

# Challenges Of African Traditional Healing System: Implication For The Development Of Indigenous Psychotherapy

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## **Abstract**

*Traditional medicine is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses. This paper explores the challenges of African traditional healing system and the implications for the development of indigenous psychotherapy. Previous studies show that about 80% of the population in Asian, African and some developed countries depend on traditional medicine for primary health care. Rate of acceptability, use, confidence in and efficacy of traditional healing system is increasing in Nigeria. Some indigenous traditional healing methods include herbalism, therapeutic dieting, and hydrotherapy and spirituality (divination). Notable challenges include international diversity, national policy and regulation, perceived safety, effectiveness and quality, knowledge and sustainability, patient safety and use. This study recommends that more research be carried out on African traditional healing, that the religious and metaphysical elements be separated from the physical matter, commitment of more resources to test and promote the use of safe and efficacious traditional medicines, practicing traditional healers should adhere to standardized norms and qualifications. There is need for speedy passing of the traditional health practitioners' bill.*

**Key words:** African traditional healing, indigenous psychotherapy

## **Introduction**

Traditional medicine also known as folk medicine, ethno-medicine, native healing, or complementary and alternative medicine, is the oldest form of health care system known to man (Abdullahi, 2011). It is an ancient

and culture-bound method of healing that humans have used to cope and deal with various diseases that have threatened their existence and survival. Over the years and from one generation to another, different societies such as the Chinese, Indian and

Africans have evolved different forms of indigenous healing methods that are captured under the broad concept of traditional medicine. As a result there is no generally accepted definition of traditional healing. However according to the World Health Organisation (WHO) traditional medicine is “the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses” (WHO 2000b). A traditional healer, on the other hand, is “a person who is recognised by the community where he or she lives as someone competent to provide health care by using plant, animal and mineral substances and other methods based on social, cultural and religious practices” (WHO, 2000a). Traditional medicine that has been adopted by other populations (outside its indigenous culture) is often termed alternative or complementary medicine. Herbal medicines include herbs, herbal materials, herbal preparations, and finished herbal products that contain parts of plants or other plant materials as active ingredients (WHO 2008). Psychotherapy is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviours, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable. Psychotherapy is a term used to refer to the use of scientifically validated procedures in treatment of mental health problems. Through psychotherapy, psychologists help people live longer, healthier, happier and more productive lives (APA, 2017).

Africans indigenous Psychotherapy can be dated to many centuries back, though

there is no written documentation of the practice. This conclusion is drawn from the fact that traditional healing among Africans is holistic in approach (Muller & Steyn, 2002). African culture is characterized by belief in supernatural forces, faith in magic of symbols expectations of supernatural punishment, orally preserved tribal legends and mythological concepts with emphasis on animism, full play of affective activity in daily life, complete identification with the group; lowering of ego boundaries and thought processes, ancestor worship, beliefs in the existence of idealized good objects; a tendency to regard dream life as objective reality; a simple restricted ill-defined and rudimentary usage symbols, strong religious belief (Lambo, 1959) as cited by Ebigbo, Elekwachi, Eze, Nweze & Innocent (2013). Studies on the origin of illnesses in Africa are viewed from both natural and supernatural perspectives (Bello, 2006; Erinosh, 1998, 2005, 2006; Jegede 1996; Oke, 1995). In a related study, Ebigbo, et al (2013) reported similarities in three main areas, of what constitutes mental illness among different ethnic groups in Africa: first, the widespread belief in spirit, secondly both physical and mental illness are attributed to various external causes, and thirdly there is a strong bond to group.

