

The Resilience and Survival of Traditional Medicine in the Oku Fondom of Cameroon

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ABSTRACT

Traditional medicine is a holistic discipline that involves indigenous herbalists and African spirituality and has been practice in Cameroon for centuries. This study examines the historical resilience and survival of traditional medicine in Oku, Cameroon. The study traces the historical development of tradi-medical practices, identifying the key historical events and social factors that have influenced their resilience and survival and assessing their effectiveness in meeting the health care needs of the local population. To achieve this, the research used qualitative approach based on historical analysis and archival research. The findings show that traditional medicine in Oku has a long history deeply rooted in local culture and community practices. The resilience and survival of traditional medicine in Oku has been shaped by complex interplay of historical events and social factors such as colonialism, modernization and globalization. Despite the challenges posed by these factors, traditional medicine in Oku has continue to adapt and evolve, demonstrating its resilience and effectiveness in addressing the health needs of the local population. The study concludes that a historical appraisal of tradi- medical practices in Oku provides valuable insight into the broader issues of cultural heritage, health equity and sustainable development of rural communities. The findings of this study have important implications for policy and practices of TM, healthcare, and cultural preservation. It is hoped that the findings of this study will inform policy and practice in the fields of TM, healthcare, and cultural preservation as well as contribute to the overall well-being of the local population in Oku.

Keywords: Resilience, Survival Traditional Medicine, Oku Fondom, Cameroon

INTRODUCTION

Traditional medicine is a holistic discipline that involves indigenous herbalists and African spirituality and has been practiced in Cameroon and Africa for centuries. It is a vital source of healthcare and cultural identity for many people. However, TM is under threat from various factors such as environmental degradation, cultural erosion, legal restrictions and competition from biomedicine. It also faces many challenges in the modern era such as colonialism, urbanization, globalization and lack of recognition. Despite the widespread use and recognition of TM in Oku, there is a lack of systematic and comprehensive studies on its dynamics, practice, resilience and survival. This study seeks to fill this gap by identifying the socio-cultural and ecological factors that influenced tradi-medical practice and knowledge, investigating how TM persist and adapt in Oku fondom, a local community in Cameroon and lastly, documenting and analyzing how tradi-medical practitioners and users transmit, acquire and transform tradi-medical knowledge across generations and context. In other word, this paper seeks to explore the resilience and survival of TM in Oku Fondom a region of North West Cameroon that is home to the Oku people a fondom

of the Tikar people. The paper examined the historical, cultural and ecological factors that have shaped the tradi-medical system in Oku fondom.

Conceptualizing Traditional Medicine

The conceptualization of African Traditional Medicine is something that should be holistic. It embraces all approaches to the therapeutic and prophylactic management of human psychosomatic and spiritual health conditions. It includes ordinary herbal treatment, spiritual inquiry, manipulation of supernatural forces and mystical practices.

The most authentic meaning given to traditional medicine is by World Health Organization (WHO). WHO (2004), sees Traditional Medicine as health practice, approaches, knowledge and beliefs incorporating plant, animals and mineral based medicines, spiritual therapies, manual techniques and exercise, applied singularly or in combination to treat, diagnose and prevent illness or maintain well-being. The definition makes no mention of the fact that the term traditional medicine differs from other types of complementary and alternative medicine. WHO saw traditional medicine as a reliable form of healing therapy worth recommending.

Steven Kayne (2008), observes it as health traditions originating in a particular geographical area or ethnic group, which may also have been adopted and or modified by communities elsewhere. He maintains that the major traditional healing systems that have survived the impact of modern biomedicine driven by germ theory are traditional African medicine and associate therapy.

Ryan Abbott (2014), holds that traditional medical knowledge is a very difficult term to define because it encompasses such diversity. It covers a wide range from arts to culture as well as medicinal uses of plants and traditional systems of medical diagnoses. It may exist in indigenous or local communities as secret oral tradition that has been passed down over generations. He therefore, defines traditional medicine as a group of healthcare practices and products with a long history of use. Tilburt and Kaptchuk (2008), hold that traditional medicine is fast gaining significant attention in global health debates. Pal and Shukla (2012), define it as the synthesis of therapeutic experiences of generation practicing physicians of indigenous systems of medicine.

Alegbeleye (2019), in the same light adheres that African traditional medicine is a form of holistic health care system organized into three levels of specialty, namely divination, spiritualism, and herbalism. In this regard, traditional healers are not exempted but provide health care services based on culture, religious background, knowledge, attitudes, and beliefs that are prevalent in his community. Illness is regarded as having both natural and supernatural causes and thus must be treated by both physical and spiritual means, using divination, incantations, animal sacrifice, exorcism, and herbs.

Lantum (2012), believes that TM is a vital part of the people's culture. He also thinks that even though some healers in an ethnic group are much respected, they are mainly custodians of the culture. This is because they learnt from their ancestors and they may also add some insight or interpretation to the existing knowledge.

Mokgob (2014), defined TM as a mixture of knowledge and practiced that helped to diagnosed, prevent and cure disease. It is based on experience and observations that are passed down from generation to generation, either verbally through stories, spiritually by ancestors or in written form. He also says that one need to join a secret society to learn African TM because some aspects of it are only taught to initiate.

From the above concept of traditional medicine, the researcher then sees it as the indigenous mechanism of restoring health or aviating someone from witchcraft using herbs, animal parts and minerals in combination

with certain natural factors. It encompasses part and parcel of a people culture.

Resilience and Survival of Traditional Medicine

The resilience and survival of tradi–medical practices in Oku have been guided and shaped by the interplay of the following factors. It should be noted that these factors made traditional medicine in Oku just like other African communities to gain dignity in the face of adversaries.

