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A Critical Study of Ill-Health (Oria) and Treatment of Diseases (Igwo Oria) in Igbo Society: Focus on Traditional Medicine

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Abstract

Life (*Ndu*) is regarded in Igbo society as God-given (*Chinenye Ndu*) and is therefore held in high esteem, requiring protection, care, and preservation. This belief explains why murder (*Igbu Ochu*) is forbidden and why individuals seek proper treatment when affected by ill health (*Oria*). This study examines the significance of traditional medicine in sustaining good health in Igbo society and highlights the declining patronage of indigenous medical practices in recent times. The study is motivated by the growing preference for Western medicine among many Igbo people, including some Christians who perceive the use of indigenous medicinal herbs, roots, leaves, fruits, and consultation with traditional medical practitioners as a deviation from religious faith or a form of syncretism. Using secondary sources of data, including books, journal articles, textbooks, newspapers, and other relevant written materials, the study explores indigenous medicinal knowledge and the roles of various traditional health practitioners, including traditional medicine men (*Ndi Dibia mgborogwu na mkpa akwukwo*), traditional birth attendants (*Ndi na-amu nwa*), and traditional bone setters (*Ndi na-agba okpukpu*). The findings indicate a decline in the use of traditional medicine in Igbo society, despite its historical importance in the

treatment of diseases (*Igwo Oria*) and its continuing relevance amid concerns about fake drugs, deteriorating public health facilities, frequent health-sector strikes, and the high cost of formal healthcare. The study concludes that traditional medicine remains an important component of health preservation in Igbo society and should not be dismissed in favor of Western medicine alone. It recommends a complementary approach that integrates traditional and Western medicine to strengthen healthcare delivery, improve access to treatment, and promote healthy living among Igbo people and the wider Nigerian population.

Keywords: Complementary Medicine; Health Preservation; Igbo Society; Indigenous Medicinal Knowledge; Traditional Medicine

Introduction

Health is paramount to the sustenance and continuity of human society. Every government makes budgetary allocation to the health sector to ensure that rendering of health related services to the citizenry is not neglected. Obi-Ani, Nweze and Okoye-Ugwu (2018) enunciate that preservation of life calls for maintenance and restoration of health through the practice of medicine; medicine is an aspect of human practice that is critical to life. Igbo people cherish life and value good health (*ahu ike*) moreover, one thing that prolongs life is good health (*ahu ike*) whereas ill-health (*Oria*) is inimical to good health hence, sickness could destroy human life. An Igbo man makes efforts to treat himself when he is sick in order to be cured of the sickness or to recover from ill-health. Igbo man believes that good health should not be toiled with thus, when he is sick, he can spend a lot of money to go for adequate treatment. The high regard an Igbo man has for treatment of diseases cannot be equated with neglecting treating sickness to pursuance of wealth. This is expressed in an Igbo adage *ahara ndu kpa aku, onye iro erie ya* (when one fails to treat oneself when sick, one's enemy will inherit one's wealth). This is because sickness when not properly treated could lead to death. For this reason the patient has to opt for proper treatment until he is cured. Igbo people believe that *Chukwu* (God) has created plants for treatment of disease nevertheless, there are people who are specially trained in the used of indigenous plants for treating of various kinds of sickness suffered by man. They are of various categories such *Ndi Dibia mgborogwu na mkpa akwukwo* (traditional medicine men),

Ndi na-amu nwa (traditional birth attendants), *Ndi na-agba okpukpu* (traditional bone setters), among others.

However, in recent times, it has been observed that many Igbo people no longer patronize the use of traditional medicine in treatment of dieseases as they subscribe to Western medicine. Some Igbo Christians have conceived the use of *mgborogwu na mkpa akwukwo (*indigenous medicinal herbs, roots, leaves, fruits and so forth) for treatment or visiting trado-medical practitioners as tantamount to deviating from the faith or syncretism. This research is of the opinion that such conception is untrue, as it was *mgborogwu na mkpa akwukwo (*indigenous medicinal herbs, roots, leaves, fruits) that was used in treating ill-health before the arrival of Western medicine. Even the European Christian missionaries used quinine produced from indigenous medicinal herbs, roots, leaves, fruits to treat malaria. Dike (1957) reported that the discovering of quinine as antidote to malaria by Dr. Baikkie, helped to stop untimely death of the foreign missionaries occasioned by malaria.

Meanwhile it is not to say that the use of orthodox drugs for medication is wrong however, it has been observed that there are lots of fake drugs which flood various markets in Nigeria. In support of the above viewpoint, Amah (2016) observes that fake drugs produced fraudulently and imported by corrupt contractors now flood the Nigerian markets and hospitals, courtesy of sharp practices. Okwueze (1996) says that Nigeria is a country where people sell poison as drug and food in order to make money, corn ground into flour is sold as powered milk; water is sold as injection; Ampicillin bags, stuffed with powder and garri are sold as Ampicillin capsules. Also, Nigerian health system has deteriorated. It is an open secret that, the health sector of Nigeria is not that adequately funded, health workers always go on strike as a result of non-payment of salaries and other entitlements. Currently, it could be said that Nigeria is experiencing an upsurge of brain drain. Onyeke and Adieme (2014) assert that brain drain, also known as capital flight, simply connotes large-scale emigration of individuals with technical skills or knowledge to other countries for better conditions of service and an improved standard of living. There is brain drain in Nigerian health sector as many health workers are migrating outside the country with few left behind. According to Osigbesan (2021), the General Medical Council analyzed that in the United Kingdom, 205,855 doctors were registered and 7,879 of them were Nigerians. Furthermore, as a result of poor funding, there is lack of modern health facilities for effective health care delivery in Nigeria. For instance, Adetayo (2017) reports that Aisha, the wife of President Muhammadu Buhari, publicly upbraided the Chief