African indigenous psychotherapy is embedded in the African cultural beliefs that diseases and ill fortune relate to the mind body and spirit thus when an individual is ill (psychopathologic or somatic), there is a disharmony (Ebigbo, 2013) between the individual and his environment; hence the healing process must seek to restore balance or harmony first within the individual and between the individual and the environment. Desire for traditional psychotherapy is embedded in a cultural model of cure seeking therefore the appeal for traditional healing is also based on the holistic nature of traditional approaches which seek to

restore harmony and balance within the individual and between the individual and his or her environment. Traditional healing process is holistic, engaging the mind, body, and soul of individuals, as well as their families and communities. This form of mind-body-spirit integration of traditional healing practices according to Muller & Steyn (2002), is a major component of the healing process. Western originated psychotherapies and African indigenous psychotherapeutic practices are seen to be “worlds apart” as a result of the different models of illness and health different cultural perspectives and world view. Also the African traditional healing methods have been accused as lacking systematic and scientific procedures which can be replicated by others, poor documentation of methods and generally not properly researched. In this paper we consider the challenges faced by the African traditional healing system, and the implications these challenges portend for the development of African indigenous psychotherapy.

### **Subjugation of Traditional Medical System by the West**

Before the advent of western (European) medical system, traditional medicine was the dominant system used all across Africa and across the globe. Romero-Daza, (2002) affirmed that it was the only source of medicine for a greater proportion of the population. In indigenous African communities, the traditional doctors treat patient holistically. They usually try to reconnect the social and emotional equilibrium of patients based on community rules and relationships (Hillenbrand, 2006). In many of these communities, traditional healers often act, in part, as an intermediary between the visible and invisible worlds; between the living and the dead or ancestors, sometimes to determine which spirits are at work and how to bring the sick

person back into harmony with the ancestors (Abdullahi, 2011). Many scholars across the African continent agree that colonialism of Africa by the western nations brought about a major setback in the overall development of the continent in general (Achebe, 1958; Offiong, 1980; Afisi, 2009) and the indigenous medicine in particular (Hassim, Heywood, Berger 2010). Colonialism had tremendous negative impact on economic, political as well as what Mapara, (2009) termed indigenous knowledge system (IKS) particularly knowledge of indigenous medicine (Feierman, 2002; Millar, 2004; Konadu, 2008). It is explained that the introduction of Western medicine and culture gave rise to ‘cultural-ideological clash’ which had hitherto created an unequal power-relation that practically undermined and stigmatized the traditional health care system in Africa because of the over-riding power of the Western medicine. In South Africa for instance, the Apartheid regime held back the development of African traditional health care and medicine. During several centuries of conquest and invasion, European systems of medicine were introduced by colonial masters while the pre-existing African traditional medicine were stigmatized and marginalized, thus denied the opportunity of developing (Hassim *et al.*, 2010).

In some extreme cases, traditional medicine was outrightly banned. Hassim, et al, (2010) reported that the South African Medical Association outlawed traditional medical system in South Africa in 1953 and enacted the Witchcraft Suppression Act of 1957 and the Witchcraft Suppression Amendment Act of 1970 which declared traditional medicine unconstitutional, based on the conception that disease and illness in Africa was historically embedded in “witchcraft”.

In post independence Africa, efforts are being made to recognise traditional

medicine as important aspect of health care delivery system in Africa. For instance in 1980s, the Nigerian government put in place policies to accredit and register native healers and regulate their practice. In 1981, the National Council on Health (NCH) approved the establishment of a National Traditional Healers' Board at the Federal level involving representatives of the Federal and State governments. This was to be duplicated at the State levels. Furthermore, the WHO (2001) reported that in 1996 the Nigerian Federal Government through the Ministry of Health encouraged and authorised the University of Ibadan to conduct research into the medicinal properties of local herbs in order to standardise and regulate traditional medicine. According to Federal Ministry of Health (FMoH, 2004), the health care reform in Nigeria recognised traditional medicine as an important component of health care delivery system especially at the primary care level. Also the Federal Government of Nigeria established the Nigeria Natural Medicine Development Agency (NNMDA) to study, collate, document, develop, preserve and promote Nigerian traditional medicine products and practices and to also fast-track the integration of the Traditional medicine into the mainstream of modern health care system in line with happenings in China and India (The Sun News Online, 2010).

