

The Epistemology of Symbols in African Medicine

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This article will discuss the epistemology of symbols employed by African traditional medical practitioners in treating their patients and the essence of such symbols among traditional communities across the continent. Relying on diverse studies by other researchers and my own investigation conducted among the Igbo of south-eastern Nigeria, this paper will explore relevant aspects of African traditional medicine as they relate to symbols employed by the practitioners in their effort to offer health care and general well-being to their clients.

Keywords: Symbols; African Medicine

Introduction

Although various studies have been conducted on the subject of symbols and traditional medical practices in African communities—and I will be referring to such studies in this discourse—this article will dwell largely on the semiotic and phenomenological implication of African medical symbols.

The paper will be divided into three sections. The first section will dwell on definition and clarification of terms, especially as they touch on the concept and application of symbols in African medicine. Second, the article will present the methodology of African traditional medical practices as observed and recorded by ethnographers, philosophers, and social scientists who have conducted research in this key area. This section will also underscore the customary nature of traditional medicine—which makes the employment of symbols rather imperative—by drawing attention to some key differences between traditional and modern medical practices. Third, the article will enumerate some of the key symbols utilized in African traditional medical treatment with a view to extrapolating their symbolic import within the context of a given cognitive system. Although this paper draws its inferences from researches conducted across the continent and from my own research in south-eastern Nigeria, I will restrict myself to observed phenomena and will try to avoid sweeping generalisations because of “the diversity of the continent and the attendant whimsical changes in the cultures of the people of Africa” (Isiguzo, 2010).

Symbolism Models Employed in This Study

Essentially, this paper is exploring the epistemology or knowledge of culture-specific meanings traditional African medical practitioners invest on the herbs, objects, techniques and other tools they employ in their treatment of patients. And when things, including the aforementioned, and as with every spoken or written word, are invested with meaning they become signs. According to Daniel Chandler,

We interpret things as signs largely unconsciously by relating them to familiar systems of conventions. It is this meaningful use of signs which is at the heart of the con-

cerns of semiotics (Chandler, 2012).

Such “meaningful use of signs” is also at the heart of this article.

Because of the nature of this study, we will be concerned specifically with a special group of signs called symbols. N. K. Dzobo thinks that “While signs provide simple information, symbols are used to communicate complex knowledge.” (Dzobo, 1992). But Maduabuchi Dukor has a more elaborate explanation:

Symbols are cultural realities imbued with cultural meaning and any suggestive symbol ... is epistemic and thematic. It is an overt expression of the reality behind any direct act of perception and apprehension, which really possesses scientific connotation outside its normal, obvious or conventional meaning (Dukor, 2006).

Symbols in general, in Dukor’s view, refer to that which expresses, represents, stands for, reveals, motivates, and makes known another reality. In other words, symbols are tools employed by man for the purpose of understanding the world, himself and his environment, and usually characterized by communicative and cognitive qualities.

For the philosopher, Charles Sanders Peirce, a symbol is technically,

a sign which refers to the object that it denotes by virtue of a law, usually an association of general ideas, which operates to cause the symbol to be interpreted as referring to that object (Peirce, 1931).

He goes further to stress that “The symbol is connected with its object by virtue of the idea of the symbol-using animal, without which no such connection would exist.” (Saussure, 1983). The symbol-using animal Peirce has in mind here is none other than the human being. Symbols are natural to man and had been recognised as such even before the dawn of formal language. Man cannot function in his cultural milieu without symbols. In fact, the evolution of man cannot be separated from the evolution of symbols. Symbols enable man to understand the world around him. They could be seen as a synthesis

of man's social and cultural environment.

There are two leading models in the scholarly investigation of signs, including symbolic signs, a combination of which we shall be adopting in our exploration of symbols in traditional African medical practices. They are the two-part model of the sign as enunciated by the linguist Ferdinand de Saussure and the philosopher Charles Sanders Peirce's three-part model. For Saussure, a sign is composed of a *signifiant* and a *signifié*, two terms we have come to know in English as "signifier" and "signified" respectively. The signifier points to the *form* of the sign while the signified points to the *concept* it represents for the user of the sign. These two components, according to Saussure, constitute the sign; and the relationship between them is what he termed "signification".

Pierce, working independently, came up with a three-part, or triadic, model of the sign which interestingly equates Saussure's dyadic model while introducing a third element, the "object" of a sign, thereby amplifying the scope of the sign. Pierce's three-part model of the sign is made up of the following: the "representamen" or the *form* of the sign (the equivalent of Saussure's "signifier"), an "interpretant" or the *sense* it makes to the sign-user (the equivalent of Saussure's "signified", except that Pierce's "interpretant" is itself another sign in the interpreter's mind) and an "object" or what the sign refers to.

