



**MADONNA  
UNIVERSITY**

**INTERNATIONAL  
JOURNAL**  
OF EDUCATION AND ARTS

**VOL. 1 , NO 4**

**2023**



International Journal of Education and Arts Vol.1 , NO 4 Nov. 2023

## **A Review of The Traditional Perception and Management of Malaria in Owan, Edo State**

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### **Abstract**

*Conceptualization of health differs across culture. As a result, the paper takes a phenomenological review of the traditional perception and management of malaria in Owan Edo State. The aim is to explore the feasibility of a synergy between western biomedicine and African traditional medicine for the sustainable management and control of malaria in African communities. The methodology adopted is qualitative. Data were obtained mainly through in-depth interview and non-participatory observation methods. The paper discovers that the Owan (African) people have peculiar traditional belief, practice, knowledge and control measures for malaria and other diseases. It shows that they have been familiar with the signs and symptoms' relating to malaria even as it is today defined by modern biomedicine. The paper unveils also that the recent demands for pluralism in modern healthcare delivery system appears to be based on a realistic assessment of the inadequacy of any single system of healthcare to solve all contemporary health needs. The paper thus proposes the need for a trado-biomedical collaboration; that is, a harmonious synergy between African traditional medical system and western biomedicine for effective health care delivery in modern African*

**Keywords: Malaria, Tradition, medicine, Biomedicine, Health**

## **Introduction**

The question of life, health, wellbeing and wholeness are phenomena of universal concern to man. This is predicated on the primary instinct of survival inherent in all living things. Sickness or disease is a global problem which is common in every human community. Faced with natural reality, each human society and culture develops measures of tackling crucial health care issues. Indeed, it is inconceivable for them not to do so because human health is paramount (Ebhomienlen and Ikhidero, 2020). In fact, studies has unveil that the health of the people has tremendous impact on the health of the nation. This is not unconnected with the fact that the people play the central role in development. Humans plays pivotal rolein the production as well as the consumption of goods. The progress of nations thus depends largely on the good health of its human resources (Ebhomienlen and Ikhidero, 2020)

Generally, health is a level of functional and/or metabolic efficiency of an organism, often implicitly human (Rovesti et al. 2018). For Africans, health is understood to be far more social than biological. It does not entirely mean an absence of physical ailments. Health involves being in good health and being at peace with both the sensible and the supersensible world. It consists of mental, physical, spiritual, and emotional stability of oneself, family members, and community. This integrated view of health is based on the African unitary view of reality. (Ebhomienlen and Ikhidero, 2020). This traditional position is affirmed by the World Health

Organization's definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (cited in Bharati and Shroff 2020).

Health and healing are promoted through preventive and curative medicine (Wendimagegn and [Bezuidenhout](#), 2019). De Valera (2014) notes that the specific cultural environment and prevailing endogenous conditions/historical experiences of each society usually shapes their perception of health, illness and healings. This implies that the kinds of health care an individual would resort to for the treatment of ailments is largely determined by socio-cultural, psychological, and biological factors.

### **The Subject of Malaria**

The subject of malaria as Zekar and Sharman (2022) put it, occupies the fore front in global public health discourses. This is due to its prevalence and resilience in sub-Saharan Africa, widespread effects on affected populations and the attendant impact on human resources and development of the region. Adepeju Oluwaseun, Awosolu, and Odeyemi (2023) observe that despite the current reduction in malaria cases in the past 15 years, millions of people, particularly in the African continent still battle with malaria due to poor socioeconomic status and lack of preventive and treatment tools. There were an estimated 228 million alarming cases and 405,000 deaths due to malaria in 2018.

Malaria is a global health challenges with significant morbidity and mortality; with higher rates among children particularly in Africa (Ajakaye and Ibukunoluwa, 2020). It is recognized as a serious health problem in tropical and subtropical

regions of the world. Malaria is caused by blood parasites, *Plasmodium falciparum*, *Plasmodium ovale*, *Plasmodium malariae* and *Plasmodium vivax*; and transmitted to human by the female anopheles mosquito. Signs and symptoms of Malaria though vary from person to person include: fever, shaking, headache, muscle aches, tiredness, nausea and vomiting (Ebomwony et al 2019).