However despite these efforts by the Nigerian federal government, most orthodox medicine practitioners are opposed to allowing traditional medicine and their practitioners to be included in the official system of medical care in Africa. For instance Ebomoyi (2009) observed the reservations of the Nigerian medical students for the integration of traditional medicine into the mainstream of health care provision in the country.

### **Who uses Traditional Medicine? Brief Global Perspective**

In some Asian and African countries, 80% of the population depend on traditional medicine for primary health care. In many developed countries, 70% to 80% of the population has used some form of alternative or complementary medicine. (UN, 2009,; ABC News, 2014; Disabled-World, 2014 ). Herbal treatments are the most popular form of traditional medicine, and are highly lucrative in the international marketplace. Annual revenues in Western Europe reached US\$ 5 billion in 2003-2004. In China sales of traditional medicine products totalled US\$ 14 billion in 2005 and about US\$ 160 million in Brazil in 2007. Use of alternative medicine vary from 16% in Canada and UK to 30% in New Zealand (Marshall *et al*, 1990), 47% in Holland (Vrasses & Peter, 1990) and up to 85% in Germany (Himmed, Schutte & Cochran, 1993). White, Resch & Emst (1997) reported that in UK in a region 25% of general practitioners referred patients for alternative therapies in one week, while 50% of family doctors have sometimes referred patients for alternative practitioners (Verhoef & Sutherland, 1995). About 54% of general practitioners in New Zealand were interested in further training in non-orthodox therapy (Hadley 1988) while in some Asian and African countries, 80% of the population depend on traditional therapies for primary health care. Traditional medicine is still in use in modern day Africa without much reported cases of adverse effects (Okigbo & Mmeka, 2006).

In countries like Mali, Ghana, Zambia and Nigeria, the about 60% of children with high fever resulting from malaria are first given traditional herbal treatment (WHO, 2002b). In South Africans about 27 million use traditional medicine to treat a variety of ailments (Lekotjolo, 2009; Mander, *et.al* 2007). There is an increasing demand for

traditional medicine in the treatment of rheumatic and neurological complaints in Burkina-Faso (Carpentier, *et.al.* 1995). About 70% of the population depends primarily on traditional medicine in Ghana (Roberts, 2001). Makundi *et.al.* (2006) observed that traditional health care has contributed very significantly to the treatment of convulsions in rural Tanzania. Some patients combine traditional orthodox medicine to alleviate sufferings associated with disease and illness (Dein & Sembhi, 2001; Hilton *et al.*, 2001; Rao, 2006; Amira & Okubadejo, 2007).

There is equally a corresponding growth in the demand for traditional medicine in Europe, Asia and America (WHO 2001, 2008). In Western Pacific Region, between 40% and 60% of the population use traditional medicine to treat various diseases (WHO, 2001). In Hong Kong about 60% of the population has consulted traditional health practitioners. About 46% of Australian, 49% of France and 70% of Canadian populations, are using traditional medicine (WHO 2002a; Amzat & Abdullahi, 2008). In the United Kingdom (UK), almost 40% of the physicians make some alternative referrals (WHO 2002a, Nathan, 2005; So, 2005). Many clients often see a mental health professional and a traditional healer concurrently (Novins *et al.*, 2004).

According to the WHO's regional office for Americas' (AMRO/ PAHO) 71% and 40% of populations in Chile and Colombia respectively have used traditional medication. (Amzat & Abdullahi, 2008). In the USA traditional medicine is included in activities of medical school curriculum (Wetzel *et.al.* 1998).

According to the World Health Organisation the native healers have contributed to a broad spectrum of health care needs that include disease prevention, management and treatment of non-

communicable diseases as well as mental and gerontological health problems (WHO, 2001). There are also increasing evidences that traditional medicine is effective in the management of chronic illnesses (Thorne *et.al.*, 2002).

Abdullahi, (2011) observed a number of factors as being responsible for the widespread use of traditional medicine concern for assessing and evaluating the effectiveness of the medicine across the world. Research has shown that a number of traditional medicines are important and effective therapeutic regimens in the management of a wide spectrum of diseases some of which may not be effectively managed using Western medicines. Mander *et.al.* (2007) opined that among the black population of South Africa, traditional medicine "is thought to be desirable and necessary for treating a range of health problems that Western medicine does not treat adequately".

