DIAGNOSIS AND TREATMENT OF *ÀMÓDI* IN *IFÁ* DIVINATION AMONG THE YORUBA OF SOUTH WESTERN NIGERIA

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CERTIFICATION

I certify that this thesis which has been read and approved as meeting the requirement for the award of the Doctor of Philosophy in African Belief System, Institute of African Studies, University of Ibadan, was carried out by Paul Akinmayowa AKIN-OTIKO under my supervision at the Institute of African Studies, University of Ibadan, Nigeria.

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DEDICATION

This work is dedicated first to *Olódùmarè, Olú onísègùn gbogbo* and to all who have shown and are showing sincere concern for human healthcare.

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ABSTRACT

Diagnosis in *Ifá* therapeutic practice makes a distinction between *àìsàn ara*(physical disease) - conditions that are diagnosable and treatable, and *àmódi* (somatoform disorders) - conditions that are not diagnosable and treatable using Western medicine. Studies in *Ifá* therapeutic practice have placed emphasis on *àìsàn ara*, while the diagnosis and treatment of *àmódi* have not been adequately addressed. This study, therefore, examines how *àmódi* is diagnosed and treated in Yoruba traditional medicine.

Boas' theory of Ethno-science and Husserl's theory of Phenomenology were used to situate *Ifá* divination as a Yoruba therapeutic system. Using In-depth-Interviews (IDI), data were collected on the methods of diagnosis and treatment from 40 *babaláwo* (*Ifá* priests and healers) using snowball technique and 100 patients on their health conditions across Abeokuta, Akure, Ibadan and Osogbo, where there are state owned hospitals. Twenty-three *àmódi* patients who were informally referred from hospitals, were purposively selected from 100 patients, and with the use of Participant Observation method, the processes of diagnosing and treating these patients were observed, this varied from one day to six months post-treatment. Case-study model was used to group data, and they were assigned into categories. Data were content analysed.

Ifá dídá (divination) diagnosed *àmódi* by revealing the disease aetiologies and prescriptions contained in *Odù-ifá* (*Ifá* verses). *Ikin* (sacred palm nuts)and *ọ̀pẹ̀lẹ̀* (divining chain)served as primary diagnostic tools, while *obì* (kola nut), *owó ẹyo* (cowries) and *egungun* (animal bone) were used as secondary diagnostic tools. *Àmódi* was difficult to diagnose using Western tools because it manifested similar symptoms as *àìsàn ara*. The causes of *àmódi* were however located in *Odù-ifá*. Symptoms of *àmódi* had no regular pattern, one type of symptom (*inú-kíkùn* - stomach upset), resulted from multiple causations such as *Ìjà Èsù* (attack from *Èsù*),*Èèwọ̀* (taboo), *Orí* (personality soul), just as one causation (*Èèwọ̀*), presented multiple symptoms such as, *orí itúlu* (migraine), *egbò-àdáàjiná* (skin ulcer), *inú-kíkùn*. The causes of *àmódi* include: *Ìjà Èsù* (as found in one patient), *Èèwọ̀* (as found in four patients), *Orí* (as found in four patients), *Ìwà búburú* (bad character, such as '*olè-jíjà* - stealing', '*àgbèrè* - adultery', as found in seven patients), *Àjẹ́* (witches, as found in four patients), *Àì-kò-béèrè* (lack of divination and *Àjẹ́*

were found in one patient) and *Ìrírí ayé* (life experiences, as found in three patients). Observed, treatments were in three stages and were referred to as siblings. *Ẹbọ l' ẹgbọ́n* (sacrifice being the oldest),treated the spiritual and psychological aspects of the patients. *Òògùn/àkóse-ifá l'àbúrò* (medicine being younger),treated the physical aspects of the patients. And *Ọgbọ́n-inú l'ọmọ iyèkan wọn lénjẹ lénjẹ*, (inspiration being the youngest), complemented the other two. All the 23 patients confirmed full recovery. Besides each patient's testimony of wellness, final divination - *Ó tán nb'ókù?* (Is this all or there is more?), was used as confirmatory tests.

Ifá divination is a formidable diagnostic and treatment tool among the Yoruba of South Western Nigeria. Its ability to distinguish between similar symptoms of *àìsàn ara* and *àmódi* transcends the practice in Western medicine.

Key words: *Àmódi,Babaláwo,* Diagnosis, *Ifá* divination, Treatment

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CHAPTER ONE

GENERAL INTRODUCTION

1.1 Background to the Study

Discussions about healthcare concerns can generally spread across diseases aetiologies, particular diagnosis and treatment of cases. The understanding of disease aetiologies helps healthcare providers prevent diseases and where it becomes impossible to prevent, they are able to diagnose particular conditions given the understood disease aetiologies. With the possibility of diagnosis, treatment becomes possible.

Lack of understanding of disease aetiologies makes it impossible to diagnosis and treat diseases. Difficult diagnosis has been a serious challenge to the competence of healthcare providers. This leaves healthcare providers with no clue of treatment procedure to follow.

Diagnosis of diseases and conditions has been known to be a tedious and important task in the practice of medicine. Tedious because diseases vary and can present different symptoms making it difficult for healthcare providers to be precise in many of their diagnosis. It is important because without it, treatment cannot commence. Western medicine is daily advancing and developing methods of diagnosis, but in the midst of this development, there are still many diseases and conditions that Western methods cannot diagnose.

The difficult faced in diagnosing every disease and condition has made it imperative to recognise and examine different healthcare paradigms. WHO has recognised and aligned with traditional medicine because "the biomedical (or Western system of medicine) which is popularized by governments, cannot cope with current morbidity and mortality rates" (Sindiga, 1995:1).

There is the need to integrate all possible indigenous knowledge that can provide or contribute to holistic healthcare. Indigenous or traditional medicine refers to "the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness." (WHO, 1978)

In 1978 at the Alma Ata International conference on Primary Health Care, WHO considered health in its broad concept of physical, mental and social well-being. It noted that traditional practices constitute a major influence on the health of the individual and of the community (WHO, 1978). Akerele (1987) observed that the recognition of the value of African Traditional Medicine (ATM) has led to the attempts to encourage its use especially in the developing countries.

The Alma Ata International conference on Primary Health Care is regarded as the loud voice or advocate for traditional healthcare. This is because in attendance at this conference, were representatives of 134 countries and 64 United Nations (UN) agencies. The conference clearly declared health a universal human right issue and urged governments of all member nations to provide accessible, affordable and socially relevant healthcare to each individual by the year 2000 (Golladay and Liese, 1980).

The resolution of WHO was reiterated at the World Health Assembly (WHA) held in 1987 (Nakajima, 1987). This was done because traditional healthcare practices are more widely employed in developing countries where health facilities and health education are still beyond the reach of the majority of the people. In many parts of Africa, for example, it is estimated that about 90% of the population rely on traditional healers (WHO, 1978).

Today, the observed patronage of ATM has not decreased, WHO gave a breakdown of observed patronage in Africa, Asia and Latin America as follows: in Africa, up to 80% of the population use traditional medicine for primary healthcare, 30%-50% of traditional herbal preparations account for the total medicine consumption in China, whilst in Ghana, Mali, Nigeria and Zambia, the first line of treatment for 60% of children with high fever resulting from malaria is the use of herbal medicine at home (WHO 2003b).

The interest of WHO in traditional medicine indicates the awareness of broad disease aetiology and the possibility of different methods of diagnosis in ATM. This awareness gives a background to the problem of this study. There is a broad disease aetiology in Africa and there are many diseases that are either difficult to diagnose or not diagnosable at all (somatoform disorder or *àmódi* as the Yoruba people will refer to it) when Western method of healthcare is employed.

Given this awareness, one asks: can *Ifá* divination (African traditional method of diagnosis) help to resolve the diagnostic puzzles surrounding the cases of *àmódi* especially when Western methods of diagnosis have proven useless?

The importance of diagnosis is manifest in the expanded medical diagnostic tools found among the Yoruba traditional healers of South Western Nigeria. A traditional healer uses

> plant, animal, and mineral substances and certain other methods. These methods are based on social, cultural, and religious backgrounds as well as on the knowledge, attitude, and beliefs that are prevalent in community regarding physical, mental, and social well-being and causes of diseases and disability (Sofowora, 2008:1).

Discoursions in traditional medicine have become popular as different cultures are evolving different methods of healthcare that are believed to be best suited for particular diseases. This development has been

observed and adjudged praiseworthy by World Health Organization (WHO). This study builds on the background that ATM has somethings to offer the world of healthcare by complementing the developments in Western medicine.

Is the use of *Ifa* divination in the diagnosis and treatment of *àmódi* (conditions that are not diagnosable and treatable using Western medicine) a possible complementing effort?

This concern becomes central to this study because for the practitioners of Yoruba traditional medicine, there are no *àrùn tí ò sé é wò* (incurable diseases). This claim is based on the use of both physical and non-physical methods of diagnosis and the knowledge of disease aetiologies beyond the limits of Western healthcare practices. It is believed that as soon as the cause of a disease is known, the relevant treatment becomes achievable. The psychosomatic nature of the Yoruba people, prevents them from acceptig that there is anything like *àrùn tí ò sé é wò* (incurable disease). A disease becomes incurable only because it is located within the realm of material and sensual realities alone.

1.2 Statement of Problem

The need for healthcare compels humans to search for diagnosis in order to bring about the treatment of emerging diseases and conditions. There are diseases and conditions that are diagnosable and treatable (*àìsàn ara*), just as there are some other conditions that are not diagnosable and therefore not treatable (*àmódi* - conditions that are not understood and so not diagnosable and treatable using Western medicine).

Studies abound in the area of diseases that are diagnosable and treatable. Symptomatic patterns of diagnosable diseases have been linked to effective treatment procedures over the years. There are established treatment procedures in response to the occurrence of particular symptoms of *àìsàn ara*, such that symptoms can be easily linked to understood disease aetiologies.

Àmódi, on the other hand, has been linked to disease aetiologies, such as witches, breaking of taboos, exhibiting bad behaviour, etc. that are culturally understood. These conditions do not have fixed patterns of occurrence or symptoms, thereby making diagnosis difficult. The difficulty in diagnosing *àmódi* with the use of Western diagnostic tools has created a quest for an alternative.

Although *àmódi* has been linked to culturally understood disease aetiology, there has not been a systematic attempt to examine the link between culturally understood disease aetiologies and symptoms and why it is not possible to diagnose *àmódi* using Western healthcare tools.

Previous studies have relied heavily on the use of Western healthcare diagnostic tools without much success. This study therefore examined the possibility of using *Ifá* divination as a diagnostic and treatment

tool for *àmódi* - conditions that Western healthcare does not understand and so cannot respond to - because *Ifá* divination is known to be an ancient reliable medical system.

Patients patronise Yoruba traditional medicine as a result of habit or preference, lack of information and education, low economic power, lack of access to Western healthcare and religious beliefs among other reasons. But beyond these reasons, this study focused on the diagnosis and treatment of *àmódi*, because patients resort to the use of *Ifá* divination as 'the last option', that is, because all attempts at the use of Western medicine have proven helpless.

The reality of *àmódi* and the failure of Western medicine to diagnose and treat *àmódi* makes it imperative to seek potent healthcare methods that are available, affordable, accessible and effective.

Can *Ifá* divination raise up to this challenge?
What does *Ifá* divination do that Western medicine cannot do?
And why does *àmódi* poses so much difficulty to Western medicine?

1.3 Aim and Objectives of the Study

Aim:

The reality of patients' suffering and pain as a result of *àmódi* cannot but make one desire a solution to this problem even though Lipowski (1987) has highlighted it as 'medicine's unresolved problem'. This study aimed to broaden the current classifications of *àmódi* from the current Western limited scope, to include cultural realities and beliefs, and attempted to examine possible social cultural causes of *àmódi* among the Yoruba with a view to examine the possibility of diagnosing and treating them using *Ifá* divination.

Research Objectives:

This study sets out to examine:

- what Western medicine and YTM refer to as *àmódi.*
- the processes of *Ifá* divination in relation to the diagnosis and treatment of *àmódi.*
- the need for the patronage of *Ifá* divination as a reliable method of diagnosis for *àmódi*.
- the place of *Ifá* divination in the process of the diagnosis and treatment of *àmódi*.

- and gather some of the experiences of patients that have being diagnosed with *àmódi* in order to understand and expand the classification of *àmódi*.
- whether "*Ifá* therapeutic system [can] assist in solving health problems which defy Western medications" (Jegede, O. 2010:20).

Research Questions:

To achieve the set objectives, this study responded to the following research questions:

- How is *àmódi* understood in Yoruba traditional medicine?
- What is the procedure followed by *babaláwo* in their attempts to diagnose and treat *àmódi*?
- At what point does *Ifá* divination become relevant in the process of diagnosing *àmódi*?
- What are the visible contributions of *Ifá* divination to the diagnosis and treatment of patients suffering from *àmódi*?
- What are the symptoms of *àmódi* that can help to enrich the Western categorisation of *àmódi*?
- As we work towards health for all and the pressing agitation for the achievement of the Millennium Developmental Goals, can *Ifá* therapeutic system be mainstreamed to enhance holistic healthcare?

These questions are vital because "what a particular society or ethnic group believes about the causation of illness is important in the treatment of illness" (Kottack, 1994:62).

1.4 Scope and Limitations of the Study

This study covered two areas: the practice and the processes of *Ifá* divination among the Yoruba people in Nigeria, although *Ifá* divination has a wider spread to some other parts of Africa and the world at large. Studies indicate that the Yoruba and the Bini-Edo of Nigeria, the Fon of Dahomey, who call it Fa, and the Ewe of Togo, who know it as Afa, practise *Ifá* divination. Beyond Africa, the descendants of Yoruba in Cuba and Brazil also practise *Ifá* divination (Bascom, 1969:3). The above list does not cover the spread of the practice of *Ifá*, but the scope of this study is limited to *Ifá* divination as used in the practice of YTM among the Yoruba people of South Western Nigeria.

This study covered four Yoruba towns, namely: Abeokuta, Akure, Ibadan and Oṣogbo. These towns were chosen for two major reasons. First, they are believed to be large enough to represent the practice of *Ifá*

divination among the Yoruba people of South Western Nigeria. The process of *Ifá* divination is one and the same among the Yoruba traditional healthcare providers. This does not rule out minor human factors which come with experience or the environment of the practitioner.

Lagos State was excluded because of the huge influence of civilisation and Western medicine on the practice of YTM, making it difficult to find the required setting for this study. Ekiti State was also excluded because of the distance, which made it difficult for the researcher to have regular access to the patients to be observed.

These towns (Abeokuta, Akure, Ibadan and Oṣogbo) are State capitals and they were particularly considered for this study because the study centred on patients with the need for specific and special diagnosis; that is, patients that had exhausted the available Western methods of diagnosis (which are more available in the State capitals) before seeking the help of the *babaláwo*.
Second, the study focused on one hundred (100) patients out of which twenty-three (23) were chosen for analysis because they were diagnosed to be suffering from *àmódi*. These patients were chosen across the four towns that were selected for this study.

This study does not cover all the aspects of Yoruba traditional medicine. It is limited to the attempts of *babaláwo* to diagnose and treat *àmódi* with the use of *Ifá* divination. It is also limited to the conditions of *àmódi* found in twenty-three (23) patients that were observed in the course of this study.

This study simply observed the effectiveness of prescription from *Ifá* literary corpus; it did not analyse or expound the healing elements present in the prescriptions. This did not reduce the value of this study as it created the basis for further researches in this area.

1.5 Problems of Data Collection

This study focused on *Ifá* divination as a method of intervening in the diagnosis and treatment of *àmódi* (somatoform disorder). The problems encountered in the course of the study arose from five areas: (1) the method of patient referral; (2) disposition of patients to be observed; (3) availability of *babaláwo* who were willing to be interviewed; (4) cross-checking of findings, and (5) schedule for the collection of data.

(1) Method of referral: The 'informal/oral referral method' made it difficult to find documents to show that patients were discharged from the hospitals because they were encouraged to '*lọ f'ọwọ́ ilé tọ̀ọ́*' (try the traditional method). This also made it difficult to easily conclude that all available methods of diagnosis were exhausted before going to the *babaláwo*. This problem arose because the conditions of the patients seemed diagnosable with Western methods, but all the tests results came out negative.

It was observed that doctors easily and formally admit to discharging patient with known terminal condition, because there are no known treatments for such conditions; but it is not part of the ethics of Western trained healthcare practitioner to prescribe or refer patients to '*lọ f'ọwọ́ ilé tọ̀ọ́*' (try the traditional method) even when the conditions prove to be difficult to diagnose.

The researcher overcame this problem by having the *babaláwo* confirm that attempts had been made to diagnose the condition without any success. This was possible through the process of *'ó tán nb'ókù?'* a process that uses *ìbò,* "the sacred cowry and the sacred bone used in casting lots" (Abimbola 1976:12) to further interpret or determine a particular individual situation (Bascom, 1969:51; Oyesanya 1986:4).

(2) Disposition of patients to be observed: Many patients that would have been a part of this study turned down the request to be interviewed because many still perceive going to the *babaláwo* for healthcare as fetish, and so patronage is largely done clandestinely. This made it difficult for many patients to come out and share their stories or even permit their story to be observed.

The researcher however overcame this and was able to carry out In-depth interviews and observed 23 patients because he participated in the healthcare processes and assured the patients of their confidentiality. The *babaláwo* helped to retrieve information from the patients, especially with regard to their previous attempts at diagnosis and treatment using Western methods. This set of questions helped to collect data with regard to the tests that the patients had previously done and how the patients got referred to the *babaláwo*.

(3) Availability of *babaláwo* who were willing to be interviewed: Although the researcher chose the *babaláwo* that were interviewed using a snowball method, he still met with some level of resistance from some *babaláwo* who felt people had come to exploit their wisdom in the past without acknowledging or rewarding them in some way. These were not supportive and so were not considered as part of the forty *babaláwo* that were interviewed.

This was, however, controlled by making sure that there were alternate *babaláwo* to whom the researcher turned. This was possible because there exists some level of link among *babaláwo*, irrespective of their location.

The researcher encountered another problem based on the fact that not too many *babaláwo* have the practical experience they claim to have with regard to treating *àmódi*. Some of the *babaláwo* that were interviewed, live in the glory of their trainers (*Olúwo)* and hold onto the theoretical knowledge from the *Ifá* literary corpus as was told to them during their years of training. This problem was most visible in Akure. Most of the *babaláwo* that were interviewed in Akure relied heavily on the experiences of their *Olúwo*

(trainers) and stories of success that they had learnt from the *Ifá* literary corpus. This may be as a result of the fact that many of the *babaláwo* that were interviewed were young and did not really have personal experiences but this did not reduce the efficacy and trust that is reposed in the *Ifá* literary corpus.

This problem was taken care of by the fact that *babaláwo* work together, and so recourse was usually made to older and more experienced *babaláwo* for their experiences and cases treated. The *babaláwo* hold that when a *babaláwo* is in search of knowledge, he could consult any other *babaláwo*, old or young. Even "*Ọ̀rúnmìlà* was recorded to have once sought knowledge from one of his children.

Àgbà tó mọ̀'yí, kò mọ̀'yí, The elder who knows one thing may not know the other:
A díá fún Ọ̀rúnmìlà, The oracular principle divined for *Ọ̀rúnmìlà*
Tí yóò sì tún kọ́'fá l' ọ́dọ̀ Who would return to learn *Ifá* from *Amósùn,*
Amósùn rẹ̀. One of his own followers.

No true *babaláwo* pretends to know everything. He is always prepared to learn more anywhere and from anybody (Ajayi, 1996:5).

The researcher also observed that some of the *babaláwo* in Akure practise mainly for money, as some of the *babaláwo* that were interviewed demanded money before interviews were granted. This is unlike the ethics of regular *babaláwo* where service is foremost in the reasons for practising. It must be noted that this observation does not represent the general practice in Akure; it only represents the experience of the researcher in the places he went to. And this observation does not in any way reduce the efficacy of *Ifá* divination. Ajayi (1996) noted that the fact that a *babaláwo* 'misrepresents' divination does not mean that *Ifá* divination is not reliable.

Ope ò ṣ'èrú, *Ope* (*Ọ̀rúnmìlà*) is not dishonest,
Oníkì ni ò gbọ́'fa, The chanter it is who is not versed in *Ifá,*
Ohun a bá b'Ifá. Whatever we ask *Ifá*
Ni'fá ń ṣọ. Is what *Ifá* reveals (Ajayi, 1996:6).

(4) Cross-checking of findings: The researcher found it difficult to crosscheck the prescriptions of the *babaláwo* using well documented sources because most of the parts of the *Ifá* literary corpus are still unwritten. To overcome this problem, the researcher made do with recorded interviews and data collected during his period of apprenticeship. The FGDs became helpful in verifying the collected data and to verify and authenticate individual prescriptions.

All the *babaláwo* that were interviewed individually and in the FGDs hold that Western methods of diagnosis lack the ability to diagnose *àmódi - àìsàn tí kò gbọ́ òògùn, ṣùgbọ́n tí ó ṣeé wò* (a condition that requires more than herbs/medicine to treat).

There was the problem of validating or authenticating information from divination. This was however overcome with the theory of phenomenology used in this study. Like any ethno-scientific study, the data was taken as reliable cultural practice, even though many scholars "outside the field hold the view that the art is pseudo-science or has no scientific base and/or proof" (Adekola, 1999:185).

(5) Schedule for the collection of data for this study: The researcher found it difficult to work within a structured time frame. This was because the *babaláwo* were mostly not structured in terms of time. They responded to activities as the occasions presented themselves. This made it difficult for the researcher to plan and work with appointments. Many meetings were schedule and cancelled and some interview opportunities were also delayed.

These delays only prolonged the study, they did not prevent it. The researcher was suspected on a number of occasions to have brought opportunities of making money to the *babaláwo*. This made the research very expensive.

1.6 Significance of the Study

Given the centrality of diagnosis to healthcare and the unfolding reality, that diagnosis can spread across different healthcare framework, this study becomes significant as it critically examined *Ifá* divination as an effective complementary method of diagnosis and treatment for *àmódi.*

Attention is clearly drawn to the fact that disease aetiologies in Yoruba medicine are broader than what is contained in Western healthcare paradigm, making it imperative to expand the methods and processes for diagnosing and treating illnesses especially *àmódi*.

Ifá divination is a formidable diagnostic and treatment tool for *àmódi*. Western medicine stands to benefit from it in its attempts to diagnose and treat chronic illnesses. This is so, because "there is no society without its own art of healing. The types and method of healing in every society is determined by the ecological and social-cultural environments as well as historical antecedents of the people" (Jegede, A. 2010:1).

1.7 Description of Concepts

This section describes four concepts and the operational definitions they have within the context of this study. These operational definitions were derived from literature and applied to the study as explained.
(1) Diagnosis in *Ifá* divination; (2) Disease and disease aetiology in Yoruba traditional medicine; (3) *Ifá* divination among the Yoruba people; and (4) *Àmódi* (somatoform disorder).

1.7.1 Diagnosis in *Ifá* Divination

Diagnosis in *Ifá* divination is the search for the causes of things with *Ifá* divination as the guiding tool. It examines the present condition of the patient against what is contained in *Ifá* literary corpus. This process begins with an observation of the patient and a narration from the *Ifá* literary corpus, after which the patient locates his/her story within the narrative. This process helps to unveil or diagnose the patient's disease aetiology, thereby proffering possible solution in the form of the prescribed treatment.

Prescribed treatment may be one or a combination of the following: (1) *ẹbọ* (*sacrifice*), (2) *òògùn/àkóse-Ifá* (medicine), (3) *ọgbọ́n/ojú- inú* (inspiration).

Ikin-Ifá (sixteen *Ifá* palm-kernels) and *ọpẹ̀lẹ̀* (*Ifá* divination chain) are the two major diagnostic tools used by the *babaláwo*. A process called, *Ó tán nb'ókù?* (Is this all or there is more?) is employed to confirm the diagnosis. This process flows through a set of questions to confirm whether all that needs to be known or done has been accomplished.

Ó tán nb'ókù? ends both the diagnosis and treatment processes. It is what Western medicine calls post-treatment test. It helps to confirm the condition of the patient through the use of *ìbò*, "the sacred cowry and the sacred bone used in casting lots" (Abimbola 1976:12). As Bascom (1969) and Oyesanya (1986) noted, *Ìbò* is used to determine and further interpret particular individual situations.

1.7.2 Disease and Disease Aetiology in Yoruba Traditional Medicine

Yoruba traditional medicine acknowledges two possible divisions of disease: the natural (explicable) and supernatural (inexplicable) disease. It is believed that natural diseases have explicable disease aetiologies and treatment, while supernatural diseases have culturally known but not explicable disease aetiologies.

For scholars (Oke, 1982, Osunwole, 1989, Jegede, A. 1994, 1996), this distinction is linked to the fact that what constitutes an ailment is a subject of contention between Western medicine and traditional medicine. "Too much emphasis of modern medicine on germ theory of disease has made it loose sight of other factors as recognized by traditional medicine" (Jegede, A. 2010:56). This is because the culturally known causes do not fit into the logic and sequence of Western science and practice.

Disease is perceived from four main aetiologies: the natural, supernatural, mystical and Oke (1982) and Jegede, A. (1996) added hereditary to the list of disease aetiologies. For the Yoruba, all the different forms of disease aetiologies are known and contained in the *Ifá* literary corpus. These disease aetiologies are recognised as part of the broader disease aetiology in Yoruba traditional medicine within the context of this study.

1.7.3 *Ifá* Divination Among the Yoruba

Ifá divination consists the selection of a single group of verses from the *Ifá* literary corpus. This process is regarded as "a geomantic type of divination, a system that has 256 *Odù* (chapters) which a *babaláwo* is to learn by heart" (Simpson, 1994:73). These 256 *Odù* are divided into two significant parts: *Ojú Odù mérèrìndínlógún* (16 major *Odù*) and *àmúlù Odù* (240 minor *Odù*). Each of the *odù* is made up of the *ẹsẹ* (verses).

Each of these 256 *Odù* has its own divination signature. It is the *ẹsẹ* attached to each of these signatures that is chanted during divination. The *ẹsẹ* explains the diagnosis, prescription and method of administering the medicine that has been prescribed as the treatment for the condition that is being diagnosed. Whatever emerges from the signature is what the *babaláwo* prescribes to his client. It is believed that "*ẹsẹ-Ifá* pervades the whole range of Yoruba thought and action throughout history" (Abimbola, 1976:32).

According to Abimbola (1976), the process of divination is interpreted with the throwing of *ọ̀pẹ̀lẹ̀* on the ground, the combination of nut segments which fall 'up' or 'down' tells the *Odù* to be interpreted. The *babaláwo* then recites from the memorised passages what relates to the *Odù* that came up after the combination of the nut.

Ọ̀pẹ̀lẹ̀ is used for everyday divination, while *Ikin* is reserved for very important and difficult occasions. For the purpose of this study, *Ifá* divination shall be understood as the process of casting of either *ọ̀pẹ̀lẹ̀* or *Ikin*, the interpretation of the signature that emanates, the recitation or chanting of the relevant *ẹsẹ-Ifá* to the patient, the patient's ability to point out the relevant part of the chanted or recited *ẹsẹ-Ifá*, the prescription and the administration of the prescription.

1.7.4 *Àmódi* (Somatoform Disorder)

According to the American Academy of Family Physicians (2010), somatoform disorder, known as Briquet's syndrome (named after Paul Briquet), or Brissaud–Marie syndrome (named after Édouard Brissaud and Pierre Marie) is a mental disorder characterised by physical symptoms that mimic physical

disease or injury for which there is no identifiable physical cause. It is also known as Medically Unexplained Physical Symptoms (MUPS) or Medically Unexplained Symptoms (MUS). The symptoms that result from somatoform disorder are claimed to result from mental factors. Medical test results are either normal or do not explain the symptoms found in people who have somatoform disorder.

Àmódi (somatoform disorder) has been observed to constitute a serious medical problem known to challenge the competence of physicians (Lipowski, 1988). This has made Quill (1985) refer to it as one of 'medicine's blind spots'; and similarly, Lipowski (1987) called it 'medicine's unresolved problem'.

Different from the above description, findings have shown that somatoform disorder is expressed differently in different cultures because of (1) the difference in styles of expressing distress, (2) the ethno-medical belief systems in which these styles are rooted, and (3) each group's relative familiarity with the healthcare system and pathways to care (Kirmayer & Young, 1998:420).

These bring about the differences in somatisation across ethno-cultural groups even where there is relatively equitable access to healthcare services. Findings show that different things may be responsible for somatoform disorder, making it difficult to classify the nature and causes of somatoform disorder.

In line with this, the Yoruba understand and call this type of condition *àmódi*, a condition without a name or a disease that is difficult to diagnose or understand. For the purpose of this study, *àmódi* (somatoform disorder) is understood as that condition which Western method of diagnosis found impossible to diagnose and so could not treat.

For the purpose of this study, *àmódi* will represent any condition that is not diagnosable or any condition with unexplainable symptoms. This will include "patterns of behavior or feeling or thinking which interfere significantly with the individual's ability to work, to fulfil adequately his/her expected role, to get along with other people, or to enjoy life" (Asuni, Schoenberg & Swift, 1994:42).

CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This literature review focused on four major areas: (1) African Traditional Medicine (ATM), (2) Yoruba Traditional Medicine (YTM), (3) *Ifá* divination as a method of diagnosis, and (4) Somatoform disorder

2.1 Diagnosis and Treatment of Diseases in Western Medical Practice

Western medical practice as practised today gives no insight to the historical fact of a Pre-Hippocrates' medicine which incorporated the use of plants, animal parts and minerals. This departure from the past has affected the nature and practice of Western medicine. There is a huge emphasis on empirical biomedical research, which builds on evidence-based medicine. This has made Western medicine to focus on diagnosis and treatment of diseases and conditions that are treatable and linked to physical causes.

In Western healthcare practice, "diagnosis refers either to an active process or to the conclusion reached by that process… the active sense includes the process and art of using scientific methods to elucidate the whole compass of problems that influence a sick person" (W.B.B, 1973:684). Science determines what is employed in the process of diagnosis and explains what is found in preparation for treatment.

Diagnosis is measured "in the light of a knowledge of the principle of anatomy, physiology, and pathology, concepts of the causes of the trouble, the pathological lesions, and the disordered processes that make up the patient's disease are formed" (W.B.B, 1973:684).

Diagnosis leads up to treatment, based on the findings and understanding of diagnosis and prognosis, whether the treatment be taking a pill, receiving an injection, undergoing a surgical procedure or embarking on a therapy. Every process is explained and adopted using scientific methods. It is different from ATM where diagnosis and treatment include **"**theories, beliefs, and experiences indigenous to different cultures, whether explicable or not**"** (WHO, 1978).

2.2 African Traditional Medicine (ATM)

ATM is not a new field of inquiry. Different scholars have attempted to define it, even though it is difficult to agree on a generally embraced definition. This difficulty in defining ATM and the fact that it was gaining popularity made WHO attempt a definition that can harmonise the existing definitions and views. World Health Organization (WHO) held that:

> Traditional medicine is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness (WHO, 1978).

Sharing the same understanding, Mume (1984) came up with his definition for ATM. He called it "tradomedicalism", which means:

> methodology and mechanics of treatment of human diseases as applied by our forefathers and which has been practiced by succeeding generations to this day. It is a system of treating diseases by the employment of agencies and forces of nature… this follows definite natural, biological, chemical, mental and spiritual laws for the restoration and correction of bodily disorder (1984:3).

Ampofo and Johnson-Romauld (1987), not too differently, defined ATM as the "totality of all knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium and which rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing" (Ampofo and Johnson-Romauld, 1987:38).

Ogungbile (2009) also define ATM as "the health practice involving the application of indigenous resources, spiritual and material, in providing mental, psychological, social, and physical well-being and wholeness to a human being and his or her environment" (p. 413).

These definitions did not end the discussions on the nature and spectrum of ATM. There were other attempts to broaden and specify the areas of interest of ATM. Sofowora (2008), further defined traditional medicine as "the total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing, or eliminating a physical, mental, or social disease and which may rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing" (p. 2).

These definitions agree on the fact that "traditional medicine is an ancient medical practice that existed in human societies before the application of modern science to health, [they also realize that] it has evolved to reflect different philosophical backgrounds and cultural origins" (WHO, 2011). These views complement the works of scholars like Asuni (1962, 1979), Leighton, et. al. (1963), Lambo (1955, 1956), Oyebola (1982) and Pierce (1980), who have carried out researches and observations on some African traditional methods of healthcare.

Traditional medicine of "any given human group in Africa is a complex phenomenon straddling both the seen and the unseen worlds" (Ogundele, 2007:128). The attempts to capture the different realities in the practice of African medicine arose different interpretations. Some scholars saw ATM as a fetish way of curing diseases. To some others, it is believed to be a method of healthcare for the poor and the illiterate given the fact that it is cheaper and more accessible to the average person especially in the rural areas.

Yoder (1982) noted that most studies in ATM before the 1970s dismissed belief systems, religions and rituals as formidable aspects of healthcare. Scholar such as Evans-Pritchard (1973) and Thairu (1975) referred to African traditional healers as witch hunters who practiced "black magic" and took care of their patients with occultic powers. Notions such as these gave ATM the negative outlook it had for decades before the current acceptance it enjoys.

The development in Western medicine initially did not help traditional medicine because it gave the impression that indigenous, ancient or traditional medicine had no validity, and was nearly extinct. But this is not the case, traditional medicine "clearly existed in the East and the Third World, and was in hiding in the Western culture, where it took a defensive cultic posture in the face of modern medicine's self-confidence" (Fulder, 2005:3).

Today, more scholars realise that traditional medicine is as old as the time of the emergence of the earliest human and that it has helped in the preservation and maintenance of good health. This realisation has brought about "a radical renewal of interest in, and use of, traditional or alternative medicine. So much so, that we are "re-entering a period in which scientific medicine and its services share and compete for customers with alternative medicine, within a pluralistic national medicine" (Pietroni, 1991:13).

Having accepted ATM as a reality, it is important to also acknowledge the distinguishing nature of ATM. Studies in traditional medicine show that its practice cannot be separated from the African way of life. Diseases are perceived and treated within the context of the culture. This is because "medicine does not develop in isolation. Health care practices are often driven by cultural context, economics, politics and power" (Richardson, 2005:26).

The WHO's definition of health as "a state of complete physical, mental and social well being" reflects the Yoruba understanding of '*àìsàn'* (not being well or that which distorts health). Jegede, A. (2010) noted that for the Yoruba, "to be well does not only mean biological well-being but the holistic condition of the individual and the society" (p. 223). That is, to be healthy is more than just being free from diseases or infirmity. One has to be in harmony with the 'self', 'society' and *Olódùmarè* (Almighty God).

This is why, as observed by McIvor (1989), traditional healers in Zimbabwe are consulted on a large variety of health problems and Twumasi (1984) also noted that the same happens in Zambia. Findings show that, "over 75 per cent of the rural population in Africa seeks healthcare among traditional healers" (Ampofo and Johnson-Romauld, 1987:38).

The extent of patronage and observable efficacy of ATM has led to the appreciation of "the four criteria of accessibility, availability, acceptability and dependability" (Nchinda, 1976:134) of ATM. These are reasons why the millennium goal of 'health-for-all' cannot be achieved in Africa without ATM. Indeed, the British Medical Association (1993) acknowledged that alternative medical systems are full systems that have come to stay, doctors are encouraged to learn about alternative medicine even at undergraduate level, and if a doctor wishes to study them, he or she must undertake a full course of instruction.

2.3. 1 Yoruba Traditional Medicine (YTM)

Yoruba traditional medicine has developed in and with the culture of the Yoruba people and, as it developed, different scholars found different aspects of it fascinating. Scholars have examined the origins, the history and the nature of Yoruba Traditional Medicine (YTM). These various studies have expressed interests in the two different divisions that exist in YTM. That is, the natural (explainable) and the supernatural (inexplicable), as captured in the definition of WHO (WHO, 1978).

Esho (2005) noted that:

> traditional medicine falls broadly into two divisions, namely the physical and the metaphysical. The physical division uses vegetable, animal and mineral substance. The vegetable substances can be parts of plants such as roots, stem, leaves, flowers or bark or combinations of any of these. The animals used include snails, chameleon, snakes, tortoise, rats, lizards and many others. Among the mineral substances used are crude antimony, sulphur and chalk. The metaphysical division is concerned with the invisible

> world. Prayers, invocations or incantations are offered to some mysterious but apparently powerful forces (p. 32).

These two aspects or divisions of Yoruba traditional medicine have been traced to the same origin. Odugbemi (2008) and Sofowora (2008) noted that in trying to account for the origin of Yoruba traditional medicine, different legends and different accounts of the legends have been alluded to. Some people believe that the origin of Yoruba traditional medicine revolves round some deities such as *Ọ̀rúnmìlà, Ọ̀sanyìn, Olúbíkin, Ọ̀sanyìnbíkin, Ajigbẹ́àkùrọ̀-Odunko,* etc. These are believed to be the first set of people who practised Yoruba traditional medicine (Odugbemi, 2008:13). But a more popular legend has it that "the first man to practice the art of healing in the Yoruba speaking part of Nigeria was *Ọ̀rúnmìlà*, who was endowed with this knowledge by God. *Ọ̀rúnmìlà* had a younger brother called *Ọ̀sanyìn* who gained knowledge of medicinal herbs through assisting his elder brother to compound drugs" (Sofowora, 2008:13).

Ọ̀rúnmìlà is believed to have used words and herbs to heal the sick and through divination he is said to have taught about the existence of *Olódùmarè* and revealed the causes of diseases, prescriptions of therapy and sometimes instructed on what plants to use and the methods of application (Odugbemi, 2008:13). This is based on the belief that the *Ifá* literary corpus contains all that needs to be known in every situation.

The natural or explicable aspect of the Yoruba traditional medicine is traced to *Ọ̀sanyìn* who is known to have treated ailments with only herbs. To complement the account of Sofowora (2008), scholars noted that *Ọ̀sanyìn*, is believed to be "the only man on earth who knows about medicinal plants and their uses other than those revealed by divination through *Ọ̀rúnmìlà*" (Odugbemi, 2008:13). This makes him the patron of herbalists. On the other hand, the supernatural aspect is majorly traced to *Ọ̀rúnmìlà*, even though some other divinities are believed to have been assigned powers by *Olódùmarè* to carry out healing (Odugbemi, 2008:13).

Although the attempts to trace the beginnings of Yoruba traditional medicine are based on legends, there have not been enough tangible reasons to suspect or dismiss these attempts. These legends only show that the art of healing among the Yoruba people has existed independent of religion unlike what many authors claimed.

The separation of Yoruba traditional medicine from religion is not a general position. Some scholars, especially anthropologists, have found no difference between Yoruba traditional medicine and the Yoruba

traditional religion, and this has brought about a misunderstanding, as Osunwole (1989) noted, that most of the 19th and 20th century writers on Yoruba traditional medicine conceived of it as *juju* or magic. To strengthen Osunwole's view, Jegede, O. (2010) argued that "a majority of anthropologists and sociologists who visit Africa take medicine and religion to mean the same thing; even African scholars continue to present African medicine as a form of magic" (p. 19).

Evan-Pritchard (1973) and Buckley (1997) also hold that if one does not understand ATM, it will be called magic. This understanding stands in the way of holistic approach to diagnosis and the use of diagnostic methods like *Ifá* divination.

This may be linked to Lucas' (1996) claims that the Yoruba once lived in ancient Egypt before migrating to the Atlantic coast, and "with Egypt at its root, it is therefore inevitable that African herbal medicine became associated with magic. Amulets and charms were more common than pills as preventions or curatives of diseases" (Lucas, 1996: 291).

This lack of separation has led scholars like Simpson (1994) to undertake studies of Yoruba religion and medicine with a particular focus on the people and practice in Ibadan. Simpson (1994) found that the healthcare practice among the Yoruba gives room for the belief in both natural causes of diseases as well as supernatural causes like witches. He acknowledged that the supernatural causes warrant the use of *Ifá* divination as a tool for diagnosis and prescription. Through this observation, Simpson (1994) clearly made a distinction between what is natural (explicable) and what is supernatural (inexplicable).

This is not a general view as many other scholars have not made this distinction between Yoruba traditional medicine and religion. The argument for the continued separation between religion and medicine, according to Hadley (2003), is based on the position that religion is irrelevant to health or that it has negative effect on health. For Hadley (2003), health is purely scientific and to mingle religion with health steps down the progress in the advancement of medicine.

But Buckley (1997), believes that scholars like Hadley have difficulty in understanding traditional medicine because "there are undoubtedly some healing techniques used in African culture [including the Yoruba] which seem to contradict both scientific knowledge and common sense" (p. 17). Jegede, O. (2006) went further to stress the link between the YTM and religion. For him, "in traditional religion, religion and medicine are connected and are ever crossing each other. Thus, African therapeutics is medico-religious. It includes the use of divination, rituals, and sacrifices, as well as incantations, from aetiology diagnosis to the management and treatment of diseases" (p. 64).

Abiodun (2005) agreed with Jegede, O. (2006) by arguing that the traditional perception of health with its metaphysical presuppositions enhances the functionality of Yoruba traditional medicine and it makes it more appropriate to the needs of the people than Western medicine that is inherently bacteriologic.

Views like these cannot be separated from the interests shown by scholars like Dopamu (2000) who took interest and discussed the use of *Ọfọ̀ ìṣẹ́gun* (incantations for victory). He argued in favour of Yoruba traditional medicine and magic and held that they are both scientific. Even though his arguments did not clearly justify his claim, he held that among the Yoruba, magic, medicine, religion and science have survived till today. In line with this, Jegede, O. (2010) explored the knowledge and use of incantations and herbs in *Ifá* divination as a category of Yoruba traditional medical practice.

This lack of total distinction between Yoruba traditional medicine and religion does not enjoy a wide acceptance as scholars are making effort to make clear distinction between medicine and magic. In an attempt to help with the distinction of categories, Jegede, O. (2010) noted that the Yoruba word *ajẹ́bíidán*, which translates as "efficacious as magic" may be responsible for confusing medicine, magic and religion. Evan-Pritchard (1973) and Buckley (1997) hold that if one does not understand African traditional medicine, it will be called magic, because it works like magic. Building on this distinction, Osunwole (1989) noted that, "recent anthropological works reveal that Yoruba traditional medicine is not magic" (p. 14).

Given the contents of legends and the experiences of people as they use Yoruba traditional medicine, one has no doubt as to its existence. What some scholars are now interested in is to examine the claims that Yoruba traditional medicine is potent and can diagnose and treat common diseases.

Yoruba traditional medicine has not always enjoyed acceptance and has not always been understood by scholars as it is today. Most of the acceptance ATM enjoys today stem from the explicable aspect. Scholars like Asuni (1962, 1979), Leighton, et. al. (1963), Orubuloye (1979), Oyebola (1982) and Pierce (1980) have embarked on researches that focused on herbs and the composition of these herbs. This aspect of the divide in Yoruba traditional medicine has enjoyed the attention of botanists and pharmacologists and has helped to explain the choices made of herbs and the reason for the combination of certain herbs, why they are plucked at certain times of the day and not at other times.

This has led scholars to be interested in other areas of Yoruba traditional medicine. Scholars such as Ademuwagun (1975) became more interested in examining the contribution of Yoruba traditional medicine to the development of healthcare in Nigeria. He examined the relevance of ritual and healing in modern healthcare delivery, given the growth and the awareness of the efficacy of Yoruba traditional medicine. Ademuwagun (1975) noted that, "in Nigeria today, health care delivery is obtained from both the Western-

trained doctors and traditional healers. The two systems co-exist and are freely patronized by the health consumers" (p. 185).

The development of the natural (explicable) aspect of Yoruba traditional medicine is not to the exclusion of the supernatural (inexplicable) aspect. This is largely due to the influence of and the contributions of anthropologists and ethno scientists who have taken interest in the Yoruba culture and religion. Buckley (1997) acknowledged that traditional medicine "forms part of the rich cultural tradition of a Yoruba town" (p. 1). With this acknowledgement, he went further to tie Yoruba traditional medicine and religion together by noting that even though Yoruba traditional medicine "in many respects should be regarded as distinct from the mainstream of traditional Yoruba religion, like many other parts of Yoruba culture distinct though, it is, it is inextricably intertwined with it" (p. 1).

This link he noted does not remove the existence of natural disease causation because, in Yoruba healthcare paradigm, there is the awareness that diseases can be caused by worms (*aràn*) and germs (*kòkòrò*), over-indulgence in food, drink and sex and any other thing that can harm the body.

Buckley (1997), while carrying out a fieldwork on the practice of traditional medicine among the Yoruba, rapidly discovered that "almost all Yoruba men knew at least a little about traditional medicine (*òògùn*)" (p. 2), stressing the focus of traditional medicine to be care for good health. Beyond the general knowledge, Buckley (1997) observed that there are men properly called *onísègùn*, who are the professional herbalists. These he referred to as more knowledgeable in the practice of Yoruba traditional medicine. They represent the aspect of Yoruba traditional medicine that is natural (explicable). They understand the physiological make-up of humans and the herbs that can help in preventing and curing diseases.

2.3.2 The Concept of Incurability, *'àrùn tí ò ṣeé wò'*

In YTM, distinctions are made between *àrùn tí ò ṣe é wò* (incurable disease) and *àrùn tí kò gbọ́ òògùn* (a disease that cannot be cured with medicine alone). Jegede, O. (2009) properly articulated this distinction between, *àrùn tí ò ṣe é wò* and *àrùn tí kò gbọ́ òògùn*. He noted that for the Yoruba people, this distinction is possible because medicine is not the only means by which human illness or disease can be cured. Jegede, O. (2009) quoted *Baba Awo* Ojekunle, herbalist and diviner, as saying that "the concept of incurability of a particular disease does not exist in African traditional religion and medicine" (p. 23). This is because disease or illness is viewed and responded to holistically beyond the responses given to physical or naturally caused diseases.

One of the most threatening and consuming words in Western medical model is incurability, that is, *àrùn tí ò ṣe é wò.* But this is not the case in YTM. For the Yoruba, every disease in existence today had existed and

had been treated at some point in history. *Odù Ifá* and experiences of healthcare practitioners, provide a catalogue from which diagnosis and prescription can be fetched.

The Yoruba traditional healthcare practitioner (the *babaláwo*) diagnoses a present disease by consulting with *Ifá* literary corpus through the use of *Ifá* divination; this indicates the cause of the disease and the treatment that was used to treat such in the past. This clearly points to the belief that the condition is not new.

