

THE CONTEXT OF TRADITIONAL MEDICINE IN CONTEMPORARY TIMES: The case of Bafut in the North West Region of Cameroon.

By **NEBANE Dieudonne (Ph.D)**,

Higher Technical Teachers' Training College (HTTTC) Kumba, University of Buea, Cameroon. nebane007@yahoo.com

Abstract

Bafut has been more and more a medically plural society, especially after many years that WHO published that about 80% of Africans are using traditional medicine for their health needs. This article seeks to examine the place and status of African traditional medicine in the context of medical pluralism and also evaluating the importance of traditional medicine in Bafut. This study which is essentially qualitative was conducted to a greater extent in Bafut and to a lesser extent in Yaounde in 2010 and 2011. The methods included observation, in-depth interviews, and informal discussions. We interviewed 15 people, 5 conventional medical practitioners and 10 traditional healers. Our analyses are based on some social scientific theories and themes. Traditional medicine in Bafut is facing competition from conventional medicine and faith healing. The influence of Western medical ideology, Western religious practices, and educational levels also impact traditional medicine. Most traditional healers are dying without transmitting their knowledge to the younger generations, hence, posing a question about its future existence. Traditional medicine must be protected for posterity because of its impact on health care.

Key Words: *Traditional medicine, conventional medicine, medical pluralism, contemporary times, posterity.*

1. Introduction

The importance of traditional medicine in Africa needs not be over emphasised because it has proven its worth over time. Some effort has been made by African traditional health care practitioners and its governments to promote it with the encouragement of World Health Organisation (WHO) that took note of it and wrote in 2002 that about 80% of Africans depend on traditional medicine for their health care. This point of view was reaffirmed at the Astana Declaration of 2018 in Kazakhstan. WHO then recommended that African governments should integrate traditional medicine into their National Health System (NHS). However, some aspects involved in its practice and promotion have of recent left one in no doubt that the survival of traditional medicine in the future will be problematic. One vivid example is that of secrecy involved in the practice of traditional medicine. Many practitioners hesitate to divulge their secrets of practice. This aspect is made worse in that many young people are shying away from practicing traditional medicine. Oyebode (2016) has explained this very clearly in his publication. Such behaviour raises doubts on the survival of traditional medicine in the future.

Historically, traditional medicine has existed since the beginning of man. In Africa, three main periods can be distinguished in the development of traditional medicine (Fontaine, 1995). These include the pre-colonial period for the traditional practitioners, when healers, fetishists, and traditional midwives practised their art freely and were in any case sole guardians of the people's health. The next period was the colonial period when colonialists brought in Western medicine and imposed it on African populations. Finally, the third period include the period after independence when traditional medicine came back to the open and started being used openly. Since 2003, Cameroon has been celebrating the African Traditional Medicine Day instituted by the WHO in 2003. Medicine day was endorsed by the Summit of Heads of State and government in Maputo in July 2003 (WHO, 2010). In Cameroon, Mbonji (2009) writes that some effort was made to recognise traditional medicine as seen in the Fourth and Fifth five year development plans, 1976-1981 and 1981-1986 respectively as well as the works of some traditional healers like Fai Fominyen in 1972 to create an association of traditional healers in Bamenda and the intellectual works of some authors like Professor Lantum Daniel. It is also worth mentioning that a service for traditional medicine was created at the Yaounde Central Hospital according to the recommendations of the Fifth five year development plan of Cameroon. In spite of these, Mbonji (2009: 67-68), writes that "*traditional medicine in Cameroon and Africa has a minor status vis-à-vis conventional medicine and scientific research. He continues that the status of traditional medicine is ambivalent and ambiguous because it is oscillating between a kind of disguised officialisation and a semi-legality which is really not legalization*".

1.1 The location of Bafut

Bafut is situated some kilometres from Bamenda, the capital city of the North West Region of Cameroon, on the 80 kilometre Bamenda-Wum road. It occupies a land area of 450 square kilometers with a population

estimated at over 61 315 (NHPC¹, 2005) and ranks amongst the biggest and most powerful traditional kingdoms of the Western grassfields.

2. The question of survival and sustainability

In 2002, WHO published that, about half the world's population resides in countries where ministries or government departments are responsible for traditional medicine, and in many countries 80% or more of the population living in rural areas are cared for by traditional practitioners. The relationship between conventional and traditional health care practitioners is therefore one of the major concern, although in some countries health administrators will not admit the existence of any such problems. Traditional medical practitioners, many of whom have suffered from official neglect or even persecution, have expressed grave doubts about this relationship. Confident of their own power and skills, and unimpressed by the quality and coverage of the official health services, they are confronted by many problems (WHO, 2002).

