

Traditional African Medicine: Treatment of a Case of a Large Boil in the Indénié-Djuablin Region (Ivory Coast)

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Abstract

Traditional medicine in Ivory Coast is undergoing a major transformation and occupies a prominent place in the health system. Indeed, the experience of Covid-19, marked by the inability of modern Western health systems to treat this viral disease, has sparked a growing interest in traditional medicine, despite the denial of recognition to which he is subject through certain players in the modern health system. And yet, the prowess of African medicine in curing many diseases is legion. Indeed, by being part of a holistic approach to care, traditional medicine brings psychological well-being to Africans who share a popular conception which distinguishes diseases of natural origin from diseases of sacred origin. This guides individuals in their therapeutic choice. This study aims to understand the sociocultural logics constructed around the disease from the description of the therapeutic care of a patient suffering from a large boil. This is an essentially qualitative study which focused on a sample of 11 people selected using purposive choice and snowball effect sampling techniques. This surveyed population is composed of ((01) patient, (09) family members, and (01) diviners-healers). For data collection, the interview guide and an ethnographic observation guide were used. The semi-directive individual interviews concerned the patient and the healer. While the focus groups were conducted with family members. All interviews were conducted either at the patient's home or at the therapist's office with their approval. Thematic analysis revealed that the large boil is a "natural" disease linked to a biological dysfunction. But it can also have a "mystical" character. Thus, for optimal care, treatment linked to magico-religious care associated with the power of medicinal plants would be recommended.

Keywords

Traditional Medicine, Pathology, Therapeutic Protocol, Diviner-Healer

1. Introduction

In Africa, people share a popular conception that distinguishes between diseases of natural origin and diseases of sacred origin. These social representations guide individuals in their choice of treatment. It is generally accepted that illnesses classified as natural are treated by health professionals in modern healthcare structures, whereas illnesses classified as “provoked, mystical or unnatural” are treated primarily by magico-religious means, sometimes using the power of medicinal plants, which are the specialties of diviners or soothsayers (Yoro, 2010; Yoro, 2012b). This traditional medicine complements so-called Western medicine. Indeed, it is defined as “the sum total of knowledge, skills, and practices that are based on the theories, beliefs, and experiences of a culture and that are used to maintain human health and to prevent, diagnose, treat and cure physical and mental illness” (WHO, 2013). It encourages its Member States to promote traditional medicine through the rational use of available resources (WHO, 2000).

This non-conventional medicine plays a fundamental role in the healthcare system in Africa. According to (WHO, 2000) almost 70% of the population rely on traditional medicine for their healthcare. For example, the prevalence of use of traditional medicines by the general population varies from 85% in Burkina Faso and Nigeria, 86% in Ghana to 90% in Burundi and Ethiopia (Ouoba, Lehmann, Zongo, Pabst, & Semdé, 2022; WHO, 2013). This choice made by the population is based on socio-cultural factors, financial accessibility and geographical location. However, (Yoro, 2002) points out that people’s health behaviours, which are characterised by the use of medicines other than modern medicine, either alternately or concomitantly, aim to make up for the dysfunction of the modern health system. On the other hand, the practices and representations that underpin them are based on a pragmatic logic of effectiveness. In some cases, this logic is more prevalent than purely financial and/or ideological determinants. For example, he explains that “people use traditional, Chinese or religious medicines, not because of financial problems, but because they believe in their effectiveness” (Yoro, 2002). Traditional medicine has proved effective in resolving complex health problems, reinforcing its legitimacy. These medicinal plants contain active ingredients that can effectively treat various health conditions. The COVID-19 pandemic has highlighted the importance of African countries developing their own pharmaceutical industries. This not only includes the production of pharmaceutical medicines, but also plant-based remedies.