The Presence of the Kilum-Ijim Forest

The kilum Ijim forest historically known as *Ngonba* contributed remarkably to the growth and survival of TM in Oku. The forest hosts a variety of herbs and trees which were vital to traditional healing sector. This forest was never affected by the dry seasons as the trees and herbs in the forest remained ever green. This gave the traditional healers the opportunity to have healing herbs throughout the year (Bang George, 2022). According to Doreen (2020), the forest hosts many rare plants and herbs which were vital in the treatment of variety diseases. The advantage offered by this forest made the indigenous healers to exploring and exploiting the medicinal trees and herbs for health restoration and rectification. However, some restrictions were imposed on those who were exploiting endangered species of herbs and plants. This was because healers exploited herbs and trees recklessly without taking into consideration the future. These restrictions placed under forest law of 1994 stressed the need for the effective and fervent preservation of endangered trees, herbs and wildlife for sustainability (Egbe, 2001). Some of the endangered medicinal plants exploited in this forest were *Prunus africanus* used in the treatment of malaria, *Aganria salicifolian*, *Bidens piloso* and *Alchemilla fischeri*. With these regulations in place, this forest thus served as the main base of TM as it offered the assurance of sustainability. Healers, who had the right to assess the forest, were those with the deep knowledge of different medicinal herbs and trees as well as endangered species (Ibid, 2020).

In the same light, Ingram and Jam (2014), pointed out that, the forest was a repository of various medical herbs used in treating diseases like Malaria, fever, typhoid and stomach ache among others. This made traditional healers in Oku to keep on exploring and exploiting the advantages of the forest. The presence of the forest according to them was what made TM in Oku to survive despite all odds.

Adhering to the above observations, Jai Raymond (2019) holds that the uniqueness of some species of traditional trees in the forest like *African cherry* is what made TM to resist various turmoil's. *African cherry* served as a remedy for stomach ache and fever as well as prostate cancer. The availability of these herbs in the forest throughout the year made healers to be certain on the treatment of their patients and on time. The forest as well reserved game such as scorpions, earth spiders and more which were very significant in metaphysical traditional healing. The presence of this forest in Oku reposing different species of medicinal herbs, trees and animals indeed ensured the sustainability of traditional healing in Oku Fondom. This is because the healers were certain to have medicinal plants and herbs whenever there was need (Seimboh, 2019).

Bang (2022), in line with the previous views postulates that the forest reposed vegetation of all sorts and was hardly affected by the dry season. Almost all the recognized traditional healers in Oku turned into this forest during the dry season for herbs, roots and backs of trees for their herbal practices. The by-products of some species of trees found in Kilum-Ijim forest, was used by honey bees to produce white and brown honey. The honey produced from these trees was needed in the treatment of several diseases such as skin infection, cough, asthma, stomach disorder and setting of bones. The brown type of honey specifically, was employed as an ingredient in the treatment of metaphysical or spiritual diseases that could not be treated with herbs only (Jai, 2019) Some of the trees responsible for the production of honey in Kilum-Ijim forest are shown in table 1 below:

Table 1: Trees responsible for the production Honey and their medicinal values

Trees	Functions
<i>Schefflera Abyssinica</i> ,	The by-product of this tree was used by honey bees to produce white honey while healers extracted the bark to treat malaria and leaves to treat rheumatism.
<i>Nuxea Congesta</i> ,	This tree is mostly known as brittle-wood. The flowers were used by honey bees to produce both white and brown honey. The leaves were as well boiled by healers as remedy for constipation and indigestion.
<i>Prunus Africana</i> ,	Aside it use by honey bee to produce honey, this specie of tree was used by healers to treat fever, chest and back pain, mixed with other ingredients to treat kidney disorder and urinary issues.

Source: Fieldwork Initiative by the Researcher

The summit of the forest produced wild ginseng that was used in the treatment of infertility in women, gastric and low sperm count in men, (Francis, 2022). Again, of all the medical blessings of the forest was *Moringa Oleifera*. This medicinal plant with multiple functions was common in one of the extensions of the forest known as Lumetu forest. *Moringa* was mixed with other herbs and ingredients to treat chronic ulcers, high blood pressure, gastric ulcers among many other diseases (Idem, 2022). Table 2 below, show the major medicinal plants in Kilum-Ijim forest and the various diseases treated with the plants.

Table 2: Medicinal Plants Reposed by the Kilum-Ijim Forest

S/N	Species	Diseases treated
1	<i>Auricuria polytrica</i>	It helps to stop Nausea in pregnant women
2	<i>Daldinia concentrica</i>	It helps in calming down hypertension
3	<i>Ganoderma applanatum</i>	Processed and used in the building of the immune system
4	<i>Lentinmus squarrosulus</i>	Cleanses the system
5	<i>Polyporus dictyopus</i>	Treats stomach ache
6	<i>Termitomyces microcanpus</i>	Strengthens the bones of the children and treats fever
7	<i>Trametes versicolor</i>	Combines with other herbs to treat the immune system
8	<i>Vascellum pretense</i>	Combines with other herbs to treat fever
9	<i>Xylariasp</i>	Combine with other herbs to treat fever and hypertension

Source: Doreen Binain Mbain, The conservation of forest in the Bamenda grassfields, 24th February 2023

The forest had many herbs that the traditional healers used for generations. Jai Raymond says:

The kilum Ijim forest was and is very important for healing in Oku. It had many kinds of herbs. The herbs kept growing in the forest over the years, so that the healers in Oku could practice well. The forest had medicinal plants that were used for a long time like prunus Africana, carapa garndiflora and pordocarpus milanjanns. Most of these plants were only found in this forest. This helped TM in the land to continue... (Jai, 2019)

From the above observations, it is clear that the survival and trans-generational preservation of TM in the land was therefore based on the hope rekindled by the Kilum-Ijim forest with enormous herbal endowments. The forest as seen from the foregone observations enshrined and reposed a variety of herbs rich in medicinal

content. This acted as a guarantee for the sustainability of traditional medicine in Oku and thus enabled its survival.