In Nigeria for example, malaria is highly endemic. Nigeria accounted for about 25% of all malaria cases with 24% mortality worldwide in 2018. It thus bears the highest burden of malaria infection globally. It accounts for 60% of outpatient visits to health facilities, 30% childhood deaths, 11% maternal deaths (4,500 annually). According to the Federal Ministry of Health, monetary loss due to malaria in Nigeria is estimated to be about 132 billion naira in terms of treatment cost, prevention and loss of man-hours. (Ebomwony et al. 2019). This is not unconnected with the increased level of poverty as a result of unexpected expenses on treatment, control and prevention. Moreover, time expected to be at work and school is wasted on ill-health due to malaria infection thereby further aggravating the poor conditions, both in rural and urban areas.

## **Medicine and Healthcare**

Medicine (called *Ikhunmun* among the Owan Edo people) refers to substance which people utilize for the treatment (therapeutic element) or prevention (prophylactic elements) of disease. It is the means of restoring health and wholeness to the human person (Ebhomienlen & Ikhidero 2020). The term medicine is not alien to any society. Living beings have been and are still suffering from various kinds of diseases due to their lifestyle habits.

The usage of medicine is being practiced from prehistoric times to the present. It is an ancient thought of development in the medical world. Indeed, the English word, 'medicine' is called by various names by various people in Africa. For instance the Owan and Esan people (of Edo State) call it *Ikhmun* and *Ukhmun* respectively. The Akan people of Ghana call it *suman*, while Mende refers to it as *hale*. The Yoruba call it *oogun*, *egbogi* or *isegun*, the Nupe and Ibo call it *cigbe* and *ogwu* respectively. The Zulu call it *umuthe* (Ebhomienlen & Ikhidero 2020) and the Iuleha people call it *Ikhmun*. It is unequivocal that what has a name must possess a meaning and purpose. Hence medicine possesses a fundamental meaning and purpose among African people.

### **Traditional Medicine and Biomedicine: A conceptual Clarification**

Traditional medicine is the genesis of all medical treatments. All drugs were initially natural in the form of vegetable, animal, mineral products etc. in their crude forms. Before the emergence of the twentieth century, all medical practices were what we now call the traditional system. Traditional medicine is thus the ancient and culture bound healthcare practices which existed before the application of science to health matters. These include the total body of knowledge, techniques practices in use, whether explicable or not, that are based on the socio-cultural and religious bedrock of a particular society or community. Egharevba et al (2015) describe the term “Traditional (indigenous) Medicine” as medical knowledge and practice systems which were developed over centuries within various societies before the era of modern biomedicine medicine. It

is also known as 'Ethno medicine', 'Native medicine' and 'Folk medicine' (Fokunang et al. 2011: Sofowora 1993). WHO described Traditional Medicine as the total combination of knowledge and practices, whether explicable or not, used in the diagnosis, preventing or eliminating a physical, mental or social disease and which may rely exclusively on past experiences and observations handed down from generation to generation, verbally or in writing.

Obviously therefore, traditional medicine is inextricably intertwined with the African belief. Peter White puts it succinctly that, as there is an African way of understanding God, in the same way, there is an African way of understanding the world, the visible world around us – the cattle, trees, people and cities as well as the unseen world, the supernatural world of spirits, powers, and diseases (White 2015).

Biomedicine is fundamentally a drug-oriented medicine. It is the hegemonic medical system based on the principles of Western science with Western-engendered scientific methodology (Botchway De-Valera, 2014). This western engendered methodology of biomedicine lies upon three techniques namely, hypothesis, experimentation and the outcome of the experiment. According to Biomedicine, natural events must be rationally explained in terms of specific empirical cause and effect categories. Causation here, must be viewed as natural/biological in contrast to supernatural and metaphysical suppositions. In such a 'scientific' approach, substantiations in the system of belief must be reached through the observation of empirical data

The basic distinctions that can be found in Orthodox/Biomedicine (modern/scientific medicine) and

traditional/alternative medicine is the fact that while Orthodox/Biomedicine is natural in orientation, Traditional Medicine is both natural and supernatural in orientation (Abrampa Foster Opoku-Mensah 18). This distinction is based in view of their historical foundations. This means that, while Orthodox/Biomedicine is based on natural science with its empirical traditions, Traditional Medicine is based on traditional religious theories of illness and magic/ritual (Verkerk 2009). The distinction between traditional and modern denotes the changing and creative nature of modernity as compared to an assumed stagnant and unchanging traditionalism (Ebhomienlen & Ikhidero 2020); even though the medical institutions labelled 'traditional' have undergone considerable change in the last century.

### **Biomedical Drawbacks in the Control of Malaria**

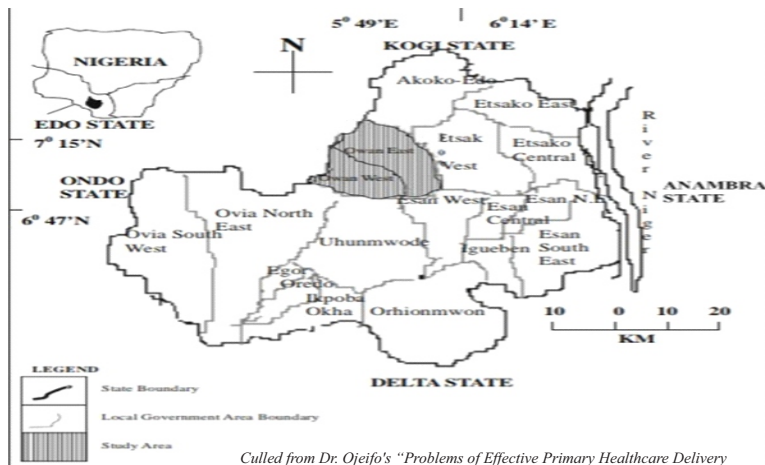
The most notable biomedical challenges to malaria control in Nigeria is treatment failure resulting from drug resistance, dearth of quality control of drugs. Drug resistance is the ability of a parasite strain to survive and or multiply despite the administration and absorption of drug given in doses equal to or higher than those usually recommended. Malaria drugs are meant to clear malaria parasites from the blood of an infected person and in the process diminish sources of infection in the community. There is also the challenge of inadequate malaria epidemiological data, incorrect diagnoses, widespread intermittent presumptive treatment; dearth of effective drug distribution mechanisms. Insecticide resistance, residual and outdoor transmission, behavioural plasticity (early



biting indoor versus outdoor, varying by species. Biting behavior may also vary with geographical location) (Ebomwony et al 2019).

## Background to the Study Area

The study was carried out in three major communities in Owan. The Owan are people of Edo extraction currently scattered around the Owan River in the Northern fringes of Edo State. They, like most other people of Edo State (Esan, Etsako and the Benin), share same ancestry, though with some notable differences resulting from migration, location and other historical circumstances (Ikhidero 2013). The name Owan, also pronounced “onwan” is derived from the root word “owanbua”, the name of the deity believed to have transformed herself into the river (Owan), which was eventually named after her (Ikhidero 2013)



Owan is from among the Edo North people called “Afenmai”. Afenmai people are scattered across six Local Government Areas in Edo State, namely Akoko Edo, Etsako East, Etsako West, Etsako Central, Owan West and Owan East. They make up the present day

Edo North Senatorial District. The Afenmai people were initially referred to as the “kukuruku” Division of the Old Western Region of 191921. The name, “kukuruku” stems from an “alert exclamation” of the people, which signaled the emergence of their captors during the Nupe invasion of Edo North in 1885-188622.

### **Study Population**

The study's population is drawn from three communities in three in Owan Local Government Area of Edo State namely; Uzebba in Iuleha, Otuo and Sabongida Ora. Owan is made up of thirteen (Ikhidero 2013) major clans among which are Emai, Evbiomon, Ukao, Iuleha, Otuo, Ozalla, Uokha, Sobe, Ikhin, Ivbiadobi, Igue, Ora et cetera. Politically, these clans are presently scattered across Owan West and Owan East Local Government Area, with Sabongida-Ora and Afuze as their respective administrative headquarters. Owan occupy an area of about 1,972 square kilometer. The 2006 census puts the population of both local governments at about 251,773. They therefore constitute 7.40% of the people of Edo State. They share boundaries with Akoko Edo in the North, Etsako West; in the East, Esan West, Uzunmwode and Ovia in the South, and Ekiti and Ondo State in the west (Ikhidero 2013). The information about the local names, use, parts of plants used, methods of preparation and administration of herbal therapy against malaria were obtained from a total of 50 respondents drawn from the three different communities.

## **Method of Data Collection**

Semi-structured individual interviews with some traditional healers and orthodox medical doctors were conducted. The researcher used an interview guide that contained open-ended questions. The interviews covered topics related to source of medicinal plant knowledge, duration of practice, medicinal plants used in the treatment of malaria, how the plants are sourced, mode of preparation, challenges in the course of their practice. In addition to interviews, focus group discussions were also organized with consumers of Traditional Medicine.

## **Result**

### **i) The Owan Worldview and Health Perception**

It was gathered from 90% of the respondents that the Owan people are uncompromisingly religious. Their perception of disease and health is somewhat intertwined with their traditional worldview and belief. To this end, the study found that among Owan people of Edo State, both health and illness exist in a continuum. Health to them is not the absence of illness since people are born with some innate illnesses. But it is a relational concept in which a person is in a state of balance within the self, and in relation to others, the society and the physical and spiritual worlds. Illness (*emiamin*) usually ensues when this state of balance is disrupted either by internal or external forces or both within the individual or in the society. Hence, outside natural causation, illness can as well be a punishment for a moral wrong. The people, from antiquity have developed traditional therapeutic measure relative to their understanding of nature, disease causation and health restoration.

**ii) Traditional Medical Practice in Owan, Edo State**

90% of the study's respondents affirm that traditional medical practice has been an age-long phenomenon in Owan communities. It is inextricably intertwined with the religious beliefs of the people. Traditional Medicine is the healthcare system that is culturally acceptable to the traditional Owan populace to deals satisfactorily with their health problems. Basic features of Owan traditional medicines as most of the respondents reveal are animal sacrifices, exorcism and religious ceremonies. The wonder of the thick forest, the curative and magical powers of herbs, the power of the rivers, the magnificent rocks and high mountains with the corresponding mystery of the human person all manifest a supreme power behind these physical realities.

The efficacy and effectiveness of traditional medicine have a root in the processes involved in the choice of the profession, the training of the professionals, nature and processes involved in treatment etc. Some respondents emphasize that traditional medical practitioners usually choose their profession with a sense of spiritual vocation. They are likely to be drawn into practice as a consequence of some incidents that suggest they heard a 'voice' or felt a calling from the spiritual world – much as nuns and monks do in the Christian tradition. Such a person may enter into the apprenticeship of another practitioner who usually practiced under the same influences as the apprentice felt. Some respondents add that traditional medical practice is a dual-sex vocation since both men and women are accepted as traditional medical practitioners but they may be trained at different shrines.

The traditional medical practice of the Owan (Edo) people recognizes two practitioners: The Priest (*Ohen*), the Diviner/Herbalist (*oboh*) and the medicine, *Ikhmun*. A priest (*ohen*) in Owan is a man or woman who is made to pass through a long series of initiation rites. This will make him ready to perform a wide variety of ceremonies that centres around mediating between his people and their deity. He also communicates with his or her patron deity through trance. The diviner/healer (*Oboh*) is often a man. He is specialized in therapeutic activities such as curing, divining, handling witches or administering ordeals. The *obohs* provided the people with herbs, charms, talisman (*Ikhmun*) and other medical attention for good health and also for protective and preventive medicine after divination, or application of magic because of their natural tendency towards religion.

### **iii) Traditional Perception Malaria in Owan**

The Owan people are aware of different causation and manifestations of malaria and attributed to them different local names, which match their modern scientific terms. Like western biomedicine, this local populace are also aware that malaria fever result from mosquito (*evbavba*) bite. Respondents mentioned some of the symptoms of malaria to include; *ogbogbo* (shivering), *amahonmo* (headache) and the yellowness of the eyes/urine. Diagnosis is thus based on the symptomatic or physical symptoms such as yellow discoloration of the eyes and urine; fever; headache; high body temperature; loss of appetite body itching; pains; nightmares; insomnia, and constipation among others.

Some respondents also attribute malaria to some spiritual

manipulations by malevolent forces. These respondents emphasize that, while for 'normal illnesses', like malaria, people generally state that the 'Europeans' have better medicine, in cases of witchcraft, the 'hospital people' cannot help in any form. Indeed, it is felt that treatment with western medicine is not only inadequate, but can even aggravate the condition of the patient in such cases. Some respondents even share experience of several instances when biomedical doctors secretly advise patient to resort to traditional medicine after futile efforts to cure illness using biomedicine.

The Owan people therefore are aware that the causes of illness like malaria can be natural and spiritual. They believe that it is a natural part of life for a person to fall sick. Common malaria symptoms such as headaches (*amahonmọ*) or coughs (*ořen*) can be considered to be of natural causes. However, they also believe in mystical causation of malaria and other illness. They believe that there is a clear correlation between moral evil and physical affliction. The presence of physical affliction is an indication that there is a strain or violation of a moral demand of the family or that of the larger community. Such violation is punished especially with disease and death by spiritual forces such as the Supreme Being – *Oiselobua*, divinities – *eimin*, ancestors – *eimi' edion* (family spirit) etc. Some ailments are also believed to be supernaturally induced by malevolent spirits such as sorcerers – *Izamie*, witches and wizards – *ibolikhuo*. Such mystically induced illnesses are cured mystically through, divination, sacrifices, exorcism etc.




#### iv) **Cure and Control of Malaria among the Owan People**

An average Owan person as respondents unveil has the

knowledge of the use of herbs for medicinal purpose. They thus rely more on local remedies against malaria. 95% of respondents explain that the best course of action in a case of malaria is to prepare the traditional antimalarial herbal mixture locally called *agbo oyao*. First, the patient is covered up with thick clothes on the steam of the hot *agbo* for steam inhalation and heat therapy. The patient will then bath with some quantity of the antimalarial mixture to wash off the sweat from the skin. The herbal antimalarial mixture (*agbo*) is then administered to the recipient in cup measures of varying sizes depending on age and weight. Respondents also gave other methods of preparation and administration of these traditional anti-malarial herbal remedies which includes; soaking or boiling the plant parts in water or alcohol and subsequently sifting out the filtrate.

**Some traditional antimalarial herbs mentioned by respondents**

**D) Rationale for Utilization**

 <p><b>Lemon Grass</b> (<i>Cymbopogon citratus</i>)</p>	<p>The Owan people call it <i>Ebe’iti</i>. <b>Lemon grass</b> is a densely tufted tall grass that gives a characteristic lemon odor when broken. The Igbo call it; <i>ncheawuta</i> or <i>ahihia tii</i> while the Yoruba call it; <i>korikooyibo, koko oba</i> (Adodo &amp; Iwu 202 0). Lemongrass as explained by herbal practitioners in Owan is used primarily as an infusion in the form of teas used for the treatment of fevers and jaundice.</p>
 <p><b>Neem</b>(<i>Azadirachta indica</i>)</p>	<p><b>Neem</b> (<i>dogonyaro</i>) is a popular antimalarial herbal therapy in Africa (Owan inclusive). Like the Owan people, the Hausa call it <i>dogonyaro</i>; Igbo call it <i>ogwu akom</i> while the Yoruba call it <i>aforo-oyinbo</i>. Pharmacological Studies reveal that Neem plant possess antipyretic, analgesic, and anti -inflammatory activities. The leaf decoction decreased the parasite count in chloroquine -sensitive strains of Plasmodium berghel injected in mice and inhibited the growth of P. falciparum (Adodo &amp; Iwu 2020).</p>
 <p><b>Pawpaw</b>(<i>Carica papaya</i>)</p>	<p>Pawpaw is called <i>ayomba</i> among the Owan people. It was also described by the local populace as an antimalarial plant (herb). It is called <i>gwandu</i> among the Hausa, <i>Okworo-beke</i> among the Igbo and <i>ibepe, sayinbo</i> by the Yoruba. According to Adodo and Iwu (2020), a weak decoction of pawpaw leaves is taken for malaria, and the mixture with lemongrass and guava leaves is used in the treatment of hypertension.</p>

Botanical Name	Family Name	Common Name	Local Name	Part Used	Medicinal Value
Mangifera indica	Anacardiaceae	Mango	Amangoro	Leaves and Barks	Fever, Jaundice
Vernonia amygdalina	Asteraceae	Better Leaf	Ebe'oyaa	Leaves	Stomach upset,
Ocimum gratissimum	Lamiaceae	Scent Leaf	Ebe'uhonmokho	Leaves	Dysentery etc