The increasing presence of conventional medicine in Bafut pushes us to question whether traditional medicine still has its place in this community. When one critically analyses traditional medicine in Bafut, one may be tempted to think it is fading out because of a number of reasons. Bafut has one district hospital and thirteen health centres owned by the state, confessional bodies (statistics from Bafut District Hospital, 2011) and some other small private individuals as well as roadside conventional medicine vendors and hawkers. The role of traditional medicine in health care has been questioned for a while now especially on its composition, diagnosis, consumption and effectiveness, including poor quality control and lack of standardization, lack of pharmacological and clinical data on majority of herbal products to ascertain efficacy and address concerns about toxicity (Chikezie PC et al, 2015). Hence, the dominance of conventional medicine in the public place and in policy making has enhanced the view that traditional medicine is weighing out. Conventional medical practitioners have criticised traditional medicine especially its production, composition, diagnosis, and administration to the patient. Objective 2 of the *WHO Traditional Medicine Strategy for 2014-2023* is to strengthen quality assurance, safety, proper use, and effectiveness of Traditional and Conventional Medicine (T&CM) by regulating T&CM products, practices, and practitioners (WHO, 2013). The main question here is to know if traditional medicine will remain known as traditional medicine or will it then become what is now known as "*Modern Traditional Medicine*" after it would have adopted such prescriptions of WHO. Critics of traditional medicine say that it does not respect any norms. They say that the diagnosis done by traditional healers is questionable because most traditional healers work on approximation. For this reason, treatment can never be exact. According to Hillenbrand (2006), *advocates of conventional medicine argue that traditional medicine is fraught with problems of imprecise dosage, poor diagnosis, charlatanism, exaggerated claims of abilities, and inadequate knowledge of anatomy, hygiene, and disease transmission, all of which put patients' health and life at risk.* The Cameroonian government has put in place a strategic platform for the practice and development of traditional medicine in Cameroon, with a view to harmonising the traditional medicine practice through the creation of synergy between traditional and modern medicine practices and institutionalisation of more harmonised integrated traditional medicine practices by the year 2012 (Chikezie PC et al, 2015 quoting Fokunang CN et al 2011) which has not really happened.

Another aspect impacting African traditional medicine is the use of technology. More and more people are becoming attracted to the technological advances of recent times; hence, their thinking is drifted towards advanced technologically produced healthcare systems like conventional medicine. Some young people think that traditional medicine is "*archaic and superstitious*", adding that it lacks a "*scientific*" base. It is for this reason that they feel reticent consulting traditional healers. Pressure is being mounted on traditional healers to adopt standardised methods of processing herbs in their practices. This will involve the use of technology from production to marketing. It is the reason why traditional medicine (herbal medicine) has been criticised especially its hygienic form. Because traditional healers in Bafut are slow in adapting to these technological innovations, its place in the future becomes questionable.

Religion especially Christianity also questions the use of traditional medicine. Traditional medicine has been around since the dawn of man. *It has been glorified, and it has been prosecuted with the coming of new religions and beliefs.* (Franklin, W. 2011). *African medicine was regarded as unscientific and some of its treatment methods were considered anti-Christian.* (Chavunduka, Gordon L, 1999). From observation, most Christian preachers today tend to condemn traditional medicine especially sorcerers known as "ngambe" in local pidgin and "ngang" in Bafut. This form of traditional medicine does not tie with their religious orientations. For

¹ NHPC (National Housing and Population Census). These statistics must have changed by now.

these reasons, they discourage their followers from using traditional medicine especially that which mediums and fortune-tellers practice because they perceive it as “witchcraft”.

The presentation of the status of traditional medicine now poses the question of its survival and the sustainability. Does traditional medicine have a place in the present context of healthcare management? What are its chances of survival? How is it preserved? This article intends to explore this question through research and theory. The main objective of this article therefore is to show how traditional medicine is managed within the context of medical pluralism, and to bring out the challenges that traditional medicine is facing with the interest of advocating for its survival and sustainability.

3. Methodology

The data for this article was obtained through an ethnographic study. This study was conducted in Bafut in two phases. Phase one was from June to August 2010 and phase two from June to August 2011. We used four methods in the field to collect data. They include the following qualitative research methods: observation, in-depth interviews, informal discussions and literature review. We talked to 20 people (including 10 young people of 25 years and below), and to 10 traditional healers to know their views on the survival and sustainability of traditional medicine.

