the fractured part of the body, in addition to their special skills in setting the fractured bones. The medicine is applied to the fractured area, alongside wooden splints, which are protective and supportive; meant to keep the medicine in place as well as guide the fractured bones and enhance easy recuperation. Some practitioners use some supernatural means (incantations) as part of the healing process. However, this group of practitioners acknowledges that bone setting has to do with one's gift, talent or call.

4) *Dibia-Era* (Psychiatrists)

Psychiatry is a branch of medicine that deals with mental, emotional, or behavioral disorders. *Dibia-era* as he is locally called specializes in the management of mental problems. In our study area, *dibia-era* deals mainly with mental syndromes, and other related behaviours. It is a general belief

among the studied groups that madness (mental problems) is caused by evil spirits and as such requires series of ritual performances and sacrifices to appease the offended deity or spirit. Traditional psychiatrists in our study area handle abnormal behaviours before they deteriorate to full blown madness.

5) Traditional Midwifery/Birth Attendants

These are mostly middle-aged and elderly women who have skills in the management of maternity issues and delivery of babies. The art appears to have existed in all the study communities and their activities cover pre-natal and post-natal services. Traditional midwives in Enugu-Ezike, Edem-ani, and Owerre-ezeoba have special skills in the management of women during and after child birth. More or less, they: (1) provide moral support to the patient when she is to deliver; (2) accelerate labour or stimulate the delivery of the placenta; and (3) evacuate deliverer '*Ona-nwa'.*

As the practice of male circumcision is obtainable in the study areas, a midwife combines her job of midwifery with that of being a circumciser. She also possesses a vast knowledge and/or idea of herbs as she practiced some herbology, which serves as antenatal drugs for her patients with the aim of reducing pains; foetal size and hastening labour; thus, she knows when complications set in and what exactly to do. Her services begin the moment a woman conceives and she gives women prenatal lessons and teach the young mother-to-be the prerequisite steps to take during labour.

Though, Caesarean Section (CS) is reportedly rare in traditional medicine; it is not impossible. Elsewhere, Finch (1982) reported on a missionary doctor's observation of CS performed by a Banyero traditional surgeon in Uganda, on a twenty year old woman. The operation was successful and mother and child survived. This, however, must be attributed to a great deal of experience and carefulness as well as giving the patient an intoxicating mixture (a replica of anesthesia) prior to surgery. Finally, her job(s) may be performed in her home or in her client's home. In time pasts, they have apprentices who learn on the job; but due to the multiplicity of orthodox medicine/hospitals as well as white collar jobs, the art does not enjoy apprentices anymore.

Analysis and Discussion

Generally, traditional healthcare practitioners in the study area use physical observations, disease symptoms, patient's case history, oral interview and spiritual consultation (divination/consultation of oracle) to diagnose ailments. Shu (1997b:176) delineated three methods of diagnosis as follows:

i. Observation of patients for mass abnormality in posture and breathing, attitude and gestures; examination of the eyes, skin, urine, and faeces. Summary examination of movable parts, palpations etc.

ii. Biological examinations using sense of taste for sugars in urine as it is the case with diabetes smell for potent antimicrobial properties, sight for observing the colour of vomited food, which may indicate poisoning etc.

iii. Spiritual consultation, namely consultation of oracles to seek diagnosis, and use of psychotropic (mind changing) drugs (Sofowora 1982) to arrive at diagnosis and appropriate treatment. Furthermore, a skilled traditional herbalist uses astronomical signs to diagnose his patient's ailment along with an analysis of dreams (Shu, 1997b: 176).

The second classification of methods of diagnosis as outlined by Ijeh (1997:171) includes:

i. Behavioral changes – these include eating pattern before and during illness; bowel movements etc.

ii. Fever – temperature elevations and patterns of elevation if any to help differentiate fever due to malaria or infection.

iii. Jaundice – this is observed by studying the eyes, and fingers. This is used to differentiate between malaria (*Iba*) and yellow fever (*Iba-oji*).

iv. seizure – convulsions

v. Diarrhea – frequent stooling and nature of the stool.

vi. Bleeding – used to investigate abortion, tuberculosis, poisoning etc.

vii. Breathing – difficulty in breathing is misconstrued as heart rather the chest trouble.

viii. Pains and swellings.

ix. Weakness.

x. Rash (Ijeh, 1997:171).

The processes involved in procuring herbs for medicinal purposes depends on the type of plant; while some plants can be harvested by day others are collected at night. As aptly noted by Sofowora (1982) particular plants are collected only at night or specific periods of the day for it to have desired efficacy. This is true because a number of secondary metabolites vary appreciably throughout the day and night (Trease and Evans, 1989). Explaining this further, Okunzua (1973) observed that:

> certain plants are known to emit radiations, which are characteristic of each plant and which can only be detected by psychic eye. With the aid of powerful microscopes and using a high frequency generator, some interesting photographs of such radiations have been made.

