

Traditional Medicine and Healing in The Bamenda Grasslands of Cameroon Since Pre-Colonial Times

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DOI: <https://doi.org/10.51583/IJLTEMAS.2023.12602>

Received: 13 May 2023; Revised: 31 May 2023; Accepted: 03 June 2023; Published: 26 June 2023

Abstract: - Traditional medicine and healing has been part and parcel of the communities and peoples of the Bamenda Grasslands of Cameroon since pre-colonial times and has stood the test of time. Traditional medicine and healing in the Bamenda Grasslands was sustained through constant practice, tolerance, research and innovation. If the Bamenda Grasslands is popular in Cameroons social settings, it is largely due to the influence of traditional medicine. It is in this context that this paper seeks to examine traditional medicine as a measure in disease treatment within the Bamenda Grasslands since the pre-colonial era. The paper further probes into the dynamics of Bamenda Grassfields traditional medicine. It builds on primary and secondary data to show that traditional medicine and healing helped in no small way in the treatment of prevalent diseases and contributed to the welfare of the people of the Cameroon Grasslands.

Key Words: Bamenda Grasslands, Cameroon, Diseases, Traditional Medicine, Healing, Welfare

I. Introduction

The Bamenda Grasslands, otherwise known as the Western Grassfields, Bamenda Highlands, Bamenda Grassfields, Western Highlands, North West Province, Northwest Region or simply Bamenda spans 17, 910 Square kilometres and is situated in north-western Cameroon. The region was made up of a population of 429,100 people in 1953 and counted 1.2million people in 1987.¹ It was covered by a vegetation of predominately tall savannah grass from where it got the name Grassfields (Grasslands). This grassy scenery was associated by forest galleries and montane forest in some areas. There were also Highlands and high plateaux that contained mountainous peaks, volcanic lakes, undulating hills, lower plains, deep valleys and steep slopes.² The region was linked to the coastal commercial centres of Calabar and Douala through old pre-colonial trade routes long before the founding of Victoria in the coastal south of Cameroon in 1858 by the London Baptist Missionary Society. The Bamenda Grasslands region was connected with the townships of old Adamawa in the north and northwest that connected and depended on the Benue-Niger river systems or the Lake Chad basin, and the trade routes across the Sahara Desert for long distant trade.³

The indigenous populations that occupied the territory broadly speaking, can be grouped under five major headings: Tikar, Widikum, Chamba, Tiv and Mambila. These groups immigrated from diverse directions. The Tikar were the first to come into the region in the area the Germans called the Bamenda Grassfields. They established the polities of Nso, Bafut, Kom, Bum, Oku, Noni, Babanki, Nkwen, Bambui, Bambili, Ndop Plain chiefdoms and many other groups. While the Nso and Kom trace their origins from the precise site of Ndobu or Mbankim in the Adamawa, the other groups hold an imaginary place Tikar in the North of Cameroon as their place of origin. Fanso sustains that the Tikar immigrations into this region was likely in the 16th and 17th centuries⁴. The Widikum are said to have likely arrived the southern fringes of the Northwest Region in the 17th century. They migrated from the Congo like the Duala, Bakweri and Bayang and settled in Mamfe from where they moved northwards to a mythic centre called Tadjkon.⁵ They entered the Bamenda region from the South Western area establishing Ngemba, Ngie, Ngwo, Moghamo, Meta, Essimbi, Beba and Befang chiefdoms. The Tiv who migrated from the Benue lands and Munchi country in Nigeria occupied the present Mechem Division. However, there are claims that they migrated from Bornu following the disintegration of the empire to found the Aghem Confederacy with 12 chiefdoms. The Tiv chiefdoms include Esu, Kung, Fang, Bum and Kuk. Over in the Nkambe

¹ Brian, A. Bartelt., "Healers and Witches in Oku: An Occult system of knowledge in Northwest Cameroon", PhD Dissertation in Anthropology, University of Southern California, 2006, 61.

² V. G. Fanso., "Encounter Transformation and Identity Peoples of the Western Cameroon Boarderlands 1891-2000 Cameroon Stdies," *Journal of the Royal Anthropological Institute*, 2010.

³ V. G. Fanso., "Trans-Frontier Relations and Resistance to Cameroon-Nigeria Colonial Boundaries 1916- 1945," DoctaratD'Etat Thesis in History, University of Yaounde, 1982, 34.

⁴ Paul Nchochi Nkwi, *Traditional Diplomacy: A Study of Interchiefdom Relations in the Western Grassfields, North West Province of Cameroon*, (Yaounde, Department of Sociology, University of Yaounde,1987), 15.

⁵ Richard, M. Komo., "The Bamileke in the Bamenda Grasslands, 1905-1992: Implantation, Adaptation and Transmutation", PhD Thesis in history, The Univserty of Bamenda, 2018, 62.

Plateau are the Mambila who also moved in from Nigeria, precisely from Takum and founded Mbembe, Mfunte and Misaje. The last indigenous group that raided the Bamenda Grasslands in the 19th century was the Chamba constituted by Bali-Nyonga, Bali-Kumbat, Bali-Gangsin, Bali-Gashu and Bali-Gham. In these fondoms and chiefdoms of the Bamenda Grassfields, illnesses and diseases attacked and affected the general health and wellbeing of the indigenes.

