

**USMANU DAN FODIYO UNIVERSITY, SOKOTO
(POSTGRADUATE SCHOOL)**

**CONTINUITY AND CHANGE IN THE PRACTICE OF TRADITIONAL AND ISLAMIC
MEDICINE IN KASAR BUNZA, C. 1750 - 2019**

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BY

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DEDICATION

This study is dedicated to my parents, Muhammad Usman (Riskuwa) and Late Khadijatu Magaji who made immeasurable prayers for my successes here and hereafter.

CERTIFICATION

This Dissertation by Aliyu Muhammad Bunza has met the requirements for the Award of Degree of Master of Arts (History) of Usmanu Danfodiyo University, Sokoto, and is approved for its contribution to knowledge.

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ABBREVIATIONS

A.D.	After Death/ Anno Domini
A.B.U.	Ahmadu Bello University
AHAK	Arewa House Archives Kaduna
ASUU	Academic Staff Union of Universities
B.A.	Bachelor of Arts
C.E.	Christian Era
D.H.	District Head
D.O.	District Officer
IDS	Institute for Developmental Studies
KARDA	Kebbi Agricultural and Rural Development Authority
KSHBAB	Kebbi State History Bureau Archives Birnin Kebbi
LG	Local Government
M.A.	Master of Arts
MDGs	Millennium Development Goals
NAK	National Archives Kaduna
TBA	Traditional Birth Attendants
TMP	Traditional Medicine Practice

TM	Traditional Medicine
U.K.	United Kingdom
UDUS	Usmanu Danfodiyo University, Sokoto
UNESCO	United Nations Educational, Scientific, and Cultural Organisation
UNICEF	United Nations International Children's Emergency Fund
W.H.O.	World Health Organization
WJHCBAS	Waziri Junaidu History and Culture Bureau Sokoto

ABSTRACT

This research work examines the history of traditional-cum-Islamic medical practice in *Kasar* Bunza from 1750 to 2019. *Kasar* Bunza is a district located in the *fadama* plain area of Kebbi State; and it comprises five village areas of Bunza Marafa, Bunza Dangkaladima, Gwade, Bachaka, Damana and Owa. The history of traditional and Islamic medical practice in the area, as per the findings of this research, began as early as the emergence of the District itself. *Kyengawa* ethnic groups under the leadership of “Maza-Waje”, were well-known hunters with medical knowledge and experiences even before they founded *Kasar* Bunza. Among them were specialised barbers with expertise in acupuncture and bone-setting, hunters with special knowledge of herbal medicine, diviners with special knowledge of spiritual medicine as well as fishermen with medical knowledge in river related diseases. Also, and especially after the Sokoto Jihad of 1804, there were some individuals who were well versed and knowledgeable in Islamic medicine. The practice of the two medical traditions sustained the health and well-being of Bunza people up to the beginning of the 20th century when modern medical tradition was introduced in the area. The introduction of orthodox medicine was made amidst community rejection in Bunza. However, as time went on, the tradition gained ground in resulting to the neglect of indigenous medicine by quite a number of people. Meanwhile, the findings of this research reveal that recently, Bunza people witnessed the resurgence of the practice and patronages of both traditional and Islamic medical tradition in the area over their modern counterpart.

CHAPTER ONE

GENERAL INTRODUCTION

1.1 Background to the Study

Bunza District comprises five village areas of Gwade, Damana, Bachaka, Owa and Bunza itself. The District is blessed with such natural endowments like mountains, hills, and many other trees of medicinal value.¹ The availability and accessibility to such herbs provided herbalists and other traditional medical practitioners in the area with herbs that aided the development of traditional medical practice in the area. Bunza people like any other Hausa society, have developed a tradition of medical system that sustained their health and wellbeing over the years. This development might not be unconnected with the history of the people that established the area; who were hunters and of course traditional medical practitioners. The health care needs of the people in the district had been taken care of by not only the practitioners of the tradition, but also the practice of Islamic medicine up to the period when conventional healthcare services were introduced in the area in 1930s.² The introduction of the new system of healthcare services (Modern medicine) was received by suspicion, mistrust, and finally rejection. This was due to a number of reasons of which the most important, was the existence of traditional-cum-Islamic medical systems which became deeply rooted in the Bunza community. Consequently, the indigenous and Islamic medical practices in *Kasar* Bunza continued to be patronized and ever preferred by quite a number of people in the area. However, with increasing awareness and

¹ Abubakar Bello Bunza, 40 years old, A Teacher at Department of Geography, Government Secondary School, Bunza. Oral interview, July, 2019.

² Malam Sani Sunny, 57 years old, Traditional Medical Practitioner, Oral interview, January, 2019. Detail discussions in relation to traditional and conventional healthcare services can be traced in, Abdullahi Labbo's work, "Some Reflections on Pre-Colonial Health Care Practices in Hausaland with Reference to Argungu Area of Old Kabi Kingdom", in A.I. Yandaki, *et'al*, (eds.), *Mahdi Adamu in the Practice of History: Hausaland and Beyond*, Ahmadu Bello University Press, Zaria, 2018, p. 133

enlightenment campaigns, modern healthcare system gained ground when the people in the area realized its efficacy in the prevention and cure of certain diseases and illnesses.³