In other words, this health crisis has reinforced people’s confidence in traditional medicine. Most Africans who use it feel a strong bond with this traditional pharmacopeia. According to Yoro, Ehui, & Ekra (2015), women find a connection with traditional medicine and see a part of themselves in it. It is believed to be an important part of their heritage and knowledge passed down from their ancestors. Even though modern medical care is available, most women who use traditional medicine consider it essential for their health. Generally, social per-

ceptions of disease in Africa guide individuals in their choice of treatment. Therefore, we aim to answer the question “What are the social considerations surrounding diseases, especially large boil disease?” to better understand social representations, disease experiences, therapeutic routes, and therapeutic management. Because the question of whether African medicine is effective or not in the treatment of diseases is no longer a problem. The case of HIV/AIDS, with its corollary of opportunistic diseases which still defy microbiology, does not pose a problem for traditional medicine, which has succeeded in eradicating it. We can also cite bird disease (Bonnet, 1999) and Bosse disease (Amani, 2023). All research is supported by a methodology that underpins the validation of results.

2. Methods and Materials

All research is supported by a methodology that underpins the validation of results.

2.1. Methods

The study was carried out in Abengourou, which is a locality in the Indénié-Djuablin region located in the east of the country. This region is home to the Agni ethnocultural group. Thus, as part of a qualitative approach, it focused on a sample of eleven (11) individuals selected from two non-probabilistic sampling techniques: sampling by reasoned choice concerned the patient who is going through a particular experience. Snowball sampling made it possible to identify the key players with whom the patient remains in contact in the search for a solution. This group consisted of nine family members, including the father, siblings and aunt, who were the first witnesses to the story of the illness and its experience. In addition, a healing diviner was included in the study as a second witness and pioneer actor in order to understand his role in the therapeutic management of the disease.

2.2. Materials

For data collection, the interview guide and an ethnographic observation guide were used. The first guide addressed to the patient and family members provides information on (social representations, local name, history of the illness, symptoms, experience of the illness as well as the choice of therapeutic procedure). The second guide addressed to healers focused on (representations, causes, symptoms and consequences as well as their care practices and therapeutic protocols). The various semi-structured individual interviews were carried out both at home with the patient and at the treatment office with the therapist. A focus group was also carried out with the family at home. The ethnographic observations carried out on a daily basis made it possible to understand (the state of health of the patient, her painful experience, the application of care and the healing process). Because we followed the patient for four months, that is to say from the beginning of the illness, the acquisition of care and until total recovery

was obtained. Participation in the study was voluntary and had the approval of those concerned. The thematic analysis yielded the following results.

3. Social Considerations and Psychological Influence of the Disease

Social considerations of the illness influence individual behavior and practices in terms of health and well-being.

3.1. Social Representation of the Disease

Health and illness are not just mere biological anomalies but are also imbued with values and beliefs that go beyond that. They are an integral part of our daily lives and are represented both individually and collectively. Health, from a purely organic perspective, is seen as the absence of disease. It translates into a state of well-being in terms of our capacity for action, self-fulfillment, and harmony with others. Generally, illness is defined as something that is opposed to health, and whose negative effect is due to an alteration or disharmonization of a system. This is part of a biological breakdown most often characterised by pain associated with suffering.

Known locally as n'gnrat the large boil remains a serious disease. It is described as a “dangerous, destructive and deadly” disease because of its negative effects on the health and physical appearance of sufferers. The manifestations of this disease differ from those of elephantiasis. A number of symptoms are recognised in the onset of the disease, including pain in the leg, a feeling of heavy feet, stomach ache and headache. As the healer points out, “the disease travels through the body”. So people with the disease do not have stable health. But they don't necessarily understand the signal their body is sending them. There are many aetiological causes, all of which can be explained by social logic. In the first case, it would have a “natural” cause due to the impurity of the blood in the body. In the words of the healer: “Illness works with the blood. When the blood is dirty, and there are bugs in it, then the illness manifests itself; sometimes, the person has a stomach ache, sometimes a headache. That's how the illness travels around the body, and the person has no peace”. As for the “mystical” cause could come from a spell cast by a family member or close friend out of jealousy or from a malfunction in social relations or relations with the spiritual world. As the healer explains: “If someone has black medicine in their hand, they can cast a spell on you. This can happen out of jealousy or because you've done something to the person and they're not happy with you. So if they want to hurt you, they give you this. You can also walk in a black medicine destined for someone else, and your foot will take it as dirt”. In Africa, illness is never perceived as a simple dysfunction of the body or mind. The development of a large boil can lead to serious consequences, such as paralysis and death. These swellings can damage vital organs like the kidneys, liver, and heart, as well as the blood, which affects our overall health and well-being.