The Curative Power of Traditional Medicine

Away from the role of Kilum-Ijim forest, the survival of TM in Oku was thanks the healers' effectiveness and their ability to cure spiritual diseases that could not be cured in the western health units. Seimboh (2019) holds that spiritual diseases were a function of metaphysical forces like gods, ancestors, witchcraft and deities. These diseases could only be cured by traditional healers through incantation and invocation of spirits. It is worthy to note that TM in Oku just like other African kingdoms had two specialized sections: physical and metaphysical. The physical part of TM employed only herbs to restore health to normalcy. The diseases handled physically were caused by environmental factors and even the western health units could as well handled this form diseases (Shey, 2022). David Nchinda says that;

African healing practice survived because they could use cosmic forces to heal some diseases that were very hard to the western health units. These diseases include; madness, cancer, epilepsy, stoke and many others. This gave African traditional healers an edge in the healing field. We, the healers, knew that the gods were very important for traditional healing in the land. We knew that they could heal spiritual diseases that we could not. We had a strong relationship with the gods and they helped us. This gave us advantage over both physical and spiritual diseases and helped our practice to survive the challenges(David,2022).

This therefore means that TM in Oku survived because the healers could use cosmic forces to cure spiritual diseases. Some informants said that spiritual diseases were send from western health institutions to traditional healers. In concordance to this observation, Martina lame, a formal nurse at BBH, said:

Sometimes some diseases were very hard to treat. These were mostly diseases that came from spiritual forces. They were not seen in the laboratory test but the patient was dying slowly. The only thing we could do was to send such cases to traditional healers who dealt with spiritual issues.. (Martilna,2022).

It could be deduced from her observation that traditional healers were effective and gifted in handling spiritual diseases. This is confirmed in the revelations that, some diseases especially the spiritual, were transferred from the western health institutions to the traditional clinic. This gave the healers an upper hand in the Fondom and thus enabled the healing art to survive both colonial and postcolonial crusades. In further confirmation, Gideon Tanjong said:

Traditional medicine in Oku had two parts: spiritual and physical. Each healer focus on the part he was good at. This made the healers to be effective in their different areas. Spiritual healers cured diseases that were impossible in the western health institutions. This gave the healers an advantage in the society where some people thought it was old fashion and unreliable, (Gideon, 2022).

It will be good to note that the practice of spiritual healing was common in almost all African kingdoms. Agreeing to this, Isola (2013), says that in Ghana, the traditional priest and healers cured diseases that involved spiritual issues. People with mental and emotional problems were taken to the shrine for spiritual healing. The traditional healers cured this type of disease with incantations, portions, exorcism, and deities. This made the people to keep depending on traditional healers for health improvement and recovery.

Adhering to the above views, Pearce (2000), holds that traditional healers in many African kingdoms saw disease as a problem of complex social and spiritual relationship, and therefore started diagnosis by looking at both human and supernatural interaction. In this light he maintains that traditional practitioners did more than conventional doctors, as they did not only heal their patients physically, but as well balance their social and emotional lives in accordance with traditional values and connections. This made the healing system

powerful and attractive to the indigenous people. Lantum (1978), in his observations maintains that one of the reasons for the survival of traditional medicine's and its continuous popularity was based on custom. Healers understood the social problems and cultural experiences of their communities and therefore employed this knowledge in their diagnosis to better treat the invalids. If a sick person said that he was beaten all night in his bed, the indigenous healer quickly understood him and helped him chase away the spirits.

Corroborating the previous views many other episteme in African communities observations and concluded that TM was an important and effective therapeutic regimen in the management of a wide spectrum of disease some of which were not effectively managed by western medicine (Dove, 2010). In this regard, Mander (1998), holds that among the black Africans population, TM was thought to be desirable and necessary for treating a range of health problems that western units could not treat adequately. The WHO (1978), adheres to these observations of effectiveness in traditional healing and holds that the native healers contributed a lot to a broad spectrum of health care needs which included disease prevention, management and treatment of non-communicable diseases as well as mental and erotological health problems.

In the same view, Good (1987), postulates that the limitations of the Western doctors in the handling certain diseases easily healed by the traditional healers raised doubts on their superiority. The inefficiency of Western Medicine in service delivery and care was not limited to rural areas, but also in urban areas. Nevertheless, even in areas where services were physically present, prevailing social and cultural values as well as attendance patterns portrayed biomedicine as the non-preferred choice for many illnesses. This therefore enabled traditional medicine to resist challenges and thus enhanced it survival for posterity (Flatier et al., 2009).

The spiritual and effective healing of patients in Oku and other kingdoms of Africa is what made the healing art unique. This made the practice to be demanded even in the midst of intense crusade against it. This explains why traditional medicine survived during the colonial and post-colonial era. Today the practice is still very much alive. The survival of the healing culture for posterity helped to restore the dignity of healers in Africa and Oku in particular.

Transfer of Healing Knowledge

The transfer of healing knowledge to the next generation just like curative power of traditional medicine was primordial to the survival of TM in Oku Fondom and other African communities. This was done through the training of traditional healers and priests in the land. One did not need Western education to become a traditional healer. Holding to this, Asongwe (2021), said that therapeutic knowledge was learnt through apprenticeship and inheritance. Seimboh (2019), agreed with this and said:

Traditional healing knowledge in Oku land was kept and passed on through inheritance. Any traditional healer in the land knew who will take over after he died. This was usually the male children because women could not inherit TM in the land. The next of kin was chosen to ensure continuity. If the healer had no child then he gave it to someone ready and fit to handle the healing deities.

