

CHANGES AND CONTINUITY OF SELECTED TRADITIONAL HEALTHCARE PRACTICES IN IZZI SINCE 1905.

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Abstract

This academic exercise interrogates the changes and continuity in traditional healthcare practices in Izzi from 1905 to 2013. It examines the traditional healthcare practices that were utilized to cure diseases in Izzi within the above stated period. This study x-rays the healthcare practices of the people with the aim of bringing to limelight those aspects of their traditional healthcare practices that changed or were sustained over time; taking note of the factors responsible viz a viz colonialism, western education and Christianity in the region and how Western medicine contributed in shaping the healthcare landscape of Izzi. This academic enquiry discovers that for some reasons, the study of traditional healthcare practices of the Izzi has not received conscious scholarly attention hence, this thesis perhaps would create academic awareness which would elicit further studies on this aspect of the people's History. The nature of this research necessitated the use of primary and secondary source materials which includes; archival sources, oral interviews obtained from versed individuals in the field, newspaper reports, books, journals and internet materials which were analyzed and utilized for the development of this research. This study unveils the evolution and union of traditional cum western healthcare practices in the region in question. Findings reveal both transformative shifts and enduring elements in Izzi's traditional healthcare practices. The implications of these changes extend to public health, cultural preservation, and historical understanding. This research contributes to the broader discourse on the intersection of healthcare, culture, tradition, history and would be useful to community health workers, scholars, researchers and the general public.

Keywords: traditional healthcare, Izzi, continuity, changes, cultural practices.

Traditional medicine is a system of healthcare practices that has been developed over generations within a particular culture or society.¹ It includes various practices and techniques that have been passed down orally or in written form from one generation to another. Traditional medicine includes the use of natural remedies such as herbs, plants, and minerals, as well as other practices such as massage, acupuncture, and meditation. It is often closely tied to spiritual or religious beliefs and may include rituals, ceremonies, and prayers as part of the healing process.²

In Igboland, traditional medicine refers to the traditional healing practices of the Igbo people, one of the three major ethnic groups in Nigeria. The Igbo people have a rich and diverse medical tradition that has been passed down through generations. Traditional Igbo medicine is based on the belief that everything in the universe has a spirit, including plants, animals, and human beings.³ The Igbo believe that illness and disease are caused by a disruption of the balance between these spirits, and that a traditional healthcare practitioner can restore this balance through

the use of various natural remedies and spiritual practices. Some of the most commonly used remedies in Igbo traditional medicine include herbs, roots, bark of trees, and leaves of various plants, as well as animal parts and minerals. These remedies are often prepared in the form of tea, powder, or paste, and may be taken orally, applied topically, or used in spiritual rituals. Traditional healers in Igbo land, known as *Dibiaor Dibia mgborogwuna-mkpa-akwukwo*, are highly respected members of Igbo society and are believed to possess special powers and knowledge that enable them to diagnose and treat a wide range of illnesses and health conditions. In addition to administering remedies, traditional healers may also perform spiritual rituals, such as prayer, chanting, and sacrifice, to help restore balance and harmony in the body and the environment.⁴

Traditional healthcare practices in Izzi occupy center stage in the people's cultural heritage. Before the advent of the British Colonialists in Izzi in 1905⁸, the people have had doses of some diseases and ailments such as; *Obvu* (Madness), *Ehu* (Guinea worm), *Mgburuka/Ntu/Oke-Edjonwu* (Anthrax), *Ekpenta* (Leprosy), *Ododo-nya/Iba-Otchalenya* (Malaria/Yellow Fever), *Ndapfu* (Epilepsy), *Atashi/Atashi-Okponku* (Gonorrhea/Syphilis), *Ukwara-nta* (Tuberculosis), *Epho-Otoro* (Cholera) and *Igbogbo* (Smallpox), *Agbaji-Okpu/Iphe-eswehu* (Broken/dislocation of bones) *et cetera*. Some were considered mere health disorder while others were seen as having spiritual undertone. Nonetheless, the Izzi people with the use of roots, herbs and other natural remedies were able to tackle diseases that ravaged them through the help of traditional healthcare physicians namely: *jibya*, *jibyaobvu-mkpa-ekwo*, *ndu-ophulenyia*, *ndu-agba-edja*, and *andonye-agba-okpu*. However, some diseases remained incurable and were considered by the people as abominable disease prior to the advent of western medical practices in the area.

