

Indigenous Methods of Processing *Materia Medica* among Selected Traditional Medical Practitioners in Ibadan, Nigeria

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ABSTRACT The study is aimed at bringing out the ways therapeutic medicines are processed among traditional medical practitioners in Ibadan, Nigeria. With the use of ethnographic methods to elicit information, the study investigates the aspects of preparations of medicinal ingredients to stimulate purposeful discussion on the need for an unbiased examination of the material, methods and techniques in the traditional medical practice, including compilation of native pharmacopoeia. Through rigorous and concerted study of the methods of processing medicinal ingredients, a more comprehensive account of traditional healers' contributions to the battle against diseases and maintenance of health and well-being are envisaged. The study, through practical demonstration reveals the methods of processing medicinal ingredients and their administrations. The understanding of the preparation of medicinal ingredients is fundamental to the understanding of the relevance of traditional medicine in the global health and development.

INTRODUCTION

Across the world, there is great awareness on the importance of medicine and healing based on natural ingredients rather than chemical ingredients. The arguments in favor of the new trend especially in Africa are legion and compelling: It is cheaper than modern medicine, it is widely available in practically all communities and it has been acknowledged that many of the treatments have enormous potential. A World Health Organisation (WHO) report on herbal medicine estimated that 75-80% of the world's population relies on traditional medicine. According to Okogun and Inyang (2002), in technologically advanced countries like Germany, it is estimated that 62% of all German adults consult traditional Chinese medical practitioners. The World Health Organization (WHO) called on African government to accord formal recognition to traditional medicine as a whole and as well integrate the system into their health system.

Traditional medicine has been accessed to provide some alternatives in the provision of health and the success of this enterprise has been exponential. This has necessitated great sense of commitment to traditional medical prowess, a longing for professionalism, and the interest of the populace on the value of traditional medicine has been gingered. As noted by WHO (2000), literature search indicated that there is still limited research done on traditional medicine preparation. Considering the centrality of

medicinal preparation in the traditional medical practice, this research is designed to study the aspects of preparations of medicinal ingredients to stimulate purposeful discussion on the need for an unbiased examination of the material, methods and techniques of the traditional medical practice, including compilation of native pharmacopoeia. Through rigorous and concerted study of the methods of preparation of medicinal ingredients, a more comprehensive account of traditional healers' contributions to the battle against diseases and maintenance of health and well-being are envisaged. The study reveals through practical demonstration the methods of preparation of medicinal ingredients, and administrations of medicine. This serves as an avenue through which the nature of the practice can be known. The understanding of the preparation of medicinal ingredients is germane to the understanding of the relevance of traditional medicine in global health and development.

The research is not merely an academic exercise, but as an important practical guide to the understanding of the African traditional methods of health provisioning and African therapeutics. The study is an attempt at a descriptive and analytical explanation of the process of transformation of traditional medicine from one stage to another and the influence of this on the practice using the tool of ethnography by focusing on the preparation of medicinal ingredients. The study employs the use of ethnoscience or the new ethnography. This study

is premised on the critique of traditional field work. Ethnoscience is of the view that traditional ethnography forced western conceptual frameworks on data especially on the studies about Africa. This, in their view, is what led to the distortion of data on Africa including traditional medicine. They argue that cultural realities about Africa could be better discussed if issues are described and analysed as it is perceived by members of the society and if description of culture is couched in native thoughts. The theory presupposes that the imposition of western paradigms led to the universalistic concept of science. It posits that science is both universal and particularistic. Thus if traditional medicine is studied contextually, it can lead to the emergence of a true traditional medical science.