Traditional medicine and healing practices were therefore of prime importance as it treated the people of these illnesses and by extension sustained the health, strength and general wellbeing of the people. Improving on the health conditions of the people and fighting diseases was therefore a major preoccupation of the indigenous peoples of Bamenda Grasslands since pre-colonial times. As observed by Ruth Prince, man's history is stuffed with health problems and resultant treatment of some of the health issues caused by diseases. She goes further to intimate that treatment of diseases, specific healthcare needs and support services caused further research into healthcare.⁶ Traditional medicine and healing were related issues and accompanied by rituals, sacrifices, prayers, incantations and innovation which were embellished in the culture and traditional religions of the Bamenda Grassfields people. The god's and ancestors were considered the source of life, prosperity and good health of the society and were always consulted in the spiritual realm for the treatment of certain diseases and problems that affected the health of the people. Asongwe posits that African health and vitality were connected to both natural and spiritual forces.⁷ This he explains was the reason for the existence of traditional healthcare systems in communities across Africa and the Bamenda Grasslands in particular. Traditional healing involved the use of spiritual forces and the exploit of natural plants, herbs and other products from their natural environment.⁸ Natural products consisted of extracts from roots, leaves, backs of trees, fats from animals like python snake, oils from seeds, insects and parts of animals.

African traditional medicine (ATM) is regarded to be one of the oldest and most diverse of all forms of medicine.⁹ Traditional medicine is pivotal in the management of health, holistically either in a preventive, curative and/or palliative way.¹⁰ Traditional medicine is defined by the World Health Organization (WHO) as "the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures ... used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of ... illness".¹¹ Ishaq Isola sustains that traditional medicine "involves the collecting, conserving, utilizing and the application of medicinal plants for cures, prevention and promotion of physical and spiritual well-being of citizens."¹² Traditional medicine therefore had as principal roles; the treatment, maintenance of good health, prevention of attacks from diseases. Traditional healing was the preserve of traditional herbalists or traditional medical practitioners' *mu-ngang men*¹³ who handled diseases according to their competences. Traditional herbalists also doubled as seers and through the use of spiritual forces, made incantations, used symbols (tortoise shell, snake skin, snail shell, bones, horns of animals, candles, and calabash) among others. Both spiritual therapies and traditional healing was practiced by the people of the Grasslands.

II. Bases for Traditional Medicine in the Bamenda Grasslands

The people of the Bamenda Grasslands have an age old health care system born out of their culture, belief system, environment and day to day experiences dating from the precolonial times. Like in many other areas around the world, the people of the Bamenda Grasslands relied on what their natural environment provided for health solutions. The Bamenda Grasslands endowed with a rich ecology made up of a mélange of tropical highland forests, savanna grasslands with exceptionally tall elephant grass, rivers, plains, volcanic lakes, iron deposits, palms, castor, honey, eggs, limestone, clay pots, salt mines and a fertile soil. Thus, the region had a natural repository from where the people could have a ready supply of a vast array of medicinal plants and other products for traditional medicine and healing.¹⁴ The Fondoms of Oku and Kedjom-Keku for instance were gifted with forest reserves that were a natural reservoir for an avalanche of medicinal plants which were used for traditional healing. The Fondom of Oku became very

⁶ Ruth J. prince. Situating health and the public in Africa. Historical and anthropological perspectives. In Ruth j. prince and Rebecca marshland, editors, marking and unmaking public health in Africa. Ethnographic and historical perspectives, (Athens, Ohio University Press. 2013), 10.

⁷ Christian Asongwe, "Traditional medicine, disease control and human welfare in colonial southern Cameroons", *Saudi journal of humanities and social sciences* January 2021, 6,1, 26.

⁸ Ibid

⁹ Gurib-Fakim A., "Medicinal plants: Traditions of yesterday and drugs of tomorrow", *Molecular Aspects of Medicine* 2006;27,1-93

¹⁰ Mmamoshedi E. Mothibe and Mncengeli Sibanda., "African Traditional Medicine: South African Perspective", *Traditional and Complementary Medicine*, 2019, 7. 1-27.

¹¹ World Health Organization (WHO), "WHO Traditional Medicine Strategy: 2014–2023." Geneva: WHO, 2013, 15

¹² O. Ishaq Isola., "The Relevance of the African Traditional Medicine (Alternative Medicine) To Health Care Delivery System in Nigeria," *The Journal of the Developing Areas*, 2013, 320. 319-338.

¹³ *Mu-ngang* is the common name that traditional medicine was referred to in the region and traditional practitioners or healers were regarded as *Mu-ngang Men*.