Medical Director of the State House Medical Centre, Dr. Husain Munir, for the poor state of the health facility established to take care of the President, Vice-President, their families as well as members of staff of the Presidential Villa, Abuja. If the presidential hospital is ill-equipped how much other public medical centres within the country. Also, in the whole country, Atuwo (2022) decry that Nigeria only has 8 public and 1 private comprehensive cancer care centers, most times, these centers are non-functional because the machines are down which further worsens the timely access to treatment in Nigeria. Eromosele (2022) observes that Nigeria' s contribution to medical research is poor and does not reflect any progress. Poor medical research in Nigeria could be responsible for poor service health delivery and inefficiency of the sector to meet up to expectations. Even the few equipped health facilities are too expensive and beyond the reach of the average citizens.

As a result of the aforementioned, this research serves as a clarion call for Igbo people and the entire Nigerian society to subscribe to traditional medicine as it is remotely accessible, cheaper and effective. As well not to neglect the use of orthodox drugs as far as they are approved by National Agency for Food and Drugs Administration Control (NAFDAC). This research strongly recommends that the combination of both traditional and Western medicine will help to boast Nigerian health sector and encourage healthy living among the citizenry.

Ill-health (*Oria*) in Igbo Cosmology

Etymologically the word cosmology is from two Greek words *Kosmos* meaning world and *logos* meaning study, simply put cosmology is the study of things in the universe. In this context, cosmology is how a particular group of people view the world and things around them. Thus, cosmology and worldview will be used interchangeably. According to Kalu (2003), by worldview is meant the intellectual or rational explanation of the order which undergird human lives and environment. Igbo worldview in the opinion of Onwubiko (1991) is regarded as the basis of the Igbo man's ideology in relation to his existence in the world. Ill-health (*Oria*) is a phenomenon that exists in Igbo worldview which has been examined by various scholars. According to Arinze (2013), one of the harsh realities of human existence on earth is ill-health. The fact of sickness of one kind or another stares men and women in the face and carries with it considerable suffering. When a person gets sick, the person often experiences a remarkable degree of powerlessness or

limitation. And more severe illness can be a possible announcement that death could follow. Ill-health can lead to anguish and sorrow despite that, a patient makes efforts to see that he/she is treated in order to recover. Kofi (1981) explains that illness is a state of disharmony in the whole body. It could be said to be abnormality from health. When one is sick he may not be able to do things which he was able to do before until he recovers from the sickness. In Igbo worldview, ill-health is not only associated with physical sickness but other aspects such as spiritual, psychological, and so on. However, this research will focus on the physical aspect of ill-health and how traditional medicine men and women use indigenous medicinal plants to treat sickness. Summarily, Illness is inimical to good health thus, Igbo people can spend a lot to treat themselves when they are sick to get healed.

Causes of Ill-health

There are many causes of illness. In Igbo cosmology, the causes of ill health could be classified into following; evil spirits, manifestations of the anger of the earth goddess (*Ala*), and breaking of taboos (*Aru*/*Alu*) and committing of abominations. The Igbo believe that witches and wizards (*Ndi Amusi*) can cause man to become ill. Martin (2014) states that some African illnesses believed to be caused by witchcraft and by evil spirits are not treatable by scientific medicine. Thus, they call on their ancestors and *Chukwu* the Supreme Being to protect and heal them. Also, when one commits taboos an abominations such as incest, stealing a yam, bestiality, murder, sodomy and so on such a person will incur the wrath of the earth goddess (*Ala*), and could be inflicted with one sickness or the other. The aforementioned seems to point to the spiritual causes of ill-health. However, there are biological causes of ill-health.

Malnutrition

Another cause of ill-health is malnutrition/lack of intake of balanced diet. Balance diet is the food that contains all the classes of food an is nutritious in content. Improper intake of balanced diet or malnutrition weakens the immune system and makes it unable to fight against diseases that attack the human body system. This will then result to illness. This is mostly experienced in Third World countries like Nigeria that is currently witnessing terrorism, insecurity and food insecurity; due to natural disasters and farmers-herders conflict. Farmer-herder conflict is a conflict that occurs between people who rear

herds of cattle and people who cultivate farm crops. While the herders carry their cattle to graze on farmlands where farm crops are planted, the crop farmers are making efforts to prevent the cattle from grazing. Hence, conflict erupts. In recent years, Igboland which has rich vegetation has witnessed an increase in the conflict between local farmers and herders. The root cause of conflict between herdsmen and farmers in Igboland is the natural tension between herdsmen struggling to find rich pastures to graze their cattle and farmers struggling to convert and maintain productive farmland. Farmers-herders conflict has reduced crop food production in Igboland and the entire country. This, if not curtailed could lead to food insecurity and subsequent malnutrition which causes sickness.