Osunwole, (1989) noted that in the pre-colonial Yoruba societies, traditional healing was the only form of therapy among the Yoruba people, and the traditional healers were also the popular religious priests whose medical knowledge was largely based on religious beliefs and practices. They were conscious of the existence of *àrùn tí kò gbọ́ òògùn*. This created the need for cures that were beyond medicine and also justified their use of *Ifá* divination for the diagnosis and treatment of diseases.

According to Acharya and Shrivastava (2008), there has to be a conscious inclusion of every aspect of man including the spiritual, for there to be a holistic approach to diagnosis and healthcare. The emphasis on the holistic approach is important because "technology and science have influenced modern society's perception of health care in a manner which spitefully discounts traditional medicine as unscientific and, consequently, irrelevant to development" (Jegede, O. 2010:3). Although the fact of *àrùn tí ò gbọ́ òògùn* can hardly be dismissed, traditional methods of diagnosis have not received enough attention that can help to bring out the potentials in them.

This lack of attention for traditional methods of diagnosis, has been noted by scholars like Buckley (1997), Adekola (1998), Omobiyi-Obidike (1998), Osunwole (1998) and many others who agree with Mume (1984) that, "in recent years there has been a rising interest in tradomedicalism or traditional medicine… but unfortunately, the various research works conducted have been directed to investigate only… herbalism" (p. 4). Buckley (1997) observed that:

> almost all Yoruba men knew at least a little about traditional medicine (*òògùn*)… Most household compounds contained at least one man who was reputed to be well versed in traditional medicine. There were also professional herbalists (*onísègùn*) who were more knowledgeable about the craft but the difference between them and the other men was one of degree. Many men treated diseases and sold medicine as a sideline to their other occupations (p. 2).

Given the awareness of *àrùn tí ò gbọ́ òògùn*, this work observed and examined the efficacy of *Ifá* divination as a method of diagnosis and treatment of *àmódi*, a condition that has been acknowledged as impossible to diagnose with the use of Western medicine. This attempt is based on the fact that diagnosis is

important to every healthcare method and it is rated as the first procedure in medical care, for unless the cause of an illness is known, treatment is impossible.

Sofowora (2008:41) referred to diagnosis as "the hallmark of medicine", the first thing to be done in medical procedure. Jegede, O. (2010) in agreeing with Sofowora (2008) noted that "diagnosis is the most important aspect of any healing system. The treatment of a patient cannot commence without an understanding of the illness or disease" (p. 36).

With the centrality of diagnosis, it is believed that as soon as the cause of a disease is known, the relevant treatment becomes achievable, that is why, given the psychosomatic nature of the Yoruba people, they do not accept that there is anything like *àrùn tí ò ṣe é wò*. A disease becomes incurable only because it is located within the realm of material and sensual realities alone.

The reality of these problems has evolved two patterns of referral systems: the formal/written and informal/oral referral systems. The formal/written referral system showcases respect for areas of competence and specialisation among Western trained healthcare practitioners, whereby a patient is formally issued a referral note from one hospital to a different one that is considered to be more competent in handling conditions such as the one being referred.

The second form of referral system is informal/oral, and only comes into use when a patient is written off as not treatable; that is, the condition is beyond the spectrum of Western medicine. This often happens after all relevant tests have been carried out, and all the tests results do not identify the queried conditions.

This informal/oral referral method becomes relevant because Western medicine "cannot solve all health problems, especially those which are spiritual in origin. In such cases, the advice given is: *ẹ lọ t'ọwọ́ ilé bộ̀ọ́* (go and use the traditional method)" (Jegede, O. 2010:3). The Western trained healthcare practitioner with a consciousness in African traditional disease aetiology, informally/orally discharges the patient from the hospital saying that all that was medically possible within the framework of Western medicine had been done.

The informal/oral referral method, like the formal/written referral method, is aimed at saving the life of the patient where the healthcare practitioner thinks it is possible. The healthcare provider informally/orally refers or advises the patient's family members to take the patient home, based on the belief that there exists a wider understanding of disease aetiology in ATM. The patient is to go to any place where alternative method of diagnosis and treatment can be employed. This referral is, in most cases, to no particular healthcare centre. The decision is left to the patient or members of his/her family.

The informal/oral referral method stems from a belief in the distinction between *àrùn tí ò ṣeé wò* (incurable disease) and *àrùn tí ò gbọ́ òògùn* (a disease that cannot be cured with medicine alone).

2.3.3 Disease Aetiologies in Yoruba Traditional Medicine

Yoruba traditional medicine, like any medicine, has care for disease as its focus. Diseases for the Yoruba are things that affect the body, physically, socially, psychologically and spiritually, thus preventing man from performing his social and moral obligation properly in the society (Osunwole, 1989:39). Disease "disturbs a person's sense of well-being… and may threaten life or simply interfere with its enjoyment" (Landy, 1977:32). This understanding is seen also in Hausa paradigm of healthcare. *Lafiya* (good health) is a metaphysical state of correct being as well as a condition of good physical health that can be disrupted by "the intrusion of occult powers as well as by forces from the physical environment, such that any long-lasting, enfeebling, pathological condition of the body may be attributed to the penetration of the body by malevolent forces, especially if it falls outside the range of those ailments readily explained by more apparent causes" (Wall, 1988:192).

Scholars such as Oke, (1982), Osunwole, (1989) and Jegede, A. (1994) observed that what constitutes an ailment is a subject of contention between Western medicine and traditional medicine. "Too much emphasis of modern medicine on germ theory of disease has made it lose sight of other factors as recognised by traditional medicine" (Jegede, A. 2010:56).

The discussion of disease aetiology in Yoruba traditional medicine acknowledges the two existing divisions of natural (explicable) and supernatural (inexplicable) disease aetiologies. It is believed that natural diseases have explicable causes and treatment, while supernatural diseases have culturally known but not always explicable causes. The culturally known causes of diseases do not fit into the logic and sequence of Western science and practice.

Gelfand (1964) identified spirit of an ancestor which has been angered for some reasons; witches who cast spell on people; the activity of some certain ghosts; and natural causes like worry or strain if one commits a crime or brakes a taboo, as four general disease causes.

In line with the views of Gelfand (1964), Jegede, A. (2002) in his research on perceived disease causation among the Yoruba revealed that most of his respondents (96.5%) indicated four aetiological perspectives on illness causation. These four causations are "enemies (*ọ̀tá*) which include witchcraft (*àjẹ́*), sorcery (*oṣó*); gods (*òrìṣà*) or ancestors (*ẹbọra*); natural illness (*àárẹ̀*) and hereditary diseases (*àìsàn ìdílé*)" (p. 328).

With this awareness, studies have shown that there are different classifications of disease causation. Most notable among these studies is the classification of Forster and Anderson (1978) in which they came up

with three basic typologies of disease causes (naturalistic, emotionalistic and personalistic) in non-Western societies.

Some scholars (Prince, 1962; Yoder, 1981; Simpson, 1994; Jegede, O. 2010 among other scholars) agree with the naturalistic causation of disease. For them it refers to the diseases that are caused by unwholesome food or water, over-indulgence in food, bad diet, insect, bad blood, smoking cannabis, sex, hereditary factors or when there is a change in weather. Simpson (1994) especially noted that diseases can be caused by "overwork, impure blood and activities of germ and worm in the body" (p. 103). For him, many illnesses are due in whole or in part to worms (*kòkòrò*). Jegede, O. (2010) agreed with Sofowora (2008) that naturalistic causes of illnesses are "harmful elements entering the human system through food, drink, skin, etc. [This makes] Western medicine attributes illness to organisms, e.g. bacteria, viruses, protozoa and worms" (p. 31).

Scholars generally agree with Simpson (1994) that the diseases that belong to naturalistic category can be diagnosed and treated by the patient, family members of the patient, friends, when it is not serious, but when the condition becomes critical, professional healthcare providers are consulted. The diseases in this category may include: *Ibà* (fever), *pọ́njú pọ́ntọ̀* (jaundice), *ikọ́* (cough), *ẹ̀fọ́rí* (headache), *òtútù* (cold), *inú rírun* (stomach ache), *kúrúnà* (craw craw), *tanmọnọ* (ringworm), etc.

In discussing emotionalistic causation of diseases, scholars have noted that the holistic nature of man creates the bases for a belief in emotional disturbances or diseases that result from bad experiences. Trattle, (1985 cited in Jegede, O. 2010:35) noted that powerful feelings of emotion are capable of causing destructive or negative effects on the functioning of the endocrine and immune systems. Building on the observation of Trattle (1985), Jegede, O. (2010) noted that Yoruba people believe that if one mourns and refuses to be consoled, it may result in some form of disease. The mourning experience "may be as a result of an epidemic, poverty, a quarrel within the household, economic uncertainty, depression, etc. Any of these can cause fear, anxiety, asthma, hypertension, obesity and blood pressure disorder" (p. 35).

This class of diseases, like the diseases with naturalistic causation, is believed to have known link to their causes and so are treatable. The social setting of the Yoruba people helps to provide the support required for the healing of patient with this kind of disease. It is believed that the family has a huge role to play in the recovery of patients suffering from diseases with emotionalistic causes.

Personalistic disease aetiology is a class of disease causation that has generated strong debates among practitioners of Western method of healthcare, anthropologists and sociologists. It largely lays claims to non-empirical causes of disease like breaking of curses taboos and witches, etc. Prince (1964) talked about disease aetiologies like magical practices resulting from sorcery, curses and witchcraft. Some other scholars

have also noted these causal elements. Jegede, O. (2010) noted that *Àjẹ́ dúdú* are "sadistic witches who take pleasure in afflicting people with misfortune" (p. 27).

They are believed to have *ajogun*, "belligerent enemies and powers that work against man" (Abimbola, 1976:152), at their disposal to carry out afflictions aimed at human beings who have no protection or that have offended them. Witches are believed to be capable of "making a woman temporally infertile or permanently barren, they can prolong pregnancy, cause miscarriage, make delivery difficult, induce frightening dreams and sleeplessness and drain people's blood supernaturally" (Jegede, O. 2010:28). But as non-empirical as these causes are, they are recognised and accepted by Yoruba traditional healthcare providers as possible causes of diseases.

Jegede, A. (2010) in one of his studies quoted an informant saying: "I went to the hospital sometimes last year to treat stomach problem but after many tests the doctors said he found nothing of note. Though, I knew I was sick" (p. 57).

For the Yoruba traditional healthcare provider, it is believed that the early symptoms of this class of diseases take the forms of naturally caused diseases, which later become obscure, such that simple therapy prescribed by the patient, his/her family member or basic healthcare provider (*oníṣègùn*), no longer gives respite from the effects of the disease. This situation is not strange, as the Yoruba believes that "it is possible for supernatural forces or human beings to cause diseases" (Osunwole, 1989:76). This lends justification to the belief in *ajogun.*

The above causal models according to Jegede, O. (2010) can be used to interpret the types of illnesses seen among the Yoruba who consult *babaláwo*. Along with the belief that witches can cause disease, YTM also holds that diseases can be caused by the "transgression or violation of natural laws" (Oyeneye & Orubuloye, 1985:9). Foster (1976) sheds light on personalistic causation when he observed that un-natural illnesses may be caused by two major types of supernatural forces; first the occult causes, which are the result of evil spirits or human agents using sorcery, and the second are spiritual causes, which are the results of penalties incurred for sins, breaking taboos or caused by abandoned divinities.

Maclean, (1974) noted that for practitioners of Yoruba traditional healthcare,

> serious illness is regarded as only one out of the many possible misfortunes which may befall someone and the type of cause which the *babaláwo* uncovers in the case of an illness will be no different in kind from the causes he will specify for other personal disasters… the cause will be expressed in terms of spiritual influences emanating from the dead, from the gods, or from the living, and requiring appropriate ritual and practical measures to counteract them (p. 34).

In line with the work of Foster and Anderson (1978), Odejide (1978) came up with three groupings of disease causation in the healthcare paradigm of the Yoruba. These he referred to as, the natural, the pre-natural, and the supernatural. For him, all three mutually interact. He noted that natural factors that cause diseases include bad odour, filthy conditions and lifestyle. The pre-natural causes, for him, are witchcraft and human curse. This form of disease causation is attributed to human beings because witches are human beings and curses emanate from human beings. Finally, the supernatural causes; these he linked to disembodied beings and offences committed against gods and ancestors (Odejide, 1978:297).

Conscious of the position of Odejide (1978), Jegede, A. (2010) indicated that scholars such as Oke (1982) have shown in their studies that African societies perceive illness from three sources; that is, natural, supernatural and mystical. In addition to the existing sources Jegede, A. (2010) added a new disease causation called "hereditary" (p. 41).

With a knowledge of the classification of Foster and Anderson (1978) and Odejide (1978), Lambo (1979) increased the number of disease classification in African traditional medicine to five. For him, diseases affect human beings in five different ways. First are 'physical ailments'. These are diseases caused by injurious elements entering the human system through food, drink, skin, etc.

The second are 'psychological diseases'. These are diseases caused when man's will is not in harmony with the laws of nature. The body is sometimes affected by a diseased state of mind. This makes some people feel sick when in actual fact nothing is wrong with their system (hypochondriasis).

The third are 'astral influenced diseases'. For Lambo (1979), these are known in occult science. He believes that the radiations from cosmic agents, e.g. sun, moon and planets, have influence on human beings either for good or evil. The moon is said to influence the brain, and many have attributed it to the reason why lunatics become wild and act abnormally when the new moon appears. "It is indeed generally believed, at least in West Africa, that lunatics become more violent at the birth of the new moon. The appearance of the moon, however, is not of itself known to cause mental disturbance" (Sofowora, 2008:38).

Fourth are 'spiritually caused diseases'. These are those diseases caused by evil thoughts, evil desires, machinations by enemies including soul projections or evil telepathic messages and witchcraft.

And fifth are 'esoteric caused diseases'. These diseases originate from the soul, or those caused by the deeds of an individual in his former life (before reincarnation). In considering all five disease causations, Lambo held that Western medicine knows only the 'physical ailments'. This observation is part of the gap that this work intends to fill. Sofowora (2008) evaluated Lambo's classifications and observed that "the

distinctions made by Lambo (1979) between astral, spiritual and esoteric causes appear to be very slim and there also appears to be considerable overlap" (p. 38).

Given these different classifications and the observation of Sofowora (2008), one can say that there are three basic disease causations in Yoruba traditional medicine. These distinctions align with the classifications of Forster and Anderson, (1978:103) in their postulation of three basic disease causations (naturalistic, emotionalistic and personalistic) in non-Western societies. This alignment becomes visible in either the overlap found in the categorisations of Lambo (1979) or in the mere change of syntax as found in the cases of Odejide, (1978) and Jegede, A. (2010).

However, despite the lack of scientific validation of the usefulness of the spiritual component in ethno-medicine, some institutions in the USA are incorporating it into their services (O'Connor, 1995). They claim that ethno-medicine is effective. Similarly, spiritistic practitioners working in the Puerto Rican and Balican hospitals have indicated positive results, based on the fact that patients spent reduced time in these institutions (Krippner & Welch, 1992; and Thong, Carpenter, & Krippner, 1993).

2.3.4 Diagnosis in Yoruba Traditional Medicine

It can be admitted that, "every culture has a way of ascertaining the causes, nature and treatment of diseases. Because of cultural diversities, one expects variation in disease diagnosis and treatment in each culture setting" (Jegede, A. 2010:55). The Yoruba traditional medicine is not an exception.

Jegede, O. (2010) noted that, "before the introduction of Western medical science, traditional medicine was used in the diagnosis, treatment and management of bio/psycho/social disorders and illnesses" (p. 2). The Yoruba traditional healthcare providers are aware of two facts with regard to diagnosis. First, diseases that belong to the class of naturalistic and emotionalistic causations are easy to diagnose given their natural causation and the existing knowledge about them. Second, that many "diseases are difficult to diagnose through physical manifestations or symptoms alone" (Jegede, O. 2010:38) because of the supernatural causation that they have; and this category of diseases will include those with personalistic causation.

In line with these two consciousness, scholars have examined the tools and methods used in YTM when handling various classifications of diseases. Most of these studies were done from an anthropologist's standpoint. This is because, "traditional medicine does not involve the use of such instruments as required by modern medicine for diagnosis" (Jegede, A. 2010:56). There are culturally understood ways of knowing and determining the state of health in individuals. "Traditional diagnostic methods examine the totality of man with reference to his biological, spiritual, psychological and social make-up" (Osunwole, 1989:76).

Scholars such as Buckley (1997) identified methods of diagnosing common diseases or diseases with naturalistic causations. The patient is first observed in order to diagnosis his/her condition, and this involves watching the patients' attitude and gestures. If this does not give enough lead, then the process may extend to the family members of the patient, in order to find out whether the disease being observed runs in the patient's family. Jegede, A. (2010) noted this and added a new disease causation called "hereditary" to the existing categories (p. 41).

Diagnosis in Yoruba traditional medicine affirms the nature of a condition by naming or describing what is observed. Once a healthcare practitioner observes a condition, the next thing he/she does is to name the condition. Scholars agree that naming of diseases helps to describe the condition of the patient, thereby diagnosing the disease. Maclean (1976) and Buckley (1997) noted that "each disease has its name … but there is a loose subdivision of diseases into two groups, the germs (*kòkòrò*) and the worm (*aràn)*" (Buckley, 1997:26).

This division helps to name and diagnose common diseases. For the Yoruba, the name of any disease already diagnosis what the disease is, either in its appearance (*Ibà pọ́njú pọ́ntọ̀* - fever that makes the eyes and the urine red, otherwise known as yellow fever) or in the effect (*àtọ̀gbẹ* - that which makes one urinate as well as lose weight, otherwise known as diabetes) (Simpson, 1994:29).

Oyebola, (1982) expressed the power of naming diseases when he advocated the Western medical equivalents of the local names of diseases, symptoms and signs. He noted that, "since these healers have a very firm grasp of the local dialect, usually they have no problem in identifying diseases when they are called by their local names by patients consulting them" (p. 32).

Simpson (1994) re-emphasised the naming of diseases or symptoms as a means of diagnosis, by observing that, names already indicate diagnosis of the symptoms in the patient. For example, *èjè ríru* literally means boiling blood. This describes and names high blood pressure or hypertension. So does, *Ọdẹ orí* describe mental illness. *Ọdẹ orí* literally means the hunter of the head. This describes the head as having something influencing or hunting it.

The name of a disease or condition helps in diagnosis. It is clear that an *oníṣègùn* will unmistakably diagnose *ọdẹ orí* if the patient says he/she feels that something is walking around inside his/her head; crawling around his/her body; hears sound in his/her head and in his/her ears, etc. (Simpson, 1994:90).

Jegede, O. (2010) joined the discourse on diagnosis when he noted that beyond observation and naming symptoms, Yoruba traditional healthcare system uses phyto diagnosis. This is the use of natural means or

plants to diagnose diseases. The *oníṣègùn* is equipped to read the reaction on the skin of a patient when there is a contact with some particular leaves. This reaction helps to diagnose the presence or absence of a particular disease. For example, Jegede, O. (2010) noted that *Ewé-ìjòyún* (*Pergularia daemia*) can be used to diagnose *Ibà jẹ̀dọ̀ jẹ̀dọ̀* (typhoid fever) from *Ibà* (malaria). This diagnosis is made "if, after rubbing it on a patient's forehead, the forehead swells a bit, it implies that the client has typhoid. Otherwise, malaria is diagnosed" (Jegede, O. 2010:39).

Going beyond the methods of diagnosing naturally caused diseases, Jegede, O. (2010) talked about the use of divination as a diagnostic tool for personalistic caused diseases in Yoruba traditional medicine.

Since diseases have been found to have both natural and supernatural causes, diagnosis in Yoruba traditional medicine is embarked upon on two levels, either on the natural level, by using ordinary diagnostic tools, or on the supernatural level by using supernatural diagnostic tools. There may be occasions when the practitioner may resort to using the two types (natural and supernatural) diagnostic tools.

The methods of diagnosis used in YTM are determined by the practitioner's area of specialisation and the nature of the disease.

> the basic concept of Western medicine centres around the results of experiment, and the disease is regarded as caused by physiopathological agents (including micro-organisms and noxious substances in food and the environment). Traditional medicine, however, considers man as an integral somatic and extra-material entity and many developing countries will accept the fact that disease can be due to supernatural causes arising from the displeasure of ancestral gods, evil spirits, effect of witchcraft, the effect of spirit possession, or the intrusion of an object into the body (Sofowora, 2008:37).

Yoruba people believe in "the spiritual psychic attack, the effects of repercussions and occasional harmful encounters with the invisible lower elements (spirits)" (Esho, 2005:34).

This does not change the view of Buckley (1997), that in Yoruba traditional medicine, every disease is first presumed to have a natural cause. In Yoruba traditional medicine, when a situation or disease defiles natural diagnosis, it is believed that one has to turn to divination. This happens because Yoruba people believe that a disease can have more than one cause. That is, a disease can start as a natural one after which some other forces can take charge of the condition, giving it a supernatural dimension. "If a naturalistic or empirical remedy proves to be ineffective, a patient or his family may then try other procedures, especially offerings to the witches or sacrifices to an *òrìṣà*" (Simpson, 1994:109).

Actions such as these are attributed to the belief in supernatural causation that gives credence to the methods of diagnosis that the *ṣawo/ṣè'ṣègùn* (diviner and healer) employ in their practice of Yoruba traditional medicine. The *ṣawo/ṣè'ṣègùn* occupy the highest level in the practice of Yoruba traditional medicine because of their involvement in a wider disease spectrum. Osunwole (1989:29), observed that *ṣawo/ṣè'ṣègùn* combine divination with other traditional healing methods. They are vast in both physical and spiritual aspects of Yoruba traditional medicine.

At this level, the diviners have a range of divining tools to choose from. These divining tools help to diagnose the conditions of patients before the prescription of relevant medicine. At the level of divination, the healthcare providers partner with the divine. This partnership earns them the name *ṣawo/ṣè'ṣègùn* (diviner and healer). The divining tools they use include *obì* (kola nut), *ẹ́ẹ́rin* (four cowries), *ẹ́ẹ́rìndínlógún* (sixteen cowries), *òpẹ̀lẹ̀* (cowry chain), *agbigba* (looks like the *òpẹ̀lẹ̀*, but bigger than the *òpẹ̀lẹ̀*), *ikin* (sixteen palm-nuts), *Ọ̀sanyìn*, etc. (Simpson, 1994:94). In the case of the *babaláwo*, *ikin* and *òpẹ̀lẹ̀* are the tools used for the diagnosis of diseases that have personalistic causations.

Jegede, O. (2010) noted that *obì àbàtà* is used in diagnosing pregnancy (p. 39). In addition to these, Ajayi, (1996) noted "*omi-wíwò* (water gazing), *àtẹ́lẹ́-ọwọ́ wíwò* (palmistry), *owó-wíwò* (gazing on money), *atipa* or *abókùú sọ̀rọ̀* (necromancy) and *wíwo ojú* (gazing on the eyes)" (p. 1) as diagnostic methods. Bascom, (1969) and Awolalu, (1979) among others, have noted that the most outstanding of all the diagnostic tools employed in YTM is *Ifá* divination.

Signatures of the sixteen major *Odù - Ojú Odù mérèrìndínlógún*

Ogbè	*Òyèkú*	*Ìwòrì*	*Òdí*
I	II	II	I
I	II	I	II
I	II	I	II
I	II	II	I

Ìrosùn	*Òwónrín*	*Òbàrà*	*Òkànràn*
I	II	I	II
I	II	II	II
II	I	II	II
II	I	II	I

Ògúndá	*Òsá*	*Ìká*	*Òtúúrúpòn*
I	II	II	II
I	I	I	II
I	I	II	I
II	I	II	II

Òtúá	*Ìretè*	*Òsé*	*Òfún*
I	I	I	II
II	I	II	I

I	II	I	II
I	I	II	I

(Abimbola, 1976:29). *The author made adjustment in Òsá and Òtúúrúpòn respectively*.
The *babaláwo* (the diviners) are the ones entrusted with these (*ikin* and *ọ̀pẹ̀lẹ̀*) diagnostic tools. Different scholars have referred to the *babaláwo* as the "fathers of secret" (Bascom, 1969:81). *Babaláwo* are both *onísègùn* and *bàbá awo* (father of secrets). They are diviners and healers who are the custodians of the *Ifá* corpus. For the Yoruba people, *Ifá* literary corpus contains all that there is to be known, it is consulted at every stage in life. As Osunwole (1989) noted, "*Ifá* priests were the chief medical consultants in crisis time" (p. 225).

Anika (2010) noted that spiritual causes are to be considered as possibilities when the determining factor of an illness has left a medical practitioner with a mystery that is unexplainable. This is because, both the psychological and the allopathic medical fields have completely disregarded spiritual aspects of a patient due to the fact that it cannot be scientifically proven. This requires that more attention be given to spiritual causes of diseases, because spiritual causes require spiritual diagnosis and cure.

The use of these methods of diagnosis requires the experience and expertise of the healthcare provider. Experience plays a big role in Anamnesis. This is the recollection of a previous existence of a patient. "The practice delves deeply into the patient's past and often ramifies into the patient's entire family and/or social setting" (Tella, 1977). It is believed that "an offence committed in the past existence of a patient can cause his disease after reincarnation" (Sofowora, 2008:41).

Hence, diagnosis and treatment of diseases are carried out using physical and divinatory means. What is used is determined by the patient's condition. In *Ifá* divination, sickness or misfortune results from a breach of the equilibrium between humans and the spirit world, or a dysfunctional relationship between the gods and their mortal followers. To restore this equilibrium, a *babaláwo* employs the holistic diagnostic methods, combining leaves, roots, bark, latex, incantations, rituals and divination (Voek, 1997:115).

This view is shared by Jegede, O. (2010), who observed that "a *babaláwo* uses physical and non-physical diagnostic methods. The *babaláwo* physically examines the body of the client, including the blood, urine, faeces, etc., to ascertain the nature of the disease… the metaphysical methods of diagnosis include the use of *Ikin-Ifá* (*Ifá* palm kernels) and *Ọ̀pẹ̀lẹ̀* (*Ifá* divination chain)" (p. 36). The use of *Ikin-Ifá* and *Ọ̀pẹ̀lẹ̀* is possible because "the collective wisdom of the Yoruba people as contained in the *Ifá* verses (*Odù*) includes a huge reservoir of traditional curative and therapeutic material" (Jegede, O. 2010:1).

2.4 *Ifá* Divination as a Method of Diagnosis

WHO's definition of traditional medicine places a major emphasis on diagnosis of illnesses and diseases and the need to use different traditional methods which may include methods that are not explicable, such as *Ifá* divination, which is different from the practice in Western healthcare.

Given the awareness of the need of, and the possibility of, the use of *Ikin-Ifá* and *Ọ̀pẹ̀lẹ̀*, scholars have observed that Yoruba people are usually reluctant to begin any undertaking without first consulting *Ifá*.

Plate 1: *Ọ̀pẹ̀lẹ̀*, *Ìbò* and *Ìróké*, divination tools
(Original, 19th of March, 2011)

Plate 2: *Ikin-Ifá* (16 sacred palm-nut)
(Original, 19th of March, 2011)

Ifá divination plays a significant role in the Yoruba traditional cultural practice. Jegede, O. (2010) noted that, "most scholars of *Ifá* have primarily focused on the sociological and linguistic aspects of this vast corpus of literature than on its use in traditional Yoruba medical practice" (p. 13).

Idowu (1962) noted that "before a betrothal, marriage contract, birth of a child, after the birth of a child, at every successive stage in a person's life, before a king is appointed, before a journey is made, in times of crisis, in times of sickness, at anytime and at all times, *Ifá* is consulted for guidance and assurance" (p. 78).

Plate 3: Ifasesan Ojekunle (*babaláwo)* attending to a patient
(Original, 23rd of February, 2011)

With this understanding, Abimbola (1976) observed that Yoruba people consult *Ifá* in divination before they do anything important. At the birth of a new child, *Ifá* is consulted to find out what *orí* the child has chosen and what the future holds for the child. If a child becomes ill or if he/she has a problem, *Ifá* is consulted through divination for diagnosis and to look for a solution to the problem.

Abimbola, (1968; 1973; 1975; 1976; 1977) among other works, has done an extensive work on the linguistic, poetic and structural forms of *Ifá* divination, which include the process of divination and the tools used in divination. In his works, Abimbola (1975) posited that *Ifá* is "undoubtedly the most important of the numerous divinities of the Yoruba people" (p. 2).

Bascom (1969) was not too different from Abimbola (1975). Bascom did a structural and linguistic analysis of *Ifá* divination. For him, *Ifá* divination is a process of accessing a body of religious directives with a basic purpose, which is "to determine the correct sacrifice necessary to secure a favourable resolution of the problem confronting the client" (p. 60). This is a development on Farrow (1926), who observed that, "*Ifá* may be regarded as the most important *Òrìṣà* of the Yoruba people" (p. 3).

Sociologists are not different in their observations. For them, *Ifá* as the *Òrìṣà* of palm nut divination is widely resorted to because of its reputation as an oracle and an *Òrìsà* in its own right. It is supposed to be able to meet all the desires of its devotees (Fadipe, 1970; Idowu, 1962). This is a popular view because "*Ifá* is believed to have been sent by *Olódùmarè*, the Almighty God, to use his profound wisdom to put the earth in order" (Abimbola, 1976:9). *Ifá* is called *Akéré-f'inú-ṣ'ọgbọ́n* (the small person with a mind full of wisdom) and *Akọ́ni-lọ́ràn-bí-iyèkan-ẹni* (he who gives one wise advice like one's relative), "*Obirikiti a-pa-ọjọ́-ikú-da'* (the great one, who alters the date of death)" (Ajayi, 1996:1).

More than the general purposes for which *Ifá* divination is used, Parrinder (1976) observed that it plays a huge role in Yoruba traditional healthcare. The signature arrived at through the use of either *ọ̀pẹ̀lẹ̀* or *ikin*, tells the diviner the *odù* that contains the nature of and the treatment for the disease being diagnosed. For Parrinder (1976), *Ifá* divination is used to consult *Ifá* literary corpus, "an ancient well-preserved oral literature, which is the basis of a highly systematized and effective traditional healing system used by the Yoruba" (p. 124).

Building on the view of Parrinder (1976), Osunwole, (1989) observed that *Ifá* literary corpus is considered as the repository of all wisdom from which diagnosis and prescription for treatment can be achieved. Marcuzzi (1999) listed more than a thousand herbs from *Ifá* literary corpus, and in agreement with this, Verger (1995), explored the richness of *Ifá* divination by cataloguing more than one thousand kinds of illnesses that have natural or mystical causes and provided information on their cure with herbs, incantations as well as rituals.

Sofowora (2008) further observed that *Ifá* divination is used to identify an illness. It diagnoses the origin and nature of diseases and proffers solutions by prescribing relevant treatment (p. 43). Jemiriye (1988) in his research on the consequences of ẹ̀ṣẹ̀ (sin) highlighted that in the Yoruba worldview, *Ifá* divination is used to diagnose the cause of any ailment.

In recent times, scholars are becoming interested in the efficacy of *Ifá* divination and actually referring to it as the source of revolution in alternative medicine. According to Jegede, O. (2010), it is "reputed to be a reliable diagnostic and curative system. More instructive is the increasing institutionalization of the *Ifá* divination system, as well as the esteem in which it is held over other healing methods." (p. 1)

In line with the belief that *Ifá* literary corpus contains practically everything, Fabunmi (1972) and Adeniji (1980) attempted to compile incantations for healing from *Ifá* literary corpus. They indicated how healing incantations contained in *Ifá* literary corpus can be retrieved and administered, with the use of *Ifá* divination. In agreement, Jegede, A. (2010) observed that, "the *babaláwo* (*Ifá* priest) knows the type of diseases and their cure through *Ifá* divination" (p. 42).

One significant thing about diagnosis in *Ifá* divination is that it is believed that "the *babaláwo* possesses a higher level of perception and is in full control of his senses. During [divination] he attains a high level of spirituality which enhances his ability to draw on deeper information from the world of spirits" (Jegede, O. 2010:43). The *babaláwo* believe so much in the process that they cannot change or alter whatever comes up during divination. They believe that it is better not to consult *Ifá* than to fail in fulfilling what it stipulates.

Dopamu (2000) and Osunwole (1992) have observed in their studies that *Ifá* literary corpus contains incantations that have healing power. Dopamu (1977) held that "for a proper diagnosis and treatment of any ailment among the Yoruba race and in particular with the *Òwe* people, it may be necessary to consult a diviner in order to know the real cause or causes of the disease before treatment" (p. 14).
Going beyond general diagnosis and treatments, scholars have also observed that *Ifá* divination is used in the diagnosis and treatment of diseases that have been considered to have supernatural or mystical causes. With *Ifá* divination, "the *babaláwo* is able to unveil the background of the diseases and make necessary prescriptions" (Osunwole, (1989:56). This points to *Ifá* divination as a "vital method of communication between the *babaláwo* and the patient during health consultations, making this aspect of illness management focus on a holistic cure and ritualistic competence" (Jegede, O. 2010:41).

Divination is not new to African traditional medicine in general, as it is used in the diagnosis of diseases, especially diseases with spiritual causes. This is because "*Ifá* is consulted in the same way people consult

astrologers for advice on which day to travel, whom to marry or what the future may hold for their children" (Jegede, O. 2010:14). Mume (1984) is of the view that

> In the event of disease, the tradomedical physician detects, by tradomedical diagnosis, the missing elements and supply them to the body through tradomedical preparations …ill health can be caused by multiple of other factors, some of which include sins against men and God, guilty conscience, witchcraft spells and influences and actions of demon spirits. Therefore, in ailments without obvious bodily disorder, where the cause or causes are wrapped in obscurity the tradomedical approach is that of a mixture of religion and medicine. In such cases "Epha" or the oracle is used to probe the cause or causes of such diseases and where those are traceable to witchcraft or spiritual influences, sacrifices are offered to appease aggrieved spirits or solicit their help (pp. 6-7).

Other scholars like Sofowora, (2008) Tella, (1978) and Ademuwagun, (1975) have written on the relevance of ritual and healing as contained in *Ifá* literary corpus while Gerber (2000), Brennan (1987) and Osunwole (1989) identified the need for a holistic approach to healing and the importance of divination as a method of diagnosis. They all situated their emphasis on the need for a contact between the human world and the world of the spirit for proper diagnosis and healing.

Ifá divination is prominent in Yoruba traditional medicine as a method of diagnosis because some supernatural factors such as bewitchment, sorcery, curses, aggrieved spirits of ancestors and the breaching of cultural taboos can cause diseases. It is especially in the management of illnesses suspected to have unnatural causes that *Ifá* divination is said to be very relevant.

According to Sawandi (2010), Yoruba healthcare practitioners believe that human beings are vulnerable to physical and spiritual illnesses, which may be caused by oppressive forces known as *ajogun*. Illnesses caused by these forces usually defy biomedical solutions in such a way that it becomes paramount to look at the cultural environment of the patient to see if there is an imbalance resulting from a disregard of social, cultural or traditional norm, to be able to diagnose such illnesses.

Jegede, O. (2010) cited a *babaláwo* in Idanre who observed that "when the spiritual dimension of man is sick, it automatically manifests physically; likewise, when it is healed, it manifests physically. In his view, the physical mirrors the spiritual; hence, religion plays a vital role in *Ifá* healing technique" (p. 10).

All these emphases point to divination as "an approach towards unveiling the causes of diseases or misfortunes… This makes it central to traditional medicine since it affords the traditional medical practitioner to understand the underlying causes of diseases as well as the kind of treatment required" (Oyeneye and Orubuloye, 1985:11). Sharing this view, Mume (1984) talked about how practitioners of Yoruba traditional medicine "learn to detect by physical and spiritual diagnostic means, signs, how, when, where departure from the normal or natural path has taken place" (p. 3).

2.4.1 Processes of *Ifá* Divination

Ifá divination has a three-stage structural pattern, which distinguishes it from any other forms of divination among the Yoruba.

First stage: Divination begins with the client confiding in *Ifá* by speaking to either the *ikin* or *ọ̀pẹ̀lẹ̀*. In doing this, "it is believed that the client has communicated his wishes through the divination instruments to *Ifá* himself who will then provide an answer, through the appropriate *odù*" (Abimbola, 1975:22). The same process of confiding in *Ifá* can be done with *ìbò* - an *Ifá* instrument used to narrow down the message of *Ifá* to a particular point. It consists of a pair of cowries sewn together, (stands for 'yes') and a piece of animal bone (stands for 'no').

After this, the priest without hearing what the client said to *Ifá*, picks up the divination tool and begins to chant for permission to perform divination successfully. He takes permission from *Olódùmarè*, *Ọ̀rúnmìlà*, and other *òrìṣà*, (these include as many *òrìṣà* as possible), then his ancestors and finally the *Olúwo* (the *babaláwo* that trained him). Then he casts the *ọ̀pẹ̀lẹ̀* or the *ikin* and then begins to chant the *ẹsẹ* of the *odù* that appears. *Ẹsẹ* is the verse of the *Ifá* literary corpus. "Each of the 256 *odù* has hundreds of poems or verses traditionally associated with it. It is believed that each *ẹsẹ* has a total of 600 poems associated with it" (Abimbola, 1975:30).

Second stage: After an *odù* is arrived at, the *babaláwo* begins to move into particular questions. He hands the *ìbò* to the patient who holds the two *ìbò* separately. The *babaláwo* then casts the *ọ̀pẹ̀lẹ̀* twice. If the *odù* obtained with the first cast is senior to the one that came with the second cast, the *babaláwo* tells the client to drop the *ìbò* in the right hand. But if the *odù* that came with the first cast is junior, the client is told to drop the *ìbò* in the left hand. If the *ìbò* dropped is the bone, it means the answer to the question asked is "no".[1]

First thing to find out is whether the situation will end in *ire* (good/recovery) or *ibi* (evil/death). Once *ire* or *ibi* is known, the *babaláwo* then asks *Ifá* what kind of *ire* or *ibi*. After this process, he then finds out if the situation at hand is natural or caused by *àwon ìyà mi* (witches) or any other cause. These questions shape the direction of the investigation.

After all the process of inquiry, the client is then invited to tell his/her story and see whether all or a part of the divination processes explains the condition of the patient (diagnosis). That is, *bí awo bá kì fún ni, à ń kíí fún awo ni* (it is expected that once a *babaláwo* finishes the chanting of the *ẹsẹ Ifá*, the client would in turn

[1] This happens if the inquiry is about a thing, but if the inquiry pertains to a human being then the bone will represent "Yes".

tell the *babaláwo* about the relevant parts of the *ẹsẹ Ifá* that apply to his/her situation). This will further help the *babaláwo* to analyse the *ẹsẹ Ifá* that has been previously chanted. With this, both the *babaláwo* and the client will know what to do to access cure for the disease, the kind of treatment to be employed and how to administer the treatment.

Third stage: *Ó tán nb'ókù*? (Is this all or there is still more?). Here, the *ọ̀pẹ̀lẹ̀* is used just as it was used in the earlier stages. The focus of this stage is to consult with *Ifá* if the prescription is detailed enough or not. If it is not detailed enough, the same process will be used to ask *Ifá* what else is to be added. Once *Ifá* indicates that it is good enough, the *babaláwo* has no doubt in his mind as to the efficacy of the treatment.

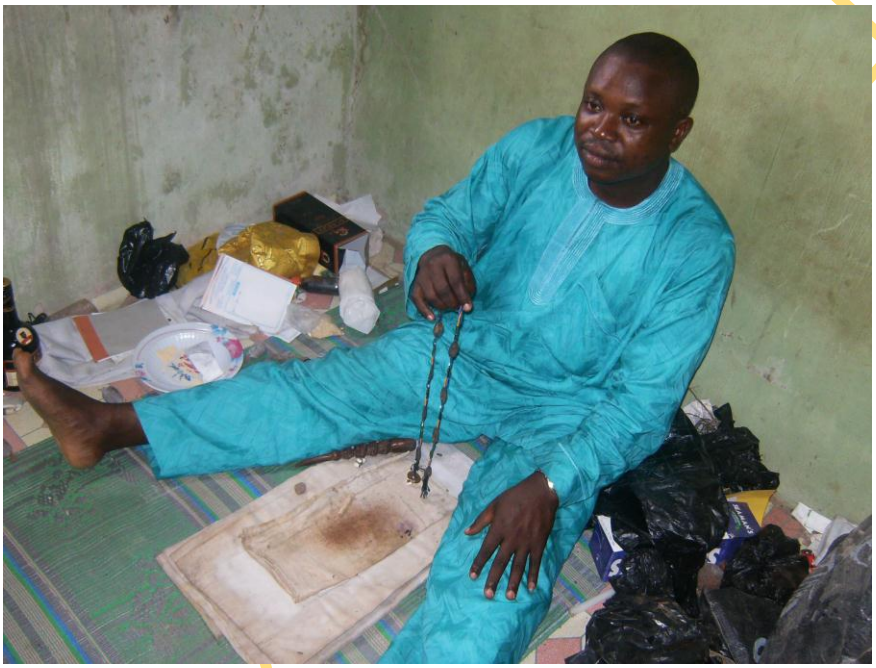


Plate 4: Awo Atunbi Ifá in the process of divining for a patient
(Original, 10th of February, 2011)

For every complete divination, there is always a prescribed sacrifice. Whether the outcome is good or bad, the client is expected to offer some kind of sacrifice. "It is the belief of the Yoruba that if the prediction of *Ifá* is good, a sacrifice will help to further make it come to pass, and that, if the prediction is evil, a sacrifice will help the client to dispel the evil" (Abimbola, 1976:35).

2.5 Somatoform Disorder

Primary healthcare providers are aware that some patients complain of bodily symptoms when there is apparently no demonstrable organic pathology. That is, the bodily complaints are not adequately explained by the level of organic pathology presented by the patient (Lowy, 1977). Such patients are usually described as suffering from somatoform disorder.

In discussing somatoform disorder, Kirmayer (1984) and Hunter (1979) noted that three major approaches can be developed in the attempt to define somatoform disorder, given their reading of existing literatures. The first approach comes from the psychoanalytic tradition. This is the most embraced of the approaches. It sees somatisation as a set of medianism by which emotions cause physical signs and symptoms of illness.

WHO upheld this view noting that "somatoform disorders are a group of problems characterized by persistent bodily symptoms or concerns that cannot be fully accounted for by a diagnosable disease" (1992).

The findings of American Academy of Family Physicians (2010) on somatoform disorder also upheld the psychoanalytic tradition. For them, somatoform disorder is the name for a group of diseases in which the physical pain and symptoms a person feels are related to psychological factors. These symptoms, for them, cannot be traced to a specific physical cause. Medical test results of patients diagnosed with somatoform disorder, are either normal or do not explain the patients' symptoms.

In line with the view of American Academy of Family Physicians (2010), El-Rufaie, (2005) considered somatoform disorder as one of the known psychiatric disorders that are known in the form of anxiety and/or depressive disorder. For him, "somatization denotes, in general, the experience and communication of psychological distress in the form of physical symptoms" (p. 453). This has led to the increased involvement of clinical psychologists in hospitals (Miller and Swartz 1990).

Yates, (2009) did not differ from the above view. He attributed somatoform disorder to mental illness. For him, it is a psychiatric condition because the physical symptoms found in the patient suffering from somatoform disorder cannot be fully explained by a medical disorder, substance use, or another mental disorder.

In line with Yates, (2009), Barsky (1992) classified somatoform disorder as hypochondriacal worry or somatic preoccupation while Goldberg and Bridges (1988) classified somatoform disorder as somatic clinical presentations of affective, anxiety, or other psychiatric disorders.

These classifications do not enjoy an overwhelming popularity as Kroenke et. al. (1997) came up with attempts to define the parameter these classifications have to meet to be called or described as somatoform disorder. According to Kroenke et. al. (1997), for a condition to be somatoform disorder, it must meet the requirements of the Primary Care Evaluation of Mental Disorders (PRIME-MD). This means that there must be optimal threshold on a screening checklist of 15 physical symptoms of (stomach pain; back pain; headache; chest pain; dizziness; fainting; palpitations; shortness of breath; bowel complaints (constipation or diarrhoea); dyspeptic complaints (nausea, gas, or indigestion); fatigue; trouble sleeping; pain in joints or

limbs; menstrual pain or problems; and pain or problems during sexual intercourse) for a primary care clinician to diagnose somatoform disorder.

Beyond the position of Kroenke et. al. (1997) and Kirmayer & Robbins (1991), Gureje, (1999) hold that a patient must have started having symptoms that indicate somatoform disorder prior to the age of 30, and the symptoms must include at least four pain: two gastrointestinal, one sexual, and one pseudo neurological complaints (DSM–IV–TR).

Despite all the effort to classify symptoms that make up somatoform disorder, Mayou, et. al. (2005) noted that DSM-III which introduced somatoform disorders as a speculative diagnostic category has remained in the successive versions of DSM-III-R, and that DSM-IV has failed in its declared purposes of aiding understanding, guiding research, and providing a useful basis for treating these patients. Given this notable failure, Wise and Birket-Smith (2002) have noted, and unfortunately so, that

> somatoform disorders continue to be problematic and need significant revision. In the text revision of DSMIV (DSM-IV-TR), diagnoses in the somatoform disorder section share the common feature . . . [of] the presence of physical symptoms that suggest a general medical condition. Given the prevalence of somatoform disorders, it is remarkable that the work groups of DSM-III, DSM-III-R, DSM-IV, and DSM-IVTR did not solely focus upon somatoform disorders but also addressed a variety of other disorders under the rubric of "interface conditions." In conclusion, the somatoform disorders remain a difficult taxonomic challenge (p. 438).

The second approach used in defining somatoform disorder originated from a Western biomedical perspective. This approach defines somatoform disorders as the presentation of physical symptoms in the absence of demonstrable organic pathology, or the amplification of physical complaints beyond what can be accounted for by the organic disease that may be manifest in the patient (Katon, Kleinman & Rosen 1982).

This view is a representation of Western mind/body dualism. Fabrega (1990) held that the idea of somatization flows from the biomedical epistemology about disease and illness. In line with this, Janca, et. al. (1995) classified somatoform disorder as medically unexplained somatic symptoms, using somatisation disorder module of the Diagnostic Interview Schedule (DIS), the Composite International Diagnostic Interview, or the WHO Somatoform Disorders Schedule as measuring instruments.

The third approach used in defining somatoform disorder sees it as the presentation of somatic symptoms instead of personal or social problem (Kleinman 1980), or as "the expression of personal or social distress in an idiom of bodily complaints with medical help seeking" (Kleinman and Kleinman 1985:430).