The practice of traditional and Islamic medicine has a long history. Traditional medicine is defined to mean the sum total of the knowledge, skill and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.⁴ While Islamic medicine on the other hand refers to the most up-to-date medical science and technology combined and conforming to the divine teachings of Islam.⁵ Although, modern health care system was accepted largely by the elites and individuals that have faith in it, the expensive nature of the system, the unavailability of and inaccessibility to the services (of the system) by the people of Bunza, made the use of traditional and Islamic healthcare systems as the best alternatives especially in remotest areas of *Kasar* Bunza. The people also believe that the traditional and Islamic healthcare systems were very effective and can best take care of their health needs as they did to their forefathers. This made quite a number of people to continue patronizing traditional and Islamic healthcare services.⁶ Similarly, as time went on, especially in the period around 1980s, it was realized that there were quite a number of diseases indigenous to Bunza people that could not be prevented or cured by the modern healthcare system.⁷ This further strengthened the patronage of traditional health care services as many people including the elites and the wealthy prefer to use traditional medicine as an alternative because of either the cost of the modern system or its limitations in preventing and or

³ A. Labbo, "A History of Colonial Medical and Healthcare..." p.16

⁴ This definition is verified and authenticated by the World Health Organization in its "Global Report on Traditional and Complementary Medicine" of 2019

⁵ For more on this see, Abbas Matt Elkadi was a certified Neurological Surgeon in the School of Medicine, University of Pittsburgh.

⁶ Malam Zayyanu Dan Wuroyasi, Bunza, 48 years old, traditional medical practitioner, oral interview, December, 2018

⁷ Malam Zayyanu Dan Wuroyasi, oral interview...2018

curing certain diseases and illnesses.⁸ The trend continued till today and thus, presented a scenario of continuity, change and dual medical practice in healthcare delivery system in Bunza and elsewhere in Hausaland.

1.2 Statement of the Research Problem

Kasar Bunza comprised of the areas in Kebbi State prominent in the practice and patronage of traditional and Islamic medicines. Quite a number of people from different parts of the State and beyond visit Bunza in search of traditional medicine especially curative medicine. The availability of natural endowments like mountains and a number of herbal trees and grasses of medicinal value and *Malams* who are well-versed in the Qur'anic and Prophetic medicine in *Kasar* Bunza aided traditional and Islamic medical practitioners to develop a system that sustained the health and well-being of Bunza people. Despite the introduction of modern medicine, many people in Bunza continued to patronize the services of traditional and Islamic medicine especially in the treatment of certain diseases/illnesses believed to have no cure in the conventional system. A number of works have been carried out on the co-existence of traditional, Islamic and conventional medicines in Hausaland, but there exists not a detailed work on the same subject matter in *Kasar* Bunza. This study therefore, is a contribution to the discussion on the interplay of traditions and modernity with emphasis on the provision of medical care services in Bunza.

⁸ *Malam* Sani Sunny, 57 years old, Dual Medical Practitioner, Oral interview at Bunza, January, 2019

1.3 Aim and Objectives

The aim of this research is to study the history of continuity and change in the practice of traditional-cum-Islamic medicine in *Kasar* Bunza to the contemporary period. Specifically, the objectives of the research include the following:

- i. To study the practice traditional-cum-Islamic medicine in Bunza before the introduction of modern medicine;
- ii. To account for the challenges to the practice of the medicines after the introduction their modern counterpart;
- iii. To analyse the factors responsible for the co-existence of both traditional, Islamic and Western medical systems in the area; and
- iv. To examine the resurgence of traditional medicine alongside Islamic medicine in the contemporary Bunza District.

1.4 Scope and Limitations of the Study

Bunza District comprised of five village areas of Bunza (composing of Marafa and Dangaladima wards), Gwade, Damana, Bachaka, and Owa. It has borders with Raha, Zogirma, and Tilli districts, all in Bunza Local Government Area of Kebbi State. The scope of this research therefore, covers all the five village areas of Bunza district. The study covers the period from 1750s to 2019. 1750s was the period when the practice of traditional medicine began in the area and survived even with the introduction of orthodox medicine; and 2019 was chosen as terminal period of this research considering it is the year in which the world experienced the emergence of Coronavirus (COVID 19) pandemic; a disease which is a threat to global healthcare. To fight the new disease, there is the need for optimal collaboration between the conventional healthcare

practitioners and their traditional counterpart, so that they can jointly fight the pandemic and other related diseases affecting the people in *Kasar* Bunza. This study was therefore limited to the developments witnessed in the practice of traditional-cum-Islamic medicine in *Kasar* Bunza within the period under study, and any development outside the period and or outside Bunza is not within the scope of this research.

1.5 Research Methodology

This study utilised primary sources such as archival materials in the form of memoranda, reports, regulations and even letters concerning traditional medical issues in *Kasar* Bunza. These materials were obtained from Arewa House Archives Kaduna (AHAK), National Archives Kaduna (NAK), Waziri Junaidu History and Culture Bureau Sokoto (WJHCBAS), and Kebbi State History Bureau Archives Birnin Kebbi (KSHBAB). The information from these sources were studied, analysed and interpreted. Oral data was collected through interviews with relevant people in the area especially traditional medical practitioners and their clients in *Kasar* Bunza and its surroundings. Secondary sources (published and unpublished works) such as textbooks, journal articles, seminar papers, theses and dissertations that are relevant to this research were sourced, studied and analysed. Multidisciplinary approach was also adopted in this research as part of sources of data, such as geography, linguistics, political science as well as sociology.