### **Reasons for the widespread of African traditional medicine**

In recent time research attention have been beamed on the prevalence of the use of African traditional medicine. Reports show that in Nigeria, effective medicinal plants in management of various diseases have been documented (Aiyelaja & Bello, 2006; Blench & Dendo 2006; Obute, 2005; Ogunshe *et al.* 2008; Weintritt, 2007; Enwereji, 2008). Weintritt, (2007) identified at least 522 medicinal species used in the management of numerous ailments in Nigeria. The use of insects in medicine has also been documented in Nigeria (Banjo, Lawal, Owolana, Ashidi, Dedek, Soewu, Owara, & Sobowale, 2003; Lawal, Banjo, & Junaid, 2003). In a study among the Ijebu Remos (Yoruba community in Nigeria) Banjo *et al.* (2003) found that combination of some insects and other herbal ingredients can be used for spiritual protection,

preparation of love medicine, management of the eye and ear problems, as well as prevention and control of convulsion in children. Also, arthropods are reportedly used to cure thunderbolt 'magun', bedwetting, child delivery, yellow fever and a host of many other ailments that cannot be treated using Western medicines and therapy (Lawal & Banjo 2007).

One of the factors attributed to the widespread of traditional medicine is in its role as one of the avenues through which cultural heritages are preserved and respected. Owumi, (2002) affirmed that traditional medicine practices are in line with the socio-cultural and environmental conditions of the people who use it in Africa. Izugbara (2005) observed that traditional medicine is sought by Igbo women from Ibiobio indigenous healers in Akwa Ibom State, Nigeria, for (i) health conditions that had failed to respond to initial treatment, (ii) health conditions stigmatised at communities of origin and (iii) health conditions thought to have resulted from supernatural causes. Okigbo & Mmekka (2006) attribute the use of traditional medicine to safety, acceptability, affordability, compatibility and suitability for the treatment of various diseases particularly chronic ones.

Inadequate accessibility to modern medicines and drugs to treat and manage diseases especially among African countries has also been attributed as a contributor to the widespread use of traditional medicine. According to World Health Organisation and Health Action International (HAI) in 36 low and middle-income countries, drugs were reportedly way beyond the reach of large sections of the populations (Cameron, *et al.* 2008). A vast majority of orthodox medicine available in Africa are concentrated in urban areas and cities usually out of reach of rural dwellers

making traditional medicine the only viable option.

Apart from accessibility, affordability and cultural compatibility, factors such as anxiety about the adverse effects of chemical drugs, improved access to health information, changing values and reduced tolerance of paternal is equally promote the use of African traditional therapeutic system (WHO, 2002a) as well as increase in reported cases of chronic diseases especially in developed countries (Thorne *et al.* 2002).

The widespread use of traditional medicine has brought about some economic advantages among nations. For instance South Africa economy reports over R2.9 billion annual income (Mander *et al.* (2007) Following the growing demand for traditional medicine and its contributions to the overall health delivery system particularly in Africa, some authors have suggested that integrating the practice into the mainstream of health care services in order to improve accessibility to health care (Odebiyi 1990; Obute 2005; Erinosh, 2006; Okigbo & Mmekka 2006).

### **African Indigenous Psychotherapy**

Madu (2015) defined psychotherapy as the process that enables people to express their feelings in a protected environment, to a person trained to listen with understanding and compassion. Understanding the African view and method of psychotherapy requires a good understanding of the African culture. This is so because African psychotherapy is practiced in line with the Africa way of life. In line with this Madu (2015) advocates for what he calls a culture centred psychotherapy, on the bases that there are many cultures all over the world thus the psychotherapies should be rooted on the culture of the individual client. African indigenous psychotherapists were mainly traditional healers, traditional priests, traditional chiefs and heads, family and

extended family meetings and peer groups (Madu, 2015). This is due to the believed that sickness originated from punishment from the gods as a result of evil done, a wicked look, an offence against the gods, a curse, witchcraft, native charm, a disruption of harmony in ones earlier life, natural causes, break of taboo or native customs, a disruption of social relationships, angry ancestors, evil possession, possession by the devil, or an intrusion of objects or a combination of two or more of the above (Madu & Ohaeri, 1989). As a result of the believe that the traditional healers are specialists in the use of herbs as well as middlemen between gods and human, people go to them for treatment and management of all sorts of disorders (Madu, 2015).