3.2. Experience and Psychosocial Impact of the Disease

The emergence of a large boil can be distressing for both the patient and their loved ones due to the rapid progression of the disease, which results in body swelling and a lack of awareness of the illness. As the patient said, “I didn’t know what was happening to me, but every day I swelled a little more. It got to the point where I couldn’t stand up, move around on my own, or do my activities. Everything had become so complicated for me that I was constantly afraid that the disease would take me. It traumatized me because I was no longer myself”. This account sheds light on the challenges faced by those suffering from the disease. It highlights the physical pain, emotional distress, and social isolation caused by the large boil. The disease not only deprives the patient of their usual roles and relationships, but it also strips away their sense of identity. In other words, the large boil is a destructive force that has a profound negative impact on the patient’s life.

For the parents, whose role is to assist, accompany, and support the patient, this was a painful and distressing experience. It is difficult to see the disease destroying a person and being unable to do anything about it, or even to see all the attempts fail. This feeling of powerlessness creates frustration. As the father said, “I felt powerless in the face of my daughter’s suffering, and I was frustrated because I risked losing my daughter, given the meteoric rise of the disease, which brought her training at INFAS to an abrupt halt.” For the mother, too, the suffering was psychological, as she put it: “I was distressed by this disease, which I have no control over, and which I discovered in my child”. These words were echoed by the social elders: “When I learned that my sister was ill, I came to support her. I prayed to God to heal my sister, because I was afraid she would die, the way she was swollen, and frankly it was unbearable”.

A large boil can cause several complications and damage to the body. It also has social implications that lead to fear, stress, anxiety, and tears. All of these psychological problems affect the experience of the disease by the affected individuals and their families, who share the same social realities. Therefore, when people perceive the seriousness of the disease and the popular interpretation that follows, they have no choice but to seek help from modern, traditional, or religious therapeutic systems.

4. Care Pathway and Traditional Care Modalities

Illness compels the individual to seek care to maintain health and well-being. And, in Ivory Coast, the healthcare landscape remains diverse because, beyond Western medicine which remains the official medicine, individuals increasingly resort to unconventional medicine with traditional medicine and religious health-care practices.

4.1. The Patient’s Therapeutic Itinerary

The pain we feel leads us to take the treatment we feel is best for our recovery.

However, the symptoms of the disease are often misleading. That's why it's difficult for lay people to recognize a large boil from these signs. In fact, these symptoms can give the impression of other illnesses, which can confuse patients and their families depending on their interpretation of the illness and their decision to seek treatment. Patients who think they know what they are really suffering from choose the treatment they feel is most effective in helping them recover as quickly as possible. However, when patients are wrong about their illness, they follow inappropriate treatments, which can aggravate their illness or lead to death.

So, as soon as the first symptoms of the disease appeared, modern medicine was chosen as the first line of treatment. But this Western medicine soon began to show its shortcomings. As one patient said, "I woke up in the morning and felt a pain in my foot. I thought it was a little sore, so I went to the hospital to see a doctor. After consultation, the doctor recommended that I have an injection, which I did. Following this injection, the next morning my foot started to swell and every day it got worse. That was the beginning of my suffering, and that's when I realized that modern medicine couldn't treat this disease because it's made my situation worse". As modern medicine has been ineffective in treating large boils, patients are turning to alternative treatments as a second option. This has led to a growing interest in traditional medicine as a viable alternative for managing complex health issues in Africa.

This treatment, which is found in the field of traditional medicine, is the sole responsibility of traditional therapists and seers and takes place within a purely symbolic framework that brings the genies into play, based above all on magical treatments sometimes combined with medicinal plants. Preventing or curing illness is not just a biomedical matter, but also depends on a range of socio-cultural factors which play a decisive role in the way in which the individual perceives their illness and their relationship with others and their environment. Although health centers effectively prevent and treat illness, they ignore the social dimension. In such a context, this biomedical system remains ineffective when it comes to illnesses caused by spirits or witchcraft. It does not determine the cause, does not, for example, restore the disorder created by the transgression of prohibitions, and can only treat the symptoms and not the disease.