The inheritance process for spiritual medicine was very hard. Shey Ngong (2022), holds that this was because the healers had to gather all the spiritual artifacts as well deities to invoke all the spirits that the shrine was built upon. When this was done, power was spiritual transferred to the next of kin. Many healers said that they were very young when they were chosen as successor. They had to spend a lot of time with the healers in the shrine, observing. Shy Sully (2022) said:

I chose my son as a traditional healer when he was eight years old. This was to prevent any problems. One never knew when death will come; it could be any time. That is why I chose him early in life. With the

choice, the healing knowledge will not disappear even if I died.

The successors who were chosen stay in the shrine and learn how to use herbs as well as healing methods. This was to help them become good at healing. Earnest Tatah (2022), said:

I spent two years with my father in the shrine and learn all the herbs and the healing ways. When I was fourteen, I was already helping my father with healing, going to the forest to get herbs, and collecting all the spiritual items. Before my father died, I was an expert in healing both physical and spiritual diseases. Some people also came to my father to learn and after they finished their training, they were chosen and given the healing powers. The only thing I could not do before my father died was to choose another person for initiations. This was because, in Oku land, only the father could do that. After he died, many people came to me to learn the healing processes. I have taught seven people how to cure Cancer since 2008.

This way of passing on knowledge kept tradi-medical practices in Oku alive for future generations. Even though some healers did not want to share it and died with it. Nyanchi (2022), said that, if a healer chose his heir and died without completing the initiation process, the gods or his spirit come back through dream to complete the process. This process of handing down knowledge was in view of the WHO observation that TM is a totality of all knowledge and practices, whether explicable or not used in diagnosis, prevention and elimination of physical, mental or societal imbalance handed down from generation to generation, verbally or through writing (WHO, 2014).

The Role of the WHO

Just like the transfer of healing knowledge, the WHO did a lot to ensure the survival of traditional medicine among African communities and Oku in particular. At the end of 1977, the WHO called a meeting on the Promotion and Development of Traditional Medicine. The purpose of this meeting was to assemble experts of the major systems of traditional medicine to work together in suggesting a plan of action to promote and develop the various aspects of traditional medicine (WHO, 1978). This meeting was convened in response to a resolution adopted by the thirtieth World Health Assembly in 1977, which urged interested governments to give adequate importance to the utilization of traditional systems of medicine with appropriate regulations. It as well requested the Director-General of the WHO to assist member states in organizing educational and research activities around traditional healing. This brought vigor and revitalized tradi-medical practices in the various African indigenous communities (Abdullahi, 2011).

The second step was the Declaration of Alma Ata in 1978, with emphasis on the holistic definition of health which included, the social and spiritual aspects of an individual to enable holistic understanding of health (Ester, 2016). The 1978 Declaration prescribed international sanctions and a high-level go-ahead about indigenous healers. The Declaration acknowledged the role traditional health practitioners played in primary health care and emphasized that high priority should be given to the development of manpower in health including traditional healers. The Declaration also states that, with the support of the formal health care system, traditional health practitioners could become important allies in organizing efforts to improve the health of the community (Pillsbury, 1982).

In this view therefore, the contribution of TM and its practitioners were recognized by the Alma-Ata Declaration of 1978 as an important resource in achieving health for all by the year 2000. Several resolutions and declarations were adopted by the WHO governing bodies at regional and global levels including Resolution AFR/RC49/R5 on Essential Drugs in the African Region. The resolution required the WHO to support member states to carry out research on medicinal plants and to promote their use in health-care delivery systems (Saleh, 1993). The Regional Committee that adopted resolution AFR/RC49/R5 also called on the WHO to develop a comprehensive strategy on African TM with a focus on producing evidence (WHO, 1978). Since then, African countries have been supporting these initiatives in different ways such as

documenting ethno-biomedical information, scientific research, media promotion, implementing international and national plans and policies including the plan of action on the practice of TM (Ibid, 1978).

In 2001 the WHO established a Regional Expert Committee (REC) on traditional medicine to support member states to effectively implement the Regional Strategy (RS) and monitor the progress made in traditional medical field. The committee supported the development of tools and guidelines on priority interventions of the Regional Strategy. Countries adapted the tools and guidelines of their specific situations (Ibid, 1978). Commitment to the principles of the Regional Strategy for government recognition and institutionalization of traditional medicine was demonstrated by the progress countries made in some areas. Based on evaluation surveys carried out in 2002, 2005 and 2010, with the financial support of the Canadian International Development Agency (CIDA), WHO facilitated the implementation of the Regional Strategy on promoting the role of traditional medicine in health systems with major emphasis on traditional medicines for the treatment of malaria and other priority diseases (Ibid, 1978).

In this view, the various African countries were encouraged to popularize traditional medicine, established and strengthened their institutional capacity and develop national policies as well as regulatory frameworks for the practice of traditional medicine. Countries also made progress in establishing national programs and expert committees for the development of traditional medicine in their ministries of health. The WHO estimated that in many countries, 80% or more of the population in rural areas was cared for by traditional practitioners and birth attendants (Saleh, 1993).

More recently, the international health community began to recognize the important role traditional healers played in HIV prevention. Since the early 1990s, the WHO began advocating for the inclusion of traditional healers in national reproductive health and AIDS programs. The 50th Session of the WHO Regional Committee for Africa recognized the importance and potential of traditional medicine for the achievement of health for all (WHO, 2010). Participants urged the acceleration of local production of traditional medicines to improve access to health care for the African Region. In 2000, the Regional Committee adopted the Regional Strategy on promoting the role of traditional medicine in health systems (Ibid, 2010).