1.6 Conceptual Clarification

Traditional medicine, also known as either folk or indigenous medicine refers to healthcare practice with strong historical and cultural roots all over the world. It involves aspects of traditional knowledge that developed over generations within various societies before the emergence of its orthodox counterpart. World Health Organization (WHO), defined traditional medicine as the sum total of knowledge, skills, and practices based on the theories, beliefs, and

experiences indigenous to different cultures, used in the maintenance of health as well as in the prevention, diagnosis, improvement and or treatment of physical and mental illnesses.⁹

With later developments and changes, traditional medicine came to be defined as alternative, complementary or non-conventional modes of treatment often involving the use of herbs in a non-scientific manner. It involved the process of consulting herbalists, priests, witch doctors, and various local deities when seeking a solution to diverse illnesses and worries.¹⁰ The traditional healing commonly done by the use of herbal medicine, bone setting process, spiritual therapies, circumcision, maternity care, psychiatric care, massage therapy, aromatherapy, homeopathy, and lots of other methods of traditional healing. Practitioners of traditional medicine are those competent men and women who provide healthcare services by the use of herbs, parts of animals and mineral substances using a number of approaches for the societal physical, mental and social well-being.¹¹

Because of their sharing balance in accessibility and affordability, Islamic medicine like its traditional counterpart, has also been recognised as system of healthcare delivery in almost all Muslim communities in Nigeria including *Kasar* Bunza. It is a medical knowledge and practice that began in the early Islamic period (570 AD), and practiced by Muslim physicians in Muslim and non-Muslim countries. Dr. Elkadi¹² defined Islamic medicine as “the most up-to-date medical science and technology combined and conforming to the divine teachings of Islam.” Islamic medicine incorporates modern and traditional medical techniques in the service

⁹ WHO, “Traditional Medicine: A Modern Approach for Affordable Global Health”, *A Draft Report on Traditional Medicine* by its Commission on Intellectual Property, Innovation and Public Health (CIPIH), 25th March, 2005 (revised 2017), p. 31.

¹⁰ I. O. Lawal, B.O. Temotope, “Traditional Medicine in Africa: An Appraisal of Ten Potent African Medicinal Plants”, *Journal of Complementary and Alternative Medicine*, 6(14), p. 14. Retrieved via www.hindawi.com, on 18th December, 2018

¹¹ I. O. Lawal, B.O. Temotope, “Traditional Medicine in Africa”, 2018

¹² Abbas Matt Elkadi was a certified Neurological Surgeon...

of healing. It heralds a litany of therapeutic techniques, based on which Muslim physicians and patients always acknowledge that the “ultimate cure is from Allah.”¹³

Traditional and Islamic medical practitioners include herbalists, born-setters, psychiatrists, spiritual therapists, local surgeons, traditional birth attendants (TBAs), occult practitioners, among others.¹⁴ In Bunza, the practitioners also include fishermen, traditional barbers, hunters, butchers and blacksmiths among others.¹⁵

1.7 Significance of the Study

This study of the history of traditional medical practice in *Kasar* Bunza was in stages and periods, from the pre-colonial, colonial to the post-colonial times. Throughout these periods, and especially during colonial and post-colonial eras, there were records of significant changes and continuity in the practice and utilization of the medicine that have not been analysed and interpreted. This study unveils the roles being played by the traditional medical practitioners through the three periods in the process of curing diseases especially diseases that are mysteriously beyond the efficacy of modern medicine. By doing so, the study has significantly contributed in bridging an obvious gap in the existing literature on medical history in Hausaland and Bunza in particular, and it stands as gateway to many researches to be carried on the field of traditional medicine. The study is also significant in the area of policy making, the policy makers are expected to benefit from history and design how traditional medicine can be fully integrated into the modern healthcare system.

¹³ On different scholarly definitions given to Islamic medicine, one can refer M.U. Bunza's, 'The Contribution of Amirul Muminina, Muhammadu Bello (1781-1837) to the Development of Medicine in Nineteen Century Hausaland, M.A. Dissertation, History Department, UDU, Sokoto, 1995, P. 56. or P.J. Lavers' "Islamic Medicine and Its Influence on Traditional Medical Practitioners in Northern Nigeria" Arewa House Archive, Kaduna, 1/13/139,

¹⁴ See M.U. Bunza, 'The Contribution of Amirul Muminina...', p. 57

¹⁵ Malam Kakale S/Aski, 65 years old, Oral Interview at Bajifa area, Bunza, January, 2019

1.8 Literature Review

A number of works on traditional medicine in Hausaland and beyond are found relevant to this research and thus, worthy of review. Beginning with a study by Gbenenee,¹⁶ which examines traditional medical practices in pre-colonial, colonial and post-colonial Nigeria. The article studies such traditional medical practitioners such as bone-setters, traditional midwives, acupuncturists,¹⁷ chiropractors¹⁸, homeopaths¹⁹, priests, native doctors, witch-finders, and occultist, as well as prayer houses. According to the Gbenenee, these traditional practitioners were perfectly taking care of health problems of Africans before colonization. It was the onset of colonization that brought about a biased feeling in the minds of some Africans about traditional medicine due to Western degradation of the practice as nostrum. However, traditional medical practices continue to function throughout the colonial era and beyond. However, because of its wide coverage and different focus from the present study, the work could not provide detailed explanation on traditional medical practice in Hausaland and *Kasar* Bunza in particular.

