



Ethnographic study of mental illness in Enugu-Ezike town, Nigeria

Chizoba Sebs-**Okolo**, Anselem M. **Ibeanu**, Pat. Uche **Okpoko**,
* Emeka E. **Okonkwo**

Department of Archaeology and Tourism, University of Nigeria, Nsukka

*Corresponding Author: emeka.okonkwo@unn.edu.ng

ABSTRACT

Enugu-Ezike community stands out in the Southeast of Nigeria as regards the practice of traditional medicine. Their traditional healers have been making remarkable success in the area of healing mental illness through indigenous knowledge. The acclaimed success has been made possible through different methods and practices. This research is focused on mental illness in Enugu-Ezike, Nigeria as it seeks to document the different types of mental illness and examine the causes and methods of diagnosing the ailment and cure. The study also sought to determine the active ingredients found in traditional herbs used in the treatment of mental illness. The study was conducted using both qualitative and quantitative methods of data collection. A semi-structured interview was conducted for the key informants, which include traditional healers and elders with rich cultural knowledge about the mental health system. Information from individuals healed from mental illness and their caregivers corroborated the data from the traditional healers and elders. Two sets of instruments were used for data collection, namely: a structured questionnaire and an interview guide. A participant as an observer was also used to gather data. Data analysis was mostly descriptive, relying on generated data from both qualitative and quantitative methods. The result of the study emanates from all the data generated, including the chemical analysis of roots/herbs used in mental treatment. The results showed that violating taboos, anger toward ancestral spirits, and stealing are the causes of mental illness. Divination, sacrifices, and physical

observation are the commonest methods of diagnosis. Treatment of mental illness takes different forms such as the administration of herbs and roots, sacrifices to appease the angered spirits, and rituals. Chemical analysis reveals that active metabolites found in plants used by healers in the treatment of mental illness in other places were also found in herbs used by traditional healers in the study area.

Keywords: *Indigenous health care system, Mental illness, Nsukka culture area, Herbs and roots.*

Introduction

The indigenous health care system has been an integral part of human culture. Man has since his existence been faced with illnesses, diseases, and other health issues. In a bid to combat these health challenges, human beings have carried out a lot of experiments and have engaged in constant practices of trial and error in efforts to protect, prevent, and cure illnesses. Akpomovie (2014:51) observed that "different ethnic groups and cultures recognise different illnesses, symptoms, and causes and have developed different health care systems and treatment strategies". According to Abbo (2011), the World Health Organization (1996) estimates that 60% – 80% of the population go to traditional healers for their health care, suggesting a massive consumer base. However, this

strongly indicates that traditional healers are useful in the milieu in which they operate, yet not much is known about their methodologies and approach to treatment.

Among the Igbo people, including the indigenes of Enugu-Ezike, indigenous health care has been an effective means of healing both the physical, mental, and spiritual manifestations of illnesses. The people of this area are of the belief that certain agents such as witchcraft, poison, and violation of taboos, are causes of certain ailments and therefore have devised various ways of diagnosing their causes and subsequently their treatment. According to Akpomovie (2014), some of the factors which could also cause ill health include sorcery, breach of taboo, spirit intrusion, diseased objects, the

ghost of the dead, and acts of the gods. To this effect, the healer in this locality resorts to the use of divination, recitation of the appropriate incantations, sacrifices, and rituals to diagnose illnesses in order to cure them. Sigida (2016) is inconsonant with the above assertion as he further maintained that existing evidence demonstrates a connection between culture and diagnosis, symptoms, cause, and treatment of mental illness. He believes that ancestors and ancestral spirits could be invoked through various media to secure the healing of certain diseases.

This belief that certain mental illnesses emanate from supernatural forces is held strongly by all the communities in the study area. Blaming mental illness on supernatural sources was also observed by Oyewunmi et al.(2015). As exemplified by Oyewunmi et al.(2015), it is not only restricted to uneducated persons, as many well-educated persons also firmly hold this view. This implies that irrespective of the influence of western education, there is still a strong cultural influence on the people's understanding of the illness. For instance, in cases where an educated elite falls sick (physical or mental) and it is persisting, the relatives of such an individual may go about seeking the cause of the problem (*iju ese*) and

solution to the illness even while the patient is still being treated in an orthodox hospital. The reason behind this, as suggested by Jegede (1981), is the belief that every illness or predisposition is influenced by the spiritual forces invoked by the enemies and could effectively be handled by traditional or faith healing. The people of Enugu-Ezike believe that there is a cause for every illness and that the aetiology of certain illnesses that defy immediate treatment or affect mental state has spiritual forces (*aka ndi mmuo*) behind them. This is seen in some cases where medications from the traditional healer are being administered secretly to the patient alongside the orthodox treatment despite the danger of such a combination. Mpono (2007) noted that the conflict between these two healthcare systems is fueled by mutual suspicion and lack of communication and this is not in the best interest of the clients who make use of both types of healthcare services.

The people of Enugu-Ezike are blessed with the environmental setting, which is marked by derived savanna vegetation and this allows them to exploit various plant parts for the use of medicine for the treatment of various diseases. Okpoko and Emeafor (2018) observe that the environmental setting of the Nsukka area

is such that it is blessed with natural resources and they have used it over time to subdue hazards in the environment including illhealth. They devise ways of curing diseases that are environmentally induced as a way of dominating and conquering the environment in which they live. However, their environment has helped to sustain traditional healing in the area over time.

Previous works have not specifically addressed the indigenous mental health system. Studies have shown that a large portion of the Nigerian population relies on traditional healers for their health care (WHO 1996; Ekeokpara, Ugoha & Azubuike 2017). Despite this important role played by these healers, the Indigenous mental health system has been neglected/ misconstrued and has not been considered important for scholarly research. To this effect, there has not been a proper documentation of cases of mental illness to understand the types treated by traditional healers. There has also been an erroneous belief by people that the aetiology of mental illness lies on a single factor, whereas research has shown that mental illness can be caused by other factors (Ngobe, 2015; Sigida, 2016). Diagnosis of mental illness by the traditional healers is often believed to be made through guesswork

and magical powers. Still, there is evidence that these healers are effective in the milieu in which they operate (Sigida, 2016). Furthermore, it has been argued that traditional herbs used for traditional healing may be dangerous since it does not pass-through laboratory test (Mufamadi, 2001). Yet, research has shown the effectiveness of traditional medicine in handling mental illness (Ahmed & Azam, 2004).

According to Suleiman (2016), despite steady growth in the number of people roaming the streets and the resulting danger to the public, the government is yet to develop any plan that might mitigate the problem. It is estimated that 20% of the Nigerian population suffers from mental disorders (Suleiman 2016). This astonishing statistic poses serious questions as to why mental health disorders are not given much more attention than it currently receives.