This gave hope to the practice of TM in Oku and other African communities. The healers felt confidence that their practice and role in restoring health were recognized internationally. David Nchinda (2022), revealed this when he says:

Traditional medicine in Oku and throughout African communities became stronger, thanks to the role of the WHO. This organization started encouraging tradi-medical practitioners in 1978 and making them realized their role in spiritual and physical lives of the indigenous people. The organization asked for the cooperation of the different healing cultures to bring health to everyone by 2000. The healers were supposed to understand their practice and how to research other herbs to fight common diseases like malaria, typhoid and many others. The healers were also taught the importance of producing and preserving traditional medicine for sustainability and how to manage the biosphere.

This made traditional healers in Oku to openly conduct their practice without any fear of condemnation from the Western institutions as was the case before. By so doing, traditional medicine survived remarkably in the *Fondom* as its activities and healing abilities were publicly and internationally monitored. The WHO certified traditional healers as being capable and effective in wiping off certain tropical diseases like malaria and thus called on the Western health institutions to collaborate with the healers. The activities of the WHO as well encouraged other organizations like the OAU and AU to scrutinize and encouraged the unending role of the healers in health restoration (Idem, 2022).

The Role of OAU and AU

In addition to the role of the WHO, the resilience and survival of traditional medicine in Oku was as well enhanced by the activities of the OAU and AU. These organizations were created in 1963 and 2002

respectively. They encouraged traditional healing in line with the objective of the organizations which called for a drive to embrace African culture and common heritage (Amadu sasay, 2008). The heads of state and government of the organization recognized that about 85% of the African population resorted to TM for their health delivery. After this landmark commitment by African leaders, the First AU Session of the Conference of African Ministers of Health, held in April 2003 in Tripoli, Libya, adopted the Plan of Action and implementation mechanism that was endorsed by the AU summit heads of state and government in Maputo in 2003 on how to sustain traditional medicine. The main objective of the Plan of Action was the recognition, acceptance, development, integration, institutionalization of traditional medicine by all member states into the public healthcare system in the region by 2010 (WHO, 2011). Moreover, the Maputo Declaration on Malaria, HIV/AIDS and Other Related Infectious Diseases (ORID) of July 2003 further resolved to continue supporting the implementation of the Plan of Action for the AU Decade of African Traditional Medicine. This was especially research in treatment of HIV/AIDS, tuberculosis (TB), malaria and ORID. In July of the same year, the Lusaka Summit declared the period 2001–2010 as the OAU Decade for African Traditional Medicine (Ibid, 2011).

The priority areas, which were developed as strategic activities, were; sensitization of the society on traditional medicine, Legislation of traditional medicine, institutional arrangements, information, education and communication, Resource mobilization , research and training, cultivation and conservation of medicinal plants, protection of traditional medical knowledge, local production of standardized African traditional medicines, partnerships, evaluation, monitoring and reporting mechanisms (WHO, 2010). All these efforts were to make sure that traditional medicine did not disappear. Upholding traditional medicine to these standards made it to survive among African communities including Oku.

In addition, the Summit in 2001 and the Fifty-seventh Regional Committee for Africa in 2007, declared tradi-medical research as a priority. In 2008 the *Algiers Declaration on Research for Health* recognized the need to promote research in traditional medicine and strengthen health systems, taking into account the sociocultural and environmental situation of the people. In 2008, the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa reiterated the Alma Ata Declaration by calling on countries to set up sustainable mechanisms for increasing the availability, affordability and accessibility of essential medicines and the use of community approaches to African traditional medicines (WHO, 2010).

As of 2003, all countries in African traditional healing regions started commemorating the “African Traditional Medicine Day on 31 August” each year on specific themes. This day was endorsed by the Summit of Heads of State and Government in Maputo in July 2003. During the commemoration, traditional health practitioners, conventional health practitioners, scientists, Non-Governmental Organizations (NGOs) and other stakeholders carried out joint activities such as exhibitions, debates, symposia, seminars, panel discussions and cultural shows. These events raised awareness and the profile of traditional medicine and made the faith of the population to be restored to the practice. This as well boosted African traditional medicine in all regions of Africa (WHO,2010). Further, many African countries became signatories to the Nagoya Protocol, which required governments to put mechanisms for recognition and protection of the vast available local knowledge and associated used genetic materials including those in TM. This was a commendable direction taken in addressing the rights of traditional knowledge holders who for centuries transmitted this knowledge orally (Ibid, 2010).

The adoption of the Regional strategy and its resolution AFR / RC 50/R3 was followed by the Abuja Declaration of April 2001. This declaration identified traditional medicine as a research priority and the designation by the Organization of African Unity of the period 2001–2010 as the Decade for African Traditional Medicine. The adoption of this declaration by African leaders was a strong political commitment that heightened the profile of traditional medicine in countries of the WHO African Region (WHO, 2011). This helped in redeeming the dwindled practice of traditional medicine in Oku as well as in other African communities.

The Role of Government

Adding to the role of OAU and AU, in the post-colonial period, traditional medicine in Cameroon began receiving governmental support. The government set up institutions and laws binding the practice while suggesting possible ways of integrating the two cultural modes of treatment existing in the country. This brought life and light to sustain traditional healing in the various Cameroon communities, Oku inclusive (Ndenecho, 2011).

The conference of Regional Governors organized in 1976 by the Ministry of Public Health to put up organizational structure to valorize TM permitted the establishment of 3 organs such as:

1-The National Commission for TM in charge of helping the government in the definition and exploitation of TM;

2-Permanent committee of TM in charge of coordinating the research activities and practice of TM

3- The Medical Institute for the study of medicinal plants in charge of operational research. The Political engagement was validated by the ministerial decision No 031/D/MSP/DS/BT of 31 July 1979 creating and organizing the TM sector within the jurisdiction of the Ministry of Public Health. This was to revamp and sustain the practice of TM in the country and to recognize the important role they played in health restoration (Asonganyi, 2011).

Apart from valorizing TM, the government craved to sustain the practice by putting mechanisms to ensure the relationship between Western medicine and traditional medicine in Cameroon. These permanent efforts began in 1979 with the creation of a unit of TM within the Department of Health. In 1981, law n° 81/12 of 27 November 1981 was enacted; and Section 16-1 maintains that the in the Fifth Plan, measures will be taken to lay down a joint strategy and method to effectively integrate traditional medicine into the national health plan by implementing a program on traditional medicine in conjunction with some of the neighboring countries (Ibid, 2011). Since then, the government of Cameroon has taken several steps to promote and regulate TM since 1981. These include:

- Set up a tradi-medical unit in the central hospital in Yaoundé in 1981
- Crested a community health and traditional medicine service (CHTNS) with a unit for TM in 1989.
- Passed a law on freedom of association in 1990, which allowed the formation of many associations of traditional healers across the country.
- Issuing a note from the ministry of health in 1990, which encourage collaboration between traditional healers and the public health sector.
- Establish a service for TM in the ministry of health in 2002, with unit for ethics, legislation and control.
- Created an institute of medical research and the studies of medicinal plants (IMPM) in 1974, which was reorganized into a public research institution in 1993. The IMPM had as mission to optimize the impact of local pharmacopeia and TM on the health of Cameroonians. It also had an operational research center for medicinal plant and TM (CRPMT).

These measures was aim to ensure the survival and posterity of tradi-medical practices in Cameroon, including Oku. This as well contributed to the resilience of tradi-medical practices in the face of the Western influence (Fokunang, 2011) . The objective was to ensure the survival and posterity of tradi-medical practice in Cameroon. This thus ensured the resilience of tradi-medical practices in the various Cameroon communities, Oku inclusive.

Economic factors

Economic factors contributed a lot to the survival of TM in Oku. The practice was very cheap compared to

Western or conventional medicine. The indigenous people were treated for little or no compensation (Seimboh, 2019). The WHO opines that about 8% of the world's population made TM a priority and was thus the first choice for many people especially in developing countries because of its economic factor (WHO, 2011). Taking the case of Oku, the majority of the indigenous people preferred using herbs for their health restoration. Hellibrand (2006), affirmed this by asserting that traditional healers in Cameroon were guardians of a cultural tradition and with this, they provided affordable healthcare to the poorest segment of the population. Lantum (1978), in the same vein holds that the population resorted to TM as they could not afford pharmaceutical healthcare. Today, 7% of the average household in Oku and Cameroon depends on TM for health issues. Fai Balebey (2020), confirms this by saying;

Traditional healers who were loyal to their practice, care more about saving lives than making money. They followed the cultural rules when they treated their patients. One of these rules was not to take advantage of their patients. They only ask for a single fowl for most physical disease and nothing for minor ailments like headaches or stomachaches. This made the indigenous people to keep going to traditional healers. This is how the practice survived in the fendom despite opposition from Christians and Western health units.

A study by Azusa Sato (2012), as well points out that the rationale behind the continuous utilization of TM in the various African communities was its economic value. Traditional medicine was more easily afforded than Western medicine which remained unobtainable for two-third of the sub-Saharan population. Healers were charged based on the culture and the ability of the patients to pay rather than flat rate. With this, they obtained payments in different forms unlike western health units where payments were made only in monetary terms. This made the indigenous people to prefer TM over western medicine (Ernest Tata, 2022). The rate of tradi-medical utilization increased and thus led to its survival. Clifford Nyamkwe (2022), argues that the reduction in the rate of utilization of TM in colonial Oku was rekindled in the post-colonial periods as the inhabitants discovered that they could not afford the expenses of the western medicine. In post-colonial Oku, the inhabitants resorted to the high utilization of TM as it was acquired almost for nothing. David Mkong (2022), testifies that;

Traditional medicine in Oku survived because it was very cheap and easy to acquire. They were treating people following the cultural formulae passed down by their forefathers. Based on these formulae, they were not to collect items from their patients unless prescribed by cultural modes of healing. The mode of healing entails items like goats, fowls, oil and corn flour needed mostly for spiritual healing. As concerns physical healing, only a fowl was needed to boil the herbs. At times, patients could pay the fowl whenever they had it. This helped to increase the number of patients visiting traditional doctors in Oku. The constant utilization of TM made it survive.

Another economic factor for the survival of TM in Oku was the advent of the economic crisis. Traditional healers who did not take traditional healing seriously became effective in the practice during the outbreak of economic crisis which hit Cameroon in 1987. This crisis resulted to an economic downturn and a lack of employment (Ernest Nkwambi, 2022). This caused healers to fully devote themselves to the practice of TM. A 2002 report from the Ministry of Public Health confirmed that economic crisis and the feeling of social security system created an intensive return to traditional health services (ministere de la santé publique, 2002).

Apart from traditional healers devoting themselves to the practice, the crisis also created hardship among the indigenous people who formally visited the Western health units. This caused them to return to traditional healers due to financial difficulties.

David Chinda (2022), observed that; “the economic crisis in Cameroon restored the original status of TM in the fendom. The crisis made it hard for people to afford the western health unit, so they turn to TM instead.” The economic factors helped traditional medicine to survive in Oku, and other parts of the Western Grassfields despite the Western prejudices.