Mafavuke²⁰ examines traditional medical practitioners and gives detailed account of marketing process of traditional medical practitioners in Africa. Yuan²¹ forecasts the future of traditional medicine and discussed in details why people in the future would patronize the medicine in spite of the availability of and accessibility to modern medicine. Arrazeem²² on the other hand, gives

¹⁶ N. C. Gbenenee "The Role of Traditional Medicine in Primary Health Care Delivery" in *International Journal of Development in Medical Sciences*, Vol.2 (1&2), 2009

¹⁷ Acupuncturists are traditional medical practitioners who specialize in the treatment of sicknesses related to skin using either needles or any sharp item in treating the ailment

¹⁸ These are the traditional medical practitioners specializing in the treatment of misalignment of joints

¹⁹ Homeopaths are traditional health practitioners using natural form of substances to treat symptoms and illnesses

²⁰ M.N. Mafavuke, "Roles of Traditional Medicine and Traditional Healers in Africa" in *Journal of Complementary and Alternative Medicine*, 6(12), 2012, P. 7

²¹ S.P. Yuan, "Traditional Medicine in the World: Where to go Next?" in *Journal of Evidence Based Complementary and Alternative Medicine*, Vol. 2(5), 2014

²² A.A. Arrazeem, "Trends and Challenges of Traditional Medicine in Africa" in *African Journal of Traditional, Complementary and Alternative Medicine*, Vol.8(5), 2011

account of traditional medicine focussing on different kinds of definitions and historical overview of the practice; ambiguities concerning the professionalism of the practitioners in the earliest times till today and the challenges being faced by the profession in Africa. However, the author did not suggest solutions to the challenges and possible future prospects of traditional medical practice.

Some studies contributed and discussed in details the local names, categories and uses of medicinal trees, plants, and herbs. Sufficient in this regards are the works of Abdulmotaleeb,²³ Roger²⁴ and Giuseppe²⁵. These works are very crucial to my research, but the themes upon which they concentrate their discussion are quite different from (that which can be found in) the scope of the present research.

The works of Lavers²⁶ and Majeed²⁷, extensively discuss how Islam in Arabia and of course in some parts of the world contributed to the emergence of Islamic medicine and how it shaped the way for the new trends of medicine in Africa. The authors have indeed discuss how Islam revolutionized the practice of traditional medicine especially in Africa. They reveal how Islam revolutionized the practice of traditional medicine especially in the 19th century Hausaland and beyond. The wide scope of these works hindered the authors from specifically detailing the development of traditional medical practice in some specific areas such as *Kasar Bunza*.

²³ Muhammad Abdulmotaleeb, et'al, *Selected Medicinal Plants and Hill Tracts*, Bangladesh, A Publication of International Union for Conservation of Nature, 2011.

²⁴ Roger Blench, *Nupe Plants and Trees: Local Names and Categories*, Ibadan, Longman Ltd, 2008.

²⁵ Giuseppe Seun, "Herbal Medicine: Clinical and Research Issues", in *Journal of European Traditional Herbalism*, Vol. 4(37), 2007.

²⁶ P.J. Lavers, "Islamic Medicine and its Influence on Traditional Hausa Medical Practitioners in Nigeria" Archive Material, No. 1/13/139, Arewa House Kaduna, Nigeria

²⁷ Azeem Majeed, *How Islam Changed Medicine*, London, BMJ Publishing Group, 2005.

The works of Labbo,²⁸ Arthur,²⁹ and Al-Ridha³⁰ provide important background on how Islam revolutionized the practice of traditional medicine in many sections of the globe at different times and places. The works gave detailed history of Islamic medicine, how it purified the practice of traditional medicine and complemented the already existing indigenous practice, but very few and in some instances no specifications are given regarding the development in Hausaland and *Kasar* Bunza in particular.

In the works of Last,³¹ Geoffrey,³² and Al-Rawiy³³ discussions on the Arabian indigenous medicine and the recent resurgence of the practice have been given in details. The authors hinted (the ways and means in which researchers can expose) the advantages attached to the use of traditional Arabian medicine such as black caraway. Last, specifically discussed the manner in which the northern part of Nigeria excelled in the practice of traditional and Islamic medicines especially in the 19th and 20th centuries. The practice of traditional medicine before the arrival of modern medicine could not be complete without the knowledge of its practice especially the metaphysical dimension of the practice and the causes of illness and remedies which was not initially documented from the onset of African traditional medicine. As such, the authors attempted to revive the history of traditional medical practice in Africa and Nigeria in particular.

²⁸ Labbo Abdullahi, "Islam and the Development of Medicine in Nigeria: Lessons from the Sokoto Caliphate" A Conference Paper presents at the 2nd Conference on Islam in Nigeria, Fountain University, Oshogbo, Osun State, Nigeria, 22-25 November, 2015

²⁹ Arthur Saniotis, "Islamic Medicine and Evolutionary Medicine: A Comparative Analysis" in *Journal of the Islamic Medical Association of North America*, Vol. 1 (44), 2012.

³⁰ Mousa Al-Ridha, "Medicine in the Medieval Islamic World" online Wikipedia source, accessed via: https://www.en.wikipedia/wiki/medicine_in_the_medieval_islamic_world

³¹ Murray Last, "Charisma and Medicine in Northern Nigeria" in B. Donald, (eds), *Charisma and Brotherhood in African Islam*, Oxford, Clarendon Press, 1988.

³² Geoffrey Chaucer, "Medieval Islamic Medicine" in *Journal of Culture and the Medical Arts*, Vol. 1(4)

³³ Al-Rawiy Sara, "Traditional Arabic & Islamic Medicine: A Conceptual Model for Clinicians and Researchers" in *Global Journal of Health Science*, Vol. 4(3), May, 2012. □

The works of Kebbede³⁴ is relevant to this research. The author gives a detailed account of the history of traditional medical practice, comparing the practice in the past and the present in Ethiopia. The author discusses some Ethiopian Government policies regarding the practice of indigenous medicine. However, the scope of the work is Ethiopia and naturally little or nothing is said regarding the practice of traditional medicine in other African countries let alone in Hausaland. Even though the work is not specifically on either Hausaland or *Kasar* Bunza, it however provides structure and some basic guides on how to study the practice of traditional medicine in not just *Kasar* Bunza but many other areas of Hausaland and Africa at large.