The Study Area

Practices of traditional medicine vary greatly from tribe to tribe and from region to region in Africa. Factors such as the history, philosophy, personal attitudes, culture, religion and climate were discovered to be of tremendous influence. Ibadan was chosen as the study area due to the fact that, apart from Lagos and Kano, Ibadan is the third largest city in Nigeria, the largest city in cosmopolitan western Nigeria; 100 miles 160km from the Atlantic coast. At Nigerian independence, Ibadan was the largest and most populous city in the country and the third in Africa after Cairo and Johannesburg. It is, apart from Lagos, the commercial capital of western Nigeria, it has major commercial and industrial centers, with population of 1,338,659 according to a 2006 census report of NPC (National Population Commission). Although, Ibadan houses one of the largest and foremost teaching hospitals in Africa (University of Ibadan Teaching hospital), many parts of the city are nevertheless dotted with private medical hospitals. Majority of the populace especially low income earners patronize traditional medical practitioners. They find it difficult to afford the exorbitant medical bills of most private hospitals, and the frustrating bureaucracies of the government hospitals. In view of the poor sanitation systems in Ibadan, Scridhar and Oluwande (1981) reveal that typhoid fever, malaria, hypertension, diabetes, cholera and all forms of deadly and terminal illnesses remain the social problems in Ibadan metropolis. The outbreak of disease

in general and cholera in particular has become a major public health challenge (Ajala 2005). These have obvious effects on the populace, for it directly impedes social and economic development of the city.

METHODOLOGY

The study is an in-depth study, it targets elderly traditional medical practitioners 60-80 years and above, most of whom would have been practicing before or few years after Nigerian independence in 1960. The data elicited were principally from participatory observation and direct observation. The study also sparingly used unstructured interviews.

As a member of the Board of Traditional Medicine in Oyo State, the researcher can approximate that African medical practitioners in Ibadan cannot be less than 1,700. There was therefore the use of multi-stage sampling in order to identify respondents. First, the city was stratified into the five existing Local government areas in the city. Second, three local government areas were selected. Third, 10 traditional medical practitioners were randomly selected. The total number of practitioner respondents was 30.

Secondary Data

Apart from relevant books, the study made use of documents in the secretariat of Oyo State Board of Traditional Medical Practitioners and Oyo State ministry of health showing policy statement, financial and training supports. The researcher sought to know the addresses of practitioners checking through records as found in the state secretariat. He also checked records so that he could know the kinds of illnesses that are being cured by selected practitioners and the healing methods. During the investigation proper, the researcher studied notes taken by apprentices and checked some written records regarding ethical practices. He also examined documents showing research and research results by practitioners (traditional pharmacopoeia).

Primary Data

Primary data were collected from two major sources, they are: Unstructured interviews as

well as participatory observations. Some of the information that was sought for included:

Unstructured Interview: The qualitative research interviews were conducted with ten of the practitioners from each of three of the local government councils in Ibadan metropolis. In doing this there was personal relationship and direct interactions with the respondents. The total number of practitioners interviewed was 30. In the interviews, we sought clarifications on issues that border on the practice and we desire to have personal information regarding the respondents such as: age, years of experience, training, attitude of the governments towards the practice, patronage including the impact of their methods of preparation on the level of production of medicines. We also showed particular interest in the way the methods of preparation influences the efficacy of prepared medicine.

Participant Observation: The study employed the used of participant observation to enable the research give first-hand information and to validate or invalidate the data gathered during the interview sessions. The bulk of the data generated is principally from observation given the nature of the study. The total number of practitioners observed while performing their duties. There were occasions when the researchers had to follow the practitioner respondents to the market to buy medicinal ingredients and as well join in the preparation and administration of medicines. Adequate attention was paid to harvesting, production and administration, cultural beliefs and the attitude of practitioners to the practice.

RESULTS

The Ibadan vegetation which is tropical rain forest is rich in plant species. Adjanohoun (1991) observed that more than 200,000 out of the 300,000 plant species so far identified in the planet earth are in tropical Africa. In most cases, plants for medicinal preparation are not always available in the immediate environment of respondent practitioners. For example, *ewe Aaabo*, (*Anno Senegalensis*), *Afafe* (*Piliostigam Thonngil*) are abundantly available in Sahel savannah. And so the researcher sometimes accompanied his respondents to Ede, and Iwo (nearby cities in Ibadan), to harvest these plants whenever they were needed, this is be-

cause the vegetation in these areas is sahel savannah. Ibadan is a tropical rain forest; it did not take much stress to get the following plants. *Ewe joko jee*, (*Cissampelos owariensis*), *woorowo*, (*Senecio bia*), *ewe orijin* (*Comiphora Africanan*) and many others. Practitioners go to colleagues in the neighborhood to help them describe where they can locate one plant or the other. When plants are not available, they go to those who sell medicinal ingredients generally called (*Lekuleja*), one who sells all things.