Availability of Medicines

In addition to the above observations, one of the variants which led to the sustainability and survival of TM in Oku just like other African communities was the availability of herbs. Oku community is surrounded with many natural environments which enshrined herbs used in the treatment of both physical and metaphysical diseases (Bang, 2022). Patients were certain that traditional healers were always having the medication for their health issues. In the dry seasons, healers in the land ensured the availability of TM by harvesting grinding herbs. This was to make sure that patients were always in possession of medicine at any time. Jai Prudencia (2022), argues that;

The healers in Oku cared deeply about the health of the locals. They harvested herbs from different places and prepared them for the dry season when some herbs will disappear. They dried and pounded the herbs and stored them in bottles, bags, and containers in their shrines. They always had medicine ready for their patients.

The locals preferred TM to Western medicine, which was scarce, expensive and far away from their homes. They were only a few western health units in the urban areas of the Fondom while traditional healers were everywhere. Elizabeth Kendie (2019), agrees that the locals preferred traditional healing over the Western healing in the post-colonial period. She contrasts this with the colonial period when western health practitioners taught the locals to despise TM;

The indigenous people in the postcolonial period preferred traditional healing to western healing. The very few western health units were located far off the population but traditional healers were almost everywhere in the land. One could pass more than seven traditional health units before reaching western health units. This made the people to continue using the health system their ancestors used. This was contrary to the colonial period where almost all the inhabitants preferred the western health units due to the pejorative teachings of the western health practitioners against the TM (idem, 2019).

A major contributor to the level of availability of traditional medicine was that herbs could easily be grown. Common herbs like Peppermint or Aloe Vera could easily be grown in a garden without necessarily requiring a license. This is opposed to Western medicine where all drugs were acquired at a pharmacy or licensed drugstores. This reduced the level of availability, especially for people who lived in very remote areas and had to travel long distances to acquire prescribed drugs (Tanjong, 2022).

Herbal remedies were grown in local areas or within the compound, and with this, they were conveniently, and freely accessed. These herbs were tried and tested by ancestors and indigenous people and were administered by those who were living in the community (Anyinam, 1987). The availability of plants like Neem tree, scientifically known as *Azadirachta Indica* with its medicinal qualities made traditional medicine to be a preferred choice for many. The leaves were used to treat ringworm, fever, hepatitis, jaundice, lumbago and malaria.

The seeds were used to treat intestinal helminthiasis, wounds, pruritis and dermatitis. The stem-bark was used for helminthiasis, malaria and pharyngitis; while the root-bark was used for helminthiasis. The structure of a neem tree is shown in picture 1 below.

Picture 1: *Azadirachta indica* Commonly Called Neem Tree



Source: Field photo by the Mbingek, 12th August 2022.

The Formation of a Healing Association

To ensure the survival of traditional healing Oku, traditional healers came together in 1992 and came up with the idea of forming an association that was going to bind them together. This thus, led to the creation of the OTHA (Oku Traditional Healers Association) which became effective in 2000. This Association had a central government with branches in the various quarters under the leadership of branch presidents (Seimboh, 2019). The association acted as an umbrella covering all the traditional healers in the land. Seimboh (2019), testifies that before the creation of this Association, traditional healing in Oku was already infiltrated and jeopardized by external and internal forces. The activities of charlatans as well as the division among the healers affected the efficiency and effectiveness of traditional healing in the land. The Association was thus a mechanism to restore sanity in tradi-medical practices and as well ensured unity and collaboration among the practitioners (idem, 2019). Addition to this, Shey Ngong (2022), said that;

The OTHA restored the dignity of TM in Oku, which had been weakened by colonial and internal conflict. The OTHA fought hard to bring respect to the indigenous healing practice and to prevent charlatans as well as witchcraft from operating in Oku

The association compelled traditional healers to have a herbal garden around their shrines. This was to ensure the availability of essential herbs whenever there was need. This was also to make sure that patients were not deprived of needed supplies at any time. Healers who did not own a herbal garden were sanctioned and given a particular time frame to plant their gardens if not, they were considered charlatans. This contributed to the sustainable growth of TM for posterity. Adhering to this point, Seimboh says, he learns from other healers in the OTHA and planted a herbal garden in 2005. The garden had over sixty seven different herbs for various diseases, such as convulsion, gastric, stomachache, cancer and malaria. He used the garden as a first aid for patients who came late at night or were passing through critical conditions (Seimboh, 2019).

The establishment of medicinal gardens was not indigenous only to the Oku *Fondom*. Other communities as well developed the idea to better preserve endangered medicinal herbs. In 2002, some communities in Liberia, Mali and Sierra Leone engaged in the cultivation of medicinal plants. Burkina Faso indicated in 2008 that medicinal gardens were the main drive to the survival of traditional medicine in Africa (WHO, 2011).

The association working in partnership with the Association of Common Wealth Traditional Medical Practices cautioned the healers on the importance of hygiene in traditional healing. Before this period, locals knew that real traditional healers did not wear clean dresses or bathe regularly. This was believed to be part of their secret and source of spiritual powers. These views were condemned and proven wrong by this association as healers were educated on the vitality of the basic tenets of hygiene. They were cautioned to dress well and bathe properly. Objects such as razor blades were not to be used on more than one person (Seimboh, 2019). The act of preserving TM in dirty vessels was condemned by the association. Ernest Kwambi (2022), says;

OTHA brought modernism to traditional healing in Oku. The association promoted hygiene in the practice of traditional healing as it made the healers washed their cloths and keep themselves neat. This improved the image of the healers and attracted some of their patient back,

The preaching of hygiene to the traditional practitioners by OTHA was a way to combat the pejorative and misconception of the western institutions. They considered all traditional healers in Oku as well as elsewhere in Africa to be dirty and inflicting diseases into their patients rather than treating them. This doctrine of OTHA and the quick adherence to it by the practitioners changed the tide of TM in the land and ushered in a new dawn in the world view of TM. This enabled the practice to survive remarkably in the Oku *Fondom*.