However, each species of plant was found to have its unique energy pattern, so it is possible that an experienced clairvoyant herbalist could analyze the energy pattern of a leaf and be able to tell whether its collection for medicinal use at a specific time of the day or night could be beneficial or not. This is comparable to the methods of clairvoyants who predict ailments

before they occur merely by reading the cloud of energy surrounding people (Okunzua 1973). Clans *et. al.* (1970) have pointed out that apart from the part of the plant and the time of harvesting, the season is also taken into consideration when procuring herbs. Shu (1997b) identified incantations, chants and spitting on the plant prior to harvesting; and other mystical activities employed as parts of the processes involved in producing medicinal herbs. Healers in our study area employ physical identification of a particular medicinal plants, dreams, and spiritual means as parts of the procurement processes. Furthermore, some cultivate such herbs around their houses to ensure easy procurement.

The processing and administering of drugs to patients is such that requires extreme care resulting from experience acquired over time. The method of preparation of medicinal plants varies not only from plant to plant, but also, with disease states. However, preparing herbs either based on the nature of the plant or the disease type must undergo a series of processes before being administered in an appropriate form. The first process involves collecting the required plants. Leaves and growing tops are collected just before the seeds and fruits have matured (Clans, *et. al.* 1970). Fruits and seeds are harvested mostly when ripe except in rare cases; while barks are mostly collected before the vegetative processes begin (Clans, *et. al.* 1970). The second process is the drying of collected plants. While some medicinal plants are processed for application when fresh, others are dried under the sun as part of the process before application. However, Shu (1997a:152) cautioned that the sun may have deleterious effects on the plants exposed to it in an attempt to dry them. He noted that some plants like lemon grass (*Cymbopogon citrates*) and Eucalyptus leaves, which contains volatile oils as active principles may lose it when dried excessively. The third is the processing stage, which is either done when the plant is fresh or when dried. Processing is usually done with a view to extracting the active ingredients (constituents) present in the plant. Extraction of active ingredients in plants varies from plant to plant. Wrong extraction may lead to the removal of substances that have contributory roles in the medicinal components of the plants. Shu (1997a) provides more explicit examples using tannins, which are the active constituents in anti-diarrhea herbs. Shu reveals that tannins are more toxic when purified than when present in the crude extract. In this case, they are progressively released into the digestive tract in small quantities, and consequently, produce a less massive action. Shu also noted that in certain cases, the purified active principle is more useful than the drug itself (Shu 1997a). Thus, traditional practitioners have from experience learnt specific techniques, which they apply to particular plants.

The final products for patients' consumptions are classified into internal (oral application) and external applications. The former refers to those remedial preparations that are taken through the mouth or injected inside the body through incision or by any other means; while the latter is for external uses only. The processes of production of medicinal remedies for oral

application include boiling the plants (often cut in smaller pieces) in a moderate heat. As rightly argued by Shu (1997b) the herbalist is fully aware most probably from experience that some active constituents are thermolabile (destroyed by heat); thus, moderate heat is applied. Also, sterilization is achieved through filtering of the application. Another method is to soak the substance in water and/or alcohol for up to 12 hours or more. Sometimes, combined therapy is applied with a view to achieving maximum result(s). Here, combine therapy refers to concoction (mixing more than one ingredient to achieve additive effect). Herbs meant for external uses are often pounded and/or burnt. Burning is a means of concentrating the active ingredient, which is absorbed onto charcoal (Sofowora, 1973).

Table I: Traditional Medicinal Uses of Some Dietary/Medicinal Plants Among Traditional Healthcare Practitioners

S/No.	Local Names	English Names	Botanical Names	Therapeutic Use
1	Akidi/Agwa	Cowpea	*Vigua unguiculata*	The oil is used as ingredient in poultice; while the leaves are used as mild laxative
2	Ose-Oji	Alligator pepper	*Aframomum melegueta*	The seed is used for coughs, indigestion and ointment for fracture.
3	Nkwuaba	Pine-apple	*Ananas comosus*	The juice is used as laxative, in arthritis and treatment of venereal diseases.
4	Okwuru bekee	Paw-Paw	*Carica papaya*	The juice is used in wound dressing. Leaves are used for fevers as ingredients in malaria steam therapy. It is also vitamin supplement.
5	Ukwu nkwu	Oil Palm tree	*Elaeis guineensis*	Root decoction is used as an analgesic; leaves are used as antibacterial, oil as antidote for poisons and in post partum treatment.
6	Aku-bekee	Coconut-seed	----	The seed juice is used for antidote for poisoning.
7	Uziza	Guinea Pepper (Black pepper)	*Piper guineense*	The leaf stalk (when mixed with palm oil and plantain) is used in curing epilepsy; while the seed is used as