The research revealed that practitioners have such an incredible knowledge of plants and other natural phenomena. They know the spiritual and phytochemical characters of many plants and how to harness them for therapeutic purposes. Many of the plants can also be manipulated and be used to cause harm. It was observed that for making medicine, the whole natural world is potentially a source of power. Certain plants can be beneficial as contained in the following verbal arts.

It is *Akisan* (*Trianthema portulacastrum*) that says that my life must be full of success.

Ela (*calyptrohilum christyanum*) does not get to a tree without being split

Synsepalum are always sweet

Abrus precatorious can never cook a soup that is not delicious

Stones inside water do not feel cold.

Tortoise never has headache.

Snail does not have problem with its liver.

My hand has grabbed the plant of *sida corymbosa*, the road to heaven is blocked.

In the preparation of medicine, the characteristics of plants and animal are used to determine their names and therapeutic relevance. These characterizations are thus attached to the name of the plants showing their interrelationship with man in curative, activating and facilitating contacts. There are plants that are named after a specific part or component of an animal. For example *ewe oju eja* (*Rytiginia, Rubra Robyns*) is a plant that its leaves shape like the eye of a fish. *Oju*, and so, it is named eyes of fish. There is also *Oju eyele* (*Abrus Precatorius*) because its shape is like that of the eye of a pigeon; and so, it is named after the eye of a pigeon. These characteristics and essence of plants are usually tapped in verbal performance and when wishes are ordered in line with them, they produce empirical result for the practitioners. This is in an ethno-semantic domain.

In other words, preparation of medicines are in all cases based not only on their botanical or pharmaceutical properties, but rather on their characteristics; morphology, colouring taste, smell, taste pattern and incantation (*ofo*) directly enhances these energies for curative purposes. Hence the saying:

A sa ewe a je

Aisa ewe a je

Whether plants are prepared, they work

Or plants are not prepared, they work still.

By implication it is not just the real issue to get involved in the rigors of preparing medicine for therapeutic purposes, inherent in plants is healing; all that is needed is to understand the characteristics of plants, call and describe this characteristics and verbally transpose these into a curative domain. For example, a practitioner can say *ewe dewe agidimagboin, ona orun ma tikun* (it is now the turn of *agidimagboin*, (*Sida Corymbosa*) the door to death has been locked up. The practitioner can invoke the spirit in this plant to prevent death even when the plant was not harvested for any medicinal purpose.

It was observed that natural human curiosity is necessarily an important part of the drive for this scientific endeavour and the obvious effects of these plants stimulate enquiries into the therapeutic compound present that were responsible for their characteristics. This in turn helps to know the therapeutic relevance of the plant.

In essence, traditional medical practice, especially the preparation of medicine, is a healing science, which is knowledge about the world that can be examined, tested and proved to a great extent. This, Adesogan (1999) corroborates as he asserts that some aspects of traditional medicine are not only scientifically verifiable but also scientifically sound. Traditional medicine has information on systematic study of nature, plant features and characteristics, as well as their relevance to humans. It is this knowledge system that practitioners use in plant identification. They know which plants have thorns through observation and those that have taste through smell. This also influences method of preparation of a medicine.

Characteristics of Plants and their Influences on Medicine Preparation

The following characteristics were observed in the plants used and these influenced the methods of medicine preparation.

Texture, smell, taste and structure.

The following plants have thorny texture.

Herbs that have thorns

Ewe Ewon (Acarcia Aaxacantha)

Ewe Senifiran (Sesbania Pachycarpa)

Ewe dagunro (Acatropernum Hissipidum)

Ewe Mafowokan omo mi (Solanum Hissipidum)

Igi Ekan (Imperata Cylindrica)

A plant with thorny texture cannot be prepared by squeezing as the thorns would not allow the practitioner to squeeze. These kinds of ingredients may be burnt, spread in the sun so that it may dry for easy pounding or grounding. If this is to be added with soap, it should not be prepared raw, for it would be difficult for practitioners to administer. It is also painful touching it; it will sting the client. Hence the saying *ije ti e je tete e o gbodo je dagunro* (the way you eat tete (*Amaranthus Hybridus*) you should not eat *dagunro (Acanthospernum hissipidum)*. In the same vein, when they are properly prepared, they can be used as *asete* (medicine to fight against enemy). It is believed that the thorns can sting the enemy when they attack, considering the fact that thorns have some repelling substances.