The works by Adamu³⁵, Ofole³⁶ and Last³⁷ are related to this research almost in the same way. The authors discuss traditional and modern medical practices at global and African levels. But the studies did not specifically discuss traditional medical practice of a certain African society such as Hausa because of their global and continental coverage. However, they provide some general information and guide to the study of traditional medicine in *Kasar* Bunza area of Hausaland. It is the gap of specific information on the practice of Hausa traditional medicine left by the authors, the present research intends to bridge.

Marie-A, in her “African Traditional Medicine and Health Delivery”³⁸ examines the inter-relations between religion and traditional medicine in Africa. It also studies some interesting and striking parallels existing between African traditional and modern day medical practices. The

³⁴ D.K. Kebbede, “A Historical Overview of Traditional Medicine Practices and Policy in Ethiopia” in *Journal of Ethiopian Health Development*, Vol. 20(2), 2006.

³⁵ U.F. Adamu, “Modern and Traditional Medicine: Conflict or Reconciliation”, Spectrum Books Limited, 2006, rep. 2010,

³⁶ S.N. Ofole, “Rationalizing the Practice of Traditional Medicine” Paper No. 58, UDU Sokoto Traditional Medicine Archive

³⁷ Murray Last, “The Professionalization of African Medicine: Ambiguities, and Definitions” A Seminar Paper presented at University of Botswana on 19th -21st September, 1983

³⁸ Marie-A., Barton-Odro, ‘African Traditional Medicine and Health Delivery: Some Lessons from the Past’, in *Journal of Intra-African Studies*, No. 2, Aboki Publishers, 2009.

author defines the practice of traditional medical system in pre-colonial, colonial and post-colonial Africa. Marie's work claimed that African traditional medicine have strong semblance with scientific medicine in its content in such areas as family planning, immunization, abortion, dental care, treatment of eye, ear, nose and throat, trepanation, public health, hygiene and caesarean section. But the work had a wider coverage of the practice of African indigenous medicine, and of course little or nothing is specifically said with regards to the practice in Hausaland or *Kasar Bunza*.

The work of Oliver, titled "*Medicinal Plants in Nigeria*,"³⁹ gives a critical study of scattered information that exists on medicinal plants available in Nigeria. The author has shown in the work that the traditional medical treatment given by the Nigerian native doctors and herbalists or *juju* men often include the administration of entire plants, or of roots, stems, leaves, fruits, seeds, juice or exudates of local plants. It provides in detail among other things the botanical, English, Hausa, Igbo and Yoruba names of medicinal plants. The author also discusses at length the various methods of blending plants and some ingredients like heart of chicken, animal remains, human saliva and human flesh to cure diseases. The analysis in the work shows such medicinal plants as garlic, groundnut, Indian hemp, bitter orange, kola, pumpkin, oil palm, soya bean, cotton, henna, tobacco plant, black pepper, tamarind, cocoa, maize, ginger and moringa oleifera in Nigeria. It is so comprehensive and a lot has been addressed with respect to traditional medicinal plants in Hausaland. The author could not however discuss the healing approaches of some traditional medical practitioners especially with regards to the practice in Hausaland.

³⁹ Oliver Ben, *Medicinal Plants in Nigeria*, Nigerian College of Arts, Science and Technology, 1960, pp. 1-35

Adesina's article, entitled "Traditional Medical Care in Nigeria"⁴⁰ is a general survey of traditional medical practices in both colonial and post-colonial Nigeria. The study defines traditional medicine as given by World Health Organization and identifies various forms of medicines and therapies. Some of the forms mentioned by the work are herbal medicine, massage, homeopathy, mud bath, music therapy, wax bath, reflexology, dance therapy, hydrotherapy, mind and spirit therapies, self-exercise therapies, osteopathy, aroma therapy, radiant heat therapy, therapeutic fasting and dieting, spinal manipulation and psychotherapy among others. A detailed explanation on the various categories of traditional healers and herbalists, traditional surgeon and traditional medicinal ingredient dealers is given. The author further avails us with a lot of information about traditional medical practices in Nigeria that could be of help to this study

The study by Bukkie⁴¹ on the role of traditional healers in a Western scientific system in Nigeria is a comprehensive work on the complementary roles played by traditional healers and modern medical practices. The discussion shows that the practice of traditional medicine in Nigeria dates back to the great ancestors. In his opinion, about eighty percent (80%) of Nigerian homes in some parts of Nigeria maintain some sort of private family herbalists. The author also discussed how some leading medical scholars like Adeoye Lambo and Umaru Shehu saw the need to integrate traditional and modern medicine to cure mental illness, and a suggestion was made by Dannis Ityarva that traditional healers should be located in general hospitals to drive out the spirits for those who desired their services. The author in her final analysis identifies China and India as the countries where traditional and modern medicines mutually coexist complementing

⁴⁰ S.K. Adesina, "Traditional Medical Care in Nigeria", Available at <http://www.onlinenigeria.com> , Retrieved on 9th March, 2012, pp. 1-6

⁴¹ G. Y. Bukkie, "The Role of Traditional Healers in a Western Scientific Medical System in Nigeria" in *Nigeria Magazine*, 1983, pp. 11-16

each other's effort in public healthcare delivery. The study therefore, gives own work the impetus to analyse the possibility of blending of traditional and modern medicines in *Kasar Bunza* and Hausaland as a whole.

Lawal,⁴² Olelakan,⁴³ and Olugbele⁴⁴ restricted their works on the practice of traditional medicine in Yorubaland, the challenges faced by the practitioners in the land, and the means by which Yoruba traditional healers render medical care to different people affected by diseases in the region. Through their works, it became clear that there are some similarities in the practice of Hausa and Yoruba indigenous medicine. The study also highlighted some of the contributions of Yoruba medicine in the delivery of Hausa medicine in *Kasar Bunza*. This is also the more reason why these works are so important to my own study, and of course why the works are reviewed.