¹⁴ Joseph Lon Nfi, "Je suis Bamenda, Je suis Dockta: Accounting for the Popularity of Bamenda Grassfields Traditional Medicine Men in Cameroon since Precolonial Times", *Afo-A-Kom: Journal of Culture, Performing and Visual Arts*, Vol, 1, No, 1, 2021, 32.

popular and referred to as the “Small India of Cameroon” (with reference to India, renowned in Cameroon for Traditional Medicine) thanks to the Kilum Highland Forest which harboured many medicinal plants that were used for traditional healing.¹⁵

With the introduction of western medical systems in Cameroon in the wake of colonialism, not much was invested in the Bamenda Grassfields in terms of the establishment of western health facilities and infrastructure as was the case with the coastal part of German Kamerun and British Cameroon. The Bamenda Grassfields was therefore seriously lacking in hospitals or health centers. In fact, it was only by the late 1920s that the British erected hospitals in Bamenda and Kumbo. The mission agencies like the Roman Catholics, Basel and Baptist later set up hospitals which added the number of hospitals and health centers in the region¹⁶. However, most if not all the hospitals and health centers were located in the bigger towns and centers that had European settlers and as such the peripheral communities and villages were still in short of the western biomedical drugs and thus continued to rely on traditional medicine. Even when biomedical drugs were at times sent from the coastal areas or from Nigeria, they rarely arrived the Bamenda Grassfields on expected time due to the poor state of the roads and the unconcerned attitude of some Nigerian officials who were reluctant to serve in the British Cameroons (Funteh, 2018). More still during the early years of colonial occupation, some diseases like epilepsy, insanity, yellow fever, haemorrhoids, impotence, and bone setting were discovered and western biomedical drugs introduced for their treatments. Despite the efforts with the biomedical drugs, the people preferred to seek treatments with ethno-practitioners of traditional medicine rather than the western medical facilities¹⁷. The peoples’ beliefs in spiritual forces to be the cause of some diseases like leprosy, diabetes, natural health disorder, epilepsy, elephantiasis and many others only entrench them more into the use of traditional medicine. Tata Berinyuy puts it as;

“science does not explain everything. Witchcraft and diseases which have negative bearings on the population or individuals cannot be treated by the best doctors in the world. In most communities in the Grassland, when faced with health problems that persist, the people turn to traditional healers, herbalists and diviners to get answers.”¹⁸

From the above statement, traditional healers, diviners and herbalists were consulted just like it communities in other parts of Cameroon and Africa when mysterious diseases and witchcraft (and natural tragedies affects a community).

The incessant repair to Bamenda Grasslands traditional medicine was also thanks to the tolerance which it received from the colonial administration that occupied the region at various intervals.¹⁹ Bamenda Grasslands traditional medicine was also highly promoted by Nigerians (Igbo) in the British mandate and trusteeship eras.²⁰ The Germans were courteous of indigenous practices and customs (Traditional medicine) as the principle of assimilation was not implemented.²¹ In the course of the German administration, there was little or no direct interference from the Germans towards Grassfields traditional settings as the Germans were more invested in the coastal areas due the economic opportunities that the region provided.²² Thus Bamenda Grasslands traditional medicine benefited largely from this policy as the chiefs whose authority and powers were conserved continued to protect traditional medicine from where they also got some of their powers as the gods, ancestors and medicine were all concerned with wellbeing, defined as growth, fertility, health and prosperity of people, land, crops and animals-indeed, the political health and sovereignty of each Chiefdom.²³

The British on the other hand were considerate towards some traditional medicinal practices and recognised others as legitimate in line with their policy of Indirect Rule. Hence Bamenda Grasslands traditional medicine was sustained as the British believed in some practices, selectively and actively promoted them in their endeavour to shore up the fonship, and secret societies like *Kwifon* and other institutions with medicinal importance as part of Indirect Rule.²⁴ There was no strict serious check on practices that were banned like “ritual killings, witchcraft, poison ordeals and unspecified malpractices connected with *juju*. However, in some areas like Kedjom-Keku human sacrifices and sasswood ordeals still thrived.²⁵ The Bamenda Grasslands traditional medicine

¹⁵ Hans-Joachim, Koloss., (1995), Kefuh Myin: A Therapeutic Medicine in Oku, JASO, 71. pp69-79, Bartelt B A., (2006), “Healers and Witches in Oku: An Occult system of knowledge in Northwest Cameroon”, PhD Dissertation in Anthropology, University of Southern California, 103.

¹⁶ Maynard K., “European Preoccupation and Indigenous Culture in Cameroon: British Rule and Transformation of Kedjom Medicine”, *Canadian Journal of African Studies*, 2002, vol.36, no.1, 87.

¹⁷ V. G. Falso., “Encounter, Transformation and Identity Peoples of the Western Cameroon”, 9.

¹⁸ Thomas Tata Berinyuy, 64 years old traditionalist and herbalist from Bui Division interviewed in Bamenda, 12/12/2022.

¹⁹ German administration from 1892 to 1916 and the British took over from 1916 to 1961.

²⁰ Joseph Lon Nfi, “Je suis Bamenda, Je suis Docketa”, 34.

²¹ Harry H.Rudin., *Germans in the Cameroons 1884-1916: A Case Study in Modern Imperialism*, (New Heaven, Yale University Press, 1968), 298.