Smell

Some plants have peculiar smell, which make them easily identifiable. They include:

Sefunsefun (Aevan Lanata)

Saworopepe (Cyathula Prostate)

Mesenmesen (Abrus Precatorius)

Awogbaarun (Petiveria Alicea)

Most of the plants that have repelling smell were found to be useful dealing with infectious disease. Adesogan (1999) observed that *Awogbaarun (Petiveria Alicea)* has several anti-bacterial agents. This cannot be divorced from the meaning of its name, which connotes remedy for 200 diseases. Plants with attractive smell like *mesenmesen (Abrus Precatorious)* can be eaten raw because it tastes good. These kinds of plants can be added to ingredients prepared to bring good fortunes.

Taste

Most plants used by my respondents are bitter; the taste of a plant also determined the therapeutic relevance of the plants. Adesogan (1999)

also affirmed that bitters are usually associated with physiological activity. Some of such plants are as follows:

Bitters

Ewuro (Vernonia Amygdalina)
Oruwo (Morinda Lucida)
Dongoyaro (Azadirachta)
Aape (Celtis Intergrifolia)
Yunriyun (Aspilia Africana)
Ejinrin wewe (Momordica Charantia)

Most of the medicines that were prepared by my informants for malaria and pile patients were mostly bitters. Traditional healers are of the view that any plant with bitter taste is good for the heart and liver. Conversely sweet things are believed to be able to introduce disease into the body system such as intestinal disorders, pile, abdominal pain and diabetes. It is also known that *Oruwo (Morinda lucida Lucinda)* is part of the ingredients used to prepare most Quinine. Quite a lot of work has been done on the anti-malaria activities of *dongoyaro (Azadirachta Indica)* and laboratory work has further validated the above assertion.

Different herbs and mineral materials are put together as anti-biotic, emetic, laxative, tonic, and antiseptic from warding off of evil spirit to prevention of attack by thieves, down to accident and all manners of human misfortune. Osunwole (1999) argues that the issue of misfortune reveals that much as the western doctor can manage many natural diseases, he has no medicine preparation for the management of misfortunes such as poverty, bankruptcy, unemployment, bad-luck, auto-crash, flood, broken marriage and examination failure. Apart from medicine prepared for clients to cover all forms of bodily illnesses some medicines are meant to solve all manners of human problems covering diseases that are not pathological. There are medicines for the following categories:

- Medicine to sell goods quickly
- Medicine cure all illnesses
- Medicine to make one look young
- Medicine to prevent thieves from entering into the house
- Medicine to kill enemies
- Medicine to prevent death
- Medicine to make two people to fight
- Medicine to make one have sex with a woman without her consent.

Medicine one will use by staying at home and kill enemies.

Medicine that makes it dangerous for evil people to attack one

Medicine to prevent bullet from entering the body.

Left Hand and Administration of Medicine

There are many recipes designed for causing misfortunes and illness on enemies. Healers are unanimous that harmful medicine serve as protection for them in crisis periods especially when the life of the patient who has been bewitched is saved by them and during war. They asseverated that many of their clients request for medicine that can protect them against sorcery or robbery attack. This is also within their competence as spiritualists. Since the practice of harmful medicine is unethical in traditional medical practice as well as its close relationships with evil spirits, practitioners are very cautious in preparing it because very often, the consequences are dire.

Practitioners were observed to have an implicit belief in the efficacy of their medicine as long as they are well prepared, hence the saying: *Oogun ti ko je ewe lo ku kan*. Literarily, the medicine which did not work, its leaves must be lacking one (leaf). That is, if a medicine fails to be potent, one leave must have been left out. It was observed that majority of the practitioners interviewed rendered incantations on prepared medicine to enhance their potency.