4.2. Therapeutic Practices

Traditional medicine occupies an important place in seeking care and the perpetual quest for healing. Traditional medicine is effective, which underpins its legitimacy and positions it as a medicine that cannot be ignored. It includes fresh or dried green leaves, decoctions, tree bark and roots, and parts of animals and objects that play a decisive role in the application of treatments. This medicine aims to protect against spirits, prevent and treat pathologies, etc. using a rigorous therapeutic protocol. This protocol may sometimes seem strange, but it makes sense in the endogenous context. Indeed, the use of religion, speech, magic

and the invisible are not negligible in health care in Africa. Thus, respecting the prescriptions of traditional medicine and taking medications are essential to achieve the desired objective.

4.2.1. Magic and Religious Procedures

In this process, large boils are treated through metaphysical care, a combination of magic and religious beliefs (magico-religious procedures). This admitted care is reinforced by medicinal plants. Magico-religious care is structured around two phases: penance and purification.

- Penance consists of a return to the sacred. The patient is placed in a room to pray and ask forgiveness for her sins from the supreme being in which the patient believes, and for him to accept that the treatment on her behalf would be beneficial in restoring her health. This act frees the patient from all condemnation, as the Bible states in 1 John 1 verse 9: “If we acknowledge our sins, he is faithful and just to forgive us our sins and to cleanse us from all evil”. This confession is, therefore, decisive in the subsequent treatment, as it gives the healer full power to act.
- Purification is the act whereby the healer gives the patient a “bath” in a decoction prepared by the healer. This bath is supposed to eliminate all impurities or the “shadow of death” on the metaphysical body that the healer perceives in the world of the invisible. The human body has a metaphysical dimension which can be understood through the theory of the double of the human body. Essentially, the human body is composed of two shadows. The first shadow represents the external body and is also known as God’s shadow. It is the image or reflection of a person that can be perceived when they stand under light or in the sun. The second shadow, called the shadow of the devil, represents a person’s soul. It is invisible and is often targeted by sorcerers.

4.2.2. Use of Medicinal Plants

Traditional medicine is a form of therapy that relies on medicinal plants. These plants contain active compounds and are used to prevent and treat various illnesses, whether they are common, natural, or even mystical. However, it is important to remember that plants are living organisms and should be treated with respect. This means that special care must be taken when harvesting them, including considering the timing, methods, and even the words used during the process.

There are many different types of plants used in traditional medicine, each with its own unique benefits and forms, such as green leaves, bark, roots, and more.

These plants (**Figures 1-3**) are used to treat malaria and wounds and clean the sick person’s blood. Guinea pepper (**Figure 4**) and Baoulé pepper (**Figure 5**) are added to the preparation. The dosage is 3 times a day.

The paste obtained in **Figure 6** from the flower leaves and the black stone in this pot will be applied to the swollen foot morning/evening with a chicken



Figure 1. Tree of God. Source: author, 2023. Source: author, 2023.



Figure 2. Bobodouman leaf. Source: author, 2023.



Figure 3. Bark, root and leaf canary. Source: author, 2023.



Figure 4. Flower leaves. Source: author, 2023.



Figure 5. Black stone. Source: author, 2023.



Figure 6. Medicated black past. Source: author, 2023.

feather. In fact, contact with the medicine is forbidden. According to the therapist, “The hand is heavy and can spoil the medicine.” This heaviness of the hand, mentioned in the figurative sense of the word, refers in the literal sense to “dirtiness and sin”. Man uses his hand to carry out good or evil actions. As a result, they can be soiled. This could naturally spoil the medicine. The purpose of this medicine is to tighten the swollen foot and block the progress of the disease. These procedures start the healing process, which will continue until the patient is completely cured. So it’s safe to say that traditional medicine plays a significant role in health problems in Africa.