Traditional healthcare practices in Izzi, refer to the traditional medical knowledge and practices of the Izzi people of southeastern Nigeria. The people believe that diseases and sicknesses are caused by either natural or supernatural factors. For example, they believe that hard labour or overworking of oneself could cause sickness called *Ododo-nya*- malaria. In the same vein, they believe that supernatural forces such as, someone's personal *nshi*- juju; *agwa*- gods or *ndu-itche*-ancestors could cause someone to be sick with any kind of disease.⁵ The people believe that a sickness is not ordinary if the cure is unknown to them or if it defiles cure after the right treatment had been administered. In this circumstance, the people's suspicion would be that either *agwa*, *ndu-itche* or someone may have used *nshi* to inflict the sickness on the patient. In this situation, *Jibya* or *Onye-agba-edja*- Diviner or *Onye-aphu-ophulenyia*- a Fortuneteller will be consulted to ascertain the cause of the sickness and to receive instructions on how it could be cured.⁶ Izzi traditional healthcare practices like in the other parts of Igboland, includes a range of practices such as the use of herbal medicines, spiritual healing, and traditional therapies. Herbal medicines are a major component of Izzi traditional healthcare practices, with the use of different plant species for the treatment of various diseases such as *Obvu* (Madness), *Ehu* (Guinea-worm), *Mgburuka/Ntu/Oke-edjonwu* (Anthrax), *Ekpenta* (Leprosy), *Ododo-nya/Iba-otchalenya* (Malaria/Yellow-fever), *Ndapfu* (Epilepsy), *Atashi/Atashi-okponku* (Gonorrhea/Syphilis),

Ukwara-nta (Tuberculosis), *Epho-otoro* (Cholera) and *Igbogbo*(Smallpox) *Agbazhi-Okpu* (Bone setting) *et cetera*.

The Izzi people have a rich knowledge of plants and their medicinal properties, and they use different parts of the plant for different medicinal purposes. For example, the leaves, stem, root, and bark of a particular plant could be combined or used independently for different medicinal purposes. Spiritual healing is also an important aspect of Izzi traditional healthcare practices. This involves the use of spiritual powers with the assistance of *Onye-agba-edja*- Diviner or Fortuneteller and *Jibya* to heal various ailments, including physical, mental, and emotional illnesses. Spiritual healing often involves the use of prayers, incantations, and rituals. Traditional therapies such as massage, acupuncture, and cupping are also employed in Izzi traditional healthcare practices to treat various ailments.⁷ These therapies aim to restore the balance and harmony of the body, mind, and spirit. Indeed, Izzi traditional healthcare practices is an important aspect of the cultural heritage of the people and continues to play a significant role in their healthcare history even in modern times. Even though the belief in the potency or efficacy or use of traditional medicine, vary from individual to individual in Izzi but its importance in the healthcare practices of the people cannot be underestimated.

It is platitude to state that health and wellness are as old as mankind. No wonder an old traditional healthcare physician once said, “*traditional medicine and food are but two sides of the same coin*”⁸ That is to say, medicine and food share common origin but varies only in usage. In fact, there was a period when medicine and food were consumed without boundaries. This was because early men had no demarcation between food and medicine. The distinction between food and medicine was a more recent development. When an individual became sick of a specific ailment, specific treatment was therefore required and administered to such person. This was usually prescribed by traditional healthcare physicians in Izzi who were either *jibya* or *jibya-nkpa-ekwo*.⁹

The traditional healthcare specialists were naturally gifted with the knowledge to cure diseases using traditional medicine. In short, there are countless natural vegetation such as herbs, leaves, tree bark, roots, seeds, fruits et cetera that are medicinal and there is a thin line demarcating them from foodstuff. That is to say, that natural vegetation considered to be medicinal at one hand are also considered to be foodstuff at the other hand. For example, carrot, ginger, garlic, cucumber, watermelon, *oshirisha*, pepperfruit, pumpkin head, et cetera; are consumed as food as well as used separately or combined as medicine.¹⁰ Those taken daily or regularly for daily energy and sustenance are considered to be food while those not used daily and regularly which produces physiological reaction when taken are considered to be medicine. This common origin of food and medicine is also reflected in the position of wine which doubles as herbal medicine from earliest times.¹¹