To effectively address these problems, this study is designed to investigate the relevance of the indigenous health care system in handling mental issues in Enugu-Ezike, Nigeria. Therefore, there is a need for an intense/critical investigation of the activities of traditional healers in mental health treatment. This is the gap the study intends to fill.

Research Questions

Having established the statement of the problem, the following research questions readily come to mind:

- i. What are the different types of mental illness in Enugu-Ezike?
- ii. What are the causes of different kinds of mental illness and methods of diagnosing them?
- iii. Are there active ingredients in traditional herbs used in the treatment of mental illness in the study area?

The Aim of the Study

The aim of the study is to examine the place of the indigenous healthcare system in the handling of mental illness in Enugu-Ezike, Nigeria.

Specific Objectives

The specific objectives of the study are:

- i. to document the different types of mental illness in Enugu-Ezike.
- ii. to examine the causes of different kinds of mental illness and methods of diagnosing them, and
- iii. to determine the active ingredients found in traditional herbs used in the treatment of mental illness in the study area.

Methods of Research

Research methodology "deals with the various procedures that are generally

adopted by a researcher in studying his research problem along with the logic behind them" (Kothari, 2004:8). To effectively carry out the study, the researchers used both primary and secondary methods of data collection to gather information for the research. Primary data are information obtained directly from a firsthand source. The researcher employed the following instruments for the gathering of data: in-depth interviews, key informant interviews, observation, and the use of questionnaires.

In-depth/Key Informant Interviews:

The study employed a semi-structured interview. This is a kind of in-depth interview where the respondents must answer a set of pre-planned open-ended questions based on the items to be covered during the interview. While this is invaluable it also fosters rapport when interviewing an illiterate or semi-literate population (Okpoko & Eze, 2011). According to Jamished (2014), to achieve optimum use of interview time, the interview guide serves the useful purpose of exploring many respondents more systematically and comprehensively as well as keeping the interview focused on the desired line of action. Since the population involved mainly illiterate people, this method was considered

relevant as it has the strength of getting more information by also applying face-to-face non-verbal communication to drive home the research objectives.

We visited ten traditional mental healers, six traditional healers, five clan heads, six mentally healed individuals, and five caregivers in the study area. These visits enabled us to discover some indigenous healthcare practices, types of mental illness, causes, and ways of diagnosis. The custodians of these cultural practices were identified and interviewed. We used direct observation and unstructured interviews to elicit information from key informants, who were purposively selected. Two categories of people were used as key informants. They are people directly involved in the healing process and the local historians. The traditional mental healers provided information on the types of mental illness, causes, and diagnoses. They also gave us insight into the healing processes as well as plants and plant parts used in the treatment, among others, while the local historians provided useful background information.

Observation: The study engaged a participant as an observer technique. It is a common method in ethnographic research. In other words, the intents and purpose of the study were made known

to the people under investigation. Okpoko and Eze (2011) noted that the method helps researchers to gain a more in-depth knowledge of the activities of the traditional healers under study. We were able to observe for two days the activities of three mentally healed individuals ready to be discharged from the healer's local clinic. Our observations include their responses to questions, their knowledge of their environment, and information about themselves. We were also able to trace and locate discharged two individuals within two villages that were willing to interact with us about their past experiences of mental illness.

Questionnaire: The questionnaire method was used in the study as it made it possible for the data obtained from the field to be quantified. The questionnaire comprised both open-ended and closed-ended forms. The reason behind this was to allow the respondents to provide answers to the types of indigenous mental illness based on their understanding and experiences. Questionnaire design entails decisions regarding the content of the questions used, their structure and order, the measurement scale provided to the respondents, and the layout of the questionnaire (Stylidis, 2012).

A total of hundred and seventy (170) questionnaires were administered to respondents who were purposively selected across eleven villages in Enugu-Ezike. The reason for their selections was based on the high number of individuals with mental illness in the selected villages as well as their long-aged practice of mental healing. The questionnaires were distributed to both traditional healthcare practitioners, indigenes of Enugu-Ezike, relatives of mentally derailed individuals, and caregivers in the following order: healthcare practitioners in Imufu village (10), traditional mental healers in Umuagama village (20), relatives of metal derailed persons in Amachalla, Amufie, and Imufu villages (50), indigenes of Olido, Amachalla, Ezillo and Umuogbo villages (80) and caregivers in Olido and Ezillo (10). Administered questionnaires were pre-tested through face-validation by an expert and some anticipated problems in the field were corrected. Those respondents unable to read and write were helped by a research assistant. The data were collated and analyzed descriptively.

Secondary sources of data collection, such as library materials, were used to supplement primary data.

Geographical Location of the Study Area

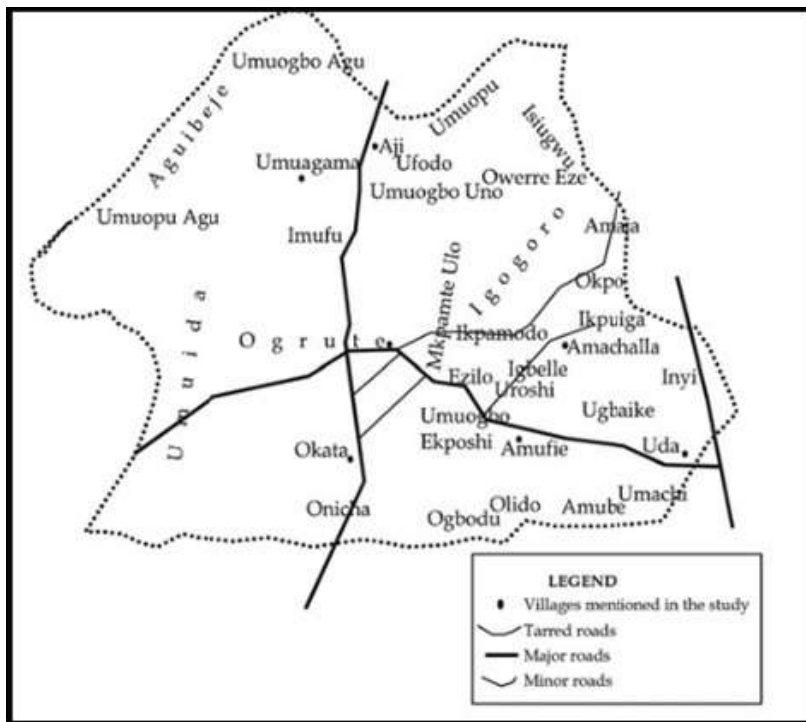
Enugu-Ezike town is located between latitude $7^{\circ} 02'N$ and $7^{\circ} 26'E$ and between $6^{\circ} 58'N$ and $7^{\circ} 31'E$, covering an area of approximately 260 square kilometres with a population density of more than 800 persons per square kilometre (Apeh and Opata, 2019). The town is made up of four clans that comprise thirty-three villages, 'the least among which compares favourably with any average rural town in South-Eastern Nigeria both in size and population' (Eze 1984 cited in Apeh and Opata, 2019). Enugu-Ezike occupies the northernmost fringes of the Enugu State of Nigeria. It is the headquarters of the Igbo Eze North Local Government Area and is exactly 19.2 kilometres from the university town of Nsukka. The population of Enugu-Ezike was projected to be 285,000 in 1991 and 350,000 in 2006 (NPC, 2006). The town shares boundaries with the people of Obollo Afor in Udenu Local Government Area on the eastern side, the people of Alor Agu in Igbo Eze South Local Government Area, and Amaka, respectively, on the western side.