Consumption of Hard Drugs/ Drug Abuse

One of the ways of maintaining and sustaining good health is by administration of drugs to a sick person. Thus, drugs are produced for treatment of dieseases. Ghodge cited by Nkonge (2017) states that drugs are substances that other than those required for the conservation of normal health modify how certain processes within the body of the organism when consumed. Fatima (2017) states that drugs are created to cure diseases and to alleviate human condition thus, beneficial to humanity. From the foregoing, it could be deduced that drug is any substance which is swallowed, injected or eaten by man for the purpose of treating diseases which when taken as directed by the physician in the appropriate manner will not harm the body. Hard drugs in this context is considered as narcotic drugs. Nkonge (2017) defines narcotic drugs as substances that contain psychoactive substances that could alter an individual's psychological state which may not have medical value. Consumption of hard drugs means intake of narcotic drugs which according to Nkonge (2017), for enjoyment, socialization, relief of stress (anxiety) or for any other reason, or due to an addiction. Drug abuse in the words of Aka and Akunyili (2003), is the use of drug mainly by self medication in a manner that deviates from approved medical prescription.

Many people especially youths who involve in manual or hard labour, sporting activities et cetera, make use of hard drugs. This is based on the premise that, hard drugs will energise and enable them to do their work faster with less stress and pain. This is drug abuse. According to Fatima (2017), the youth seem to be the target of this drug menace and its abuse; curiosity, peer pressure, and availability of hard drugs are the

immediate causes of drug abuse amongst the youth. In the company of bad associates, friends are pressured to indulge in the use of drugs especially, in the higher institutions. On the mass and social media, there is a frequent display of music and videos which promote the use of alcohol, cigarettes and other hard drugs. These are harmful drugs that are being presented to be good enhancing performance. Thus, many youths are enticed to them. Fatima (2009) decry that these drugs are even shown to the public as a laxative and the most annoying thing is that places where these could be bought in large quantities are announced to the public. Many of our youths ignorantly or knowingly depend on one drug or the other for their daily activities (Odo, 2009). They do this without actually knowing the effects of hard drugs to human health. Thee indiscriminate consumption of hard drugs such as cocaine, marijuana, cannabis, methamphetamine (*Mkpuru mmiri)* and many more, affect the immune system which may lead to illness.

Excessive intake of Alcohol and tobacco may affect the proper function of the vital organs of the human body hence, cause illness. This is the reason National Agency for Food and Drugs Administration Control (NAFDAC) insist on banning the production and sale of sachet liquor by beverage manufacturing companies in Nigeria. NAFDAC is of the opinion that many citizens involve in excessive intake of alcohol as a result of the consumption of sachet liquor drinks. Many people are into drug abuse and this has negative effects on health. For example it can cause ill-health like psychiatric disorder, damage of vital organs of human body and finally death.

Irregular Participation in Physical Exercise

Irregular participation in physical exercise is identified as a cause of ill-health. Many people are not involved in regular physical exercises. Physical exercise helps to make the body fit and strong, but many people fail to practice doing it daily. The importance of physical exercise made the Federal Government of Nigeria through the Ministry of Education to include the subject Physical and Health Education in the school curriculum. Many schools do not only teach the subject, practically, they map out time during each academic session to participate in many sporting activities. This makes the students to actively participate in physical exercise. Many schools organise inter-house sports programmes which involve physical exercises. In some schools, there is now a Physical Education (P. E) Day. This is a day set out every week for students and teachers to carry

out the practical aspect of the subject. The idea of inculcating into the pupils and students the need to exercise is for them to continue doing physical exercise throughout their life time. Despite that the Ministry of Education has encouraged schools to carry out physical exercise during each academic session, it has been observed that some schools especially private owned schools do not have a conducive environment that allows for students to participate in physical exercises.

As a result of the importance of physical exercises, staffs in various organizations sometimes organise sporting activities. A good example is Nnamdi Azikiwe University Games Week, where staffs from different departments participate in various sporting activities such as match past, football, basketball among others. These are forms of physical exercise aimed at keeping the body healthy. Presently, it is worrisome that many people apart from the normal routine trekking, climbing the staircase and so forth, are not actively carrying out physical exercise as it should be done. This could be the reason many become ill.

Illness Resulting from Accident

Accident is an unforeseen occurrence. It can happen at home, workplace and so forth. Nevertheless, sometimes accident could be prevented. For instance some of the ways to prevent home accident include; cleaning spilt water on the floor, keeping sharp objects out of reach of children, keeping petrol and other inflammable objects far from the kitchen or places that they will not easily have any contact with fire and provision of fire alarm and extinguisher in homes. Many people become sick as a result of involving in one accident or the other. For example, falling from heights may result to fracture which has caused illness to the affected part of the body.