The most common reasons for the continued patronage of herbal medicine as indicated from comments from respondents are that, it is more accessible, more affordable, culturally acceptable, and above all effective. The study in this regard observes that, modern health care facilities in Owan as in other rural communities are inadequate sometimes even non-existent. As a result, drug peddlers, and particularly herbal practitioners become the first point of contact for the majority of the rural population. A respondent, Olu Akhigbe adds that herbal practitioners know the socio-cultural background of the people they are dealing with and offer a satisfied and culturally meaningful interpretation of illness. This supports the work of De-Valera (2015) who asserts that the rural and illiterate community has such confidence in the work of traditional healers that their activities tend to have *psychosomatic* effect on them. Indeed the potency and effectiveness of traditional medicine have been proven through research (Egharevba et al. 2015). Herbal therapies have shown remarkable success in healing acute as well as chronic diseases.

## **Trado-Biomedical Collaboration for Sustainable Malaria Control**

*Trado-biomedical collaboration* as used here is the



employment of both traditional and modern medical system for the treatment of diseases and illnesses. Obviously, combining the use of alternative and complementary therapies and orthodox medicine is an increasing global phenomenon. Traditional and Biomedicines will always be part of healthcare delivery system especially in African societies. The study unveils that traditional herbal medicine undoubtedly plays a significant role in health care delivery especially in combating malaria in Owan communities. Mordeniz (2019) puts it succinctly that, the integration of traditional medicine with orthodox medicine is particularly necessary for enhancing health manpower development and service expansion. Integrating traditional healers into healthcare system ensures the sustainability of the system, because these workers are more likely to stay in the country, more especially in the rural areas, since they are unlikely to trade their beliefs and methods for biomedicine.

To this end, the World Health Organization (WHO) describes three systems of healthcare considering the relationship between traditional and orthodox medicine. The first is the integrative system, where traditional medicine is officially recognized and incorporated into all areas of health care. Scholars like Mordeniz (2019); Egharevba et al (2015) and Iwu (2014) do not consider traditional and modern health care systems as mutually exclusive. Rather he believes that people can maintain a parallel set of orientations and may be positively oriented to both traditional and modern medicine. It would be expected then that in keeping with the pragmatic spirit characteristic of so many aspects of life, the sick person will show a willingness to take what each medical practice offers, accepting

each practice to the degree that its usage appears to yield favourable results. Indeed, integration between modern and traditional medicine will promote a clearer understanding of the strengths and weaknesses of each, and encourage the provision of the best therapeutic option for patients.

On the specific ways in which integration of traditional and orthodox medicine could be achieved, most respondents interviewed in the survey proposed the promotion of cross referral of patients. Some others recommended the registration and provision of licenses to herbal practitioners. Few others recommended the training of herbal practitioners in modern healthcare practices. Many even proposed clinical testing of the efficacy and safety of herbal medicines before use and documentation of herbal medicines and their uses.

### **Concluding Remarks**

It is evidently clear from this study that despite the influx of western civilization, orthodox medicine and religious awakening/enlightenment, the typical Owan (Edo) man still seeks help from the gods of his fathers through traditional medicine. Therefore, in order to adequately maximize the health-care coverage of the multi-populated traditional Nigerian villages and communities with varied and variegated health challenges, sickness and ailments, there is obvious need for the formalization of the traditional health care services through the integration of traditional medicine into the health care delivery systems of various Local and State Governments in Nigeria. Indeed many respondents

to this study gave instances of orthodox doctors who have been known to refer medical cases beyond their comprehension to the traditional practitioners, especially when such medical cases could not be scientifically diagnosed. Traditional medicine is holistic, in the sense that it heals both physically and spiritually that is, it heals both body and soul.

### **Recommendation**

Based on the research finding, the paper recommends as follows:

- i. Africans in the modern world should disabuse their mindset on their negative portrayal of anything traditional.
- ii. Research should be conducted on traditional medicine and its development. Such research needs to be included in the national health research agenda. By so doing, training and educational courses on how to document plants and their therapeutic properties for future generations would be made available for orthodox and traditional herbal practitioners. This can be facilitated when traditional medicine is incorporated into western orthodox medical training.
- iii. Also, a standard health care regulatory framework that cuts across all boards should be setup for all medical practitioners in traditional and biomedicine. Health delivery system in Nigeria and other African societies can function well with less or no squabbles, when a standard of care that holds all practitioners equally is created. This would be enhanced by Legislative framework and national health policy.
- iv. Nigeria should create a budgetary allocation for traditional

medicinein their National Health Budget and include the expenditure of traditional medicinal care in National Health Accounts.

## References

- Adepeju I. Simon-Oke O. Awosolu B & Olatunji Odeyemi (2023). Prevalence of Malaria and COVID-19 Infection in Akure North Local Government Area of Ondo State, Nigeria. *J Parasitol Res.* 9529563
- Adodo A & Iwu M.M. (2020). *Healing Plants of Nigeria: Ethnomedicine and Therapeutic Applications*. Routledge, Taylor & Francis Group CRC Press.
- Ajakaye O.G & Ibukunoluwa M.R. (2020). Prevalence and risk of malaria, anemia and malnutrition among children in IDPs camp in Edo State. *Nigeria. Parasite Epidemiology and Control*, e00127doi: 10.1016/j.parepi.2019.e00127.
- Bharati K & Shroff S. (2020). Health, Illness and Wellness: Essential Concept for a Holistic View of Life. <https://www.medindia.net/patients/lifestyleandwellness/health-illness-and-wellness-essential-concept-for-a-holistic-view-of-life.htm>
- De-Valera N. Y. M. Botchway. (2014) “A Note on the Ethnomedical Universe of the Asante, an Indigenous People in Ghana” *Effie Gemi-Jordanou et.al (eds.) An Offprint from Medicine, Healing and Performance*. [Oxford & Philadelphia, Oxbow Books].
- Ebhomielen O. Thomas Solomon I. Ikhidero (2020). Disease, Health and Wholeness in Iuleha-Edo (African) Belief. *International Journal of Research in Humanities and Social Studies*, 7(7): 14- 22.
- Rovesti M et al. (2018). Health and Illness in History, Science and Society. *Open Access Maced J Med Sci.* 6(1): 163–165
- Ebomwonyi, A. O. et al. (2019) Further Analyses of Trends in Malaria Diagnoses and Incidence Rates (2014-2018) in Edo State, Nigeria. *International Journal of TROPICAL DISEASE & Health* 39(4): 1-12; Article no.IJT DH.53345 ISSN: 2278–1005, NLM ID: 101632866
- Egharevba H.O. et al. (2015) Integrating Traditional Medicine Practice into the Formal Health Care Delivery System in the New Millennium–The Nigerian Approach: A Review. *International Journal of Life Sciences* 4(2): 120-128 Fokunang C.N. et al. (2011). Traditional Medicine: Past, Present and Future Research and Development Prospects and Integration in the National Health

- System of Cameroon. *Afr J Tradit Complement Altern Med.* 8(3): 284–295. doi: 10.4314/ajtcam.v8i3.65276
- Ikhidero S.I. (2013). “Pornography in Postcolonial Nigeria: An Owan (Edo) Traditional Response. In Ilorin Journal of Religious Studies (IJOURS) 3(2). 103-116
- Iwu M.M. (2014). *Handbook on Traditional Medicinal Plants*. Boca Raton, CRC Press Taylor & Francis
- Mordeniz C. (2019). Integration of Traditional and Complementary Medicine into Evidence-Based Clinical Practice. <https://www.intechopen.com/chapters/67739>
- Opoku-Mensah, Foster Abrampa (2015) Integrating Traditional and Orthodox Medicines in Healthcare Delivery in Ghana: a Study of Wenchi Municipality.” (Unpublished) *An M.Phil Thesis* submitted to the University of Ghana, Legon.
- Sofowora A. (1993) *Medicinal Plants and Traditional Medicine in Africa*. Ibadan, Nigeria: Spectrum Books Ltd
- Verkerk (2009) Can the Failing Western Medical Paradigm be Shifted Using the Principle of Sustainability? *ACNEM Journal*, 28: 3-10.
- Wendimagegn N.F. & Bezuidenhout M.C (2019). Integrating promotive, preventive, and curative health care services at hospitals and health centers in Addis Ababa, Ethiopia. *J Multidiscip Healthc.* 2019; 12: 243–255
- White P. (2015). The concept of diseases and health care in African traditional religion in Ghana. *HTS Theological Studies* 71 (3) DOI: <https://doi.org/10.4102/hts.v71i3.2762>
- Zekar L. & Sharman T. (2022). *Plasmodium Falciparum Malaria*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK555962/>