Enugu-Ezike was forested initially, but due to human activities, the vegetation has changed to what could be described as derived savanna. The geographical

position and the physical features of the town make it a beautiful village endowed with natural drainage and beautiful scenery blended with significant savannah vegetation. Among the crops/economic trees found in Enugu-Ezike are oil bean (*Pentaclethra macrophylla*), mango (*Mangifera indica*), three-leafed yam (*Dioscorea dumetorum*), and cocoyam (*Colocasia esculenta*). Some

of these economic trees are harnessed for family consumption, while others are sold in the local market (*Eke*). Some notable medicinal plants available in Enugu-Ezike are *Ogirisi* (*Newboulda laevis*), *Uvuruilu* (*Nauclea latifolia*), *Ugugo* (*Morinda lucida*), and *Udaegu* (*Xylopi aethiopica*). Traditional healers use these plants for medicine.

Figure 1: Map of Enugu-Ezike Showing the Thirty-Three Villages



Source: Apeh and Opata (2019).

Presentation of Findings: Mental Illness in Enugu-Ezike Town

Enugu-Ezike people defined mental illness as an illness or a mental condition that affects a person's ability to reason, think, and behave properly thereby marking the character of such an individual as different from the rest of the members of society. The healers share the same belief that a person who is mentally ill finds it difficult or is unable to function adequately and relate with people at home, work, or society and, therefore, is considered not normal. The healers described an insane person as someone who loses his/her sense most of the time, though not all the time, and often talks senselessly and incoherently during discussions or conversations. The healers in the area were able to categorize some forms of mental illness: those that are mild and others that are full-blown which result in the individual being completely unaware of the environment. They went further to differentiate such behaviour from that which children exhibit. The following behaviours were identified as features of mental illness: 1) Talking and laughing alone, 2) Restlessness and wandering about naked, 3) Moving aggressively with dangerous items, 4) Deviant behaviour, 5) Wandering violently, muttering or talking

gibberish to no particular person and picking dirt 6) Seeing and talking to an unreal thing or hallucination

Types of Mental Illness

Four types of mental illness were identified in the study area. These are:

Yeteyete /yeye (Mental Illness Caused by Stealing): Traditional healers identify this type of mental illness as a less severe mental illness. The victim is described as not being complete in reasoning since he/she exhibits abnormal character which makes him or her unable to function fully as a member of society.

Isimbaka/Era/Igiri (Mental Illness Occasioned by Unconsciousness): This type of mental illness is classified as a serious mental illness. Although it comes in various degrees the patient commonly loses touch with realities and lacks consciousness of realities around him/her, among other abnormal behaviours.

Awobi (Mental Illness as a Result of Biological Disorder): Interviews with healers revealed that these categories of people are those who are mentally retarded and cannot function as full members of society. This could result from a biological factor such as brain malformation.

Causes of Mental Illness

Eight causes of mental illness, among others, were identified in the study area:

Stealing (*oshi*): Traditionalists in Enugu-Ezike dedicate their properties and families to deities for protection. The healers and elders reveal that the theft of properties dedicated to a deity is a taboo. They believe that stealing such items incurs the wrath of the gods and can cause mental disorders to the offender. Furthermore, when someone steals or takes anything that does not belong to him/her. The owner of the stolen items takes the case to a deity or idol, and the deity will inflict the culprit with a mental disorder in form of *yeteyete* (mild insanity) and in most cases *era* (complete madness) depending on the nature of the request made to the deity by the owner of the stolen item. This offence would require performing some sacrifices and other obligations through the priest in charge of the deity to appease the deity before the person can be cured.

Abuse of Marital Bond/Infidelity

(*Igbani'iro*): In Enugu-Ezike, some mental illnesses such as *yeyee*, though in some cases, *era* can occur as a result of infidelity in marriage. Our respondents explain that momentary madness can be

inflicted on a married person that has sexual intercourse with another person. The application of this local law holds in all the villages in Enugu-Ezike and beyond, though with some variations. However, this local law does not apply to unmarried women.

It is a consensus among the study group that when a man dies, and the wife completes the mourning period, she may decide to date another man. To actualize this, she must perform certain traditional rites before she is free to have sexual relationships with another man. The man (intending friend) will have to provide certain items mainly in the form of food stuffs for the woman. This implies that the both have informed the late husband of their intentions. Where this is not done, the son born to the late husband goes mad once he eats anything from her mother provided by her new male friend. Again, a woman could be made to run mad by the gods if she gives her husband's money out, either to her people or any other person without the consent of her husband. In our study area, this offence is locally called "*ogwugwaihe*".

Angered Ancestors: Angered ancestors could inflict mental illness in form of madness on a person who forcefully

dispossesses another person of his/her property such as land. Our respondents revealed that a certain type of mental illness known as *Era-uwais* a generational curse which results from the lineage of someone whose past generations had committed an abomination, such as killing a human being or using a live person to bury the dead. It is believed that the person being killed, at the point of death, would have cried to the gods and ancestors for justice and may have made some pronouncement against the killers that madness will not depart from such lineage.

Sacrificial Objects (*Ihe-aja*): People usually take objects like yams, fowls, goats, etc. to a deity for appeasement or thanksgiving. Some sacrificial objects are killed and their blood sprinkled on the image representing the deity. In some instances, the animal (for example fowls, goats, cows) may be presented to the deity and allowed to move around in search of food unrestricted. Such animals are known as living sacrifices in the study area. The people believe that anyone who steals a living sacrifice will be inflicted with insanity by the deity.

Madness can also be inflicted on a person who commits a crime. For instance,

stealing sacred objects and refusing to admit the crime. The owner may decide to take the matter to a deity and make some pronouncement on the stolen property before the deity, which could result in mental disorder depending on the type of curse placed on the offender.

Ogbanje spirit (Mermaid Spirit): *Ogbanje* spirit, (born to die), *mammy iwata*, *mmuommiri*, (water spirit) possesses the power of inflicting a person with madness. They believed that *ogbanje* could be born into a family when a woman desires fruit of the womb from the water deity or water spirit. Such a child born into the family is believed to be evil and brings deliberate grief to the family. This group of people often die quickly despite the care and love showered upon them in the family. The female *ogbanje* will usually give birth to children possessed by the same spirit. Often, an *ogbanje* keeps tormenting his/her family and the people around them. They possess the characteristics of dying and being given birth to repeatedly (reincarnation). When an *ogbanje* is given an assignment or a mission to accomplish such as to kill his or her parents or cause havoc and they fail to do it, after repeated warnings, they could be inflicted with mental illness depending on the

degree of their offence. The healers reported that because of the wicked nature of the spirit which possesses them, they are made to be seen as mad people and yet not show symptoms of madness. These groups are said to be possessed by the water spirits and they often exhibit irrational behaviour.

