

# Taboos and Medicine in Yoruba Medicine: The Unexplored Aspects of Bioethics

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## ABSTRACT

Taboo and bioethics constitute two major fundamental elements of the practice of traditional Yoruba medicine (TYM) that are intricately linked yet largely unexplored. However, their importance can be truly exemplified in the sustenance and maintenance of the ontological harmony between man and its environment, which in an apt sense is basic to averting unforeseen dangers to human life. This paper is therefore an attempt to bring to limelight, the indispensable aspect of taboos especially in relation to the study of bioethics in traditional Yoruba Medicine. It vehemently argues that taboo and its implications, in Africa and Yoruba cosmology, go beyond mere natural social relevance or social ethical implications; rather, its philosophical underpinning is also entrenched in bioethics - an aspect of traditional medicine that greatly deals with the preservation of human life.

Keyword: Taboos, Bioethics, Yoruba medicine, Environment.

## INTRODUCTION

Taboo and ethics are critical elements in traditional Yoruba medicine. To break a taboo and to violate an ethical standard can be considered to be responsible for an illness, also strict obedience and observance can as well prevent illnesses. This is evident in the fact that causes of many diseases are due mainly to transgression of natural laws as expounded in traditional African metaphysics. These laws are often violated in ignorance but sometimes deliberately (Benedict, 2014; 51). The Yoruba of south-western believe that there is inherent ontological harmony in the created universe and any attempt to upset the harmony, constitutes a diseased state. The attempt could be human or non-human; thus, a disease could be physical or metaphysical. Hence, traditional healers always employ both scientific and metaphysical approaches in an attempt to achieve a comprehensive cure of any malady. However, their operations and practices are strictly guided by existing natural norms and metaphysical laws, which when breached could be disastrous to human life.

Similarly, taboo as a form of natural social norm, it has certain quality of danger that normally befalls those who break it. Its concept has also been broadly explored by numerous scholars using western epistemology. However the aspects of taboo and its bioethical underpinnings in traditional African medicine has been largely unexplored, and consequently, uncodified. Indeed, taboo goes beyond its sociological relevance or essence as a means of controlling social vices and crimes within the society. It could be more philosophical when it comes to sustaining human life and ensuring peaceful coexistence between man and the natural environment (Magesa, 1997). It is in this sense that taboo has in it the bioethics of Yoruba medicine. They are perpetually and intricately linked together. However, for demystification and contextual analysis, the key concepts of this discourse and theoretical framework would be discussed before dwelling on other major issues.

## CONCEPTUAL CLARIFICATIONS

**Taboo:** The word taboo simply put is ‘eewo’ meaning where you should not move close to or enter because of the inherent danger associated with it. It is that which should not be done because of the severe consequences and punishment that is attached to the act of doing it. As earlier indicated, in Yoruba cosmology, the operation of the planet or earth is guided by both the natural and metaphysical laws, so taboo is anything that is against the existing natural and metaphysical system which is detrimental to the operations of the cosmological space. Odejebi sees taboo as a sacred term for a set of cultic or religious prohibitions instituted by traditional religious authorities as instruments for moral motivation, guidance, and objectivity for protecting the sanctity of their shrines and the well-being of their worshipping communities (2013:221).

**Traditional Medicine:** As defined by the World Health Organization (WHO), traditional medicine aims to perform the task of maintaining health as well as the prevention, diagnosis, improvement or treatment of physical and mental illness, using knowledge, skills, and practices based on “the theories, beliefs, and experiences indigenous to different cultures” (WHO Health Report, 2000). Borokini and Lawal have vividly defined traditional medicine as the alternative or non-conventional modes of treatment often involving the use of herbs in a non-orthodox manner as well as the process of consulting herbalists, mediums, priests, witch doctors, medicine men and various local deities when seeking a solution to diverse illnesses (Borokini and Lawal, 2014; 20).

**Bioethics:** It deals with the study of the ethical implications of medical practice, especially with regard to the preservation of human life. In traditional medicine, we are dealing with human life which is very fragile. Therefore, for every medical practitioner, the paramount objective is to preserve human life; however, there is always the possibility of endangering human life if there is an error or violation of certain taboos guiding the practice and potency of traditional medicine.