The work of Katon and colleagues (1984) provides an insight into how "the emergence and maintenance of functional somatic symptoms are intricately linked with the patient's social and cultural milieu" (Katon, Ries, & Kleinman, 1984:208). This socio-cultural association includes "the traditional views of illness and cultural attitudes towards physical and psychological problems and associated illness behaviour" (Gureje et. al. 1997:990). This reality is important because "every culture has a way of ascertaining the cause, nature and treatment of disease. [And] because of cultural diversities, one expects variation in disease diagnosis and treatment in each culture setting" (Jegede, A. 2010:55).

In the search to understand and conceptualise somatoform disorder, researches have shown that somatisation is a socio-physiological continuum of experiences, whereby the body reacts to experiences or vice versa. That is, "the communication of personal and interpersonal problems in a physical way that emphasizes the need for medical help when in fact, the patients' complain of bodily ailments is done without any pathological bodily process to indicate the problem that is ravaging the patient" (Kleinman, 1988:57).

This view sees somatoform disorder as a form of communication expressed through the body as a metaphor for social and emotional experiences (Nichter, 1981), or as Madanes (1980) noted that, non-verbal communication utilizes the body and its ills as a substitute for verbal social communication.

Different from the view that holds, that somatoform disorder is a psychiatric form of disorder, the third approach employs sociological studies to evaluate medically unexplained symptoms, recounting the experiences of patients that have these experiences (Nettleton, 2006). Some researchers have considered somatoform from the point of social disorder. They examined the effect of this disorder and the cost of maintaining the patients (Fichterb and Rief, 2003).

More than the three possible approaches that help in defining somatoform disorder, Kirmayer (1984) came up with seven models of somatisation, with only one model viewing somatisation from biomedical perspective. According to Ots (1990), six of the seven models of Kirmayer (1984) conceive somatisation "as a culturally patterned construct, as the modelling of primarily psychological event in a secondary somatic expression, i.e., as an abnormal illness behavior" (p. 24).

Medical sociologists and anthropologists have also made their contributions to the discourse on somatoform disorder. They have generally interpreted somatoform disorder as a pattern of illness behaviour. And in particular, they refer to it as a special style of clinical presentation, in which somatic symptoms are presented to the exclusion or eclipse of emotional distress and social problems (Kleinman, 1977:4).

These different uses of the term "somatisation" are not equivalent. They involve varying degrees of inference about underlying processes, which are, at present, immeasurable. Scholars have also noted that, "socioeconomic and social structural differences in health care systems make their interpretation problematic" (Kirmayer, & Young, 1998:422).

These three approaches defined by Kirmayer (1984), suggest that somatoform disorder is a difficult subject to deal with, just as it shows that each of the approaches only captures aspects of somatoform disorder. "The psychoanalytic perspective attends to the intrapsychic issues involved in somatisation. The second approach focuses on the interpersonal and cultural issues involved in somatisation. Finally, the third approach has its genesis in Western biomedicine, with its mind/body dualism" (Eze, 1993:18).

Eze (1993) noted that, literature clearly shows that somatisation "is a complex process that involves not only physiological but also psychological, cognitive, affective and ethno-cultural processes. Most of the theorising on the subject has tended to deal with the different processes involved in isolation from each other without showing any linkage between these different processes" (p. 2).

Examining the different attempts that have been made to define somatoform disorder Gucht and Fischler (2002) went ahead to conclude that all the different attempts express "one element in common, namely the presence of somatic symptoms that cannot be (adequately) explained by organic findings" (p. 1). And even though attempts have been made to define and categorise somatoform disorder using the Western categories, El-Rufaie, (2005) noted that "The causes are still obscure and there are many hypotheses in the literature. The aetiology is probably multifactorial - it can hardly be explained in terms of a single cause" (p. 454).

2.5.1 Classification of Somatoform Disorder in Western Medical Tradition

The difficulty that has evolved as a result of the limitation of the definitions of somatoform disorder has led Kroenke et. al. (1997) to introduce "multisomatoform disorder", a diagnostic category for patients with multiple somatoform symptoms. But this only led to further critique of diagnosis that focuses on symptom counting at the expense of psychological symptoms (Fink, 1996:7).

This difficulty in adequately describing or defining somatoform disorder is not a total failure. One can at least say that the classifications can help to resolve some of the contradictory findings in the cross-cultural literature and they have led to the expansion of the possible characteristic to include social and cultural elements.

The difficulty in defining and categorising somatoform disorder has not limited the attempts to understand and make meaning of it, to the field of psychiatry. It has rather arisen the interests and views different from

what can be called the traditional understanding, whereby somatoform disorder is tied to a psychodynamic theory of illness causation in which psychological conflict was transformed or transduced into bodily distress (the somatoform disorders in DSM-IV or ICD-10, DSM–III–TR) (WHO, 1992).

The affirmation that Somatoform disorder exists in all cultures and has different meanings in each culture has not been strongly considered as "the available instruments, for the most part, are focused on itemising of somatic symptoms and neglect the psychological and sociocultural variables which are crucial in somatisation" (Eze, 1993:109).

In all of the attempts to classify and categorise somatoform disorder, it is clear that "the current classifications of somatoform disorder fail to include aspects such as behaviour, cognitive attribution, biological arousal, personality, etc." (Rief and Hiller, 1999:507). To resolve all the crisis of classification, WHO launched a study to assess medically unexplained symptoms in different cultures and this has resulted in culture-specific symptoms; that is, each culture has a group of symptoms or conditions that make up what they call somatoform disorder. This had made general classification complicated with no easy solution (Rief and Hiller, 1999:507).

Given the above difficulty in defining and classifying somatoform disorder, notable points of criticism have been raised by scholars. It has been noted that due to the rather restrictive diagnostic criteria of somatisation disorder, most patients with persistent somatisation fall into the category of "undifferentiated somatoform disorder" (Kirmayer, and Robbins, 1991). It was also noted that the different attempts to expand the categorisation of somatoform disorder "did not change this observation substantially" (Reif, et. al. 1996:680).

Healthcare practitioners still observe that "the diagnostic situation is extremely unsatisfactory when one considers that somatisation constitutes a very frequent phenomenon not only in European primary care setting but worldwide" (Peveler, Kilkenny & Kinmonth, 1997:245).

Despite the different attempts to improve on the categorisation, Eze (1993) noted that "there is, yet, no comprehensive theoretical model of somatisation to guide clinicians and researchers in thinking about and developing comprehensive or balance assessment instruments for somatization" (p. 9), thereby creating a need for a comprehensive theoretical model that considers biological, psychological, social and cultural variables.

Somatoform disorder constitutes a serious medical problem which until recently has received little attention from both physicians and psychiatrists likely because it exists in what Lipowski (1986) called the borderland between medicine and psychiatry (Lipowski, 1986, 1987). Somatisation is known to challenge

the competence of physicians (Lipowski, 1988), and as Groves (1978) noted, physicians actually dislike patients with somatoform disorder. In line with this, Quill (1985) referred to somatisation as one of "medicine's blind spots" while Lipowski (1987) called it "medicine's unresolved problem".

2.5.2 Somatoform Disorder in Different Cultures

Studies have shown that somatoform disorder is expressed differently in different cultures because of the difference in styles of expressing distress ("idioms of distress"), the ethno-medical belief systems in which these styles are rooted, and each group's relative familiarity with the healthcare system and pathways to care (Kirmayer, & Young, 1998:420).

However, significant differences in somatisation across ethno cultural groups persist even where there is relatively equitable access to healthcare services. The findings of the studies carried out show that different things may be responsible for somatoform disorder, therefore making it difficult to classify the nature and causes of somatoform disorder. It was noted that psychological and social functions can be seen as "an index of disease or disorder, an indication of psychopathology, a symbolic condensation of intrapsychic conflict, a culturally coded expression of distress, a medium for expressing social discontent, and a mechanism through which patients attempt to reposition themselves within their local worlds" (Kirmayer, & Young, 1998:420).

Kirmayer and Young (1998) are not alone in the belief that somatoform disorders are found across all cultures. Gureje (1999) had looked at the history of somatisation in primary healthcare, to show how it cuts across nationalities and cultures and how psychopathology and health beliefs can be linked to this condition. Fabrega (1989) also held that culture influences basic characteristics of humans, such as beliefs, ideas of the self, and illnesses that afflict humans. This does not change the fact that somatisation as a term was originally tied to a psychodynamic theory of illness causation in which psychological conflict was transformed or transduced into bodily distress (Kirmayer, 1984; Lipowski, 1988).

2.5.3 Treatment of Somatoform Disorders in Western Medical Tradition

It would seem like the difficulties healthcare practitioners are facing in their attempts to understand somatoform disorders will keep them away from trying to treat somatoform disorders. On the contrary, efforts have been made to manage and treat these conditions, even though it is difficult to clearly state the causes.

Scholars have embarked on a number of treatment procedures and the levels of success achieved give some hope. All the trials so far are based on the speculation that somatoform disorder can be linked to one of the methods of interpreting it; that is, psychosomatic, biomedical or social problems. No attempt has been

made to view and treat it from a traditional or cultural perspective, even though culture and belief systems are not excluded from possible causes of somatoform disorders.

Psychotherapy: Even though there have been scepticism about the effectiveness of psychotherapy for somatoform disorder, some controlled studies have been reported which indicated possible restoration of a sense of well-being in somatising patients in comparison with no treatment (Kellner, 1986).

Chappell and Stevenson (1936) reported some level of success in the first known controlled study of psychotherapy with patients having psychosomatic disorder. Draspa (1959) did another control study of Psychotherapy in the treatment of functional somatic symptoms. This result indicated that the control group recovered twice as long as those in the experimental group. The same level of success was observed when Svedlund et. al. (1983) studied patients with irritable bowel syndrome without any demonstrable organic disease. The study showed that in a 16-month follow-up, psychotherapy had help in the recovery process.

Behavioural Therapy: There have been attempts to consider somatoform disorder from the point of view of behavioural conditions and not strictly as a psychological or a medical condition that requires the attention of healthcare givers. Looper and Kirmayer (2002) evaluated the attempts to treat patients with somatoform disorder using a Cognitive Behavioural Therapy (CBT). These attempts show considerable progress in establishing the efficacy of CBT for the treatment of somatoform disorders. These CBT interventions produced moderate to large magnitudes of effect. Given the lack of effective medication for most of these conditions, Looper and Kirmayer (2002) held that CBT should be considered the first line treatment for somatoform disorders.

Rief et. al. (2004) also noted that CBT helps patients suffering from somatoform disorder because of the belief that somatoform disorders are caused by the way people relate to their illness. It is believed that a patient's condition makes him/her begin to feel or imagine other symptom that are not diagnosable. It is held that, the way people think about and interpret their illness, creates other somatic symptoms in the healthcare-seeking individual, thereby bringing about disability and coping behavior. This approach is used to interpret common somatic symptoms, such as abdominal pain, back pain, chest pain, or headache which have been classified as key features of somatoform disorders in DSM-IV.

In line with Looper and Kirmayer (2002), Rief et. al. (2004) and Kroenke (2007) considered somatoform disorders to be among the most prevalent disorders that "allow one strong and several tentative conclusions regarding the efficacy of treatment for somatoform disorders. He noted that CBT is consistently effective (11 of 13 trials) across a spectrum of somatoform disorders... A variety of other treatments have been evaluated for which the results have been either negative or inconclusive" (Kroenke, 2007:886).

Inpatient Treatment: This is a form of treatment programme that "stresses social reinforcement and avoidance of occupational activities in the development of somatisation and care-eliciting interpersonal behaviours. The programme involves the patient in his or her own care, and includes (a) behavior modification techniques to reduce symptoms; (b) social skills training, and (c) family therapy" (Eze, 1993:100). This is closely knit with behavioural therapies.

Pharmacologic Strategies: Pharmacology has not enjoyed total support. Hans-Peter Volz,t et. al. (2000) observed that some attempts at behavioural therapy yielded some positive results in the care and treatment of somatoform disorders. But this success story is not so evident in pharmacological treatment. This does not rule out the fact that there have been some trials of pharmacological treatments.

A trial of Opipramol, a psychopharmacon widely prescribed in Germany, showed the drug's effectiveness in anxiety states alongside somatic complaints. Given the success, they tried the efficacy of Opipramol in somatoform disorders, using adequate clinical trial methods. For this trial, researchers adopted a multicentre, randomised, 6-week, placebo-controlled clinical trial in a total of 200 patients suffering from somatoform disorders according to ICD-10.

In the main outcome criterion, the somatic sub-score of the Hamilton Anxiety Scale, and in nearly all other outcome criteria Opipramol (200 mg/day), was statistically more effective than placebo. A similar number of adverse events were noted in both groups. The results of this first-placebo-controlled study in somatoform disorders suggest efficacy of opipramol in this indication but need replication (Hans-Peter Volz et. al. 2000). The conclusions of this trial were not popular because the effect was noticed only in somatic sub-score and there were other adverse effects noticed in patients.

Fallon (2004) noted that there has been a resurgence of hope in the possibility of pharmacologic strategies in helping patients with somatoform disorders. This hope however is not to be overblown as the success rate is just in some aspects of somatoform disorders and there is an increase need for additional research to investigate the efficacy of novel pharmacologic strategies for patients with illness fears and unexplained bodily sensations.

Fallon (2004) observed that:

> Pharmacotherapy with serotonin-reuptake inhibitors appears to be effective for patients with the obsessional cluster of somatoform disorders… No controlled trials have been conducted on the pharmacologic management of patients with the somatization cluster of

> somatoform disorders. This represents a major gap in the area of pharmacologic research because subsyndromal somatization syndromes are so common and contribute so much to public health expenditures (p. 455).

To buttress the partial efficacy of pharmacotherapy, Marcq and Claes (2006) reported a case of a female Nigerian refugee who presented a "combination of paranoia and symptoms of somatoform disorder. Her symptoms were interpreted as a cultural expression of postpartum depression" (p. 661). This report indicated that the psychotic symptoms subsided when the patient was admitted to a psychiatric crisis unit and was given antipsychotics, but the paranoia lingered.

Scholars have also tried to investigate efficacy and safety of St. John's wort (SJW) LI 160[2] in somatoform disorders. The trial done by Muller et. al. (2004) demonstrated the efficacy and safety of 600 mg daily of the SJW extract LI 160 in somatoform disorders, thereby confirming results from a previous study done by Volz, et. al. (2002). Again, the success of this trial was noted in only some symptoms of somatoform disorders.

Other Treatment Consideration: There have been recommendations for different strategies in dealing with somatoform disorders. Lowy (1975, 1977) suggest primary prevention. Rosen, Kleinman and Katon (1982) proposed a bio psychosocial approach whereby attention is given to both the relevant biomedical data and the psychosocial dimension (family, social, cultural and possible stressors in the patient's environment). These show the possibility of other forms of treatment for somatoform disorders.

2.6 Gap in Knowledge

In the area of Yoruba traditional healthcare, although there have been a number of researches on the nature, potency, methods of herbal treatment, types of illnesses, etc., there are no studies that have specifically looked at the possible intervention of Yoruba traditional medicine in the cases of diseases that are not known and so not diagnosable within the Western method of healthcare practice.

This gap in knowledge about the use of *Ifá* divination in the diagnosis and treatment of *àmódi* was located in three areas: (1) diagnosis and treatment of *àmódi* (somatoform disorder), (2) categorisations of the symptoms of *àmódi*, (3) the focus of literature with regard to *àmódi*.

Attempts to diagnose and treat *àmódi* started with Chappell and Stevens (1936) and studies have multiplied ever since. These studies have, however, been limited to the areas of physio-psychological causes of illness,

[2]SJW sugar-coated tablets containing 300 mg of the Hypericum extract LI 160 (drug-extract ratio 4–7:1; extraction solvent 80% methanol in water) or placebo tablets identical in shape, size, taste, and color were administered twice daily.

cognitive behavioural therapy (CBT) and different drug[3] trials. These studies have only yielded partial success. They could not totally treat nor capture the nature of *àmódi* because all the trials followed Western healthcare classifications that do not understand some specific disease aetiologies located within some African cultures.

In the area of categorisation of the symptoms and nature of *àmódi*, previous studies have limited their scope to Western categories, and this has been too narrow to include symptoms that are culturally understood. This research, however, has expanded the categorisation to reflect traditional understanding of *àmódi*. This new categorisation places *àmódi* in the category of *àrùn tí ò gbọ́ òògùn*. This new categorisation found strength in the findings of scholars (Kirmayer, & Young, 1998 and Gureje, 1999) who have observed that *àmódi* are cross-cultural conditions, which may be caused by cultural belief and located within traditional healthcare systems.

In the area of *Ifá* divination, literature is replete with extensive work on the linguistic, poetic and structural forms of *Ifá* divination, which include the process of divination and the tools used in divination. There are also general works on the healing aspects of *Ifá* divination, but the questions that bother on the diagnosis and treatment of specific chronic conditions require adequate attention.

In this study, somatoform disorders are considered in the same light as Yoruba medicine will treat *àmódi*; that is, conditions that are difficult to understand, diagnose and treat. This is different from the tendency found in the Western medicine where somatoform disorders are medicalised by turning to the authority of the health professionals and science for answers to ravaging problems. Kleinman (1988) noted that experiences have shown that taking on a medical or scientific perspective does not help to deal with such problem of suffering.

[3]Opipramol, serotonin-reuptake inhibitors, St. John's wort (SJW) LI 160, among others.

CHAPTER THREE
RESEARCH METHODOLOGY AND THEORETICAL FRAMEWORK

3.0 Introduction

This chapter expounds the research methodology adopted for this study. It clearly defines the study population, research instruments (participant observation, in-depth interview and FGDs) employed, methods of data collection, methods of data analysis and the theoretical framework used for this study.

This is a qualitative study in the area of ethno-medicine. As a qualitative study, the data obtained from the fieldwork were not expressed in numerical form. The emphasis was on the stated experiences of the participants and the meanings or interpretation that were given to the data.

3.1 Data Collection

Study Population: It was observed that those that go to *babaláwo* for healthcare can be grouped into three categories, namely those who go to the *babaláwo* because of (1) diseases that are claimed to be diagnosable and treatable through Western methods; (2) diseases that are claimed to be diagnosable but not treatable (terminal conditions), and (3) diseases that are not diagnosable and so not treatable *àmódi* (somatoform disorder) using Western methods of healthcare.

For this study, one hundred (100) patients that cut across these three categories were observed, but particular attention was paid to twenty-three (23) patients who were found to belong to the third category; that is, those with conditions that were ‘not diagnosable

and so not treatable *àmódi* (somatoform disorder)' when Western methods of healthcare were used.

The 23 cases were chosen in order to meet the requirement of the focus of this study, which is to diagnose and treat patients suffering from *àmódi*, with the use of *Ifá* divination. These patients were selected for case study after the initial clinical encounter with the *babaláwo* who ascertained that (1) the patients had *àmódi* (somatoform disorders, that are Medically Unexplained (MU) and (2) that the patients had attempted using Western method of healthcare to diagnose and treat their conditions, all to no avail.

These 23 patients were chosen with the use of 'purposive sampling method' because of the special characteristics that the study population was required to possess. That is, those characteristics that made them directly relevant to the aim of the study (Warwick and Lininger, 1975; Peil, 1982). The patients who were selected for this study were identified by the *babaláwo* as patients who had tried Western method of healthcare to diagnose and treat their disorders without any success.

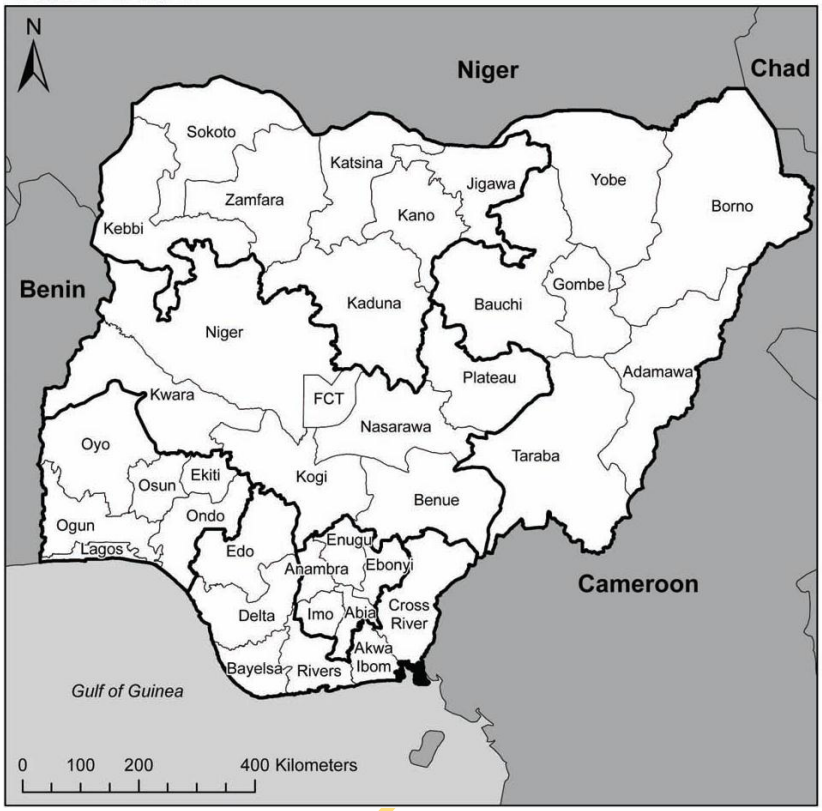
Lack of success with the use of Western healthcare methods led to the patients being 'orally/informally referred' to try traditional method (*ẹ lọ t'ọwọ́ ilé bộ̀ọ́*). This established the ground for the use of *Ifá* divination as a method of possible diagnosis and treatment for *àmódi*.

Patients were chosen from six healthcare centres, owned by six different *babaláwo* (Awo Ifatayo, Awo Awólọ́wọ̀, Awo Ifálọ́wọ̀, Awo Àtúnbí Ifá, Awo Ifálàmbẹ̀ and Awo Ifásẹ̀san). Awo Ifátáyọ̀, Awo Awólọ́wọ̀ and Awo Ifálọ́wọ̀ practise in and around *Èjìgbò* close to Òṣogbo.

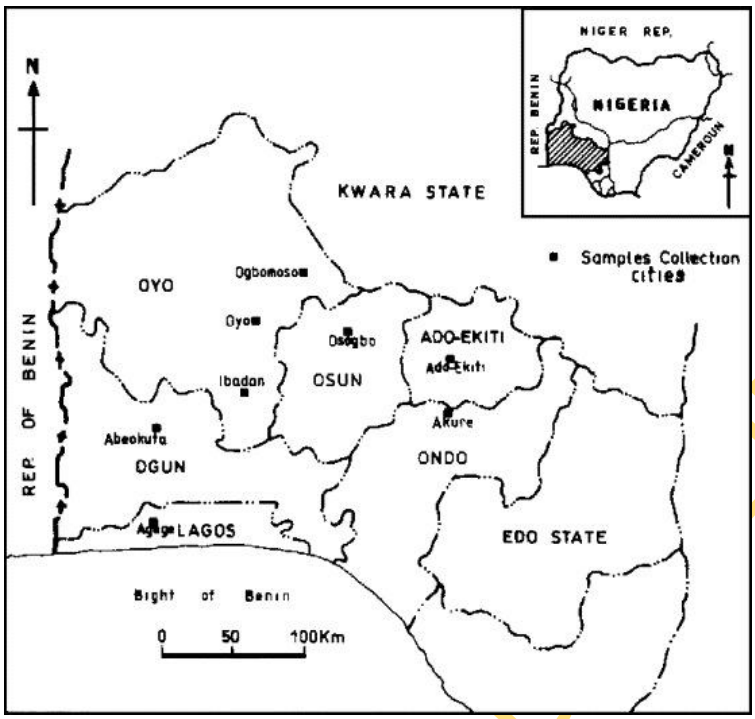
Plate 5: Awolowo Awogbile (first) in his health centre with Akintayo Ifawuyi (second from left), Ifalowo Awogbile (third from left) and Ojoawo Awogbile (last). They are all *babaláwo* practicing in and around Òsogbo.
(Original, 3rd of March, 2011).

Awo Àtúnbí Ifá, practises in *Èjìgbò* with his head office (a semi-formal healthcare centre) in Lagos**.** He is well ahead of many of the others *babaláwo* that were interviewed in the course of this study, in terms of patronage and record keeping. Awo Ifálàmbẹ̀ is the father of Awo Ifásẹ̀san. These two live in the same house but have different healthcare centres in Ìbàdàn. (The researcher was an apprentice with Ifásẹ̀san, and this made way for easy access to the practice and observation of diagnosis and treatment processes).

To be able to observe and participate in the diagnosis and treatment procedure, the researcher had to be in constant contact with the patients and the *babaláwo* who were directly involved with their treatment during the course of the treatment and for six months after treatment.



Map 1: Map of Nigeria showing the six Geo-political zones, the 36 States and the Federal Capital Territory (FCT).
(Source: NPC, & ICF Macro (2009) *Nigeria Demographic Health Survey 2008*. Abuja, Nigeria: National Population Commission (NPC) [Nigeria] and ICF Macro Calverton, Maryland, USA) pp xxx.



Map 2: The towns (Abeokuta, Akure, Ibadan & Osogbo), South Western Nigeria, showing the scope of study.
(source: http://www.google.com/Nigeriamap retrieved 12/02/2013)

Ten *babaláwo* were formally[4] interviewed from each of the four towns (Abeokuta, Akure, Ibadan and Oṣogbo) that were chosen for the study, making a total of forty. Among the forty *babaláwo* who were interviewed, was one who has a University degree and still practises as a *babaláwo*. The others are full-time practitioners of Yoruba healthcare system with little or no formal Western education.

In addition to the forty *babaláwo* that were interviewed, the researcher interviewed Wande Abimbola and Idowu Odeyemi (who are knowledgeable in the practice of *Ifá* divination and are professors in their different areas of specialty). These were interviewed to give the perspective of formally trained *babaláwo* and to corroborate the views of the majority who have little or no training in Western education. A Western trained psychiatrist, in the person of Dr Adu Akerele, was also interviewed. He employed both Western and *Ifá* categories in his practice of psychiatry. His view is pertinent to the study because he had some training in *Ifá* system and practised it alongside his Western training.

All the *babaláwo* who were interviewed for this study were found by a snowball sampling method. The researcher made inquiries about other *babaláwo* from the first *babaláwo* that was contacted and

[4]There were more than forty *babalawo* interviewed in and out of formal interview setting, but forty were officially recorded as formally interviewed.

interviewed. This happened in all the towns and sometimes the researcher got links from one town to the other. The patients and the *babaláwo* form "the operational materials" (Warwick, and Lininger, 1975:76) used to account for the population in this study.

3.2 Research Techniques and Instruments

All the relevant data for this study were collected using two sets of research instruments: the primary and the secondary research instruments. The primary research instrument included Participant Observation, In-depth interview and Focus Group Discussions (FGDs). The secondary research instruments that were used included published and unpublished literature.

3.2.1 Pre-field

At the level of the pre-field, the researcher found it necessary to make inquiries about the area of study before going out to the field. To achieve this, he used secondary method of data collection. He consulted published and unpublished materials that helped him gain knowledge of the four towns that were chosen for this study. The researcher also read about the practice of the *babaláwo* and inquired about how to go about the research. This was very important for the smooth commencement of the fieldwork.

3.3.2 Fieldwork

Primary methods of data collection were employed during the course of the fieldwork.

3.3.2.1 Participant Observation

Participant observation has been noted by scholars (Becker and Geer 1967:109; Martyr and Atkinson, 1983:1) to be crucial in data gathering. The researcher was an apprentice to a *babaláwo* during the course of the fieldwork and this made the use of participant observation easy and possible. With this method, the patients became more disposed to the presence of the researcher and they were open to being observed during clinical sessions. The researcher was seen as *ọmọ-awo* (an apprentice) although the patients were informed about the research. Participant observation aided the participation of the researcher and helped him to describe and explain the behaviour of both the patients and the *babaláwo*. It also assisted the researcher in adjusting to a new culture through observation, thereby producing detailed descriptions of what he saw and heard in the fields.

The researcher had the opportunity to participate in the healthcare practices of the *babaláwo*, observing things directly as they happened, listening to patients and asking questions about symbolic acts that were observed during and after the processes of diagnosis and treatment. This enabled the researcher to note and record direct quotations from the participants (patients and *babaláwo*), because such quotations were pertinent to the findings of the study.

With the use of participant observation, the researcher was able to observe the patients and their disposition to *babaláwo* during the clinical sessions. This made it possible to collect data and assess the disposition of the patients to Yoruba traditional healthcare method. This assessment was done because Ethno medicine has its own concept of healthcare and disease causation and in most indigenous medical systems, cultural beliefs and medicine sometimes overlap. This makes available data to be in both physical and non-physical forms.

Osunwole (1999) observed that "ethno-botanical information may be somehow practical and quantifiable because it is concerned with genetic resources which have testable properties; but therapeutic rituals such as prayers, sacrifice, occultism and some other religious acts currently have no empirical basis because of their supernatural connection" (p. 169).

With the use of participant observation, the researcher was able to collect data on the patients during the clinical session so as to be able to follow through with the *babaláwo*'s evaluation of the patients' conditions as either *àmódi* or *àìsàn ara*. The researcher listened and observed as the *babaláwo* asked the patients questions to know whether they (patients) had tried to diagnose and treat their conditions using Western methods.

During the course of the study, the researcher was an apprentice to Ifásẹ̀san (one of the *babaláwo* that were interviewed) whom he visited every month. The researcher was in Ibadan for over one year and eight months. It is the practice in Yoruba healthcare for one to become an apprentice to one particular *babaláwo*, who serves as a link for the apprentice to some other *babaláwo*.

During the period of study, the researcher observed and asked questions about the tools and the techniques used by the *babaláwo* in their attempts to diagnose and treat *àmódi*. This, as noted by Osunwole (1999:172), helped to provide meanings and explained symbols and metaphors of rituals as well as interpret body signs. The researcher was seen as *ọmọ-awo* (an apprentice) by the other *babaláwo* that were interviewed. This allowed him access to clinical sessions. It also earned him the trust of the different *babaláwo* he interviewed and observed during their clinical sessions.

3.3.2.2 In-depth Interview

In-depth interview is a useful qualitative data collection technique that helps to carry out needs assessment, programme refinement, issue identification, and strategic planning. As a technique, In-depth interviews has been found to be most appropriate for situations which require the researcher to ask open-ended questions that elicit depth of information from relatively few people (as opposed to surveys, which tend to be more quantitative and are conducted with larger numbers of people) (Guion, 2001).

In-depth interview involved direct conversation between the interviewer and interviewee, to help clarify things observed and resolve misconceptions (Oyeneye and Okuola, 1991). Most of the In-dept-interviews were done in Yoruba. These were later transcribed and translated for data analysis. This method helped the researcher largely when interviewing the *babaláwo* who had no formal education. Questions were usually spontaneous reaction to situations.

The researcher employed this method to elicit basic information from the different *babaláwo* and patients that were interviewed. Basic information such as names, sex, age, duration of practice of each of the *babaláwo* was taken; and in the case of the patients, it helped to gather data regarding their medical history, the duration of their sickness before visiting the *babaláwo*, the various attempts at using Western methods of healthcare to diagnose and treat the diseases and how they were referred to the *babaláwo*. These questions were incorporated into the basic inquiries made by the *babaláwo* during their clinical sessions.

This method also helped the researcher to gather data about the background and training of the *babaláwo* that were interviewed. These interviews were used to acquire data on the choice and the processes adopted by the *babaláwo* in providing healthcare.

3.3.2.3 Focus Group Discussions (FGDs)

A focus group discussion is "a form of qualitative research in which a group of people are asked about their perceptions, opinions, beliefs, and attitudes towards a product, service, concept, advertisement, idea, or packaging" (Henderson, 2009:28). This method was used to elicit information from the different groups of *babaláwo* that were interviewed. This became necessary and useful because among the *babaláwo*, it is held that no one knows it all.

The FGDs helped the researcher to gather data about the "knowledge, attitude, belief and practices (KABP) related to health care utilization" (Jegede, A. 2010:9). All the FGDs had a format in order to elicit responses to meet the aim and objectives of the study; that is:

- What is *àmódi* (somatoform disorder) in *Ifá* literary corpus?
- How is it diagnosed?
- Are there conditions that *Ifá* divination cannot diagnose?
- How reliable is *Ifá* divination as a diagnostic and prescriptive tool?
- Can *Ifá* divination work with Western method?
- What are the success rates of the use of *Ifá* divination as a medical tool?

The FGDs were also used as a medium to buttress the view that the practice of *Ifá* divination is the same everywhere among the Yoruba. The findings helped to justify the choice of four towns to represent the practice of *Ifá* divination among the Yoruba people in Nigeria. The FGDs clearly expressed the views of *babaláwo* on the possibility of diagnosing and treating *àmódi.*

Through the FGDs, the researcher was able to elicit methods that enjoyed the consensus of the majority of the practicing *babaláwo*, with regard to diagnosis and treatment of *àmódi*. The researcher conducted six (6) FGDs with an average of six *babaláwo* in each group**.** One FGD was conducted in each of the four towns and two extra FGDs were conducted in Ìbàdàn and Òṣogbo, respectively, because of the level of involvement and commitment found among the *babaláwo* practising in these towns. The FGDs were carried out in Yoruba language, since almost all the *babaláwo* expressed themselves fluently in Yoruba language.

The researcher found out that there are still families where the father and a son or two are full-time *babaláwo* in Ìbàdàn and Òṣogbo (Plates 6 & 7).

Plate 6: Ifasesan and his father (Ifalambe Ojekunle) who both practice as *babaláwo* in Ibadan. (Original, 22nd of September, 2010).

Plate 7: Ifatayo Awogbile (middle) and his son Ifalowo (right) who are *babaláwo* in Osogbo (Original, 12th of June, 2010).

In cases where there are older *babaláwo* around the younger one, the younger *babaláwo* only spoke authoritatively with the permission and the backing of the father even if the son is a respectable *babaláwo* in his own right.

The FGDs corroborate the data gathered from the In-depth interviews and helped the researcher to resolve some cloudy issues that he observed during clinical sessions and in some practices of individual *babaláwo*.

3.3.3 Post-Field

After collecting data from the field, the researcher consulted published and unpublished materials to verify the data gathered from the field and to give support to the findings as well as to augment data that were not too clear as a result of the limitations encountered on the field.

3.4 Method of Data Analysis

This was a qualitative study that required repeated activity at every stage, recommended by Bradley et. al. (2007). The researcher began data analysis as soon as data were being collected and continued analysis throughout the study. To achieve this, all audio recordings of FGDs, In-depth interviews and interactive sessions with *babaláwo* and patients were transcribed into English from Yoruba, by the researcher, as recommended by Creswell et. al. (2008:104).

To analyse the data that were gathered during the course of this study, the researcher employed a nominal scale that assigned the result or findings of this study to class or categories**.** Each patient was labelled according to the relevant attribute possessed by him/her. No specific order was followed as findings determined the labelling.

Themes were derived from the observed disease aetiologies, symptoms found in the patients, diagnosis and treatments as they relate to the research questions that emanated from the objectives spelt out for the study. All of these served as the basis for evaluating the data.

This method of analysis was adopted because multiple cases were studied to:

(1) determine how *àmódi* is understood in Yoruba traditional medicine;
(2) determine the experiences of patients suffering from *àmódi* and the disease aetiology as contained in *Ifá* literary corpus;
(3) observe what causes the difficulty in the diagnosis and treatment of *àmódi* and how *Ifá* divination can become relevant in the process of diagnosing *àmódi*,
(4) find out the treatments for *àmódi*,
(5) determine the popularity and the willingness of patients and or family members to try *Ifá* divination,
(6) determine the effectiveness, of *Ifá* divination in the process of recovery from *àmódi*.

This study was carried out on some selected individuals who had unique stories to tell, thereby making it necessary to study the patients as individuals. To achieve this, case study was used as a method of data analysis. Case study as a method became relevant in arranging the gathered information about the patients who were observed in this study because by its nature, it is "an intensive study through which one can know precisely the factors and causes of a particular phenomenon" (Ghosh, 2006:224).

As a method of data analysis, case study helped to clearly distinguish and deepen the researcher's perception of the experiences of the patients before, during and after their treatment. It also gave strong evidence to the observed data, because it represented real records of personal experiences. The patient's conditions were better understood as they were narrated within their different contexts, and this made it possible to understand the sources of the pain that the patients expressed.

In each of the cases that were studied, the researcher grouped data using a combination of in-depth interviews, written documents and participant observations. Data in this context refers to the "recorded observations about the phenomenon being studied" (Naechmias and Naechmias, 1981:153).

Four steps were followed in developing each of the cases: first step was to determine the factors; second was to discover the problem to be resolved; third, the whole component of the case was determined and, finally, the underlying elements of the cases where examined (Ghosh, 2006:225).

Step 1: Determination of Factors: Each case began with a preliminary process, which was meant to indicate or find out if the patients went to *babaláwo* for treatment because all other known methods of diagnosis had failed and not because of any of the following reasons:

- Cost: According to the findings of WHO (2003), about 80% of Africans patronise traditional healthcare because it is cheaper than Western healthcare.
- Greater efficacy: Today, more than ever, there are claims that some traditional methods of healthcare are more effective in treating some particular diseases. This belief brings about recourse to traditional healthcare providers for treatment, rather than Western methods.
- Alternatives: There is pluralism in healthcare services in Nigeria today, and this has created the possibility of choice in the method of healthcare one employs. In this case, it is not about one being better or being more effective; it is a matter of preference.
- Filial relation: There exists a filial relationship between patients and *babaláwo* during treatment procedure. Unlike the formal procedure that exists in the Western process of healthcare, patients find the *babaláwo* available and accessible. This encourages the patronage of the *babaláwo* over the Western healthcare providers.

Patients were identified as having *àmódi* in line with the focus of the study, to provide the opportunity of examining the possibility of diagnosing and treating *àmódi* (somatoform disorder) with the use of *Ifá* divination. The patients were observed to be: (1) visibly ill and (2) Western method of healthcare that they had earlier used could not diagnose what they were suffering from.

The first insight to the nature of the patient's condition came each time the *babaláwo* was told that the patient had tried reliable herbs or Western medication without the condition being any better for it. This is arrived at during initial clinical sessions. After a satisfactory assessment, the *babaláwo* asked each of the patients, questions about their conditions and the types of diagnoses and treatments that had been administered. When the *babaláwo* was not convinced that what had earlier been used was good enough, he

gave a new prescription. This he did because, "in addition, to his knowledge of *Ifá* and the process of divination, an aspiring *babaláwo* must know the appropriate sacrifice for each *Odù*. He must also acquire a vast amount of herbal and pharmaceutical lore" (Ajayi, 1996:3). It was only after his own prescriptions did not help to improve the conditions of the patients that the *babaláwo* resorted to *Ifá* divination.

Given the possibility of a cultural dimension that Western method does not understand, the *babaláwo* employed *Ifá* divination to diagnose patients' conditions and ascertain that their conditions were *àmódi*. In each of the cases, the process of diagnosis began with an elimination process, as is the case with every process of diagnosis.

First, the *babaláwo* found out if the condition was *àìsàn ara* (naturally caused disease) or not. All the 23 cases that were chosen for this analysis were found not to be *àìsàn ara*. This helped to arrive at the first conclusion that the cases were *àmódi*. The next level of diagnosis was whether the conditions will respond to medicine; that is, '*bóyá wọ́n gbọ́ òògùn'* (whether they can be treated with herbs/medicine or not). In all the cases, it was found that the conditions required more than medicine. Once this was known, it became necessary to find out what was needed for the conditions to be cured.

All the cases were found to be *àmódi, àìsàn tí kò gbọ́ òògùn, ṣùgbọ́n tí ó ṣe é wò* (a condition that requires more than herbs/medicine to treat).

Step 2: Statement of the Problem: Reports of the observations from the clinical sessions helped to classify the diagnosis of the conditions of the patients. The FGDs also contributed to this stage. The *babaláwo* were interviewed to know what the patients were suffering from, since the diagnosis of the conditions of each of the patients took place using *Ifá* divination.

The *babaláwo* began diagnosis by divining and then narrated the content of *odù* (*Ifá* literary signature) that appeared. It was the narrative (*àṣẹ odù)* that told the story that contained what was afflicting the patients, the disease aetiology as well as the treatments for the conditions of the patients. That is, 'as it happened to so and so and whatever so and so did that worked for him/her, so was prescribed as treatment for the patients.' Since the *babaláwo* is skilled in psychotherapy and in interpreting the content of the *Ifá* literary corpus, he solemnly pronounced the results of the divination procedure and advised the patient or family members on steps to take.

Step 3: Analysis of Problem Found: Data were described as observed and the findings were presented and taken as facts and real without attempts to interpret them with the paradigm of science or Western healthcare. Patients were seen going through diagnosis and treatment using *Ifá* divination and they were seen and reported as restored to health.

This step included the monitoring of patients for over six months. There were no Western confirmatory tests, what was used were; the researcher's physical observation of the patient, *ó tán nb'ókù?* (a method of verification in *Ifá* divination) and oral testimony of the patients. This process was chosen because the Western method was not useful in diagnosing the conditions before the treatment, and so cannot confirm any condition as either present or absent at the end of the treatment procedure.

The processes of diagnosis and treatment carried out by the *babaláwo* were analysed by comparing the experiences of the patients before *Ifá* diagnosis and after the diagnosis and treatment.

Step 4: Conclusion: Evidence of recovery was observed and the patients were interviewed about their healing experiences. This gave credence to the possibility of diagnosing and treating *àmódi* with the use of *Ifá* divination.

Each of the cases and data from in-depth interview were analysed using descriptive and narrative methods. According to Polit & Beck (2008:517), qualitative studies require simple content analysis. This was achieved in line with Hammond (2011) who noted that researchers often use narrative data analysis to evaluate literature, folklore and diaries. These methods (descriptive and narrative) were used for this study because of the subjectivity of the cases considered; "their rootedness in time, place and personal experience, and their perspective ridden character" (Riessman, 1993:4).

These methods of analysis served as "strategies and procedures used for summarizing and exploring relationships among the variables on which data have been collected" (Fajana, 1996:99). The variables for this study were the patients' conditions; the different symptoms exhibited; the findings of *Ifá* divination; the different results of diagnosis, the effectiveness of *Ifá* divination in the recovery of patients after the disease aetiologies were found and treatments given to the patients.

Although this method of analysis is fairly recent in the social sciences, it has been employed as a tool for analysis in the fields of cognitive science, organisational studies, knowledge theory, sociology, and education studies, among others. Leading exponents of this method have been Cathy Riessman (medical sociologist); Jean Clandinin (educationalist); Michelle Crossley (psychologist); Jane Speedy (psychotherapist) (Clandinin and Connelly, 2000:3). This method enabled the patients to reflect on their conditions and it also helped the *babaláwo* to relate their stories about what had happened and how they came about the diagnosis and prescriptions in the *Ifá* literary corpus.

Narrative method of analysis has also been used within the broader field of qualitative research, acknowledging that there is knowledge in stories that can be relayed, stored, and retrieved (Fry, 2002:166).

In line with Fry (2002), Clandinin and Connelly (2000) noted that narrative inquiry as a method uses stories, autobiography, journals, field notes, letters, conversations, interviews, family stories, photos, other artefacts and life experience following field texts as data sources. This method helped to show "how humans make meaning of experiences by endlessly telling and retelling stories about themselves" (Connelly and Clandinin, 1990:14).

Every patient was treated in a unique way, similar to Chinese traditional medicine where "every treatment is individualized, because though the disease may be the same, the persons differ" (Kleinman, 1988:221). This study, like every narrative inquiry, laid emphasis on what meaning the patients made of what happened. This method of analysis also helped to bring about a link with the theories (Ethno-science and Phenomenology) used to guide this study. It has been noted that, "studying narratives is additionally useful for what they reveal about social life - culture 'speaks itself' through an individual's story" (Riessman, 1993:5).

The patients were able to narrate particular experiences in their lives, especially where they thought there were breaches between themselves and what the society, the *òrìṣà* or nature expected of them. These realisations became vivid when the patients compare the narrative of the *babaláwo* to their individual experiences.

Jegede, A. (2010) noted that, "for someone to make health decisions, he must first believe that he [or his patients] is susceptible to that particular disease and also that the degree of susceptibility may either be severe or mild" (p. 48). This model explains the belief system of the patients as well as that of the healthcare providers and it posits that "for anybody to take action, there must be a limit to what to believe and what to do" (Jegede, A. 2010:50).

With the case study method of analysis, it was possible to follow each of the cases to the point where the researcher was able to arrive at a conclusion whether the patient got healed or not. The study shows that all of the patients are aware of culturally understood disease aetiologies and they also agreed that *Ifá* divination can help with diagnosis and treatment, mainly because they were told that it had worked for some other persons, and so the action of some others guided their patronage and disposition to the prescriptions.

After each of the diagnoses, it was observed that the patients agreed with the *babaláwo* on the possibility and the description of their condition. This made recovery possible, because as has been noted, "if there is no agreement, there will be problems of managements" (Jegede, A. 2010:58).

3.5 Theoretical Framework

Two theories (Ethno-science and Phenomenology) were used as frames around which, the findings of this study revolved. These theories were used as logical network of ideas from which explanations or predictions of certain type of known events derived (Osuala, 1987:5). These theories were chosen because of the nature of the study. First, it is a study in ethno medicine, where ethno science serves as a guide; and second, as a study that is inextricably united to Yoruba culture, such that sense will be best made of the data if they are taken within the context of the Yoruba. Osunwole (1999) already noted that "cultural beliefs and medicine sometimes overlap, data comes in both physical and spiritual nature" (p. 169).

This study is an attempt to rediscover what is African and make use of it to solve the ailing situation in Africa. Afrocentricism is used as a conceptual framework to achieve the purpose of the chosen theories. This framework is chosen because Africa has been pushed to the background in the discussion of Africa. In this case, special note is being made in the area of medicine. It is believed that the West has determined and shaped Africa for Africa, and this is responsible for the difficulty that is being experience in the many attempts to diagnose and treat *àmódi* using Western paradigms.

It helped the researcher use the theories (Ethno-science and Phenomenology) to re-establish the use of *Ifá* literary corpus and its processes in the diagnosis and treatment of *àmódi*.

As Afrocentrists have argued, Africans must see themselves through African eyes, as agents of history, rather than as simply subjects of investigation. Their view must proceed from an inside place. If *Ifá* divination worked so efficiently before the Europeans came and it is still working for those that are courageous enough to hold on to it, then, it is worth bringing back to the centre stage for appraisal and rediscovery.