Ikara⁴⁵ and Obianwu,⁴⁶ have succeeded in unveiling the significant contributions of African traditional medicine especially in Nigeria, before the penetration of modern medicine. However, the complex nature of public healthcare system in Nigeria today necessitates the unavoidable conflict between the modern medicine and what is termed "Complementary Medicine". In this case, traditional medicine is used alongside orthodox medicine and each of the two co-exists and complements the effort of the other. World Health Organization (WHO) have virtually seen the

⁴² I.O. Lawal, *et'al*, "Traditional Medicine Practices among the Yoruba People of Nigeria: A Historical Perspective" in *Journal of Medical Plants Studies*, Vol. 2(6), 2014.

⁴³ S. Olelakan, "The Challenges and Realities in the Healing and Power-Accession Custom of the Yoruba Muslim, in *Journal of Complementary and Alternative Medicine*, Vol. 10 (12), 2013.

⁴⁴ M.P. Olugbele, "Yoruba World View and the Nature of Psychotic Illness" in *African Journal of Psychiatry*, Vol. 12, 2009

⁴⁵ Bashir Ikara, "Traditional Medicine in Nigeria and the Health of the Nation" A paper presented at the National Convention of the Nigeria Union of Herbal Medicine Practitioners, Kaduna, sponsored by Kaduna Council for Arts and Culture, August 27th, 1982

⁴⁶ H. O. Obianwu, "Traditional Medicine and Drugs Development in Nigeria", A Public Lecture, presented at Ahmadu Bello University, Zaria, 30th May, 1984 □

importance of each of the medical systems and recommended the incorporation of the two healthcare system regarding (the) public health especially in Africa.⁴⁷

The study by Bunza entitled “The Contribution of Sultan Muhammadu Bello to the Development of Medicinal Services”,⁴⁸ and his other works on “An Overview of Medicinal Arabic Manuscripts of the Sokoto Caliphate”,⁴⁹ and “A Science in the History of Sokoto Caliphate: A Reflection on the *Nubdhal fi adniyat al-Didhan* (Treatise on the Treatment of Worms)”,⁵⁰ “A Historical Survey on Medicinal Literature of Sultan Muhammadu Bello (1787-1837)”⁵¹ and Bunza and Muhammed’s “The Role of Muslim Scholars in Preservation and Utilization of Medicinal Plants in Northern Nigeria”⁵² are all relevant to this study. The works deal with Islamic medicine in Hausaland and each with specific aspect of the medicine. They discussed in details the traditional and Islamic medical practices in Northern Nigeria and the contributions of the Jihadist scholars towards the development of such practices. These works provide some basic guides to our understanding of pre-colonial healthcare services but nothing is said on the services in the colonial and post-colonial periods.⁵³

⁴⁷ WHO Global Report on Traditional and Complementary Medicine, Geneva, 2019, Licence No: [CC BY-NC-SA 3.0 IGO](#).

⁴⁸ M.U. Bunza “The Contribution of Sultan Muhammadu Bello to the Development of Medicinal Services in the 19th Century Hausaland”, *M.A. History*, UDU Sokoto, 1995, pp. 35-71

⁴⁹ ..., “An Overview of Medicinal Arabic Manuscripts of the Sokoto Caliphate” in El. Miskin, T., *et’al* (eds.), *Nigeria’s Intellectual Heritage: Preserving Nigeria’s Scholarly and Literary Traditions and Arabic /Ajami Manuscripts Heritage*, Nigerian Arabic Manuscripts Project, 2009, pp. 36-51

⁵⁰ ..., “A Science in the History of Sokoto Caliphate: A Reflection on **Nubdhal fi adniyat al-Didan** (Treatise on the Treatment of Worms)”, in *Degel: Journal of the Faculty of Arts and Islamic Studies (FAIS)*, Vol. 2, 1999, pp. 37-41

⁵¹, ‘A Historical Survey of Medicinal Literature of Sultan Muhammadu Bello (1787-1837)’, in *Tarihi Journal of Sokoto State History Bureau*, 1996, pp. 45-52

⁵² Salisu Muhammad, ‘The Role of Muslim Scholars in Preservation and Utilization of Medicinal Plants in Northern Nigeria: A Study of *Qual al-Senna*, of Sultan Muhammadu Bello, (1787-1837),’ in *Degel: Journal of the Faculty of Arts and Islamic Studies (FAIS)*, Vol. Vi, 2003, pp. 73-80

⁵³ History of healthcare services in colonial period entails some healthcare schemes and programmes originated and familiarized in Western Europe, which was later introduced into Africa by colonial masters in their respective colonies. Details on this can be seen in Labbo Abdullahi’s paper entitled “An African Construction of Colonial Medicine...” in *MedCrave, Sociology International Journal*, Vol. 3(5), 2019. Healthcare services in post-colonial period is an admixture of medical practices and perceptions that reflects colonial experiences.

The work of Labbo⁵⁴ though with pre-colonial focus, appears valuable to this research because it provides some highlights on the development of traditional medicine in pre-colonial Hausaland with reference to Argungu Emirate. Labbo's work however, says almost nothing about the state of traditional medicine after the advent of modern system; as such, a gap is left in the study of the subject matter in *Kasar* Bunza area of Hausaland.