²² Brian, A. Bartelt., “Healers and Witches in Oku: An Occult system of knowledge in Northwest Cameroon”, PhD Dissertation in Anthropology, University of Southern California, 2006, 61.

²³ Kent Maynard, “European Preoccupation and Indigenous Culture in Cameroon: British Rule and Transformation of Kedjom Medicine”, *Canadian Journal of African Studies*, vol.36, no.1, 2002, 79. (79-117)

²⁴ Kent Maynard, “European Preoccupation and Indigenous Culture in Cameroon: British Rule and Transformation of Kedjom Medicine”, *Canadian Journal of African Studies*, vol.36, no.1, 2002, 89. (79-117).

²⁵ Ibid, 89.

was even sought after by some British officials (District Officers). T. A. Izard, Assistant District Officer for Mambila used oath-taking or the sasswood ordeal to arbitrate disputes and court cases²⁶. The Assistant Cattle Control Officer in Wum (in the Bamenda Grassfields) Joseph Minang who was known for rain magic was invited in 1956 to attend the Queen's visit to Lagos and use his magic (traditional medicine) to prevent rain from spoiling the festivities.²⁷ Therefore Bamenda Grasslands traditional medicine was not only tolerated, used and protected by the colonial administration but it was also made popular as it was exported out of the region.

The resort to Bamenda Grassfields traditional medicine can also be explained thanks to its easy accessibility and affordability as compared to the western biomedical drugs that were often scarce and located mostly in the urban centers.²⁸ Patients did not need to travel long distances to seek relatively expensive western biomedical drugs and services as ethno-practitioners of traditional medicine were located in all the nooks and crannies of all the communities of the Bamenda Grasslands and at cheaper rates.²⁹

III. Traditional Healthcare and Healing

Like in other Cameroonian communities out of the Bamenda Grasslands, the chiefdoms of the Bamenda Grasslands exploited and employed what their natural environment provided for the treatment of the numerous diseases that they suffered from. These diseases were either hereditary, spiritual, related to human-mind, the nervous system, blood related, respiratory system, skin and transmissible diseases.³⁰ These diseases affected the people seriously and in many ways.³¹ The practice of traditional medicine was associated with the fetch and daily use of medicinal plants, the carrying out of rituals, preparation of powders and concoctions, serving of drugs/solutions to patients. The Bamenda Grasslands communities believed that divinities were responsible for diseases and also had the capacity to guide healers on the kind of herbs and products to be used to treat such diseases. Added to these was apprenticeship which guaranteed the continuation and sustenance of traditional healing. The consultation of divinities dated as far back as the pre-colonial era. Villages, communities, families and traditional medicine practitioners had shrines where certain healing rituals were carried out to seek the grace of the ancestors for healing. Sacrifices were offered to the ancestors in these shrines (as shown below) with goats, fowls, *palm wine*, kola nuts, salt, alligatha pepper, castor oil and other products to seek the assistance of the ancestors for disease treatments and other calamities that caused poor health.

PICTURE 1: Traditional Medicine Shrines in the Beba Fandom



²⁶ Joseph Lon Nfi, "Je suis Bamenda, Je suis Dockta", 35.

²⁷ Maynard, "European Preoccupation and Indigenous Culture in Cameroon", 97.

²⁸ Ashu M. Agbor and Sudeshni Naido, "Knowledge and Practice Of Traditional Healers In Oral Health In Bui Division, Cameroon" *Journal of Ethnobiology and Ethnomedicine*, 2011, Vol. 7, Issue 6.1. <http://www.ethnobiomed.com/content/7/1/6> accessed February 6, 2023.

²⁹ Daniel Noni Lantum, "The Pros and Cons of Traditional Medicine in Cameroon" *ABBIA, CAMEROON Cultural Review* No. 73-75, (1978): 35-37, Nixon K. Takor and Gilbert Mbingek Wensakwi, "Conflicting Perceptions of Traditional Medicine in the Oku Fandom, Bamenda (Cameroon): The Question of Ecological Context in African Ecological Spirituality edited Ikechukwu Anthony Kan

³⁰ Asongwe "Traditional Medicine"..., 27.

³¹ Harry Rudin, *Germans in one Cameroons 1884-1914: A case study of Modern Imperialism*, (New York, Greenwood Press Publisher, 1968), 71.

Source: Collected by authors from an album of a Beba Elite.

From the pictures above, the people visited such sites when calamity occurred and the herbs around as seen on B and C were used for healing and cleansing.