3.5.1 Ethno-science as a Theory

The beginning of ethno-science can be traced to the early 1960s. The name was derived from ethno and science. The term 'ethno' which means race, culture, people, was combined with the term 'science' which means empiric observation of measurable quantities and the testing of hypotheses to falsify or support them, to form 'ethno-science' (Videbeck and Pia, 1966:71).

As a term, ethno-science is taken to be the system of knowledge and cognition of a given culture. That is, the totality of a particular society's folk classifications. These classifications give more complete descriptions of cultural knowledge. The roots of ethno-science as a theory can be traced back to influential anthropologists such as Franz Boas (1932), Bronislaw Malinowski (1922) and Benjamin Whorf, (1968).

Franz Boas (1932) established the importance of culture from his work in Northern Vancouver, Canada, while working with the Kwakwaka'wakw Indians (Uddin, 2005:980). Bronislaw Malinowski (1922) was

known for his contribution to the beginning of ethno-science through his work on a family in Australia, using a sociological study perspective (Harris, 1968:547). Benjamin Whorf (1964) is known for his attempt to understand other cultures from an insider's perspective.

All these scholars found ethno-science very useful in their different attempts to study and understand different aspects of culture. Goodenough (1957) is credited for bringing Ethno-science to the stage in discussing cultural systems of knowledge. For him, "a society's culture consists of whatever it is one has to know or believes in order to operate in a manner acceptable to its members" (p. 167).

These successful attempts create the basis for the use of this theory as a guide in the attempt to study the use of Yoruba traditional system of healthcare for the diagnosis and treatment of *àmódi*. It was used by Augé (1999) in his attempt "to reconstitute what serves as science for others, their practices of looking after themselves and their bodies, their botanical knowledge, their forms of classification, of making connections, etc." (p. 118).

As a theory, ethno-science has introduced an understanding or a way of doing things based on a people's perspective. It has helped to keep cultural reality as it was perceived and lived by members of the society by attempting to describe culture from a totally emic perspective (a perspective in ethnography that uses the concepts and categories that are relevant and meaningful to the culture), thus eliminating all of the ethnographer's own categories (Morey and Luthans, 1985:219).

As noted by Morey and Luthans (1985), the emic perspective will be employed in this study. Findings will be allowed to speak for themselves. The researcher will drop his culturally conditioned views of self and consciousness (Spiegelberg, 1982:69-165).

In this study, this approach will help the researcher to observe the practice of the *babaláwo* without bias and accept the statements and observations made in the fields as valid. With this approach, it becomes very important to judge only by evidence and not according to any preconceived notions or presuppositions. That is, to discover and describe the given in experiences as they are presented in their pure form, as the immediate data of consciousness presents them (Stumpf, 1982:455).

The choice for this theory was made because it helped in the study of Yoruba health care systems from a scientific perspective to the extent that it helped to understand how people developed different forms of knowledge and beliefs, acknowledging historical contributions of people. This has been possible in the past because of a cross-disciplinary interaction between social sciences, humanities and natural sciences (Ingold, 2000:406-7).

In this study, an attempt was made to study *Ifá* divination as an indigenous method of diagnosis, learning what the Yoruba believe about *Ifá* divination and how they use it for healing. As an indigenous science, the cosmology of the Yoruba provided the material that was examined. This attempt was made because ethno-science as a theory has been successfully used in several studies of different cultures, relating to their linguists, folk taxonomy, and how they classify their foods, animals and plants as indicated in the work of early anthropologists (Ingold, 2000:407).

For the purpose of this study, particular focus was paid to ethno-medicine, which is the study of traditional medical practice, a cultural interpretation of healthcare, which includes disease diagnosis and cure. Ethno medicine as a practice is a complex multi-disciplinary system constituting the use of plants, spirituality and the natural environment for healthcare (Lowe, et. al. 2000:170). It is at the centre of discussion today because records show that about 80% of the world's population relies predominantly on plants and plant extracts for healthcare (Setzer et. al., 2006).

It is also "a sub-field of ethno-botany or medical anthropology that deals with the study of traditional medicines, not only those that have relevant written sources (e.g. Traditional Chinese Medicine, Ayurveda), but especially those whose knowledge and practices have been orally transmitted over the centuries" (Acharya & Shrivastava, 2008:440).

3.5.2 Phenomenology as a Theory

Husserl (1960), in his *Cartesian Meditations and Ideas: General Introduction to Pure Phenomenology*, developed a theory for exploring and intuitively realising the universal structures of experience. Phenomenology as a theory holds that one must drop one's culturally conditioned views of self and consciousness (Spiegelberg, 1982). Husserl came up with this theory when natural science attempted to define and set limits for non-physical entities and phenomena during the age of enlightenment in Europe.

Husserl proposed that a researcher should first detach him/herself from his/her previous knowledge; that is, a philosophy without any presuppositions, looking solely to "things and facts themselves, as these are given in actual experience and intuition" (Stumpf, 1982:455).

In Phenomenology, it is very important "to judge only by the evidence" and not according to any preconceived notions or presuppositions. Thus, in using the theory of phenomenology, one must simply withhold any judgement about the findings/data, and only describe the experience as witnessed and observed. That is, "to discover and describe the given in experience as it is presented in its pure form and found as the immediate data of consciousness presents it" (Stumpf, 1982:455).

This theory guided the researcher and complemented the theory of Ethno-science. Anthropological phenomenology gave the methods that were utilised in the fieldwork. These helped the researcher to move into the worldview of the Yoruba people and it also helped the researcher to understand what the people were experiencing.

Mircea Eliade (1958) had used this theory in his study of religion. He kept his natural attitude in bracket and paid attention to the form and experience of the worshippers. Randall Studstil (2000) considered Eliade's use of the theory to be reminiscent of Husserl's propositions because Eliade (1958) described structures of consciousness in the mind of the believer as presented without trying to reconstruct them.

Phenomenology as a theory helped to examine divination the way the Yoruba understand and interpret it, and not as perceived through the bias of the researcher. The theory enabled the researcher to leave out (as much as possible) biases and presuppositions, and move into the thinking style or the consciousness of the Yoruba, so as to gather data as a neutral observer and treat the findings as facts that they are.

CHAPTER FOUR

ÀMÓDI IN THE PRACTICE OF *IFÁ* DIVINATION: DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter is a presentation and analysis of the data gathered from the fieldwork. It is aimed at responding to the research questions that this study set out to examine, that is:

- How is *àmódi* understood in Yoruba traditional medicine?
- What is the procedure followed by *babaláwo* in their attempts to diagnose and treat *àmódi*?
- At what point does *Ifá* divination become relevant in the process of diagnosing *àmódi*?

- What are the visible contributions of *Ifá* divination to the diagnosis and treatment of patients suffering from *àmódi*?
- What are the symptoms of *àmódi* that can help to enrich the Western categorisation of *àmódi*?
- As we work towards health for all and the pressing agitation for the achievement of the Millennium Developmental Goals, can *Ifá* therapeutic system be mainstreamed to enhance holistic healthcare?

These research findings are based on the understanding of different disease aetiologies as contained in *Ifá* literary corpus and as prescribed through *Ifá* divination.

4.1 *Àmódi* in the Understanding of the *Babaláwo*

Babaláwo are known to make distinctions between *àìsàn ara* (physical diseases) and *àmódi*. *Àìsàn ara* is known to have logical and explainable disease aetiology. This makes diagnosis possible with the use of ordinary diagnostic tools which include mere physical examination because symptoms are understood within existing categories. Buckley (1997) made references to existing categories such as, diseases caused by *kòkòrò* (bacteria), *aràn* (worm), etc. There exists a constant link between the symptoms and disease aetiologies, such that certain symptoms are taken as indicators or symptoms of *kòkòrò* or *aràn*. In such cases, prescriptions are easily given because the symptoms are logical consequences of understood disease aetiologies.

On the other hand, *àmódi* in the understanding of the *babaláwo* presents symptoms that resemble the symptoms of *àìsàn ara*. The difference lies in the concealed disease aetiology, such that similar symptoms have different causation, making it difficult or impossible for the same prescription to work in two similar conditions. The causes of *àmódi* may be concealed by supernatural forces; that is, *àìsàn ara tí àwọn ìyà mi*[5] *fi ọwọ́ bò mọ́'lẹ* (natural diseases that witches have prevented from being diagnosed or treated). This happens when *àwọn ìyà mi* tampers with the process of diagnosis, making all the test results come out negative.[6] They may at other times prevent prescribed potent medicine from being effective.[7]

[5] *Àwọn ìyà mi* are also known as *Àjẹ́*. They are not bad or wicked people, as they act only when they are disturbed or prompted to act. It is believed that *Olódùmarè* gave them so much power that cannot be taken away from them. Even *ọ̀rúnmìlà* could not take the power from them but he was able to make a pact with them to know what they would demand in exchange for affliction, so that they can grant release to people when they are appeased. Interview with Awo Ifaniyi Asani Olapojoye, a *babaláwo* practicing in Ibadan, on the 10th of March, 2011

[6] There are no scientific proofs for this claim, but it is generally believed and accepted.

[7] Interview with Akọgun Awo-agbaye, Ifatayo Awogbile on the 8th of March, 2011,

All the *babaláwo* that were interviewed for this study hold that the distinguishing character of *àmódi* is the culturally understood disease aetiology that does not exist in the paradigm of Western healthcare. Patients suffering from *àmódi* have symptoms that are identifiable in the sphere of Western method of healthcare, but the diagnosis and treatments prescribed are not effective. This is because the symptoms are real as perceived but the treatment is either being interfered with by some forces that Western method of diagnosis cannot perceive or the symptoms do not reflect the true disease aetiology.

The symptoms that the patients that were observed for this study exhibited resembled the symptoms that a typical *àìsàn ara* would manifest, but the disease aetiologies found through *Ifá* divination were different from what Western medical practitioners had queried.

For the *babaláwo*, somatoform disorder is traditionally called *àmódi*. These are conditions with no particular pattern and cannot be easily named. They are human induced illnesses with possible causes in "sorcery, witchcraft, spirit disturbances or breaching of social-religious obligations and taboos especially with regard to the ancestors (living dead)" (Whisson, 1974:286; Mbiti, 1969:160) and from the findings of this study, one can add *orí, àì-kò-béèrè* and *ìrírí-ayé* to the list of disease aetiologies. Conditions resulting from the disease aetiologies mentioned above are believed to be beyond biomedicine. They have to be referred to traditional healers, because "disease and illness have multiple causes such that sometimes the symptoms are confusing, thereby leading to pragmatic therapy-seeking, both in modern and in traditional medicine" (Sindiga, 1995:20). This leads to "the HYGSE (have you got something else?) syndrome" (Kayne, 2009:401).

Among the *babaláwo*, even though *àmódi* is not easily understood, it is still considered to be treatable with the use of *Ifá* divination. Diagnosis and subsequent treatments of *àmódi* are found in the *Ifá* literary corpus.[8]

The Yoruba believe that *àmódi* is associated with culturally understood and accepted disease aetiologies, which are excluded from the classification found in Western medicine. The findings of this study revealed different disease aetiologies such as *Ìjà Èsù*, attack from *Èsù (*patient *'A'); Èèwọ̀* [9], taboo (patients B, C, D

[8] Interview with Ifasesan Ojekunle, an *Ifá* priest of the *Òsé-méjì* temple in Ibadan. 9th of Sept., 2010.

[9]Interview with Awo Ifalowo Ifakayode Oyasogo on the 7th of March 2011.He narrated a story to buttress the belief that *èèwọ̀* can cause diseases. He said there was a pastor who had children that died one after the other. Their death occurred once they attained some certain months. They had different kinds of tests, but only after divination did they find out that they were from a family of *ọ̀sun* devotees, and this meant that they were forbidden to eat guinea corn. They were also not supposed to have their bath with hot water. The children died once they were switched from breast milk to pap made from guinea corn. This story was known because a son of the pastor who was in his late twenties refused to eat guinea corn with Awo Ifalowo Ifakayode Oyasogo. This made him conclude that he must be from an ọ̀sun family. It took the explanation of the father, for the young man to know that that was why he had to abstain from guinea corn and hot water, so as to stay alive.

& E); *Orí*, one's personality soul (patients F, G, H, & S[10]); *Ìwà búburú*, bad character (patients I, J, K, L, M, N & O); *Ayé/àjẹ́*, witches (Patient P, Q, R & S); *Àì-kò-béèrè*, lack of divination (patient T) and *Ìrírí ayé*, life experiences (patients U, V & W).

Since healthcare is a part of every social and cultural system, *babaláwo*, when necessary, trace disease aetiologies to the society and the cultural environment of patients. Diseases are perceived to be imbalances, which are consequences of one's neglect of social, cultural and family traditional norms.

A part of the *Ifá* literary corpus, *Ogbè atẹ̀*: *Ọ̀fò ire* (positive incantation) describes *àmódi* as:

Òlího lapefa, Ibaàmù, Sége lórí oró,
ojó tí e ntí ìkòlé òrun bò wá sílé ayé,
èyin métèèta, e di orita-méta, àpáta méta, àgbánsálá,
Oníkálukú yin, e pín ohùn, oníkálukú yin, e yí wo ilé-Ifè lo.
Ọ̀rúnmìlà bí ọmọ sí òde Ifè.

Àwon ìyókù, wọ́n ò bí ọmọ.
Ógù se gàdà, Ógù se gèdé,
wọ́n ní àwọn ó ma da àwọn ọmọ Ọ̀rúnmìlà tí o bí sí òde ayé láàmú,
Àwon ọmọ Ọ̀rúnmìlà bèrè sí nse ògbògbò àrùn,

Won na ojú aláìle dìde,
Ọ̀rúnmìlà wá késí Àtàpán tèrukù mole,
Omo awo Òrúnmìlà,
Ó ní kí ó wá ye òun ní oókan ìbò,
Ó rú ebo, ebo ò gbà,

Ó ké sí Apansáká yoró,
Sìgìdì meji omo Olòtò,
Omo awo Òrúnmìlà ni òun náà nse.
Òun ná wò wán lárùn,
Kò rí won wò.

Òrúnmìlà wá ko'rí sí òde òrun,
Ó lo rèé bá Olódùmarè,
Òrúnmìlà so fun Olódùmarè pé
ní ile ayé tí àwon lo, àwon ti àwon jo lo ilé ayé,
won nda àwon omo òun láàmú ní òde ayé.

Àwon omo òun nse ògbògbò àrùn,
Won na ojú aláìle dìde.
Òun ké sí àwon omo awo òun,
Wón wòó títí, sùgbón won kò sàn,
Ni òun fi wá bá èyin Olódùmarè bayi.

Olódùmarè so pé kí Òrúnmìlà ó tójú
Òpá aso funfun kan, ahun kan, ìgbín kan,
Kí ó tójú ewé eso, kí ó tójú edan, tako tabo.
Olódùmarè wá ní kí Òrúnmìlà ó tójú egba'fà (igba méfà)

[10] Patient S fits into *Orí* (one's spirit) and *Ayé/àjé* (witches) disease aetiologies respectively.

Olódùmarè ní kí ó kó gbogbo àwon nkan wònyí

Kí ó jó won papò tí ó bá dé òde ayé.
Kí ó wá mú owó àti aso funfun,
Kí ó ko s'ílè ní òde òrun,
Kí àwon awo ode òrun máa báa fi se ìwúre
Kí ire náà ó sì ma aba ní òde ayé.

Òrúnmìlà wá bó sí ojà èjìgbòmekùn,
Ó ra gbogbo àwon nkan wòn yí,
Ó kó òpá aso funfun ati owó sí'lè ní ode òrun,
Ó kó àwon nkan tí ó kù lo sí ode aye,
Ó jó won bí Olódùmarè se pàse.

Ó bèrè sí nfi fó èke mu,
Ó nfún àwon omo rè mu,
Kò pé, kò jìnà, àwon omo Òrúnmìlà bèrè síní ma jeun,
Wón bere sini mu, won dìde òjòjò,
Won dide àmódi.

Òrúnmìlà ni, ewé èsò, ni òun yíò fi so gbogbo ibi àmódi
tí nbe l'ára àwon omo òun kúrò,
tí won yíò jé ogbó jé ató, ní òde ìsálá ayé.
Agborakoro ni t'ahun, agborakoro ni ti ìgbín,
Emá mà da epo sí àlà mi, àlà ni mo wò,

K'áyé má le ba ayé àwon omo mi jé.
Mo ti rú egba'fa, e fa gbogbo ibi kúrò l'ára 'mi, l'ára omo mi.
Ogbè atè, e fi bá mi te gbogbo ibi àmódi kúrò
L'ára mi, l'ára omo mi.

Òlího lapefa, Ibaàmù, Sége lórí oró,
The day you were coming from heaven to earth
Three of you turned to three cross roads, three broad and spread rocks,
Each of you separated and entered *Ilé-Ifè*,
Ọ̀rúnmìlà bore children in the homestead of *Ilé-Ifè*.

But the others did not bear children.
After a while
They conspire to disturb the children of *Ọ̀rúnmìlà*
Ọ̀rúnmìlà's children were afflicted with different diseases,
They had the look of a paralised person,

Ọ̀rúnmìlà invited *Àtàpán tèrukù mole*,
His own divination student.
Ọ̀rúnmìlà asked that *Àtàpán tèrukù mole* should divine for him.
He offered sacrifice, but it was not accepted.
He invited *Apansáká yoró, Sìgìdì mejì ọmọ Olòtò,*

Who is also *Ọ̀rúnmìlà*'s divination student.
He also descended from heaven,
He too tried to heal *Ọ̀rúnmìlà*'s children,
But did not succeed.
Then *Ọ̀rúnmìlà*, headed for heaven,

To meet with *Olódùmarè*,

Ọ̀rúnmìlà told *Olódùmarè* that,
His companions that went with him to earth,
Have been troubling his children on earth.
His children have been having different serious sicknesses,

They had the look of a paralysed person.
He reported that he invited his divination students,
They tried, but the children were not healed.
This has made me come to you, *Ọ̀rúnmìlà*.
Olódùmarè instructed that *Ọ̀rúnmìlà* should prepare:

A yard of white cloth, one tortoise, one snail,
Eso leaf, *edan*, male and female.
Olódùmarè then instructed *Ọ̀rúnmìlà* to prepare one thousand two hundred.
He was instructed *Ọ̀rúnmìlà* to gather all these items together,
And burn them together on his return to the earth.

But he was to leave the money and the white cloth in heaven,
For the diviners in heaven to continue to use in interceding for him,
So that blessing will be his on earth.
Ọ̀rúnmìlà went to *èjìgbòmekùn* market,
He bought all that was prescribed,

He left the yard of white cloth and the money in heaven,
And returned to earth with the other items,
He burnt them as instructed by *Olódùmarè*,
He mixed the ashes with pap and drank,
He also gave some to his children to drink.

Not too long, *Ọ̀rúnmìlà's* children started to eat,
And started to drink, they recovered from the disease,
They recovered from somatoform disorder.
Ọ̀rúnmìlà resolved to use masquerade leaf to prevent all somatoform disorder,
That is manifest in his children,

Such that they will live long on earth.
A tortoise still crawls in its old age, same with the snail,
Please don't stain my white garment, I am wearing white,
So that witches cannot destroy the lives of my children,
I offered a thousand two hundred, drain all evil from my body, from my children's body.
Use *Ogbè atè*, to drain all the evil of *àmódi* away,
From my body, from my children.[11]

This verse from *Ogbè atè* explains possible symptoms of *àmódi* as was found in the cases of *Ọ̀rúnmìl*à's children and it also points to the possibility of treating as well as the nature of treatment that is required when *àmódi* is diagnosed.

4.2 *Àmódi* and Disease Aetiology in *Ifá* Divination

[11]Translation is original, by the researcher.

This study examined 23 cases of patients that had *àmódi* in order to assess the visible contributions of *Ifá* divination to the diagnosis and treatment *àmódi,* because these disease aetiologies do not exist in Western paradigm.

Table 4.1: Demographic Table of the Observed Patients

Patients	Age	Sex	Religion	TLBTM	T of R
A	36	F	Muslim	10 years	1 month
B	45	F	Christian	4 years	1 month
C	25	M	Christian	1 yr. & 7 months	2 months
D	30	M	ATR	4 years	1 month
E	35	M	Christian	4 years	2 days
F	40s	Couple	Christian	7 years	3 months
G	40	M	Christian	5 year	Same day
H	15	F	Muslim	8 months	2 months
I	40s	Couple	Muslim	8 years	3 months
J	45	F	Muslim	10 year	2 month
K	28	F	Muslim	3 years	6-7 days
L	21	F	Muslim	6 months	7 days
M	32	M	ATR	4 years	6 months
N	36	M	Muslim	2 years	3 months
O	50s	F	Muslim	3 years	1 week
P	40	M	Muslim	1 year	3 days
Q	28	M	Muslim	1 year	3 days
R	30	M	Muslim	2 years	2 days
S	50s	F	Muslim	4 years	1 month
T	40	M	Muslim	2 years	15 days
U	40	F	Muslim	6 months	1 month
V	60	F	Christian	Few months	1 week
W	22	F	Muslim	Over 10 years	2 months

[12](Source: Author's compilation from fieldwork)

As indicated in Table 4.1, the patients that were observed in this study were in the age range of 15 to 60 years. There were thirteen (13) female patients (including the females in the two couples) and twelve (12) male patients (including the males in the two couples). Sixteen (16) of the patients are Muslims, seven (7) are Christian and two (2) are practitioners of Yoruba traditional religion. The 'time line before traditional medicine' (TLBTM), that is, the length of time that the patients had spent suffering from the observed conditions, varied from six month to ten years. And the 'time of recovery' (T of R) varied from one day (the same day that the patient commenced treatment) to six months (during which progress was visible).

For the purpose of data presentation and analysis, the patients have been divided into seven groups: to *Ìjà Èsù* - attack from *Èsù*, *Èèwọ*[13] - taboo, *Orí* - one's personality soul, *Ìwà búburú* -bad character, *Ayé/àjẹ* -

[12] This statistic does not represent the age, sex and religion of ALL those that patronize the *babaláwo*, it is a representation of the patients that were considered for this study.

witches, *Àì-kò-béèrè* - lack of divination and *Ìrírí ayé* - life experiences. These are based on the disease aetiologies found in the course of this study. The process of diagnosis was not used to group the symptom into a particular class of disease, as is the format in Western healthcare paradigm. Diagnosis in this study searched for the causes of the symptoms of *àmódi*. This was done to prevent confusion as each of the conditions was possible in multiple disease aetiologies.

After diagnosis, conditions were given names so as to be able to describe the symptoms that were observed. This is customary to Yoruba traditional method of diagnosis. The naming of a condition does not represent a category or class of disease; it only expresses the symptom found in the different patients.

In all the patients, early symptoms of their conditions took the forms of naturally caused diseases; that is, *àìsàn ara*. This was why the patients tried using Western methods of diagnosis before going to the *babaláwo*. The tests results for the conditions queried in the hospitals all came out negative; that is, they did not reflect the diseases suspected, and so all the patients were 'informally/orally' referred to try the traditional methods of healing. This is why these conditions are described as medically unexplainable.

Table 4.2: Group One: Patient with a condition traced to *Òrìṣà* (Deity)

Patient	**A**
Age	36
Sex	F
Religion	Muslim
TLBTT	10 years
T of R	1 month
Condition/diagnosis	Always felt heat in the stomach and could not get pregnant
Disease aetiology	*Odù Òsá-Èṣù: Òrìṣà: Ìjà Èsù*- Attack from *Èsù*.

(Source: Author's compilation from fieldwork)

This is made up of only one patient (A). This patient complained that she always felt heat in her stomach. This condition made her go to a number of government hospitals. She was tested for ulcer, high blood pressure, and some other tests to find out the reason for this condition. She was also made to go through different tests to ascertain why she could not get pregnant. According to her, the doctors always told her

[13]Interview with Awo Ifalowo Ifakayode Oyasogo on the 7th of March 2011. He narrated a story to buttress the belief that *èèwò* can cause diseases. He said there was a pastor who had children that died one after the other. Their death occurred once they attained some certain months, they had different kinds of tests, but only after divination did they find out that they were from a family of Osun devotees and this meant that, they were forbidden to eat guinea corn, they were also not supposed to have their bath with hot water. The children died once they were switched from breast milk to pap made from guinea corn. This story was known because a son of the pastor who was in his late twenties refused to eat guinea corn with Awo Ifalowo Ifakayode Oyasogo, this made him conclude that he must be from an Osun family. It took the explanation of the father, for the young man to know that that was why he had to abstain from guinea corn and hot water, so as to stay alive.

that they did not find anything from the result of the tests. She was told on different occasions to go home, rest and not worry about anything, but the heat she felt in her stomach never got better.

Disease Aetiology:

The symptoms in this patient were indicative of physical disorder as were tested for, but the *babaláwo* through divination − *Odù Òsá-Èṣù* − found the disease aetiology to be *Ìjà Èṣù*, attack from *Èṣù*.

Ifá pé ẹni tí ó dá Ifá yìí, ìjà Èṣù ni Ifá rí pé o ń ṣe é, kí ó sì mọ̀ dájú pé ayé ń bẹ.

Ifá pé tí ẹni náà bá ti ń lá àlá, kí ó máa béèrè si, kí ó má sọ pé àlá lásán ni.

Ifá pé kí ẹni náà lọ fá orí rẹ. kí o fi oókan raá kí ó lọ fi lé orí Èṣù.

Meaning:

Ifá has seen an affliction from *Èṣù*; the patient should realise that there are wicked forces.

Ifá instructs that the patient should always find out the meaning of her dreams.

Ifá instructed that the patient should cut the hair on her head, rob the head with a coin and place the coin on the statue of *Èṣù*.

This kind of diagnosis is possible in the scheme of things among the Yoruba traditional healthcare providers because the findings of *Ifá* divination sometimes "indicate the necessity of sacrificing to a neglected ancestor or a god. It may suggest that the client should become an adherent of some cult other than the family god. It may point to disturbed relationships within the family, and the need to restore good feelings between relatives" (Maclean, 1998:33).

In the worldview of the Yoruba, *Èsù* is believed to be one of the major *Òrìṣà* (divinities) such as *Òrìṣà-nlá*, *Ọ̀rúnmìlà*, *Ògún*, *Ṣàngó* and *Ṣọ̀pànná* that exist among the over two hundred divinities. These *Òrìṣà* are believed to "serve the will of *Olódùmarè* in the creation and theocratic government of the world" (Idowu, 1996:54). *Olódùmarè* is not regarded to be one among them; "He is wholly other than they. But they are under His constant vigilance and control and to Him they owe absolute loyalty" (Idowu, 1996:59).

These *Òrìṣà* are believed to have been charged with important functions by *Olódùmarè*, and these functions defined and described them. The respect and acknowledgement of these functions yield favourable results. But the "failure to offer a necessary sacrifice or the refusal to worship a particular family *Òrìṣà* (deity) can cause disease and affliction" (Jegede, O. 2010:25). In this study, the *Òrìṣà* that was observed to be responsible for an ailment was *Èṣù*.

Èṣù is believed to be a versatile character, such that one must be wary of what one says about him. He has often been sweepingly called either the Devil or Satan. His role is most visible because he works with *Ọ̀rúnmìlà* who is "assigned the duty of hearing the voice of *Olódùmarè* and declaring His will to the world.

But wherever *Ọ̀rúnmìlà's* declaration is not heeded, it is the duty of *Èsù* to bring some calamity by way of punishment upon the recalcitrant" (Idowu, 1996:79).

According to oral tradition, *Èṣù* is dreaded by other divinities, as he seems to possess a power which none except *Olódùmarè* can handle. *Èṣù* is "the god who guards entrances and exits, crossroads, markets and shrines" (Maclean, 1978:35). He is regarded as neither completely good nor completely evil but thoroughly human in his unpredictable mixture of qualities. It is in this capacity that *Èṣù* is believed to be capable of afflicting people with diseases when he is wronged. He punishes for various reasons, varying from neglect by a worshipper, to being invoked to inflict harm on someone by an aggrieved worshipper. This belief gives the basis for the belief and diagnosis that *Èṣù* is a possible cause of disease.

The *Ifá* literary corpus indicates that misfortune, disease and even death may result from a refusal to offer prescribed sacrifice. *Odù Ọ̀kànràn-méjì* has it that the children of *Olú-igbó, Olú-ọdán* and *Olú-àrán Ìrángán* were asked to offer sacrifice for success and life, two did, but the third one refused to offer a proper sacrifice and this led to his punishment as portrayed in the following *Odù*:

Aròjòròjò Ìjòkùn,
Ìjòkùn náà Aròjòròjò;
A díá fún Erin,
Tíí ṣe ọmọ Olú-igbó;
A díá fún Ẹfọ̀n,

Tíí ṣe ọmọ Olú- ọ̀dàn;
A díá fún Ìrángan mote
Tíí ṣe ọmọ Olú-àrán Ìrángán.
Wọ́n ní kí Erin ó rú'bọ,
Kí Erin ó lè baà lọ́lá.

Wọ́n ní kí Ẹfọ̀n ó wòyè,
Kí ó baà níyì.
Wọ́n ní kí Ìrángán mòté ó rú'bọ
Kí ó lè baà l'ẹ́rù ju gbogbo ẹyẹ oko lọ.
Erin gbọ́, Erin rú'bọ;

Ẹfọ̀n gbọ́, Ẹfọ̀n wòyè;
Ìrángan mòté rú'bọ,
Wọ́n sì l'ẹ́rù ju gbogbo ẹyẹ oko lọ.
Ọwọ́ Erin tẹ ọlá,
Nítorí ó rú'bọ ńlá ńlá;

Ọwọ́ Ẹfọ̀n tẹ iyì,
Nítorí ó rú'bọ púpọ̀ púpọ̀ regede;
Ọwọ́ Ìrángan mòté tẹ èrù,
Nítorí ẹbọ rẹ̀ kò tó nkan.
Ẹ súré wá,

Ẹ wáà gb'éyì fún mi.
Èmi ni Iràngan mòté.
Ẹ súré wá,
Ẹ wáà gb'éyì fún mi.

The rain-maker of *Ìjòkù,*
Ìjòkù also rain-maker;
Divination was performed for Elephant,
Who is the child of the king of *Olú igbó,*
Divination was performed for buffalo,

Who is the child of *Olúòdàn,*
Divination was offer for *Iràngan mòté*
Who is the child of *Olúàrán Ìrángán.*
Elephant was instructed to offer sacrifice,
So as to be wealthy,

Buffalo was to reason with understanding,
So as to be reputable,
Iràngan mòté was instructed to offer sacrifice,
So as to have more property than all the other birds in the jungle.
Elephant listened and heeded to the instruction to offer sacrifice,

Buffalo listened and reason with understanding,
Iràngan mote, offered sacrifice,
And had more property than every bird in the jungle.
Elephant was wealthy,
Because he offered bib big sacrifices,

Buffalo was reputable,
Because he offered plenty of sacrifice,
Iràngan mote became afraid,
Because his sacrifice is insignificant.
Come to my rescue,

Bring me this,
I am *Iràngan mote.*
Come quickly to my rescue,
Bring me that.[14]

Yoruba people believe that "failure to offer a prescribed sacrifice or the refusal to worship a particular family *Òrìṣà* (divinity) can cause disease and affliction" (Jegede, O. 2010:25). Some diseases are believed to be traceable to some deities. For example, hunchback and paralysis are usually traced to *Òrìṣà-ńlá,* just as madness may be traced to *Ṣàngó* or *Oya*. *Ṣọ̀pọ́ná* is generally believed to be capable of causing smallpox. In the case of patient A, her condition was traced to *Èṣù.*

Table 4.3: Group Two: Patients with conditions traced to *èèwọ̀* (taboo)

Patient	**B**	**C**	**D**	**E**

[14] 'Original' translation by the researcher

Age	45	25	30	35
Sex	F	M	M	M
Religion	Christian	Christian	ATR	Christian
TLBTT	4 years	1 yr. 7 months	4 years	4 years
T of R	1 month	2 months	1 month	2 days
Conditions/diagnosis	Severe stomach pain and could not get pregnant	Skin ulcer	Swollen stomach, sleepless nights and loss of weight	Migraine
Disease aetiology	*Odù Ìwòrì-wòsà: Ó jẹ èèwọ̀* - ate taboo.	*Odù Òfún-Òdí*: *Àì gbọ́ ìkìlọ̀* - refusal to heed warning.	*Odù Ogbè-atè*: *Ó jẹ èèwọ̀* - ate taboo.	*Odù Òsá-Ìretè*: *Àì gbọ́ ìkìlọ̀* - refusal to heed warning.

(Source: Author's compilation from fieldwork)

Group two comprises of four patients (B, C, D & E) who complained of different symptoms. *Ifá* divination revealed that all four patients had their conditions stemming from either refusal to heed warning or breaking of taboos. It was observed that these conditions had no explainable link with the found disease aetiologies.

In patient B, the breaking of taboo led to severe stomach pain and childlessness. In the case of patient D, breaking of taboo led to swollen stomach, sleepless nights and loss of weight. And in the cases of patients C and E, *Àì gbọ́ ìkìlọ̀* led to two different symptoms, namely skin ulcer and migraine, respectively. The lack of logical link between the symptoms and aetiologies underline the reason why Western methods could not diagnose them.

Patient B had a child sixteen year before marriage, after which she stopped being sexually active until marriage. She was married for four years before she sought treatment with the *babaláwo*. She complained of having fever and stomach-ache after her marriage. It usually got worse after sex with her husband. She was made to do different tests. She once travelled to the United Kingdom for a check-up, but all the tests came out negative. She became worried about her feverish condition, but the worry became worse because the husband's family members wanted him to marry or at least have a child from another woman. *Odù Ìwòrì-wòsà* indicated that the patient had eaten a taboo; that is, *ó jẹ èèwọ̀*.

Patient C was suffering from skin ulcer (*egbò àdáàjiná*). This wound had lasted for one year and seven months. The patient complained that the wound prevented him from having girlfriends. Women avoided him once they found out that he had the wound that had grown very big and deep. This wound was around the ankle and had started affecting the way he walked. He said he had been to different hospitals and different tests had been carried out. Nothing indicated the queried causes. He said he had contemplated suicide on different occasions. *Odù Òfún-Òdí* indicated *àì kò gbọ́ ìkìlọ̀*, refusal to heed warning, which resulted in skin ulcer. This kind of skin ulcer (*egbò àdáàjiná*) forms a big sore that either starts out as a result of some minor known injury or one may just suddenly notice some irritation on the skin. These injuries do not get healed despite treatment and these kinds of injuries have led to many amputations because they do not respond to treatments; they rather get worse over time.

Patient D is from a family of devotees of Yoruba traditional religion, who believe in regular sacrifices to prevent attacks from possible enemies, but she was lukewarm towards the practice. She suddenly found herself not being able to sleep at night and this was accompanied with severe stomach pain. After some time, her stomach became swollen. She was thought to be pregnant. She also thought so initially. But tests showed that she was not pregnant. The x-rays also did not show that she had fibroid. *Odù Ogbè-atè* indicated that the patient ate taboo – *ó jẹ èèwọ̀*.

In the case of patient E, he enjoyed good health until early 2008, after which he started having migraine that kept him away from his regular business. All the migraine drugs did not give any relief. He constantly had headaches (*Oríitúlu*) that kept him awake day and night, except when induced to sleep. This would usually be for an hour or two at a stretch. All the drugs that were prescribed failed. *Odù Òsá-Ìretè* indicated *àì kò gbọ́ ìkìlọ̀* - refusal to heed warning about impending danger.

Disease Aetiology:

Èèwọ̀ (taboo), for the Yoruba people, are things that are forbidden. These are not just *èèwọ̀* by name; they are things that have either become a part of a tradition as found in legends, myths or even derived from human experiences. They become basis for things that are forbidden or things that must be done. *Èèwọ̀* can be in different forms. It may be some kind of food that is forbidden to be eaten or places forbidden to be visited, etc. Once a thing is considered to be *èèwọ̀*, it carries with it consequences for either ignoring or breaking it.

According to Awo Ifatayo Awogbile[15], 'diseases may be from *Òde-òrun*; that is, from heaven. Such diseases are usually perceived as having natural causes that are not strange to humans, or diseases may be *ládogun*, that is, with a source from a force, which may be from either *àwọn ìyà mi* (witches) or the *òrìṣà* (deities). These usually are as a result of breaking taboos or going against the promises made to them. These are diseases that may appear to be natural but have spiritual forces as their causes.

The consequences that may result from the breaking of *èèwọ̀* include sickness. For the Yoruba people, once a taboo is broken, the consequence becomes felt, such that "in the face of a baffling crime or offence, they say *a kìí ṣe é ló máa dájọ̀* (it is the taboo that will judge or track down the criminal)" (Idowu, 1996:150). Jemiriye (1988) noted that ẹ̀ṣẹ̀ or *èèwọ̀* (sin or taboo) can also cause chaos and disorder in an individual's life. This disorder may take the form of illnesses such as small pox (*ilẹ̀-gbóná*), mumps (*ṣegede*), blindness (*ìfọ́jú*), stomach upset (*inú rírun*), etc. These will be physical symptoms as found in *àìsàn ara*, but they will not respond to regular treatments.

[15] Awo Ifatayo Awogbile, is the Akogun Awo Agbaye/Awoko Ọ̀rúnmìlà. He was interviewed on the 8th of March, 2011.

For the Yoruba people, breaking of taboo is regarded as ẹ̀ṣẹ̀ (sin), such as offering *Ọbàtálá* palm wine or polluting of a sacred river or forest grove). And as taboos, the consequence of ẹ̀ṣẹ̀ can be "pain, evil, ruin, decay, unpleasant mood and sometimes death" (Jemiriye, 1988:17). Indeed, ẹ̀ṣẹ̀ has the capacity to destroy the normal festive life of an individual. To corroborate this position, Nyabongo (1962) noted that "Africans believe that when they sin, they lose harmony, which usually would lead to their getting ill" (Nyabongo, 1962:38). According to *Odù Ìrosùn, Osùn Èga:*

Ikún, awo Mágbà,
Àsà, awo Mòkítì,
Òkéré fì 'tàkùn s'ónà, awo orí èégun
Èga sèrè-sèrè níí ṣ'ọmọ 'kéyìn wọn lénje-lénje.
Ọ̀rúnmìlà r'àjò,

Ó fi àwọn mẹ́rẹ̀ẹ̀rin s'ílé.
Àwọn mẹ́ta wọ'lé lọ bá ìyàwó Ọ̀rúnmìlà lò pọ̀;
Èga dé ẹnu ìlẹ̀kùn, ó ní;
Ọwọ́ ń wá, ẹsẹ̀ ń gbọ̀n,
Àti wọ s'ilé Barapetu bá mí l'ẹ́rù

Ikún principal initiate of *Màgbá,*
Àsà, principal initiate of *Mòkítì*
Òkété that makes climbers its pathways, principal initiate of the top of *èégun* (cotton tree)
Èga of incessant twittering, their servile, close follower.
Ọ̀rúnmìlà travelled abroad;

He committed the care of his house to the four
Before his return, three of them entered the house and committed adultery with his wife.
Only *Èga* would not enter the house;
For on reaching the door, he had an attack of tremor of fear:
He said,
'My hands are trembling, my feet are quivering,
For me it is a frightful thing to enter *Babapetu*'s house'
(Idowu, 1996:150-151).

This story ended with nemesis catching up with the culprits and leaving *Èga* with blessings since he did not break any taboo. *Èèwọ̀* is sometimes made manifest in *àfọwọ́ fà* (self-inflicted disease). These are conditions that result from an individual's misdeed. It literally means condition caused by one's self. According to Awo Alaba Oshodi,[16] many of the diseases in this category require only *ètùtù* to correct the wrong that was done or to stop the actions that are causing the diseases. It is in this group of diseases that conscious disruption of equilibrium in interpersonal relationships belongs.

[16] Interview with Awo Alaba Oshodi, the 'Oloundan of Akure', Oba-Ile and Igoba, on the 3rd of March, 2011.

Table 4.4: Group Three: Patients with conditions traced to *Orí* (one's personality soul)

Patient	**F**	**G**	**H**
Age	40s	40	15
Sex	Couple	M	F
Religion	Christian	Christian	Muslim
TLBTT	7 years	5 years	8 months
T of R	3 months	Same day	2 months
Condition	Could not get pregnant.	Could not have erection	Mental problem
Diagnosis	*Odù Òdí-Ìwòrì: ìdádúró* - delay.	*Odù Òdí- Ògúndá: Aya ọ̀run*- spiritual wife.	*Odù Ògúndá-Àkò: ogun àkò*- spiritual missile.

(Source: Author's compilation from fieldwork)

Group three comprises three patients (F, G & H) who complained of three different sets of symptoms, with all three sets of conditions linked to one disease aetiology - the *Orí* (one's personality soul).

Patient F is a couple that had been married for over seven years. They are both in their 40s, but the woman was never pregnant. They had been to different hospitals and have done different tests and even though the tests results were negative, they were still subjected to different treatments. *Odù Òdí-Ìwòrì* indicated *ìdádúró* (delay).[17] The patient was having a delay, which turned her into a laughing stock for many**.**

Patient G is a young man who on different occasions had refused to get married because he could not have erection and had gone to different hospitals where tests were carried out to know if he had an infection, weak erection, or if the nerves were not working well. He said he was not born like that but the Doctors found it hard to believe. He had the condition for about five years. *Odù Òdí-Ògúndá* diagnosed *aya ọ̀run* (spiritual wife) as the cause of the patient's condition.

Patient H was often found talking to herself, hitting older people on their heads; bathed outside in the open till the age of 14; would frequently complain of fever especially during the rainy season and she often woke up feeling very sick. She had been taken to different hospitals for check-ups and different tests were done overtime as she was growing up. *Odù Ògúndá-Àkò* diagnosed *Ogun àkò* (a spiritual attack).

Disease Aetiology:

Orí (one's personality soul) and *àyànmọ́* (that which one chose from heaven) have no place in Western healthcare framework. But for the Yoruba, it is believed that the choices that one's *orí* made from heaven determine the experiences one would have while on earth. *Orí* is the very essence of personality, and so "it is this *orí* that rules, controls, and guides the life and activities of the person" (Idowu, 1996:180). It is believed that the *orí* kneels down and chooses the individual destiny a person will have, and then comes into the world to fulfil the chosen destiny.

[17] This case is unique; the diagnosis did not identify any disease. What was diagnosed is a mere delay. For the *babaláwo*, this delay was not considered to be a disease because the patient would still have had a child, no matter how long the delay lasted.

Patient F had a delay because her *orí* had chosen to be delayed from heaven. She was to have children only in her old age. Patient G's *orí* chose a spiritual wife for him. This choice prevented him from having a wife on earth until the choice was reverted. In the case of patient H, it was revealed that she had made a choice to encounter problem while on earth; and so, if only the *ẹsẹ̀ nbálẹ̀* had been done, her condition could have been prevented.

This means that these conditions were predestined for these patients from the choices their *orí* made from heaven. This is similar to *àyànmọ* (that which one chose from heaven). According to Scholars (Dos Santos and Dos Sanos, 1971; Abimbola, 1976; Morakinyo, 1983), the content of *Odù Ìká Òfún* shows that *babaláwo* are aware of *àyànmọ* and how to relate to it as a kind of disease aetiology.

Àkún'le yàn ẹ̀dá
Ṣẹ́ òun l'àd'áyé bá
A d'áyé tán ojú ń kán gbogbo wa
Ṣùgbón ẹ̀dá kan kò leè padà ó yàn òmíràn
Àfi ètùtù ló kù

Meaning:
What was chosen kneeling down
Is what we find on arrival in this world
On arrival in this world, we became too
Impatient (too much in a hurry to achieve our potentials)
But it is impossible to go back and choose another,
To prevent the deterioration of things is the only course of action left (Morakinyo, 1983:63).

The *babaláwo* knows that "it is possible to interfere with *àyànmọ* through the evil machinations of enemies (*ọ̀tá*)" (Jegede, A. 2002:324). The concept of *Orí* or *àyànmọ* indicates that the Yoruba have an awareness of hereditary conditions, which they refer to as *àìsàn tí orí yàn wá sí ayé* (diseases believed to have been chosen by one's personal soul from heaven). It is believed that the *orí* chooses what it wants to become on earth, even the type of affliction that it wants to suffer here on earth. This may include diseases caused by genetic factors. *Odù Èjì-ogbè* talks about a disease that can be from generation to generation, this may be called *àyànmọ* (destiny).

Yoruba people believe that *àyànmọ* is a form of disease aetiology because it "is a predetermined factor of the individual's existence on earth. This could be either positive or negative. Yoruba people believe that every human being chooses his or her own life pattern" (Jegede, A. 2002:324). And "a violation of one's own destiny can even cause mental or emotional illness, whether this departure from the life pattern is voluntary or not. Thus, if a particular person was destined to live by the water and moved inland, he might have many misfortunes including mental illness" (Asuni, Schoenber & Swift, 1994:43).

Each human being acquires a destiny prior to birth, before crossing the threshold that separates existence in the other world (*ọ̀run*) from the existence in the present world (*ayé*). However, after acquiring this destiny in *ọ̀run*, the individual is induced to forget the contents of that destiny before crossing the threshold that transforms the individual into a corporeal being. Once in this world, the only way for an individual, who is ignorant of his or her fate, to gain knowledge of that destiny, is through *Ifá* divination. This is possible because *Ọ̀rúnmìlà* is believed to have witnessed the destiny of every human person (*ẹlẹ́rìí ìpín*), and so has the ability to reveal different aspects of the choices made from heaven and how to amend them if need be (Payne, 1992).

Table 4.5: Group Four: Patients with conditions traced to *ìwà-búburú* (bad character)

Patient	**I**	**J**	**K**	**L**	**M**	**N**	**O**
Age	40s	45	28	21	32	36	50s
Sex	Couple	F	F	F	M	M	F
Religion	Muslim	Muslim	Muslim	Muslim	ATR	Muslim	Muslim
TLBTT	8 years	10 years	3 years	6 months	4 years	2 years	3 years
T of R	3 months	1 month	6-7 days	7 days	6 months	3 months	1 week
Condi-tion	Could not get pregnant.	Worry and childlessness.	Skin ulcer	Swollen private part	Coughing out blood	Mental problem	Epilepsy
Diagno-sis	*Odù Ìrosùn-Ogbè*: *ìgbéraga*-pride.	*Odù Òwónrín-Ogbè: Ilẹ dídá*-betrayal.	*Odù Ogbè Òfún: Nkan oní nkan*-another person's property.	*Odù Ìrosùn-Ògúndá*: *Àì kọ mú àdéhùn se*-refusal to keep a promise.	*Odù Ọ̀sé-Òsá*: *Ìdúró pé òun ní agbára* - daring others.	*Odù Ogbè-Ìyọ́nú*: *Yíye àdéhùn* - broke agreement.	*Odù Ògúndá - tua*: *Ìgbéraga*-pride

(Source: Author's compilation from fieldwork)

Group Four comprises seven patients (I, J, K, L, M, N & O) who complained of different sets of symptoms. These symptoms resemble those that are diagnosable with the use of Western method of healthcare, but the results of all the tests conducted came out negative.