Sickness as a Result of Occurrence of Natural Disasters

Natural disaster is a phenomenon that cannot be obliterated from human society. According to Gerard (2002), a natural disaster is defined as an event of nature, which overwhelms local resources and threatens the function and safety of the community. Natural disasters are difficult to plan and anticipate because they are innately different from common emergency events. Natural disasters are complicated events within which people

are subjected to a multitude of risks and dangers. Sometimes, occurrence of natural disasters could cause illness to man. Abdulrakib, Gulumbe and Liman (2022) state that natural disasters such as floods, tsunamis, earthquakes, tropical cyclones, and tornadoes, has been secondarily described with lots of infectious diseases outbreaks not limited to diarrheal diseases, acute respiratory infections, malaria, leptospirosis, measles, dengue fever, viral hepatitis, typhoid fever, meningitis, as well as tetanus and cutaneous mucormycosis. Flood as a natural disaster has plagued Nigeria in recent years. Chinedu (2022) reports that one of the worst recorded floods occurred in July 2012, affecting over 30 states in Nigeria and over 7 million people, attributed to runoff water from the Lagdo Dam in Cameroon. Nigeria endured its worst floods in more than ten years between 2012 and 2022. According to Abdulrakib et al (2022), with over 600 people killed and 1,500 injured across the country´s 32 states, including Abuja. Addeh, Emejo and Sumaina (2022) document that as a result, 790,000 persons were forced to abandon their homes, with 1,400,000 people affected across the country. Okaka and Odhiambo (2018) enunciate that floodwater serves as a breeding ground and means of transportation for pathogens and vectors, resulting in the spread of infectious diseases such as cholera, malaria, Lassa fever, typhoid, and paratyphoid fever. Furthermore, flood destroys many things in the affected area including healthcare facilities which makes emergency medical response to outbreak of diseases caused by flooding difficult. Hence, natural disasters can cause ill-health to man.

Bites from Insects, Animals and Consumption of Infected Animals

Bites from insects and animals is another potential way of contacting diseases which could cause sickness to man. Zoonotic diseases are illnesses that are spread to humans from animals and insects. Igboland is located in a tropical environment which serves as a breeding ground for animals and insects like mosquitoes among others. As a result, insect and animal bites pose a major health risk to the indigenous people. Numerous insect and animal species have the potential to bite the indigenous people however the most important are those arising from mosquitoes, bed bug, ants, scorpion, centipede, snakes, dogs, cats and so forth. For instance, World Health Organization (WHO) (2018) reports that worldwide, up to five million people are bitten by snakes every year. Of these, poisonous (envenoming) snakes cause considerable morbidity and mortality. There are an estimated 2.4 million envenomation (poisonings from snake bites) and 94

000125 000 deaths annually, with an additional 400 000 amputations and other severe health consequences, such as infection, tetanus, scarring, contractures, and psychological sequelae. Igbo people domesticate dogs and cats of which most of the animals are not properly treated or taken care of, hence, could spread rabies when they bite people especially intruders.

Bite from animals and insects was a big challenge to the European Christian missionaries during their early days in Igbo territory. According to Dike (1965), at the first sight, the 1841 expedition appears to have been a complete failure, 54 of its 162 white crew had died of malaria. Some of the victims were agents of Church Missionary Society sent to preach the gospel in Igbo territory. Obi (1985) cites the painful lamentation of the trials that befell the Lower Niger Mission by Shanahan of the Catholic Society for African Mission, and says; death had struck and carried off Fathers Lejeune and Bubendorf. Five other missionaries very seriously ill had been sent back to Europe the victim of acute jaundice or hepatitis. It should be recalled that Mary Slessor of Church of Scotland Mission during her missionary/ evangelism activities in Eastern Nigeria fell sick many a times as a result of bites from insects like mosquitoes.

On the other hand, eating animals that are infected with one disease or the other could cause illness to people who consume them. It could be said that Ebola disease was as a result of people eating animals like monkeys and bats already infected with the disease. During the period of Bird Flu was ravaging the world, relevant health agencies warned people to avoid eating birds such as chicken, to stop further spreading of the infection.

Furthermore, human contact with animals that are infected with one disease or the other could lead to sickness to man. For instance human contact with Mastomys rats will cause Lassa fever to the host. According to World Health Organization (2022), Lassa fever is a viral haemorrhagic fever that is primarily transmitted to humans via contact with food or household items contaminated with urine or faeces from Mastomys rats. Lassa fever is among the infectious diseases ravaging the nation. WHO (2022) further reports that in Nigeria, from 3 to 30 January 2022, 211 laboratory confirmed Lassa fever cases including 40 deaths (case fatality ratio: 19%) have been cumulatively reported in 14 of the 36 Nigerian states and the Federal Capital Territory across the country. Thus, bites from insects and animals as well as consumption of/contact with infected animals can cause ill-health to man.

Environmental Pollution

Pollution is the contamination of the environment making the environment unsafe for living. Pollution of the environment causes illness to living things. Air, land and water pollution have negative effects on the human body. Degradation of the environment, oil exploration, and release of harmful substances into the air or water is inimical to healthy living. Among the types of pollution, air pollution seems to be most prominent in Nigerian society. Ghorani-Azam, Riahi-Zanjani and Balali-Mood, (2016) observe that air pollution is a major problem of recent decades, which has a serious toxicological impact on human health and the environment. Habre, Coull, Moshier, Godbold, Grunin and Nath (2014) write that the sources of pollution vary from small unit of cigarettes to large volume of emission from motor engines of automobiles and industrial activities. Rumana, Sharma, Beniwal and Sharma (2014) identify that the long-term effects of air pollution on the onset of diseases such as respiratory infections and inflammations, cardiovascular dysfunctions, and cancer is widely accepted. Another of its kind is water pollution. It is the contamination of water, making it unfit for drinking.