				stomachic, antimicrobial and anti-diarrhea.
8	Udara	Star apple	*Chrysophyllum africanum*	The juice is used for antiemetic and anti-diarrheal.
9	Oroma	Orange	*Citrus sinensis*	The leaves are used for treating fever; while the fruit juice serves as laxative.
10	Oroma nkirisi	Lime	*Citrus aurantifolia*	The fruit juice is used for several remedies as carminative and tonic.
11	Ona	Three leafed yam	*Dioscorea dumetorum*	Very effective in treating fever and diabetes
12	Nturukpa	----	*Pterocarpus santalinoides*	The leaves are effective as anti-diarrhocal arbortifacient.
13	Egbu	----	*Alstonia boonei*	The bark and leaves are effective for the treatment of gonorrhea, malaria, rheumatic pains, snake bite etc.
14	Ogwuakon	Neem	*Azadirachta indica*	The stem, bark, root and leaves are used for the treatment of malaria.
15	Ahihara	Vegetable	*Corchorus olitoris*	Recommended for treatment of malnutrition and mild laxative when half boiled.
16	Inine ojii	Vegetable	*Amaranthus viridus*	The leaves are highly effective for purgative; while the tender shoots are used as cough remedies.
17	Okpete – Ohia	Ginger lily	*Ginger officinale*	The seed is used in treating coughs/cold and inflammation.

As earlier mentioned, traditional healthcare practices have continued to flourish and appear to be competing quite favorably with the western medicine; they are, however, faced with some problems. Prominent among them is misunderstanding at linguistic level or in the identification of the plant. For instance, Shu (1997a:158) noted that the translation of the local name of the plant as “snake root” may imply a false assumption that the name indicate medicinal properties, whereas it is actually merely a

descriptive term referring to the tortuosity of its stems or roots. Again, deforestation and westernization are responsible for the decrease in the local use of plants for medicine. The former reduces the availability of raw materials; while the latter results in changes in lifestyle leading to increasing interest in orthodox medicine and a decline in traditional medicine. Finally, it is almost impossible to determine active ingredient contents in a single therapy against a disease as most preparations are often a mixture of extracts of several plants. This makes it almost impossible for scientists to assess the pharmacological basis of many therapeutic claims by traditional healers. This ultimately leads to neglect of traditional medicines by their orthodox counterparts.

Conclusion

The connection of traditional healthcare practitioners with the spirit world is believed to enhance the efficacy of traditional medicines in Enugu-Ezike, Edem-ani and Owerre-ezeoba. The people believe that spiritual problems manifest in physical sicknesses such as stroke, epilepsy, weakness of organs, internal heat, infertility, rheumatism, worm-like movement in the body etc. Hence, one who understands the rhythms of the spirit world is in a better position to administer cure to such health problems. Experience has shown that attempts to cure some of these ailments (like poison and spiritually inflicted diseases) using orthodox medicine did not yield fruitful results, but only resulted to death. Indeed, traditional medication in our study area is not confined to substances intended to be taken orally or for external uses, but also bound up with magical power or influence and its possible effects are not limited to what we would regard primarily as pharmacological ones (Arden, 1963). Nevertheless, skills acquisitions in the trade are through apprenticeship, divine selection, or by family inheritance.

The traditional healthcare practitioners' success over time has brought about increased awareness of the importance of traditional medical systems in terms of health, illness and the related social and psychological role they play within the study area. At present, their success has attracted the attention of governments at all levels, resulting to the establishment of Nigerian Union of Medical Herbal Practitioners (NUMHP) and Naturopathic Medical Association of Nigeria (NMAN) with a view to ensuring quality delivery. Furthermore, a regional centre for coordinating research activities in traditional medicine has been established by Obafemi Awolowo University, Ife, Nigeria. While some states in Nigeria have started taking the census of traditional medical practitioners; others are registering the healers as a prelude to recognizing them. As noted by Shu (1997a:151), training of traditional birth attendants has started in Nigeria and traditional surgeons are now operating fully, especially in the case of nodulectomy (removal of nodules) from onchocerciasis patients. All these are laudable efforts geared towards ensuring the sustainability of traditional healing systems in Nigeria and by extension to Nsukka culture area.

References

Abila, B., Richens, A., and Daves, J.A. (1993) Anticonvulsant Effects of Extracts of the West African Black Pepper. *Piper guineense*. *Journal of Ethnopharmacology*. Vol. 39. Pp.113-117.

Adenika, F. B. (1978) *Malaria Chemotherapy*. Lagos: Western African Pharmacognosy Federation.