Patient I had been pregnant during the first year of her marriage, but lost the pregnancy. Thereafter, she never saw her monthly period and so could not get pregnant for eight years after losing the first conception. She had been to different hospitals and done different tests, but nothing was found. *Odù Ìrosùn-Ogbè* diagnosed *ìgbéraga* (pride) as the cause of the condition.

Patient J was married for 10 years and never got pregnant. She was so worried about her age and her husband's family members were not helping issues. She had been to different hospitals and all the test

results show that she was healthy. She was never sexually active until she got married. *Odù Ọ̀wọ́nrín-Ogbè* diagnosed *ilẹ́ dídá* (betrayal). The patient had discriminated against someone she was to have married.

Patient K had a sore on her leg. According to her, the injury started as a tiny bruise. She did not remember hitting her leg against any object. Within a short time, the injury got bigger and was not responding to treatment. She was asked to do different tests for diabetes and possible infections. She was also placed on different diets for over three years, but the skin ulcer (*egbò àdáàjiná*) got worse. She said she remembered the healing process got better once, but it was only for a short time; and after about two weeks, it became worse and never improved after that. She had gone to different hospitals and was tired because the wound never got healed and was becoming shameful. There had been some recommendations to amputate the leg, so as to prevent the spread of the wound. *Odù Ogbè Òfún* diagnosed *nkan oní nkan* (another person's property). The mother of the patient was in possession of something that did not belong to her.

Patient L had a swollen private part and so had difficulty in urinating. She had been to different hospitals where different tests for sexually transmitted diseases and other forms of possible infections had been carried out. All the tests did not indicate any of the queried diseases or infections. Her condition grew from bad to worse, until it became unbearable and the doctors indirectly encouraged her to try traditional methods. *Odù Ìrosùn-Ògúndá* diagnosed *àì kọ-mú-àdéhùn-ṣẹ* (refusal to keep a promise).

Patient M coughed and spat out blood for four years. *Odù Ọ̀sé-Òsá* diagnosed *ìdúró pé òun ní agbára* (daring others); that is, the patient bragged that nothing can happen to him.

Patient N regularly complained of his forehead itching him, as well as headaches. This made him to stop his business for about two years. His family members had taken him to different hospitals. He was in fact admitted into one of the psychiatric homes for two months. He also had gone to different traditional herbal clinics and hospitals. They all concluded that he had a mental disorder. *Odù Ogbè-Ìyọ́nú* diagnosed *yíyẹ́ àdéhùn* (breaking of agreement).

Patient O never had epilepsy (*gìrì arunpá*) when she was growing up, and there was no accident that could have initiated it. But the three years before she met Ifásẹ̀san were filled with many epileptic feats. According to her, she had attacks on the average of two times a week. *Odù Ògúndá-tua* diagnosed *ìgbéraga* (pride) as the cause of this condition. This seemed like a diagnosable condition, but it was also considered as *àmódi* because even though it had all the symptoms of the queried condition, the tests results were all negative and the condition did not respond to treatment as provided by the Western method. This indicated that the exhibited symptoms are false indication of reality.

Disease Aetiology:

Ìwà búburú (bad character) was found to have caused the conditions in patients I, J, K, L, M, N & O. Yoruba people place a big emphasis on *ìwà,* which requires every human being to act rightly. It is believed that *ìwà rere l' ẹ̀ṣọ́ ènìyàn* (good behaviour is a noble adornment of human beings), just as *ìwà l'ọba àwúre* (good behaviour is the most effective source of blessing). Elebuibon (2000) noted that, "*Ìwà* is a factor which enables man to accomplish his desires and aspirations. A man may possess good luck. However, if he possesses bad character, the ugly traits of his character will negate his good luck" (p. 51).

For Yoruba people, affliction may result from *ìwà búburú* (bad character). It is believed that curses from older people have power and only ill-behaved persons or persons with bad character, that will do things to warrant curses or affliction from elders, such that one's bad character may earn one some health conditions that are different from the conditions known to Western healthcare.

Table 4.6: Group five, patients with conditions traced to *Ayé*/*Àjẹ́* (witches)

Patient	**P**	**Q**	**R**	**S**
Age	40	28	30	50s
Sex	M	M	M	F
Religion	Muslim	Muslim	Muslim	Muslim
TLBTT	1 year	1 year	2 years	4 years
T of R	3 days	3 days	2 days	1 month
Condition	Strange objects move around in the body	Audible birdlike noise from the stomach, loss of weight	Regular stomach pain	Weight loss and loss of sleep
Diagnosis	*Odù Ìká-Òtúrúpọ̀n: Ogun ayé-* attack from witches.	*Odù Ìrosùn- Ọ̀sé: Ọ̀wọ́ ayé* (attack from witches)	*Odù Ìwòrì-Òfún*: *Ayé gbá ìfun rẹ̀ mú-* witches held onto his intestines.	*Odù Ogbè- Ọ̀sá*: *Ìjà Àjẹ, nítorí pé ó kọ ọkọ sílẹ* - divorce.

Group five is made up of four patients (P, Q, R & S) who complained of different conditions affecting their physical bodies. According to Western method of healthcare, these conditions may be indications of viral, bacterial or other forms of infections.

Patient P felt something moving around in his body. According to him, the object moved from his head to his hands, feet and chest. For every time he felt the movement, the body became visibly swollen and he felt the object's movement around in his body. What the researcher saw were lumps in the chest and the hands. *Odù Ìká-Òtúrúpọ̀n* diagnosed *Ogun ayé* (attack from witches).

Patient Q had problems with blotted stomach for years, but it became a problem when he and people around him could hear some bird-like sound from his stomach (*inú kíkùn*). Along with this, he was losing weight and people thought that he had HIV. For a whole year, he ran different tests, but nothing was diagnosed. *Odù Ìrosùn-Ọ̀sé* diagnosed *ọ̀wọ́ ayé* (attack from witches). It indicated that the patient belonged to a cult and his members were disturbing him.

Patient R was having constant, agonising stomach pain. Whenever the pain was experienced, the patient practically depended on other people for help; he barely was able to talk, walk or do anything. He wept to express his pain. He was examined for hernia, enlarged appendix, ulcer and many other conditions, but nothing was found. There was a time that the doctors wanted to recommend a surgery, because they suspected intestine twist. But further test revealed that it was not. *Odù Ìwòrì-Òfún* diagnosed *Ayé gbá ìfun rẹ̀ mú* (witches held onto his intestines).

Patient S battled with sudden weight loss and sleeplessness for a long time (about four years). She did several tests for HIV and high blood pressure. She had some other tests done, but all came out negative. *Odù Ogbè-Ọ̀sá* diagnosed *Ìjà Àjẹ, nítorí pé ó kọ ọkọ sílẹ* (attack based on divorce).

Disease Aetiology:

Ayé/àjẹ́/àwọn ìyà mi (witches) were found to be responsible for the conditions of patients P, Q, R and S. *Ayé* (witches) are some human or supernatural beings that are capable of afflicting humans with illness or misfortune. All the *babaláwo* that were interviewed in this study share a common belief in the existence of *Ayé*.

Jegede, O. (2010) noted three types of witches as contained in *Odù Ọ̀sá-méjì:* "*Àjẹ́ dúdú* (black witches), *Àyìnrín* (witches that are both good and bad) and *Àjẹ́ funfun* (white witches)" (Jegede, O. 2010:27). Even though this distinction is not often made, it is believed that in most cases, disease aetiology is traced to the *Àjẹ́ dúdú* who are believed to be most disposed to doing evil and *Àjẹ́ Àyìnrín* who may afflict someone with evil as a consequence for evil or wrong behaviour.

Parrinder (1976) noted that this disease aetiology is possible because witches are believed to have the power to feast on human souls while their bodies are asleep. "The soul is closely linked to the body, and as the witches devour the spiritual body, so the mortal frame weakens… Pain, paralysis or impotence appears in different members. When the centre of the blood, the heart or liver is reached, then the victim dies" (Parrinder, 1976:127). This has been called "spiritual cannibalism" (Omoyajowo, 1998:317).

The activities of witches are generally regarded as being against the society; mischievous; harmful to peaceful living and the progress of civilisation. Many atrocities and horrible crimes are said to be committed by witches. According to Omoyajowo, (1998), "witches have special taste for human blood. The effect on the victim whose blood they so drain by spiritual means is that the victim becomes lean and wears away gradually till he/she finally dies" (p. 320).

These claims have no physical evidence, and so Western medical tests do not indicate the diseases that are queried, which makes diagnosis and treatment difficult, if not impossible. Again, witches are believed to be capable of causing "sterility to women by turning their wombs upside-down… They can similarly cause impotence in men… if a disease appears incurable, witches are held responsible" (Omoyajowo, 1998:320). This is exemplified in the case of patient 'T'.[18]

When a disease is diagnosed to have been caused by *Ayé/àjẹ́* (witches), the *babaláwo* quickly conclude that no Western method of diagnosis can discover it; only *Òrìṣà* can help in diagnosing and treating such diseases.[19] It is believed that *Ayé/àjẹ́* (witches) deploy *ajogun* (belligerent enemies of man) in several ways. But the commonest ways are through "*Ikú àì t'ọ́jọ́* (early death), responsible for putting an end to man's life; *àrùn* (disease) responsible for afflicting man with illness; *ẹ̀gbà* (infirmity) that brings paralysis to man, and *ọ̀fọ̀* (loss) which destroys or carries away man's property" (Abimbola, 1976:152).

According to Jegede, O. (2010), *Àjẹ́ dúdú* are sadistic witches who take pleasure in afflicting people with misfortune. They are capable of "making a woman temporally infertile or permanently barren, they can prolong pregnancy, cause miscarriage, make delivery difficult, induce frightening dreams and sleeplessness and drain people's blood supernaturally" (Jegede, O. 2010:28).

According to Ifaleke Ifatunmibi (Àwíṣẹ Òṣogbo, as at 2011) *àìsàn tí ọmọ aráyé/àwọn ìyà mi fi ṣe ènìyàn* (diseases caused by witches) can only be diagnosed and treated if one appeals to *àwọn ìyà mi* for solution. *Àwọn ìyà mi* are believed to have the power to build on seeming naturally caused diseases. *Ifá* literary corpus has a record of the story of king *Onísoko*, who was attacked by three witches:

Ajogun j'ojú j'ojú,
*Ẹ*yẹ *àjẹ́ ilé Onísoko ni,*
Ajogun jẹ̀'dọ̀ j'ẹ̀dọ̀,
*Ẹ*yẹ *àjẹ́,* ẹyẹ *ilé Onísoko,*
Ajogun j'ẹ̀fun j'ẹ̀fun,
*Ẹ*yẹ *àjẹ́,* ẹyẹ *ilé Onísoko ni.*
The forces that eat eyes, they are the sacred birds at *Onísoko's* palace, the forces that eat liver, they are the sacred birds at the palace of *Onísoko,* the forces that eat intestine, they are the sacred birds at the palace of *Onísoko* (Elebuibon, 2008:86).

To overcome these witches, *Ọ̀rúnmìlà* told king *Onísoko* to offer three forms of sacrifices for each of the (evil) witch-birds. They ate the sacrifice and the king received his healing. The foregoing and *Odù-Ìrètegbè* (a chapter in the *Ifá* literary corpus) - where it is found that *Olódùmarè* created these forces good but they became evil and, consequently, *Olódùmarè* sent them down to earth - serve as part of the basis for the belief of the *babaláwo* that some diseases are caused by witches. This disease causation emanated from

[18] Patient 'T' fits into *Ayé/àjé* (witches) and *Àì-kò-béèrè* (lack of divinationdisease aetiologies.
[19]Interview with Awo Yemi Elebuiru-Ibon, (Araba of Oshogbo land) on the 9th of March, 2011

the worldview of the Yoruba people and Africans at large. Yoruba people believe in the powers of witches, who are believed to be known human beings with supernatural powers that can be used to harm other human beings. Hubert Ogunde, in one of his songs remarked that:

Bí wón bá n pe Ayé! Ayé!
Ẹ má wò'kè bí ìgbá ibùsò,
Ẹ jẹ́ ká wo àyíká ẹni,
Àwon abínú ẹni,
Àwọn amọnișeni,

Àwọn aṣeni bánidáro,
Àwọn ni Ayé.

When you hear people say *Ayé* (witches)!
You need not look too far,
Look around your surroundings
They, who are hateful,
They, who are vile - knowing you, yet harm you,

They, who are treacherous - harming you, yet sympathise
They are the witches.[20]

These causal models, for Jegede, O. (2010) "can be used to interpret the types of illnesses seen among the Yoruba who consult *babaláwo*" (p. 23).

Table 4.7: Group Six: Patient with conditions traced to *ài-kò-béèrè* (lack of divination)

Patient	**T**
Age	40
Sex	M
Religion	Muslim
TLBTT	2 years
T of R	15 days
Condition	Paralysis
Diagnosis	*Odù Èjì-Ogbè: Àședànù nítorí pé kò béèrè* - did not make inquiry.

(Source: Author's compilation from fieldwork)

Group six is made up of only one patient (T). Patient T could not walk, had pain in his knees. The legs looked like they were broken bones. He had been to different hospitals and x-rays were taken, but nothing was found. He, in fact, got so bad that he could not walk for about two years. At some point he started losing weight and all they were giving him in the hospitals were sedatives to kill the pain he was having, including pints of blood and drips. *Odù Èjì-Ogbè* diagnosed *Àședànù nítorí pé kò béèrè* (wastage because he did not make inquiry). The patient was warned about a certain trip, but ignored the warning.

[20] 'Original' Translation was done by the researcher

Disease Aetiology:

Àì-kò-béèrè (lack of divination) is a possible disease aetiology in the worldview of the Yoruba, because divination plays a big role not just in diagnosis of diseases and conditions, but also as a preventive measure when it is done at the beginning of every significant stage in life. Such moments reveal what has to be done to avoid diseases, mistakes, misfortunes, etc. When one refuses to ask, then diseases are caused or not prevented.

Among the Yoruba, it is believed that "on the third day after a child's birth, the oracle must be consulted" (Idowu, 1996:192). This rite is called *Ẹsẹ̀ nbálẹ̀/Ìkọsẹ̀-wáyé* (inquiries at birth to find out what a child will become), and it is meant to find out what sort of child the infant is, and what destiny it has chosen. If there are things to be corrected, the rite will guide and direct the process of correcting whatever is wrong. It will also help to know what is meant to be the child's taboo so that it can be avoided. That way, sickness or conditions that may affect the future of the child is prevented.

Ẹsẹ̀ nbálẹ̀/Ìkọsẹ̀-wáyé can also help prevent *àrìn-bá-pàdé* (disease that afflicts one accidentally). All the *babaláwo* that were interviewed for this research believe that some diseases exist in the air, either naturally or as traps sent by some forces to anyone who is not protected. There are also some diseases that are believed to have been sent to particular persons, but miss their targets, either because the target is more protected than expected or the target's *orí* saved him/her. It is believed that these diseases do not return to their sources; they instead afflict either those who have not been faithful to *ẹbọ* or have no means of fortifying themselves against these floating diseases. These are the *àrìn-bá-pàdé* kind of diseases. If *Ẹsẹ̀ nbálẹ̀/Ìkọsẹ̀-wáyé* is properly done, it is believed that the *orí* will keep guiding one through life's journey.

Table 4.8: Group Seven: Patients with conditions traced to *ìrírí ayé* (life experience)

Patient	**U**	**V**	**W**
Age	40	60	22
Sex	F	F	F
Religion	Muslim	Christian	Muslim
TLBTT	6 months	Few months	Over 10 years
T of R	7 days	1 week	2 months
Condition	Feels tired and weight loss	Strange actions	Mental problem
Diagnosis	*Odù Ògúndá-Ọ̀sá*: *Aláìsàn ń bá ẹnìkan du nkan* - struggle over something.	*Odù Ògúndá-atórígbe*: *Owú-jíjẹ* - jealousy.	*Odù Òtúá-orí ire: Owú-jíjẹ* - jealousy.

(Source: Author's compilation from fieldwork)

Group seven comprises three patients (U, V & W) who had significantly strange symptoms.

Patient U was very vibrant, but things changed when she suddenly noticed that she started getting tired easily. This would usually make her feel dizzy. Added to this was the fact that she was losing a lot of

weight. She did different tests, including HIV test. The test results showed that she was not hypertensive; nothing else was diagnosed. Within six months she was more like a shadow of herself. She wept uncontrollably when interviewed. She felt the shame was too much for her to bear. *Odù Ògúndá-Ọ̀sá* found that *aláìsàn ń bá ẹnìkan du nkan* (struggle over something).

Patient V was a business woman who was said to have been doing very well in her market. She suddenly started to behave strangely, frequently complained of fever. Tests revealed nothing wrong with her. She was also not coordinated in her speech. The hospitals recommended psychiatric treatments. *Odù Ògúndá-at'óríṣe* found *Owú-jíjẹ* (jealousy), attack from the market where she sold her goods.

Patient W was said to have been very intelligent in school. She was always coming first in her class. Then she suddenly started reading in her sleep; was talking to herself and frequently complained of fever. *Odù Òtúá-orí ire* diagnosed *Owú-jíjẹ* − jealousy and envy from her classmates.

Disease Aetiology:

Ìrírí ayé (life experience) is considered to be a kind of disease aetiology. Yoruba people believe that '*Ilé ayé, ilé ogun ni'* (the world is a battlefield). This means that everyone should be prepared for any eventuality in the world. Humans are definitely going to struggle for things, positions and opportunities, and it is only normal for the fittest to outwit the weak ones. One is expected to fortify oneself and one's belonging because others will struggle for them. Diagnosis revealed that life experiences positioned patients U, V and W to be envied, and this led to the conditions they suffered.

As Maclean (1974) noted, "many Nigerian students will attribute examination failures to the machinations of evil-wishers amongst their colleagues or in their extended-family" (Maclean, 1974:140). This kind of thought can be extended to all frontiers of life experiences. Human experiences bring about encounters with other human beings and forces. These experiences yield effects; some of these effects may result in diseases or conditions that are referred to as *àmódi*.

Given the possible existence of diseases caused by aetiologies that are cultural in their understanding and explanation, *Ifá* divination becomes a possible contribution to the process of diagnosis and treatment of patients suffering from *àmódi.*

4.3 Classification of *Àmódi*

Àmódi by its very nature expresses its symptoms in similar ways as *àìsàn ara*. There are no consistent patterns to the occurrence of symptoms. It has no age restrictions which can help in the process of diagnosis, no link to particular disease aetiology. *Àmódi* is capable of changing perceived symptoms as well as have multiple symptom expressions in one body and at the instance of one condition. The only

consistent nature of *àmódi* is that the disease aetiology is culturally concealed. This explains why diagnosis is difficult and impossible with the use of Western diagnostic tools.

4.3.1 Difficulty in Classifying *Àmódi* Using Manifested Symptoms

Given the findings of this study, one can readily say that *Ifá* divination becomes relevant when nothing else works. Medical diagnosis in Western parlance begins with an attempt to describe a category of disease, after which follow-up tests help to get more data to support or reject the diagnosis. These help to classify symptoms or conditions into known categories like bacteriological, hereditary, reactionary/consequential, etc. This process does not usually present too much difficulty given the established patterns in the field.

This is different in Yoruba traditional medical practice with particular reference to *àmódi*, given the findings of this study. Conditions in *àmódi* were found to be difficult to categorise with the use of manifested symptoms. This is so for three major reasons: (1) the same symptom can have different disease aetiologies; (2) different disease aetiologies can express themselves in the same symptom, and (3) one disease aetiology can manifest itself in diverse symptoms.

All the *babaláwo* that were interviewed for this research hold a common belief that there are some diseases that may have natural causes which may then be taken over by some other forces, thereby making the diagnosis require tools different from the ones used in the diagnosis of naturally caused diseases. For them, headache may result from hard labour without rest. But the same headache can be taken over by some forces thereby making the diagnosis require tools different from the ones used in the diagnosis of naturally caused headache. In such cases, symptoms will be known, and they will be symptoms of headache, but the regular treatment for headache will not work because the cause of the headache is not only natural.[21]

Table 4.9: Same symptom with different disease aetiologies

Symptom	Disease Aetiology	Patients
stomach pain, fever and sterility	**Òrìsà* **èèwọ̀* **orí* **ìwà-búburú*	A, B, F, I & J
skin ulcer	** èèwọ̀* **ìwà-búburú*	C & K
infection in private parts	**orí* **àì-kò-béèrè*	G & L
Swollen stomach, sleeplessness, weight-loss, migraine, cough, weakness, stomach pain and paralysis	** èèwọ̀* **ìwà-búburú* **orí* **àì-kò-béèrè* **ìrírí ayé*	D, E, M, R, S, T and U

[21]Akọgun Awo-agbaye, Ifatayo Awogbile on the 8th of March, 2011gave an example of someone fighting. He said if "*àwọn ìyà mi*" had planned to hurt the person, once the partner threatens, the threat is made real by some forces and whatever results from the threat is never diagnosable or treated using Western method of healthcare.

strange behaviours likened to psychological conditions	**orí*, **ìwà-búburú* and **ìrírí ayé*	H, N, V and W

(Source: Author's compilation from fieldwork)

Patients A, B, F, I and J exhibited the same set of symptoms (stomach pain, fever and sterility) but the diagnosed aetiologies varied. *Òrìsà, èèwọ̀, orí, ìwà-búburú* were diagnosed respectively. This clearly indicates the difficulty in categorising a set of symptoms to a particular aetiology.

Patients C and K exhibited the same kind of symptom (skin ulcer), but these similar conditions were diagnosed to have two unrelated aetiologies: *èèwọ̀* and *ìwà-búburú*. This again makes it difficult to conclude that these similar conditions must have the same cause.

Patients G and L exhibited similar symptoms (defect in private parts), but these similar conditions were traced to different disease aetiologies: *orí* and *àì-kò-béèrè*. This made it difficult to classify the exhibited symptom as a consequence of either *orí* or *àì-kò-béèrè*.

Patients P and Q exhibited similar symptoms (strange objects observed moving and making sound in the body). In the case of these two patients, unlike the other groups, these two similar symptoms were diagnosed to have had the same disease aetiology: *ayé/àjẹ́/àwọn ìyà mi*. This gives the impression that one can group these conditions and always link them to *ayé/àjẹ́/àwọn ìyà mi*; but it still does not imply that any other disease aetiology could not have been responsible for these different conditions. Again, this makes it difficult to group all similar conditions as flowing from a particular disease aetiology.

Patients D, E, M, R, S, T and U exhibited symptoms that are typical of *àìsàn ara* (swollen stomach, sleeplessness, weight loss, migraine, cough, weakness, stomach pain and paralysis). But each of these symptoms was diagnosed to have different causes, *èèwọ̀, ìwà-búburú, orí, àì-kò-béèrè and ìrírí ayé*, respectively. This again made it difficult to categorise symptoms of *àmódi*.

Patients H, N, V and W exhibited similar symptoms (in these cases, the patients mostly had strange behaviours likened to psychological conditions). These symptoms were diagnosed to have been caused by different disease aetiologies *orí, ìwà-búburú, and ìrírí ayé.* But in the Western method of healthcare, a patient is considered to be psychiatric when his mind and spirit are ill. This condition is symptomized in "hallucinations, delusions, thinking in a very unusual or disorganized way" (Birrell and Birrell, 2000:148).

For the *babaláwo*, these conditions do not always reflect madness. And so, to handle seeming psychiatric conditions requires the understanding of the local culture; that is, the beliefs and habits that are normal in the patient's community. With the opening of Aro Mental Hospital in Abeokuta, Nigeria, the scope of

people considered to be having mental illness included those that "suffered from physical problems which clinicians labelled psychosomatic" (Sadowsky, 1999:60). Lambo (1955) argued that for Africans, psychological disturbances were often masked by their transformation into physical complaints. These masks make it difficult for clinicians to diagnose, because of their transformation into somatic problems (Morakinyo, 1983). This was seen exhibited in the patients H, N, V and W.

Patient O exhibited a condition (epilepsy) that is usually called *wárápá*, but the *babaláwo* called it '*gìrì arunpá'*, a type of epilepsy that appears in old age. With *Ifá* divination, this condition was diagnosed to have been caused by *ìwà búburú*, which accounts for the sudden appearance. This does not limit such symptom to *ìwà-búburú,* making diagnosis difficult.

4.3.2 Difficulty in Classifying *Àmódi* Using Disease Aetiologies

The findings of this study show that diagnosis of *àmódi* is difficult using Western healthcare diagnostic tools because the tools are made to diagnose conditions that are only defined and understood within the sphere of Western paradigm, shutting out the elements that seem unexplainable but real within the culture of the Yoruba people. These elements Lambo (1955) called 'masks'.

The difficulty in diagnosing and treating *àmódi* may not be too far from the nature of the instruments used in the assessment. Katon and Dengerink (1983) noted that a review of the instruments used in the evaluation of somatisation shows that, for the most part, the instruments available focus essentially on somatic symptoms. While somatic symptoms are true expressions of distress, they do not indicate whether the distress is caused by social, psychological or physical aspects of the patients' life.

This study reveals that it is difficult to classify symptoms of *àmódi* because a single symptom can be traced to different causes just as different causes can manifest in similar symptoms, thereby making it difficult, if not impossible, to categorise a symptom or limit the ways in which a disease aetiology can manifest itself.

Table 4.10: Different disease aetiologies manifesting in the same symptom

Disease aetiologies	**Symptoms**	**Patients**
Òrìsà *Èèwọ̀* *Orí* *Ìwà-búburú*	Heat in the stomach, could not get pregnant.	A, B, F & I
Èèwọ̀ *Ìwà-búburú*	Skin ulcer.	C & K
Èèwọ̀, *Ìwà-búburú,* *Orí,* *Àì-kò-béèrè,* *Ìrírí ayé*	Swollen stomach, sleeplessness, weight loss, migraine, cough, weakness, stomach pain and paralysis.	D, E, M, R, S, T & U
Orí, *Ìwà-búburú,*	Strange behaviour likened to psychological conditions.	H, N, V & W

Ìrírí-ayé		

(Source: Author's compilation from fieldwork)

This study reveals that it is difficult to classifying symptoms of *àmódi* with the use of disease aetiology, because different causes can manifest in similar symptoms.

The findings of this study showed that *Òrìsà, Èèwọ̀, Orí* and *Ìwà-búburú* manifested in a similar condition (always felt heat in the stomach and could not get pregnant) as found in patients A, B, F and I.

Èèwọ̀ and *ìwà-búburú* manifested in a similar condition (skin ulcer) as found in patients C and K.

Èèwọ̀, ìwà-búburú, orí, àì-kò-béèrè and *ìrírí ayé* manifested in a similar condition that are typical of *àìsàn ara* (swollen stomach, sleeplessness, weight loss, migraine, cough, weakness, stomach pain and paralysis) as found in patients D, E, M, R, S, T and U.

Orí, ìwà-búburú, ìrírí ayé manifested in similar conditions (strange behaviours likened to psychological conditions) in patients H, N, V and W.

The nature of the disease aetiologies found in this study made it difficult for Western healthcare diagnostic tools to diagnose the conditions of the patients. These disease aetiologies belong to personalistic disease aetiology. As have been noted, it is a class of disease causation that has generated strong debates among practitioners of Western methods of healthcare, anthropologists and sociologists. It is regarded as non-empirical causes of diseases. Scholars such as Foster and Anderson (1978), Osunwole, (1989), Jegede, O. (2010), and Jegede, A. (2010)) talked about disease aetiologies such as curses, witchcraft, "belligerent enemies and powers that work against man" (Abimbola, 1976:152). "Transgression or violation of natural laws" (Oyeneye, and Orubuloye, 1985:9), and "the intrusion of occult powers as well as by forces from the physical environment, such that any long-lasting, enfeebling, pathological condition of the body may be attributed to the penetration of the body by malevolent forces, especially if it falls outside the range of those ailments readily explained by more apparent causes" (Wall, 1988:192).

All these make it is impossible for the Western tools of diagnosis to locate the causes and diagnose the observed conditions. This study found that these conditions of *Àmódi* are real and these disease aetiologies cannot be easily dismissed, making *Ifá* divination relevant in the search for holistic diagnosis. In all the in-depth interviews and FGD, the consensus is that there are clearly indicated diagnoses for the causes of symptoms and the findings corroborated this consensus.

Yoruba people believe that *kò sí ohun tuntun lábẹ́ ọ̀run* (there is nothing new under the skies). This seems to say it all for the *babaláwo* and the *Ifá* divination process. It is believed that everything is contained or

explained in the *Ifá* literary corpus. In this study, all the patients manifested seeming naturally caused diseases, but the test results did not indicate the queried diseases. It was only after divination that the patients responded to treatments. These findings lay strong emphasis on the crucial value of diagnosis of a disease before the commencement of treatment.

4.3.3 One Disease Aetiology Manifesting in Different Symptoms

It is possible to have a particular disease aetiology manifest through different symptoms:

Èèwọ̀ was responsible for the conditions of patients B (severe stomach pain and could not get pregnant), C (skin ulcer), D (swollen stomach, sleepless nights and loss of weight) and E (migraine).

Orí as single disease aetiology, was responsible for the conditions of patients F (could not get pregnant.), G (could not have erection) and H (mental problem).

Ìwà-búburú was found to be responsible for the conditions of patients I (could not get pregnant), J (worry and childlessness), K (skin ulcer), L (swollen vagina), M (coughing out blood), N (mental problem) and O (epilepsy).

Àjẹ́/ayé/àwọn ìyà mi were responsible for the conditions in patients P (strange objects moving around in the body), Q (audible bird-like noise from the stomach, loss of weight), R (regular stomach pain), S (weight loss and loss of sleep) and H **(**mental problem**).**

Ìrírí ayé as a disease aetiology was found to be responsible for the conditions of patients U (feels tired and weight loss), V (strange actions) and W (mental problem). That is, one disease aetiology, but many and variable conditions, which makes it hard and difficult for diagnosis to take place. “Clients may have the same illness and similar symptoms, but the methods of treatment employed may not necessarily be the same, because the causes of these illnesses may differ” (Jegede, O. 2010:10). With *Ifá* divination, the *babaláwo* takes the patient to his or her origin or the beginning of the condition, to trace what may be responsible for the symptoms or illness found in the client.

Table 4.11: One disease aetiology manifesting in diverse symptoms

Disease Aetiology	Symptoms	Patient

Èèwọ̀	*Severe stomach pain and could not get pregnant *Skin ulcer *Swollen stomach, sleepless nights and loss of weight * Migraine	B C D E
Orí	*Could not get pregnant * Could not have erection * Mental problem	F G H
Ìwà búburú	* Could not get pregnant * Worry and childlessness * Skin ulcer * Swollen vagina * Coughing out blood * Mental problem *Epilepsy	I J K L M N O
Àjẹ́/ayé/àwọn ìyà mi	*Strange objects move around in the body * Audible birdlike noise from the stomach, loss of weight * Regular stomach pain *Weight loss and loss of sleep	P Q R S
Ìrírí ayé	* Feels tired and weight loss * Strange actions * Mental problem	U V W

[22](Source: Author's compilation from fieldwork)

The findings reveal that each case is unique and so it is difficult to follow a general rule in the treatment of symptoms. This makes it difficult to group symptoms and prescriptions. There are no uniform questions asked; the treatment periods differ; the only constant thing in the process of treatment is the content of *Odù;* that is, the prescriptions, and this only happens when the same set of *Odù* appears through divination. *Odù* is the same everywhere and they (*odù*) prescribe what is to be used as treatment. The variety that may occur may be from the interpretation of the *odù* and the relevance of the *odù* to the patient's situation. A condition may require all the prescriptions in the *odù* whereas some others may just require a fraction (*ọ̀gangan*) of what the *odù* prescribed.

4.3.4 Analysis and Grouping of the Found Disease Aetiologies

The findings of this research show, seven groups of disease aetiology that are different from the bacteriological and hereditary forms of aetiology found in Western healthcare paradigm. These seven disease aetiologies can be further subdivided into three: Spiritual (*Òrìṣà, orí* and *àjẹ́*), cultural (*Èèwọ̀* and *àì-kò-béèrè*) and social (*Ìwà-búburú* and *ìrírí ayé*). These types of disease aetiologies do not exist in the Western categories and so difficult to diagnose with Western diagnostic tools.

[22] These diagnoses and related conditions are not exhaustive of the possible conditions that can result from a particular cause. This table only indicates the nature of disease aetiology that were found in the patients that were observed and the table also indicates the possible disease aetiologies that exist in Yoruba traditional health care which do not exist within the paradigm of the Western healthcare.

4.4 Preventive and Treatment Methods of *Àmódi*

The findings in this study differ from the views held in Western method of healthcare where *àmódi* is so far classified as a psychiatric condition and "there is certainly no agreement throughout the world as to what types of problems should be included as psychiatric illness, and traditional societies in Africa are no exception" (Asuni, Schoenberg and Swift, 1994:42).

In the words of Bass and Benjamin (1993),

> Somatization should not be equated with physical complaints in the absence of organic pathology; firstly because some people present with physical complaints but also acknowledge their psychosocial problems and perhaps recognise the connection between them. And, secondly, because somatisers are liable to have at least their fair share of physical disorders, even though these do not account for their inappropriate symptoms and beliefs (p. 472).

Among the Yoruba, there are "many kinds of psychoneurotic symptoms, certain manifestations of reactive depression and a good many types of personality disorder are indeed recognized but are not considered to be mental or emotional illness" (Asuni, Schoenberg & Swift, 1994:42). This is because the Yoruba often do not make a clear distinction between physical disease and the psychoneurosis. That is, many conditions present diverse physical symptoms.

This is one strong reason why diagnosis is difficult if not impossible using Western diagnostic tools. Jegede, A. (2010) noted that "for someone to make health decisions, he must first believe that he [or his patients] is susceptible to that particular disease and also that the degree of susceptibility may either be severe or mild" (p. 48).

In Yoruba healthcare system, *kò sí àrùn tí kò ṣeé wò* (there is no disease that cannot be treated), because there is a distinction between *àrùn tí kò ṣeé wò* (incurable disease) and *àrùn tí ò gbọ́ òògùn* (a disease that cannot be cured with medicine) (Jegede, O. 2009:23). This distinction is possible because medicine is not the only means by which human illnesses or diseases can be cured. In the cases that were observed in this study, the treatment methods were *ẹbọ*, *òògùn/àkóse Ifá* (medicine) and *ọgbọ́n/ojú-inú* (inspiration). All the *babaláwo* interviewed express a common belief that the diseases that are not treatable with medicine will respond to *ẹbọ* or *ètùtù*.

The *Ifá* literary corpus, for the *babaláwo*, contains all the possible referrals needed for diagnosis and treatment of all diseases. This therefore means that there is no new disease; every disease that exists, had existed at one time in history and had also been treated at some point. All of these are believed to be contained in *Ifá* literary corpus. That is why *Ifá* divination is a consultation with the past record of diagnosis and treatments, just as practitioners of Western medicine consult with records of past cases.

Morakinyo (1983) described the *Ifá* literary corpus as "an ancient well preserved oral literature, which serves as the basis of a highly systematized and effective traditional healing system used by the Yoruba people" (p. 87).

This record exists because *Ọ̀rúnmìlà, Ọba atáyé ṣe* (the king who repairs the world) made a pact with the evil forces when they were sent down to the world from heaven as a consequence of their sin. The *ajogun ibi* (malignant spirits) agreed not to attack human on the condition of an appeasement. The *Ifá* literary corpus contains the different interventions of *Ọ̀rúnmìlà* whom they had given hints on how to prevent and cure the scourges of their attacks, through the use of *Ikin* and *ọ̀pẹ̀lẹ̀* (*Ifá* divination tools), *ẹbọ* (sacrifices) and *àkóse-ifá* (medicinal preparation). These three elements now form the basis of diagnosis and cure of *àmódi*.

The findings of this study show that the standard treatment for somatoform disorder can be divided into preventive and curative.

These views strengthen the belief of *Awo* Ọ̀jẹ́kúnlé, a herbalist and diviner, who believes that "the concept of incurability of a particular disease does not exist in Yoruba traditional religion and medicine" (Jegede, O. 2009:23). *Babaláwo*, after chanting the *Odù* and *ẹ̀sẹ* that appear, goes on to apply the content as closely as possible to the case at hand, this is taken as the prescribed solution to the problem. Every *odù* is believed to have the diagnosis, prescription, medication and method of administration. That is why it is usually said that "*Òwe ni Ifá ń pa, ọ̀mọ̀ràn níí mọ̀ ọ́* (*Ifá* speaks in parables, only the priest deciphers them)" (Jegede, O. 2010:46).

4.4.1 Preventive Treatments

Bí òní ṣe rí, ọ̀la kìí rí bẹ́ẹ̀, níí mú kí babaláwo dá Ifá ọ̀ọ̀rún, wọ́n wá ní kìí ṣé ọ̀ọ̀rún mó, bí kò ṣe ní oojúmọ́ (Divination is done weekly because each day has its problem; but now in our days, divination is done daily, not weekly anymore). For the Yoruba people, divination helps to protect humans from the attacks of *ajogun* and *àjẹ́*, and it helps to avoid things that would have resulted from *àì-kò-béèrè*.

Ifá literary corpus contains many cases of the intervention of *Ifá* in what would have been attacks from the evil ones. Abimbola (1976) narrated a story about a man named *Óndèsè* who would have been besieged by *Ikú* (death) and the other *ajogun* but for the prescription by his *Ifá* priest who painted him with the juice of *ibùjé* (*Randia maculate*, used in making blue-black tattoo marks on the face and on the body). This juice turned *Óndèsè*, a light-complexioned person, into a black man. When the *ajogun* arrived in his house, they could not recognise him because of the change in his complexion, and so was spared affliction (p. 160).

Jegede, A. (2002) noted that, for the Yoruba, the concept of preventive and curative care is situated in their day-to-day existence that is informed by their health beliefs. "The average Yoruba man would also try by every means to avoid any violation of taboos, so that he could maintain a good relationship with the supernatural beings" (Jegede, A. 2002:325).

Preventive Measures against *àmódi*:

a) *ẹ̀bẹ̀/ìyọ́nú àjẹ́/àwọn àgbà* (appeasing supernatural powers/witches)

b) *Ṣó ara fún èèwọ̀* (avoid taboos)[23]

c) *Ìwà pẹ̀lẹ́* (good character /gentleness)

d) *Ìmọ̀-ìwọ̀n ara ẹni* (not going beyond one's bounds), *Ìkóra-ẹni-ní-ìjánu* (one being cautious or showing restraint), etc. All these will protect one from *àwọn ìyà mi* (witches).

e) *Ètùtù* (sacrifice) are required to satisfy whatever is needed for one's safety.[24]

f) *Egbò-igi ìyọ́nú/ ẹ̀bẹ̀ àwọn àgbà, tí wọ́n fi ma ń fi ènìyàn ṣe ọmọ* (herbs that protect against the attack of evil forces)

g) *Ẹsẹ̀ nbálè/ Ìkọsẹ̀-wáyé* (divination at birth to find out what a child will become)

(a) Èbẹ̀/ìyọ́nú àjẹ́/àwọn àgbà: *Èbẹ̀* (appease of supernatural powers/witches) is used "for protection against witchcraft poisoning and making sure that all medicine retain their potency." (Osunwole, 1989:228) *Èbẹ̀* is also a form of appeal to *Olódùmarè*, a divinity or a force, as a means of reaching out to possible sources of diseases. It is a plea to prevent the afflictions that may come upon a client or members of his/her family. This means that if patients P, Q, R, S and H who had conditions diagnosed to have been caused by *àjẹ́* had engaged in *Èbẹ̀/ìyọ́nú àjẹ́*, they would not have suffered from the conditions and experiences they went through, and if it must happen, the conditions would just have been *àlejò* (a visitor) without any power to harm the body.[25]

***(b) Ṣó ara fún èèwọ̀* (avoid taboos):** There are foods, actions and places to be avoided by certain people. For example, *Òrìṣà-nlá* does not drink palm-wine; to take palm-wine to its shrine is regarded as a taboo; and his worshippers are also expected not to touch palm-wine. In the case of *Èṣù* palm-kernel oil (*àdín*)

[23] There are foods, actions and places to be avoided by certain people.

[24] Ifaleke Ifatunmibi (Awise Oshogbo) *Eku mà ré o, òrò eku kò kíí ku díè, kí òrò mi má kú díè o; Eja mà ré o, oro eja kìí já díjú, kí òrò mi kó má se jádíjú o* etc.

[25] Wande Abimbola gave an example of a woman whom he grew up to know. The woman had some disease that made her cough for over forty years. She coughed and spat out blood all through those years, but never died, this he attributed to the power of *Èbè*. This made the disease to co-habit but not harm the woman.

should never be taken to his shrine; anyone who takes palm-kernel oil (*àdín*) near him is breaking a taboo, thereby asking for trouble upon him/herself or upon someone else (Idowu, 1996:119).

Ritual defilement may also bring about severe consequence depending on the taboo attached to different divinities. As Yoruba people say, "*bí ọmọdé bá da'lẹ̀, kí ó má da Ògún l'éèwọ̀* – if one breaks covenant at all, it must not be with *Ògún*" (Idowu, 1996:86). It is strictly advised never to break taboos especially when it concerns divinities and covenants between individuals. Once taboos are kept, diseases are prevented.

Taboos, for the Yoruba people, are known as '*a kìí ṣe é'* (things that are forbidden). It is also believed that divinities can see things done in secret and so punish whoever breaks '*a kìí ṣe é'*. This is why the occurrence of diseases or misfortunes that are not understood, inspire a belief that some things are wrong or *a kìí ṣe é* (things that are forbidden) has been committed. This study showed that patients C, D and E whose conditions were caused by *èèwọ̀* could have prevented their conditions if they had stayed away from breaking taboos

***(c) Ìwà pẹ̀lẹ́* (good character /gentleness) and *Ìmọ̀-ìwọ̀n ara ẹni* (not going beyond one's bounds):** Yoruba people believe that *Ìwà pẹ̀lẹ́* protects one from the attack of *àwọn ìyà mi* (the witches). *Ìwà pẹ̀lẹ́* is regarded as "sufficient armour against any untoward happening in life" (Idowu, 1996:162). With *Ìwà pẹ̀lẹ́*, one does not need to fear any affliction. *Ìwà pẹ̀lẹ́/rere ni èṣọ́ ènìyàn* (good character is the guard of man). Without *Ìwà pẹ̀lẹ́*, it is believed that one will be afraid needlessly about everybody and everything; every misfortune will be seen as a consequence of sin.

According to Ifaleke Ifatunmibi, (2011) *Ìwà pẹ̀lẹ́*, (good character /gentleness) guides the actions of individuals and helps to avoid moments that can incur the wrath of *àwọn ìyà mi* or any of the *òrìṣà*. *Ìwà pẹ̀lẹ́* symbolises all the virtues like *Ìwà ìrẹ̀lẹ̀* (humility), *ìsọ-òtítọ́* (telling the truth), *Ìmọ̀-ìwọ̀n ara ẹni* (not going beyond one's bounds), *Ìkóra-ẹni-ní-ìjánu* (one being cautious), etc.[26] *Ifá* literary corpus reflects this in the story of *Aníwoníkùn* in *Odù Ọ̀wọ́nrín-sedin:*

Ẹ jọ̀ọ́ rẹ̀, ẹ jẹ́ ó sá:
Ìwà wọn ni í máa lé wọn kiri
Ó dá'fá fún Aníwoníkùn
Ti yóò máa bẹ̀rù t'ọ̀sán t'òru;
Oò jẹ́ hù ìwà're,

Oò jẹ́ hù iwa àtàtà,
Aníwoníkùn, kí o yéé sá kiri bí ojo.

Leave him alone, let him run:
It is their character that chases them about.

[26] Interview with Awo Ifaleke Ifatunmibi (Awise Osogbo) on the 7th of March, 2011.

So declares the oracle about *Aníwoníkùn*
Who fears incessantly day and night;
Will you but practice good character,

Will you but practice sound character,
Aníwoníkùn, and stop running about like a coward (Idowu, 1996:162-163).

Yoruba people have a belief that *ẹ̀já* (jealousy) which is a strong reason for attacks of *àwọn ìyà mi* may result in a person's change of *àyànmọ;* the fortune or health of an individual may change for the worse. For example, among the Yoruba, it is believed that, if in the process of celebrating, one becomes too elaborate without remembering the poor or one consciously side tracks some people as unimportant, these actions, though not directed at hurting anybody, can warrant punishment from *àwon ìyà mi*.

Afflictions that result from this kind of occasions can be avoided if one employs the virtue of *Ìkóra-ẹni-ní-ìjánu* (being cautious). It is believed that *àwọn ìyà mi* live around like regular human beings and this makes it easy to offend them. Yoruba people believe that if one is cautious, he/she will be able to avoid diseases that are not natural in their causation.

From the findings of this study, if patients I, J, K, L, M, N and O who suffered affliction as a result of *ìwà-búburú*, had been better behaved, their conditions would have been prevented.

***(d) Ètùtù* and *ẹbọ* (ritual and sacrifice):** For the *babaláwo*, *ètùtù* and *ẹbọ* are required to satisfy or appease the things that are needed for one's safety. Sacrifices are expected to be offered to *òrìṣà* and *òkú-ọ̀run*, as these are believed to protect individuals. Yoruba people offer prayers using imageries of happenings around them. For example, "*Eku mà ré o, ọ̀rọ̀ eku kìí ku díẹ̀, kí ọ̀rọ̀ mi má ku díẹ̀ o"* (this is a rat; it never lacks. Please, don't let me be in want of anything)*; "Eja mà ré o, ọ̀rọ̀ ẹja kìí já díjú, kí ọ̀rọ̀ mi kó má ṣe já díjú o"* (this is a fish; fishes never find it difficult to navigate their way, may I never experience difficulty).[27]

Jegede, A. (2002) noted that to prevent the interference of evil machination, "certain sacrifices (*ètùtù*) must be offered as may be directed by the oracle (*Ifá)* through a diviner *(babaláwo*)" (Jegede, A. 2002:324).