Traditional healing was manifested in several forms. There was the form of herbal concoctions made of up herbs that were drunk by the sick patients, others were ingested through inhalation or through dermal incisions, enemas, vaginal infusions, massage, bathing or fumigation, with substances like prepared powders, porridges, soups, ointments, smoke fumes, or eye drops.³² Treatment of patients with mumps or yaws was through the use of a young fiber rope and some incantations said and put on the neck of the patient and within a few days the illness was cured. Mumps was also treated with a mixture of woodash from the fire place and water. In the Kom fondom for example, asthma was treated with a concoction made of special medicinal herbs and an insect called *bili bili*. The mixture was used to hold the patient's chest and another without the insect mixed with *castor oil* and given to the patient to leak. In the Bafut fondom, headache, stomach disorder, fractures of the arm or leg, were healed with leaves and barks of trees, roots and other herbs. For deep cuts/wounds a special herb called *native iodine* was squeezed and the liquid dropped on the wound and some of it tied on the spot. It quickly healed the wound. Whereas in the Ndop plains, herbs and bones of animals and python oil was used to massage the fractured area for speedy healing. Nasah gives an insight to this and explains that; "our great grandparents used this type of medicine for healing and we have continued with the practice and it is effective. Some of the herbs with medicinal value can only be shown to someone interested in herbal medicine or else you might even destroy the herbs without knowing".³³ The most common method of treatment in the pre-colonial period was through drinking of concoctions/solutions, rubbing and massaging of affected body parts, rubbing of liquid or powder on the spots that were affected and in most cases cuts were made on the areas and a portion mixed with many items put in the cut spots be it back, waist, knees or neck areas.

The introduction of western health care systems had incidental benefits to the indigenous populations. The Grasslands people made use of the health centers that were set up mostly in divisional headquarters like Bamenda, Nkambe, Ndop, Wum and Bali especially after independence by the government of Cameroon. It should be mentioned that in the early years of the mandate period, traditional medicine suffered opposition from missionary bodies. However, this opposition was contained by the British officials with the intention of protecting and preserving the traditional settings in their originality with traditional medicine included.³⁴ This protection from the colonial administration contributed in preserving traditional medicine and healing. The people visited healers and used medicinal herbs not for blessings but for healing.³⁵

In recent times, Grassland traditional medicine and healing has been the focus of intensive reflection by many in Cameroon. The Grassland traditional healers and herbalists maintained that their work had always been a combination of beliefs, culture and traditional values and all these put together helped them to cure diseases. The traditional healers treated cardiovascular diseases, chronic respiratory diseases, sexually transmitted illness such as syphilis, gonorrhoea, chronic headache, irregular menses in women, low abdominal pain, joint pain, fits and epilepsy leprosy, pile (hemorrhoid), acute rheumatism, diarrhea, asthma, impotence, hemiplegia (paralysis), cough, fever, tooth ache, tuberculosis, convulsion (*nechif* in Oku and *kingaanga* in Lamnso), sore throat, whitlow, sleeping sickness caused by *trypanosoma brucei gambiense* a T. B rhodesiense.³⁶ Some healers of Noni origin, Oku, Mankon and Tubah origins were also specialized in the treatment of contact diseases such as rabies, scabies, jaundice, vector borne diseases like malaria and yellow fever, hepatitis A and E, and typhoid fever. Others handled diabetes while some claimed to treat diseases including HIV/AIDS through diagnosis and oral manifestation of the diseases with the use of herbs. Malaria and typhoid patients represent about 40% of those who seek herbal treatment.³⁷ Citing the case of Cameroon, Kuete says malaria represent 45-50% of health consultation and admission rate of 23% in most hospitals.³⁸

The traditional healers were often specialized in treating certain diseases and made referrals when brought cases that were not within their expertise.³⁹ Musa also supported the above point and went further to say that sores on one part of the body commonly known in as *musong* in the Bassa language, *mesong* in Nso, *meshong* in Bafut and *iwyun funii* in Kon were easily treated. He went

³² John M. Janzen and Edward C. Green, "Medicine in Africa," in *Encyclopedia of History of Science, Technology, and Medicine in Non-Western Cultures* (2008), 3.

³³ T. Nasah, 50 years traditional practitioner interviewed by telephone 18/01/2022.

³⁴ Joseph Lon Nfi, "Je suis Bamenda, Je suis Docketa", 36.

³⁵ Mustapha Ahmed 48 years Niger inhabitant in Cameroon interviewed in Yaoundé 03/10/2021

³⁶ WHO African Trypanosomiasis (sleeping sickness) WHO fact sheet No. 259; World Health Organization; Geneva, Switzerland, 2001 (updated August 2007); <http://www.who.int/medicacentre/factsheets/fs259/en/> accessed 8/1/2023.

³⁷ Emmanuel Shey 60 years traditional healer from Oku. Interviewed in Bamenda 12/11/2022.

³⁸ Kuete et al. Cameroonian medicinal plants..., 1.

³⁹ Isaac Che 60 years old seer and traditional medicine doctor based in Gikedjem Quarter in Oku interviewed by telephone, 14/1/2023.

further to explain that added to the minerals, plants and language of incantations was also a pivotal part of traditional treatment. Incantations in traditional medicine has power to reverse illnesses or cure a patient.⁴⁰ He claimed that he and his uncle treated more than a hundred of such patients from all over Cameroon.⁴¹

Tawah testified the role of language (incantations) by recalling how she had been poisoned. Fortunately her father who was also a herbalist searched for some medicinal plants, formed a solution and made a statement (incantations) over the concoction and after drinking it, she vomited a few minutes later and was healed. She went further to say that even venom from the most dangerous snakes was treated by the father through use of medicinal plants.⁴² She also intimated that fever and malaria were treated using a combination of pawpaw leaves, guava, pear and mango backs, garlic, ginger, turmeric and other herbs.⁴³ Many of the practitioners of traditional healing have had a long history of experience as shown below.