The fact that some medicines are taken with left hand as observed by Berkeley (1997) was corroborated during fieldwork. The left hand is regarded as the hand of secrecy suitable for the administration of medicines. Majority of the researchers' informants argued that the left hand symbolizes respect or secrecy, which is culturally not used for eating among the people in western Nigeria. Members of secret societies in greetings and expression of love further accentuate the sacredness of left hand. Child delivery is mostly taken with left hand as observed among some birth attendants studied during the fieldwork.

Types of Preparation

The following medicines were prepared during the field investigation: *Agunmu*, (concoction) and *Agbo* (Herbal decoction).

Agunmu *Agunmu* concoction is a special medicament that is processed through burning or drying in the sun, pounding, grinding and filtering with the aim of turning it to powder for oral examination. Even though all plants and animals and mineral resources are believed to be useful, nevertheless not all are edible in their natural state. Some are not only poisonous but also toxic for example, head of cobra (*ori oka*) and chameleon (*oga*) can endanger human health, still they have therapeutic values. First and foremost, their combinations must be refined to a high degree usually by burning, drying and other methods of dehydration.

The method of administration is also very important. A preparation meant for scarification on the head or any part of the body is usually turned into powder to ensure easy application. The finished products are taken with water, gin pap, honey, palm oil, palm kernel oil. It can also be added to shear butter as pomade if it is meant to rub the body. *Ebu* or powdered medicine lasts for about one year, if it is not exposed.

One of my informants prepared this *agunmu* (decoction) as a recipe for Guinea Worm:

Oogun Sobia (medicine for guinea worm)

Egbo ttude (the root of *Caliandra Portoricensis*)

(*Egbo Ifon* (root of *Olab subscorpioidea*)

Ewon agogo (*Dioscorea Rotundata*)

Ekú Asin (mouse)

Locust being (*Iru*)

Iyo (salt)

Aidan (*Tetraplaura tetrapetra*)

Procedure: these are dehydrated in the sun, pounded and filtered.

It should be taken with hot pap twice in a day (morning and night).

Agbo (Herbal decoction) is a method of medicinal preparation among traditional healing science in which the active constituent in a given amount of medicinal plants material are concentrated and extracted. Since most plants cannot be eaten raw, liquid extract are first removed by squeezing, boiling for easy consumption. Practitioners prescribed the number of cups of water that must be used to prepare it so as not to weaken its therapeutic components by making it too watery.

Agbo (decoction) is the mingling of diverse plants and other medicinal ingredients by heating, squeezing or soaking all together for easy dosage. Most respondent practitioners in the

area under study prefer the use of clay pot because it retains heat. The research observed that the more a decoction is heated, the more its toxicity reduces. The combination of several ingredients allows for interaction and potentiation as a result of the presence of other compounds. This is generally referred to as synergism, literally a working together.

Practitioners were of the view that *agbo* should not bubble while boiling especially preparation that is meant for diabetes, neonatal and ante-natal purposes as well as decoction for rheumatism. This is because all the medicinal ingredients must be well concentrated for the medicine to be efficacious. Three igneous pebbles could be added to strengthen the concentration. It should also be taken only when it is warm; this is to ensure that it flows through the body system and works faster. It may include the use of various herbal additive to enhance the natural healing power of the water when it is to be used as herbal bath. It can also be drunk or be taken as therapeutic bath depending on the dosage. See below an example of a potent *agbo* for the cure of malaria:

Ingredients

Egbo isepe agbe (roots of *Leganaria Sicerarial*)

Epa ikun (*Aknornea Corofolia*)

Asunwon funfun (*Senna podocarpa*)

Ewe Iyalode (the seed of *Jatropha Aras*) *kaun bilala* (potassium)

A cock (for male), hen (for female)

Procedure

All these shall be cooked in a brand new pot. Small quantity of blood of either hen or cock should be added. The head of the cock or hen should be boiled with the ingredients.

Dosage

Inhale the herbal decoction with thick cloth to cover the body so that the heat can warm the body.

- Take a bath with the remaining warm decoction
- Take the decoction as water

Patients were advised not to take water but only *agbo* until they are healed. It can also be prepared with cold water so as to extract only minor amounts of mineral, salt and bitter principles.