According to Ramli and Idris (1992), like air pollution, water pollution has existed for centuries and causes water borne diseases such as thyphoid. Direct pollutants are sewage, suspended solid, infectious agents such as bacteria, viruses, parasites, plant nutrients, exotic chemicals, radioactive disposal, heat and oil. Other sources of pollutant are such as detergent, farming sewage disposal and pesticides. Natural water resources that are effected by pollutant are rain fall, rivers, lakes, underground water and sea water. Most of the time, water contamination produces bad odour hence, making it unfit for drinking. If a person drinks such contaminated water, the person is prone to be sick. Thus, pollution of the environment makes man predispose to illness.

Treatment of Diseases (*Igwo Oria*) in Igbo Society

When an Igbo man is sick, naturally, he makes efforts to treat himself. Igbo people believe that *Chukwu* (God) has created plants not only for food but also for treatment of dieseases. Quarcoopome (1987) rightly observed that the general belief is that the knowledge of medicine came directly from God. The believe that God has created plants for medicinal purpose is biblically affirmed (Gen. 1:29). This biblical verse shows that God according to Chinweudo and Nduka (2018), provided man with grasses, herbs, seeds, trees,

fruits and all kinds of natural resources and substances for good health and sustainability of life. As earlier stated, this research focuses on how traditional medicine men and women use indigenous medicinal plants to treat physical sickness suffered by man. In Igbo society, there are people who are specially trained in the use of indigenous plants for treating of various kinds of physical sickness suffered by man. They are of various categories such *Ndi Dibia mgborogwu na mkpa akwukwo* (traditional medicine men), *Ndi na-amu nwa (*traditional birth attendants*), Ndi na-agba okpukpu*, (traditional bone setters), among others.

***Ndi Dibia Mgborogwu na Mkpa Akwukwo* (Traditional Medicine men or Herbalists)**

People in this category are knowledgeable about indigenous medicinal plants, roots, herbs, barks, seeds, leaves and fruits as regards to their use in treatment of dieseases. While they make use of these medicinal plants, they call on *Chukwu* who created the plants to make it functional on the patient. This is alluded to the popular saying "we treat but God heals. " On their own part, *Ndi Dibia mgborogwu na mkpa akwukwo* are according to Mbiti (1969), expected to be trustworthy, upright morally, friendly, willing and ready to serve, able to discern peoples needs and not to be exorbitant in their charges. Every Igbo community has *Ndi dibia mgborogwu na mkpa akwukwo* within its reach. Because of their role, they are regarded as friends within the community. It could be observed that in every nook and cranny of Igboland, is found trado-medical practitioners who advertise both on radio, television and newspaper on how herbs could cure numerous kinds of sickness. For instance, when a person is bitten by a snake, when the victim is brought to a traditional medicine practitioner, he will give the victim herbs to drink and immediately, the victim will vomit the venom and further administration of herbs will help the victim to be healed.

In recent years, several steps have been taken by World Health Organization and local health workers to give recognition to traditional medicine men. Thus, in Nigeria, there is a registered body of traditional medicine practitioners in Nigeria known as National Association of Nigerian Traditional Medical Practitioners (NANTMP). An individual who is believed to have acquired requisite knowledge of traditional medicine is registered and becomes a bona-fide member of the body. As such he is the groups member and would be publicly recognized and patronized as a practicing medicine man or woman.

Lists of Some Indigenous Plants (*Mgborogwu na Mkpa Akwukwo*) and Their Medicinal Uses

1. Bitter Kola (Aki Ilu): Olufunke, Olarewaju and Van Staden (2018) state that it helps in nervous alertness and induction of insomnia. Dried peels is used to treat cuts and sore throats, root soaked in gin for tooth decay, cough and gonorrhoea. Tea (steamed leaves) for stomach ache, hepatitis, respiratory tract inflammation, diarrhea and as an aphrodisiac. Seed (nuts) for liver cirrhosis, dried seed for asthma and fresh fruit as a broncho-dialator. The roots of the plant are commonly used as chewing stick as thus, help to prevent tooth decay.
2. Kola Nut (Oji): Olufunke, Olarewaju and Van Staden (2018) opine that kola nut when chewed helps to stay awake, quenches thirst and hunger. It is very useful to people suffering from low blood pressure.

   Alligator pepper (*Ose Oji):* Iwu cited by Olufunke, Olarewaju and Van Staden (2018) state that the fresh fruit of Alligator pepper is used as an aphrodisiac and leaves for measles and leprosy.
3. Scent Leaf (Nchu awu): It can be eaten raw and used for cooking. When squeezed, the water can be used to prevent stomach ache, prevent dysentery among others.
4. Bitter Leaf (Onugbo): : It can be eaten raw, as well used for cooking. After squeezing it, the water can be used for de-worming the body system. It contains insulin and helps to reduce sugar level and many more.
5. Utabazi: This leaf is good for diabetes patients, it is used for de-worming the body and regulate sugar level.
6. Uda: It is mostly used in preparing food for nursing mothers in order to flush out the remaining bad blood in their bodies during child birth.

***Ndi na-Agba Okpukpu* (Traditional Bone Setters)**

Accident and fall from heights could lead to fracture or dislocation. When such happens, patients are rushed to homes or offices of *Ndi na-agba okpukpu* (traditional bone setters). This category of people are specialized in the treatment of fractures, dislocation, operation and suturing wounds. They adjust sprained and fractured bones with herbal jellies and other adequate ingredients. A traditional bone setter (TBS), can use materials

such as grinded alligator pepper (*Ose Oji)* to mix with hot water, red sand or clay soil (*Aja uro*), *Nzu* (local white chalk), some grinded roots and many more with which he massages the fractured part of the body. After massaging, he will use an animal bone to tie with band aid.