Aki-Assi, L. and Guinko, S. (1991) *Plants Used in Traditional Medicine in West Africa*. Switzerland: Hoffman-La Roche Limited, Basel.

Anazodo, A. O (2008) *Ethnographic Survey of Traditional Healthcare Practice in Nnewi North Local Government Area of Anambra State*. Unpublished B.A Project. Department of Archaeology and Tourism. University of Nigeria, Nsukka.

Baker, H. G. (1970) "Plants & Civilization" *Fundamentals of Botany Series*. California: Wards-Worth Publishing Company.

Clans, P. E., Tyler, V. E., and Brady, L. R. (1970) *Pharmacognosy*. London: Lea and Febiger.

Dalziel, J. M. (1956) *Useful Plants of West Tropical Africa*. London: Crown Agents for Overseas Government.

Eze, N. J. (1999) *Traditional Titles and Social Change in Edem*. Unpublished B.A. Project. Department of Archaeology and Tourism, University of Nigeria, Nsukka

Finch C. S. (1982) The African Background of Medical Science. *Journal of African Civilizations.* Vol.4. No. 1. Pp.8-24.

Ijeh, I. I. (1997) "Traditional Medical Practices Among the Igbo". In *Nigerian Heritage*. (eds.) Onwuka, J.O and Ahaiwe, S.C. Okigwe: Whytem Publishers, Nigeria. Pp.161-172.

Iwu, M. M. (1981) "Perspectives of Igbo Tribal Ethnomedicine". *Ethnomedicine*. Vol.7. Pp.1-4.

Iwu, M. M. (1983) *Traditional Igbo Medicine*. Report of a Project Sponsored by the Institute of African Studies, University of Nigeria, Nsukka.

Iwu, M. M. (1988) *African Ethnomedicine* Enugu: SNAAP Press, Nigeria.

Iwu, M. M. (1995) *Handbook of African Traditional Medicine*. London: Heinemann.

Kokwaro, J. O. (1976) *Medicinal Plants of East Africa*. Kampala, Nairobi and Dares Salam; East African Literature Bureau. (1-8).

Lambo, J. O. (1979) "The Healing Power of Herbs with Special Reference to Obstetrics and Gynecology" *African Medicinal Plants*. Sofowara, E.A. (ed.) University of Ife Press. Nigeria. P.23

Muanya, C. (2009) "Traditional Medicine (Part 3)" *The Guardian Newspaper.* Tuesday. March 3. P.17

Mume, J. O. (1973) *Traditional Medicine in Nigeria*. John Nature Cure Centre, Warri.

Ogwuche, J. O. (2008) *Archaeological Survey of Queen Ahebi Ugbabe Settlement Site in Enugu-Ezike.* B.A. Project. Department of Archaeology and Tourism, University of Nigeria, Nsukka.

Okunzua, G. O. (1973) "Leaves are Man's Servants for all Purposes". *Traditional Therapy – A Critical Appraisal.* Lagos: Lagos University Press. P.50

Okwor, C. E. O (1997) "Igbo Traditional Concept of Diseases and Therapeutic". *Okikpe*. Vol. 3. No.1. Enugu: SNAAP.

Olukoye, D. K., Idika, N. and Odugbemi, T. (1993) Antibacterial Activity of Some Medicinal Plants from Nigeria. *Journal of Ethnopharmacology*.Vol.9. Pp.69- 72.

Shu, E. N. (1997a) Nigerian Traditional Medicine: Some Historical and Epistemological Reflections. In *Nigerian Heritage* (eds.) Onwuka, J. O. and Ahaiwe, S. C. Okigwe: Whytem Publishers Nigeria. Pp.146-160

Shu, E. N. (1997b) Scientific Basis of Traditional Medicine. In *Nigerian Heritage* (eds.) Onwuka, J. O. and Ahaiwe, S. C. Okigwe: Whytem Publishers Nigeria. Pp.173-183.

Sofowora, E. A. (1982) *Medicinal Plants and Traditional Medicine in Africa*. New York: John Wiley and Sons Limited.

Taylor, N. (1965) *Plants Drugs that Changed the World*. London: George Allen and Union Limited.

Trease, G. E. and Evans, W. C. (1989) *Pharmacognosy*. London: Bailliere – Tindall.

Ugwu, V. E. (1998) *Traditional Healthcare in Nsukka: An Ethnographical Approach*. Unpublished B.A. Project. Department of Archaeology. University of Nigeria, Nsukka. World Health Organization (1978) "The Promotion and Development of Traditional Medicine". *Technical Report Series*. Geneva.

Wynder, E. L and Gori, G. B. (1977) *Contribution of the Environment to Cancer Incident: An Epidemiological Exercise.* J. Natt Cancer Institute. Vol. 58