## THEORETICAL FRAMEWORK

The study adopts the model of building upon the indigenous methods of Claude Ake in which he argues that in the pursuit of African transformation, there is the need to design the agenda in such a way that the indigenous is not neglected. In fact, Ake argues that the indigenous should be the fabric upon which development must be built. This study therefore argues that to study bioethics in Yoruba medicine or traditional African medicine, the taboos and ethics of the indigenous peoples’ medicine must be understood. Indeed, in every traditional African setting, unwritten codes of behaviours constitute part and parcel of the peoples’ norms. According to Jegede, ethics is written in the hearts of Yoruba and expressed in proverbs, myths, wise sayings and other means (Jegede, 2014; 86). Thus, at the heart of the unwritten code of ethics is the expectation that traditional medical professionals will act in the best interest of their clients – that they will put them first, before themselves. In other words, the codes, though unwritten, often centre on the principles of beneficence among the local communities such that a traditional medicine practitioner (TMP) must always cure with selfless devotion and must never do harm. This further implies that rational thought and behaviours are central to the practice of ethic in every Yoruba society. In the same vein, Tauber argues that ethical codes and behaviours result from rational thought (Tauber, 2005). So, whether written or unwritten, a code of ethics, while not a legal document, assists practitioners to self-regulate themselves, encourage best practices and checkmate malpractices from time to time. It also enables them to observe high standard of conduct and discharge the moral and professional obligations expected as appropriate to their callings and professional esteem.

## **Ethics, Taboos and Professionalism in Traditional Medicine**

A fair picture of traditional medical practice among the Yoruba must invariably be a picture of specialists, trained in their own way, in the acquisition of an impressive wealth of knowledge around the use of herbs and other materials of therapeutic value. Indeed, there is no gainsaying the fact that their training was not only vast but exact (Mume, 1973). In a number of countries, prominent among which are China, India, Japan and Iran, traditional medicine has become fully recognised as an integral part of health care systems and one of the care options on offer. Although Nigeria has not reached this stage of development, it is much possible when there are scholarly interventions in the field of professional ethics and taboos guiding the practice of traditional medicine which for now are largely not codified.

Moreover, the efforts of the international communities to bring traditional medical practice to limelight cannot be undervalued. This is epitomised in the fact there have not been adequate intervention in bioethics in traditional African Medicine (TAM). In Africa, the resolution on “Promoting the Role of Traditional Medicine in Health Systems: A Strategy for the African Region”, adopted by the 50<sup>th</sup> meeting of the World Health Organization’s (WHO’s) Regional Committee for Africa in August 2000, states that the African member states are aware that about 80 per cent of the region’s population depends on traditional medicine for its health care needs (Zhang, 2004). Other efforts of prominent importance include: The 1992 Convention on Biological Diversity, the 2001 UNESCO Universal Declaration on Cultural Diversity, the 2003 Convention for the Safeguarding of the Intangible Cultural Heritage and the 2007 United Nations Declaration on the Rights of Indigenous Peoples. These international communities have been able to enumerate the paradigms to be adopted to understand and address traditional medicine as a viable profession. Pertinent to this study is the two principles from the Universal Declaration on Bioethics and Human Rights, adopted by acclamation through the UNESCO General Conference in 2005, which could be analysed as follows:

The right of every human being to enjoy “the highest attainable standard of health” (Art. 14); and the explicit need to respect “cultural diversity and pluralism” (Art. 12), which includes “respect for traditional knowledge” (Art. 17).

This kind of approach requires not only a commitment to reaffirming the pivotal role of traditional medicine worldwide, but also the capacity to provide some essential guidelines to protect its users and prevent any possible risk of discrimination, exploitation and danger to human life (IBC, 2013; 1). Owing to its importance and recognition worldwide as a viable field of medicine, the principles guiding traditional medicine bioethics must be adequately explored so as to meet the requirements appropriate for the practice of traditional medicine, in terms of safety, effectiveness and quality. Indeed, every traditional system of medical knowledge, skills and practices supposed to improve health outcomes, including physical, mental and social well-being.