#### **Some African Traditional Healing Methods**

Herbalism is the application of herbs, roots, and leaves etc to bring about cure. Herbs may be used alone or used with other components, such as animal parts. According to Sofowora, (1982) parts of the herbs used may not necessarily be curative but preservative or flavouring agent. Herbalism is one of the main methods used to treat various sicknesses in traditional African medicine. Since the continent of Africa has an abundance of herbs and plants from areas such as rain forests, healers use the indigenous flora as treatments.

Therapeutic dieting is the aspect of African traditional medicine which has to do with taking certain foods or avoiding certain foods. This form of traditional therapy is more common with traditional healers who are also spiritualist. The healer may forbid the patient from taking certain foods for a certain time or forever. This conclusion is usually arrived at after divination.

Hydrotherapy, in African traditional medicine involves water in various forms,

which may be used alone or with other forms of treatments to achieve cure. Amongst most Africans, the use of boiled water with herbs in the treatment of malaria fever is common place.

Madu (2015) highlighted the following therapeutic methods common among African traditional healers: Use of idioms and proverbs while communicating with their clients, Total withdrawal this is done especially for those involved in drug addiction or abuse. Use of other kinds of psychosocial methods, like, singing, dancing, beating drums, rituals, suggestions, etc. the traditional healers emphasise attention and total obedience of the clients. Also they employ the use of incantations and dream interpretation.

#### **Some Challenges of African Traditional Healing System**

According to WHO (2001) WHO-AFRO (2010) some forms of progress have been made in implementing the regional strategy on promoting the role of traditional medicine in health systems, however African countries still face some challenges that hamper the “institutionalization” of traditional medicine into national health systems. Some of such problems are discussed below.

International Diversity: Traditional medicine practices across the African continent have been adopted in different cultures and regions without the parallel advance of international standards and methods for evaluation (WHO, 2008). In other words most of the pockets of advances made in traditional medicine practice all across Africa have at best been at the local levels and for local consumptions. Most have been grossly unnoticed by other cultures within and outside Africa; hence the efforts have not been upgraded to international standards. The synergy of the various cultural and regional efforts using

internationally accepted methods of evaluations is missing.

**National Policy and Regulation:** Most African countries do not have national policies for traditional medicine. Hence regulating traditional medicine products, practices and practitioners is difficult due to variations in definitions and categorizations of traditional medicine therapies. A single herbal product could be defined as a food, a dietary supplement or an herbal medicine, depending on the country. This disparity in regulations at the national level has implications for international access and distribution of products.

**Safety, effectiveness and quality:** There is limited research data on the safety, efficacy and quality of traditional medicines (WHO-AFRO, 2010). Scientific evidence from tests done to evaluate the safety and effectiveness of traditional medicine products and practices is limited. While evidence shows that some herbal medicines and some manual therapies (e.g. massage) are effective for specific conditions, further study of products and practices is needed.

**Limited resources and facilities to conduct of clinical trials:** Resources and facilities for the conduct of clinical trials as golden standards for confirmation of safety, efficacy and quality of medicines; and documentation of traditional medicine practices are limited (WHO-AFRO 2010). Requirements and methods for research and evaluation are complex. It can be difficult to assess the quality of finished herbal products. The safety, effectiveness and quality of finished herbal medicine products depends on the quality of their source materials (which can include hundreds of natural constituents), and how elements are handled through production processes.