It is a popular saying among the *babaláwo* that "*ikú kìí jẹ oúnjẹ ẹni, kí ó tún pa'ni"* (death does not eat a person's sacrifice/food and still kill the person). This expresses the power of *ètùtù*. All the *ajogun*/*ẹ̀mí-àìrí*

[27]Interview with Awo Ifaleke Ifatunmibi (Awisẹ Osogbo) on the 7th of March, 2011

(unseen spirits) do not function without the knowledge of *èṣù* (devil). This brings about the belief that with *ètùtù* or *ẹbọ, èṣù* can keep *ajogun/ẹ̀mí-àìrí* (unseen spirits) away from harming people[28].

There is a narrative that depicts *Ọ̀rúnmìlà* as a protector of his devotees. It is also a prayer addressed to *Ọ̀rúnmìlà,* imploring him to shield his devotees from evil.

Òní l'òní Onísìn ìko,
Ọ̀la l'ọ̀la Ọ̀bàràmòjè;
Ọ̀tunla ọmọ ìyá ẹ̀,
Bí ó wá,
Bí ò wá,

Ẹnìkan ò mọ̀.
A díá fún Ọ̀rúnmìlà
Ifá ó ràtà b'ọmọ ẹ̀
Bí igún Ìgemò.
Èwí m'lé Adó,

Ifá, ràtà bò mí,
Ibí pọ̀ lode.
Àgbárá níí ràtàá bo yanrìn lódò.
Ifá, ràtà bò mí,
Ibí pọ̀ lode

Ètìpón-olá níí ràtàá bo'lè.
Ifá, ràtà bò mí,
Ibí pọ̀ lode.
Ìhùùhù ladìẹ fìí ràtà b'ọmọ ẹ̀.
Ọ̀rúnmìlà, ràtà bò mí,
Ibí pọ̀ lode.

Today is the day of *Onísìn ìko,*
Tomorrow is the day of *Òbàràmòjè,*
The day after tomorrow, its kinsman,
Whether it will come,
Whether it will not come,

Nobody knows.
Ifá divination was performed for *Ọ̀rúnmìlà*
Who sheltered his children
Like the vulture of *Ìgemò*.
Èwí in the city of *Adó,*

Ifá, shelter me,

[28] There was a case of a young man who came for divination and in the process of divination, it was found that he was to become impotent at a point in his life; sacrifices were made to forestall the future occurrence. This happened during one of my visits to Ifalowo Ifakayode Oyasogo on the 7th of March, 2011.

There are many evils outside.
It is the torrent which covers up sand in the river.
Ifá, shelter me,
There are many evils outside.

It is *Ètìpón-olá* vegetable which covers up the earth.
Ifá, shelter me,
There are many evils outside.
The hen shelters her children with her feathers.
Ọ̀rúnmìlà, shelter me,

There are many evils outside (Abimbola, 1976:153).

All the *babaláwo* that were interviewed held that *ètùtù* or *ẹbọ* could have served as preventive in all the cases observed, this was to show the power and importance of *ètùtù* or *ẹbọ* among the *babaláwo.*

***(e) Egbò-igi ìyọ́nú/ẹ̀bẹ̀ àwon àgbà, tí wón fi ma nfi ènìyàn se ọmọ*, (herbs that protect against the attack of evil forces):** There are different known herbs that protect people from the attacks of *àwon ìyà mi*. Yoruba people believe that *Èpo Ọ̀bọ̀* (the bark of *Ọ̀bọ* tree *Spondianthis prussii*) has some antidotes against the attacks of witches. "*Àjẹ kìí rorò kó je eérú, Àjẹ kìí rorò kó je Ọ̀bọ* (no matter how powerful a witch is, it dares not consume ashes or *Ọ̀bọ*) (Elebuibon, 2008:121). There is also '*Àjẹ kò bàlé*' (*Croton zambesicus*) it literally means witches do not perch on it. '*Má fi owó kan ọmọ ò mi'* (*Solanum dasphyllum*) which literally means, do not touch my child. The above are identified root and herbs that are taboos for "*àwon ìyà mi/àwon àgbà*" these herbs and root when burnt and mixed together is usually taken with hot drink or they could be pound with soap and used for therapeutic baths. It is believed that once one takes this mixture, one is protected against the attacks from witches.[29] It is believed that these herbs and root could have prevented the conditions found in patients P, Q, R, S and H.

***(f) Ẹsẹ̀ nbálè/Ìkọsẹ́-wáyé* (divination at birth to find out what a child will become):** Among the traditional Yoruba, it is believed that "on the third day after a child's birth, the oracle is consulted. This rite is called *ìkọsẹ́-wáyé* or *ẹsẹ̀ n táyé* - the first step into the world" (Idowu, 1996:192). The rite is meant to find out what sort of child and what sort of destiny he/she has chosen. If there are things to be corrected, the rite will guide in the process of correcting whatever is wrong. The rite will also help to know what is meant

[29] Interview with Awo Ifalowo, at his residence in Oko, Osun state on the 7th of March, 2011.

to be the child's taboo so that it can be avoided. *Ìkọsẹ wáyé* or *esẹ̀ n tayé* is a way of avoiding sickness or conditions that may affect the future of the child. According to *Odù ire Ògúndá ta túrà:*

Orí rere níí ṣègùn ọ̀tá
Orí àìsàn n l'ọ̀tá di ni àdìpa
It is a good head that overcomes the enemy
It is the defective head that the enemy renders permanently impotent (Jegede, A. 2002:324).

This practice is common among the Yoruba because

> it helps people to understand and predict the future personality of a child. This then provides clues about the specific taboos to be observed and the rituals necessary for the care of the child, and also helps them to prepare the child for a prosperous and fulfilled life. This is not just a myth but has implications for its application in modern health care (Jegede, A. 2002:325).

This could have prevented the condition found in patient T.

4.4.2 Curative Treatments

Curing *àmódi* has never been a bone of contention among the *babaláwo*. They believed that *Ifá* literary corpus contains both the diagnosis and the prescriptions for treating every kind of disease. What the *babaláwo* does in treating *àmódi* is to follow the lead of divination through the relevant *Odù,* after which he follows the prescription found in the *Odù*. "All his remedies are set in the context of the *Odù*" (McClelland, 1982:104).

The prescribed treatment may consist of herbal remedy, which usually contains both healing abilities as well as spiritual significance. In traditional Yoruba healthcare paradigm, it is believed that difficult illnesses do not occur without traceable causes, which may either be through spiritual or social imbalance. "On many occasions, the message of divination does not only concern the clients, but also their friends, acquaintances and relatives, including their ancestors. The *babaláwo* takes into consideration the clients' life and the entire family as well as social setting" (Tella, 1978).

Mbiti (1969) noted that, "diseases attributed to both naturalistic and supernatural causes can be treated by traditional healers who exist in each African village" (p. 160). Given this belief, a traditional healer is seen as:

> a person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background as well as on the knowledge, attitudes, and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability (Ampofo and Johnson-Romauld, 1978:39).

From the findings of this study, curative treatment of *àmódi* is in three major parts. All the *babaláwo* that were interviewed for this study have knowledge of these three levels of treatment. Abimbola (2011) described these three levels as three siblings in the Yoruba medical paradigm, *ẹbọ l'ẹgbọ́n* (*ẹbọ* is the oldest), *òògùn l'àbúrò (òògùn*/medicine is younger*), Ifá dídá/ọgbọ́n/ojú-inú l'ọmọ iyèkan won lénjẹ lénjẹ* (inspiration).[30]

(1) *ẹbọ* (sacrifice)
(2) *òògùn* (medicine)
(3) *ọgbọ́n/ojú-inú* (inspiration)

(1) *Ẹbọ* (sacrifice): According to Ifasesan Ojekunle, (2011) *Ifá* literary corpus teaches that '*Ifá kìí bale kí o má yan ẹbọ'* (there must always be a recommended sacrifice for every time divination is made). Offering of sacrifice is a very important aspect in *Ifá* divination practice. Whether the message of *Ifá* is good or bad, the inquirer must offer a sacrifice, because it is believed that a sacrifice will help the inquirer dispel the evil. In most cases, the clients perform prescribed sacrifices so that they may have the support and approval of the deities in their undertakings. When divining for a client, the *babaláwo*, in the course of narration comments on the client's compliance as follows;

O gbọ ríru ẹbọ
O rú
O gbọ eru atukesu
O tu
O gbọ ikarara ẹbọ ha fun un

He was asked to perform a sacrifice
He performed it
He was asked to make a sacrifice to *Èsù*
He did so
His sacrifice was readily accepted (Abimbola 1968:21.39).

The material constitution of *ẹbọ*, can consist of goat, dog, pigeon, fowl, red-oil, beans, eggs, piece of white cloth to keep the soul at rest and in agreement with the ancestors and gods. (Abimbola, 1983:7) *Ẹbọ*, in particularly is why *babaláwo* cannot be called "*adá un se*" (one who acts alone). They are known as *olórìsà* (one who relates with the divinities). According to Abimbola, (2011) "*ẹbọ jẹ́ ohun ìránsẹ́, ẹbọ jẹ́ ìtọrẹ òrìsà, tí a ma nfi lo àwon òrìsà tí ó jáde nínú odù* (*ẹbọ* is a code of communication, it is used to ask for help from the divinity prescribed in the *Odù*).[31] With *ẹbọ*, it is strongly believed that whatever is sought will be received.

[30] Interview with Wande, Abimbola at his residence in Oyo, on the 23rd of Feb.,2011.
[31] Interview with Wande, Abimbola at his residence in Oyo, on the 23rd of Feb., 2011.

Ẹbọ is a sacrifice offered to a chosen deity on two grounds. First, as the quota or contribution of the patient to his/her process of healing, second, it is to acknowledge and appease the divinity that *Ifá* would have chosen as *aládìmú* (witnesses to the affliction).

Ẹbọ may be *àkórú*, this means that all the stages and sacrifices mentioned in the *àsẹ-odù* must be performed, but if it is *ọ̀gángán*, that is, a specific sacrifice in the narrative of the *àsẹ-odù* is what is prescribed.[32] With *ẹbọ*, *Ifá* directs the patient to appease the *òrìsà* who has been identified as the *aládìmú* (witness), this is because the chosen *òrìsà* would have witnesses the affliction of the patients and so knows what to offer to appease the forces responsible for the disease. Once the *òrìsà* is chosen, *Ifá* will also direct on what to offer to the chosen *òrìsà*.

Obì, *epo*, *ẹ̀kọ* are always present, then any other specified things will be added and the procedure to follow will also be given with regard to how, where and when the sacrifice is to take place. According to Ifatayo Awogbile (2011) "*ìyọ́nú Ọlọ́run ni ènìyàn ma ntọrọ pèlú ẹbọ*" (humans look for favour from *Olódùmarè* with *ẹbọ*). This is possible because, as Ifatayo noted, no deity speaks like *Ifá*, *Ifá* sends or instructs one on which *òrìsà* to appease, because it is believed that *ajogun* will always act with the knowledge of at least one *òrìsà*.[33]

When *ẹbọ* is being prepared, the chosen *òrìsà* is invoked, and as soon as the presence of the *òrìsà* is felt, the *babaláwo* begins to narrate the story of the patient, he calls the patient by his/her name alongside the mothers name (e.g. X *ọmọ* Y); tells the reason for which they have invoked the *òrìsà*, (to grant release and ease the suffering of the patient) and then, appeal is made to the *òrìsà* to accept the items that have been brought as *ẹbọ*, stressing the past occasions that such had been used and accepted.

After that, the *babaláwo* knowing that he is not alone in the process of offering the *ẹbọ*, takes the *ẹbọ* to the prescribed venue, so that, the other agents of sacrifice can partake in the offering and join in pleading for the release and healing of the patient.[34] *Èsù* is seen as the go-between for humans. He mediates between either the *òrìsà* and *àwon ìyà mi* or between heaven and earth, he is responsible for taking *ẹbọ* to all. *Èsù* will only refuse *ẹbọ* when the *ẹbọ* is not good enough or if either the *òrìsà* or *àwon ìyà mi* refuse to accept the *ẹbọ*.

[32]Interview with Ifalowo, Ifakayode Oyasogo, on the 7th of March, 2011.
[33] Interview with Ifatayo Awogbile, on the 8th of March, 2011
[34] Once *ebo* is offered, it is expected that, agents like the air, rats, birds, dogs, lizards, even man (especially mad people and beggars) will assist in taking the *ebo* to the *òrìsà* by partaking of it. Once this happens, they join to plead for the patient's release. This process is believed to have been witnessed by the agents that took part, the earth and heaven (the chosen deity and *Olódùmarè*)

Ẹbọ is very efficacious. Abimbola, (2011)[35] noted that, *àdúrà l'ẹbọ, kò sí ohun kan tí a rú'bọ sí tí kìí dèrọ̀*. (Sacrifice is prayer; there is nothing that is not resolved after the required sacrifice is properly offered.) *Ètùtù* or *ẹbọ* cleanses out the *owó ayé* (influence of the witches) before the administration of medication. It is believed that without *ètùtù*, the medications will not be at its best in treating the patient.

For the *babaláwo* '*ẹbọ jẹ́ nkan ìránsẹ́ tí a fi má ngba ìrànlọ́wọ́ àwọn òrìsà*.' (*Ẹbọ* is regarded as a messenger that is sent to seek favour from the divinities). *Ẹbọ* is not offered to *ajogun* (evil forces), it is meant for the *òrìsà* (divinities) that help to deliver patients from evil forces and diseases. Yoruba traditional medicine places a huge emphasis on *ẹbọ* because the *babaláwo* involves *òrìsà* in the diagnosis and treatment of diseases.

In this study, all the patients that were observed performed *ẹbọ* (sacrifice) as part of their treatment. The *ẹbọ* that were performed during this study took different forms but most of them took the form of *ìpèsè* (feast) to appease. The findings of this study find expression in what Awolalu (1979) had given as an example of *ẹbọ*, according to him, a child that had been afflicted by *àwon ìyà mi*, was cured on the advice and guidance *Ifá*. The father of the sick child and the *babaláwo* prepared some water in which special leaves had been crushed. Late at night, the father took his sick child together with the concoction and few days old chick and went to *oríta meta*. There the sick child was bathed with the concoction, the chicken was swung around his head three times with prayers uttered asking the chicken to take over the sickness and die instead of the child, after the prayers, the father dashed the chicken against the ground. As soon as this was done, they both walked away without looking back (p. 135).

In this case, the chicken was used as *ìpèsè* (feast) for the forces responsible. This was to appease them, and make them release the child. It was meant to offer some kind of life in exchange for the life of the child. The chicken that was offered, substituted for the child, the chicken died instead of the child.

(2) *Oògùn* (medicine): This is the second stage of the process of treatment. It comes after *ẹbọ*. Every *babaláwo* is regarded to be a physician. He knows *oògùn* such that he can prescribe medication ordinarily without divination. After *ẹbọ*, the *babaláwo* draws from his knowledge of medicine to prescribe herbs to the patients as part of their treatment. This is done ordinarily along with the prescriptions that are revealed with divination because it is believed that the whole person should be treated; that is, both body and spirit. It is important to note also that a *babaláwo* never believes that he has reached the apex of knowledge; he keeps learning. That is why medicine is described as *Oògùn gùn* (literally, 'medicine is endlessly long'); one does not stop learning medicine and divination.

Àkọ́fámọ́fá, l'awo Àkọ́fámọ́fá

[35] Interview with Wande, Abimbola at his residence in Oyo, on the 23rd of Feb., 2011

Àkọ́-oògùn-mọ-oògùn, l'awo Àkọ́-oògùn-mọ-oògùn
Babaláwo tó kọ́'fá kọ́'fá tó ní òun ò kọ́'fá mọ́
Ti inúu rẹ ni yíò run
Oníṣègùn tó kọ́ oògùn mọ oògùn, tó ní òun ò kọ́ oògùn mọ́,

Ti inúu rẹ ni yíò run.[36]

Àkọ́fámọfá is the diviner to *Àkọ́fámọfá*
Àkọ́-oògùn-mọ-oògùn is the diviner to *Àkọ́-oògùn-mọ-oògùn*
If a *babaláwo* stops learning how to divine,
The knowledge he already has will diminish
If a healer stops learning the use of medicine,

the knowledge he already has will diminish.

In the case of *àmódi*, this second level is not only the *oògùn* that the *babaláwo* knows. *Oògùn* here is known as *àkọ́ṣe Ifá*. *Àkọ́ṣe-Ifá* is the prescription, as contained in *Odù-Ifá*, which may be supported with the *babaláwo's* general knowledge of *oògùn*. This may include herbs, animal parts or anything else that was used in the case recorded in *Odù-Ifá*.

Àkọ́ṣe Ifá (medicinal ingredients prescribed by *Ifá*) is known to only *babaláwo*. This may also include *Ifá/Ìyẹ̀rẹ̀ osùn.* According to Awo Ifasẹ̀san Ọ̀jẹ́kúnlé, there is a story about *Ọ̀rúnmìlà* and *Ọ̀sanyìn* in *Odù Ọ̀bàrà-Ìwòrì*. *Ọ̀sanyìn* was said to have outwitted *Ọ̀rúnmìlà* while coming to the world. He collected all the herbs from heaven, brought them to the earth for his use. (That is why he is regarded as the patron of herbalists and he is believed to be the first herbalist on earth.) When *Ọ̀rúnmìlà* discovered this, he went to *Olódùmarè* and reported that *Ọ̀sanyìn* had taken all the herbs. *Olódùmarè* instructed *Ọ̀rúnmìlà* to go to his backyard and there, *Olódùmarè* gave *Ọ̀rúnmìlà Igi Asàjẹ́.* Every part of this tree is useful but the most important is its powder, because it has the power to activate and make other herbs potent.

It is the powder that this tree produces that is called *Ìyẹ̀rẹ̀-osùn*. *Ìyẹ̀rẹ̀-osùn* is regarded as magical powder. This is one of the things that make the *babaláwo* more equipped than the *adáunṣe*. It is the *Ìyẹ̀rẹ̀-osùn* that is also called '*Ifá*'. It is believed that when a

[36] *Ibid.*

babaláwo prepares *Ìyẹ̀rẹ̀ osùn* (divining powder) and gives it to the patient to use, the purpose must be achieved. This is considered to be "*ajẹ́ bí idán"* (works like magic).[37]

(3) *Ogbọ́n/ojú-inú* (inspiration): Ifasẹ̀san Ọ̀jẹ́kúnlé,[38] referred to *Ọgbọ́n/ojú-inú* as the *ọgbọ́n àt'inú dá*, which is inspiration that helps to call into action, past experiences that one feels will help in the present context; it may not necessarily be the content of the prescription from the *Ifá* literary corpus.

According to Abimbola (2011), Yoruba traditional medicine attempts to eradicate diseases from the source, unlike the Western method of health care which just kills or heals diseases in particular bodies, without protecting it from future attacks. Yoruba traditional medicine has ways of curing and preventing diseases from afflicting a patient a second time. They use ẹ̀bẹ̀ and *Ọgbọ́n-inú* (experience and *Ifá*).[39]

In the following excerpt, the role of *Ọ̀rúnmìlà* in human life is likened to that of the calabash-mender. This is because he daily protects man from danger, he could therefore be said to mend human life as one mends calabash.

Pá bí ọsán jí;
Ọsan já,
Awoo won lode Ìtórí.
Akàtànpó jákùn,
Ó dòbìírì kalẹ̀.

A díí fún Ọ̀rúnmìlà,
Ifá ńlèé t'áyé Olúufẹ̀, Orò so
Bí eni tí nsogbá.
Ta ní ó wá ni t'áyée wa wọ̀nyí so?
Ewé òpèpè tilẹ̀ so.

Ọ̀rúnmìlà ní ó wá bá ni t'áyée wa wọ̀nyí so.
Ewé opepe tilẹ̀ so.
Ifá ní ó wá bá ni t'áyée wa wọ̀nyí so
Ewé opepe tilẹ̀ so.
Baraapetu ní ó wá bá ni t'áyée wa wọ̀nyí so.

Ewé opepe tilẹ̀ so.

Sudden as the snap of bow-sting;
The bow-string snaps,
Their *Ifá* priest in the city of *Itori.*

[37] Interview with Awo Ifasesan Ojukunle, at his residence in Ibadan, on the 23rd of June, 2011
[38] Interview with Awo Ifasesan Ojekunle, at his residence in Ibadan, on the 9th of May, 2012
[39] Interview with Wande, Abimbola at his residence in Oyo on the 23rd of February, 2011

When a cross-bow loses its string,
It dances all over the ground.

Ifá divination was performed for *Ọ̀rúnmìlà*
Ifá was going to mend the life of the king of Ife
As one mends a broken calabash.
Who then will help us end our lives?
Palm-tree grows leaves right from the ground.

Ọ̀rúnmìlà will help us mend our lives.
Palm-tree grows leaves right from the ground.
Ifá will help us mend our lives.
Palm-tree grows right from the ground.
Baraapetu will help us mend our lives.

Palm-tree grows leaves right from the ground. (Abimbola, 1996:154-155)

Ọgbọ́n/ojú-inú guides the *babaláwo* through the diagnosis and treatment. It is believed to be the third and essential part in the treatment of somatoform disorder/*àmódi*

4.4.3 Analysis of the Treatments for *Àmódi*

The types of preventive measures found in this study are customary and they are put in place by the Yoruba given the reality and the possibility of *àmódi*, while in the case of curative measures, the prescriptions of *Ifá* literary corpus for the treatment of *àmódi* are followed as closely as possible, in order to achieve the best result. But time and age are taking their toll on the content, method and the procedures of these prescriptions. The elements that make up *ẹbọ* are not as common and available as they were in the past. This has made it possible and necessary to supplement the elements that are not available today.

When it becomes impossible to be exact in method, procedure and elements, the *babaláwo* improvises. He does not just replace the elements with what he likes; he again goes through the process of divination, using *ìbò* to ask whether what he suggests as replacements are good enough or not. He can only go ahead when he gets a positive answer. He does this in as much as the essence of the prescription is kept.

Some of the methods prescribed are also changing; some patients were expected to physically participate in the process of *ẹbọ*, but because of the 'inconveniences' and some because of their religion, the *babaláwo* improvised for the patients. This places a big emphasis on the need to understand the causes of diseases so as to be able to relate to them. It also opens up opportunities to examine what can be changed, improved upon or replaced in the whole content and nature of the treatment procedure for *àmódi*.

The study revealed that the treatment as prescribed by the *babaláwo* is both ritualistic, given the place of *ẹbọ* and analytic given the nature of *àkóṣe Ifá* and *Ọgbọ́n/ojú-inú*. *Ẹbọ*, like the nature of *àmódi*, has no scientific explanation but is explainable culturally. *Ẹbọ* is mainly drawn from the elements that are believed

to have been the favourites of the chosen divinity just as elements that they abhor are avoided. This lends an anthropomorphic interpretation to the belief that the divinities are capable of causing *àmódi* out of anger; and so once *ẹbọ* is accepted, it means that they have been appeased and so they are once again happy.

Àkọ́ṣe-Ifá and *Ọgbọ́n/ojú-inú* were found to be analytic because many of the elements in *àkọ́ṣe -Ifá* have explainable reasons for their prescription in and out of the context in which they were prescribed. The herbs and animal parts have been found to contain healing properties that can be used for general healthcare. The same applies to *Ọgbọ́n/ojú-inú* which is made up of acquired knowledge or experience that is called into action at different occasions; it is thinking outside the box to achieve the best of healthcare.

4.4.4 Possible Problem in the Treatment of *Àmódi*

From the findings of this study, one can point out some difficulties that may occur in the process of treating *àmódi*. According to Ifaleke Ifatunmibi,[40] there can be some difficulties in treating some cases if the patient had broken or suspended the sequence of treatment as prescribed. For example, if a patient was to embark on a seven-day treatment and decided to stop after three days because he/she felt some relief, it is believed that the condition will recur; and once this happens, it is usually more difficult to diagnose and treat or more elements will have to be prescribed to achieve success.

There are also situations whereby the result of a divination may result in a 'stalemate'; that is, with or without the required *ẹbọ*, the evil will still happen. In such a case, it is usually advised to go ahead with the *ẹbọ*, because it will either reduce the impact of the event or *Olódùmarè* being *Ọba- èdẹ* (one that cannot be predicted) may decide to go ahead and free the patient totally. '*Adeja ni àwọn nkan báyìí jẹ́, ìgbọràn sàn ju ẹbọ rírú lọ'.* (Obedience is said to be better than sacrifice).

For the Yoruba, and especially the *babaláwo*, even though it is believed that there is nothing like *àrùn tí kò ṣeé wò* (incurable disease), they still attribute everything to *'orí', 'èbè'* and *'oògùn' bí a ti wípé à á rí láyé, bẹ́ẹ̀ là á rí* (whatever we have chosen to become on earth, is what we become). Everything depends primarily on *Olódùmarè* and the choice of *'orí',* in *Ọ̀ṣẹ́-Ọ̀bàrà, Ọ̀rúnmìlà* who never found it difficult to do anything started experiencing difficulty helping people simply because their *orí* chose to suffer from heaven, such that, if someone chooses to be barren, she remains barren even after several attempts to heal the person. That is, *'àyànmọ́ ò gb'óògùn'* (the choice *orí* made cannot be changed with medicine). This shows that power to change one's destiny resides with *Olódùmarè* alone.

[40] Interview with Ifaleke Ifatunmibi, the Awise of Oshogbo at his residence on the 8th of March, 2011

Generally, in Yoruba traditional healthcare practice, healing is believed to come from *Olú ọ̀run* (God or owner of the heavens) who is always regarded as the creator of the whole universe, including plants, bark, animals and mineral materials used in the preparation of medicine and the management of diseases (Maclean, 1976:289).

From the findings of this study, prescription of treatment based on observed symptoms or suspected aetiology is difficult because every case that was observed in this study did not follow a particular pattern of prescription. Conditions with similar symptoms had different prescriptions just as well as conditions with similar disease aetiologies had different prescriptions. This again brought to the fore the importance of *Ifá* divination.

For the Yoruba people, healing entails the totality of all the steps taken (physical or spiritual) by a traditional healer to restore total health of mind, body and spirit to someone afflicted with disease. This method, as the Yoruba believe, is capable of curing all forms of diseases and misfortune.

4.5 Efficacy of *Ifá* Divination on *Àmódi*

All over the world, a gradual interest shift from Western medical practices to alternative forms of healthcare has been observed among healthcare seeking individuals, especially when Western methods are not yielding required results. But it is important to add that the shift in interest is visible when there are no divinations involved. Patients seeking healthcare for diseases that are diagnosable do not usually go to the extent of divining to diagnose or treat.

Ifá divination as part of healthcare has been viewed by many to be unscientific and diabolic. It is only considered as a last resort in hopeless cases, when "nothing is more intolerable to human beings than being persistently disturbed without being able to say why or without being able to phrase the matter in such a way that some relief or control is potentially available" (Kluckhohn, 1970:254).

This study observed the willingness of patients to use *Ifá* divination as a means to diagnosis and treat their condition as well as the willingness of the *babaláwo* to treat patients considered to be suffering from *àmódi*. The study found that it is becoming acceptable because of its found efficacy as all the patients observed regained their health.

Table 4.12: Willingness and awareness of patients to use *Ifá* divination

Themes	Disposed to be treated by *babaláwo*	First-timers	Found the *babaláwo* themselves
Number	19 patients	10 patients	8 patients

(Source: Author's compilation from fieldwork)

The patients that were observed for this study were analysed based on their disposition to visit the *babaláwo* for treatment; the frequency of their visits to the *babaláwo* for treatment and how they were able to locate the *babaláwo* for treatment. Osunwole, (1989) noted that somatoform disorder or conditions known as *àmódi* are mostly the causes of the patronage of *babaláwo*; that is, "the majority of the people that patronize the Yoruba traditional healers do not consult these healers to know about their health conditions until there is a malfunction of the body system which Western method of health care cannot treat" (p. 244).

4.5.1 Disposition of Patients to Visit *Babaláwo*

In Yoruba healthcare paradigm, divination is at the highest level and in fact used when all other preliminary efforts have failed. Among the patients considered for this study, only the four patients (H, N, V and W) with disordered behaviour did not display a clear willingness to have the *babaláwo* treat them. This situation was traced to their state of mind as at the time their family members took them to the *babaláwo*. The situation was however different after their recovery. They did not reject the source of their healthcare as they willingly agreed to embark on follow-up treatments and check-ups. They were grateful to those that took them to the *babaláwo* for treatment.

First-timers: Ten out of the twenty-three patients went to the *babaláwo* as first-timers. The other thirteen had visited *babaláwo* (not necessarily the one that eventually treated them) for some other reasons before their present conditions.

Found the *babaláwo* themselves: Among the twenty-three patients that were observed for this study, eight found the *babaláwo* themselves, fifteen were linked or taken to the *babaláwo* by either friends or members of their families.

Generally, it was observed that people drag their feet to go to the *babaláwo* for treatment for different reasons. Twenty-one out of the twenty-three patients that were observed for this study practise religions different from the traditional religion of the *babaláwo*, but had to visit the *babaláwo* because of their conditions. This points to the fact that patients are willing to break the barriers set by different religions to patronise the *babaláwo* for healing even though they would usually do it in a clandestine way. Twenty-one patients were not going to announce the source of their treatment unless they trusted the person asking or if they were sure that the person asking is prepared to patronise the *babaláwo* also.

Difference in religion was noted to be partially responsible for the low public or open patronage of *babaláwo* and consequently, only few cases are known to attest to the time of recovery that occur using *Ifá* divination as a means of diagnosis and treatment.

All of the patients reported in this work have pseudo names and some almost declined interviews. Findings show that patronage still continues for two strong reasons: first, the prodding and coaxing from friends and family members of the patients to seek alternative treatment and, second, the limitation of Western method of healthcare in some areas of healthcare which is expressed in the 'informal/oral' referral of patients.

All the 23 patients were happy that they regained their health. Twenty-one wished they did not have to return to the *babaláwo* for treatment to avoid being stigmatised, even though they are willing to keep up with preventive measure.

4.6 Disposition of *Babaláwo* to Patients with *Àmódi*

Findings from the in-depth interviews point to the willingness of *babaláwo* to attend to patients suffering from *àmódi*. All the *babaláwo* that were interviewed indicated their willingness to support and help patients with diagnosis and treatment of their conditions. This is not different from what Ajayi (1996) observed by saying that "a *babaláwo* by his training and practice, is prepared to advise and guide anybody who consults him" (p. 3).

When interviewed individually, twenty-five (25) *babaláwo* insisted that their patients must go for diagnosis using Western methods before they can begin diagnosis with divination. They hold this view because they recognise that Western methods of diagnosis can be more effective in diagnosing some naturally caused diseases. It is only when the Western methods fail to diagnose the disease that they resort to divination. Some others share the view of Awo Ifalambe Ojekunle[41] who said that patients are more disposed to follow traditional prescriptions when Western methods have failed them. From their experiences, unless a patient has had an earlier experience of Western method failing, they tend to abandon traditional treatment for Western methods of healthcare following the intervention of friends or family members.

Fifteen (15) *babaláwo* said that they would go ahead with the diagnosis and treatment of any condition without first trying the Western method. Their claim is that the traditional healthcare methods are more effective. But upon further inquiry, it was discovered that economic reasons underlined their position. They usually would not want to lose any of their customers to Western trained healthcare providers.

The FGDs gave a different view from the fifteen *babaláwo* who would go ahead with divination without prior use of Western methods of diagnosis. The FGDs consensus was that patients should try out Western

[41]Interview with Oloye Araba, Ifalambe Oladejo Ojekunle, Agba Akin-awo of Ose-meji temple in Ibadan. On the 23rd of June, 2011.

method of diagnosis for conditions that are suspected to be *àmódi*. This consensus came because they felt that there will be a better justification for the efficacy of traditional healthcare practice if the Western healthcare methods fail.

Once *àmódi* is queried and diagnosed, every *babaláwo* considers it an obligation to attend to patients that come seeking healthcare, because they (*babaláwo*), in principle profess that they have been called to a life of service, whereby they are under obligation to render help to all those who seek their assistance. It is said that a *babaláwo*:

> must not refuse anybody his service on account of money – if any person is too poor to pay the customary pittance for divination, the *babaláwo* must divine for him free of charge; or if the person cannot afford the prescribed sacrifice, the *babaláwo* must take whatever he can afford and translate the will for the deed. It seems, in fact, that the *babaláwo* is under a vow of poverty, to spend himself in the service of the community, making just enough to keep himself; his real reward is being in the service of *Ọ̀rúnmìlà* (Idowu, 1996:78).

From the findings of this study, the ethical practice of 'not refusing' a patient healthcare because of *Ọ̀rúnmìlà* is no longer as pronounced as was portrayed in times pasts. But it was noted that *babaláwo* do not refuse patients either because of their 'call' or for the 'monetary rewards' that go with attending to patients. All the *babaláwo* interviewed were very disposed to offer services to any ailing client unless otherwise instructed by *àwọn ìyà mi* (the witches). This would only happen in the cases of *àkótán* (completely taken) whereby it is believed that the patient's body parts have been shared and cannot be returned.[42]

In such instances, the *babaláwo* believes that *èṣù* and *àwọn ìyà mi* have refused the *ẹbọ* that was offered. Once this happens, it simply means that there is no solution, and it is also believed that if any *babaláwo* continues to treat such a patient, he (*babaláwo*) may be punished instead, either by being killed or have the disease transferred to him.

Given all the above claims, and the belief in the power of *ẹbọ*, *babaláwo* believe that patients need them to perform *ètùtù*, *ẹbọ*, ẹ̀bẹ̀ or *ìbọ* (sacrifice to appease a particular divinity as prescribed in *Ifá* literary corpus) for there to be healing. These claims predispose the *babaláwo* to attend to patients who come to them.

4.7 The Effectiveness of *Ifá* Divination in the Treatment Process of *Àmódi*

[42] Interview with Akogun Awo-agbaye, Ifatayo Awogbile on the 8th of March, 2011. He said that there was a pact between the *àwọn ìyà mi/ọmọ aráyé*" and the *babaláwo* on what can be treated and what must be left untreated. This pact is found in the story from *Òsé-bùrètè* (*Òsé-Ìrètè*), this story is the bases for the intervention and disposition that *babaláwo* has in attending to patients with *àmódi*.

It was observed, and all the *babaláwo* that were interviewed held that healing does not begin to take place until after the *ẹbọ* is done and accepted by the *aládìmú* (the witness). Patients were observed to begin to recover only after the *ẹbọ* was performed and accepted (*kí wọ́n ṣe é, bí wọ́n ti ń ṣe é, kí ó ba lè rí bí ó ti ń rí*.). It was generally observed that there is no hard and fast rule about the time of recovery; it varied with the individual patient. This was attributed to the individual *orí*.

It was generally noted that once a proper diagnosis takes place and the prescribed treatment commenced, significant changes began and the patients were observed to improve until the completion of the prescribed treatment.

Table 4.13: Effectiveness of *Ifá* divination in treating *àmódi*

Patient	Time line before traditional treatment	Time of recovery
A	10 years	1 month
B	4 years	1 month
C	1 yr & 7 months	2 months
D	4 years	1 month
E	4 years	2 days
F	7 years	3 months
G	5 year	Same day
H	8 months	2 months
I	8 years	3 months
J	10 year	2 month
K	3 years	6-7 days
L	6 months	7 days
M	4 years	6 months
N	2 years	3 months
O	3 years	1 week
P	1 year	3 days
Q	1 year	3 days
R	2 years	2 days
S	4 years	1 month
T	2 years	15 days
U	6 months	1 month
V	Few months	1 week
W	Over 10 years	2 months

(Source: author's compilation from fieldwork)

The timing of recovery from the findings of this research varied from patient to patient. The shortest 'rate of recovery' was the same day the treatment commenced, and the longest time was six months. The variation in rate of recovery can be attributed to two main things.

First is the experience and the ability of the *babaláwo* to diagnose and treat diseases without mistakes. Mistakes may come about if a *babaláwo* lacks the required experience to tell the difference between the major cause of a disease and the resultant accidental causes of diseases. Second is that the rate of recovery may be determined by the nature of the disease aetiology. The findings from all the FGDs conducted during this study show that diseases that result from the breaking of *èèwọ̀* usually heal easier and faster once diagnosed, but diseases caused by *àwọn ìyà mi*, take longer time because they may or may not immediately accept the prescribed *ẹbọ*. This view is different from what was observed in the cases of patients P and Q who had their conditions caused by *àwọn ìyà mi;* they recovered in three days. This shows that there is no general rule for the rate of recovery.

In two patients (M and S) out of the twenty-three cases that were examined for this study, there had to be three sets of divination before total healing was recorded. Every patient that was observed in this research recovered fully based on (a) the observations made, (b) ó *tán tàbí ò kù*? and (c) the testimonies that the patients gave.

CHAPTER FIVE
SUMMARY AND CONCLUSION

5.1 Summary

The search for healthcare today reflects the Yoruba adage, which says, *ọ̀nà kan ò wo ọjà* (there are alternate methods to achieving a purpose). The dynamics of healthcare demands makes it difficult to limit healthcare to one particular paradigm. This study examined *Ifá* divination as a reliable method of diagnosis and treatment for *àmódi* (somatoform disorder).

The aim and objectives of this study were achieved and the data found show the possibility of a distinction between general diagnosis and specific diagnosis. General diagnosis represents a situation whereby a *babaláwo* is approached for any form of illness, without a prior use of Western method of diagnosis. The patient merely goes to a *babaláwo* who is a healthcare provider that is available, affordable and accessible to seek healing. Here the *babaláwo* uses any method of diagnosis at his disposal with no specific concern for what had been called incurable - *àrùn tí ò sé é wò*.

On the other hand, in a specific diagnosis, a patient goes to the *babaláwo* for the diagnosis of *àmódi* only after he/she has made attempts to use Western methods of diagnosis, with all the test results indicating none of the queried diseases. This situation is agonizing because the patient's complaints of ill-health cannot be dismissed.

The existence of *àmódi* is affirmed in this study by making a distinction between *àìsàn ara* (physical disease) and *àrùn tí ò gbọ́ òògùn* (diseases that cannot be cured with medicine alone).

This study shows that *àmódi* does not have a regular pattern of symptomization. The causes of *àmódi* are understood in the worldview of the Yoruba, making it possible to employ *Ifá* divination for its diagnosis and treatment. The knowledge of the causes of these conditions makes it possible for the *babaláwo* to make prescriptions as to the line of treatment that each condition requires.

As have been noted by scholars, there are culturally understood disease aetiologies, which reflect the Yoruba traditional understanding of disease aetiologies. These disease aetiologies find their basis in the

Yoruba belief that, "*kò sí àìsàn tuntun lábẹ́ ọ̀run"* (there is no new disease). The belief that there is no new disease, strengthens the view that the *Ifá* literary corpus contains all the possible referrals needed for diagnosis and treatment of all diseases. Diagnosis in this study was found to follow the traditional principles of transference of the wisdom of the past to bear on the experience of the present. The content of *Ifá* literary corpus (*odù*) served as basis for the prescriptions that brought about the recovery that was observed in the patients that were interviewed for this study. The recovery of the patients made it possible to regard *Ifá* divination as a formidable diagnostic and treatment procedure for *àmódi*.

According to Maclean (1974) "the real value of African medicine lies not in its materials but in the methods and concepts which underlie their use. It is characterized by its ability to supply meaningful answers to questions which are relevant to patients and practitioners alike" (p. 30).

In each of the patients that were observed, the vehicles for the communication of the diagnosis were the stories told of the problem faced by a protagonist, and how he resolved or failed to resolve it. These stories were believed, hence the identification of the patients with the protagonist and the following of almost the same steps as the protagonist in the story (Olatunji, 2005:123).

The disease aetiologies that were observed in this study are not new to healthcare practitioners (both Western and African), but they are also not easily accepted. The findings of this study helped to realize that the existing objections to these disease aetiologies do not make them less real, as people still get diagnosed and treated within the context of this belief.

This research re-affirmed the strong belief of the Yoruba in the personalistic causes of diseases. The disease aetiologies diagnosed with the use of *Ifá* divination in the course of this study include: *Ìjà Èsù* - attack from *Èsù (patient 'A'), Èèwọ*[43] - taboo (patients B, C, D & E), *Orí* - one's personality soul (patients F, G, H, & S[44]), *Ìwà-búburú* -bad character (patients I, J, K, L, M, N & O), *Ayé/àjẹ* - witches (Patient P, Q, R & S), *Àì-kò-béèrè* - lack of divination (patient T) and *Ìrírí ayé* - life experiences (patients U, V & W).

[43]Interview with Awo Ifalowo Ifakayode Oyasogo on the 7th of March 2011. He narrated a story to buttress the belief that *èèwò* can cause diseases. He said there was a pastor who had children that died one after the other. Their death occurred once they attained some certain months, they had different kinds of tests, but only after divination did they find out that they were from a family of Osun devotees and this meant that, they were forbidden to eat guinea corn, they were also not supposed to have their bath with hot water. The children died once they were switched from breast milk to pap made from guinea corn. This story was known because a son of the pastor who was in his late twenties refused to eat guinea corn with Awo Ifalowo Ifakayode Oyasogo, this made him conclude that he must be from an Osun family. It took the explanation of the father, for the young man to know that that was why he had to abstain from guinea corn and hot water, so as to stay alive.

[44] Patient S fits into *orí* (one's spirit) and *ayé/àjé* (witches) disease aetiologies respectively.

In a similar way, this study observed that treatments for cases of *àmódi* are possible on two grounds: the preventive and the curative grounds. The preventive include: *ẹ̀bẹ̀/ìyọ́nú àjẹ/àwon àgbà* (appease of supernatural powers/witches), *só ara fún èèwọ* (avoid taboos).[45]*Ìwà pẹ̀lẹ*, (good character /gentleness), *Ìmọ̀ ìwàn ara ẹni* (not going beyond one's bounds), *Ìkóra ẹni ní ìjánu* (one being cautious), etc. All these are believed to have the ability and function to protect one from *àwon ìyà mi*.

Ẹbọ (sacrifices) are required to satisfy whatever is needed for one's safety.[46] *Egbò-igi ìyọ́nú/ẹ̀bẹ̀ àwon àgbà, tí wón fi ma nfi ènìyàn se ọmọ* (herbs that protect against the attack of evil forces) are required to physically shield and repel the attacks form witches. And *Esè nbálè/Ìkọsẹ́-wáyé* (divination at birth to find out what a child will become) helps to know/reveal the taboos of the new child so as to prevent the breaking of these taboos and the consequences that may follow.

At the level of curative treatment, three levels of procedure are followed for the treatment of *àmódi*. These are: *Ebo l'ègbón* (sacrifice being the oldest), *Òògùn/àkóse-ifá l'àbúrò* (medicine being younger), and *Ogbón-inú l'omo iyèkan won lénjẹ lénjẹ*, (inspiration being the youngest).
Ebo treated the spiritual and psychological aspects of the patients. *Òògùn/àkóse-ifá* treated the physical aspects of the patients and *Ogbón-inú* complemented the first two. Treatment is possible in Yoruba healthcare system because, *kò sí àrùn tí kò seé wò* (there is no disease that cannot be treated). There is a distinction between *àìsàn ara* (physical disease) and *àrùn tí ò gbó òògùn* (a disease that cannot be cured with medicine alone) (Jegede, O. 2009:23).

A traditional Yoruba person or *babaláwo* believes that, there is need to interpret situations with an awareness of the reality of spiritual principalities and powers. "The ancestors, the gods and the spirits of place, plants and animals, all have an influence on his present existence and are capable, conversely, of being manipulated to his advantage" (Maclean, 1974:31). The Yoruba traditional medicine is properly understood in its cultural context, because the way in which people respond to illness is inevitably related to the whole religious and philosophical framework in which existence is understood.

This study clearly draws attention to the fact that illnesses can be caused by both natural/explicable and supernatural/inexplicable causes and these must be brought to bear in the process of diagnosis and treatment in order to achieve total healing. All the twenty-three (23) patients were diagnosed to have been afflicted by supernatural/inexplicable causes, after which treatment commenced. At the completion of their treatments, they all confirmed full recovery. Beside each patient's testimony of wellness, final divination - *Ó tán nb'ókù?* (is this all or there is more?), was used as confirmatory tests in each of the cases studies.

[45] There are foods, actions and places to be avoided by certain people.
[46] Ifaleke Ifatunmibi (Awise Osogbo), interview on the 8th of March, 2011. *Eku mà ré o, òrò eku kò kíí ku díè, kí òrò mi má kú díè o; Eja mà ré o, oro eja kìí já díjú, kí òrò mi kó má se jádíjú o* etc.

5.2 Recommendations

Given the reality of *Àmódi* and the findings of this study as enumerated in chapter four, the researcher makes the following recommendations:

First that diagnostic tools used for chronic illnesses be expanded to include Yoruba traditional methods. This will help to capture broader disease aetiologies as found among the Yoruba.

Second, that more studies be done in the area of *àkóse-ifá* so that more light will be shed on the healing elements found in the prescriptions. This is important as the findings of this study show that *àkóse-ifá* is composed of natural therapeutic elements, which can provide strong basis for amazing discoveries in the area of traditional healthcare.

Third, that there should be a renewed effort to uphold cultural values like *ìwà rere* which have the potential to prevent *àmódi*.

5.3 Conclusion

Every healthcare provider must, of necessity, be sensitive to the concerns of his/her patients.

> He must realize that his patient has desires, beliefs, habits and patterns of association with his neighbours and the environment, all of which influence his health. The sun which shines on him, the rain which falls on him, even the composition of the very ground beneath his feet –all have a bearing on the quality and volume of sickness which may assail him during his lifetime. This type of approach is particularly important in an African setting (Oyediran and Brieger, 1989:2).

With the findings of this study, that is, the experience of illness observed in the patients and the experiences of recovery, one can categorically say that there exists disease patterns and aetiologies that are strange and not known to the Western healthcare paradigm. These disease patterns and aetiologies make diagnosis and treatment impossible using Western methods of healthcare, thereby making it imperative to search for healthcare within the healthcare paradigm that understands the manifested diseases and related aetiologies.

This study shows that *Ifá* divination operates in an alternative world-view, different from the Western paradigm. *Ifá* divination is not alone in this approach to healthcare, "homeopathy, naturopathy, and oriental medicine use different concepts of disease, based on an alternative world-view that is not easily translatable or compatible with scientific medicine. It has been difficult or impossible to map these systems onto conventional medicine or vice versa" (Fulder, 2005:5). This difficulty has not taken away the recognition that they have earned for themselves.