The traditional bone setter, further gives the patient some roots and herbs to drink with prescription as well point out certain foods and drinks the patient will avoid. This is done continually until the patient's fracture heals.

In various parts of Igboland like among the Ngwa sub-ethnic nationality, during the massaging of the fractured part of the body by *onye na-agba okpukpu* (a traditional bone setter); if the patient repeatedly prevents the bone setter from massaging the affected part of the body, this may lead to the patient giving any valuable material such as a cock and so on, to the bone setter, before he further commences treatment. However, this is done as a way of encouraging the patient to endure the momentary pains experienced during the massaging and treatment period, in order to recover fast. Some TBS have saved many people who have fractures from being amputated, rather the wound may last for a long time before it will get healed.

Ndi na-amu nwa **(Traditional Birth Attendants)**

The Igbo celebrate procreation as a source of life. Marriage and subsequent child birth is held in high esteem and regarded as the basis of human life and the only way for continuity and survival of human society. In Igbo context, marriage without children has not yet fulfilled its aim. Childbirth is always celebrated and seen as gateway to the return of ancestors. This form the basic belief in reincarnation (*Ilo uwa*). Furthermore, children are considered as precious and superior to wealth and joy of marriage. This is expressed in the Igbo name, n*wa ka eg*o (child is better than money). Procreation is an extension of creation, is an expression of divine power to create life which man cannot. During pregnancy period, utmost care should be taken by the expectant mother to avoid miscarriage or still birth. Igbo women especially in rural areas visit *Ndi na-amu nwa* (traditional birth attendants) (TBAs) when they are pregnant.

Ofili and Orojie (2005) observe that TBAs provide a broad range of reproductive health services including antenatal care, labor and delivery, infertility treatment, and management of threatened abortion. According to Salihu, Raji and Olayinka (2014),

traditional birth attendants know how to diagnose pregnancy, confirm it, determine the position of the growing foetus also they have been seen to provide prenatal and postnatal care and so successfully combine the duties of a modern day mid-wife. They get their skills through apprenticeship from an older family member or another experienced TBA. They have a good knowledge of plant medicines, which they administer to pregnant mothers for the good health of both the baby and the mother. TBAs also handle sickness of the new birth and the mother that may come few months after birth. Osubor, Fatusi and Chiwuzie (2006) opine that the reasons individuals prefer TBA services are due to greater accessibility, better relationships, lower cost, convenience, and freedom to use traditional birthing positions. Amutah-Onukagha, Monica, Opara, Michelle, Maame, Rodney, Plata, Kimberly and Ehsan (2017) observe that the high utilization rates of TBAs in rural areas and developing countries are not solely due to comfort level mothers but also to lack of access to health care facilities therefore, eliminating TBAs in rural areas will not alleviate mortality but may exacerbate rates as it would leave mothers and children without access to any form of assistance. Hence, TBAs remains important in treatment of pre and post natal sickness by expectant and nursing mothers in Igbo society.

Traditional Surgeon

Traditional surgeon is another important category in traditional medicine in Igboland. According to Ekeopara and Ugoha (2017), the various forms of surgery recognised in traditional medical care include: (i) The cutting of tribal marks: Traditional surgeons usually cut tribal marks into the cheeks, bellies, and charred herbal products are usually rubbed into these bleeding marks to effect healing. (ii) Removal of whitlow: Diseased toes or fingers are usually cut open and treated. (iii) Piercing of ear lobes particularly in the youth to allow the fixing of ear rings. (iv) Extraction of tooth infected teeth or teeth with holes, that bring pain to the mouth are removed and treated with herbal medicines prepared in local gin.

Some traditional surgeons specialise in *Ibiugwu* (circumcision). *Ibiugwu* is a cultural practice in Igboland after childbirth. Wellansky (2007) posits that one of the proclaimed major similarities between the Igbo and the Jews is that the Igbo perform circumcisions for boys on the eighth day which demonstrates the Igbo point of view concerning the construction of their Jewish identity. Wilcken, Keil, and Dick (2009) explain that in

traditional circumcision, a practitioner with no formal medical training and whose coverage and safety precautions are unclear does the procedure. Traditionally, Chinenye (2018) narrates that:

The materials required for *Ibiugwu* include; a sharp knife (*obere mma dị ezigbo nkọ*), hot water (*mmiri ọkụ*), palm oil (*mmanụ nri*) and feather (ugbene/abụba ọkụkọ). During the act, a little hole is dug where the removed foreskin will be disposed. The nursing mother may go out or be absent in during the process in order not to feel the pains the child will go through. Then the traditional surgical practitioner (*Nka ugwu*) who specialises in circumcising children will be called to perform the act. During this process an elderly man will carry the child as well others may assist to make sure it is properly done. Immediately after the cutting of the foreskin is done, the traditional surgical practitioner (*Nka ugwu*) will use the available hot water to cleanse the affected area and use the feather to rob the palm oil on it. The removed foreskin will be disposed into the little hole already dug. After circumcising the baby, the traditional surgical practitioner (*Nka ugwu*) will be paid and other items will be given to him (pp. 5-6).