Table 2: List of traditional medicine men/women, initiated period, years of experience and their area of origin. (A sample of the healers in the Grassland)

No	Name	Period of initiation	Duration of practice	Area of origin in the Bamenda Grasslands
1	Ngang C. Fru	1965-1968	55	Mankon
2	Mallam Omaru	1966-1970	53	Nkambe
3	Shey Wumbang	1970-1973	50	Nso
4	Shey George	1970-1973	50	Oku
5	Shey William	1973-1975	48	Oku
6	Shey Amos	1970-1978	45	Oku
7	Richard Nsonsi	1978-1980	43	Kom
8	Che Isaac	1977-1983	40	Oku
9	Shey Abdul	1976-1988	35	Nso
10	P. Martin	1985-1990	33	Ndop
11	Richard Fru	1985-1993	30	Mankon
12	Abiodun A.K.A	1985-1993	30	Nkambe
13	Umarou Shey	1985-1993	30	Nkambe
14	Magdalen N.B	1993-2023	30	Mankon
15	Legtiga	1993-2023	30	Bali

Table 2 above shows that the traditional doctors came from almost every corner of the Bamenda Grassfields and were scattered throughout the region. Some of them were initiated by their fathers, others through other herbalists, and some by acts of inspiration and through dreams. Regarding traditional medicine in this part of the country, especially in Bui area, many were initiated by family members through apprenticeship and the knowledge and secrets of traditional medicinal herbs were jealously guarded within families or lineage. And also their accumulated span of experiences as shown on the table above reveals the importance which traditional medicine had within the region. Some of the healers specialized in the treatment of only children between 0-10 years and others all the age groups. The picture below indicates some of the herbs used for the treatment of various illnesses.

⁴⁰ Lantum, traditional medicine-men of Cameroon, 14

⁴¹ Simon Musa, 52 years old traditional healer interviewed in Nkwen, 26/03/2021.

⁴² Getrude Tawah 35 years old housewife and internally displaced person from Oku interviewed in Bamenda, 11/10/2022.

⁴³ Idem

Picture 2: Some Herbal Plants



DANDELION



TAAMEAWU



SNAKE WEED



TLINUM TRIANGULARE



VERNONIA AMYGDALINA (*bitter leaf*)



CARICA PAPAYA (*pawpaw*)



Mangifera Indica(Mango)



Eucalyptus Camaldulensis(Eucalyptus)



Psidium Guajava(Guava)



Tsitsirika



Artemisia



Barbados Aloe (Aloe Vera)



Ocimum Basilicum L (Masepo)



Lului in Lamnso (Bitter Bitter)



Telfairia Occidentalis (Okongobong)



Persea Americana (Pear)



Fukekemoni (blood medicine in Lamnso)



Cymbopogon Citratus (Lemon Grass)



Fukeson (*Teeth Medicine in Lamnso*)



I'lookana (*sleeping whiteman in Basa*)

Some of these healers had medicinal plants in their herbal gardens. Some had between 50 and 100 plants, while others had less than a hundred plants and many got herbal products from the natural forest or the wild bush to make up for some plants which they did not plant in their gardens. According to Wumbang, visits to the bushes have reduced due to the Anglophone crisis because stray bullets may kill you or one may be mistaken for a separatist.⁴⁴ A few confessed that they at times bought some powder and backs of trees which they mixed with the herbs to treat their patients. Some of the herbs above by nature have mystical properties only known by the herbalists or healers.

Many other plants were used to treat cough such as *abrush precatarius*, *Eucalyptus* (leaves) *piper guineensis* (*bush pepper*) whole plants. *Vernonia amygdalina* (*bitter leaf*) used to treat diabetes, *spilanthes filicaulis* (*eye for fowl*) used to handle cases of poisoning, eczema, *Solanum melongena* (*garden egg* leaves/boiled to treat waist pain and cleanse liver)⁴⁵. *Gnetum africanum* (*eru*) used for whitlow, *Ageratum conyzoides* (king grass) to help patients with headache, gastritis (*shiliv*) in lamnso, *fili* in Noni dialect. *Biden Sp* (black jack) mixed with other herbs and barks of some medicinal plants to cure periodic fever. For decades, people of the region have used herbal medicine for the treatment of common ailments and even complicated ones that involved magic since the area is rich in plants/herbs diversity. Conspicuous diseases such as Malaria was treated using a combination of many herbs/species of plant. *C. Limonum*, (lemon fruits) from the rutaceae family, *C. Papaya* (*papaya/pawpaw* leaves and seeds)⁴⁶, *P. Guajava L.* from the family *mangifera indica* (*guava* leaves), *M. Indica* (mango leaves), *Eucalyptus Sp.* (*eucalyptus* leaves a common tree in the area), *P. terocarpus erinaceus* leaves boiled and drank by both adults and children for a few days and patients get well.⁴⁷ Typhoid was also treated using *Acmella Caurlihiza* from the family of Asteraceae *Telfairia* (*okongobong* leaves).⁴⁸

IV. Dynamics of Bamenda Grasslands Traditional Medicine

Bamenda Grasslands traditional medicine was impacted by some measures put in place by the Cameroon government and thanks to prevailing circumstances was revolutionized in the post independent period and especially after the 1990s. However, it did suffer attacks from missionary bodies during the colonial period. The Society of the Jesuits who arrived the Nso Kingdom and build a

⁴⁴ Shey Wumbang, 75years old traditional healer interviewed in Bamenda, 5/02/2023.