We conducted in-depth interviews with our informants especially the traditional healers. With them, we wanted to know how they practiced their art of traditional medicine, their philosophies on the present and future forms of traditional medicine. Such discussions were carried out in their homes or in their shrines. The informal interviews were carried out in public places like in bars, at homes or in the street. We did this by just introducing a discussion on the existence and use of traditional medicine. During such moments, we collected the views of the people.

Observation was also carried out as already mentioned. Our purpose for using this technique was to really see the behaviour of users of traditional medicine; how interested and committed they were in their quest for better health through the use of traditional medicine. Sometimes, we would be at the home of a traditional healer as a patient too who came for their services. Hence, the observation was mostly passive. This helped us to identify some key behaviour in some of our informants which was very strategic for our analyses. As already mentioned at the beginning of this methodology, we also used this technique to observe the churches vis-a-vis traditional medicine. To analyse the data, we have also used some theories. We used the theories of diffusionism, interactionism and the conflict theory. These theories were used to explain the concept of medical pluralism for instance.

4. Results /Findings

After our research, we came out with a number of findings that will be discussed here. We found out that traditional medicine in Bafut has been facing competition from other forms of medicine including conventional medicine and Chinese medicine. More and more conventional health centres are being created by the state and private individuals. According to statistics from the Bafut District Hospital, there are 13 other health centres in Bafut managed by the state and confessional bodies like the Roman Catholic Church (RCC) and the Presbyterian Church in Cameroon (PCC) under the control of a district medical officer based at the district hospital. Health personnel from these health centres and hospital always go out to sensitise the community to always come to the hospital whenever they have health problems rather than take them to traditional healers who will not be able to treat them. (*In the month of June 2011 alone, 76 patients consulted at the Bafut district hospital as compared to 110 patients that consulted Mr Ngwa Ferdinand Mforbelem, a traditional healer in Bawum, Bafut between 2002 and 2011.*) This has reduced the number of people who visit traditional healers. The socio-political crisis that has been going on in the North West and South West Regions of Cameroon in which Bafut is included has greatly reduced this number given the high rate of insecurity.

Another challenge to the existence of traditional medicine is that of faith healing offered by religious organisations, for instance. The church movements that are present in Bafut preach against traditional healers because they believe that healing can only come from God. The religious organisations preach against the practice of traditional medicine by proposing faith healings and hospital health care to its faithful. Some preachers even tend to associate traditional healing especially “*ngambe*”(the consultation of diviners) to witchcraft. The RCC has a health centre at Mambu, Bafut and the PCC has theirs at Nsem, Bafut. As a

consequence, their followers now feel stigmatised when they think of visiting traditional healers. Dr Nto'onwi [traditional healer at Njimbee, Bafut] says that he does not go to church because “the power of Satan is very strong” and continues that “Pastors and Rev. Fathers are devils for if you see them spiritually, you will run away from church. However, my family goes to church.”

The influence of Western medical ideology coupled with education and habits also impact traditional medicine. The more people are educated they tend to prefer conventional health care to a larger extent as compared to traditional medicine. This is a challenge that has seen traditional medicine less appreciated by some people. According to Suh Abel, “I cannot visit charlatans [traditional healers] who claim to know all but masters of none. How can someone produce a drug which he claims can treat 200 diseases at a time? What kind of chemistry is that?” Ngum Quinta calls them [traditional healers] as “witches”. According to them, it is unthinkable at this modern times to want to believe in some awkward traditional medicine.

Medical pluralism is fast growing because the community is witnessing the presence of conventional medicine in many quarters; as well as even the coming of Chinese traditional medicine. The people of the community now have a variety of choices of health care of which most of them choose conventional medicine first because of its quality and prestige. In addition, the people know where to go when they are ill. They know which illnesses can be handled better by traditional practitioners or conventional medical personnel. Hence, when they fall ill, they either go to the hospital or to the traditional healers. Their decisions tie with the distinction that Kleinmann (1988) makes between illness, sickness and disease. However, the number of people who go to the hospital outweigh the number that go to traditional healers. This is because of the sensitization missions that are carried out in the community by the medical health personnel, for instance during vaccination programs and pregnancy and child birth related cases. These push the people to have more contacts with the hospitals than the health centres. Those who go to traditional healers are those who cannot afford for payment and because of the proximity and availability of those traditional healers. Yet, there are some traditional healers [Mr Nkwan Ambe Festus of Mambu, Bafut, Rev Gwan Samuel Fube of Mforya, Bafut] who ask their patients to go to the hospital first especially for medical tests as well as some who keep patients in their homes until it becomes more difficult for them to handle that they are send to the hospitals. On the other hand, the reverse is hardly true for medical personnel sending patients to traditional healers except for those who may think that the illness is as a result of mystical circumstances.