The pain and problems caused by *àmódi* are real and not imagined, this reality cuts across borders and interpreted differently because of the structure of the healthcare paradigm that is used in diagnosing the

existing individual cases. Within the Yoruba paradigm, *àmódi* is not limited to psychosomatic disorders. Difficult or strange conditions that do not respond to Western healthcare methods are called *àmódi* - diseases or conditions that are not easily understood or diagnosable.

With Gureje's (2004) observation that cross-national differences occur in somatic distress and that the pattern of these differences does not follow clear cultural lines even though the role of culture cannot be excluded, one cannot but begin to examine cultural responses to the problem of *àmódi*.

In most cases, the treatments of *àmódi* have no physical or direct link with the diseases being treated. Many have called the use of *Ifá* divination as a method of treatment magic, this study found the contrary. One can more certainly say that *Ifá* divination as a method of diagnosis and treatment is *àsà*, the way of life or the custom of the Yoruba people. If the principle of true diagnosis holds true, that is, if diagnosis indicates the imbalance in the operations of the body and points out what needs to be corrected, then *Ifá* cannot be dismissed since patients got healed from the diagnosis and prescribed treatment *Ifá* divination provided.

This is not the first time that ethno-scientists are studying methods of healing used for diseases that Western method cannot heal, Meveni (1997) suggested that "syndromes treated with music therapy… are those which Western pathology would place in the class of psyche-based ailments and on the psychosis neurosis" (p. 10).

The fact that *àmódi* conditions and the diagnosed disease aetiologies are real makes *Ifá* divination relevant in the search for holistic diagnosis and treatment for *àmódi*. One could say that, if these diagnoses were wrong, the treatments would have either resulted in the patients being worse off than before they went to the *babaláwo* or even dying in the process of treatment.

This study joins the previous attempts to appeal[47] for Yoruba traditional medicine to be investigated and used as a means of meeting the demands of healthcare, because *Ifá* divination was found to be a formidable diagnostic and treatment tool for *àmódi* among the Yoruba of South Western Nigeria. Its ability to distinguish between similar symptoms of *àìsàn ara* and *àmódi* no doubts transcends the practice in Western medicine.

[47] This appeal has been made by people like Good, C.M.; Hanter, J.M. & Katz, S.H. 1979.; Ademuwagun, Z.A. 1969.; Osuntokun, B.O. 1975.; Macleans U. and Bannerman, R.H. 1982.; Unschuld, P.U. 1976.

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APPENDIX ONE

ORAL SOURCES OF DATA THROUGH IN-DEPT INTERVIEWS AND FGDs

FGD/INTERVIEW DATES	NAMES OF SOURCES	AGE OF SOURCES	PLACES
10/02/2011	Abimbola, Wande		Oyo town
20/06/2011	Odeyemi, Idowu		Akure
08/04/2011	Adu, Akerele	78	Ijare
08/09/2011	Ifayemi & FGD group	50	Abeokuta
02/05/2011	Adetunji,Awofolorunso	38	Akure
07/04/2011	Aluko, A. Ifatakasi	30	Akure
05/04/2011	Ewe, Meji	70	Akure
07/04/2011	Falodun, Olokuntoye	40+	Akure
07/04/2011	Ifa Tayese	33	Akure
07/04/2011	Koledowo, Akinniyi	50	Akure
07/04/2011	Ogundolawa Iyiola	47	Akure
07/04/2011	Ojo, Gaga	50	Akure
05/04/2011	Osodi, Alaba	50	Akure
10/03/2011	Akintayo, Ifawuyi	36	Osogbo
06/05/2011	AtunbiIfa	40	Osogbo

10/03/2011	Awogbile, Awolowo	48	Osogbo
10/03/2011	Awogbile, Ifalowo	36	Osogbo
10/03/2011	Awogbile, Ifatayo	55	Osogbo
10/03/2011	Awogbile, Ojoawo	26	Osogbo
12/03/2011	Elebuibon, Yemi	70	Osogbo
08/03/2011	Ifatunmibi, Ifaleke	40	Osogbo
08/03/2011	Oyasogo, Ifakayode,	35	Osogbo
10/03/2011	Soladoye, Ifabode	34	Osogbo
10/07/2011	Ifasuwade, Olapade	45	Ibadan
03/02/2011	Ojekunle, Ifasesan	36	Ibadan
03/02/2011	Ojekunle, Ifalambe	80	Ibadan
03/02/2011	Oladejo, Ifagbemileke	45	Ibadan
03/02/2011	Oladejo, Ifakayode	50+	Ibadan
03/02/2011	Olapojuoyelo,Ifarounbi	45	Ibadan
11/08/2011	Ifagbure, Ifarinde	24	Ibadan
11/08/2011	Adiaga, Ifabamiji	24	Ibadan
11/08/2011	Ogundijo, Ifagbemiga	30	Ibadan
11/08/2011	Alalade Awoniran	30	Ibadan
11/08/2011	Oyeboade, Ifaniyi	52	Ibadan
11/08/2011	Oyegbemi, Ifaniyi	60	Ibadan

APPENDIX TWO

CASES, DIAGNOSES AND PRESCRIPTIONS OF OBSERVED PATIENTS

Group One

Patient A

Sex: female

Age: 36

Date: 10th of August, 2010

Healthcare Provider: Awo Awólọ́wọ̀

Patient 'A' went to Awo Awólọ́wọ̀ because she always felt heat in her stomach and had been to a number of hospitals. She was tested for ulcer, high blood pressure, and some other tests to find out the reason for this condition. She was also made to go through different tests to ascertain why she could not get pregnant. According to her, the doctors always told her that they could not see anything. She was told on different occasions to just go home and rest and not worry about anything.

Early in 2010, she started getting tired easily and so the doctors recommended more bed rest. After two months, she became very pale and so was given blood about every three days. But her condition got worse. Then she tried some other hospitals before she was informally/orally referred to Awo Awólọ́wọ̀ for treatment. She said she was tired of running tests because all the tests came out negative, when in fact she was dying. It was at this point that the last doctor that attended to her told her to *fi ọwọ́ ilé tọ̀ ọ́* (try the traditional care).

Since after the treatment by Awo Awólọ́, she has not received any more blood; her stomach does not get hot anymore. Three months after she had been treated, I asked her how she was doing and her response was "*ṣebí èyin náà ri pé mo ti l'óyún, mo dúpẹ́ lọ́wọ́ Olódùmarè*" (as you can see, I am pregnant, I thank *Olódùmarè*).

Diagnosis*: Odù: Òsá-Èṣù (Ìjà Èṣù* –attack from *Èṣù*)

Wọ́n á ní Ọta kìí kú, Òkè kìí rùn,
Ògìrìsákó kì ràrùn èsín,
Ọ̀pẹ̀rẹ̀kẹ́tẹ̀-ní-lédi-níí-f'ẹnu-sọ
Ló d'Ífá fún Olúṣẹ̀jẹ̀ Mògbòráyè
Tí ó ma bímọ méta là sáyè

Ìgbá tí ó ma bí ọmọ rẹ̀, ó bí ọta, òun ló s'àkọ́kọ́,
Ìgbá tí ó ma bí èkejì, ó bí òkè,
Ìgbá tí o ma bí, ẹ̀keta, ó bí ògìrìsákó, wọ́n jẹ́ ọmọ ìyá méta,
Gbogbo àwọn métẹ̀ẹ̀ta ni wọn kò gbádùn, àláfíà jìnà sí wọn, gbogbo nkan ló ń ṣe wọ́n.
Orí ń fọ́ ota, ẹ̀dọ̀ ń dun ògìrìsákó, òkè ò gbádùn.

Olúṣẹ̀jẹ̀ mògbòráyè wá lọ bá àwọn Ọ̀pẹ̀rẹ̀kẹ́tẹ̀-ní-lédi-níí-f'ẹnu-sọ,
Tí ò d'Ífá fún Olúṣẹ̀jẹ̀ Mògbòráyè
Ni ó wá wí fún wọn pé kí wọn ó dákun, kí wọn ó ṣe àánú fún òun,
Àwọn ọmọ métẹ̀ẹ̀ta tí òun bí, òun ò ti ẹ̀ mọ bí wọ́n ṣe ń ṣe,
Bí ojú ikú ni àwọn métẹ̀ẹ̀ta wà, pé ara wọn ò yá, irú nkan tí ó sì ń ṣe wọ́n, òun gan ò mọ̀.

Wọ́n ní, ẹbọ ni kí ó rú. Wọ́n bá dá Ifá, wọ́n dá Òsá-èṣù, wọ́n ní ẹbọ ni kí o mọ́ ọ rú.
Wọ́n ní, tí ó bá ti leè rú ẹbọ, gbogbo òun tí ń ṣe àwọn ọmọ rẹ̀, ni yí ó sàn pátá.

It is said that Bullet does not die, Mountain does not get destroyed,
Ògìrìsákó does not suffer from shameful disease,
Ọ̀pẹ̀rẹ̀kẹ́tẹ̀-ní-lédi-níí-f'ẹnu-sọ [It-is-the-budding-oil-palm-tree-in-the-grove-that-tells]:
The oracular principle divined for Olúṣẹ̀jẹ̀ Mògbòráyè,
Who was to have three successful children on earth,

When he gave birth, bullet was the first child,
When he gave birth a second time, it was to mountain,
When he gave birth a third time, it was to *Ògìrìsákó*, these were three siblings,
Three of them were not feeling fine; good health was far from them; they were suffering From all kinds of illnesses.

Bullet had headache, *Ògìrìsákó* had liver problem, mountain was not well.

Olúṣẹ̀jẹ̀ Mògbòráyè approached *Ọ̀pẹ̀rẹ̀kẹ́tẹ̀-ní-lédi-níí-f'ẹnu-sọ*, who divined for him.
Olúṣẹ̀jẹ̀ Mògbòráyè pleaded with them to have mercy upon him,
He does not understand the condition of his three children,
they are not well, he does not understand what exactly is wrong with them.
All three are at the point of death,

He was instructed to offer sacrifice. They performed divination; they came up with *Òsá-Èṣù;* he was instructed to keep offering sacrifice.
They said if he was able to offer sacrifice, his children would all become well again. (Source: author's compilation from fieldwork).

Interpretation:

Ifá pé ẹnití ó dá Ifá yíi, ìjà Èṣù ni Ifá rí pé ó ń ṣé, kí ó sì mọ̀ dájú pé ayé ń bẹ.

Ifá pé tí ẹni náà bá ti ń lá àlá, kí ó máa béèrè si, kí ó má sọ pé àlá lásán ni.

Ifá pé kí ẹni náà lọ fá orí rẹ̀, kí o fi oókan raá, kí ó lọ fi lé orí Èṣù.

Ifá has seen an affliction from *Èṣù*, the patient should realise that there are wicked forces.

Ifá instructed that the patient should always find out the meaning of her dreams.

Ifá instructed that the patient should cut her hair and place a coin on the statue of *Èṣù*.

The story of *Olúṣẹ̀jẹ̀ Mògbòráyè.*

Ọ̀pẹ̀rẹ̀kẹ́tẹ̀ divined for *Olúṣẹ̀jẹ̀ Mògbòráyè* when all his three children were sick. He was told that it was an attack from *Èṣù*. Sacrifice was prescribed, and as soon as the sacrifice was done, the children recovered. This means that the patient is under attack, and the source of the attack has to be appeased for there to be relief.

Prescription: *Àpáta òkété (1), Àkùkọ* (2 cocks*), Ẹyẹlé* (1 pegeon), *Alábahun* (1 tortoise), *ẹ̀kẹ̀ta, ìgbín* (snail), *Obì fún orí* (cola nut for one's head).

Ewé Ifá: *Ewé kúpèrò, ooro-adele, oro agogo, Ewé rerin komiri, Ewé dìgbòlùjà. Òpò ewé Ifá-lóko – Ewé ikúpèrò, erinrin, òdándán* and *ẹ̀tẹ̀.*

Method of Administration: All the herbs were burnt; the patient took half a spoon of the burnt herb mixed with honey every morning. (*A ó jó gbogbo rẹ̀ papọ̀, yíò ma fi oyin lá a).*

Rate of Recovery: Patient 'A' recovered after the third day; was confirmed pregnant the same month.

Group two

Patient B

Sex: Female

Age: 45

Date: 19th of February, 2011.

Healthcare Provider: Awo Ifatayọ̀

Patient 'B' had a child sixteen year before marriage, stopped being sexually active until marriage and has been married for four years. She complained of having fever and stomach ache after her marriage. It usually got worse after sex with her husband. She was made to do different tests. She once travelled to the UK for a checkup, but all the tests came out negative. She became worried about her feverish condition, but the worry became worse because the husband's family members wanted him to marry or at least have a child from another woman.

Diagnosis: *Odù: Ìwòrì-wòsà (Ó jẹ èèwò* - ate taboo*)*

Dáfirá, Alámọ̀ yí ìrì, Oní gbede àkó,
Àwọn l'ó d'ífá fún Òpìní,
Òpìní tí ń fi omi ojú ṣè bèrè ọmọ,
Wọ́n ní kí ó ṣ'ẹbọ ayé,
Nítorí Ìwọ tí kò jẹ́ kí ó rí ọmọ bí,

Kí ó sì r'úbọ
Ní'jọ́ tí ń ṣe ògbògbò àrùn,
Tí ń na ojú aláìle dide.
Rúnkùn rúnkùn, Ìwọ ni wọ́n ti fún Òpìní jẹ ní ojú òrun.
È yí tí ó jẹ́ kí gbogbo ara ó máa dun Òpìní, kí inú ó máa run ún.

Dáfirá, Alámò yí ìrì, Oní gbede àkó,
These performed divination for *Òpìní*,
When *Òpìní* was looking for a child with tears,
He was instructed to offer a sacrifice to appease the witches,
This was because of the *Ìwọ* (poison) that prevented him from conceiving,

He was also instructed to offer sacrifice
When he was suffering from multiple disorder,
And was helpless.
It was because of the *Ìwọ* that had been given to *Òpìní* in her sleep.
This made her whole body ache, and her stomach also ached.
(Source: author's compilation from fieldwork).

Interpretation:

Wọ́n ti fún Òpìní ní rúnkùn rúnkùn Ìwọ́ jẹ ní ojú òrun, èyí ni ó jẹ́ kí gbogbo ara ó máa dun Òpìní, kí inú ó máa run ún.

Ifá ni ojú ọmọ n pon eléyìí, Ifá ní tí ó bá r'úbọ, yí ò bí ọmọ. Ifá ní ẹnití ó da odù Ifá ìwòrì-wosa, ti jẹ èèwọ̀ ni ó fa àíri ọmọ bí. Tí ó bá sì ṣe èbùtù, tí ó sì mọ àwọn èèwọ̀ tí ó jẹ, tí kò sì jẹ wọ́n mọ́, yíò bí'mọ. Bákanáà, tí ó bá ṣeésẹ, ó yẹ kí eléyìí ó tẹ Ifá, kí ó le ba mọ èèwọ̀ rẹ̀.

Òpìní was given *rúnkùn rúnkùn Ìwọ* to eat in her sleep. This was responsible for the body pain and the stomach pain she experienced. *Ifá* also said that *Òpìní* did not conceive because of the taboo she ate. If *Òpìní* can offer the prescribed sacrifice and identify the taboo, she will become pregnant. *Ifa* recommended initiation into *Ifá* cult to prevent a repeat of the affliction.

Like *Òpìní*, the patient was diagnosed to have eaten something forbidden. She probably ate the taboo in her dream. She was told to stop the taboo and it was recommemded that the patient should get initiated so that she may know the taboos to avoid. She went through the process of releasing herself from the effects of the taboo, but did not get initiated since it was not necessary for the particular healing; it was only recommended as a preventive.

Priscription: *Abo'dìyẹ* (hen 2), *àkùkọ'dìyẹ* (cock 1), *eku* (rat), *ẹja* (fish), *ọtí* (hot drink), *epo-pupa* (palm-oil), *igba ọ̀kẹ́ l' ọ́nà mẹ́rìndínlógún* (thirty two thousand cowries).

Ewe Ifá: *Ewé ọmọnisẹsẹki, ìyère, ẹyin adìyẹ tí ń yé lọ́wọ́* (egg of a hen that is laying presently).

Method of Administration: The patient was given a therapeutic meal which was prepared using the the items prescribed for the sacrifice, after the preparation, *ẹsẹ-Odù Ìwòrì-wòsà* is recited over it.

Rate of Recovery: The stomach ache disappeared after eating the meal and she was confirmed pregnant the same month.

Patient C
Sex: Male
Age: 25
Date: **9th June, 2011**
Healthcare Provider: Awo Àtúnbí Ifá

Patient 'C' was suffering from skin ulcer (*egbò àdáàjimî*). This wound had lasted for one year and seven months. He complained that the wound prevented him from having girlfriends because women avoided him

once they found out that he had the wound that had grown very big and deep. This wound was around the ankle and had started affecting the way he walked. He said he had been to different hospitals and different tests had been carried out. Nothing indicated the queried causes. He said he had contemplated suicide on different occasions.

Diagnosis: ***Odù Òfún-Òdí (Àìgbọ́ ìkìlọ̀ - refusal to heed warning)***

Kèrè ni t'ilè,
Kàrántá nit'okó,
Mòdàjìà ni t'àdá,
A dífá fún Eéran,
Tí ó gba àkàkà l'ọ́wọ́ Erébè

Wón kilo fún Eéran pé,
Àwon olókó, àwon aláàdá ò ní jé kí ó gbádùn,
Ṣùgbọ́n Eéran pé orí erébè ni òun ó sa gbé.

Fearless is the poise of the land,
Sturdily ready is the poise of the penis,
Firm is the poise of the matchete
Which is the oracular principle divined for the creeping weed,
Which took over the space of ridges,

The creeping weed was warned
That the owners of hoe, the owners of cutlasses would not allow it to rest,
But the creeping weed insisted that it was going to occupy the top of ridges.
(Source: author's compilation from fieldwork).

Interpretation:

Ifá ní kí ẹni tí a dá Ifá fún má ṣe ṣe àìgbọràn, ohun tí ìbéèrè bá sọ fun pé kí ó má ṣe, kí ó má fi agídí ṣe é, kí ó má baà mú ìpalára ayéráyé wá fún un.

Ifá warned that the patient must always heed warnings to avoid misfortune.
Eéran (a type of creeping plant) wanted to take over the surface of ridges (*erébè*). *Eéran* was warned, but he refused to listen. Its refusal is responsible for the harm he always encounters when ridges are to be cultivated. At every planting season, *Eéran* is what is first removed and it is never left to take over completely, no matter how hard it tries.

Ifá warns patient 'C' never to dismiss warning. Diagnosis is that he must have been warned about some impending danger. The patient confirmed that he had been warned about his business. This means that the skin ulcer was caused by lack of heeding to warning and constant attack from where the person is presently occupying.

Prescription:

Òkété was prepared as a form of therapeutic meal, and some herbs were dried and ground into powder. This was applied on the wound and the patient added some of the pounded herbs into the water that the patient used for his bath.

Rate of Recovery: The patient's wound was totally healed within two months.

Patient D

Sex: Female.

Age: 30.

Date: 1st of February, 2010.

Healthcare Provider: Awo Ifásẹ̀san

Patient 'D' is from a family of African traditional believers, who believe in regular sacrifices to prevent attacks from possible enemies. But she was lukewarm towards the practice. She suddenly found herself not being able to sleep at night and this was accompanied with severe stomach pain. After some time, her stomach became swollen. She was thought to be pregnant; she also thought so initially. But tests showed that she was not pregnant. The x-rays also did not show that she had fibroid. She resisted traditional care, until all the tests and visits to hospitals proved abortive. She was in fact told to go try the native method before she went to Awo Ifásẹ̀san. There were three sets of divination before the whole of the effect of the disease cleared.

Diagnosis: *Odù Ìrosùn-Ogbè; Òwónrínba-túrúpọ̀n and Ogbè-atà (Ọ́ jẹ èèwọ̀* - ate taboo*)*

Ìrosùn rororo bí epo,
Ìrosùn ròròrò bí ẹ̀jẹ̀.
Ad'ifá fún Àìkúlọlá ọmọ Apẹtẹ-ẹbọ-wa-mọ́,
Ojú ẹ̀ méjèèjì 'le gogogo bi eyín alawo
Ní ọjọ́ tí ń ṣe ògbògbò àrùn,

Ti ń r'ojú àti dìde.
Ó ké sí àwọn Ìrosùn rororo bí epo, Irosun roro bí ẹ̀jẹ̀,
Wọ́n da Ifá fún un pé kí ó rú ẹbọ,
Ki wọ́n si ṣe èèwọ̀ Ifá fún un, ara rẹ̀ yíó yàá.
Wọ́n lọ gbogbo ewé Ifá pọ̀ lẹ́hìn tí wọ́n rú ẹbọ,

Àrùn náà sì kúrò ní ara rẹ̀.

Ìrosùn, crimson as palm oil,
Ìrosùn, scarlet as blood.
Being the oracular principle divined for *Àìkúlọlá*, child of *Apẹtẹ-ẹbọ-wa-mọ́,*
Who frowned his face like *Alawo's* teeth,
When he was suffering from multiple disorders,

And could not get up.
He sent for *Ìrosùn-roro-bi-epo, Irosun-roro-bí-ẹ̀jẹ̀,*

They performed divination and instructed him to offer sacrifice,
And used prescriptions from *Ifá* literary corpus that he would become well.
10 After the sacrifice, he used the prescription,

He was freed from the multiple disorders.
(Source: author's compilation from fieldwork).

Interpretation

Ìsàsí (curse); ìjà ayé (some power are responsible for the illness).

Prescriptions:

1) Ìrosùn-ogbè: ètùtù – Ẹyẹ-etu, ìgbín (snail), *epo* (palm-oil), *obì* (cola nut) *àti ẹ̀kọ* (pap)
Ewé Ifá: ewé tẹ̀tẹ̀, ewé ọ̀dúndún, ewé erinrin, ewé wọ̀rọ̀wọ́ (antidotes).
One month after this first *odù*, the patient was able to sleep, but the stomach was still swollen.

2) Owonrinba-tùrúpọ̀n: Ètùtù – Ẹran akika, àkùkọ adìyẹ , ẹ̀kọ, obì and *epo*
Ewé Ifá: Ewé àpadà (to send the curse back to its source) – the leaves were ground and 21 incisions were made on the forehead. The blood of the cock was mixed with the leaves and rubbed on the incisions. After this, the stomach went down and the patient dreamt that she was given something to eat in a gathering. At this point, she was still having pains.

3) *Ogbè-atẹ̀:* three weeks after, the last divination was made.
Ètùtù: Eku mẹ́rin, ìkó-idẹ mẹ́rin, àdan mẹ́rin, ẹja-aborí mẹ́rin.
Ifá chose Osun (deity) to be appeased, a sacrifice of *Ìgbín, ilako, obì, epo* and *ẹ̀kọ* was used for this.
After the third divination, the prescribed sacrifice was performed. The patient started letting out gas. She felt relief, her pain gone and has been well since.

Date of Commencement of Treatment: 1st of February, 2010 after four years of suffering.

Patient E

Sex: Male

Age: 35

Date: 5th February, 2011

Healthcare Provider: Awo Àtúnbí Ifá

Patient 'E' has a Christian background. He had enjoyed good health until early 2008. He had migraine that kept him away from his regular business. All the migraine drugs did not give any relief. He constantly had headaches (*Orítúlu*) that kept him awake day and night except when induced to sleep. This would usually be for an hour or two at a stretch. When all the drugs that were prescribed failed, his friends then told him that he contacted it from a junction or that it was an affliction from someone he offended. He did not take them seriously until a doctor corroborated the friends' recommendation. This then made him visit Awo Àtúnbí Ifá.

Diagnosis: *Odù Òsa-Ìrètè* (*Àìgbọ́ ìkìlọ̀* - refusal to heed warning)

Osáréte Órìn réte,
A d'ífá fún Pẹ́pẹ́yẹ o ní ìrìn rètèrètè l'ẹsẹ̀,
Ní'jọ́ tí wón ní kí ó rúbo àìsàn àìwo,
Òsá kilo fún Pẹ́pẹ́yẹ pé òun rii nínú kòbàòle kan,
Wọ́n wá to Ìrètè lọ,

Ìrètè dá Ifá, ó ní kí Pẹ́pẹ́yẹ ó rúbọ
Nítorí nkan tí ó le mú mósùn mówo báa.
Pẹ́pẹ́yẹ kọ̀, kò rúbọ.
Láti ìgbá náà ni Pẹ́pẹ́yẹ kò lè sùn tí gbogbo ilé bá nsùn.

Osáréte Órìn rete,
This divined for duck, which walks majestically,
On the day that it was instructed to offer sacrifice to prevent disease of restlessness,
Osá warned duck that he saw it going through struggle,
They went to *Ìrètè*,

Ìrètè divined divined and instructed duck to offer sacrifice,
Because of what could cause it sleeplessness and restlessness.
Duck refused to offer sacrifice.
Since then, Duck has not been able to sleep when everyone else is sleeping.
(Source: author's compilation from fieldwork).

Interpretation:

Wọ́n kìlọ̀ fún Pẹ́pẹ́yẹ pé nkan yíò ṣe é, ṣùgbọ́n kò gbọ́ ìkìlọ̀.

Ifá ní kí ẹni tí ó dá Ifá yìí, rúbọ kí ó má rí ogun àìsùn, àìwo tàbí àrùn ara.

Ifá diagnosed and warned the *Pẹ́pẹ́yẹ* (duck) of an impending danger, but duck would not listen. *Ifá* instructed that the patient should offer sacrifice because, like the duck, he was warned about an impending danger but he refused to listen.

The patient's refusal to heed warning is responsible for the headache that keeps him from sleep. If nothing is done to restore him to health, he will keep having the headache until he dies.

Prescription: *Obì* (cola nut), *orógbó* (bitter cola), *ata're* (aligator pepper) and *ẹran bẹ̀jẹ̀* (red meat).

Method of Administration: Incision was made on the forehead of the patient and the preparation from the *ètùtù* was rubbed into the incision, and medicinal soap was also prepared for him to wash his head daily.

Rate of Recovery: Two days.

Group Three

Patient F

Sex: Male and Female (A Married Couple)

Age: 40s

Date: 2nd February, 2011

Healthcare Provider: Awo Àtúnbí Ifá

Patient 'F' are a couple who had been married for over seven year. They are both in their 40s. They are Christian. The woman was never pregnant. They had been to different hospitals and have done different tests and even though the tests results were negative, they were still subjected to different treatments. They were both eager to have children. They have friends who had been treated by *babaláwo* in the past − that was how they came about visiting the *babaláwo*.

Diagnosis: *Odu Òdí- Ìwòrì (ìdádúró - delay)*

Òkú ẹja níí ṣ'ẹnu werepe sí igbá alátẹ,
A dífá fún Síèjìdé,
Èyí tí ń ṣe aya Ọ̀rúnmìlà,

Tí wọ́n ní kò ní okùn ọmọ nínú mọ́.
Ó ṣe tán, ó bí'mọ́ bíi yindin yindin,

Ewé mo ní Sèsèkîi mi,
Ṣe ni màá bá wọn bí,
Ṣe ni màá bá wọn gbépọ̀n.
Àrọ́mọ gb'ọ́mọpọ̀n niti Sèsèkí

It is a dead fish that opens its mouth carelessly on the fishmonger's tray,
Being the oracular principle divined for *Síèjìdé,*
Who is *Ọ̀rúnmìlà's* wife,
Who was said not to have a womb anymore,
But afterwards, she gave birth to many children,

Herbs are what I have, my *Sèsèkí,*
I also will give birth to children,
I also will strap children on my back.
Sèsèkí is known to have and back children.
(Source: author's compilation from fieldwork).

Interprtation:

Ọ̀rúnmìlà ké sí àwọn babaláwo "Òkú ẹja níí ṣẹnu werepe sí igbá alátẹ" kí wọ́n *wá yẹ òun ní oókan ìbò wò,* wọ́n *ní* wọ́n *ti ro Síèjìdé pin, pé kò lè bímọ.*
Ifá sọ pé kí ẹni tí ó dá Ifá má ro ara rẹ̀ pin, bí ó ti lè wù kí ó dàgbà tó. Ẹnu ayé lẹbọ, kí wọ́n *ṣọ́ra fún ẹnu ayé. Ifá ní ẹni tí ó dá Ifá kò ní àìsàn ìdádúró, ọmọ lásán ni ò ní.*

Ọ̀rúnmìlà invited *Òkú-ẹja-níí-ṣ'ẹnu-werepe-sí-igbá-alátẹ* to divine for him because his wife *Síèjìdé* could not get pregnant. *Ifá* revealed that *Síèjìdé* was regarded as a laughing stock that could not get pregnant, but that there was hope, *Síèjìdé* was still going to get pregnant even in her old age. *Òkú-ẹja-níí-ṣ'ẹnu-werepe-sí-igbá-alátẹ* warned *Ọ̀rúnmìlà* to be mindful of what people say about them, because there is power in the spoken word.

Like *Síèjìdé,* this couple had become a laughing stock. But *Ifá* said that they are not to doubt the possibility of having children, no matter their age. They were only meant to be mindful of what they do: they were to avoid people saying evil things about them. This was meant to prevent the effect of the spoken word.

Prescription: *Ẹyẹlé* (pegeon) and *ẹlẹ́dẹ̀* (pig).
Ewé Ifá: àgbo àrẹmọ. (*Ewé ọmọ ní sèsè ki/ ewe àrọ́mọ gb'ọ́mọpọ̀n*).

Administration: The herbs were cooked with the intestine of the animal used for sacrifice and the woman ate this for her release from the effect of the spoken word.

Rate of Recovery: The woman was confirmed pregnant after three months.

Patient G

Sex: Male

Age: 30

Date:

Healthcare Provider: Awo Awólọ́wọ̀

Patient 'G' is a young man who, on different occasions, had refused to get married because he could not have erection and had gone to different hospitals where tests were carried out to know if he had an infection, weak erection or if the nerves were working well. He said he was not born like that but the doctors found it hard to believe. He had had the condition for about five years.

He confessed that he had attempted suicide on a number of occasions. He had been given different types of stimulants that never worked for him. He was then directed to Awo Awólọ́wọ̀, who treated him and he regained his erection the same day and has not had the problem again.

Diagnosis: *Odù: Ìdí-'gunda (Aya ọ̀run - spiritual wife)*

Aṣọ funfun l'ó gbẹ tán ní ń sunkún ilé aláró.
Ìpìnlẹ̀ ọ̀rọ̀ ní ń sukún èkejì,
B'obìrin bá dàgbà tán,
Á máa kọminú àti rìn dé'lé ọkọ.
A d'ífá fún Jìnìjìnì tí ṣe ọmọ bíbí inú Àgbọnìrègún.

Ìdí àgádá tí ń mú adìyẹ dó'lẹ̀, wùwù ṣaradìyẹ yègbèyègbè,
A d'ífá fún Ṣàrà tí ń ṣe ọkọ Yetúndé

An old piece of white cloth itches for the place of a dyer,
The source of word itches for a second,
When a woman grows old,
She will be contemplative (*kọminu*) to treck to the husband's house.
Being the divination performed for *Jìnìjìnì*, who was the child of *Àgbonìrègún.*

Ìdí àgádá tí ń mú adìyẹ dó'lẹ̀, wùwù ṣaradìyẹ yègbèyègbè,
Being the divination made for *Ṣàrà*, the husband *of Yetúndé*
(Source: author's compilation from fieldwork).

Interpretation:

Ifá pé Jìnìjìnì ni ó bá aláìsàn tí a dá Ifá fún, aya ọ̀run ni ó sì fi ṣe é.

Ifá pé kí ẹni yìí ó rúbọ nítorí ẹni bíbí, kí ó ní ìgboyà, ogun tí ń jàá yíò ṣẹ́.

Ifá pé ẹgbẹ́ ọ̀run ni ń fi nkan ṣe ẹni tí ó dá Ifá.

Ifá pé ẹbọ ni kí ó rú, kí wọ́n má baà mú u lọ.
bí ò bá ti sí Sàrà, Yetúndé ò bá ti k'ẹ́rù rẹ̀ á re ọ̀run.

Ifá revealed that the patient has a spiritual wife who is afflicting him with fear, to prevent him from getting married on earth.
In the *Ifá* corpus, *Yetúndé* was diagnosed to have a secret spiritual husband in heaven called *Ṣàrà*. He is said to be responsible for the problem that *Yetúndé* was having on earth.
Ifá instructs that the patient should offer a sacrifice to prevent envy, and that the patient should be bold; he is bound to be free from his affliction.

Prescription: *Oyin* (honey), *abo adìyẹ* (hen), *ìgbín* (snail), and *ahun* (tortoise). These were used to prepare a meal for people to eat.

***Ewé Ifá**: egbò sapo, egbò seyo, egbò rese, ako, kanrajangba*.

Administration*:* *A ó gé e s'ínú ìgò, a ó fi ọtí schnapps si.* (A tincture was made from the prescribed herb).

Rate of Recovery: The same day.

Patient H
Sex: Female
Age: 15
Date: 15th June, 2010
Healthcare Provider: Awo Ifasẹ̀san

Patient 'H' was often found talking to herself; hit older people on their heads; bathed outside in the open till the age of 14; would frequently complain of fever, especially during the rainy season. She often woke up feeling very sick, etc. She had been taken to different hospitals for checkups and different tests were done over time as she was growing up. But she did not show any sign of improvement; the parents had lost all hope of her recovering when before she was referred to Awo Ifasẹ̀san.

Diagnosis: *Ògúndá-Àkò (Ogun àkò* - spiritual missile*)*

Eníyán bí eníyán ló wọ́n,
Èníyàn bi èníyàn ni ò suwọ̀n.
A d'ifá fún Onífin,
Ní ọjọ́ tí Onífín ń ti òde ọ̀run bọ̀ wá sí òde ìsálá ayé.
Wọ́n ní tí Onífín bá dé ilé ayé tán,

Kí ó rú ẹbọ; igba eku, igba ẹja,
Kí ó ní igba ẹyẹ;

Onífín ní, nítorí kíni?
Wọ́n ní, nítorí kí aráyé má baà fi ogun àkò mú u.

True witches are scarce in their number,
And real humans are rare indeed.
Being the oracular principle divined for *Onífin*,
On the day *Onífin* was coming to earth,
Onífin was told that once he got to earth,

He should offer a sacrifice of two hundred rats, two hundred fish,
He should provide two hundred birds.
Onífin asked what this sacrice was for?
He was told that it would prevent attacks from witches.
(Source: author's compilation from fieldwork).

Interpretation:

Nítorí ogun àkò, Onífin ti yan ẹbọ wá láti òde ọ̀run, ẹbọ yìí ni yíó lé ogun àkò jìnà.

This odù was interpreted to mean that the sickness of the patient is not ordinary, it is "*ogun àkò*" affliction. She is to offer sacrifice. The *orí* (Spirit) had chosen *ètùtù* (sacrifice) from heaven which was to prevent this *ogun àkò*.

If the parents had done the *esè n bálẹ̀* (divination to find out her destiny), they would have known that she came to the world with a sign that there are forces waiting to afflict her.

Prescription: *Ètùtù: Odindi ewúrẹ́* (whole goat), *Ewée-Ifá mẹ́rin/ akọ ewée mẹ́rin* (four leaves) *ewé rẹ́ẹ̀rín kòmí, ewée ìyàngò, ewée ṣègùn sétè, ewée ìjòyún, akólé orógbà*. All these herbs and the head of the goat that was prescribed were made into concoction.

Method of Administration: The patient was asked to drink a part of the concoction and the other half was added to water for her bath. The dress she wore on the day of the divination was also taken away from her as a symbol of removing the bad sign from the patient, and then, she had a bath in a flowing stream.

Rate of Recovery: Within two months.

Patient I

Sex: Male and Female (A Married Couple)

Age: 40s

Date: 30th January, 2011

Healthcare Provider: Awo Àtúnbí Ifá

Patient 'I' is a couple looking for children. They had been married for over 8 years before they came for treatment. The wife had been pregnant the first year after their marriage, but they lost the pregnancy. The woman never saw her monthly period and so could not get pregnant after the first one. They had been to different hospitals and done different tests, but nothing was found. They are both in their 40s and so anxious if they can still have children or not. They have been counselled to adopt children at different times in their visits to the hospitals, but they rejected the idea. They visited Àtúnbí Ifá when they heard about him on a radio programme.

Diagnosis: ***Odu Ìrosùn-Ogbè (igbéraga − pride)***

Sí bàmbà, lé bàmbà,
A d'ífá fún Oníbarà, ọmọ Asírelére,
Ó bá lọ rèé bá àwọn,
Kí ọkọ ó gbọ́, kí aya ó gbọ́,
Ńbẹ ní ile ìmîì,

Àwọn abewú ṣéṣeṣé ma s'ọkọ ara wọn (àwọn awo méta)
Wọ́n bá dá'fá fún Oníbarà, ọmọ Asírelére,
Ní'jọ́ tí ó ń fi omi ojú sùgbéré ọmọ,
Wọ́n ní kí ó má ro ara rẹ̀ pin.
Wọ́n ní yíò bí ọmọ.

Wọ́n ní kí ó tọ́jú ìgbín, igbá iyán, àwo ọbẹ̀, obì ifín,
Kí wọn ko lo sí ìdi Ọbàtálá, (ọkọ arúgbó)
Gbogbo awo ẹ báni jó, ẹ báni yọ̀, Oníbarà ma di ọlọ́mọ.

Sí bàmbà, lé bàmbà,
Being the oracular principle divined for *Oníbarà* the child of *Asírelére*,
Who went to meet,
Husband, be informed; wife, be informed,
It resides in another's house,

Hoary heads that bear no union (the three initiates/diviners)
They divined for *Oníbarà* the child of *Asírelére*
When he was crying in hope for a child,
She was told not to lose faith.
She was told that she will have a child.

She was instructed to provide snail, a calabash of pounded yam, a bowl of soup, *ifín* specie of the kolanut,
All should be taken to *Obàtálá's* shrine (husband of the aged)
All you initiates, dance with me, rejoice with me, *Oníbarà* will have a child.

(Source: author's compilation from fieldwork).

Interpretation:

Àrùn ìgbóná inú ni Ifá rí, òun ni ó ń yọ Oníbarà lẹ́nu; ọmọ ìdí òrìṣà ni ó mu, tí inú rẹ̀ fi tutù tí ó fi di ọlọ́mọ, pẹ̀lú ewé-Ifá.

Ifá ní kí ẹnití a dá Ifá fún yi ó rúbọ, kí ó sì ní ìgbàgbọ́, Ifá ní ẹnití a dá Ifá fún yìí, ń fi iyè méjì bá ẹlẹ́dàá rẹ̀ lò ni kò jẹ́ kí ó bí'mọ. Ó ń fi ojú kéèré nkan tí yíò tán ìṣòro rẹ̀.

Oníbarà, invited *Kí-ọkọ-ó-gbọ́-kí-aya-ó-gbọ́, Ńbẹ-ní-ile-ìmîì, Àwọn-abewú-ṣéṣeṣé-ma-s'ọkọ-ara-wọn*, (these were three divivers) to come and help him divine over the issue of his childlessness. They told *Oníbarà* not to lose hope that he was still going to have children. He was told never to stop trying.

Ifá diagnosed stomach disease. This was what was wrong with *Oníbarà*. She was told to drink from the water that was kept in a shrine along with some medicinal herbs, these brought her healing, and she had a child.

Ifá instructs that the patient should have faith. She is not to doubt her prescription and think it insignificant in comparison to her affliction.

Prescription*: Pẹ́pẹ́yẹ* (duck), *eku* (rat), *ẹja* (fish), *obi* (kola nut), *orógbó* (bitter kola), *ìgbín* (snail), *igbá iyán* (calabash of pounded yam), *àwo ọbẹ̀* (a bowl of soup). These items were used to prepare a feast to appease the cause of this condition.

Ewé Ifá: *àgbo arẹmọ* (childcare herb).

Rate of recovery*:* Patient 'D' was confirmed pregnant after three months of treatment.

Patient J

Sex: Female

Age: 45

Date: 20th January, 2011

Healthcare Provider: Awo Àtúnbí Ifá

Patient 'J' had been married for 10 years and was never pregnant. She was so worried about her age and her husband's family members were not helping issues. She had been to different hospitals and all the test results showed that she was healthy. She was never sexually active until she got married. Given her age, she was afraid that her chance of having a child was limited. She had tried treatments in and outside Nigeria before going to Àtúnbí Ifá. (It was very difficult getting an audience with this patient at first.)

Diagnosis: *Odù Ọ̀wọ́rín-Ogbè (ilẹ́ dídá - betrayal)*

Bóroyín awo òde Ìdó,
Òdòrombì awo òde Ìjèṣà,
Èrìgìdúdú níí ṣ'awo ìlú Sakurunmo.
Onítekuntekun, awo Èlùjù,
Ló dífá fún Onítekuntekun,

Ní'jọ́ tí ń fi ojú sùgbérè ọmọ.

Bóroyín, Ifá initiate of *Ìdó* Town,
Òdòrombì, Ifá initiate of *Ìjèsà* Town,
Èrìgìdúdú was the *Ifá* initiate of *Sakurunmo* Town.
Onítekuntekun, Ifá initiate of *Èlùjù,*
These divined for *Onítekuntekun,*

When she was weeping in want of a child.
(Source: author's compilation from fieldwork).

Interpretation:

Ilẹ́ dídá ni ó da Onítekuntekun láàmú tí kò fi tètè rí ọmọ bí, Èṣù ni ó dínà ọmọ mọ́ ọ, nígbàtí ó bẹ Èṣù, ó bí'mọ.

Onítekuntekun was suffering from the consequence of betrayal. *Èṣù* was responsible for this affliction. When she pleaded with *Èṣù*, she had a child.

Onítekuntekun was always found weeping because she had no child. After divination, she was told that she had abandoned someone (*Èṣù*) after promising him marriage in her past relationship. The fact that she broke her promise was responsible for her childlessness. She was told to go and make reparation. She was to appease the person. In fact, it was better to return to the relationship if it was possible.

Patient 'E' was diagnosed to have discriminated against someone she had dated earlier in her life. It was diagnosed that the man was responsible for her childlessness. She agreed to this and so was told to go and reconcile with him, but the man had died. The treatment in this case was to appease the angry spirit of the man, which she did.

Prescription: *Ètùtù* was prescribed, and this included palm oil, salt, hen, rat, and kolanut. The patient was to prepare a feast (*àsè*) for many people.

Ewé ifá: *àgbo arẹmọ.*

Rate of Recovery: The woman was confirmed pregnant after two months.

Patient K

Sex: Female

Age: 28

Date: 10th of February, 2011

Healthcare Practitioner: Awo Awólọ́wọ̀

Patient 'F' is a tailor, who had a sore on her leg. According to her, the injury started as a tiny bruise; she did not remember hitting her leg against any object. Within a short space of time, the injury got bigger and was not responding to treatment. She was asked to do different tests for diabetes and possible infections. She was also placed on different diets for over three years, but the skin ulcer (*egbò àdáàjimí*) got worse. She said she remembered the healing process got better once, but it was only for a short time, and after about two weeks, it became worse and never improved after that. She had gone to different hospitals and was tired because the wound never got healed and was becoming shameful. There had been some recommendations to amputate the leg so as to prevent the spread of the wound. But the family members kicked against this before she was referred to try traditional method. The patient herself was covering her nose the day she was brought to Awo Awólọ́wọ̀ for treatment.

Diagnosis: *Odù: Ogbè-fun (nkan oní nkan* - another person's property*)*

Ogbè fún, mìnì mìnì kanlẹ̀.
Babaláwo Ayé ló d'ífá fún Ayé ní ọjọ́ un,
Tí ó ní kí ó má gba nka pamọ́.

Ogbè fún that sooths to the depth,
Was *Ayé's* diviner who divined for *Ayé* at a time,
He instructed *Ayé* not to keep someone else's thing in his custody.
(Source: author's compilation from fieldwork)

Interpretation:

Ifá pé òbí ẹni tí a dá Ifá fún, ń tọ́jú nkan oní nkan sí ọ́dọ̀. Ifá pé kí wọ́n ó lọ dá nkan náà padà. Ifá pé nkan tí ń bẹ nílé rẹ̀ ní ń kó ogun jà á.

Ifá said that the parent of the patient is in possession of something that does not belong to them. The thing is the cause of the affliction that the patient is suffering. The item has to be returned.

When the mother of the patient was asked, she agreed to be in possession of someone's gold chain. She had borrowed it to use during her own mother's burial but misplaced it after using it. The mother was to buy the very type of chain and return it to the owner.

Prescription: *Ìgbín* (16 snails), *ọ̀pá ewúro* (bitter leaf stem), *àkùkọ* (2 cocks), *ẹyin* (7 eggs), *eku* (rat), *ẹja* (fish), *àdódó adìyẹ* (hen), *ẹyẹ-ilé* (pigeon), *ewé tẹ̀tẹ̀ ègún* (*tẹ̀tẹ̀* leaf).

Ewé Ifá: *eérú àrò; kí ó lọ mú u ní ago kan òru.*

Administration*: kí ó ro eérú yi mọ́ àdín, kí o ma fi sí ojú egbò.* The patient was to collect some ashes from the fireplace where they cook. This must be done when no one was looking. This ash was to be mixed with *àdín* (palm kernel oil). She applied this for six days and the wound was healed. She has not had to treat this wound ever since.

Rate of recovery: The wound healed within six to seven days.

Patient L
Sex: Female
Age: 21
Date: 30th of November, 2009
Healthcare Provider: Awo Ifálọ́wọ̀

Patient 'L' is a soap manufacturer. She was brought by members of her family to Awo Ifálọ́wọ̀ crying. She had a swollen private part and so had difficulty in urinating. She had been to different hospitals where different tests for sexually transmitted diseases and other forms of possible infections had been carried out. All the tests did not indicate any of the queried diseases or infections. Her condition grew from bad to worse, until it became unbearable and the doctors indirectly encouraged them to try traditional methods.

Before she was brought to Awo Ifálọ́wọ̀, the husband had been made to run the same sets of tests that Patient L had done but these tests did not reveal anything. The husband who was sexually active with her does not have any of the queried diseases. By the time they brought her to Awo Ifálọ́wọ̀, it was impossible for her to urinate by herself. She was in so much pain that she was rolling on the ground. Awo Ifálọ́wọ̀, himself confessed that he was scared that she might die.

But after the treatment started, she began to experience some relief. She was able to unirinate without shouting. Strangely, soldier ants invaded the whole house of the *babaláwo*, such that, no one could sleep in the house that night. This, for Ifálọ́wọ̀ confirmed the diagnosis that she had offended some strong person. By day break, all the ants had disappeared.