In Izzi traditional medicine, many common foods serve as medicine while many specific medicines are used as foodstuff as highlighted above. Most medicines were isolated from foodstuffs. In Izzi traditional medicine, it is held that the human body is healthy when it is in harmony with soul and spirit. A traditional healthcare physician could prepare delicious

medicinal dishes as food so that a patient would not even realize that he or she is taking medicine. By so doing, diseases and ailments were cured in Izzi by simply ‘eating food’. E.g., fresh ginger and garlic can be mixed and used to stop vomiting and to cure cholera but doubles as a good recipe for cooking delicious meal.¹²

Even though British colonialism of Izzi begun in 1905, Christianity and western education arrived in the area much later; precisely in the year 1914.¹³ The coming of Christianity and western education in Izzi was a turning point in the people’s health history. The impact of this twin development in the area viz a viz Christianity and western education is captured in three phases below:

Phase One

The first phase which spanned from 1914 to 1936, was characterized by the first set of Christian converts in Izzi. They rejected everything traditional including traditional healthcare practices. They considered it a sin before God and an act of paganism for a Christian to seek for traditional healthcare from traditional physicians. They believed that taking traditional herbs, roots, bark of trees or the leaves was fetish and meaningless.¹⁴ To strengthen this argument is the fact that there was only but a thin line which separated *jibya* from *jibyankpa-ekwo* in Izzi. It was difficult if not impossible to differentiate the two since a *jibya* also could use herbs, leaves, bark of trees and leaves to cure diseases while *jibyankpa-ekwo* could offer prayers to ancestors or gods, prescribe sacrifices to be made and could make incantations in the course of treating a patient. To be on the safer side, the early Christians in Izzi during this phase rejected everything traditional including polygamy and giving their children indigenous names. Even taking of traditional titles were forbidden and was not attempted by this set of Christian converts.¹⁵ In fact, people who were Christians in this epoch saw themselves as the original Children of God who were assured of being with God in heaven on their death whereas those who had not embraced Christianity but still hold tenaciously to traditional practices of any sort were the ‘devil’s candidates’ and were bound to spend eternity suffering in hell with Satan for being non-Christians.¹⁶

They also considered the ancestors powerless and incapable of neither inflicting any disease as a curse on anyone nor having the ability to heal a sick person. As such they rejected several socio-cultural and traditional lifestyles such as *Otutara*; veneration of ancestors; *agwa-iphe*, sacrificing to the gods for spiritual cleansing or for health and wellness et cetera. This phase saw to the gradual phasing off of some customs incongruous to societal development such as killing of twins, taboo of lepers and patients of smallpox.¹⁷ For example, the early Christian communities in Izzi, built their churches mostly at the center of *Ochiedja*; evil forest but contrary to expectation of the non-Christians, none of the church members were harmed by the evil spirit of those whose dead bodies had been thrown there or those who were taken there and left to die as a result of diseases considered abominable. In short, the early converts dinning and whining with leprotic patients and their acceptance of those who had been outlawed by the non-Christian community for one taboo or the other without being harmed by evil spirit or cursed with diseases by their ancestors, further gave impetus to a wholesome rejection of the traditional way of life by the early converts, in exchange for the total acceptance of the new Christian faith and with complete reverence for what the new religion holds sacred.

Phase Two

The second phase lasted from 1936-1966.¹⁸ This phase in Izzi saw to the resurgence of some traditional practices that hitherto seemed to have been conquered by Christianity in the area. There was a revival of polygamy, second burial, consultation of jibya, traditional title taking, traditional oath taking, giving indigenous names to their children and most significantly a gradual but steady return to traditional healthcare practices.¹⁹ At this period traditional healthcare practices were adopted and utilized complementarily with western medical practices. The people of Izzi embraced and utilized western medical practices without bias to cure those sicknesses and diseases that had no traditional medical cure such as guinea worm, epilepsy, smallpox et cetera.²⁰ The people at this period no longer considered some diseases and sicknesses as abominable and the level of stigmatization of victims of such diseases gradually waned.