4.1 Category of traditional healers in Bafut

Traditional medicine still exists in Bafut today (not only in one component of treatment), but facing competition from conventional medicine and other forms of modernisation. In Bafut, one can find healers of various categories. The greatest problem is that it is difficult to make a clear cut distinction between their specialties because, many claim to know all. For example, it is not uncommon to find a healer who can be a herbalist at the same time an exorcist or diviner. Several traditional healers in Bafut practice these branches simultaneously. A patient may consult a healer for a particular ailment. In the process of treatment, the healer could also be doing some form of foretelling, thus claiming to know the spiritual author of the ailment if it is the case. However, many patients are able to make out who is capable of doing what and so they visit just the one they consider is fit to tackle their particular sicknesses. It should be mentioned here that among the various categories of healers who exist in Bafut, herbalists are the majority.

Table 1 Category of traditional healers in Bafut

| CATEGORY | SKILLS |
|------------|---|
| Mediums | Driving away witches and evil spirits, punishing devils, punishing thieves, protection against evil spirits, blessing houses and other equipment, protecting some great people of the village, treating mad people etc. |
| Herbalists | Preparation of herbs for the treatment of diseases, some for prevention against illness and snakebites, scorpions or any other poisonous substances etc. |
| Diviners | Fortune telling, protection from evil doers, infertility, blessings for successes and prosperity, doing away with bad luck etc. |

Source: Author’s representation (2011)

Table 1 above is just to enhance our understanding. The reason is that some of the traditional healers in Bafut hardly describe their art using any of the terms above. In some cases, after interviews and observation, we could guess where they belong. Generally, the mediums and diviners overlap in their duties. As already indicated, some claim to have knowledge of all the above which could permit them treat several diseases.

Traditional healers practice traditional medicine mostly under clandestine conditions given that it is not yet integrated fully in the NHS of the state of Cameroon. However, it is still affordable, available and accessible as well as effective. Traditional medicine is preserved in its natural form like in bushes and reserved areas, as well as in spiritual forms given that it is both material and spiritual. The various categories of traditional healers can be seen in the table above. Most of the traditional healers who possess the knowledge of traditional medicine are fast dying out without them transmitting their knowledge to the younger generations. Meanwhile others use it for economic and financial purposes which were not the original aim. These conditions have made traditional medicine not to have the same status that it had many years before. Many critics of traditional medicine hold that the quest for financial and material wealth has pushed some people to practice traditional medicine not for the interest of it but for money. That is why some of them have been described as charlatans. Hence, its existence is even threatened.

5. Perception of Traditional Medicine in Bafut

Traditional medicine in Bafut has been viewed with mixed feelings. Some people say that it is very effective in treating illness while others say that it is not. Yet some feel skeptical to pronounce any judgment on traditional medicine. Tagakou Jules [Medical doctor at the Mambu health centre] says that “*I have not said that traditional medicine is bad, but I would not advise patients to go there because of wrong diagnosis and treatment*”. Some equally maintain that they do not know how it acts or functions in people, may be because they do not use it, have never used it or have forgotten the last time that they used it or wouldn't just want to talk about the subject like the case of *Ambe Louis of Agyati*. From the above views we can deduce that some people do not want to confess that they visit traditional healers, for such reasons as religious background and others. But one fact is clear; almost all human beings at least once in their lives have used traditional medicine either consciously or unconsciously, but would not want to emphasize on it.

Generally, people differentiate between two types of traditional medicine. There is good and bad traditional medicine. Traditional medicine according to the local tongue is known as *fu' la'a²* and the traditional healer is called *nmwo ngang*. Good traditional medicine is called *fu' isigine* while bad traditional medicine is known as *fu' ibe*. Good traditional medicine is that which is used to treat or heal people when they are sick. Bad traditional medicine is magic, witchcraft, sorcery, which makes people sick kills. This *fu' ibe* can be applied to a person using supernatural means including planting it in the victim's compound which later affects him or applied on the victim in the form of poison (which can react fast or slow depending on the substance which may end up killing the victim if it is not removed or treated fast). Most traditional healers have both types of medicines mentioned here.