Traditional medical practitioners see human beings as inseparable from their social, natural, spiritual and cosmic environment. Consequently, disease is considered and treated as a phenomenon that arises when an imbalance affects the vital powers governing the patient’s health; these powers range from the most powerful deity to the smallest living organism. To restore harmony, the healer combines local plants and minerals (chosen both for their medicinal properties and their symbolic and spiritual significance) with ritual actions, and calls on his or her in-depth knowledge of the patient’s kinship and social relations, as well as common local cosmologies. Hence, it is mandatory for every traditional practitioner to choose and apply appropriate remedies with required considerations for the taboos that guide the practice. Conscious efforts are made to avoid taboos so as not to do anything that might be contrary to bioethics and professionalism in traditional medicine, and to ensure that their prescription are effective. This is fundamental to the overall consideration for efficacy as taboos and ethics are interlocking forces that facilitates the efficacy of

medicine in Yoruba medicine. The saying is ? *bi o loogun, bi o leke, ikankan ko ni je nibe* meaning, if you have medical prowess and yet insincere, it will make your practice ineffectual.

### Some Ethical Issues in Traditional African Medicine

Ethical issues among the Yoruba medical practitioners are very sensitive because they are rooted in peoples' cultural beliefs and norms which, in traditional socio-cultural milieu, must be considerably respected; otherwise, one's true self or integrity could become marred. Therefore, ethical observations remain highly central in every Yoruba society, and there are numerous existing taboos purposefully designed in oral forms to make humans comply with the principles of natural and supernatural cosmology, and to harmonise their relationship with nature so as to secure human life and promote proper exploitation of natural resources, which is key to bioethics in traditional medicine. In fact, during the period of apprenticeship, traditional practitioners are always advised as follows:

*Ma fojo pojo*

*Ma fojo pojo*

*Ki o masi foje iroko peti (oriro)?*

Meaning,

Do not call rain ojo (the name of a person)

Do not call rain ojo (fear)

Do not use the latex of Iroko to replace that of (oriro) (another type of tree)

The above assertion empirically brings out the quintessence of truthfulness, carefulness, honesty or openness as a core professional ethics of traditional medical practices, which in an apt sense should constitute a pivotal drive of the practice. This is because of the fact that the practice of traditional medicine is a sensitive profession because, like western orthodox medicine, it deals with human life. Hence, it is a taboo for a traditional medical practitioner to be dubious or shady in his dealings with clients as this may amount to eminent doom which could be disastrous to his profession. This further attests to the credibility of traditional medical practices as a profession, the fact which must not be thwarted upon by the negligence and greediness of some traditional practitioners.

Another issue that further accentuates the synergy in traditional medical ethics, taboos, professionalism and bioethics is the positivisation of the traditional medical space. Positivisation is the deliberate attempt at making the traditional hospital space positive, constructive or optimistic for therapeutic purposes. Thus, whenever a client comes to a traditional healer or practitioner for cure of any form of illnesses, the traditional practitioner always has positive response to his client no matter how bad the nature of such client's diseases or illnesses might be. By positivisation therefore, we mean the efforts of the practitioners to create in words and in deeds the hospital space where all negative tendencies are prevented. Also, during the process of attending to clients, the traditional practitioners always, encouragingly say, *ko si ku, ko si arun* (there is no death, there is no sickness), *a ki i gbo buburu lenu abore* (one should not hear of evil from a priest), *ire ni mo ri, ire na lo ma jasi, ebo la ma ru* (I saw good tidings, this matter is a positive one, but we will offer sacrifice) and so on. These sayings majorly aim at assuaging the fears and anxieties of clients as well as reassuring them of the possibility of being cured of their illnesses despite inherent challenges, imminent danger, pains and sufferings accompanying both malignant and benign forms of illnesses. Indeed, traditional medical practitioners are trained and are expected to maintain a great level of composure and calmness when dealing with patients/clients and this, in itself, has therapeutic effects on their clients because

it constitutes a source of reassurance and massive relief which consequently lessen the emotional and psychological stresses and pressures of such clients.