**Knowledge and sustainability:** Herbal materials for products are collected from wild plant populations and cultivated medicinal plants. The expanding herbal

product market could drive over-harvesting of plants and threaten biodiversity. Poorly managed collection and cultivation practices could lead to the extinction of endangered plant species and the destruction of natural resources. Efforts to preserve both plant populations and knowledge on how to use them for medicinal purposes is needed to sustain traditional medicine. WHO- AFRO (2010) confirmed that none of the Africa member nations have national policies for conservation of medicinal plants and engagement in large-scale cultivation of medicinal plants of botanical gardens.

**Patient Safety and Use:** Many people believe that because medicines are herbal (natural) or traditional they are safe (or carry no risk for harm). However, traditional medicines and practices can cause harmful, adverse reactions if the product or therapy is of poor quality, or it is taken inappropriately or in conjunction with other medicines. Increased patient awareness about safe usage is important, as well as more training, collaboration and communication among providers of traditional and other medicines.

**Exclusion of traditional Healing practices in Schools curricula:** Another challenge highlighted by WHO-AFRO (2010) is that majority of countries in Africa have not included some aspects of traditional medicine in the curricula of health sciences students and other higher learning institutions; and continuing education training programs for traditional healing practices are not structured.

**Limited National Institutionalization of traditional medicine:** majority of the African nations have limited national organizational arrangements for institutionalization of traditional medicine (WHO-AFRO, 2010). There is inadequate allocation of adequate financial resources for implementation of traditional medicine activities; the establishment of mechanisms for the official recognition of traditional

health practitioners; lack of national policies in some countries and limited national strategic plans for policy implementation; and lack of mechanisms of collaboration between practitioners of conventional and traditional medicine.

Poor Protection of Knowledge and intellectual property rights: there are inadequate regimes for adequate protection of traditional medicine knowledge and intellectual property rights.

Fake and untrained healers: Another fundamental challenge to traditional medicine is the widespread reported cases of fake healers and healing, though, this is not limited to traditional medicine practice only (Ebomoyi, 1982).

### **Implications of Challenges on Development of Indigenous Psychotherapy**

African psychotherapists have over the years encountered various problems trying to apply western orientated psychotherapy to African culture (Madu, 1991; Oladimeji, 1988.; Madu, 2013). These approaches have not been effective. In recent times however, some psychotherapists have developed some African based psychotherapy three most prominent among are the Ubuntu Therapy (Nefale & Van Dyk, 2003) the Meseron Therapy by Alfred Awaritefe (Ofovwe, 2005) and Harmony Restoration Therapy by Peter Ebigbo (Ebigbo, Oluka, Ezenwa, Obidigbo, Okwaraji, 1995).

There is therefore the need for African psychotherapists both draw inspiration from and also confront the numerous challenges facing traditional healing practices in Africa, through the application of what Madu (2013) calls culture centered psychotherapy.

To this end there is need for a more collaborative work from African countries in supporting traditional healing systems in general and psychotherapy in particular. Most African countries have not included

their traditional medicine research and development in their national research agenda as requested by the Algiers Declaration on research (WHO-AFRO 2010). This is very essential in producing scientific evidence on the safety, efficacy and quality of traditional medicines. This will also link African traditional health services with policy makers so that results of such research efforts will be properly utilized.

There is need to synergize the different cultural and regional practices through the adoption of internationally accepted evaluation methods. This will help to bring to the limelight the various culture based therapies all across Africa. To this end African psychotherapists should unite with a common voice to marry the cultural diversities in other to develop internationally acceptable psychotherapies.

Another implication of the challenges faced by African traditional healing system on development of culture centered psychotherapy is the importance of training of practitioner. All aspects of traditional medicine should be properly integrated into training programmes by relevant institutions involved in education and training. Successful completion of such trainings should also be certified before therapists can practice. This will not only reduce quack practitioners but also systematically and scientifically develop African psychotherapy. The WHO has developed training tools in traditional medicine which can be adapted as syllabi and curricula for training programmes by African countries (WHO-AFRO 2010). Such training programmes should also make use of experiences traditional healers' from whom knowledge and wealth of experience can be drawn. This will open doors for transfer of knowledge and proper documentation of African indigenous psychotherapeutic methods.