Herbs

Herbs are palm oil, plant materials such as leaves, flowers, seed wood bark stem, roots, rhizomes or other plant parts which may be entire fragmented or powdered.

Herbal materials include, in addition herbs fresh juices, gums, fixed oils, essential oils, resins, animal parts, minerals and dry powdered of herbs. In some countries, these materials may be processed by various local procedures, such as steaming, roasting, or stir, backing with honey, alcoholic beverages or other materials.

Rubrics of Medicine Preparation

There are rubrics guiding the practice depending on the sickness and the medicine. Failure to follow prescribed procedure in the preparation and application of medicine amounts to professional misconduct on the part of the practitioners and it is injurious to the patient. However, strict adherence depends for the most part depends on individual conscience. A practitioner who is continually guilty of flagrant violation will get a bad reputation. Sometimes practical experimentations are performed to validate the efficacy of one medicinal preparation or the other.

African Indigenous Religion and the Preparation of Medicine

As Jegede (2006) argued, it was observed that from aetiology to diagnosis and the treatment proper, African indigenous religion occupies a central role in traditional medical practice. One can say that African indigenous religion and African traditional medicine are intertwined. In the preparation and administration of medicine, the name of any of the Yoruba deities can be invoked. Even though some practitioners may be practicing Muslims or Christians, most traditional healers have specific deities that they call upon to potentiate the prepared medicine and these deities are believed to help in the efficacy of their medicine. For example, an Ifa priest looks up to Orunmila: Yoruba deities in charge of wisdom and destiny of all beings. Osayin is preeminently the deities in charge of plants: the master of the magical and therapeutic use of plants. Most practitioners would always call upon Osanyin during the harvesting and prepara-

tion of herbs. For example, they, usually, must do a rendition regarding the greatness and knowledge of this plant deity in plants and their uses. In a number occasion, the water to be added on the medicine is believed to assume spiritual powers. Such water can be fetched from Osun River. Osun is the river goddess of the Yoruba who and the river is on its own therapeutic.

Some of the trees used are believed to have spiritual powers indwelling in them and some trees are deities in their own right. *Iroko* tree (*Chlorophora Excelsa*) is not an ordinary tree neither can the bark, leaves or any other part of its body be fetched without performing some rituals. To fetch any part of *Iroko* tree for medicinal purpose, it is necessary to seek its consent and this is done through the use of *kolanut*. The *kolanut* is able to tell the inquirer the mind of *Iroko* tree on whether the inquirer is permitted or not. The same apply to *Ose* (*Adansonia Digitata*) tree believed to have immunity against thunderstorm and the attack of withes. This explains the reason why any part of *Ose* can be used as medicine to prevent an attack from witches and thunderstorm. In fact, there is this consciousness that every plant has its spiritual components and so many of them are to some extent deified and they have ability to protect from evil attack and sacrifices are offered to them from time to time. However, this is not to say that the practice of Africa traditional medicine in Ibadan is an African traditional religion, religion is only complementary as it enables practitioners to mainstream spiritual forces in the *materia medica* to potentiate the medicine as prepared and to give authenticity and evoke moral obligation in the practice of the medicine.

DISCUSSION

In spite of the advancement and huge investment on research and promotion of western medicine in Nigeria, many people still patronize traditional medical practitioners. This is because it is known to be culturally acceptable and natural with little or no side infections. Most of those who patronize traditional medical practitioners are low key individuals especially artisans, petty traders and drivers and others who involve in laborious work. The availability of traditional medicine afforded them the opportunity to continually take curative and

preventive herbs to enable them continue with their work for the day. They were particularly interested in medicines that cure back ache and enhance sexual performance. From the foregoing, one sees clearly that the availability of prepared medicine enable direct access to medical care that is indigenous to the people and equally affordable given the fact that this category of people does not have adequate access to western medicine.