Circumcision has a lot of health benefits. *Ibiugwu* is an important Igbo tradition which will be sustained as long as there are marriages and child birth. Thus, the services of traditional surgical practitioner (*Nka ugwu*) still remains relevant in Igbo society.

Conclusion

Traditional medicine has helped to improve the health status of Igbo people especially those living in rural areas where access to modern health services seem difficult. Traditional medicine men have contributed immensely in assisting citizens to get immediate medical attention which they may not receive from well equipped health facilities due to its exorbitant rate. Hence, it could be equivocally said that traditional medicine men contribute to the general wellbeing of the society However, there are challenges posing the practice of traditional medicine in Igbo society. Most people have embraced Western medicine and seem to show little or no regard for traditional medicine. Nevertheless, despite the challenges confronting traditional medicine, its contributions in the society is still glaring as people still access the services of trado-medical practitioners as well make use of indigenous medicinal plants in to improve their health.

References

Abdulrahim, A., Gulumbe, B. H., & Liman, U. U. (2022). A catastrophic flood in Nigeria, its impact on health facilities and exacerbations of infectious diseases. *PAMJ-One Health, 9*, Article 21. https://doi.org/10.11604/pamj-oh.2022.9.21.38023

Addeh, E., Emejo, J., & Sumaina, K. (2022, October 12). *Floods: 500 confirmed dead, 45,000 houses destroyed, 70,000 hectares farmlands submerged nationwide*. ThisDay. https://www.thisdaylive.com/2022/10/12/floods-500-confirmed-dead-45000-houses-destroyed-70000-hectares-farmlands-submerged-nationwide/

Adetayo, O. (2017, October 10). *No single syringe, others in Villa clinic—Aisha Buhari*. Punch Newspapers. https://punchng.com/no-single-syringe-others-in-villa-clinic-aisha-buhari/

Aka, P. A., & Akunyili, D. N. (2003). *Cannabis (marijuana): The ancient controversial plant*. Great AP Express Publishers.

Akueshi, C. O. (1999). Traditional medicine and medicinal plants in Africa. In F. X. O. Ugodulunwa & E. E. Ike (Eds.), *History and philosophy of science*. University of Jos Press.

Amah, J. E. (2016). *Ethical altruism of Matthew 6:33 as a panacea to corruption in Nigeria* [B.A. project, Nnamdi Azikiwe University].

Amutah-Onukagha, N., Rodriguez, M., Opara, I., Gardner, M., Assan, M. A., Hammond, R., Plata, J., Pierre, K., & Farag, E. (2017). Progresses and challenges of utilizing traditional birth attendants in maternal and child health in Nigeria. *International Journal of MCH and AIDS, 6*(2), 130–138. https://doi.org/10.21106/ijma.216

Arinze, F. (2013). *The healing ministry in the light of Christian ideals* [Lecture]. Shanahan Hall, Onitsha, Anambra State, Nigeria.

Asadu, C. (2022). *Nigeria races to assist flood victims; death toll tops 600*. AP News. https://apnews.com/article/floods-africa-nigeria-muhammadu-buhari-climate-and-environment-5191293198a1d9a9e88a8c5d35d841f3

Chinenye, A. O. (2018). *A conceptual review of Ile Ọmụgwọ: The Igbo tradition of nursing mother care giving*. Centre for Language Research and Development.

Chinweudo, C. S., & Nduka, U. (2018). Igbo religious society and the contributions of traditional medicine men. *Sapientia Global Journal of Arts, Humanities and Development Studies, 1*(1), 24–33. https://www.sgojahds.com/index.php/SGOJAHDS/article/view/4

Dike, K. O. (1956). *Trade and politics in the Niger Delta, 1830–1885: An introduction to the economic and political history of Nigeria*. Clarendon Press.

Dike, K. O. (1957). *Origins of the Niger Mission, 1841–1891*. University Press.

Ekeopara, C. A., & Ugoha, A. M. I. (2017). The contributions of African traditional medicine to Nigeria's health care delivery system. *IOSR Journal of Humanities and Social Science, 22*(5), 32–43. https://doi.org/10.9790/0837-2205043243

Ekwunife, A. N. O. (2003). *Consecration in Igbo religion*. SNAAP Press.

Eromosele, F. (2022, December 6). *How Nigeria can make progress in cancer control—Project Pink Blue*. Vanguard. https://www.vanguardngr.com/2022/12/how-nigeria-can-make-progress-in-cancer-control-project-pink-blue/

Fajinmi, O. O., Olarewaju, O. O., & Van Staden, J. (2017). Traditional use of medicinal and aromatic plants in Africa. In M. Neffati, H. Najjaa, & Á. Máthé (Eds.), *Medicinal and aromatic plants of the world—Africa volume 3* (pp. 61–76). Springer. https://doi.org/10.1007/978-94-024-1120-1_3

Fatima, I. (2017). Drug abuse among youth: Causes, effects and control. *Journal of Integrated Community Health, 6*(1), 1–5.

Federal Ministry of Health. (2018). *Nigeria National Cancer Control Plan 2018–2022*. Government of Nigeria. https://www.iccp-portal.org/sites/default/files/plans/NCCP_Final%20%5B1%5D.pdf

Gerard, M. (2002). *Natural disasters and the impacts on health* [Seminar paper, University of Western Ontario].