There is need to develop apparatuses that will protect intellectual property right and indigenous knowledge. Such mechanism for patency of indigenous psychotherapy should be fair and equably shared among relevant shareholders. The WHO-AFRO (2010) encourages individual countries to adapt the WHO guidelines and regulatory framework for the protection of traditional medicine knowledge and access to biological resources to their specific situations. Intellectual property rights will greatly encourage the development of indigenous psychotherapy as well as give more credence to and confidence in African indigenous psychotherapy.

Adequate regulation of the practices of traditional therapies will help improve the products, practices and quality of the practitioners. African countries should have national policies regulating development and practice of psychotherapies. Proper regulation will improve international access to indigenous psychotherapies.

More research efforts into the safety, efficacy and quality of indigenous traditional medicine are important to the development of African indigenous psychotherapies. A lot of cultural practices related to mental health among Africans have not received research attentions. Breakthrough in any scientific field is a product of rigorous research. Although research efforts among African are well documented, most of such researcher focus on western ideas, cultures and philosophies.

Clinical trials are the core of research to confirm the quality, safety and efficacy of therapeutic methods. Likewise documentation of such findings is germane for continuity. However the resources and facilities needed to carry out these clinical trials are short supply across most African countries (WHO-AFRO, 2010). This has also adversely impacted on development of psychotherapies indigenous to African.

Ministries of health at the various African country levels should make proper provision of the facilities for clinical trial at the various institutions of learning.

Exclusion of traditional healing practice in curricula of institutions of learning is a disservice to African culture. This inherited neocolonial pattern has subjugated African intellectual discoveries over the years. Wetzel, *et.al* (1998) affirmed that in the USA traditional medicine is part of the activities of the medical school curriculum. Africans must be proud of what we have and include all aspects of African cultural practices to the curricula of our schools. Teaching of African traditional therapies in our schools will boost acceptance right from the junior school age and aid in developing culture centered products and services such as African indigenous psychotherapy.

### **Conclusion**

African traditional healing system has tremendous contribution to the advancement of the global healthcare system. The vast potentials in resident in the African cultural practices especially in traditional healing products and services remain untapped. Again the professional ethnocentrism, driven by the western civilization and rife in the medical settings has grossly undermined the development of the African traditional healing system. The general belief in medical circle that traditional medicine defies scientific procedures in terms of objectivity, measurement, codification and classification can at best be described as erroneous. Traditional medicine incorporates both physical and spiritual aspects, and the physical ingredients can be scientifically studied and analysed as is with the orthodox medicine.

African cultural practice, in a unique way touches the psych of the African as the average African easily relates with and

understands it unlike the foreign imperialist culture. Due to decades of colonialism, cultural imperialism and the power of multinational pharmaceutical industry, traditional healers and traditional medicines have been marginalized and their value to communities underplayed. There is therefore a need for urgent investment and support of traditional healers and traditional medicine – not only by government, but also by civil society and the private sector.

African psychotherapists should take a cue and learn lessons from the challenges discussed above and in other to develop and utilize African indigenous psychotherapies.

### Recommendations

Based on the foregoing, this paper recommends that more research efforts on the development, safety and effectiveness of African indigenous psychotherapies should be carried out. Also, there is urgent need for a passing of the traditional health practitioners' bill by African countries that have not done so yet. Hence, member nations should have national policies for traditional medicine which stipulate regulations of activities, products and practices of African traditional psychotherapy. Furthermore, effective mechanism that protects knowledge and intellectual property rights of traditional psychotherapist should be put in place by individual African countries. Again, African indigenous psychotherapy should separate metaphysical elements from the physical techniques. Moreover, biomedical doctors should get rid of their cynicism and disparagement about traditional healing so that a common ground for collaboration and support will open up. Finally, African traditional medicine should be part of the curricula for training in health related professions.

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