To this end, ethical issues are beyond the ordinary truth or the act of being necessarily factual about the nature of patient's illness as it is in the Western medical sense, it is about what is possible to sustain the sick person. A question that is more pertinent here is: What is the essence of divulging the truth when it could further endanger human life especially if the nature of a person's illness is highly precarious? In this regard, Jegede asserts that the intricacies of truth telling are embedded in complex clinical context (Jegede, 2014; 91). He observes that while lying is considered to be generally wrong for moral reasons but less than full disclosure could be morally justifiable, especially if the patient is suffering from depression, hypertension, or is highly irrational or suicidal. Thus, it is not uncommon during *Ifa* divination for traditional practitioner to employ 'wisdom' in disclosing the nature of one's health. In fact, in traditional medical practice, it is a taboo for him not to do so. For instance, a situation where a person is in imminent danger of death, diseases or unfavourable court cases, there are numerous Odu Ifa verses that would be employed to avert such evil by speaking positivity and victory to such person's life. For example:

*Iku* (death)

*Omi inu igi ni n foju jaro*

*Omi inu ogbungun ni ni foju jawo gberegede*

*A difa fun sominipoki*

*Eyi ti o nle sebi sori ikin*

*Nitori i kini sominipoki o se sebi sori ikin*

*Nitori ki sominipoki ma ba a ku*

*Nitori ki sominipoki ma ba a run*

*Nje mo ti sebi sori ikin*

*Tori ki n gbo*

*Tori ki n bi yaya.*

The water inside wood

Always look like indigo

And the water inside a pit

Always look like a big and open plate

Performed Ifa divination of that day for sominipoki

That was going to offer kola nut for Ifa

Why should sominipoki offer kola nut for Ifa

That sominipoki might not die

And that he might not be sick

Now I have offered kola nut

That I might live long

And that I might prosper.

Song: *Mo ti sebi sori kin*

*Tori ki n gbo o o*

*Tori ki n bi yaya*

*Nje iponri Ikin won ki i ku o.*

*Iponri ikin won ki i run*

*Mo ti sebi sori ikin.*

I have cut colanuts on the Ifa kernel

So that I can be strong and alive

That I might expand

The lineage of Ifa kernel does not die

The lineage of Ifa kernel does not get sick

I have cut kolanut on the top of Ifa kernel.

In this *Ifa* verses, *Sominipoki* was very sick to the point that he was afraid that he would die, this led him to a *babalawo* who asked him to offer a sacrifice. *Ifa* says that there is a sick person somewhere, and the person is either the client or one of his relatives. He must offer sacrifice to *Ifa* so that he might not die, and that he will be healed if he offers sacrifice of kola nut to *Ifa* with Rabbit, palm oil, kolanut, and *eko*.

*Arun* (Disease):

*Gba mi ngbo lawo gba mi ngbo*

*Gba mi odan lawo gba mi odan*

*Gba mi ofe lawo gba mi ofeere fe*

*Ogede agbaagba so omo e ko deere, deere*

*Difa fun Orunmila*

*Baba ma a fi ogede agbagba gba omo e lowo iku*

*O ma a fi ogede agbagba gba omo e lowo arun.*

*Won ni ko kara giri ebo ni ko maa se*

Gba mi n gbo lawogba mi ngbo was the diviner of gba mi ngbo

Gba mi Odan was also the diviner of gba mi odan

Gba mi ofe was the diviner of gba mi ofeerefe

Performed Ifa divination for Orunmila

He was going to offer plantain as sacrifice

To save his son from death

To save his son from diseases.

He was asked to be prepared to offer sacrifice.

Song: *Ogede agbagba, ogede agbagba*

*Ifa ni o gba mi lowo ki leyi le se*

Plantain, plantain, it is Ifa that will save me

From the person who asks what can this one do

In this poem, Orunmila was very sick and he went to his diviner. It was revealed that the sickness he was suffering from will do him no harm and that it will not last long if he could use plantain to offer sacrifice to Ifa with kolanut, palm oil, fish, eko, rat etc.

Ejo (Court Case):

*A san bante gori iroko*

*Babalawo Eleremoju lo difa fun Eleremoju*

*Omo a seso ma te*

*Ti won ni eso to fe se o ma a te*

One who puts charm round his waist to climb Iroko tree

Babalawo of Eleremoju performed Ifa divination for Eleremoju

The son of the person who always beatify herself and

And will not be put to shame.