⁴⁵ Ibid, 73.

⁴⁶ Also, Titanji et al in their study proved that seeds of papaya have a special extract from it that has properties with significant antimalarial activities. In brazil and surinam the specie of c papaya is also known to have antimalarial properties

⁴⁷ A. Caraballo et al. "Evaluations Also Preliminards Conn Antimalarial Medicinal Plants Used in South East Amazanico Venezuela" *J. Braz. Soc. Trop. Med.* 37(2), 2004: 186-188.

⁴⁸ Jiofack et al. "Ethnobotanical Uses of Medicinal Plants of Two Ethnological Regions Of Cameroon" *International Journal of Medicine and Medical Sciences*, Vol 2(3), March 2010:74.

western medical unit in 1913, considered traditional medicine and healing as archaic, primitive, unhygienic and even preached negatively against the traditional herbalists.⁴⁹ In fact, the church saw it as satanic and unworthy and regarded traditional healers as agents of Satan. Church members who consulted traditional healers and made use of traditional medicine were frowned at to the extent that some were excommunicated from the church⁵⁰ This was especially with the establishment of the Jiane Baptist Church in the Oku Fondom, one of the Bamenda Grasslands fondoms reputed for traditional medicine. Notwithstanding the numerous confrontation with the church and western medical influence, Bamenda Grasslands traditional medicine stood the test of time. In a report on traditional medicine in 1985, it was indicated that Bui Division in the Grasslands is nationally and internationally well known for its serious and efficacious traditional healers and medicine to which several cases of difficult diseases in various parts of Cameroon were referred to.⁵¹ The Government of Cameroon passed into Law the Fourth and Fifth Five Year National, Social, Economic and Cultural Development Plan (1970-1981-1986) which provided for an inventory of traditional healers and their locations. A division in the Bamenda Grassfields, Bui was chosen as a pilot division. In this plan, the Government of Cameroon in unequivocal terms assimilated traditional medicine into its official health care system. Moreover, Law No. 81/12 of 27 November 1981⁵² approved the Fifth Five Years Economic, Social and Cultural Development Plan (1981-1986) and this became a gradual process to advocate for total health in the country, in the search for a true African and Cameroonian identity and vocation of traditional medicine. With this recognition, traditional medicine was officially integrated into the health system of Cameroon.

Furthermore, the repair to traditional medicine in the Bamenda Grassfields was accentuated by the economic crisis that hit Cameroon in the 1980s. There was a drastic drop in prices of raw materials like timber, rubber, cocoa, banana in the international market. The economic crisis led to a general fall in the income of the people. This pushed many people to be initiated in traditional medicine as traditional medicinal or entho-practitioners as a source of livelihood and income. This was the case of Drs. Richard Fru and Dewah and who by extension revolutionized traditional medicine with innovations like bottling, processing and the storage of traditional medicine like biomedicine. More to that, they set up traditional medicine clinics, hospitals and shops in towns in the Bamenda Grassfields like Bamenda, Nkambe, Kumbo, Wum, and also in the major cities of Cameroon like Douala, Yaounde, Ebolowa, Buea, Kumba, Bafoussam, Tiko, Limbe, Bertoua.⁵³ This rendered traditional medicine more popular in the Bamenda grassfields in particular and in Cameroon at large and within the Central African sub region. Dr. Dewah (from Baligashu in the Bamenda Grasslands) was awarded an excellence award in 2009 as the best Modern Traditional Doctor in Cameroon. He had been engaged in traditional medicine since 1978 and was issued an official authorization by the Ministry of Public Health to practice traditional medicine in 1990⁵⁴

Another Doctor who contributed enormously to revolutionize Bamenda Grassfields traditional medicine was Dr Richard Fru from Mankon (Bamenda Grassfields). He managed the Garden of Eden Naturopathic Institute of West Africa (GENIWA) and was prominent for his efficiency in the treatment of many diseases. He worked and was associated with Medical Schools and researchers from Ghana, Nigeria, USA, France, Asia and Germany. The Ministry of Public Health invited him in 2006 to represent the Southwest Region in the committee to draft laws legislating traditional medicine in Cameroon. He was also recognized as the best Modern Traditional Doctor in 2012 by Lifetime Magazine. Dr Gidium Peliegho from Bafanji (Bamenda Grassfields) and Dr Walter Songweh on their part established Research Promoters on African Medicinal Herbs and Plant (REPAMP-Cameroon). This institution carried out extensive research followed by the production of a variety of medications with local herbs, leaves, barks of trees, and roots. One of their most successful product *African Panacea* from a combination of different concoctions and natural plants became known for its treatment of more than 20 diseases. Other prominent doctors who contributed immensely to revolutionize Bamenda Grasslands traditional medicine included Dr Pius Lesigha from Baligashu (Bamenda Grassfields) Dr Fai Edward Fomenyen from Mbengwi (Bamenda Grassfields).⁵⁵ In fact, the Association for the Promotion of Traditional Medicine (APTM) in Cameroon declared that the Bamenda Grassfields “does not only pride itself with the highest number of Traditional Healers in the country, but equally has several medicinal plants second to none in the country”.⁵⁶ This reveals the prominence and vital place and role which traditional medicine occupied in not only the Bamenda Grasslands but also in Cameroon in general