6. Challenges faced by Traditional Healers in Bafut

Like in other professions, there are problems faced by traditional healers in Bafut. One of the challenges is that there is no cordial relationship between traditional healers and conventional medical practitioners. Traditional healers think that they were being discriminated upon and denigrated by conventional medical practitioners. Some traditional healers have blamed this on the government and other medical personnel who fail to fully appreciate their work. The healers saw this as bias whereas their treatment was holistic (involving physical, psychological and spiritual) as against specific treatments given by medical personnel which they thought could not be effective. Some of the healers refused to give much information on what they know and think to us; for fear that we are spies. The challenges presented here are those identified by the traditional

² The local language as written above is not in the local alphabet but has been written following modern English pronunciation.

healers themselves. However, this article took note of some of these problems, reason why they have been presented in this form.

Among the traditional healers, there is a lot of suspicion for each other. They claim that there are quacks amongst them who want to profit from each situation to exploit the other. This puts their credibility to question. They say that the government needs to intervene with an iron fist so as to put order. There are dormant and fragmented associations of traditional healers in Bafut. Suspicion has created a lot of disunity. It is coupled with rivalry for power. For some reasons, some have withdrawn and some have refused to join the associations. The only association that is recognised by the Sub divisional Office in Bafut is the Bafut Traditional Doctors Union, headed by Mr Bolingo Jackson, which is said to be in court because of internal fighting. The leadership of this fragmented association was highly contested. Mr Bolingo Jackson was being portrayed as a *"power monger and a wicked person"* by other traditional healers. Secondly, there is no agreement on who a herbalist and a spiritual healer are. Some healers claim that such associations cannot work because the spirits of the various healers would always clash with each other. This has not contributed in any way to put up a strong advocacy for their rights. It is one of the main problems of traditional healers in Bafut.

Poverty is among the major problems. Traditional healers lack infrastructure and equipment to preserve drugs and often no money for research. It is for this reason that one of the traditional healers who treats mad people, Mr Ngwa Ferdinand of Bawum complained that he needs infrastructure to keep his many mad patients who have to stay, get well and then rehabilitate. Mr Nchoumboh says that *"I want to be rich but dealing with the truth. There is a dilemma here because you ask for much money from the patients more than is recommended, you destroy the treatment, whereas if you take according to recommendation, you treat well but you remain poor"* Some of their medicines do not demand that they ask exorbitant sums from patients given that they may need just small amounts like less than a dollar (US) or material things like a chicken, a litre of palm oil, some small salt, etc. With the high standards of living today, the young people tend to ask for more from patients and this destroys the spiritual component of the medication. It may be the reason why the practice of charlatanism is growing. Because of poverty and above all illiteracy (most of the traditional healers have hardly gone pass elementary education), they cannot develop their medicine and live on the art.

The creation of many more conventional health centres is making patients to substitute the work of healers for these health centres. Though they are still solicited, the number of cases might reduce. This shows that there is some stiff competition faced by the traditional healers which is coming from conventional medicine.

The scientific revolution is really going to be a problem if traditional healers fail to modernise their practices. The use of science and technology by the developed world is influencing the work of traditional healers. Their works are looked upon especially by the younger generation as archaic, unscientific, and unrealistic.

Some traditional healers might die with knowledge not transmitted. This is because some do not have children or apprentices to transmit this knowledge to. They think that their knowledge would be exploited to their own disadvantage when they give it out to others, including researchers. *Having suffered to learn their art, they are reluctant to hand any information over to an "uninitiated" researcher, even if the sharing might benefit themselves or their communities*, (Hillenbrand, 2006). Some even fear that their knowledge could be used for wrong purposes, so they prefer to keep it to themselves. Secondly, some traditional healers are too secretive in their practice. Most of them have died with this traditional medical knowledge. According to Botswana's minister of Science and technology, *"Traditional medicine can no longer afford its traditional secrecy, when it is doled out at night under the cover of darkness so that villagers do not know which traditional doctors' help one is seeking. The traditional secrecy of traditional healing has in fact over time contributed in the failure to experience growth by some of the healers whose talent has had to go with them to the grave, without the benefit of marketing and mass distribution on the shelves of stores."* (The Monitor, 05 May 2016).

With the influence of climate change a urbanisation, medicinal plants are becoming scarce. African traditional healers especially herbalists depend on flora for their herbs. Most of them now have to go very far into the forest to obtain their raw materials. If this condition continues, African traditional medicine might face a serious challenge in the future.

Some people consider traditional healers as exploiters, liars or charlatans. Much still needs to be done by the traditional healers to cleanse their image in public. If the above problems are addressed, traditional medicine could make some important improvement in health care practice.