A number of other works are also worthy of review. For instance, Gobir,⁵⁵ Hambali,⁵⁶ Kabeer,⁵⁷ and Labbo⁵⁸ give some insights on how the practice of traditional medicine was in Hausaland with reference to their respective localities and areas of study in the region, but did not discuss some changes that occur in very recent times in the practice of traditional medicine in Hausaland and beyond. Most importantly, the work of Labbo "The History of Modern Healthcare Services in the Sokoto Province"⁵⁹ is relevant to this research for the expression it made on the introduction and relevance of the modern healthcare system to the 20th Century Hausaland and how the new system resulted in bringing a number of changes in the practice of the existing indigenous system. The author provides the present study insights and guides for understanding the impacts of modern healthcare system on the practice of traditional medicine in *Kasar* Bunza

⁵⁴ Abdullahi Labbo, "Some Reflections on Pre-Colonial Health Care Practices in Hausaland with Reference to Argungu Area of Old Kabi Kingdom, in A I Yandaki, (et'al), *Mahdi Adamu in the Practice of History: Hausaland and Beyond*, ABU Zaria Press, 2018.

⁵⁵ Y.A. Gobir, "Tasirin Iskoki ga Cututtuka da Magungunan Hausawa" A PhD Thesis, Department of Nigerian Languages, UDU Sokoto, 2012

⁵⁶ M. Hambali, "An Introduction of the African Medicine with Reference to Hausa Pharmacopoeia Therapy" An article in *Zaruma Cultural Magazine of Sokoto State*, 7th Edition, March, 1988.

⁵⁷ I. Kabeer, "Maganin Gargajiya a Kasar Hausa" A Production of Rahamaniyya Islamic Medicine and Research Center, Funtua, Katsina, Nigeria, 2018.

⁵⁸ Abdullahi Labbo "Some Reflections on Pre-Colonial Health...", 2017

⁵⁹ "...A History of Modern Healthcare Services in Sokoto Province..." PhD Thesis, History Department, UDUS, 2014.

The two articles of Bawa⁶⁰ are found worthy of review. The author highlights the present study with the base on how the use of traditional medicine could benefit women especially in reducing maternal mortality. The author highlights how stagnation in the health sector reduce life expectancy of the womenfolk. The possible cause of the problem is the lack of adequate and accessible primary healthcare centres. This indicates that traditional health care system should be a complement of the modern health care system. Another important work by same author⁶¹ provides this research with some insights on the concepts of belief systems of the Hausa people in (the) antiquity, where most of their life experiences and achievements rested on the beliefs and power of the spirits.

Yandaki's work⁶² is also relevant to this research on the basic roles women have play in the practice of healthcare system in Hausaland. The author specifically highlighted the need for women folk to engage in the practice of traditional healthcare system to especially benefit same gender (sex)

Jinju⁶³ made important observations of some medicinal plants found in northern part of Nigeria, their therapeutic potentials and modes of preparations and uses. The work is of great importance to this research, as it opens up for more to be done by this work.

⁶⁰ A.B. Bawa, "The Health Sector Crisis and the Womenfolk in Nigeria: A Historical Perspective" in *Journal of Central Nigeria Studies*, 2004, and "Women in Development Process, A Case Study of Traditional Midwives Among the Hausa People of Northern Nigeria", in *Journal of Social and Management Sciences*, Vol.2/1, 2012.

⁶¹ A.B. Bawa, "The Changing Relevance of Iskoki in the Socio-Economic Activities of Hausa People of North-Western Nigeria" in Mandyeng: *Journal of Central Nigeria Studies*, 2004.

⁶² U.A. Yandaki, "Traditional Medicine and Sciences: The Contemporary Participation of Hausa Women in The Indigenous Knowledge System" A Seminar Paper presented at the First Women in Education Conference, organized by Waziri Junaidu History Bureau and Culture, Sokoto, 20th -21st June, 2018

⁶³ M.H. Jinju, *African Traditional Medicine: A Case Study of Hausa Medicinal Plants and Therapy*" Gaskiya Corporation Limited, Zaria, 1990.

Keta,⁶⁴ specifically discusses some trees and shrubs found in Kebbi State and their medicinal uses. The text is sufficient in addressing its subject matter. Okunzua⁶⁵ however, wrote his paper on practical aspects of herbal medicine and some secrets that are attached to traditional medical practice. He also identifies the true herbalists and the fake ones. As it is not one of the set objectives of the author, he did not categorize traditional medical practitioners based on professionalism. He explained the situation upon which traditional medicine can be used alongside orthodox medicine (complementary medicine). The author specifically explains ways of curing diseases using specific plants and shrubs. He additionally explained how medicinal plants can be tried even at modern healthcare centres for some unidentified diseases. Gerhard⁶⁶ accounts for the history of traditional medical practices in Ghana and how traditional medicinal ingredients could be conserved by the local people as means of healthcare preservation.

It is important to know that all the reviewed works, are in one way or the other related to this study. To the best of my knowledge however, none of these relevant works specifically examine the history of traditional medical practice in *Kasar* Bunza despite the fact that there is indeed a long history of the practice in the area. It is therefore, this important gap in the existing literature, the present study design to bridge.

CHAPTER TWO

⁶⁴ J.N. Keta, *Herbs and Shrubs: In C'lela Medicine in Kebbi State*, Zaria, ABU Press, 2016.

⁶⁵ G.O. Okunzua, "The Secret on How the True Herbalist Identifies Herbs" A Symposium on Traditional Medical Therapy, printed on page 21 of Daily Times of December 19th, 1973.

⁶⁶ Gerhard Litscher, "Historical Perspective of Traditional Indigenous Medical Practices: The Current Renaissance and Conservation of Herbal Resources" A Review Article, in *Journal of Evidence Based Complementary and Alternative Medicine*, Vol. 5(10), 2014.