⁴⁹ Nixon Kahjum Takor & Gilbert Mbingek Wensakwi, “Conflicting Perceptions of Traditional Medicine in the Oku Fondom, Bamenda (Cameroon), The Question of Ecological Context”, in Eds, Ikechukwu Anthony Kanu, *African Ecological Spirituality: Perspectives in Anthropology and Environmentalism* (APAS, Maryland, 2021), 273.

⁵⁰ Ibid, 274.

⁵¹ Traditional Medicine Census Report Series No. 1 Presented to Public Health Unit, University Centre for Health Sciences UCHS/CUSS University Of Yaoundé Cameroon 1985, 2.

⁵² Law No. 81/12 of 27 November 1981.

⁵³ Joseph Lon Nfi, “*Je suis Bamenda, Je suis Dockta*”, 38.

⁵⁴ Ibid, 39. In fact, he was one of the most popular Modern Traditional Doctor in Cameroon and in Central Africa. He was also actively involved in the fight against HIV and COVID 19 before his death on March 31, 2021.

⁵⁵ Ibid, 39.

⁵⁶ Cameroon Postline.com, 2012.

The organization of African unity now African Union declared the years 2001-2010 a decade for African traditional medicine. This made the use of herbal medicine very common as well. The aim of the statement or declaration was to bring together all stakeholders in health care in an effort to make traditional medicine meaningful, safe, efficacious, affordable and available to the vast majority of indigenous African people including those from the Bamenda Grasslands.⁵⁷

Bamenda Grassfields traditional medicine was also energized thanks to the efforts and works of Western trained medical doctors from the Bamenda Grassfields. This was the case with Professor Anomah Ngu Victor and Professor Daniel Noni Lantum. They were very pivotal in the revitalization and popularization of traditional medicine in general and Bamenda Grassfields traditional medicine in particular.⁵⁸ While Anomah Ngu and others tolerated traditional medicine, Daniel Noni Lantum while Professor at the University of Yaounde Medical School and Teaching Hospital in the 1970s and 1980s had also studied traditional medicine and combined it with biomedicine to treat his patients. He established a synergy between traditional medicine men from Nso, Oku and from other parts of the Bamenda Grasslands and the medical students. The traditional doctors offered lectures on their rich experiences to medical students of the then lone Cameroon school of Medicines.⁵⁹ He even went further to published the “Pros and Cons of Traditional Medicine in Cameroon” in 1978 and in 1986, he concluded a census of Bui Traditional Medicine men. These publications were greeted with delight by interested parties as they portrayed the value of Bamenda Grasslands traditional medicine. He also led and organized several conferences to promote the collaboration between traditional medicine and biomedicine in many hospitals in Cameroon. These encouraged many Western trained doctors into coaction with indigenous healers from Kumbo, Oku, Balikumbat, Kedjom-Keku, Bafanji, Mbengwi, Bali-Nyonga in the 1980s. In Kumbo in the 1980s, Traditional Doctors referred patients needing blood transfusion, amputation, surgery and vaccination to biomedicines while the biomedicine practitioner’s transferred over cases of madness, epilepsy, bone-setting, impotence and barrenness to Traditional Doctors.⁶⁰ This offered the Bamenda Grassfields doctors the opportunity to showcase the capacity of traditional medicine and to also capture a wider market.

V. Conclusion

This paper has highlighted the relevance Bamenda Grassfields traditional medicine and healing. The people made use of what their environment provided them for the treatment of the numerous illnesses and diseases that attacked. It has exposed the fact that traditional medicine despite the introduction of western medicine stood the test time and is still valued by most people who rely heavily on it. Traditional medicine and healing in the Bamenda Grasslands was sustained through constant practice, tolerance, research and innovation. Its affordability, accessibility and the treatment of the indigenous people using their culture, belief system and values created a bond between the people, traditional medicine and the healers. Bamenda Grasslands traditional medicine was revolutionized in the post-colonial era with new inventions and developments. Western medical trained doctors were able to combine it with western health medicine and medical practices. This went a long way to enhance its importance and popularity not only in the Bamenda Grasslands but in Cameroon at large and far beyond. By extension, its importance and prevalence rendered the Bamenda Grasslands popular in Cameroons social settings as a hub of Traditional medicine and healing

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