Song:

*Ebo elerenmoju ma fin naa*

*Osoro orun a gbayewo*

*Osoro orun e gbayewo*

*Ebo Elerenmoju ma fin na o ye e*

*Osoro orun e gbayewo.*

The sacrifice of elerenmoju has been accepted

The priest of the heavens

Come and see.

The sacrifice of Elerenmoju has been accepted,

The priest of the heavens come and see.

All these largely reiterate the profound beauty of positivisation ethics because even though the person that has this *odu* is in a deadly state, the traditional practitioner calmly expresses it out with wisdom. More so, the essence of applying wisdom in every situation cannot be divorced from the potency of every traditional practitioner medicine. Of relevance to this assertion is:

|  |   |
|--|---|
| <i>Ogbón ríbí-ríbí</i>                 | Great wisdom  |
| <i>Ni a fí gbà ogbón ríbí-ríbí.</i>    | Is what we use to acquire profound wisdom                                     |
| <i>Bí a bá ní ogbón ríbí-ríbí nínú</i> | If we do not gain great wisdom  |
| <i>Àì kó o gùn ríbí-ríbí.</i>          | We will be unable to master potent medicines                                  |
| <i>Bí a bá kó o gùn ríbí-ríbí,</i>     | If we don't learn powerful medicines  |
| <i>Àì wo àrùn ríbí-ríbí.</i>           | We won't be able to cure serious illnesses                                    |
| <i>Bí a bá wo àrùn ríbí-ríbí,</i>      | If we can't cure serious illnesses  |
| <i>Àì gbà owó ríbí-ríbí.</i>           | We will not achieve wealth and prosperity                                     |
| <i>Bí a bá gbà owó ríbí-ríbí,</i>      | If we don't achieve wealth and prosperity                                     |
| <i>Àì rí nkan ríbí-ríbí gbé se.</i>    | We will be unable to make significant contributions to our society/community. |
| <i>Àwon l'ó dá fún Òrúnmìlà.</i>       | These were the ones who cast Ifá for Òrúnmìlà                                 |
| <i>Ifá nse awo rè de Ìlá.</i>          | When he was going to Ìlá to practice Ifá.                                     |

## THE ISSUE OF MONEY WITHIN TRADITIONAL MEDICAL PRACTICE

Among traditional medicine practitioners, money is not the major drive, it is not central. The practice



emerged out of compassion, in other words, it is not just ‘professional’ but also simply humanitarian. The need to preserve human life as well as service to humanity is crucial. In this wise, there are taboos which further establish and reaffirm this fact. Hence, no matter how malignant (that is, diseases that are terrible, usually a terminal one with so much pains and sufferings) a disease may be, a traditional practitioner must not be so keen on making money from his client because aside from rendering his medicine impotent, there are dire consequences attached to it. Traditional medicine practitioners are frequently warned or advised not to do so. One of such advices can be enumerated as follows:

*Ka ma fi; kanju wa owo*

*Ka ma fi girigiri ta; kunola*

*Eniti o bafi'kanju wa owo*

*Ti o ba fi girigiri ta kunola*

*Bo petiti abeominrinminrin a ma a*

*Ko won lowo,*

*A ma a ka won lese*

*A difa fun itale ni ojoti n nsukunpe ohun o leni*

*Tale tale ki i pon tale loju*

*Bo ba dale a waa dolohunje.*

Meaning,

One should not hurriedly look for money

Do not carelessly look for honour

Whoever hurriedly looks for honour

Whoever hurriedly looks for money

And hurriedly gets honour.

After a long while, a special type of blade (abeominrinminrin)

Can hang their legs and arms.

Performed Ifa divination for itale,

When he was complaining that he had no supporter.

Tale can only be hungry in the afternoon,

But at night he will have abundance of food.