Diagnosis: *Odu: Ìrosùn-gúndá (àìkò mú àdéhùn ṣẹ* - refusal to keep a promise) *A d'ífá fún baba Ṣègudụṣègèdè, tí ó ní òun ó ba ilé ayé jẹ́,*

Ó dé ilé Lọ́jàlọ́jà, ó ba ilé wọn jẹ́, pèlú àìsàn,
Ó dé ilé Ládéládé, ó ba ilé wọn jẹ́,
Ó dé ilé Ládéládé, ó ba ilé wọn jẹ́,
Ó dé ilé Lọ́balọ́ba, ó ba ilé wọn jẹ́,

Ó wá ní níbo ló túnkù o?

Ó wá ní ó ku ilé Ọ̀rúnmìlà tí òun ó lọ,

Afẹ́fẹ́ Baba Ṣègudusègèdè ni Ọ̀rúnmìlà gbó tí ó képe àwọn
a sure irú e kan, òsásán,Bí ò lé nkan, nkan ní nle,

àwon ló dífá fún Ọ̀rúnmìlà ní ojó tí baba Ṣègudusègèdè ní òun ó ba ilé Ọ̀rúnmìlà jẹ́.

Wọn ní kí ó lọ máa tọ́jú ègbo, ẹ̀wà, àkùkọ adìyẹ, obí adìyẹ, ọ̀gẹ̀dẹ̀, ọ̀pọ̀lọpọ̀ ewé- erinrin, tẹ̀tẹ̀, òdúndún,[48]

Divination was performed for *Baba Ṣègudusègèdè,* who vowed to destroy the earth,
He went to *Lọ́jàlọ́jà's* house, and destroyed it with diseases,
He went to *Ládéládé's* house, and destroyed it,
He went to *Ládéládé's* house, and destroyed it,
He went to *Lọ́balọ́ba's* house, and destroyed it,

Then he asked himself where else to go to?

He concluded to go to *Ọ̀rúnmìlà's* house,

Ọ̀rúnmìlà caught a wind of *baba Ṣègudusègèdè's* plans and invited
A sure irú e kan, òsásán, Bí ò lé nkan, nkan ní ń lé e,

These divined for *Ọ̀rúnmìlà* when *Baba Ṣègudusègèdè* planned to destroy *Ọ̀rúnmìlà's* house.

Ọ̀rúnmìlà was instructed to prepare corn pudding, beans, cock, hen, babanna, a lot of *erinrin, tẹ̀tẹ̀, ọ̀dúndún* leaves.
(Source: author's compilation from fieldwork).

Interpretation:

Ifá ní kí ẹni tí ó dá Ifá yi má gbójú le oògùn, ẹbọ ni kí o máa rú.

Ifá ní kí wọn ó bọ Baba Ṣègudusègèdè (Bàbálóde).

Ifá warned the patient not to rely on charms; she should perform sacrifices. The patient had trusted in her charm for progress,which was why she broke her promise.

This led to the attack that the patient witnessed. The attack came in the form of *àtọ̀sí* (gonorrhea). It did not affect the husband because it was an affliction. The diagnosis indicated that the patient had broken some promises she made to an elderly man. The disease was sent to punish her as a consequence for breaking the promise she made. That was why all the previous attempts to diagnose and treat her were in vain.

[48] All these will be pounded together, with the water from *ìgbín*, and *òrí*, these are to be mixed and sprinkled around *ọ̀rúnmìlà's* house, inside and out, this is to prevent evil from entering the house, after this, *ègbo* and *àkùkọ adìyẹ* should be used to appease. This sacrifice slowed down *baba Ṣègudusègèdè* for *ọ̀rúnmìlà* to be able to finish the sacrifice. By the time baba *Ṣègudusègèdè* got to *ọ̀rúnmìlà's* house, the sacrifice was ready and so *ọ̀rúnmìlà* was able to prevent baba *Ṣègudusègèdè* from entering his house.

When the patient was asked to respond to the revelation, she confirmed that she had an agreement to pay an old man some amount of money but failed. She said she did so because she had thought that she could protect herself.

Prescription: *Àkùkọ* (2 cocks), *òkété* (1 big rat), *èso tàńgìrì* **(…).**

Ewé ifá: *Ewé oja ikoko* **(…).**

Method of Administration: Burnt and taken with schnapps.

Rate of Recovery: She felt some calm that same day, but recovered fully within a week.

Patient M
Sex: Male
Age: 32
Date: 18th of January, 2010
Healthcare Provider: Awóbóyè & Ifátúnbí

Patient 'M', unlike the other patients, is a *babaláwo* himself. His case was not observed; he reported his case and gave evidences of the tests that he had done that came out negative. He coughed and spat out blood for four years. He went to Laotech (Osun State Hospital Management Board) and the National Tuberculosis and Leprosy Control Programme in Asubiaro Ọṣogbo. There he had x-rays and PA-VIEW, but nothing was found.

He was challenged by his friends to use the traditional method.

Diagnosis: There were three sets of diagnoses, but the last one reflected the first two.
***Odu: Òsé-Òsá (Ìdúró pé òun ní agbára* - daring others)**

Aráara, Arààraa,
Òpèládùgbè,
Òkùnkún fẹ̀hìn tì sà,
A d'ífá fún Òfírí,
Ní'jọ́ tí Òfiri tẹ ilé ayé,

Tí ó ní kò sí kíní kan tí yíò ṣe òun.

Aráara, Arààraa,
Òpèládùgbè,
Òkùnkún fẹ̀hìn tì sà,
Being divination performed for *Òfírí,*

5 The day *Òfírí* stepped into the world,

And said that nothing could happen to him.
(Source: author's compilation from fieldwork).

Interpretation:

Ifá sọ pé ẹni yìí dúró ní ìdúró pé kò sí nkan tí yíò ṣẹlẹ̀. Wọ́n ní, igi tí a fi ojú rénà á ma wá gbé'ni lọ. Òfírí ní gbogbo nkan ni òun ní ní agbára, tí òun bá tẹ nkan, òun tẹ̀ ẹ́ gbé nìyẹn. Onílare, kó nkan orò ti Òfírí fún ọdún mẹ́ta, oṣù mẹ́ta, ọjọ́ mẹ́ta àti réfùréfù alè, ó padà wá béèrè ẹrù tí ó kó ti Òfírí, ṣugbọ́n Òfírí kọ̀, kò fi ẹrù Onílare sílẹ̀. Ni àwọn ìyá mẹ́ta lẹ́hìn Onílare wá fi àìsàn ṣe Òfírí.

Òfírí dared everybody believing that he was very strong and no one could withstand his power. *Òfírí* took advantage of *Onílare* not knowing that *Onílare* had three strong women behind him. These women fought for *Onílare* by afflicting *Òfírí* with undiagnosable disease.

Prescription: *Okete* (3 large rats), *ẹyẹlé* (16 pigeons), *obì àbàtà* (16 cola nut), *ọtí* (4 hot drink), *abodìẹ* (4 hens), *Àkùkọ* (4 cocks), *epo* (palm-oil), *ẹ̀kọ* (pap).

Ewé Ifá: Ewé *egele, ewé bobo awodi, eérú Alamo, eepo obo, ikun oyia, ọṣẹ dúdú.*

Method of Administratin: *fífi wẹ̀.* The patient had therapuetic baths.

Rate of recovery: 6 months.

Patient N
Sex: Male
Age: 36
Date: 6th of February, 2011
Healthcare Provider: Awo Ifásẹ̀san

Patient 'N' regularly complained of his forehead itching him as well as headaches. This made him to stop his business for about two years. His family members had taken him to different hospitals. He was in fact admitted in one of the psychiatric homes for two months. He also had gone to different traditional herbal clinics and hospitals. They all concluded that he had a mental disorder. When he came to Ifásẹ̀san he became healed.

Diagnosis: *Odu Ogbè- ìyónú (Yíyẹ àdéhùn* - breaking agreement)

Eníyán bí ènìyàn ló wọ́n,
Ènìyàn bí ènìyàn ni ò sunwọ̀n,
A d'ífá fún Ònífín,
Ònífín, ajó gb'erú, mó jòó gb'ekùn.

A good natured person is scarce
A good natured person is good
Divination was made for *Ònífín,*
Ònífín, who dances to collect slave, dances to collect lion
(Source: author's compilation from fieldwork)

Interpretation:

Ònífín ń wá ẹni ìmọ̀ràn, tí wọn ó jọ máa dá ìmọ̀ràn. Ó wá yan Fínnìntèfín ní ọ̀rẹ́, Fínnìntèfín sì ju Ònífín pèlú agbára, ni Ònífín ba yan Fínnìntèfín jẹ, kò mú àdéhùn àti fẹ́ Fínnìntèfín ṣẹ. Òun ní mú kí Fínnìntèfín fi ègún lé Ònífín.

Ònífín needed a companion or a friend and found one in *Fínnìntèfín* who was more powerful. *Ònífín* broke the agreement she had with *Fínnìntèfín*, this made *Fínnìntèfín* cursing *Ònífín*.

Prescription: *Ewé Ifá: egbò ipín, isú apépe, egbò ìtànkùn ọ̀kẹ́rẹ́, ìgbín, panumọ́ gbòrò ayaba, epo, òrí, ewé agbárí ẹtu.*

Àsèjẹ́: *Ìgbín (snail) ati ewée panumó abàfè, ewée idí, Ìkù Ìjẹ̀bú* (*Odu Ìretè-Òsé* symbol was imprinted on the ash from Ìkù Ìjẹ̀bú).

Method of Administration: *Ewée làbẹ̀làbẹ, Ewée idà òmìrìnmírín, Ewée ọ̀bẹ idẹ méjì, Ewée lógbò kíyàn (*burnt and the signature of *odù Ọ̀wọ́rín 'wòrì* was imprinted on the ash). This was added to meals.

Rate of Recovery: Three months.

Patient O
Sex: Female
Age: 50s
Date: 5th June, 2011
Healthcare Provider: Àtúnbí Ifá

Patient 'O' never had epilepsy (*gìrì arunpa*) when she was growing up, and there was no accident that could have initiated it. But the three years before she met Ifásẹ̀san were filled with many epileptic feats. According to her, she had attacks on an average of two times a week.

This made her to reduce her social life considerably. She recalled some embarrassing moments outside of her house and she was guiding against more embarrassing moments. Her children suspected spiritual attack after many attempts to treat her using Western method of healthcare. This feeling is not strange because "to many people a major convulsion suggests a spirit or devil struggling within the body" (Dada, and Odeku, 1966:155).

***Diagnosis: Ògúndá-Òtúá (Ìgbéraga* - pride)**

Ògúndá tẹ̀ túá là,
Ògúndá tẹ̀ rere l'ójú ọpọ́n,
A dí'fá fún Igi-ńlá, tí ńbẹ l'óko,
A dí'fá fún Ọ̀pẹ̀ ṣẹ̀gìṣẹ̀gì, tí ńbẹ n'ígbò.

Ògúndá emerges freely,
Ògúndá emerges unrestrained on the divination board,
Being thd divination performed for *Igi-ńlá,* who was in the farm,
Being thd divination performed for *Ọ̀pẹ̀ ṣẹ̀gìṣẹ̀gì*, who is in the jungle.
(Source: author's compilation from fieldwork).

Interpretation:

Ifá ní kí ẹni tí ó dá Ifá yìí má ṣe ìgbéraga, kí ó rúbọ tí ó bá ní ẹni tí ó ń bá fi orí gbá orí.

Ifá prescribed that the patient should not be proud. She should offer the prescribed sacrifice, in case she is struggling over something with someone.

There was an argument between *Igi-ńlá* and *Ọ̀pẹ̀ ṣẹ̀gìṣẹ̀gì*. This argument ended up in boasts about their ability and power. *Igi-ńlá* claimed that no tree gets close to it without dying. *Ọ̀pẹ̀ ṣẹ̀gìṣẹ̀gì* in turn boasted that he may not have what it takes to kill trees around it, but it lives longer than the trees around it. This boasting made the two go in search of *babaláwos* who made prescription for them to achieve what they had boasted about. *Ọ̀pẹ̀ ṣẹ̀gìṣẹ̀gì* did what was prescribed, but *Igi-ńlá* did not. *Igi-ńlá* was stripped of its leaves because it did not follow the prescription.

The patient that came for this divination was diagnosed to be involved in a boasting bout with a more powerfull person without any protection or anything to back up the boast.

Prescription: *Òbúkọ,* (male goat), *Òkété* (big rat), *ẹran ikún* (some bones were taken fom the animals that were prescribed, these bones were burnt and prepared into meals) and *àgúnmu* (powder) to be used morning and night.

Rate of Recovery: Recovered within a week.

Group Five

Patient P

Sex: Male

Age: 40

Date: 2nd of January, 2010

Healthcare Provider: Awo Awólọ́wọ̀

Patient 'P' is a painter who was once very popular but his health condition changed his fortune. He was still getting jobs but he could not cope because he was afraid of falling from a ladder as a result of his condition. He felt something moving around in his body. According to him, the object moved from his head to his hands, feet and chest. For every time he felt the movement, his body became visibly swollen and he felt the object's movement around in his body. What the researcher saw were lumps in the chest and the hands.

He had been to different hospitals where different tests were carried out. All the tests did not show that he was reacting to anything. He was placed on different diets but the painful movement continued for one year. When the object moves around in his body, it made him shake and he felt feverish. He also did different tests for malaria and had actually received treatment for malaria, but nothing changed.

With the obvious pain and suffering, he sought Awólọ́wọ̀ for healing. After the treatment, he excreted some black substance that looked like an arrow, after which the lumps disappaered.

Diagnosis: *Odu: Ìká-túrúpọ̀n (Ogun ayé-* attack from witches)

Ìká túrú ìpònhè.
A d'ífá fún Málámalà,
Tí ń ṣe Àrẹ̀mọ Onígbìíní,
Wọ́n ní ogun ń bọ̀, pé ogun tilẹ̀ ti ń jà á,
Ṣùgbọ́n kí ó rúbọ pẹ̀lú pẹ́pẹ́yẹ, abo adìyẹ, igbá iyán, àwo ọbè, igba mẹ́rìndínlógún ọ̀kẹ́,

Málámalà dé o, ògebí yíò gbe oo
Ògebíà gbemo mi jẹ́jẹ́.

Ìká túrú ìpònhè.
Being divination performed for *Málámalà,*
Who is the first child of *Onígbìíní,*

He was told that war was on the way, in fact the war was already around him,
5 He was told to offer sacrifice with duck, hen, two hundred pounded yam, bowl of soup, thirty two thousand cowries.

Málámalà has arrived, *ògebí* will favour you.
Ògebí will protect my child gentle.
(Source: author's compilation from fieldwork).

Interpretation:

Ifá pé ẹni tí o dá Ìká-túrúpọ̀n, pé àìsàn yí kò ní pa á.

Ifá ní kò ní kú, Ifá ní òkú ọ̀run ni yíò ran lọ́wọ́ pẹ̀lú ètùtù. Etutu yio tú u sílẹ̀ kúrò nínú ìdẹkùn ayé.

Ifa said the patient should not be too worried; he will not die from this ailment. He will be helped by an ancestor and, with sacrifice, he will be set free from the bondage of the witches.

Prescription*: Ìgbín* (snail 4), *àkùkọ* (Cocks 2), *pẹ́pẹ́yẹ* (a duck) *Obì* (kolanut 4) (these were used for sacrifice; the *pẹ́pẹ́yẹ* was used to appease his maker, and *ìgbín* for *òrìṣà).*

Ewé ifá*: Èso afo, sasa ngbaku, kànáfùrù, èso awogba àlùbósà, elewe egbo ayin, idi, akogun.*

Method of Administration: *inú ọtí schnapps ni a ó dà á si; short kan ní àárọ̀, ìkan l'álẹ́.* (The herbs were kept in a bottle of schnapps to make tincture and the patient took one short in the morning and another at night).

Rate of Recovery: By the third day he was well.

Patient Q
Sex: Male
Age: 28
Date: 3rd February, 2011
Healthcare Provider: Awo Ifasẹ̀san

Patient 'Q' had been having problems with blotted stomach for years, but it became a problem when he and the people around him could hear some bird-like sound from his stomach (*Inú kíkùn*). Along with this, he was losing weight and people thought that he had HIV. For a whole year, he ran different tests, but nothing was diagnosed. He said the doctors and nurses that attended to him were fascinated each time they heard the bird-like sound.

Diagnosis: *Odù Ìrosùn-Òsé (ọ̀wọ́ ayé* - attack from witches)

Ayiye, Ayiye, àgbà ẹyẹ òwùyẹ́,
Àgbà ẹyẹ kò sunwọ̀n
Tó fi de porogodo ori,
Awọn ló d'ifá fún Òrúpa Mókùn
Tí ń ṣe ọmọ wọn l'óde Ọ̀fà,

Ni'jọ́ t'ó ṣe ògbògbò àrùn,
Ó na ojú alâì le dìde.
Wọ́n ní ẹbọ ni kí o wá ṣe.

Ayiye, Ayiye, aged bird of full plumage,
Aged bird of imperfect nature
Up to the crown of its head,
These were the ones that divined for *Òrúpa Mókùn*
Who is from *Òfà* Town,

When he was suffering from multiple disorders,
That he could not rise up from his bed.
He was instructed to offer a sacrifice.
(Source: author's compilation from fieldwork).

Interpretation:

Òrúpa Mókùn ọmọ wọn l'óde Ọ̀fà rí ayé fín; ó ṣe ìgbéraga sí àwọn ayé. Nítorí ìdí èyí ni wọ́n fi sọ ọ́ di alâìsàn.

Òrúpa mókùn ọmọ wọn l'óde Ọ̀fà, was ill because he was proud in his dealings with the witches, and so was afflicted will disease. *Òrúpa Mókùn* was ill and no treatment was effective. Then he went to *Ayiye (Olúwo* of *Oke)* who divined for him. It was revealed that *Òrúpa Mókùn* was being disturbed by wtches. He offered sacrifice using *Eku ìjòfè (òkété), obi ìjoyè, ẹran ìjoyè (adìyẹ asa).*

These were kept under *Ìrókò Agunrege jege*, where the witches met. And once they accepted this sacrifice, *Òrúpa Mókùn* had a bath and remained inside his house for 15 days without being seen. This appeased the witches and *Òrúpa Mókùn* was forgiven. *(gbìpè e rẹ)*.

They concluded by saying that*:*
Láti ìgbá yí lọ, wọn kò ní ríi pa (from now onward they will not be able to kill him),
wọn kò ní ríi mú mọ́ (they will not be able to lay hold on him again)
Osó kan, àjẹ́ kan, wọn kìí pa ọmọ Ìrosùn-oṣó jẹ (no wizard, no witch, will kill the child of *Ìrosùn-oṣó*).

Prescrition: *Adìyẹ asa* (hen), *òkété* (big rat), *ọ̀pọ̀lọpọ̀ osùn* (a lot of camwood), *ọ̀pọ̀lọpọ̀ ẹ̀kọ* (a lot of pap) *pẹ̀lú ata* (pepper), *igbájè* (two hundred cowries), *owó aṣo funfun* (white piece of cloth, big enough for the patient*).*

***Ewe Ifa**: Ewé ìjòyún, ewé òwò, ewé ògé, ewée má f'ọwọ́ ba ọmọ mi- egéle funfun, ewée àjẹ́ ò bale.*

Method of Administration: *A ó gun mọ́ ọṣẹ dúdú, aláìsàn yíò fi wẹ fún ọjọ́ méẹ̀dógún.* Medicinal soap was prepared for the patient who used if for fifteen days.

Rate of Recovery: Felt relief after the third day, but had to complete the prescription.

Patient R

Sex: Male

Age: 30

Date: 15th of February, 2011

Healthcare Provider: Awo Ifátáyọ̀

Patient 'R' was having constant agonising stomach pain. Whenever the pain was experienced, the patient practically became helpless to himself. He would barely be able to talk, walk or do anything; he always wept to express his pain. He was examined for hernia, enlarged appendix, ulcer and many other conditions, but nothing was found. There was a time that the doctors wanted to recommend a surgery. They suspected intestine twist, but further test revealed that it was not. This continued for two years until he was taken to Awo Ifátáyọ̀. The patient's mother was tired of the condition. She was also crying the day that the patient was brought to Awo Ifátáyọ̀.

Diagnosis: *Odù Ìwòrì-wòfún (Ayé gbá ìfun rẹ̀ mú* - witches are holding on to his intetines*)*

Afún yinyin, Akè yinyin,
Ọláfún rinkin ní ń ṣ'awo ayé,
Èlà kìsì awo òde ọ̀run,
Ọ̀rọ̀pọ̀tọ̀ Ìjígbò awo Ọlọmọ,
A d'ífá fún Ọlọmọ, tí ń ṣe ògbògbò àrùn,

Tí ń ran ojú aláìlè dìde,
Ní ọjọ́ tí ńbẹ láàrín òṣì, tí ńbẹ láàrín ọ̀tá,
Tí ńbẹ lágbàtẹnu ọmọ ará ayé,
Wọ́n ń fi orísirísi àìsàn ṣe Ọlọmọ.
Wọ́n dè é ní ìgbèkùn.

Wọ́n ní ẹbọ aráyé ni kí ó má a rú.

Afún yinyin, Akè yinyin,
Oláfún rinkin − these are diviners of the world,
Èlà kìsì is the diviner of heaven,
Ọ̀rọ̀pọ̀tọ̀ Ìjígbò the diviner of *Ọlọmọ,*

Being divination performed *Ọlọmọ*, when he was very sick,

Was too weak to rise from his bed,
When he was in the midst of poverty, in the midst of enemies,
When he was the talk of the world,
Ọlọmọ was afflicted with different diseases,
Ọlọmọ was under bondage,

He was instructed to offer sacrifice to appease the world.
(Source: author's compilation from fieldwork).

Interpretation

Nítorí pé Ọlọmọ jẹ ọlọ́là, ni ayé ṣe ń bínú rẹ̀. Kò ṣẹ̀ wọ́n rárá. Òun ni ó jẹ́ kí wọ́n fún un ní Ìwo ojú òrun jẹ, èyí ni ó fa inúrírun.

Ẹsẹ Ifá yi ni pé ayé ló gbá ìfun eleyi mú, ẹbọ ìṣẹ́gun ni kí ó rú, kí ayé ó le sọ ìfun rẹ̀ sílẹ̀. Yi o rúbọ fún Èṣù ọ̀dàrà.

Ọlọmọ was attacked by witches because he was doing well. The forces wanted to prevent him from making further progress. He was poisoned in his sleep, which was responsible for the stomach pain.

Like *Ọlọmọ*, Patient N was diagnosed to be experiencing attack from witches who had a hold on his intestine, thereby preventing him from being well. The patient was to perform a sacrifice for his deliverance. The patient confessed to eating in his sleep like *Ọlọmọ*.

Prescription: *Ẹbọ ẹ̀rọ̀* was performed. This included *Oruko* (male goat 1), *òkété* (big rat 1), *ẹ̀kọ jíjẹ* (pap), *epo-pupa* (palm oil), *Ọti* (hot drink), *igba mẹ́wàá ọ̀kẹ́ owó* (two thousand cowries), *yíò sì fi òkété àti gbogbo ìfun inú oruko pèsè fún àwọn àgbà* (the big rat and all the intestine of the goat will be used to prepare a meal sacrifice for the witches).

***Ewé Ifá**: Ìfun àti ẹ̀dọ̀ inú òkété ni a ó kó dà sí inú ìgò, a ó da àdí ẹ̀yan síi l'órí* (the intestine of the big rat and its liver were put in a bottle and palm-kernel oil was added to it).

Method of Administration: *Yíò mọ mu ú lẹ́yìn tí a bá pe ọ̀fọ̀ rẹ̀ si.* The patient drank a tablespoon every morning after reciting the prescribed incantation for it.

Rate of Recovery: Two days.

Patient S

Sex: Female

Age: 50s

Date: March, 2010

Healthcare Provider: Awo Ifalambe Oladejo

Patient 'S' is a nurse that had battled with sudden weight loss and sleeplessness for a long time (about four years). She had done tests for HIV and high blood pressure was queried. She had some other tests done but all came out negative. She could not bring herself to try out traditional alternative therapies for about four years. She was at the point of almost losing her job when she sought treatment from Awo Ifalambe.

Diagnosis: *Odù Ogbè-sa (Ìjà Àjẹ́, nítorí pé ó kọ ọkọ rẹ̀ sílẹ̀* - divorce)

Jò òjé ní ó d'ifa fún kókó Ogbèhúnlé
Tí ń ṣe obìnrin Àbàtà,
Ní'jọ́ tí ó ń ṣe ògbògbò àrùn.
Wọ́n ní kí ó rúbọ,
Wọ́n ní ẹni kan ń bẹ tí wọ́n ti ń gbé pò,

Kí o ma baà bó sí ẹnu ibi.
Ìwòsàn yíò ba ní ibi tí ó wà.
Kí ó má kúàkiri.
Wọ́n ní kí ó gbé ẹbọ lọ sí ibi odò Àbàtà
Kí ara ó ba lè tùú, kí nkan tí ó ń ṣe é bá le kúrò lára rẹ̀.

Jò òjé, the oracular principle divined for *kókó Ogbèhúnlé*
Who is the wife of *Àbàtà,*
When she was afflicted with multiple diseases.
She was instructed to offer sacrifice,
She was told that there is somebody she had lived with,

To prevent her from getting into evil.
She will receive healing where she is,
She is not to go in search of healing.
She was instructed to take a sacrifice to *Àbàtà* river
In order to be relieved, and have her ailment removed.
(Source: author's compilation from fieldwork).

Interpretation:

Ifá ní ẹni tí ó dá Ifá yìí kò gbọdọ̀ kọ ẹni àárọ̀ rẹ̀ s'ílẹ̀, tí ó bá fi ẹni yi s'ílẹ̀, ó l'éwu. Ifá ní ìràwọ̀ àwọn méjèjì bá ara wọn mu. Wọn kò gbọdọ̀ kọ ara wọn nítorí àláfíà ara wọn.

Ifá warned the patient not to divorrce her husband, their destiny is meant to be together. They should go and settle whatever has gone wrong.

The patient confessed that she was planning to divorce her husband. She had actually moved out of her husband's house into a house she had built for herself.

Prescription: *Ẹyẹ ẹtu mẹ́fà* (6 guinea-fowl), *abo adìyẹ mẹ́fà* (6 hens), *igbaje/eru* (one thousand four hundred cowries), *eku-ẹmọ́/ẹdá mẹ́fà* (6 brown rats), *epo ìgò méfà* (6 bottles of palm-oil), *otí kan* (1 bottle of hot drink), *igba mẹ́rìndínlógún ọ̀kẹ́* (one thousand six hundred coins).

Ewé Ifá: *Ewée àlùpàídà, ewée apẹ, ewée eti oku, ewée má f'ọwọ́ ba ọmọ mi - egéle funfun, ewée àjẹ́ ò bàlé, ewée apada, ewée ẹ̀là.*

Method of Administration: *Gbẹ́rẹ́ orí àti ọsẹ* (incision on the head and soap for therapeutic bath).

Rate of Recovery: One month after.

Group Six

Patient T
Sex: Male
Age: 40
Date: 12th of June, 2009
Healthcare Provider: Awo Ifálọ́wọ̀

Patient 'T' is both a driver and a farmer. He could not walk, had pain in the knees. They appeared like they were broken bones. He had been to different hospitals and x-rays were taken, but nothing was found. He in fact got so bad that he could not walk for about two years. At some point he started losing weight and all they were giving him in the hospitals were sedatives to kill the pain he was having and pints of blood and drips. After selling all he had and could not continue with just drips and blood, he was brought to Ifálọ́wọ̀.

When interviewed, he said he had resigned to fate, wished he could die and end the suffering.

Diagnosis: *Odù Èjì-ogbè (Àṣedànù nítorí pé kò béèrè* - did not make enquiry*)*

Babaláwo tó gbọ́ Ifá ní rí ìpàkọ́ Àgbọnìrègún,
Ọ̀rúnmìlà nìkan ní rí ìpàkọ́ gbogbo ọmọ aráyé,
A d'ífá fún gbogbo ọ̀kànléníwó ọ̀kànléníwó
Ní ọjọ́ tí wọ́n ń lọ rèe tú Olú ajá ní ọjà Èjìgbòmẹ̀kùn,
Ọ̀rúnmìlà nìkan ló rúbọ.

Àwọn ìpàkọ́ onípàkọ́ là ń rí, ẹni ẹlẹ́ni ní rí t'ẹni,
Ló d'ífá, wọ́n pé kí Ọ̀rúnmìlà ó má ì tí lọ,

Pé kí Ọ̀rúnmìlà ó bọ òkè-ìpọ̀nrí rẹ̀,

Wọ́n ní kí Ọ̀rúnmìlà ó lọ já ewé arádẹ̀,

Èyí ni ó yọ Ọ̀rúnmìlà ní ewu tí àwọn ọ̀kànléníwó ọ̀kànléníwó bá pàdé.

It is an experienced diviner who spots the occiput of *Àgbọnìrègún,*

It is only *Ọ̀rúnmìlà* who spots the occiput of every human being,
Being the divination performed for all the four hundred and one divinities,
On the day they were going to release *Olú ajá* at *Èjìgbòmẹ̀kùn* market,

It was only *Ọ̀rúnmìlà* that offered sacrifice.

We spot other people's occiputs, but some other person spots ours,

Was the oracular principle divined, instructing that *Ọ̀rúnmìlà* should delay his journey,

And that *Ọ̀rúnmìlà* should sacrifice to the tip of his occiput,

Ọ̀rúnmìlà was instructed to pluck the *arádẹ̀* leaf.

This leaf saved *Ọ̀rúnmìlà* from the problems that the other four hundred and one divinities encountered.
(Source: author's compilation from fieldwork).

Interpretation:

Ifá rí àṣedànù láti ọwọ́ ayé.

Ifá pé ara ó dẹ̀ ẹ, kí ó rúbọ, Ifá pé ẹni tí a dá'fá fún yìí kò béèrè kí ó tó gbé àwọn ìgbésẹ̀ kan. Ifá pé kí ó má ṣe ṣe ọ̀kánjúwà.

Ifá diagnosed loss caused by witches.
It further revealed that the patient was not going to die. He was to perform the prescribed sacrifices. *Ifá* revealed that the patient embarked on some things without making enquiries. He is not meant to be greedy so as not to lose what he already has.
He was afflicted so that he could spend all he has on the sickness (*àṣedànù*).

Prescription: *Ẹbọ ìjákulẹ̀: òbúkọ* (male goat), *iṣu* (6 tubbers of yam), *kùmọ̀* (6 clubs), *idà* (sword), *ìkòkò* (clay pot).

Ewé Ifá*: Ewé arádẹ̀, oko*

Method of Administration: Took the sacrifice to the bush and used the club to beat everything to bits.

Rate of Recovery: Went back to give thanks after fifteen days. He has been well since.

Group Seven

Patient U

Sex: Female

Age: 40

Date: 15th of February, 2011

Healthcare Provider: Awo Ifátáyọ̀

Patient 'U' was at some peak in her life. According to her, she was very vibrant, but things changed when she suddenly noticed that she started getting tired easily. This would usually make her feel dizzy, added to this was the fact that she was losing a lot of weight. She did different tests, including the HIV test. The test results showed that she was not hypertensive, nothing else was diagnosed. Within six months she was more like a shadow of herself. She wept uncontrollably when interviewed. She felt the shame was too much for her to bear. Her friends brought her to seek treatment from Awo Ifátáyọ̀.

Diagnosis: *Odù Ògúndá-'sá (Aláìsàn ń bá ẹnìkan du nkan* - struggle over something)

Kere ni tokó, kòrò ni t'ile,
Mògàjià ni t'àdá,
A dífá fún ééran tí ó gbàkàkà lówó erébè, …
Wọ́n ní kí ééran ó rúbọ, ṣùgbọ́n kò lè dá ní lárí.
Òun ló d'ífá fún ééran àti erébè.

Sùúrù tí ó lérè ni kí ó ṣe.

Kere ni tokó, kòrò ni tile,
Mògàjià ni tàdá,
Divination was performed for creeping weed which wants to take over the ridge's space,
Creeping weed was instructed to offer sacrice, but that he could succeed alone,
This explains the relationship between creeping weed and ridge.

He was to excersice patience that will yield results.
(Source: author's compilation from fieldwork).

Interpretation:

Odù Ògúndá-'sá Ifá pe àrùn ni òun rí fún eléyìí, láti ọwọ́ ayé sì ni àrùn náà ti wá. Tí wọ́n sì fi àrùn náà ṣe èbà fún un látàrí wípé gbogbo owó tió bá ní kí ó leè run ún síi.

Ifá pé àwọn méjì ń du nkan; ẹnìkan n'agbára oògùn, èkejì n'agbára ẹbọ, ẹbọ ní agbára ju oògùn lọ, ẹni tí ó rúbọ ló ṣẹ́gun.

Ṣùgbọ́n, Ifá ní tí ó bá ti rúbọ, yíó padà borí.

Ifá diagnosed disease caused by witches; she has been afflicted so that she will spend all she has on treatment. *Ifá* diagnosed that the patient is struggling over something with someone. The patient believes in medicine (*oògùn*) while the opponent trusts in sacrifice (*ẹbọ*); that is why the affliction was possible. Sacrifice is considered more effective than medicine. *Ifá* recommends sacrifice for her healing.

Prescription: *Oruko* (male goat 1), *òkété* (big rat 1), *ọtí* (1 bottle of hot drink), *epo-pupa* (palm-oil), *èkọ* (solid pap), *Igbamẹ́wàá ọ̀kẹ́ owo* (two thousand coins).

Ewé Ifá: *Ewé ayero, òrí* (shea butter oil), *àti ìyẹ̀rẹ̀ osùn* (camwood).

Method of Administration: *Yíò máa fi s'ínú ẹ̀kọ gbígbóná, yíò sì máa fi ra ara* (The patient is to add some of the herb to her pap and rub some on her body).

Rate of Recovery: Recovered within one month.

Patient V
Sex: Female
Age: 60
Date: 20th of March, 2011
Healthcare Provider: Awo Ifásẹ̀san

Patient 'V' was a businesswoman who was said to have been doing very well in her market. She suddenly started to behave strangely, frequently complained of fever. No test found anything wrong with her. She was also not coordinated in her speech. The hospitals recommended psychiatric treatments. This was tried for some time before the children suspected affliction and so invited Awo Ifásẹ̀san to help out with the diagnosis and treatment.

Diagnosis: *Ògúndá atún orí ṣe (Owú jíjẹ* **- jealousy)**

Bóronyín, awo òde Ìdó,
Òg̀òrò nde, awo òde Ìjẹ̀ṣà,
Eru-dúdú ní ń ṣe awo ìlú Sàkurumọ.
Àwọn mẹ́ta ni wọ́n wà ní'di ọ̀rọ̀ Ọlọ́fin.
5 *A d'ifá fún Ọlọ́fin Ọ̀jèmbèlú*

Ní ọjọ́ tí ń bá'bi sùn, tí ń bá'bi jí.
Wọ́n ní Ọlọ́fin, ibi ni ó yí ọ ká,
Wọ́n ní kí ó leè baà dáwọ́ ibi dúró,
Kí ó lọ bá àwọn babaláwo,

Àwọn babaláwo d'ífá fún un pé,

Àwọn kan ni ó wà ní ìdí ọ̀rọ̀ rẹ̀.
Àwọn wọ̀nyí, kò dẹ̀ tún ṣí ọwọ́,
Wọ́n fẹ́ ba nkan Ọlọ́fin jẹ́ pátápátá.
Ọlọ́fin wá béèrè pé kí ni òun yíò ṣe,
Tí wọn kò fi ní rí ti òun bàjẹ́?

Wọ́n ní kí Ọlọ́fin, lọ tọ́jú
Àwọn ewé-ifá: ewé ọlọ́wọ̀ràn sísán, ewée gbégi, ewée ọ̀dúndún,
Ewée tẹ̀tẹ̀, ewée eririn, ọ̀pọ̀lọpọ̀ ìgbín, eboto òrí.
Kí wọ́n fi ṣe Ifá fun Ọlọ́fin.

Bóronyín, the diviner of *Ìdó* town,
Ògòrò nde, the diviner of *Ìjẹ̀ṣà* town,
Eru-dúdú is the diviner of *Sàkurumọ* town.
These three were responsible for *Ọlọ́fin's* afflictions.
Divination was performed for *Ọlọ́fin Ọ̀jèmbẹ̀lú*

When he slept and woke up with evil around him,
They observed that *Ọlọ́fin* was surrounded by evil,
They said for *Ọlọ́fin* to be able to stop this evil,
He should seek diviners,
The diviners divined and said

That some people are responsible for his afflictions.
These people, without money,
Wanted to completely destroy *Ọlọ́fin* property.
Ọlọ́fin then asked what he was supposed to do
To prevent them from destroying his property?

Ọlọ́fin was instructed to prepare
Ifá leaves
This was to be used to divine for *Ọlọ́fin.*
(Source: author's compilation from fieldwork).

Interpretation:

Ifá ní kí ẹni tí ó dá Ifá yìí ó rúbọ, nítorí àwọn ọ̀tá mẹ́ta, wọ́n ń jẹ owú rẹ̀, nítorí pé, bíi ti Ọlọ́fin, ó rí ọwọ́ mú ju àwọn ọ̀ta rẹ̀ lọ.

Ifá directed that the patient should offer sacrifice, because of three enemies. These enemies are jealous of her, because, like *Ọlọ́fin,* she was more successful and this made them jealous.

Prescription: *ìgbín àti ewé Ifá* (snails and *Ifá*/ritual leaves).

Method of Administration: After the sacrifice, some of the snails and herbs were buried and the remaining eaten by the patient. This symbolised the burying of the spell that was cast on the patient.

Rate of Recovery: The patient recovered within a week of commencing treatment.

Patient W

Sex: Female

Age: 22

Date: 4th of August, 2010

Healthcare Provider: Awo Ifásẹ̀san

Patient 'W' was said to have been very intelligent in school. She was always coming first in her class. Then she suddenly started reading in her sleep; was talking to herself and frequently complained of fever. Once, while in the hospital, she threw her food away.

Before going to Awo Ifásẹ̀san, the family members had taken her to different hospitals. All the tests that were carried out did not indicate any of the queried illness. Her condition was getting worse; she only got better after sedatives. It was concluded that she was having a mental problem and psychiatric care was recommended. When she was not getting any better, the parents were advised to take her to some of their relations in Ibadan to reduce the shame they were facing. It was during this process that a member of their family brought them to Awo Ifásẹ̀san.

Diagnosis: *Odu Òtúá orí-ire* (*Owú jíje*- jealousy)

Èrùdébà awo Alárá,
Ó d'ifá fún Alárá Èṣìṣà,
Ọmọ Òsù tí ń lé kerekere lé'gbé ọ̀run Òdíbà.
Awo Àlùkò ló d'ífá fún Èwí Agbájoomọ,
A mú rere sọ̀run ara rẹ̀.

Wọ́n ní ẹbọ ni ó ma rú,
Wọ́n ní kí ó ṣe ètùtù,
Àwọn tí wọ̀n ń bẹ ní ìdí ọ̀rọ̀ yìí,
Àwọn méjì ni,
Àwọn méjèèjì wá gbé ogun ti ẹni ẹ̀kẹta tí ń ṣe Èwí.

Èwí ń bá wọn ṣe, ó rò pé ọ̀rẹ́ ni wọ́n.
Ṣùgbọ́n àwọn méjí tí ó kù; Alárá àti Ajerò, ń gbé ogun ti Èwí,
Nítorí wípé ó mọ nkan ń ṣe ju àwọn tí ó kù lọ.
Alárá àti Ajerò gbé ogun ti Èwí,
Èwí ò sì mọ̀, ó ń bá wọn ṣe ọ̀rẹ́.

Tí wọ́n bá ti dé oko,
Èwí ma ń pa ẹran tí ó tóbi ju ti Alárá àti Ajerò lọ,
Wọ́n wá gbé ogun ti Èwí nítorí ìdí èyí.
Wọ́n rán ikò burúkú sí Èwí.
Wọ́n ṣe títí, wọn kò fẹ́ kí Èwí mọ nkan tí ó ń ṣe,

Èwí wá ké sí àwọn Ògébà,

Ó ní kí wọ́n wá yẹ òun ní oókan ìbò wò.
Àwọn Ògébà sọ wípé,
Àwọn kan ni wọ́n ń gbé ogun tì í.
Wọ́n ní tí ó bá rúbọ,

Gbogbo ogun tí ń jà á, yíò kúrò.
Ó ní kíni ìṣe ẹbọ, kíni ìṣe èrò?
Wọ́n yan ẹbọ fún Èwí.
Wọ́n ní kí ó tọ́jú ọ̀pọ̀lọpọ̀ ìgbín,
Wọ́n ní kí ó tọ́jú ọ̀pọ̀lọpọ̀ obì (ogbòn)

Wọ́n ní kí ó tọ́jú adìyẹ àkùkọ, òkété mẹ́ta,
Kí ó fi òkété wọ̀nyí pèsè lẹ́ẹ̀mẹta ní àárín ọjà fún ọjọ́ mẹ́ta.
Nítorí pé àárín ọjà ni àwọn tí wọ́n ṣe ibi sí Èwí ńlò.
Ni 'gbà tí àwọn ajogun ibi tí wọ́n wọ́n Èwí ní ibi fi ojú kan òkété tí ó pèsè,
Wọ́n jẹ ẹ́ ní ọjọ́ kìíní àti ọjọ́ kejì,

Ọjọ́ kẹta ni wọ́n mọ̀ pé Èwí ni ó ń pèsè.
Bẹ́ẹ̀ ni, bí wọ́n bá ti jẹ nkan ẹni,
Wọn ò lè ṣe oní tibí ní nkan mọ́.
Báàyí ni wọ́n ṣe dáwọ́ ibi tí wọ́n ṣe fún Èwí dúró.

Èrùdébà the diviner of *Alárá,*
Divined for *Alárá Èṣìṣà,*
Child of the moon that brightens next to *Òdíbà's* sky,
Àlùkò's diviner performed divination for *Èwí Àgbájọọmọ,*
One who clads his own heaven with goodness.

He was instructed to offer sacrifices,
To offer propitiation,
Those who were responsible for his afflictions,
Are two in number,
These two rose up in war against the third party called *Èwí,*

Èwí was their partner, he took them to be his friends.
But *Alárá* and *Ajerò* were waging war against *Èwí*
Just because *Èwí* is more gifted,
Alárá and *Ajerò* were waging war against *Èwí*
Èwí did not know their intent, he was in partnership with them,

Once they arrive in the farm,
Èwí's games were usually bigger than those of *Alárá* and *Ajerò,*
They became jealous and planned against *Èwí* because of this.
They sent evil arrow to *Èwí.*
They were bent on making *Èwí* go insane.

Èwí had to send for *Ògébà,*
He asked that they come and divine for him.
Ògébà said that
There were people responsible for the afflictions,
They said that if *Èwí* offered sacrifice,

All the afflictions would end.
He asked for the kind of sacrifice and preparation.
A sacrifice was prescribed for *Èwí.*
He was instructed to prepare a lot of snails,

Thirty cola nuts,

a cock, three big rats.
He was instructed to prepare meals with these big rats three times and keep at the centre of the market.
This was because the enemies used the middle of the market.
When the malignant spirits that were responsible for *Èwí's* affliction sighted the prepared meal,
They consumed it the first and the second day,

They only found out on the third day that it was *Èwí* who had been preparing the meals.
And as a rule, once they consumed sacrifices,
They became harmless to the bearer of the sacrifice.
This was how they ended the affliction hawled at *Èwí.*
(Source: author's compilation from fieldwork).

Interpretation:

Ifá ní kí ẹni tí ó dá'fá yìí rúbọ, nítorí àwọn ọ̀tá méjì, kí ó lè baà ṣẹ́gùn wọn, nítorí pé wọn kò fẹ́ kí ẹni tí ó dá'fá yìí ní ìtẹ̀síwájú.

Ifá prescribes that the patient should offer sacrifice because of two enemies, so that she can overcome the enemies who do not want her to make progress. This shows that she was envied by some of her classmates who are members of a cult.

Prescriptions: *ẹ̀bẹ̀ emèrè* – this is an appeal to members of a cult to release the patient. A lot of melon (*ègúsí púpọ̀*); the pods should be removed in the market. *Ewée bomubómú, adìyẹ àkùkọ méta* (three cocks), *òkété méta* (three big rats), each of the big rats was used to prepare meals and taken to the market for three days. This was *ẹbọ ìkọ̀ oun ibi* (a sacrifice to reject evil things).

This was done to make her *orí* (personality soul) reject the spell that was cast upon her.

Rate of recovery: Two months.

APPENDIX THREE

QUESTIONS USED DURING FGDs

1) What is *àmódi* (somatoform disorder) in *Ifá* literary corpus?
2) How is it diagnosed?
3) Are there conditions that *Ifá* divination cannot diagnose?
4) How reliable is *Ifá* divination as a diagnostic and prescriptive tool?
5) Can *Ifá* divination work with Western method?
6) What are the success rates of the use of *Ifá* divination as a medical tool?

APPENDIX FOUR

FIELDWORK GUIDE

Aim of study: This study aimed to broaden the current classifications of *àmódi* from the current Western limited scope, to include cultural realities and beliefs, and attempted to examine possible social cultural causes of *àmódi* among the Yoruba with a view to examine the possibility of diagnosing and treating them using *Ifá* divination.

Objectives:

7) What is *àmódi* (somatoform disorder) in *Ifá* literary corpus?
8) How is it diagnosed?
9) Are there conditions that *Ifá* divination cannot diagnose?
10) How reliable is *Ifá* divination as a diagnostic and prescriptive tool?
11) Can *Ifá* divination work with Western method?
12) What are the success rates of the use of *Ifá* divination as a medical tool?

Babaláwo:

Name:

Town of practice: ---------- **Age:** ----------

Area of specialization: ---------- **No of years of practice:** ----------

Patient:

Name: ----------

Sex: ---------- **Age:** ---------- **Date:** ----------

Level of education: ----------

History (places and tests previously done): ----------

Complaints: ----------

Comments of Previous Doctors: ----------

Diagnosis at the *babaláwo*:
Odù: **1)**

2)

3)

Interpretation (*àse*): ----------

Prescriptions

1) ***Ètùtù*:** ----------

2) ***Ewé ifá*:** ----------

3) ***Lílò* (dosage)**----------

Date of commencement of treatment: ----------

Time line of recovery: