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It is our policy that contributions are not only original but also advanced in the respective disciplines. Contributions that receive positive assessment from our team of assessors are published in the Journal.

Prof. Benjamin Omolayo
Editor

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PHENOMENOLOGICAL APPROACH TO THE STUDY OF TRADITIONAL MEDICINE: A CASE STUDY OF EMU CLAN OF DELTA STATE

Kingsley I. Owete

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This paper, “Phenomenological Approach to the Study of Traditional Medicine”, reveals that the study of traditional medicine in Africa has been subjected to various approaches by scholars, most of whom were protégées of euro-centric scholarship. The study observes that despite the disparaged image of traditional medicine in such literature, there is the persistence of traditional mode of health care delivery system in Africa. This persistence is not unconnected to the relevance of the supernatural, medicinal, ritual, spell and taboo elements of traditional medicine. While discussing the spell and taboo dimensions of traditional medicine in a contemporary indigenous African society the paper argues that a minor variation in workings during the preparation of medicine and an infraction of the taboo prohibition of a traditional therapy would negate the efficacy of such a medicine or therapy among the Emu of the Niger Delta in Nigeria. In conclusion, the paper advocates for the phenomenological approach to the study of traditional medicine in Africa. This would enable a scholar to carry out a circumscribed study on a specific traditional mode of health care delivery system within a specific indigenous African society.

Keywords: Phenomenological Approach; Circumscribed Study; Traditional Medicine; Taboo; Spell.

Introduction

In 1986, General Olusegun Obasanjo advocated the use of traditional medicine to dismantle the oppressive apartheid regime in South Africa. In March 1977, at Benin, the Nigerian Army held a seminar to which indigenous medicine men were invited for the purpose of exploring the possibility of tapping the great potentials inherent in African traditional medicines, for military and defence purposes (Fabarebo 1990:3 cited in Owete 2005:1). Around 1987, universities in Sokoto and Bende (now Edo) States, were busy employing “juju” men to solve what they considered as intractable problems. After the Vice-Chancellor of one of the institutions was bitten by a mysterious snake, the school wanted the assistance of medicine men to ward-off snakes from the school. In another development at Ambrose Alli University, the thieves that carted away the university property were detected and brought to book by the use of traditional medicine (Fabarebo 1990:8 cited in Owele 2005:1).

In 1990, the news was widespread in respect of two undergraduates of the University of Jos, who fell victim to ritual medicine. Unknown to the female student, her father has fastened “MagunAlemaro” on her. This would cause the penis of whoever copulates with her to increase in size. However, the male student decided to use his tongue

instead of his penis (cunnilingus). As expected, the tongue and the head of the boy increased tremendously and consequently exploded (Achuenu 1990). The above instances without doubt confirm the reality of the belief in ritual medicine. The question is why do we still engage in traditional medicine? Why are the beliefs still rampant in our society, despite the perceive “collapse of paganism”. The renewed pursuit in the re-discovery of the African traditional medicine that the 21st century is witnessing has given rise to the questions. Thus this paper discusses the various approaches to the study of traditional medicine in Africa.

Approaches to the Study of African Traditional Medicine

There are serious efforts to uncover the principles in the African medicine plants. More and more diseases are becoming resistant to orthodox antibiotics and evidence of their induced side effects has become a great concern to many in the medical field. This concern has been made manifest in the recent movement away from the use of synthetic medicine to galentical and the use of medical plants which form about 90% of the traditional medicine. (Ubrurhe 2003:1). Against this backdrop, the quest of scholars of African Traditional Religion is to investigate the religious beliefs and rituals of African people, with the view of documenting their medical practices within the context of change.

Where new influences infringe on any society, a scholar of culture is at once confronted with the problem of how much is modified and how much is retained (Bascom & Herskovitz 1959:06). Consequent upon the aggressive wind of change that heralded capitalistic penetration in Africa, the boundaries of the old ethnic kingdoms were shattered. Indigenous beliefs, ideas, practices and norms that were held sacrosanct and sacred were almost obliterated. The impact of the drastic shift from traditionalism, collectivism to individualism and spiritualism to materialism, is profound. The above assertions notwithstanding, it has been implicitly demonstrated that African culture is dynamic, receptive and adaptive. It is capable of changing according to newly evolving circumstances. It is possible that the ontological and ideological foundations of African traditional medicine, like every other facet of African culture, enjoy an enviable degree of continuity. However, we need remark that, several modern ritual practices have been grossly either, syncretized or amplified, due to activities of colonial administrators or other agents of change, such as Christian Missionaries.

Existing literature in African traditional medicine tends to be dominated by data obtained from small-scale societies. The focus of cultural anthropologists who initially researched into this field, studied religious practices merely as structural and functional elements in these small scale non-industrialized societies. No doubt, the cultural anthropological approach may be significant for the study of distinctive religio-cultural elements such as medicine, sorcery and witchcraft. However, where existing studies on religious beliefs and ritual practices were found among the African people, such studies were carried out in a sweeping fashion with no proper focus on any prospective or bearing any analysis on the extent of continuity and change. Additionally, there has been a conspicuous lack of historical and phenomenological approaches. The consequence of such enterprise is usually the interpretation of African religious beliefs and practices in merely

psychological, biological and sociological theories. In specific terms, most researches into African religio-cultural practices were:

1. To provide a systematic and descriptive documentation of indigenous beliefs and practices of African people.
2. To examine the relationship between African contemporary economic, socio-political, cultural context and the extent of changes continuity in the people's religious beliefs and ritual practices concerning medicine. A proper analysis is usually made of what specific rites symbolic forms and processes have been sustained and those affected by the forces of religio-cultural change in Africa.

Such studies are actually systemic enquiries into the forms and manifestations of religious belief and ritual practices among African people. Efforts are made to look at the phenomenon from the morphological and comparative viewpoints. Hence, in respect to methodology, "the nature of the field of study must provide the major control over the methods employed" (Shorter 1975:39). Scholars are, therefore, guided in their researches by methods most appropriate to be used in describing the socio-cultural and religious milieu before they embark on systematic analysis of the phenomenon they wish to examine. Therefore, in pursuance of their goals, they endeavor, as a matter of choice, to avoid the cold objective of the Western scientist and heavily depend on the Husserlian principles of understanding; namely, *epoche*, eidetic vision, empathy and quest from meaning. A Shorter in his book, *Africa Christian Theology* (1975:39), listed eight approaches which have been adopted by different authors in the study of African religions; the multidimensional approach-historical, limited comparative, categorical and thematic approaches, to him, would serve well as the gateway to African religious.

Harold Turner has argued against Shorter's suggested multidimensional approaches. According to him, religion is a "human activity and experience that is liable to be interwoven with all aspects of human life, and its study therefore requires, sooner or later, all human science" (Turner 1981:1,2). Metuh (n.d.:77) has argued further that in the study of religion, the methods employed should be able to 'to study, not only religion in its total milieu and that milieu itself, but also what it is that is interwoven with all other dimensions of existence. According to Ikenga-Metuh (n.d.), Shorter's (1981) suggested method is no more than an anthropological study of Africa Religions, which may be useful for the study of the milieu of religion but inadequate for the study of the distinctive religious element such as traditional medicine. Therefore, Ikenga-Metuh(n.d.) is of the opinion that "in the four approaches that make up Shorter's (1981) Multidimensional method, no mention was made of the specialist religious disciplines, this methodology cannot be faulty for the study of African Religious" (Metuh n.d.:87).

Until very recently, there has been insufficient material of any type on the traditional religion of the marginal ethnic groups in Africa. Scholars like Edmund Ilogu (1974), F. Arinze (1978), Ikenga-Metuh (1985), and Christopher Ejizu (1989), have written on the various aspects of the Igbo Traditional Religion. Suffice it so say that these works cannot serve, for instance, as a model for all Igbo groups. Therefore, there is an urgent need to conduct an anthropological investigation as it relates to our theme, with a view to getting a true picture of marginal ethnic people's religions in their various circumscribed, social,

cultural geographical, historical and religious contexts. Nevertheless care should be taken not to fall victim of AylwardShorter's (1981) accusation of anthropologists, in what he describes as "fiercely particularistic, insisting on thorough studies of each and every ethnic group and professing an almost total agnosticism in respect of any similarities or links between".

It is therefore, advisable in the enterprise of 'anthropologists' investments, not to fall victim of Okotp'Bitek's (1971:20) charge. According to him, the aim of studying African Religion is not for its own sake, but to demonstrate what primitive religions look like and also to locate evidence to support evolutionist theory. Therefore, it is in recognition of the shortcomings of the anthropological method, as not wholly sufficient for the study of religious beliefs and ritual practices pre-se, scholars argue the above method with the distinctive religious discipline of phenomenology alongside the historical approach.

It has been said that "the phenomenological study of Africa religion, to a large extent, pre-supposes the anthropological study. Phenomenology requires the assistance of anthropological studies to lay bare the full significance of religious phenomena as found in their socio-cultural context. Thus, scholars employ phenomenological method in its descriptive and comparative approaches so as to examine and describe religious beliefs and ritual practices as they present themselves. This implies a refrain from passing judgment with regards to the truth-value of the ritual manifestations. However, in their investigations, most scholars are limited to Kristensen's second approach to the study of religious, which is the study of a particular religion, instead of the systematic treatment of history of religions. This second method in Kristensen's division of approaches is the study that involves a comparative study which is not evaluative but informative. Therefore, focus should be on one particular regional or ethnic religion; such a study should also be on one aspect of it, which is the religious beliefs and ritual practices. In which case, the meaning sought after is the meaning the religious phenomenon has for the believers themselves.

In other words, it should be a phenomenological discussion of a theme such as traditional medicine with particular reference to a particular people. Such a study should leave out arguments on the empirical truth and veracity of the phenomenon. The existence or non-existence of the phenomenon should not be the concern of the work. It should be made clear from the onset that there would be difficulties encountered in the sourcing and collection of oral information for such a study. Most of the interviewee's responses to a researcher may sometimes be hostile. For instance, some respondents may refuse to disclose the names of the rural medicine and also the procedures adopted in the preparation of a particular medicine or doubt the researcher's intentions for the information sought. They may assume that the researcher wants to secretly learn the tricks of the trade. Sometimes the information sought may be considered too sensitive to be divulged. The photographing of some sacred objects may constitute a problem. The worshippers of a particular shrine, for instance, may refuse a snap shot.

Hence, the study should not be limited to a cataloguing and description of the particular phenomenon, and the religious beliefs and ritual practices of the people under study, but also a study of religious beliefs and ritual practices as it appears. This is to enable the readers seek the meaning of ritual practices and its beliefs as understood by the

adherents. For instance, the scholar should examine the structure of a particular traditional medicine as it applies to the people and also identify types of medicine used for different aspects of human endeavor. There is the need to gain insight into the religious psychology and values of ritual symbolism of the people under study.

Fundamental Elements Traditional Medicine

According to Chamber's 21st Century Dictionary, edited by Mairi Robinson *et al*, the word Tradition means something, such as a doctrine, belief custom, story, etc., that is passed from generation to generation, especially orally or by example; the action or process of handing down something in this way; an established standard or usual practice or custom; a particular body of doctrines, beliefs, customs etc., that belong to a specified group of people, religion, country, family, etc.; the continuous development of a body of artistic, literacy or musical principle. The concise Oxford Dictionary went a step further to define "tradition" as opinion or belief or custom handed down from ancestors to posterity, especially orally or by practice. However, "tradition" can be said to be the medium by which a people preserve and transfer their lifestyles, practice, values, beliefs and prejudices from generation to generation. This transference of social and religious values of a people from one generation to another is often and essentially carried out orally and by practice. The Funk and Wagnally's International Standard Dictionary in defining tradition states that it is the transmission of knowledge, opinions, doctrine, customs, practices etc., from generation to generation, originally by word of mouth and by example; that which is so transmitted; body of beliefs and usage handed down from generation to generation; hence, remembrance or recollection existing as by transmission.

Traditional medicine is essentially the method of healing or curing diseases, preventing diseases, or changing the condition of the person desirous of it, of a people which has been handed down from generation to generation. According to Mume (n.d.:27), it is the transmission by word of mouth and by example, of the knowledge and practices, based on customary methods of natural healing or treatment of disease. Sofowora (1984:21) defines Traditional medicine as the total combination of knowledge and practice, whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disease and which may rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing.

The task of defining medicine is cumbersome as various authors who have written on this subject are yet to agree upon a general definition. On the other hand, the African people who practice and believe in the phenomenon do not bother themselves about defining what they have been practicing for ages. *The Concise Oxford Dictionary* defines medicine as "an art of restoring and preserving health especially by mean of remedial substance and regulation of diet opposed to surgery and obstetrics". However from the perspective of the less developed societies, it defines medicine in terms of spells, charms and fetish. This is an attempt to relegate the medical system of the less developed societies into the background. This attitude according to Ubrurhe (2003:8) was occasioned by the superiority complex of the Euro-American scholars which was a bane of their understanding of the culture and the religion of the people.

The word “Ogwu”, which literally means medicine, is also used to mean “charm” in Emu. In the same vein, S.F. Nadel (1954:52) says with reference to medicine among the Nupe that, Nupe “medicine” is ambiguous in that it refers both to skills of an esoteric and miraculous kind; healing practices which are public, profane and acquired by ordinary learning. It is important to state that traditional medicine as practiced by certain Africans, such as the people of Emu, goes beyond spells and charms. Characteristically, it embraces all the features of medicine as defined by the *Webster’s New Twentieth Century Dictionary*. Medicine according to Webster’s is the “science and art of diagnosing, treating, curing and preventing disease, relieving pains and improving and preserving health”. It goes further to define medicine among the North American Indians as any object, spell, rite and so on, that is supposed to have natural or supernatural powers as a remedy, preventive and so on”.

Chambers Twentieth Dictionary defines medicine as “any substance used (especially) internally for the treatment or prevention and cure of disease, especially as non-surgical: a charm, medicine, anything of medicine power”. This definition has not brought forth the clear distinction between “medicine” and “ritual medicine”. According to Ubrurhe (2003:9), there are ritual medicines, which are used for the treatment, prevention or cure of diseases. Ritual medicines involve the use of incantations in them and it is different to say whether the efficacy of the medicine is in the active ingredients of the material *medica* or in the incantations.

Parrinder (1965:156) in an attempt to clearly define medicine in the African context sees it as covering both natural healing agencies such as leaves, roots and so on and the invocation of ritual or spiritual influences that are thought to be associated with them. Metuh (1987:7) defines medicine within the African belief system as anything that can be used to heal, kill and secure power, health, fertility, personality or moral reforms. Medicine for Metuh (1987) includes drugs for curing and preventing disease, as well as, objects with ritual effects. The making of medicine among the Emu people, has a broader meaning than has been suggested by Western definitions.

The making of medicine (*Igwoogwu*), according to Metuh (1987) includes herbal, as well as, psychotherapeutically and spiritual techniques. He posits that medicine (*ogwu*) does not constitute of only herbal mixtures but also ritual objects, incantations and rites capable of changing of human conditions for the better or worse (Metuh 1985:162). This is very true of the Emu religious beliefs and ritual practices. According to Ubrurhe (2003), Metuh’s (1987) definition has not distinguished between medicine and sorcery. In the understanding, medicine is generally accepted as a means of preserving life and the practitioners of medicine are proud of their profession. This position holds well for the Emu people, which is the focus of his research. This, however, cannot be a sample representation for all other ethnic groups.

The Supernatural Elements of Medicine

The act of medicine in Africa is essentially a supernatural one. The act belongs to the spiritual realm and not controlled by physical laws. The activities of the medicine man are not geared toward influencing physical laws of nature but controlling spiritual laws toward achieving certain goals. It is this misunderstanding of the medicine man’s activity

that has prompted anthropologists to see ritual practice as an aspect of all social life or a gap left by lack of knowledge in man’s pragmatic pursuits. Generally, among the Igbos the power contained in the medicine seem to be derived from certain patron spirit. According to Ejizu (1989:118), “...certain traditional professions like divinations, medicine making have their special patron spirits”.

The medicine men in most African societies claim to get their power from water spirits. Thus shrines of water deities (mammy water) are set up and all its prohibitions are observed. Water spirits are believed to enter, possess and guide diviners and medicine men/women in dispensing prescription to their clients. Sometimes, the spirit of a dead ancestor, who was a *dibie* could guide one of his sons in practicing his rituals. This happens only when the son has been called into the profession by the same ancestor who was a *didie*. The Emu people, for instance, do not look upon medicine as one of the forces of nature which can be utilized by man; it is regarded as a cherished cultural possession which derives its powers from man’s abstinence and from his knowledge of tradition. They believe medicine to have come into the world with man and not to have been acquired by subsequent discovery in the world of nature. They strongly reject the idea of medicine as a universal impersonal power as expressed in concepts like *mana* (Pritchard 1976:19). The medicine man in Emu does not attribute the ends of his ritual practice to his power but to a supernatural power he believes he can influence. In his ritual practices, he makes use of objects to symbolize the supernatural. It is this belief in the presence of the supernatural in ritual medicine that is reflected in the saying among the people that:

Emu Version	English Version
<i>Mgeonyeiwekwaonyeeka-yadiochandi-icheekanu okilikwankwa.</i>	<i>When the evilplotter beats drum for the downfall of the innocent, the gods will not let the drum sound.</i>

The Medicine Element of Medicine

In Emu, the term *Ogwu* is used to denote medicine, and in a braoder sense, ritual preparation and charms. Nadel have observed among the Nupe people, “...medicine is the literal translation of the vernacular term which is applied not only to “medicine” substances but also to medicinal herbs or drugs of any kind native, as well as, Europeans, whose properties are assessed essentially empirically”. Also medicine is seen in Azande society as any object in which mystical power is supposed to reside and which is used in medicine rites. They are usually vegetables in nature (Evans-Pritchard 1976:450). On the other hand, as in the case of the Yoruba people, the Emu ritual practices do not rely solely for its efficacy on the use of medicine. Some of the medicine rituals like *OgwuAshima* (medicine for premonition) and *OgwulkpoMmalu* (medicine to recall someone) make use of incantations along with the medicine. According to Parrinder (1976:158), medicine will act for anyone, if he has observed the proper ceremony in becoming the owner of the medicine, and observe its taboos carefully. Medicines can be thought to have no power in themselves, or the power may be latent and only aroused through the action of medicine man. They are agents through which invisible beings or powers work.

The Ritual Element of Medicine

A medicinal rite is the ritual which is performed by a lay or professional medicine man according to a set of prescriptions using vegetable or animal materials, sometime saying incantations towards achieving a goal. In Emu medicinal rites, there are not rigid, fixed or set formula which when not followed scrupulously will negate the end result of the rite. What is important in the medicinal rites is the application or usage of certain core, unalterable, materials along with others that are alterable to aid the main ingredients, in the medicinal rite, there are no fixed archaic verbal incantations. Generally, incantations recited during rituals are more of an informal address meant to give power and direction to the inherent power of the medicine. The emotional setting, the gesture and expressions of the (literally meaning raining preventing medicine) and *OgwulkpoMmalu* (literally meaning medicine are dominant. There are some rites like in *OgwulwaUgboko* (literally meaning medicine of command in the forest), where these ideas are absent.