7. The functioning of conventional medicine in Bafut

In the discharge of duty, medical personnel do this in function with government policy. This means that the government has laid down a regulation and strategy which its employees must follow. The government is the main supplier of health services, main employer of personnel and the only regulator of health care under the Ministry of Public Health.

7.1 Management of health care structures

As already mentioned briefly above, there are thirteen health areas in Bafut. These health areas have been represented by the health centres headed by chiefs of health centres. All of these are under the supervision of a district medical officer. Again, the health centres are under the district hospital which is a referral hospital to them. The district hospital has the following services; consultation and admission, bureau for statistics, the laboratory, the pharmacy, the theatre, and the maternity. The health centres under the district hospital may not have all these services at their disposal.

As for the confessional or missionary health centres, there are some exceptions. The sponsorship of health services here is done by the missionaries themselves. They employ and pay staff, purchase equipment and infrastructure, purchase and sell drugs. However, all of these are done under government regulation. There is control of their activities by MINSANTE.

All these health centres, whether public or private confessional, are required to present a monthly report of their activities and diseases to the chief of bureau for statistics at the district hospital. This report also includes statistics on the morbidity cases in case of death, control of drugs, consumables and vaccines, level of community involvement, observations and just to mention a few. As a matter of fact, the purpose of this data collection is to make information available for appropriate decision making in order to improve the functioning and the effectiveness of health services and programmes and the health status of individuals and the community. These reports are then sent to the regional delegation where appropriate decisions on health care are taken based on the provided statistics.

For the human resource management, there is a staff in each health centre that has been structured in a hierarchical form to dispose of services. The staff ranges from doctors to nurses down to midwives. The chiefs of services who may be medical doctors or nurses carry out consultation as well as administrative functions. Most of the staff in their various health centres work in shifts that have been allocated in a service roster drawn by the administrative staff. This is for purposes of making sure that all in-coming patients are attended to and proper care taken. This is because there is neither fixed time for illness nor a fixed time for consultation. Illness attacks at any time and patients consult at any time of the day especially women awaiting delivery. All the staffs on duty are expected to put on their working uniforms. In the private confessional health centres, all work begins in the morning especially with prayers and they have a two hour break daily.

8. Discussions

We are going to discuss the future of traditional medicine using three theories. They include diffusionism, interactionism and conflict theory. Firstly, diffusionism is used to describe the spread of cultural items. Diffusion across cultures is a well-attested and also uncontroversial phenomenon. We see many examples in agriculture, technology and lifestyles. The diffusionists believed that man is less inventive, meaning that he mostly relies on borrowing from other societies or cultures. The presence of conventional medicine in Bafut can be attributed to diffusionism. Conventional medicine came to Bafut and Africa in general during the period of colonisation. The coming of conventional medicine has completely changed the perception of health care delivery and the interpretation of disease. Thanks to diffusion, patients in Bafut now have a plural system of health care which allows them to choose where to obtain a better health care. This is a direct result of diffusionism. Conventional medicine was accepted because of the advanced nature in its practice. Its sophisticated technology, its rapid treatment of some diseases, its prestigious status, made it to be an acceptable form of health care. Many people prefer their children to be medical doctors to traditional healers. This prestigious status given to conventional medicine makes traditional medicine to have a weaker status.

Interactionism is a theoretical perspective that derives social processes (such as conflict, cooperation, identity formation) from human interaction. It is the study of how individuals act within society. Interactionist

theory has grown in the latter half of the twentieth century and has become one of the dominant sociological perspectives in the world today. George Herbert Mead (1922) is considered a leader in the development of interactionism. Herbert Blumer (1969) expanded on Mead's work and coined the term "*symbolic interactionism*". When interaction takes place, many other things follow. As earlier mentioned, it may cause cooperation, competition, conflict, assimilation, and syncretism.

Competition takes place when there is the interaction of two cultures. The competition that exists between traditional medicine and conventional medicine in Bafut has come about because of interactionism. The result of this interactionism is competition and medical pluralism. People now have to make choices on health care. For this reason, the two health care systems now compete with each other to have the highest number of patients. The dominant health care system may end up assimilating the weaker one, causing it to disappear completely. This may be the case with traditional medicine if care is not taken as far as its preservation and protection is concerned.