It should be noted that the main reason for the formation of the various branches of OTHA in the various quarters in Oku was for them to monitor the operation and activities of the traditional healers. This was to make sure they did not vitiate from the objectives of the OTHA. Samuel Ngoran (2022), said that OTHA marked a rebirth of tradi-medical practices in Oku, which have been crippled and dwindled by the colonialists. The association was conceived in 1992 and realized in 2000 with branches in all the main zones of Oku. It had monthly and annual assessment, with report from all the branches. This helped to achieve and strengthen the objectives of the association. The president of Bow branch Nformi Noah, holds that the formation of the association acted as a check to the various healers in the village. The healers had to work based on the goals set by the OTHA, bearing in mind the sanctions awaiting them if they vitiate from the objectives (Nformi, 2022). In the village of Lui, Wirkar Somjom, who had been leading the healers in the area since inception of OTHA maintains that the traditional healers in Lui became conscious, determined and focus on restoring the health of patience and not on material benefits. They were operating in concordance of the set rules of the OTHA (Wirkar, 2019).

In the same dimension, one of the main goals of the OTHA was to suggest ways of preserving the legacy of TM for posterity. According to David Nchinda (2022), this was to be achieved through the production and packaging of the tradi-medical products. All the tradi-medical practitioners were obliged to produce the medicine of their specialty, packaged, labeled and preserved for posterity. Some of the tradi-medical products were to be preserved in the central branch of the OTHA. The production of these medicines was done during the dry season when herbs were transformed into powder. Nyanchi (2022), said that;

OTHA served TM in Oku from extinction. TM in Oku had lost it hope and sustainability during colonial period, unlike in the pre-colonial period. The healers gathered in 1992 and created OTHA to restore the glory of TM in the land. The association introduced mechanism of protection and preservation of TM in Oku

Apart from the main objectives of the OTHA, there were as well subsidiary objectives which helped in preserving and sustaining the future of traditional medicine in the land. Some of these objectives were thus;

1. Any practitioner who used traditional medicine to kill was to be banned from practicing.
 2. The indiscriminate harvesting of herbs without control was condemned.
 3. Drunkenness was forbidden for traditional healers
 4. Healers who conducted divination “*ngambe*” in public places were considered charlatans.
 5. Traditional practitioners were out rightly forbidden from making love with their patients.
 6. Money doublers who pretended to be traditional practitioners were exempted from the association.
 7. Traditional doctors who moved around with bags without a steady place were not needed by the association.
 8. Traditional doctors who specialize in abortion were exempted from the association and they were to face the consequences in case of risk.
 9. Only those who had specialized in treating particular diseases effectively were members of the Association and not those who claimed they could treat every disease.
 10. Traditional practitioners were not to keep patients in their homes for long without any improvement.
- Table two below present branches of OTHA and their presidents.

Table 2: Branches and the branch presidents OTHA in OKU

Branches	Presidents
Jikijem	Shimbo Joshua
Jiyane	Adamou Kumbo
Lui	Wirkar Somjom
Ngham/Ndum	Shey Ngoran

Elak	Francis Ful
Chack	Samuel Ngoran
Ibal	Shy Suly Tombuh
Lang	Wantong Daniel
Ichim	Lamnyam Ndifon
Lum	Tata Lami
Manchock	John Ndawei
Bow	Nformi Noah
Mboh	Menang Peter

Source: Field Sample by Mbingek Gilbert, 14th August 2022

Table two shows that OTHA had a branch president in each zone in Oku, who ensured that patients were treated by qualified healers. The branch president reported monthly workability to the general president who assessed and validated their work. The association also sanctioned those who violated the deontology of traditional healing. This made the healers more careful and committed in restoring the health of their patients. The OTHA was vital in the survival of TM in Oku, as it restored the faith of the locals in the practice, purified and dignified it. The locals only visited the healers registered by the association and ignored those who were not. This helped the practice to resist colonial attack.

Just like in Oku, other African communities also formed associations to protect and promote their TM, such as Ghana and South Africa. In South Africa, the Kwazulu Natal Traditional Healers council fought for the recognition and registration of TM and also against colonial interference. Despite being condemned by the witchcraft legislation act, the association gave South Africans the right to practice TM (Yuan, 2016). This ensures the sustainable survival just like in Oku as well as other African communities.

CONCLUSION

This study explores the resilience and survival of TM in Oku despite many challenges. It revealed that the Kilum-Ijim forest which provided a rich source of game for TM was a key factor in its survival and sustainability. Another factor was the effectiveness of TM in treating both physical and metaphysical disease, which earn the trust of the locals who could not find solution in the western health units. The study also show that some healers passed down their healing knowledge to their kin and apprentices before they died, ensuring the continuity of the practice. This was further supported by OTHA the healers association in Oku, which had guiding principles for traditional healers. The study also found that WHO played a vital role in promoting and developing TM in Africa and Oku in particular starting from 1977 when it organized a meeting with that objective. In 1978, it issued the right for the African stakeholders to define traditional healing in the Alma Ata declaration. This also motivated the OAU and the AU to adopt policies that could preserve TM in Africa. The various African governments inspired by WHO enacted principles and laws to promote TM in their countries. These factors contributed to the resilience and survival of TM in Oku.

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