Radcliff-Brown (1952:134) has maintained that rites do not bring about the needs which are sought by those who engage in the ritual performance. Rites are merely symbolic representation of an idea or belief and not having any utilitarian value. Radcliff-Brown's position has been sustained by anthropologists like Edmund Leach who regards any ascription of empirical content of medicine and religious beliefs as scholastic nonsense. The observations of these foreign anthropologists do not apply to the Emu medicinal rites. Ikenga-Metuh has demonstrated in his unpublished lectures, "The Culture Historical Method: Impact and Implications of African Traditional Religions" (1990) that medicinal ritual unlike scientific performance follow from a different world view. The goal in rituals not to manipulate physical laws but to influence the supernatural towards achieving the purpose of the rituals.

The Spell Elements of Medicine

A spell or incantation is the spoken word believed to have supernatural powers when recited during medicinal rituals. This spell or incantation may be recited for beneficial or destructive ends as in *Ogwuashima* (literally means medicine for premonition) and *Ogwu Ibo MmaluOnu* (literally means medicine of curse). The spell may begin with a form of spell which ends with a request or command. Also, the spell could be whispered or spoken aloud during the medicinal ritual or when the medicine is to be used. In Emu, as well as, in Azande ritual practices, the medicine man addresses the medicines and tells them what he wants them to do. These spells are never formulae. The medicine man chooses his words as he utters the spell, this is unlike the Yoruba incantations where the reciter makes sure that he says the right words and correct sentences because a minor variation of the wordings may render the incantation useless. John Beattie has observed with respect to the Buyoro (1963:37) that the spell serves to activate the power that resides in the medicine. According to Beattie, "This activation requires a form of words or a spell. The medicine is addressed informally or more rarely, in a set phrase".

The "Taboo" Elements of Medicine

In Emu, the term *nso* means taboo, which is a ritual prohibition or the uncleanness that follows violation of the prohibition with which the medicine is associated. A ritual taboo is an important element in the successful performance of a medicinal rite (Parrinder 1969:79). In his book *Yoruba Beliefs and Sacrifice*, Awolalu (1979:79) noted that in all communities yje medicine man is hedged round by taboos; he must refrain from eating certain foods, from casual sexual indulgence and from other contaminating actions. Unless he observed these taboos rigidly his charms will lose their potency. In all ritual performances in Emu the medicine man would have to observe taboos. There are some like *OgwulwaUgboko* (literally means medicine of command in the forest) that could retain their potency irrespective of the medicine man's ritual behavior.

For the people, an infraction on ritual prohibition would at worst only bring about a negation of the goals of such medicinal performance. Although it is believed that in some destructive medicines, an infraction on the taboo could cause harm to the medicine man; this is an exception rather than the rule. All medicinal rituals are performed towards achieving certain goals. It is believed that before a ritual is carried out, there must be a purpose or goal which the ritual is aimed at achieving. Hence, saying among the people that, *ugo e je afianinkiti* (an eagle does not go to the market place unless there is something there). The common goals of a medicinal rite are usually towards the promotion of human welfare, the protection of existing interest or the destruction of someone's well-being through malice or the desire for vengeance.

Conclusion

This paper has x-rayed the various possible approaches to the study of African traditional medicine. It posits that the study of traditional medicine should not be generalized. It calls for a specific investigation of a specific type of traditional medicine in a particular indigenous society; a particular type of traditional medicine may have certain ritual differences among different ethnic groups. Consequently, the paper, amidst other approaches to the study of religion, advocates for the phenomenological approach to the study of a religious phenomenon. This is to allow the phenomenon under study speak for itself. Finally, by applying the phenomenological approach to the study of the fundamental elements and structures of traditional medicine in Emu of the Niger Delta, this paper observed that a minor variation in wordings during the preparation of medicine and an infraction of the taboo prohibition of a traditional therapy would negate the efficacy of such a medicine or therapy.

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