Pierce's triadic model of the sign is often represented as the semiotic triangle, and there are many variants of it. For the purpose of this study in medical symbolism, and utilizing Nöth's 1990 "sign vehicle", "sense" and "referent" terms, but including the original Peircean terms and the Saussurean equivalents, I have come up with a customized symbol-specific semiotic triangle as follows (**Figure 1**).

Pierce refers to the "interaction" between the representamen, the object and the interpretant as "semiosis", a term which is of more practical relevance to us in this study than Saussure's two-way "signification" concept of the sign—or, specifically for our purpose, the symbol. Pierce's model gives room for the creation or evocation of *another* symbol in the mind of the interpreter (say, the traditional doctor, the patient, or a given society). According to Pierce,

a sign ... addresses somebody, that is, creates in the mind

of that person an equivalent sign, or perhaps a more developed sign. The sign which it creates I call the *interpretant* of the first sign.

This perspective will enhance the analytical aspect of this study because in the traditional medical environment a symbol is often invested with various meanings even within the same semiotic code, and without necessarily contradicting Lévi-Strauss's observation that once "the sign has come into historical existence it cannot be arbitrarily changed".

Methodology of African Traditional Medicine

Let me begin by asserting that African traditional medical practice is generally more all-encompassing than its orthodox Western equivalent. Whereas the average orthodox medical doctor treats the *body* of his patient, the average traditional healer treats the *person* of his patient. The latter goes beyond clinical issues to delve into the social, cultural and spiritual world of his patient all of which are believed to impact upon his health within the traditional milieu. That is why the traditional doctor is often part physician and part priest—someone who administers both physical and spiritual remedies and whose office resembles a shrine more than the secular workplace of the orthodox doctor. As such, African traditional medicine is more mystical than empirical—more oriented towards the manipulation of symbols but not necessarily less efficacious than orthodox medicine. (Bourdillon, 1989). L. B. Grotte, a Western medical doctor who understudied the practices of a typical African traditional doctor, the Ifa physician-priest of western Nigeria, observes as follows:

Disease can be considered in Ifa medicine as a disorder or misalignment of the internal or external milieu of the patient. Part of the role of the physician is to align the patient with the matrix of influences that will rebalance their particular disorder. Sometimes also, a disorder develops as a result of losing or ignoring a relationship with a matrix of influence.

Against this background, the methodology of African traditional medicine is understandably different from that of Western

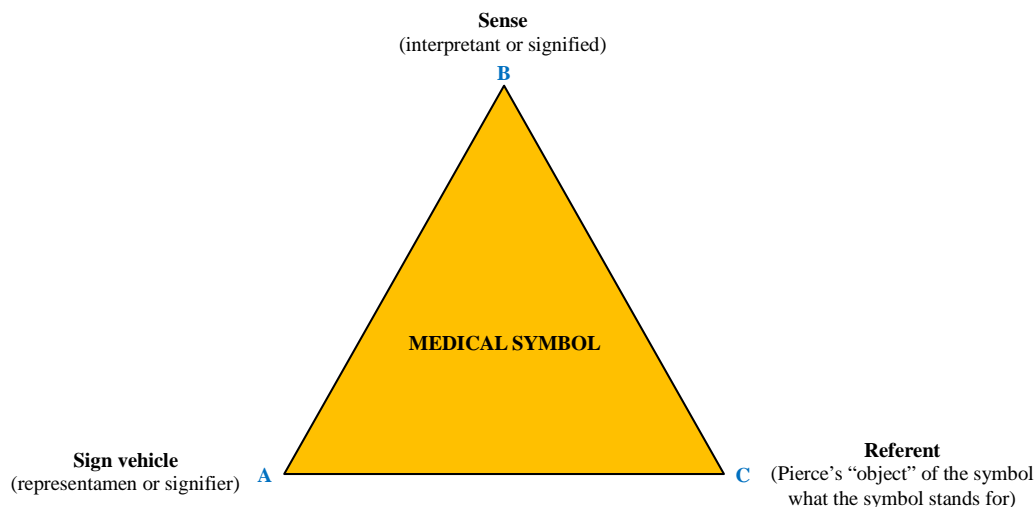


Figure 1.
Symbol-specific semiotic triangle.

medicine. Most of what I noted while enquiring into the traditional medical practices of the typical *dibia* (native doctor) in various communities of eastern Nigeria coincide with Grotte's description of the methodology employed by his Ifa counterpart. Grotte's observation:

Utilizing non-familiar forms of diagnosis, such as divination and dream interpretation, in addition to the traditional format of questioning, observation and touching, the Ifa physician may use familiar techniques of dietary therapy, psychotherapy, surgery, and herbal medicine, but may also perform exorcisms, rituals, sacrifices and other procedures which seem more the province of priests than physicians.