Furthermore, the people while embracing western medical practices understood that some of their age long traditional healthcare practices could not just be discarded especially since it was evident that western medical practices could not guarantee the people of wholesome health and wellness in every aspect of their mental, physical and spiritual harmony. Consequently, there were some diseases and sicknesses that despite the existence and availability of western medicine, most people in Izzi would opt for the traditional medicine. Examples include, the treatment of *Oke-edjonwu/Mgburuka/Ntu*; anthrax, which the people of Izzi up till present believes that an attempt to cure the disease with western medicine results to instant death of the patient.²¹ *Agbakwa-okpu*; Bone-setting is believed by the people that once a person with dislocation or bone fracture goes to hospital for treatment, he or she would come back amputated and; *Obvu*, madness which the people believed that the major cause was evil spirit hence, treatment has to be given by a jibya whom they believe has the spiritual potency to cast away the evil spirit causing the victim to be insane.²² In short, this period according to N.V. Steensel was characterized by religious “*syncretism and backsliding.*”²³

The Third Phase

The third phase which spans from 1966 to Present represents the third and so far, the last generation of Christians. This set is characterized by very radical biblicism.²⁴ They advocate for zero tolerance to religious syncretism. Anything that has to be done, must be christened. Christian symbols were are used in presenting old traditional values. In short, traditional values and ideas are expressed in a Christianized form²⁵ for examples, traditional marriage, burial and naming ceremonies. It is not surprising to see sick person in Izzi do the sign of the cross or offer a prayer in the way of Christians before taking traditional medicine.

As stated earlier, the twentieth century saw significant changes occur in Izzi people’s traditional healthcare practices. In 1905, the people’s colonial experience begun and ended in 1960. The colonial epoch in Izzi was accompanied with Christianity and westernization which was in full swing by 1920, resulting to some of the Izzi traditional healthcare practices undergoing some alterations or modifications even though some of the practices were sustained. Whilst some of the traditional healthcare methods in Izzi have been abandoned as a result of Christianity and

westernization, most of the traditional healthcare practices of the people remain unchanged. In fact, most of the traditional healthcare practices of the Izzi are sustained and are practiced side-by-side with western medical practices.

Below is a detailed discuss of some traditional health care practices of the Izzi examined in the light of changes and continuity.

***Obvu*(Madness)**

Madness known to the Izzi people as *Obvu*, is a state of mental illness, often characterized by severe disturbances in thought, emotion, and behavior.²⁶ It can also be used to describe a state of extreme folly, irrationality, or chaotic behavior.²⁷ The term ‘madness’ is subjective and can vary depending on cultural, historical, and societal perspectives. In a medical context, madness is often associated with mental disorders such as schizophrenia, bipolar disorder, major depression, and others. People experiencing madness may exhibit symptoms like hallucinations, delusions, disorganized thinking or talking, emotional instability, and impaired social functioning.²⁸

Throughout history, perceptions of madness have evolved, and societies have developed different approaches to its understanding and treatment. In the past, individuals with mental illnesses were sometimes stigmatized or considered possessed by evil spirits, leading to mistreatment and isolation. Today, there is a greater awareness of mental health issues, and efforts are made to provide support, treatment, and understanding to those experiencing mental health challenges.

In Igbo culture, the concept of ‘madness’ is multifaceted and deeply rooted in the people’s traditional beliefs and practices.²⁹ In Izzi too, madness is often attributed to various factors, and the approach to understanding and treating mental illness differs from Western perspectives.¹⁶ The Izzi believe that madness could be caused by different things. The people believes that madness is natural and hereditary but not infectious. They believe also that madness is common especially during harmattan season of the year.³⁰ There are two classifications of madness in Izzi namely: *Obvu-eswa* and *Obvu-igiri*. The former is the type whereby the victim is not violent but exhibit attitude like talking to oneself i.e., consistent soliloquy, wandering in the bush, wandering about naked et cetera. The latter is when the victim is violent and destructive. *Obvu-igiri* is more difficult to cure according to the people.^{31,32}

Below are factors that could be attributed to cause madness in Izzi.

i. Spiritual and Supernatural Beliefs

In Izzi culture, mental illness is believed to be caused by spiritual or supernatural forces. People may believe that an individual is possessed by malevolent spirits or ancestors, leading to abnormal behavior. One can become mad in Izzi as a result of having committed serious abomination such as incest, murder or any other offence against *Ali*.³³Stealing any item or property that is under the protection of *nshi*, juju could cause the thief madness.³⁴ The people also believe that madness is hereditary. They believe that some family lineage has trait of madness and it could surface or resurface in any generation in such family lineage.³⁵ No wonder there was some levels of discrimination on families that had history of murder, leprosy, epilepsy and especially madness in Izzi during the scope of this research.