Hence, apart from the fact that it is unethical in traditional medicine practice to allow money to play a prominent role in dealing with one's client, it is a taboo, 'aise', (what should not be done or the undoable) to do so due to the severity of its consequences. However, the implication of this is that it further aids the accessibility or affordability of traditional medicine by many people in society. Indeed, in Yoruba traditional medical system, when a disease is malignant, rather than money becoming a priority or debarring such a client from receiving proper and adequate care, the disease becomes a community issue. Although the traditional healers or practitioners require payment for their services, however, under no circumstance should a penny be taken for healing diseases such as *warapa* (epilepsy), *were* (insanity or other forms of psychological orders) among others. These are illnesses that take a considerable length of time before it can be cured. Hence, the financial burden would make it a hopeless situation, if it is saddled principally on the clients and their caregivers. In this circumstance therefore, the process of healing is a collective responsibility of both the client and the healer. Noticeable in this study is the fact that the bulk of the burden is upon the healer. This explains the reason for the following Yoruba maxim:

*A kii wo warapa ka gbowo*

*A ki i wo were kagbeje*

*Eni to bawo warapa to gbowo*

*To bawo were to gbeje*

*Bo petiti, iru omo won a ma a bugi je.*

Meaning,

No one cures epilepsy and takes money

No one cures psychiatric problem and take money

Anyone that cures epilepsy or psychiatric problem and takes money

After a long while, Children of such persons will run mad.

From the foregoing, it is evidently clear that the issue of client-professional relationship in traditional medicine is a highly sensitive one. The ethics of the profession strictly guides against money extortion or financial exploitation of clients. Similarly, there is another taboo which says, *ko ni buburu ki babalawo ko bere ebo ana* meaning, after the prescription of what should be done by the client, the practitioner is not supposed to ask neither should he persuade the client to do what he has prescribed. This taboo reflects self-esteem of practitioners, which is key to the practice of traditional medicine. This, in a way, increases the integrity of the practice because a practitioner without self-esteem cannot offer potent medicine. In other words, the efficacy of the practice and the personality of the practitioner are interlaced. Moreover, this taboo is fundamental to client relationship in traditional medical ethics and professionalism. Thus, by implication, it gives the client the opportunity to make alternative choices since it is not mandatory for the client to accept the treatment method or prescription of a practitioner. Therefore, every client has the right to alternative medical care or a refusal.

Accordingly, the numerous taboos and professional ethics guiding the practice of traditional medicine are strictly stipulated natural and supernatural laws. These laws, which are embodiment of the socio-cultural

milieu of the indigenous knowledge, are what every traditional practitioners or healers tap from. This must not be altered to avert unknown consequences. For this reason, traditional medicine is not an avenue to cheat others or for making oneself to become ostentatiously rich. It is a profession that has to do with pure dedication to humanity, social well-being and orderliness. If this is adequately observed, it would further aid the potency and the credibility of traditional medical practice.

### Exploitation of Natural Resources and Bioethics

Exploration is the basis of exploitation, while extraction must be coupled with conservation and propagation for sustaining nature because failure to sustain nature is very dangerous to human survival. Exploration is necessary to be able to make positive use of natural herbs, trees, roots and plants that are potent for traditional medical purposes. Thus, preservation of natural resources is very vital to human survival. While it is not uncommon for traditional practitioners to make use of root herbs, tree barks, plants, leaves among others for curing illness and preventing diseases, there is need to conserve and renew these natural resources. More so, there is the need to note that for every traditional medical practitioner, there is a special place for the beingness of natural phenomenon. In other words, there is respect for the exploitation of natural resources to sustain human life as well as promote peaceful coexistence and harmony between the human community and nature. In view of this, there are natural laws guiding the extraction or exploitation of natural resources, which must be adequately observed by every traditional practitioner as failure to observe them can be accompanied with severe consequences that may endanger human life. For instance, among the Yoruba, there is a general belief concerning the use of root herbs (*egbo igi*) in Yoruba land; it is mandatory for every traditional practitioner exploiting *egbo igi* to cover the land where the *egbo igi* was gotten from with sand to promote the propagation and the conservation of such herbs. In fact, it is a taboo to leave such land uncovered as it might lead to the extinction of such herbs thereby reducing its accessibility for potential patients.