Poison (*Ili Ogwu*): Our respondents identified the poison as a cause of the mental disorder. *Ili Ogwu* (burying of dangerous charm) is an attempt to target a person's property or destroy the life of such a person out of jealousy. Such evil intent is targeted either at family members, friends, or colleagues in the workplace because of their progress. The identity of an individual who plots such evil may be known or may be hidden but because it was done through spiritual means makes it difficult for anyone to be accused. Victims of such activity will continue to live with mental illness until the land (*ani*) or ancestors (*ndi ma*) intercedes by arresting the evil plotter(s). Most times, these ancestors or deities may cast hysteria and make them confess in public. The confession, according to our informants, is done usually to suffer the perpetrators by exposing their evil deeds and making them live in perpetual shame.

Spell (*Igwe*): Jealousy or envying another person's progress could result in casting a spell on that person. Our informant noted that this kind of mental illness is often marked by general headaches, feelings of pain, tingling, and crawling sensations all over the head and at times the entire body. They also believe that it could be sent to a person through diabolical means. According to the healers, this type of mental illness if untreated could result in severe madness

Agwu Spirit: *Agwu* is a spirit that can cause some form of mental illness such as madness to a person. *Agwu* spirit, according to our respondents, is a possessing spirit that possesses an individual and makes him act as it dictates. One remarkable characteristic of the *agwu* is that the spirit empowers its victim with unusual powers, and revelations, such as seeing/communicating with the dead and other supernatural beings. The spirit will continue to torture the victim unless he accepts to worship it.

The Origin of Infidelity Taboo in Enugu-Ezike Town

Our informants explained that the origin of the infidelity taboo started with their forefathers and was handed down to

them through generations. It is a tradition observed in all the villages in Enugu-Ezike. According to our respondents in Inyi and Amaufie villages, the infidelity tradition taboo started in Enugu-Ezike with Ezike Oba, the founder of Enugu-Eziketown. Tradition holds that Ezike Oba fell sick during his time and was taken to different places for a cure, but was not responding to treatment. For some time, he remained in a state of being abandoned to his faith (*onoduukpara*). It got to a time when the elders had to gather to discuss what could be done. It was resolved that Ezika Oba would be taken to a diviner to reveal the cause of the sickness. As Anedo (2008 cited in Gibbs 1965:471) noted, "when a person falls ill, the Suku will not immediately resort to divination. The patient will, at first, be given ordinary herbal medicines. Should this fail, divination becomes necessary. A professional diviner is selected, and his diagnosis is acted on. If all these attempts fail, another diviner may be tried, and sometimes a third". The diviner had to use cleromancy (*ibuogu*) to find the cause after the presentation of kola nut to the clients, he/she makes a payment of divination fee which is usually a small fee. Bascon and Melville (1959) note that if divination fees are too

high, the diviners will lack clients. The diviner then places his divination instruments on the ground and invites the divination spirit through chanting and incantations. Ekwealor (1988) observed that the diviner's incantations were words uttered as the diviner dropped the *Ugiri* on the ground on and on. Through encantation, he beckoned on the almighty God, the deities, gods and ancestors to come around for a successful session. *Ibu ogu* is an act of finding answers to an event that occurred mysteriously which defy human explanation and need the revelation of supernatural entities. *Ogu* itself represents any type of stick picked to represent a suspect during divination. In this case, the relatives get two small sticks and make some pronouncement on each of the sticks while raising it. As they raise each stick up, they will recite: "*If this is the cause of this man's problem let divination (eha) pick this stick, if it is not, let the other one be picked*". The two sticks are handed over to the diviner to make a choice. If the diviner repeatedly picks the same stick four times (representing the Igbo four market days), it implies that the cause of the mysterious illness is traceable to extramarital affairs. If there are doubts by the woman's family as regards the

divination, they would visit other diviners where the same process is repeated to prove whether the initial diviner's assertion is correct. The respondents reveal that if such taboo occurs again, such a woman would go into momentary madness (*tiritiri*), which is meant to trigger her to confess. When she admits to the taboo, she will be taken back to her father's house. There, she would do the same confession before her people and certain items like goat, fowl, kola, yam, and drinks would be provided for cleansing the land. However, where the woman fails to confess, the madness continues. The above statement has been sealed as a tradition for the people of Enugu-Ezike.

Indigenous Methods of Diagnosing Mental Illness

Generally, traditional mental healers have two methods of diagnosing mental illness. These are:

Observation: The information provided by the respondents during interviews shows that close observation of a person with a mental health condition is the first approach by the healers in trying to identify who is mentally ill. The researchers' observations and interviews reveal that the patients show various signs which could be detected through

their outward appearance, looks, facial signs, body movements, and utterances.

Divination (*Eha*): Our respondents show that divination is a medium by which the ancestors (*ndi ma*) communicate with the traditional healers about an illness. It serves as a means of directing the traditional healer to the origin, cause, and management of a sickness, though not in all cases. Traditional healers believe that some mental illnesses, especially those with a known cause such as an accident can be diagnosed without consultation with the gods. Information from traditional healers indicates that not all types of mental illness require divination. For instance, when one who is under a spell of madness is presented for diagnosis, there is a particular leaf (name withheld), the diviner will apply and it would be revealed. Divination is common in diagnosing the basic cause of mental illness and subsequent treatment.

Cultural Materials Used for Divination

It was found that diviners make use of lots of cultural materials in their profession. The materials vary based on the type of divination practised. Some diviners use *oji* (kola nuts), some use water, while some use mirrors, animal entrails, reading of lines of human palms, and interpretation of *ugiri* beads (Anedo,

2008). All these help the diviners in the effective dispensation of their duties by interpreting the minds of the spirits. As noted by Zahan (1979:86) "*afa* (divination) instruments are like media between the diviners and the supreme being". The notable cultural materials used for divination in the study area are:

Tortoise Shell (*Okpokorombe*): Tortoise shell is a material produced from the shell of the larger species of tortoise. The diviners usually use a tortoise shell during divination and it is referred to as one of the major instruments of divination (Anedo, 2008). Diviners believe that the spiritual forces come to inhabit the shell immediately after the diviner starts to beat it during divination. "*...in the Shang dynasty, shoulder blades of oxen and the bottom shells of tortoise were inscribed and heated. A message was derived from the pattern of cracks formed across the inscription after the heat was applied*" (Philips, 1971, p. 249). Our informants argued that during divination, once the shell is beaten two to three times by the diviner, the truth about the client's problem is revealed.