Ghorani-Azam, A., Riahi-Zanjani, B., & Balali-Mood, M. (2016). Effects of air pollution on human health and practical measures for prevention in Iran. *Journal of Research in Medical Sciences, 21*, Article 65. https://doi.org/10.4103/1735-1995.189646

Habre, R., Coull, B., Moshier, E., Godbold, J., Grunin, A., Nath, A., Castro, W., Schachter, N., Rohr, A., Kattan, M., Spengler, J., & Koutrakis, P. (2014). Sources of indoor air pollution in New York City residences of asthmatic children. *Journal of Exposure Science & Environmental Epidemiology, 24*(3), 269–278. https://doi.org/10.1038/jes.2013.74

Kalu, O. U. (2003). *The embattled gods: Christianization of Igboland, 1841–1991*. Minaj.

Mbiti, J. S. (1969). *African religions and philosophy*. Heinemann.

Nkonge, J. A. (2017). *Factors influencing drug and substance abuse among the youth in Kenya: A case study of Likii Sublocation, Laikipia East Sub-County* [Thesis, Management University of Africa].

Obi, C. A. (1985). The missionary contributions of Bishop Shanahan, C.S.Sp., 1902–1932. In C. A. Obi (Ed.), *A hundred years of the Catholic Church in Eastern Nigeria, 1885–1985* (pp. 106–174). Africana-FEP.

Obi-Ani, N. A., Nweze, I. V., & Okoye-Ugwu, S. (2018). A culture in retreat: The Inyama priestesses of Enugu-Ezike, Nigeria. *Journal of Tourism and Heritage Studies, 7*(1), 127–144. https://doi.org/10.33281/JTHS20129.2017.1.8

Odo, S. C. (2009). *Youths and drug abuse in Nigeria: Challenge for the Nigerian Churches* [Thesis, University of Nigeria Nsukka].

Ofili, A. N., & Okojie, O. H. (2005). Assessment of the role of traditional birth attendants in maternal health care in Oredo Local Government Area, Edo State, Nigeria. *Journal of Community Medicine and Primary Health Care, 17*(1), 55–60. https://doi.org/10.4314/jcmphc.v17i1.32428

Ofili, O. (1998). *A bridge across*. Eternity Creation International.

Okaka, F. O., & Odhiambo, B. D. O. (2018). Relationship between flooding and outbreak of infectious diseases in Kenya: A review of the literature. *Journal of Environmental and Public Health, 2018*, Article 5452938. https://doi.org/10.1155/2018/5452938

Okwor, C. O., & Okoli, A. B. (2019). Ritual in Igbo tradition and sustainable environment. *International Journal of Environmental Studies and Sustainability, 1*, 21–30.

Okwueze, M. I. (1998). *The prophecy of Amos: A moral imperative; biblical principles as a moral foundation for the Nigerian society*. AP.

Onyeike, V. C., & Adieme, F. G. (2014). Brain gain and sustainable development of Nigeria university education. *Journal of Educational Review, 7*(3), 410–415.

Onwubiko, O. A. (1991). *African thought, religion & culture*. SNAAP Press.

Osubor, K. M., Fatusi, A. O., & Chiwuzie, J. C. (2006). Maternal health-seeking behavior and associated factors in a rural Nigerian community. *Maternal and Child Health Journal, 10*(2), 159–169. https://doi.org/10.1007/s10995-005-0037-z

Osigbesan, O. T. (2021). *Medical brain drain and its effect on the Nigerian healthcare sector* [Doctoral dissertation, Walden University]. Walden Dissertations and Doctoral Studies. https://scholarworks.waldenu.edu/dissertations/10828

Quarcoopome, T. N. O. (1987). *West African traditional religion*. African University Press.

Ramli, I. M., & Idris, M. F. (1992). *Environmental pollution: Effects on national development* [Paper]. School of Housing, Building and Planning, Universiti Sains Malaysia.

Rumana, H. S., Sharma, R. C., Beniwal, V., & Sharma, A. K. (2014). A retrospective approach to assess human health risks associated with growing air pollution in urbanized area of Thar Desert, western Rajasthan, India. *Journal of Environmental Health Science and Engineering, 12*, Article 23. https://doi.org/10.1186/2052-336X-12-23

Ugwu, C. O. T. (2002). *Man and his religion in a contemporary society*. MCK Social.

Wellansky, M. L. (2017). *Igbos: The Hebrews of West Africa* [B.A. project, Purchase College, State University of New York].

Wilcken, A., Keil, T., & Dick, B. (2010). Traditional male circumcision in eastern and southern Africa: A systematic review of prevalence and complications. *Bulletin of the World Health Organization, 88*(12), 907–914. https://doi.org/10.2471/BLT.09.072975

World Health Organization. (2001). *Promoting the role of traditional medicine in health systems: The strategy for the African region*. WHO Regional Office for Africa. https://www.afro.who.int/sites/default/files/sessions/working_documents/AFR-RC50-9%20Promoting%20the%20role%20of%20traditional.pdf

World Health Organization. (2022, February 14). *Disease Outbreak News: Lassa fever—Nigeria*. https://www.who.int/emergencies/disease-outbreak-news/item/lassa-fever---nigeria

World Health Organization. (2024, January 12). *Animal bites*. https://www.who.int/news-room/fact-sheets/detail/animal-bites