Moreover, the extraction of natural resources is considerably guided by certain cultural practices. Of importance is the fact that there are some forests in Yoruba land that is forbidden for every traditional practitioner to do exploitation. Also, it is dangerous for practitioners to exploit these forests. Therefore, there are existing taboos guarding against the exploitation of such forests. These forests include *Igbo oro*, *Igbo Eluku*, *Igbo ogun*, *Igbo oya*, *Igbo Agemo*, *Igbo Egungun*, *Igbo igunnu* among many others. It is forbidden to procure herbs and other medicinal plants from these forests for healing and disease prevention as it could further endanger both the life of the patient and the medical practitioner.

The Yoruba perception of animals and their utilisation is also accompanied with taboos (Owoseni, 2014; 105). Of importance is the Yoruba saying, *adie irana, ki i se ohun aje gbe* meaning, the fowl that clears the road, must not be eaten. When it is eaten, it has very dare consequences.. This special fowl is designated for rituals and buried along with the corpse of an extraordinary member of the society. However, it is a taboo to eat *adie irana* because anyone that eats such animal would die mysteriously like the person the fowl was used as ritual for. This largely represents one of the oral traditional ethics with regards to traditional medicine. Likewise, some animals within the Yoruba traditional corpus are revered as sacred figures of religious worship, consequently, it is a taboo to eat such animals or offer them as sacrifice since such an act could further endanger human life or render its curative purpose impotent. Some of these animals include the yellow palm bird (popularly called *eye oga*), vulture (*igun*) and royal python. Any attempt to fell a tree where the decorous bird (*eye oga*) lays its eggs is to invite doom upon the society. Similarly, the vulture in Yoruba land is a sacred bird and should not be used as a burnt offering, game or food. The Yoruba saying, *a ki pa igun, a ki je igun, a ki fi igun bori* (meaning, we do not kill the vulture, we do not eat the vulture, we do not use the vulture as sacrifice to the gods to remedy human destiny) further highlights the taboos with regard to traditional medical bioethics. The saying as well warns against any attempt to kill the vulture

for food or use it as sacrifice to the gods.

### **Therapeutic Environment and Bioethics in Traditional Medicine**

Also, a vital aspect of bioethics in traditional medical practice which remains highly unexplored is an overview of traditional therapeutic environment. Of crucial note is the fact that traditional medical environment goes beyond aesthetic and superficial outlook. Better put, aesthetic does not determine the therapeutics in traditional medical practice because it does not portend therapeutic but the totality of the environment. This is a departure from western medical practice in which hygiene and aesthetic are synonymous, while the traditional medical environment is beyond aesthetic and edifice as it emphasises sense of naturalness. By implication therefore, the more natural an environment is, the more it can serve as healing centre, not necessarily the hygiene or the aesthetics.

More so, in a true traditional clinic, there is rhythm, in the form of highly systematised noise which is also therapeutic. In fact, if you want to sing in a traditional clinic, it must be rhythmical. In other words, the language usage, diction, and even the noise in any traditional medical architecture must be rhythmical. This is highly crucial to sustaining human life because when the noise is bad and the language is negative, illness is likely to be aggravated. Moreover, the Ifa medical chanting in form of songs, poems and other musical lyrics are highly diagnostic and therapeutic by equally creating a highly serene warming and healing environment not only for the patients, but their relatives and other visitors alike during the moment of rituals and other healing performances. It is such that the practitioners, client and everyone around are active participants in the healing process in both the diagnostic and therapeutic enactment. Thus, from the above assertion, it could be deduced that musical articulations are important components of therapy in Yoruba medicine, which ethically must be duly observed, explored and codified. Most often, musical rendition is crucial to body's involuntary corporeal response to healing processes in traditional medicine. This in an apt sense largely shows that there is a relationship between the musical and sonic techniques of articulation and Ifá's therapeutic power, (Gardner, 2010; 31). Ethically and as a matter of the clinical procedures, poem, lyrics and music are germane to the therapeutic systems of the Yoruba. An example is here below.

IRE: *Aiku* Poem

*Asa bon, Iban ko de oju iku*

*Ata'fa ofa o gba*

*Da Orunmila*

*Baba nbe ninu airoju airaye*

*Kini o ba wa le airoju lo?*

*Ogbodo aguntan, Ifa ni o ba wa le airoju lo*

*Ogbodo aguntan*

*Kini o ba wa le airaye lo*

*Ogbodo aguntan Ifa ni o ba wa le airaye lo*

*Ogbodo Aguntan.*

We shot a gun, the gun did not kill.

We pull our arrow, it was not pulled

Performed Ifa divination for Orunmila

He was in a condition of restlessness

What will help us to chase away restlessness?

The big sheep will help us to chase away restlessness

The big sheep.

Song:

*Ma a roju raye o, ma a roju raye*

*Ma a roju raye saye mi okan mi a bale*

*Elenini a pada lehin mi, ma a roju raye o*

I will have the time and the peace of mind

To enjoy my life

Those who plot evil against me shall turn back from

Pursuing me, I will have the time and peace of mind

Isegun: Poem

*A ki i kun efun ka roju*

*A ki i kun osun ka gbaawe*

*A ki i kunle fun eruku yeu yeu ka jebi ejo elejo*

*A difa fo'ju oro*

*Eyi ti o nlo soko Irawo ilagbeje*

*Won ni ko maa rubo*

We cannot rub powder and still look moody

We cannot rub osun and still go on fasting

Neither can we kneel for the dust and still

Be guilty of somebody else's case

Performed Ifa divination for *Oju Oro* (a plant)

That was going to clear the bush at

*Irawo lagbeje* (a town)

They told him (not?) to offer sacrifice.

Song: *Efunyela o ajesan laye*

*Efun irawo la mi kun o*

*Efunyela a o ajesan*

*Efun irawo la mi kun o*

*Efunyela* o that flows properly

We are painting the efun of the stars or destiny

*Efunyela* o that flows properly

We are painting the efun of stars of destiny.

We are painting the efun of destiny.

Song 2:

*Awa ye o peregede*

*Awa ye o peregede*

*Awa o ka o,*

*Awa da japa, awa o ka o laye*

We are alive

Strongly, we are alive strongly

They could not conquer us

We have been turned to tortoise, they could not conquer us in this world?

From the foregoing, we see the poem and the song so musical and sometimes it can be accompanied with drums. It must be pointed out that the traditional healers or medical practitioners utilise indigenous knowledge in quite systematic ways and with deep observance of a 'rich tradition' of norms, taboo systems and assorted practices that are grounded in the traditional medical practice (Rusinga and Maposa, 2010; 202). This body of belief system shapes local people's interpretation of their perception of the accessibility and utility of the available natural resources in traditional medicine.

## CONCLUSION

Indeed, bioethics in traditional medical practice constitutes a very important field that have been largely ignored, which therefore must be brought to limelight for it to be properly explored, and in the long run, subsequently codified. This is even more unavoidably important because as it could be observed in the above analysis, there are existing taboos in the Yoruba cosmology. This must be observed for the safety of human life and the promotion of peaceful coexistence between man and the natural environment. Any unconscious attempt to alter this ontological harmony by a breach of these taboos could result in a disease state that could be disastrous to human life. Hence, the study of bioethics in relation to taboos and professional ethics in traditional medicine as considerably done in this paper is crucial in averting this danger.

## RECOMMENDATIONS

In this study, the following recommendations should be observed as regard codifying bioethics in traditional Yoruba medicine.

- Bioethics as regards taboos and ethics guiding the practice of traditional medicine must be taught in tertiary level at universities, while insightful research and publications must be encouraged in the field for them to be known and adequately observed in the practice of traditional medicine.
- The fragmented traditional practitioners associations in Nigeria must be well-coordinated into a strong national body in which there will be oath that will clearly specify the guiding principles and ethics of traditional medicine as a profession.
- Given the fact that traditional medicine has become a big issue in global medical discourse, there is need to codify ethics in traditional medicine in spite of the fact that it is well guided by rationality so as to further accentuate its relevance, and for these ethics to be adequately recognised especially among traditional medical practitioners. This is crucial in order to reaffirm both the authenticity and the integrity of the traditional medical practice. Hence, when the ethical codes of the practice have been adequately codified, it would not only become properly established but would also serve as the major drive and the guiding principles of the practice itself, which must be respected by every traditional practitioner for the potency of their medicine. This is imperative because ethics, taboos and professionalism, in traditional medicine, are intricately synergised phenomena.

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