Cowry Shell (*Ashiakpa*): Cowry is the common name for a group of small and large sea snails. Some diviners used cowry shells during divination. Some

diviners put these in an earthen pot or on the ground. Cowry shells are used to determine if water spirits are responsible for the calamity that has befallen someone. During divination, the cowries were believed to help in interpretations (Anedo, 2008). This, according to the healers, is one of the media through which the spirit relates with the diviners. According to a traditional healer in Enugu-Ezike, the position of the cowry when it is cast shows if a sick client would survive a particular illness and whether further treatment should go on or not.

***Ugiri* Shells (*Irvingiagabonensis*):** In Igbo communities, *Ugiri* shell is the most commonly used *afa* instrument and the shells are made from *Ogbono* seed. The shells are sewn together with a rope in four rings and would be sixteen in number. Each of them represented a word and at the same time meant something to the diviner (Anedo, 2008). The combination of the shells in four ropes is called *ikpukpara* or *afa* seed used by diviners. Interpretation involved reading and voicing out whatever each of the *afa* seeds said. Zahan (1979:86) noted that "the interpretation of *afa* seeds bring in *afa* instruments and things that help him to fulfil his thought and the authority he

has to reveal the future. He solves the problems of the sick through the help of all these". On the other hand, Booth (1977) observed that *Ugiri* helps the diviner to commune with the ancestors and thereafter interpret the problems of his clients.

Ofo (Symbol of Authority): *Ofo* is a symbol of truth and authority. It was therefore used during the divination to intensify the authority bestowed on the diviner. The diviner, realizing the implication of this, usually says nothing but the truth concerning the minds of the earth, ancestors, and spirits during divination (Anedo, 2008). He would be in trouble if he deviates from the truth.

Nzu (Igbo Native Chalk): *Nzu* is a symbol of cleanliness, open-mindedness and purity. It, therefore, signified the purity, cleanliness and open-mindedness of the diviners. Diviners used it to draw four lines on the ground signifying four Igbo market days: *Eke, Orie, Afo, and Nkwo*. The *nzu*, therefore, was used to invoke the spirits that owe the four days so that they would contribute to the solution of the problem being sought. The diviners also used it to paint their eyelids because it was believed to be capable of ensuring clearer spiritual vision during divination (Anedo, 2008).

Oji (Kola Nut): *Oji* is used during divination. It is used to appease the gods and seek their favours in the solution to the clients' problems. Breaking of kola nut is the first rite normally performed before ascertaining from the clients the reason for their visit. It is a symbol of love and accommodation or hospitality (Anedo, 2008).

Treatment of Mental Illness

The healers in Enugu-Ezike claim they treat all mental illnesses whose causes are spiritual and some that are non-spiritual. They reported that the main task involved in the treatment is on diagnosis (divination). Treatment of mental illness whose causes are spiritual can only be complete if all instructions revealed by the diviner during diagnosis are followed. Therefore, treating mental illness suspected to have spiritual causes must first be diagnosed. Generally, all mental illness treatment goes with the consultation of deities and sacrifices to appease the gods.

Treatment of Mental Illness Caused by Abuse of Marital Bond (Infidelity)

A married woman getting involved in an extramarital affair is considered a taboo in Enugu-Ezike. The consequent punishment can only be averted after the

offender has made a public confession and performed a ritual. According to the healers, where she fails to confess and certain rituals (sacrifice of a goat, native fowl, yams, cola nuts, and local drinks) performed to appease the gods, she will remain in a mental state known as *asyeyee or yeteyete*. And once she has confessed, she will be taken back to her father's house by her husband and his relatives where she is expected to make the same confession again. The woman's family will provide certain items as demanded by the gods through divination. Such sacrificial items include yams, goats, kola nuts, native fowl, drinks, and clothes. When these items are provided, they are presented to the oldest man in her husband's family, where she would be handed over to the eldest woman who will question her again about her offence. Those sacrificial items are used for cleansing the land of the sacrilege committed. The eldest woman oversees the cleansing of the land. In Enugu-Ezike, a son of a married daughter from her husband's family (*okenwanyunye*) is invited to do the cleansing. The sacrifice is then performed using the sacrificial items, after which, the oldest woman makes some prayers on her behalf. The wrapper or cloth she wore at the time the offence was committed would be burnt

and a new wrapper given to her on a cleansing day. The *okenwanwunye* will dig the ground, pour the blood from the slaughtered goat and bury it. This exercise is done in the absence of the woman's husband and the food prepared on this day will not be eaten by the husband's people rather the *okenwanwunye* will take the food, the meat, and other items used for sacrifice back to his home to be eaten with his friends. No one from the woman's husband should eat or take anything used for the cleansing or else the woman remains in that mental state. After the cleansing, some herbs would be administered to complete the healing, and her sensere turns after the cleansing has been done. She can then continue to cook and live a normal life with her husband. When she repeats the same offence, she goes through the same process again, but if it persists, the husband may decide to call off the marriage.

Another version of the taboo applies to men in Enugu-Ezike but is not as severe as that of women. According to a healer, men could be made to run mad by deities when a man sleeps with a woman whose husband has dedicated his properties, including his family to a deity. In this case, that particular deity goes after the

offender. Also, when a man sleeps with his female relatives, he is bound to run mad. For such madness to be cured, sacrifice is made to appease the offended gods after the confession by the offender. The traditional healers in this community confirmed that whether a man or woman was caught or not in the act of committing this offence, but has been confirmed through divination that they are guilty of the offence, they are expected to do sacrifice to appease the gods of the land and where it is not done, the man will be inflicted with an incurable disease which defies both

orthodox and traditional medicine and for the woman, she will remain insane for the rest of her life.

The traditional healers in Enugu-Ezike use different types of herbs and roots in treating mental illness (see table 1). Interviews and observations show that their choices of herbs depend largely on the type of mental illness. Those that are spiritual are treated spiritually before the application of herbs if need be. The treatment to be administered depends on the diagnosis made.