5. Discussion

This study shows that large boils are a serious disease that causes serious health problems. The disease has several aetiological causes and is traumatic for the patient and his family. Social representations and the perception of the seriousness of the disease steer management towards traditional care, which has two dimensions (physical and meta-physical). Social representations of illness have been highlighted in other ethno-cultural groups. Among the Kongo, for example, madness belongs to the group of “abnormal,” unnatural illnesses recognized as being caused by others (Mbassa, 2015). In the same vein, Yoro (2012a) has shown that among the Bété, mental illness, AIDS, and hernia are perceived as “shameful” diseases. These social representations can be an obstacle to seeking care in modern health facilities. It is also experienced as an event of social disorder that encroaches on the peace of mind of man in Baoulé culture (Amani, 2019). Indeed, illness leads to death or organ silence. This creates desolation within families and communities. Sociologists refer to this as a biological rupture (Ipara, 2014). Illness is often associated with pain and suffering. It is therefore a state of morbidity that has psychological repercussions. According to Lacroix (1996), when a chronic illness is announced, the first reflex is shock, which can range from surprise to anxiety. This is followed by denial, which consists of unconsciously rejecting the feeling of threat or the threatening situation. This is followed by rebellion, which represents a necessary evolution, as the subject begins to realize that the illness is real. The bargaining stage corresponds to the patient’s desire to make the best of the situation by seeking various therapeutic approaches. This is followed by depression, manifested by sadness and withdrawal. In this way, the subject can move from resignation to acceptance of the illness (Konan, Amani, & Amichia, 2021).

The causes of illness can be natural, provoked, or mystical (Amani, 2019). On this subject, the literature proposes an open schema articulating the interpretation of the illness and the therapeutic pathway (Fainzan, 1986). This is due to the fact that populations share a popular conception which distinguishes between illnesses of natural origin and those of sacred origin. This sacred aspect of illness refers to its social or mystical dimension (Herzlich & Moscocici, 1969). This social perception of illness leads to a strong involvement of healers in treatment

through magico-religious procedures (Bonnet, 1999). As Yoro (2003) points out, in the Bété ethno-cultural group, the shadow of God is the seat of illnesses that have no perpetrator, called illnesses of fate or of God. On the other hand, illnesses caused by sorcerers, or illnesses caused by the transgression of a social ban, have their seat in the shadow of the devil. This is why it is so important for therapists to use their mystical powers to operate in the world of metaphysics. In Africa, religion, the spoken word, magic and the invisible are important resources in health care (Yao, 2012). Thus, the therapeutic protocol defined may sometimes be strange, but it underpins a socio-cultural logic of care that makes sense locally (Amani, 2021). In fact, religion, the spoken word, magic and the invisible are significant resources in African healthcare (Yao, 2012). Thus, the therapeutic protocol defined may sometimes be strange, but it underpins a socio-cultural logic of care that makes sense locally (Amani, 2021).

Furthermore, in studying the therapeutic itinerary of an HIV/AIDS patient, (Yoro, 2002) points out that the health behaviors of populations characterized by recourse to medicines other than modern medicine either alternately or concomitantly aim to make up for the dysfunction of the modern health system. On the other hand, the practices and representations that underpin them are based on a pragmatic logic of effectiveness. In some cases, this logic is more prevalent than purely financial and/or ideological determinants. He explains that people use traditional, Chinese, or religious medicines not because of financial problems but because they believe in their effectiveness.

6. Conclusion

Traditional medicine has established itself as a significant healthcare alternative in Africa. Most Africans who use it feel a strong bond with it, as it is the medicine of our ancestors. It remains effective in the treatment of sometimes complex illnesses. What makes it so special is its holistic approach. This is because, this medicine situates the disease in its historical-environmental context, tracing the history of the disease and then defining a specific therapeutic protocol. This study recommends that decision-makers provide a framework for traditional medicine practitioners and identify medicinal plants in order to establish a useful database for the production of phytotherapy. It is also important to introduce coercive measures to combat deforestation and uncontrolled urbanization, which compromise the availability of resources for future generations.

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Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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