Traditional healers and priests in Izzi known as '*jibya*' were often consulted to address these spiritual aspects of mental health. According to Steensel, *Uzu* the god of iron and blacksmithing could make a person mad if he wants the person to serve him but the person is not forthcoming. In this case, if the *Uzu* was placated immediately, the madness leaves the person but if this was not done, the madness would become permanent.³⁶ It is also a popular belief among the people of Izzi that if a mad person was restricted and bound with chain or rope; and the head shaved off of all hairs, such person would come back to his or her normal self but if the person was not restricted and he or she ran to the market square, the madness would become incurable.³⁷

ii. Curses/Witchcraft, *Mgbashi*

In some cases, madness in Izzi could be linked to ancestral curses or offenses committed by the person or their family in the past. These curses are believed to have repercussions on the mental and physical well-being of the affected individual.³⁸ The people believes that the gods could strike anyone with any form of sickness including madness if one desecrates the land or secretly indulges in abominable act such as incest, murder, witchcraft etc.³⁹ It is also believed that an innocent person could be struck with madness by another through the use of magical powers or using diabolic means *nshi*. There are cases where an individual contesting the ownership of a parcel of land or other property with another, resort to the use of *nshi* magic to strike the opponent with madness.⁴⁰ Indeed, it was a general belief among the Izzi people that a wicked or evil person could use *Nshi*, juju to strike whoever they wish with madness.

iii. Social and Emotional Stressors

Everyday life stressors, trauma, and emotional distress can also play a role in causing mental health issues in every human society.⁴¹ The Izzi were not left out. These stressors might arise from family disputes, community conflicts, or personal challenges. However, the people were not aware of this and never considered it as part of the reason for madness. Instead, they linked it to spiritual problem.

iv. Hard Drug/Drug Abuse

In Izzi during colonial times, madness was not traceable to the use of hard drugs or drug abuse until after Nigeria's independence in 1960.⁴² This was as a result of the relative scarcity of hard drugs in the area during the precolonial and in the colonial era.⁴³ Hard drugs such as Marijuana, heroin, cocaine, Indian hemp, tramadol, rehyphol aka forget-me-pill, codeine, molly aka happiness pill, crack-cocaine (*mkpuru-mini*), etc. were relatively scarce or non-existent in Izzi in the precolonial and colonial era. The society continued to be drug-free until the post-colonial era when the use of hard drugs gradually gained momentum.⁴⁴ At the early stage, smoking and intake of hard drugs in the area was rare and undertaken secretly by few individuals that were into the act. Such individual was considered a social deviant and was to a large extent excommunicated from important social function and decision making in Izzi.⁴⁵ The Izzi believes that an Indian hemp, marijuana or marijuana smoker, thinks or reasons antisocially and exhibits socially abnormal behaviour and also capable of indulging in violence or crime. Hence, such a person was derogatorily referred to as '*Onye-enwuru*' a smoker; and such person's opinion may never be sought for in any socio-cultural, religious, or political issue in the area. Such person or his

opinion was never taken seriously.⁴⁶ This was stigmatization of some sort. The stigma helped to keep the tide of the use of hard drugs and drug abuse to bay in Izzi.

As time progressed, particularly from the year 2000 A.D., globalization surge resulted in the globalization of hard drugs and intentional abuse of drugs for selfish reasons by individuals who mostly are from the ages of 16 years old to 45 years old and above in Izzi. Smoking of Indian hemp, marijuana and the intake of hard drugs as well as the abuse of some drugs for the purpose of its intoxication and euphoric effects became rampant in Izzi. This occasionally results to madness for some of the hard drug users and Indian hemp smokers in the area.⁴⁷

Unfortunately, despite efforts to understand and address mental health issues in Izzi culture, there remains some level of stigma surrounding the illness. Individuals with mental health challenges and their families most times face social isolation or discrimination. Sometimes mentally retarded individual and their families were avoided like plague even in terms of intermarriage. The reason is illustrated by the people's popular saying which states that; "*A gwotaonyeobvueme, be a ta agwotaduiyantamu*"; meaning that one could be cured of madness but the intermittent soliloquy and occasional irrational outbursts associated with the madness can never be cured totally.⁴⁸

It's important to note that the perception and treatment of mental health in Izzi differs, and attitudes vary among different communities and families. So far, there has been no deliberate effort to integrate Western mental health practices and awareness into traditional beliefs as a way to improve the overall understanding and care for mental health in Izzi.

***Ekpenta*(Leprosy)**

Leprosy, also known as Hansen's disease; called *Ekpenta* in Izzi is a chronic infectious disease caused by the bacterium *Mycobacterium leprae*.⁴⁹ It primarily affects the skin and nerves but can also damage other parts of the body, including the eyes and mucous membranes.⁵⁰ Leprosy is known for its historical stigma, and while it is curable, it continues to affect populations in certain parts of the world. Leprosy is primarily transmitted through respiratory droplets when an infected person coughs or sneezes. Prolonged close contact with an untreated person with leprosy is usually necessary for transmission but it is not highly contagious. The symptoms of leprosy can cause ranging from skin lesions, nerve damage, numbness, weakness to loss of sensation in affected areas.⁵¹

There are two main forms of leprosy namely: Tuberculoid and lepromatous, with the former being less severe and the latter being more severe. The disease according to western medical practice is typically diagnosed through clinical examination and skin biopsy⁵² whereas it has no method of diagnosis in Izzi traditional health practice. Laboratory tests can also be used to confirm the diagnosis under western medical practice.

In Izzi, leprosy is a very deadly disease whose causes is attributed to a curse from the gods or could be conjured to affect a targeted person through the means of sorcery or black magic known to the people as *nshior mgbashi*. The people consider *Ekpenta*, leprosy to be one of the deadliest diseases that may befall anyone in the clan especially as the cure was unknown to them until the

advent of western medicine in the area. The people of Izzi nonetheless knew the disease to be infections hence, victims just like in the biblical times,⁵³ were excommunicated and ostracized. According to B.N. Oroke;

The victims were taken to the middle of faraway farmland and kept there to prevent possible physical body contact between them and those who are free from the disease. The patient's friends or family would bring food for them in their isolated camp but would stop some meters away and beckon on them to come out and take their meal. The person would withdraw after turning the food into the dishes that were permanently kept for the leprotic patients before their arrival to avoid close contact or getting infected.⁵⁴

J.P. Nwenu in his narrative, goes memory lane on how the leprotic patients were, abandoned, ostracized and stigmatized. He concludes that most of the victims died in their camp basically as a result of lack of care especially as they were left to the mercy of the weather which could be rainy or sunny. He went further to illuminate that it was only those whose family or relatives were wealthy, received decent burial on their death as a result of the disease.⁵⁵

Leprosy has a long history of social stigma and discrimination, partly due to misunderstandings about its transmission and effects. The people of Izzi were not left out in discriminating against leprotic patients. The fact that the people of Izzi prior to the establishment of the Mile 4 Hospital Leprosy Unit in 1946,⁵⁶ were clueless on the actual cause or treatment of leprosy, left them in a state of conundrum which found expression in their isolation and abhorrence of victims of the disease. The discrimination was boundless as cases abound where people that has no known history of leprosy in their lineage refused to intermarry or were discouraged from marrying people whose immediate or past family member had suffered or died of the disease.⁵⁷ In some part of Izzi particularly in Anmegu and Ishieke clan, those who were suffering or whose immediate family member had suffered or suffering from leprosy were strictly forbidden from taking certain traditional social titles.

Leprotic patients in Ebonyi state since its creation in 1996 particularly in Izzi clan, overtime decried the increasing rate of stigmatization they faced from friends and relatives, stressing that the development was affecting their re-integration into the society, after treatment. The affected victims, at the St. Patrick's Tuberculosis and Leprosy Colony, Mile 4 Hospital Abakaliki, called on relevant authorities to address the anomaly of stigmatization against them, adding that the disdain treatment meted out on them had also compounded their sorrow.⁵⁸ Worthy of mention is a female leprotic patient by name Chimma Eze, from Ishieke sub-clan of Ebonyi Local Government Area, in Izzi who states that her affliction which have lasted for over 15 years have led to her being deserted by her kit and kins. In her words;

A Good Samaritan brought me to this colony due to my terrible condition; he has been treating me free, providing for my feeding and taking adequate care of me. I have ruled out the possibility of returning to my home because my family members have abandoned me.⁵⁹

Another leprotic patient named Patient Nwizzi; nursing a child from Ukpatchatcha part of Izzi Local Government Area, noted that her family and relatives including her husband abandoned her with a seven-month-old baby, due to the leprosy disease she is suffering from.

According to her, she started experiencing symptoms of the disease in 2010 and was brought to the colony where she was treated and subsequently discharged. Unfortunately, the sickness resurfaced in February 2013, but her husband, parents, siblings, friends among other relatives, abandoned her since then. According to her, leprosy patients depend on the goodwill of kind-hearted individuals and groups to survive, noting that religious bodies had also been most supportive.⁶⁰ The bottom line is that the disease is curable and that people should do away with stigmatizing the unfortunate victims or former victims of the diseases. This research also unravels that despite the achievements of the Mile 4 Leprosy Unit, it is at the moment poorly funded and needs urgent attention and rehabilitation to better provide for the patients.

Nonetheless, the establishment of a Leprosy Unit of the Mile 4 Hospital at Ishieke clan of Izzi by the European Missionaries in the area was a big relief to the people. Since then, several efforts have been made to reduce the stigma and promote the inclusion and rehabilitation of individuals affected by leprosy in the area by both the colonial and post-colonial government. In addition to this, is the effort of the World Health Organization (WHO) to eradicate leprosy as a public health problem by reducing the number of new cases to barest minimum and ensuring early diagnosis and treatment for affected individuals.⁶¹

In fact, leprosy is not exclusively a disease of the Izzi people as it is most common in countries with tropical and subtropical climates, such as India, Brazil, and several countries in Southeast Asia and Africa where Nigeria falls within.⁶² While the number of cases has decreased significantly over the years in Izzi, pockets of the ailment still exist and are treated at the Leprosy Unit of Mile 4 Hospital. The hospital through their awareness campaigns have changed to a large extent the old narratives of the Izzi people by instituting that leprosy is curable and; most individuals affected by the disease can live relatively normal lives afterwards. This has also reduced the stigma among the people to the barest minimum from what it used to be during the precolonial and the colonial times.

Ododo-nya/Iba-otchalanya (Malaria/Yellow Fever)

Malaria and yellow fever known in Izzi as *Ododo-nya* and *Iba-otchalanya* respectively are both infectious diseases caused by different pathogens and can have significant health impacts, particularly in certain regions. Malaria is caused by the *Plasmodium* parasite. Several species of *Plasmodium* can infect humans, with *Plasmodium falciparum* and *Plasmodium vivax* being the most common and most dangerous.⁶³ Malaria is primarily transmitted through the bite of infected female *Anopheles* mosquitoes. It can also be transmitted through blood transfusions, organ transplants, or from mother to child during childbirth or breastfeeding. The symptoms of malaria include fever, chills, sweats, headache, muscle aches, and fatigue. In severe cases, it can lead to complications, organ failure and death.⁶⁴

By 1905 up to Nigeria Independence in 1960, the people of Izzi, fought the causative factor of malaria which is the mosquito with the use of herbs known in Izzi as *Oshi-ishileaves*. The herbaceous plant was so-called because of its pungent smell capable of driving away mosquitoes few meters away from where it was placed.⁶⁵ The increase activities of the British colonialists in Izzi from the 1930s brought about gradual introduction of western medical practices in the area leading to the use of insecticide-treated bed nets, taking antimalarial medications, and reducing mosquito exposure.⁶⁶

Yellow fever on the other hand is caused by the yellow fever virus, which is transmitted by infected *Aedes* mosquitoes. Yellow fever is primarily transmitted through the bite of infected mosquitoes, but it can also be transmitted from person to person through contact with blood or other body fluids. Yellow fever symptoms could range from a mild, self-limiting illness to a severe, potentially fatal disease with symptoms ranging from fever, chills, headache, backache, muscle aches, to jaundice i.e., yellowing of the skin and eyes in severe cases.⁶⁷

It is emphatic to note that, the Izzi people believed that overlaboring of oneself was basically the cause of malaria and yellow fever.⁶⁸ The use of *Oshi-ishi* leaves which were littered in the sleeping room was primarily to ward off distraction caused by the ‘whining of mosquitoes in the ear’ as well as its bite which were capable of causing the host sleepless night.⁶⁹ In other words, the Izzi prior to the advent of western medicine and malaria awareness campaign in the area, prevents mosquito bite not because it causes them malaria and typhoid but because mosquito whining on their ears at night, causes sleepless night. Despite the awareness, some of the people still hold unto this assumption.

African continent has an ancient history of mosquito and malaria. This was why centuries before 1820 when two French Chemists discovered the cure of malaria, mosquito vehemently fought off the European incursion into the continent.⁷⁰ The deadly nature of the disease coupled with the absence of an antidote during that era, earned the continent the title of “the Whiteman’s grave”⁷¹ Malaria is indeed a major public health issue in sub-Saharan Africa particularly in Izzi, where it is responsible for significant number of deaths, primarily among children. Due to the fact that birth and death record were not kept officially in Izzi during the scope of this research, it is impossible to state with exactitude the number of malaria/yellow fever deaths in Izzi. Malaria and Yellow fever are both major focus of global health initiatives, and efforts are made to control and prevent the spread of these diseases, particularly in African region where they are endemic.

Nevertheless, this research reveals that the Izzi people had traditional medicine specifically for malaria and for yellow fever. These medicine which are in herbaceous and liquified form were used to treat malaria and yellow fever patients with proven positive outcomes. Despite the effectiveness of the traditional medicine, cases of death resulting from malaria and yellow fever especially among infants in Izzi, abound. Since the advent of western medical practices in Izzi, malaria and yellow fever is fought in the area by the combination of western medical practices and traditional medical practices simultaneously. Some individuals in Izzi prefers the use of

traditional medicine to cure malaria citing its ability to purge out the disease entirely from the body system thereby preventing its resurgence in the nearest future in contrast to western medicine which according to them, provides but a momentary cure of the disease. According to N. E. Nwodom;

The use of western medicine to cure malaria or yellow fever only halts the disease for a moment and gives the patient a false impression of being healed but after a while, the malaria comes back at the victim in a double doze. To really get rid of malaria and yellow fever, the patient must take well fermented traditional medicine and within the space three to five days; the patient will be healed completely never to suffer from malaria or yellow fever for over a year.⁷²

On the contrary, there are Izzi people that prefer to take western medicine citing that traditional medicine drains the blood of the patient taking it; has pungent smell and, in some cases very bitter taste arising from the concoction of fermented leaves, herbs and roots. Nwebonyi James assert that, traditional medicine has a slow effect hence his preference for western medicine especially for the cure of malaria and yellow fever. He adds that unlike western medicine which has strict compliance to dosage, most traditional medicine does not. He expresses worries that traditional medicine causes him to be dehydrated.⁷³ As a result of the above, he prefers the use of western medicine to traditional medicine not only in the treatment of malaria and yellow fever but in the treatment of every other disease and sickness.

Recent efforts to combat malaria in the area include the distribution of insecticide-treated bed nets, indoor residual spraying, and antimalarial drug programs spearheaded by World Health Organization (WHO) in their Roll Back Malaria program in partnership with the Nigeria Federal Ministry of Health in conjunction with the Ebonyi State Ministry of Health.⁷⁴

Summary and Conclusion

In the course of the twentieth century in Izzi, significant changes occurred in the people's traditional healthcare practices. In 1905, the people's colonial experience begun and ended in 1960. The colonial epoch in Izzi was accompanied with Christianity and westernization which was in full swing by 1920, resulting to some of the Izzi traditional healthcare practices undergoing some alterations or modifications even though some of the practices were sustained. Whilst some of the traditional healthcare methods in Izzi have been abandoned as a result of Christianity and westernization, most of the traditional healthcare practices of the people remain unchanged. In fact, most of the traditional healthcare practices of the Izzi are sustained and are practiced side-by-side with western medical practices. The availability of modern medical facilities in many parts of Nigeria and in Izzi precisely could not obliterate the Izzi traditional healthcare practices as some of the Izzi people, still rely on traditional healthcare physicians for their healthcare needs. Unfortunately, despite the usefulness of the traditional healthcare practices of the people to the people and beyond, there has been no deliberate effort by scholars to study and document the traditional healthcare practices of the Izzi people for posterity and easy reference.

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In fact, traditional healthcare practices involving the use of herbs, roots, leaves, powder, bark of tree, fruits, seeds and other natural remedies including incantation, prayers, sacrifices experienced a brief interlude of rejection by most of the Izzi people particularly the early Christian converts and those who had embraced western education in the area from 1914-1936 but this did not in any way, obliterate the traditional healthcare practices of the Izzi people rather it led to its modification.

Those aspects of the traditional healthcare practices of the people which considered diseases such as leprosy, madness, epilepsy and smallpox to be abominable and condemned the victims of such diseases to *Ochiedja*, evil forest where they were left to die, were changed; consequent upon the new knowledge brought to the people through western education, Christianity and western medical practices. Indeed, Western medicine was focal in shaping the healthcare landscape of Izzi by demystifying the mystery behind several diseases and sickness in the area which to the people were curses from the gods or ancestors and as such had no cure. In a nutshell, there is a strong union of traditional healthcare and western medical practices in Izzi. This healthy union resulted to a balance between changes and continuity in the traditional healthcare practices of the Izzi people and a progress in their healthcare landscape.

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