Interaction brings about conflict. Conflict comes because of competition. This is because each party wants to protect its interest at the detriment of its rival. Traditional medicine conflicts with conventional medicine. This brings us to the third theory discussed in this article. The conflict theory argues that groups are inevitably organized to compete against each other over scarce resources – economic, political, social and health. Change is a continuous element in conflict theory. Karl Marx's (1848) theory of class conflict is the foundation upon which modern conflict theory has been built. According to conflict theory, there is never enough wealth and power, the chief beneficiaries of the existing system, will attempt to control the general citizenry in order to protect their own privilege. The wealthy, for instance, will contribute heavily to the campaigns of politicians who support legislation to protect the economic interest of the wealthy. We are going to use the conflict theory to explain the aspect of conflict within the practice of traditional medicine and conflict between traditional medicine and conventional medicine.

We could use this conflict theory to explain that competition is present in the practice of health care in Bafut. Traditional medicine in Bafut is facing challenges from Western medicine, the activities of street vendors and even Chinese traditional medicine that is gradually coming in. This challenge from Chinese medicine is mostly coming from the neighbouring town of Bamenda, where it is mostly present. It could be said that each of these types is competing for dominance. Thus the official recognition of traditional medicine might give potency for conflict. For the moment, conventional medicine is dominating and its practitioners are doing everything to preserve that position while the others are fighting to also get to that position. Being in such a context, Bafut could be said to be in a kind of "conflict". Conventional medical health professionals say that there are lots of practices within traditional medicine that need to be addressed like. Asongany (2011) says most of their drugs profess to cure dozens of diseases; prescriptions traditionally given orally, lack consistency; rarely do any two traditional healers have the same drugs or speak the same medical language; production of the drugs is all a matter of secrecy, transferable only to kith and kins, and not for collaboration with competitors; traditional practitioners have vague knowledge of anatomy and divergent diagnostic methods; and charlatans that peddle fake medicines, putting the lives of the poorest people at risk. On their part, the traditional practitioners believe that conventional medicine practitioners and research scientists seek merely to condemn their art or to steal their secrets. WHO (2005) shares this opinion. In spite of all these, Asongany (2011) thinks that there seems to be a permanent effort to improve the relationship between conventional medicine and traditional medicine in Cameroon. Traditional medicine needs to be legalized by parliament so as to clear away most of these challenges that they face.

The traditional healers themselves do not generally agree. This is seen in the manner in which they are organized. They do not agree on how membership into their fragmented association should be. This is because there is no specialization. Some traditional healers claim to practice all the different types of traditional medicine instead of specializing. Others refuse to join the association of traditional healers saying that their type of medicine cannot collaborate with those of other traditional healers, and so see no reason to belong there. Yet, some fight for power in the association. Such a situation makes it difficult for policy to be applied. No advocacy for a standard form of traditional medicine can be realized in this context.

The age distribution of traditional healers in Bafut ranges generally from about thirty five years to the very old. The community easily accepts healers who are within these ages. It is believed that older people have a lot of knowledge and because these categories of people deal with traditional medicine, they are closer to the ancestral and spirit worlds. They are able to communicate with spirits and also able to manipulate spirits for good or bad. It is easy for the society to accept old people in traditional medicine because their age also shows

some level of experience. This makes it difficult for any young person who wants to venture into traditional medicine to be encouraged. The younger people are not very much appreciated. They are seen as inexperienced, always suspicious of them for fear of exploitation especially at this time that poverty is affecting many people, thus, making the means of survival difficult. However, this does not mean that there are no young people in traditional medicine. A few of them do exist. Some have migrated to the bigger towns like Bamenda and others where they have been accepted. It should be noted that the acceptance of any traditional healer anywhere by any person depends on the kind of result that the traditional healer produces.

The difficult financial and economic situation of most people including the traditional healers leaves one wondering if they could actually survive on their work. Traditional medicine is not a real source of income in this traditional setting of Bafut. Patients usually pay for their treatment in kind. For example, they may give food and other material things like palm oil, life fowls, goats, pigs, etc., and to a lesser extent, money in small amounts. Modern standards of living are making everyone to want to have an improved living condition. Traditional medicine does not provide this option. Most young people are interested in improving their material well-being which traditional medical practice cannot give them.

The influence of faith organisations is stigmatising people away from the practice and use of traditional medicine. Some religious organisations do encourage the use of herbal medicine while discouraging sorcery. For this reason, most people fear going to the traditional healers in times of need for fear of stigmatisation from fellow Christians and the church. However, according to Dr Fai Fominyen [traditional healer in Yaounde] says that *some of these Christians do visit them in the night*.