Table 1: Plants used in the Treatment of Mental Illness

S/No	English Names	Local Names of herbs/roots	Botanical name
1	Poison devil's-pepper	Akata	<i>Rauwolfia vomitoria</i>
2	Violet tree	Aga egu	<i>Securidacalongoepedunculata</i>
3	African mesquite	Okpeye	<i>Prosopis Africana</i>
4	Alligator pepper	Oseeya	<i>Aframomummelegueta</i>
5	Coral tree	Ogwu ekwu	<i>Erythrina senegalensis</i>
6	African Peach	Uvuluilu	<i>Nauclea latifolia</i>
7	African Oil Bean	Akpaka	<i>Pentaclethra macrophylla</i>
8	Cattle stick	Ezizaegu	<i>Carpolobia lutea</i>
9	Negro pepper	Udaegu	<i>Xylophia aethiopica</i>
10	Candlestick plant	Isigisi	<i>Cassia alata</i>
11	Wild custard apple	Uchakiriadaka	<i>Annona senegalensis</i>
12	white stickpea	Eri agbo	<i>Zapotecaportoricensis</i>

13	Jequirity	Nrinnunu	<i>Abrus precatorius</i>
14	African peach	Uvuruuso	<i>Nauclea latifolia</i>
15	boundary tree	Ogirisi	<i>Newbouldialaervis</i>
16	Lanneawelwitschii	Aga egu	<i>Lanneawelwitschii</i>
17	Pincushion tree	Uvuruukwu	<i>Nauclea latifolia</i>
18	Giant cola	Ebelebe	<i>Cola gigantean</i>
19	brimstone tree	Ire agu	<i>Morinda lucida</i>
20	Bridelia	Edee	<i>Bridelia ferruginea benth</i>
21	African Asparagus	Egamsoso	<i>Asparagus Africana</i>
22	Brimstone tree	Ugugo	<i>Morinda lucida</i>
23	Sand knobwood	Ota	<i>Zanthoxylumlepreurii</i>
24	Finger root	Aloko	<i>Uvariachamae</i>
25	Violet tree	Isaraoke	<i>Securidacal longepedunculata</i>
26	Pigeon pea	Akidi	<i>Cajanus cajan</i>
27	African peach	Uvuruocha	<i>Nauclea latifolia</i>

Source: Fieldwork (2019)

Discussion of Findings and Analysis

This study shows that traditional healers in Enugu-Ezike in their different areas of specialization are not only renowned healers but also are respected by their clients for the services they provide. They have been achieving breakthroughs through the application of indigenous healing knowledge gained over time. Through the application of the right herbs and appropriate rituals according to their various area of specialization, holistic healing is achieved. These are the means through which the people meet their various health challenges. The above

assertion is in tandem with Ekeopara et al (2017: p.38) view that "*the traditional norms, taboos and culture which are the bedrock of clinical practice of traditional medicine forms the major reason for the acceptability of traditional health practitioners in their various communities of service*".

From the study, we gathered that, although some healers in this area could not clearly state the types of mental illness, they have categorised them based on their symptoms and causes. For instance, *igiri* (madness) was identified in

the different types it manifests such as *igiri ekwurekwu* (a mad person in the habit of talking), *igiri njegbualu* (a mad person in the habit of walking around without resting), etc. The different types of *igiri* are the various forms *igiri* (madness) can manifest. *Igiri* is a term for violent madness. Their classification of mental illness was basically on the various ways it manifests and what they perceived as the cause.

Furthermore, *era ogbanje* (mental illness caused by *Ogbanje* spirit) and *ichekwu* mean the same thing. *Era ogbanje* was understood to be a mental condition, less severe than madness caused by a spirit known as *ogbanje* spirit. The study corroborates Musyimi et al. (2018) which unravelled that traditional practitioners were found to be using both symptom-focused and cause-focused to categorise mental illness. These methods, according to them, represented ways in which they used their knowledge-based of mental health, thus showing their theoretical understanding of these issues and expressing their views on mental illness. Furthermore, this classification also validates the findings of Sigida (2016) that indigenous healers could not distinguish the different types of mental illness, instead of giving names to the

illnesses, they tend to describe the illness based on what they perceived as the cause. Nonetheless, the traditional healers believed that mental illness exists in different types since they were able to identify the various types though they could not differentiate between their type and cause. Also, they believe that not all mental illness is madness.

Results from both qualitative and quantitative data show that because of variations in dialects, a particular type of mental illness has different terms in neighbouring towns of our study area. For instance, *yeteyete* in Enugu-Ezike is known as *yeye* and *tiritiri* in Edem-Ani town, *yeye* in Umuofo town, *yegeyege* in Ikem, *firifiri* in Ojor and *yegeyege* in Aku towns. These different names refer to a type of mental illness characterised by the manifestation of abnormal behaviour in a person. It is less severe than madness in the sense that the victim has a measure of control over his/her senses and therefore still relates with the members of society though not always smoothly as a complete sane person would.

From the findings, it could be said that since *era*, *isi mgbaka*, or *igiri* mean mental illness characterised by the exhibition of

irrational behaviour, violence, hallucination and loss of touch with reality, they can be said to be the same. Whereas *yeye or yeteyete* can be regarded as the same since they are mental conditions, less severe than *era* (madness). Moreover, *awobi* means the same as a mental condition marked by moderate or severe mental retardation and intellectual disability. It, therefore, becomes pertinent here to conclude that the variation in the nomenclature of mental illness was as a result of the linguistic pluralism in the study area. The study also revealed that the classifications of mental illness in the study area is based on what they conceived to be the cause and their way of manifestation. The study supports Mashamaite (2015) which argues that

traditional healers have some specialised knowledge of how they classify mental illness based on the clinical picture the patient presents. Also, it was established from the quantitative data of the study that mental illness which results in the form of *yeye* group (neurosis) and *era* group (psychosis) are most common in the study area.

Nineteen samples of plant species used by mental healers were selected to determine the active ingredients present in them that cause healing. Based on the criteria for selection, the active component of the following plants was analysed to determine its effectiveness in the treatment of mental illness (see table 2).

Table 2: Plants Selected for Phytochemical Analysis

Plant Local Name	Plant Part	Botanical Name	Sample No
Ntieto/ aka ato	Leaves	<i>Ritchiaeacapparoides</i>	1
Ugugo	Stem	<i>Morinda lucida</i>	2
Isigisi	Stem	<i>Cassia alata</i>	3
Egaegu	Stem	<i>Securidacalongepedunculata</i>	4
Aloko	Stem	<i>Uvariachamae</i>	5
Udaegu	Stem	<i>Xylopia aethiopica</i>	6
Ogbakatakata	Stem	<i>Securidacawelwitschii</i>	7
Ezizaegu	Stem	<i>Carpolibia lutea</i>	8
Isaroke	Stem	<i>Securidacalongepedunculata</i>	9

Ogirisi	Stem	<i>Newbouldalaevis</i>	10
Uvuruilu	Stem	<i>Nauclea latifolia</i>	11
Allu	Stem	<i>Lonchorcarpuscyanensis</i>	12
Nrinwaogaranya	Leaves	<i>Stephania dinklagei</i>	13
Edee	Stem	<i>Brideliaferruginea</i>	14
Oseeya	Seed	<i>Aframommelagueta</i>	15
Ota	Stem	<i>Zanthoxylumlepricurii</i>	16
Akata	Stem	<i>Rauwolfiaa vomitoria</i>	17
Ezeogwu	Stem	<i>Securidacawelwetschii</i>	18
Nrinwaogaranya	Stem	<i>Stephania dinklagei</i>	19

Source: Fieldwork (2019)

Preparation of Extract

The dried pulverised (250g) plant material was macerated with 500ml of 100% methanol (MeOH) and extracted at room temperature for 48 hours with agitation. The resulting methanol extract was concentrated *in a vacuum* at 40°C to

obtain the dry methanol extract. Qualitative phytochemical analysis of the extracts was done to determine the presence of secondary metabolites present according to standard procedure (see table 3).