In other parts of Africa, the priestly or spiritual function is an integral part of the methodology used by traditional healers. The sociologist, M. F. C. Bourdillon, reporting on a similar study among the Shona, observes that,

Most traditional healers in Shona society claim to be guided in their art by a helping spirit who takes possession of the healer from time to time, when, according to Shona belief, it is the spirit who speaks through the body of the host ... traditional healers attribute their knowledge of indigenous medicines to the influence of their spirits, who reveal cures in dreams, or guide the healers in the veld to appropriate plants.

Other studies, notably those of G. L. Chavunduka, (1988) and V. W Turner's (1967) among the Ndembu, indicate that the methodology of traditional medicine is similar across Africa. Traditional treatment techniques include, among others, the following: physical and/or spiritual enquiry, observation, touching, dietary prescription, psychotherapy, surgery, herbal medicine, bone-setting (doesn't necessarily involve surgery), exhuming charms and spiritual objects, extracting confessions from the patient, priestly sacrifices and procedures, traditional vocalizations (mantra), and use of protective charms and amulets. Of comparative interest here is a similar study in traditional medical methodology conducted by Alexander K. Smith among the Bon community of India.

Symbolism of African Traditional Medicine

It is difficult to isolate African traditional medicine from the gamut of other customary practices and beliefs such as ancestral worship, belief in the cyclical nature of life and the unbroken communion between the dead, the living and the unborn—a related feature of which is reincarnation—divination and belief in cosmic laws which govern man's interaction with both spirits and nature. All of this spurns a series of symbols associated with the gods, with various elements of the observable and invisible world and, interlinked with them, with the wellness of the individual. How the African traditional medical practitioner and his patient evoke and utilize these symbols to redress physical, mental and spiritual maladies will engage our interest in this third section of the study.

Although the traditional herbalist is strictly speaking different from the traditional or ancestral priest, their functions, in practice, so easily overlap that I have combined both roles in this study into what I term the physician-priest. In the traditional setting, the medical symbols employed by the herbalist are drawn from the same traditional belief system superin-

tended over by the high priest who serves, like the herbalist, as a healer of first resort and, unlike the ordinary herbalist, as a consultant oracle in personal and communal matters. Both, however, can conduct divinations, hence my decision to merge these two primary actors in traditional healing in the term, physician-priest.

The high priest or physician-priest's role, as Grotte points out below, is that of an interpreter of the visible and invisible causes of the patient's malady.

The high priests interpret the factors surrounding a patient's misalignment by means of their connection to the various oracles of the religion. These reveal themselves through divinatory activity of the priests and an elaborate corpus of oral tradition that interprets the divinatory symbols.

The scope of this study will not permit us to investigate this "elaborate corpus of oral tradition" (Mbiti, 1991) alluded to above but we can briefly look at some of the divinatory and other medical symbols employed by the physician-priest.

In "Language and Thought in Aquinas: From the Semantics of Being to the Epistemology of Being", Rosa E. Vargas quotes Aquinas as remarking that "the mode of signification in the terms we impose on things follows on our mode of understanding." She then takes off from there to make a case for the necessity of establishing the "modes of relationship" or "modes of signification" between symbolic vehicles and the sense they make to us. Her observation:

Our terms not only signify things in the world, they also signify those things in a certain mode. This mode of signification is grounded in our modes of understanding the things signified by our terms. Thus, for Aquinas the relation between language and world is always mediated by thought. If our modes of signification follow on our modes of understanding, then an analysis of the mode of signification of a term provides an insight into our mode of understanding what is signified by that term.

In the light of the above, and utilizing the three "modes of relationship" used by linguists for broad-based categorization of symbols, I have tabulated below some African traditional medical symbols I have identified in the course of this enquiry. The list is by no means exhaustive and the items listed are intended to serve as examples. In the notes beneath the **Table 1**, I have explained how one mode differs from another.

What are the implications of these "modes of understanding" for the African traditional medical practitioner (the physician-priest), his patient and the traditional society at large? This will be examined in the rest of this paper. But there is one thing we can immediately deduce from the above table which, I repeat, is by no means exhaustive: no mode of signification seems to be overwhelmingly dominant within the traditional medical environment. I think this goes to indicate that treating the total man (spirit, soul and body) is of more importance in traditional medicine than paying lopsided attention to the body, like orthodox medicine, at the expense of the spirit and the soul.