The state of Cameroon is still dragging its feet when it comes to the official integration of traditional medicine in its national health programmes. Traditional medicine in Cameroon is still undergoing the process of integration as according to the law no. 81/12 of 27 November 1981. This makes it difficult for traditional healers to really portray their trade. Cameroon commemorates the African Traditional Medicine Days. Cameroon has a department of traditional medicine in the ministry of public health. There is the Centre for Research on Medicinal Plants and Traditional Medicine (CRMPTM) at the Ministry of Scientific Research and Innovation (MINRESI) that deals with the transformation of healing herbs. However, these actions by the government are not yet enough to meet the recommendations of WHO. For these reasons, there is bound to be uncertainty especially if traditional medicine is left to continue to be practiced in clandestine circumstances. Hence, the government must protect traditional medicine by providing a legal framework through a vote in parliament.

Traditional healers lack the necessary training that can make them to cope with the changing times. Their authors' rights need to be protected. Some traditional healers fear exposing their medications and treatment styles for fear of imitation. It is the reason why they remain in their small corners. The government needs to guarantee their protection from such fears. There is the CRMPTM which is found at MINRESI in Yaounde. One of the objectives of this centre is to help traditional healers in the transformation of their medicines into modern form. However, most traditional healers are not aware of this place because it is situated very far at the capital of Cameroon in Yaounde. Hence, it is not accessible to most healers in the suburbs. More so, most of the healers are sceptical to use this place because their products would lose its original state or their "secretetes" would be known by those working there at the detriment of the healers. Therefore, the government needs to train the traditional healers, guarantee their rights and also decentralise this centre mentioned above in this paragraph.

The growing presence of conventional medicine puts a question mark on the future of traditional medicine. During political rallies in most places in Cameroon like in Bafut, people always make requests for development projects in their community. For health care, people always ask for the creation of hospitals and health centres especially for the treatment of children and women for gynaecological problems and others. The community has never asked for the creation of traditional health care centres. Hence, in as much as the government provides these conventional health centres, no one thinks of the existence of these traditional health care centres.

Like language and other cultural practices, traditional medicine is losing that strong background that it used to have. In language today in Bafut, hardly will you hear someone speak the dialect without a mixture of pidgin (the lingua franca of the people), English and even some French. Hence, some incantations that were done in the dialect in the practice of traditional medicine have been diluted with other languages because of the influence of the English and pidgin languages and money. This impact is very noticeable in traditional medicine whereby the younger generations sometimes even claim that *it does not exist, it does not work or simply that they do not believe in it*. With this status, the survival of traditional medicine is problematic. Traditional medicine does not

have that prestigious position that conventional medicine holds. A person easily boasts in public that he was sick, went to the hospital and spends a large amount of money. But this cannot be done for traditional medicine. People shy when they talk about traditional medicine in public. However, this is the medicine that Africans used before the introduction of conventional medicine by the colonial masters. Mbonji (2009, 10) writes that *the Negro African did not wait for the arrival of nivaquine to be treated; else, they would have disappeared a long time ago before that*. This was not so because they had their own medicine called traditional medicine which they used to treat themselves. One can easily boast that they have a medical doctor in the family but not about a traditional healer because of prestige. It is not because traditional medicine is no longer available, accessible or affordable that people do not use. If traditional medicine as well as conventional medicine is effective in treating diseases why are people and the government sometimes reticent in using it publicly or integrating it into the National Health System (NHS) respectively is one of the preoccupations of this article. In spite of the fact that traditional medicine recently showed its strength in the fight against the coronavirus that the world is currently witnessing, there is no doubt that more efforts are needed to give traditional medicine the status that it deserves. Most traditional healers have produced medications out of natural herbs to fight the coronavirus which their patients have appreciated. Traditional medicine must be helped to survive.

9. Conclusion

This article has presented the situation of traditional medicine in our contemporary times with a study that was conducted in Bafut. This article was aimed firstly at enhancing knowledge on the place of traditional medicine and also theorise on it for posterity. Secondly, this article articulated the role of traditional medicine and also valorising it for its important role in treating many diseases because its disappearance would be a great loss. In this article, we think that the survival of traditional medicine on a balance, hence, needs concrete measures to sustain its continuity. The current socio-political crisis in the North West Region and the South West Region of Cameroon has made the situation more critical because of the massive population exodus from Bafut. Even though traditional medicine has been proving its worth in the current fight against the coronavirus in other parts of Cameroon and the world, the situation is not the same because of the socio-political crisis. Apart from these, the government should help to protect traditional medicine for posterity by passing a vote in parliament which legally recognises the existence and practice of traditional medicine.

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