Table 3: Result of Phytochemical Analysis

Phyto-constituents	Extracts Code																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
Tannins	-	-	++	-	-	-	-	-	-	-	-	-	-	-	++ +	-	-	-	-	
Flavonoids	++ +	++ +	++ +	+	-	++ +	++	++	-	++	++	++ +	-	++	++ +	++	++	++	++ +	++
Saponins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	++ +	-	-	-	-	++ +
Alkaloids	-	-	-	-	-	-	++ +	-	+	-	-	-	-	++ +	-	-	-	-	-	
Glycosides	+	-	++	++	-	-	+	-	+	+	+	-	-	-	-	-	-	-	-	++

Steroids	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Terpenoids	+	++	++	++	++	++	++	++	+	-	+	-	++	++	-	-	++	++	++
		+		+		+	+		+			+-				+		+	

Footnote: + = low in abundance; ++ = moderate in abundance; +++ = high in abundance; - = absent

Source: Fieldwork (2019)

Test for Flavonoids

The samples were extracted separately with distilled (5 ml) water. 5 ml of 10% aqueous ammonia solution was added to 1 mL of each filtrate, followed by three drops of concentrated sulphuric acid(H₂SO₄). The presence of flavonoids was confirmed by yellow colouration which disappeared with the addition of H₂SO₄.

Test for Tannins

The samples were extracted separately with 5 ml of distilled water and filtered. Two drops of 0.1% Ferric acid (FeCl₃) were added to each of the filtrates and observed for colour change. A blue-black colouration was taken as evidence of the presence of tannins.

Test for Alkaloids

The samples were each extracted with 2% Hydrochloric acid (HCl) (5 ml) and the mixture was filtered. 1 ml of the filtrates was treated with 2 drops of Wagner's reagent. The presence of alkaloids was

confirmed by the reddish-brown colouration of the solution.

Test for Saponins

0.50g of the extracts were extracted with 5ml of distilled water and filtered. 10ml of distilled water was added to 2ml of the filtrates and shaken vigorously for 5 minutes. The formation of froth that persists indicates the presence of saponins.

Test for Terpenoids

The samples were extracted with 5ml of chloroform and filtered. 2ml of concentrated H₂SO₄ was added to 1ml of the filtrates and heated. The formation of a brown ring at the interface indicates the presence of terpenoids.

Test for Steroids

The samples were extracted with 5ml of chloroform and filtered. 2ml of a cold (4°C) mixture of concentrated H₂SO₄ and acetic anhydride (1:19) was added to 1 ml of the filtrates and heated. The

formation of bluish-green colouration indicates the presence of steroids.

Test for Glycosides

The samples were dissolved in 5ml of MeOH and mixed with 2ml of glacial acetic acid, having one drop of 0.1% FeCl₃. 1ml of concentrated H₂SO₄ was added to each mixture. The presence of a brown ring at the interface indicates the presence of *deoxy sugar* characteristic of a glycoside.

Two issues are of interest to us in table 3 presented above. First, sample 1 has a low abundance of glycosides and terpenoids with a high abundance of flavonoids. However, the result further shows the absence of tannins, saponins, alkaloids and steroids. Interestingly, the issue is that a high abundance of flavonoids was observed in samples 1,2,3,6,12,15,18 and 19. Tannins have a high abundance in sample 15 but moderate in sample 3. There was an absence of tannins in all the tested samples except 3 and 15. A similar result was observed for alkaloids with high abundance in samples 7, 9, and 14 but absence in other samples tested. Notably, all the tested samples show the absence of steroids. Importantly, almost all the samples except 10, 12, 13, and 16 show varying abundance of the various

phytochemicals tested. The presence of the various phytochemicals in the different samples indicates the potential of these samples to exhibit varying degrees of pharmacological activities, which help in quickening the recovery of patients when used and administered by traditional healers. The ingenuity of these healers in the identification and processing of plants (roots and herbs) that have therapeutic values for treatment should be appreciated and encouraged.

Finally, the study attempts to document the indigenous knowledge system of mental illness in the study area, and by so doing fill the gap in the literature, add to the body of existing knowledge and also serve as reference material for further study in both the study area and beyond. Also, this work would be beneficial to Nigerians, health bodies or individuals who would be interested in the preservation and promotion of African indigenous knowledge systems as it unveils some indigenous practices and belief systems affecting mental illness and by so doing, salvage indigenous knowledge from extinction. The analysis of the roots and herbs from traditional healers would throw light on the potency of traditional medicine in the treatment of mental illness. Practically, the findings of this study could form the basis for

drawing a community-based healthcare system programme derived from indigenous knowledge of the healthcare system of local communities. It would also help those in the research institutions, policy makers and government in solving issues related to mental illness, especially in the area of collaboration.

Conclusion

The traditional healers in Enugu-Ezike have continued to enjoy more extensive patronage. They are said to be effective in traditional healing because they possess good knowledge of herbs that have therapeutic values and their application. These healers are also knowledgeable on the appropriate rituals and sacrifices needed for effective treatment of any case of traditional healing.

From the findings, the traditional healers in Enugu-Ezike are not only renowned healers of mental illness but also play a vital role in addressing mental health challenges within and outside their towns. It is obvious that despite the availability of modern medicine, patients still depend on traditional healers. This is evident from the findings of the present study where cases that defile orthodox healers were referred to the traditional healers, especially where such illness

could not be scientifically diagnosed. Ekeopara, et al. (2017) note that, despite the contribution made by modern medicine, there is much belief by indigenous people that, healings are not complete without the necessary rituals.

If divination and ritual sacrifice strategies as means of diagnosis, with the administration of herbal medicine for the treatment of patients as was observed, helped patients respond to treatment, then, then traditional medicine is more than just paganism. Furthermore, the herbal plants used by traditional healers in Enugu-Ezike to treat mental illness were found to contain the same chemical constituents as other plants used to treat neuropsychiatric diseases in other areas.

Indigenous healing should not be dismissed either on the fact that the practices are seen as superstitious, primitive, and irrational or the basis that the theories do not align to the western scientific paradigms. Instead, traditional healing should be viewed as a holistic traditional therapeutic system. The system which is embedded in the beliefs that are deployed in the diagnosis, treatment, and prevention of serious illness (Okpako, 2015).

It suggests the possibility of collaboration which will entail educating and improving the services of the traditional healers and encouraging orthodox psychiatric doctors to show a willingness to embrace the knowledge of traditional healers in their profession. Although the theories and methodologies available in mental healing are not available as written documents but are based on indigenous knowledge passed from one generation to another. A careful analysis of the methods used by the mental health practitioners in this area has led us to the core principles on which their practices are based (Okpako, 2015).