The symbolic mode of the items listed in the first column of the table points to their conventionality and the regime of spiritual and social laws which govern their applicability, meaning and usefulness as instruments for spiritual and medical reconstruction. According to Pierce, symbolic signs such as the ones

Table 1.
African traditional medical mode.

| Symbol (<i>symbolic mode</i>) | Icon (<i>iconic mode</i>) | Index (<i>indexical mode</i>) |
|------------------------------------|-----------------------------|---------------------------------|
| Cowrie | Totem/figuring | Cardinal points |
| <i>Nzu</i> (calabash chalk) | Gong (sound) | Animals (owl, cat, dog, etc.) |
| Cloth | Colour (red, black, white) | Fire (smoke) |
| Amulet (or talisman) | Mystical sound | Natural events (thunder) |
| Libation | Herbs (trees/plants) | Dreams (& interpretation) |
| Divination | Invocation | Sacrifice (animal sacrifice) |
| Numbers (in a numerological sense) | Animal skin | Ancestral-worship |
| Earth (land) | Idol (image) | Exorcism |
| Kola nut | Shrine | Ritual (modes of) |
| Prophetic utterance | | Medical symptoms |

Note: Explanatory notes to the table: Symbolic mode—in this mode the relationship between the signifier and the signified is essentially arbitrary and conventional in a way which makes it necessary for it to be learnt. The typical examples here are words, numbers, and flags; Iconic mode—in this mode the relationship between the signifier and the signified is based on real or perceived resemblance or imitation. Here the signifier looks, sounds, tastes, etc. like the signified. Based on “direct perception”, typical examples are pictures, signature tunes, metaphor and onomatopoeia; Indexical mode—in this mode the relationship between the signifier and the signified is not arbitrary but is defined by direct connection occasioned by association or a cause-and-effect affiliation. Based on “an act of judgment or inference”, typical examples are medical symptoms, measuring tools, pointers, signals, natural signs, such as thunder, etc.

tabulated in this column “direct the attention to their objects by blind compulsion” within the context of this study, Pierce’s “blind compulsion” points to cultural attributes or belief systems imbibed by members of a given community over time. It is this cultural and spiritual sensitivity or faith that the physician-priest rests upon to deliver spiritual and bodily remedy to any afflicted member of the community. This, perhaps, explains why most of the items which fall under this column pertain to the sacred functions (such as using cowries, *nzu*, numbers, kola nut for divination, and making prophetic pronouncements) traditionally reserved for the priest.

Under the iconic mode (Column 2 of the table), we encounter medical symbols governed by “relationship of resemblance”. Three health processes could be evinced here: 1) the physician-priest’s use of all the listed items, except herbs, to appease the ancestors—whom the patient resembles by blood—and to petition the gods, by whom the patient’s spiritual essence is connected to the big invisible God; 2) the use of the herbs’ curative powers to restore the patient’s health—to make him reclaim his health and *resemble* his wholesome self; 3) the use of relevant colours and mystical sound to attract or repel revitalizing or destructive forces represented by those colours. Red, for instance, in many African societies, symbolises life and is utilized as such.

It is important to note that aside from their physical properties, the symbolic properties of herbs are also taking into account in the physician-priest’s choice of herbs for treating a given ailment. V. W. Turner reports an interesting case: among Zambia’s Ndembu people, a healer told him that he uses the *Kapwipu* tree (*S. madagascariensis*) to treat stomach upset in children because the *Kapwipu* is a hard tree and hardness, for the Ndembu, symbolises strength and health. A similar consideration is given to the symbolic properties of cowries. Cowries are viewed as symbols of “womanhood, fertility, birth, and wealth” (Boone, 1986). This explains why they feature prominently in divination and fortune-telling routines.

Finally, we will take a look at the symbols which fall within the indexical mode (Column 3 of the table). These are medical symbols which are not arbitrarily used because their usage is occasioned by the physician-priest’s effort to manage, induce or perceive a cause-and-effect situation in the life or circum-

stances of the patient. Every act here is predictable or, at least, precise in interpretative terms. When the priest, for instance, sees a smoke emerging from his invocative pot, he knows immediately that “there is fire on the mountain”—he knows some evil has been devised against the patient. A cloudy wind from the west—where the sun sets—according to Mazi Okeke, a traditional healer from Abatete in south-eastern Nigeria, could be an indication that death is blowing over the head of his patient. Similarly, the cry of an owl spells witchcraft as accurately as the spots on his neighbour’s child tells this healer the child is suffering from chicken pox. Dreams are also amenable to accurate interpretation as long as the dreamer can accurately recall all the actors which featured in the dream. Mode of ritual and worship are indexical symbols, as well, because they are not arbitrarily done but are constrained to follow long-standing traditional order.

Conclusion

In closing, it is important to state that even orthodox medical practitioners often assert that much of what ails their patients are psychosomatic rather than mere afflictions of the body. Since African traditional medical practice is dually oriented towards disorders of the soul and of the body, maybe there are some things both traditions can learn from each other for the overall benefit of the patient. And maybe the easiest way of achieving this much-needed synergy is through a renewed emphasis on the conscious and subconscious roles traditional medical symbols could play—as they are currently playing in Asia—in Africa’s public health-care system. I modestly hope this paper has, in some way, contributed to the exegetic value of medical symbolism in Africa.

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