Processing of *materia medica* does not align with western science; however, it is a kind of science that is premised on indigenous epistemology. The concept of health is not new to the people as they know the value of being healthy and they pursue it. The holistic approach to health and healthy living is therefore fundamental to the practice. By implication, traditional medicine is essential in the search for holistic health. There is the need for more research on this category of practitioners and they should be exposed to a special kind of education that is fitting to their practice. Nevertheless, it is equally anthroposophic: a spiritually based system of medicine and healing that incorporated herbs, homeopathy, nutritional therapy, and rituals. Although it is not supported by rigorous clinical trials, yet, it is not synonymous with unproven therapeutic system. It is the unadvanced and unexplored therapeutic maneuvers among the people of western Nigeria.

As earlier mentioned, most of the medicines prepared are bitter in taste and they, in many cases look unappealing and there is no packaging of any kind. Some of the adults may have to be persuaded for some minutes to take the medicine and children in most cases were forced. This has adverse effects on interest of the people in the practice as well as patronage of the practitioners.

Considering the magnitude of health problems in Africa and the global concern for health for all, this research is vital in that it identifies the therapeutic practices inherent in the traditional medical practice to enhance healthy living. It is postulated that awareness regarding the preparation of *materia medica* will serve as springboard to the understanding of traditional forms of health provisioning in Africa through scholarly research. Prejudices against traditional medicine will be pulled down and the need to institutionalize and integrate the practice as acceptable medical practice to enhance long life and healthy living will be enthroned.

Most traditional medicine preparation consumed by the public usually contains more than plant extracts as it includes chameleon, snails, parts of the bodies of animals, including other animate and inanimate objects form parts of the active ingredients. The therapeutic outcome of these preparations are thus in most cases derived from the summation of all the ingredients in the traditional medicine preparations. Although considering the metropolitan nature of Ibadan many educated practitioners are being influenced by modernity and so they use gas cooker, grinding machine, dryers and other modern engines and so they are able to produce in large quantity. The finished products are packaged and labeled using modern instruments. In the course of yielding to the force of modernity, they do not use incantations, incisions, but other modern methods. The practitioners studied refuse to allow the wave of modernity to have any effect on them as they still hold on to the old methods of medicinal preparation. They use grounding instruments such as grounding stones, mortars and pestles, knives, cutlass and medicine are kept inside leaves. They claimed that the modern synthetic methods reduce the efficacy of the medicine and may sometimes have bad effect on clients. They are however not able to produce in large quantity and so they are unable to adequately attend to client as they come. Although those who use this method are relatively poor and their services are cheaper, they claimed that they are prepared to continue in this way as handed down to them by their forefathers.

Medicinal ingredients are mostly derived from a complex of botanical plants. As medicine, respondents used substances of vegetable, animals and mineral origin which are readily available from the ecological setting. Among the indigenous Ibadan people of western Nigeria, health is the most precious of all issues. Before the advent of western medical science, there was in place, a well organized indigenous medical system to combat ill health by the use of all available therapeutic devices; hence medicine and healing are integral parts of their social institutions and belief systems. It is a general maxim among the people that health is wealth and whoever has health has everything. Thus, the people employ the use of the knowledge of both physical and natural resources in their environment to establish and sustain Traditional

Health Care System (THCS) which was the only prevailing health care system of the people prior colonization.

The process for preparing *materia medica* cannot be said to be scientific from the western scientific paradigm, but it can as well be said to be scientific if issues examine with the peoples' indigenous knowledge system. This indigenous knowledge system is what I can call science of the people. It was generated out of the experience of the people and handed over from generation to generation. The learning process is therefore that of apprenticeship as there is no formal training.

CONCLUSION

In the preparation of *materia medica*, the world view of the people still plays significant role as there are, in many cases, the fusion of their understanding regarding the spiritual and physical world in the preparation and administration of medicine. This explains why we see the use of incantations expressing their understanding of the nature of objects in natural and the perceived supernatural worlds in the pursuit of holistic health. Unarguably therefore, traditional medical practice in Ibadan is anthroposophic: a spiritually based system of medicine and healing that incorporated herbs, homeopathy, nutritional therapy, and rituals. Although it is not supported by rigorous clinical trials, yet, it is not synonymous with unproven therapeutic system. It is the unadvanced and unexplored therapeutic maneuvers among the people of western Nigeria

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