It is based on the above that the study suggests that there is a need for collaboration between traditional and orthodox healers of mental illness. There is no gainsaying the fact that despite criticisms of the traditional healthcare system, the majority of patients who seek healing, especially in mental cases, do not hesitate to seek the help of indigenous healers. Therefore, it is important to state that despite the lapses observed in traditional health practices, there is a need for enhanced collaboration between them and the orthodox health institutions. Evidence abounds where orthodox healers refer cases beyond their comprehension to traditional healers,

especially those that could not be scientifically diagnosed. It is, however, believed that this would increase the awareness of traditional medicine. Traditional healers should be empowered by way of providing formal training to them to improve their services just like the orthodox healers. There is a need to register and licence them for practice. It is suggested that both the orthodox and traditional practitioners should be consulted in the same clinic and by integrating the two health systems, quality service and health care would be provided in our health care system.

From the findings of the current study, the patients with mental disorders, find it difficult to integrate into society when cured because of the stigmas attached to this sickness. The stigmatization of mental illness can be changed through increased awareness, public education about mental illness and by formulating and enforcing laws against stigmatization by the government.

Acknowledgements

We wish to acknowledge all those traditional healers that helped in facilitating the interview sessions. Special thanks also go to our interviewees for granting approval for interviews and giving background information useful for

this study. Many thanks to those individuals (clients) that allowed us to

observe them and gave us useful information.

References

- Abbo, C. (2011). "Profile and outcome of traditional healing practices for severe mental illness in two districts of Eastern Uganda". *Global Health Action*, 4(1), 830-839. doi:10.340/gha.v4i07117
- Ahmed, N., & Azam, A. (2004). Traditional knowledge and formulations of medicinal plants used by the traditional medicinal practitioners of the Bangladesh to treat Schizophrenia like psychosis. *Schizophrenia Research and Treatment*. Doi: 10.1155/2014/679810.
- Akpomuvie, O. (2014). The perception of illness in traditional Africa and the development of traditional medical practice. *International Journal of Nursing*, 1(1) 51-59: Retrieved from www.aripd.org/ign
- Anedo, A.A.O. (2008) "*Afa*" (*Divination*): *The Mouthpiece of the Unseen*. Unpublished Dissertation. Department of African and Asian Studies, Nnamdi Azikiwe University, Awka.
- Apex A. & Opata, C.C. (2019) The oil palm wine economy of rural farmers in Nigeria: Evidence from Enugu-Ezike, South-eastern Nigeria. *Rural History*, 30(2), 111-128. DOI: <https://doi.org/10.1017/50956793319000062>
- Bascon, W.R. & Melville, S. (1959). *Continuity and Changes in African Cultures*. Chicago & London: University of Chicago Press.
- Ekeopara, O., Ugoha, & Azubuiké, M. (2017). The contribution of African traditional medicine to Nigeria's Health care delivery system. *Journal of humanities and social science*. 22(5), 32-43.
- Ekeopara, O., Ugoha, & Azubuiké, M. (2017). The contribution of African traditional medicine to Nigeria's Health care delivery system. *Journal of humanities and social science*. 22(5), 32-43.

- Ekwealor, C.C. (1988). "*Afa Divination A Poetry Among the Nando Igbo*". Unpublished M.A. Thesis. University of Nigeria, Nsukka.
- Gibbs, J. L. (Ed.). (1965). *Peoples of Africa*. New York: Holt, Finebart and Winston.
- Jamished, S. (2014). Qualitative research method-interviewing and observation. *Journal of basic and clinical pharmacy*, 5(4), 87-88. Doi:10.4103/0976-0105.141942. Assessed from www.ncbi.nlm.nih.gov/pubmed/25316987 on 13th August 2019.
- Jegede, C. (1981). A study of the role of Socio-cultural factors in the treatment of mental illness in Nigeria. *Journal of Social Science Med.* 15(1), 49-54.
- Kothari, C.R. (2004). *Research Methods and techniques* (2nd Revised Edition). New Delhi: New Age International Limited.
- Mashamaite, P.G (2015). *An Exploration of the Treatment of Mental Illness by Indigenous Healers in Moletjie, Capricorn District, Limpopo province*.(Master Thesis).University of Limpopo.
- Mpono, L. (2007). *Traditional healing among the Nguni people*. Master's thesis. The University of Kwazulu Natal. Retrieved from <http://hdl.handle.net>
- Mufamadi, J. (2001). A group of traditional healers 'perceptions of and approaches to the treatment of mental illness. In *Indigenous Knowledge Conference* (p.88). University of Saskatchewan, Canada. May 28-30, 2001. Retrieved from <http://www.ncbi.nlm.nih.gov>. Accessed on 14th May 2021.
- Musyimi, C., Mutiso.V, Loeffen, L, Krumeich, A., & Ndetei, D (2018) Exploring mental health practice among traditional health practitioners: A qualitative study in rural Kenya. *BMC Complementary and Alternative Medicine*, 18, 334-353.
- National Population Commission (2006). The 2006 census figures were obtained from the National Population Commission, by computing the figures of the various communities in Enugu Ezike.

- Ngobe, A. (2015). *Swati traditional healers' conceptualization of causes and treatment of mental illness*. (M.A. thesis). University of Limpopo. Retrieved from www.ul.netd.ac.za on 30th August, 2017.
- Okpako, D. (2015). *Science interrogating belief: Bridging the old and new traditions of medicine in Africa*. Ibadan: Book builders Editions Africa.
- Okpoko, P. & Eze, P. (2011). *Methods in qualitative research* (2nd ed.) Nsukka: Great AP publishers Limited.
- Okpoko, P., & Emeafor, O. (2018). Indigenous plants and their use among Nsukka people. *Journal of Tourism and Heritage Studies*, 7(1), 41-57.
- Oyewunmi, E., Oyewunmi, A., Iyola O., & Ojo, A. (2015). Mental health and the Nigeria workplace: Fallacies, fact and the way forward. *International Journal of Psychology and Counselling*, 7(7) 106-111.
- Sigida, S. (2016). *Conceptualisation of Mental illness by Vhavenda indigenous healers*. (Unpublished Master's Thesis). Retrieved from <https://pdfs.semanticscholars.org> Accessed on 14th May 2021.
- Stylidis, D. (2012). *Tourism and community life: building a conceptual framework*. Ph.D thesis, School of Hospitality and Tourism Management. University of Surrey.UK.
- Suleiman, D. (2016). Mental health disorders in Nigeria: A highly neglected disease. *Annals of Nigeria Medicine*.10, 47-8. Retrieved from <http://www.anmjournals.com/text.asp?> Accessed on 14th May 2021.
- World Health Organisation (1996). Fact sheet No 134: *Traditional Medicine*-September 1996 (WHO, 1996, 2P.).
- Zahan, D. (1979). *The Religion, Spirituality, and Thoughts of Traditional Africa*. Chicago: University Press.