GEOGRAPHICAL AND HISTORICAL BACKGROUND OF *KASAR* BUNZA

2.1 Introduction

This chapter examines historical origin and development of *Kasar* Bunza including the physical and human settlements. Historical evidences have shown that the area of what is today *Kasar* Bunza existed not less than two hundred and seventy two (272) years ago.⁶⁷ The town of Bunza was first settled by a group of *Kyengawa* Bushmen, whose ancestors were hunters and believed to have migrated from Mauchi in the present day Republic of Senegal.⁶⁸ There are a number of village areas under *Kasar* Bunza that include Bachaka, Gwade, Damana, and Owa, which are equally believed to have been founded by *Kyengawa*,⁶⁹ while some others like Tsola, Tungar Zabarmawa, etc. and nearby villages are however founded and occupied by Zabarmawa and some minority ethnic groups such as Arawa and Rundawa in the area. This chapter analyzes the topography and physical features, as well as the society of *Kasar* Bunza. It discusses the socio-economic activities of the people of *Kasar* Bunza and show how geographical endowment has helped Bunza people in developing one of the best traditional healthcare practices.

2.2 The Land and Early Settlements of *Kasar* Bunza

⁶⁷ Muhammadu Kwabbideka Bajifa, Bunza, 100 years, Oral Interview at his residence, May 19th, 2006, in Bunza A.M., A Biography of Sarkin Bunza, Alhaji Dr. Mustafa Bunza, B.A. Project, 2007. P.10.

⁶⁸ Oral interview with one Muhammad Kwalle Sabongari, Bunza. Kwalle is 95 years old, and a retired International Businessman in colanut across W/African Sub-region. He said that “Mauchi” was a village that existed in Senegal Republic, but said the village was no more when they visited the area. It was burnt down and was thoroughly destroyed by Europeans (French) during their occupation of Senegal in the 18th century.

⁶⁹ Malam Bello Namakullah Raha, 96 years old, Oral Interview at Raha town, 15th January, 2019. He concord with Kwalle that Kyangawa ethnic groups migrated somewhere from the present day Republic of Senegal down to *Kasar* Hausa. They were the founding figures of most of the towns existing today in the western part of present day Kebbi State. He mentions some towns to have been founded by the group; such as Illo, Zagga, Bakuwai, Dakingari, Raha, Geza, Bunza, Zogirma, Gwandu, and some other places as settlements founded by Kyangawa hunting groups. He specifically believes that they were mostly hunters and gatherers and had been fearless people.

It is not possible to appreciate the history of, for example, a nation, a region, or an area of land without a grasp of salient features of its geography which influence social and economic life of a given society and the course of its history. In any given society, geography plays a very vital role in determining the physical environment, as well as the patterns and way of life of a people. It is geography that dictates the topography and climate of an area; the elements of which are the important determinant factors of agricultural activities, such as rainfall, temperature, wind, light, and many others. In his description and analysis of the importance of geography to human habitation, Falola⁷⁰ indicates that geography affects the entire way of life of a people and the area in which they live. He asserts that “The impacts of geography on history and man are very great, far greater than anything else. It influences the nature of habitation and economic activities of man”,⁷¹

The climatic factors as part of geography, are significant not only in relation to their effects on the character of vegetation, but also in determining the economic activities of a given people.⁷² Rainfall for instance is most significant element of climate that aides agriculture which is the main economic activity of most of Nigerian societies.⁷³ *Kasar* Bunza is located in the *Fadama* plain between the confluence of Rivers Zamfara and Rima. *Kasar* Bunza falls within the area of latitude 12oN, 43oN and 59oN and longitudes 4oN, 31oE.⁷⁴

⁷⁰ Falola T, *et al*, *History of Nigeria Before 1800 AD*, Pacific Printers Nigeria PLC, 1989, p.p 14-18

⁷¹ Falola T, *et al*, *History of Nigeria Before 1800 AD*” p. 19

⁷² More could be read in relation to geography, in K.U. Reuben, “Environment and Peoples of Nigeria: A Geographical Introduction to the History of Nigeria” in, Obaro Ikimi (eds), *The Groundwork of Nigerian History*, Heinemann Educ. Books Plc, Ibadan, 1980 (repr. 1999), P 10

⁷³ See also, Reuben K.U., “Environment and Peoples of Nigeria” P 10

⁷⁴ Kebbi Agricultural and Rural Development Authority, (KARDA), Western Zone Office, Bunza. Field work, April, 2019

Kasar Bunza is an area of 104-113 square kilometers (90-98 square miles).⁷⁵ Bunza town, which is the headquarters of *Kasar* Bunza, is situated about 56 kilometers to the south-west of Birnin Kebbi, the capital of Kebbi State. It shares border with Arewa Local Government in the north, Dandi Local Government in the South, Jega Local Government in the East, and Suru Local Government in the South-East.

It is a common knowledge that people, and indeed societies generally, develop and flourish in places where there is availability of water and other sources of livelihood. *Kasar* Bunza too, lies between two major rivers, namely; Rivers Rima and Zamfara in Rima Basin region. The latter former flows north to the south through the western part of the land, while the former flows from the eastern part of the area. Both rivers terminate to their final confluence of River Niger at Lolo Village in Bagudo Local Government Area of Kebbi State. The importance attached to the flow of these rivers through the land of Bunza is largely responsible for the existence of a large *Fadama* which might be the overriding reason for the establishment of Bunza town itself, and the other settlements of *Kasar* Bunza as well. Also, the flows of the two rivers ease the inland travel and communications between the nearby riverine communities, and allow fishing, animal rearing and farming activities. There are other minor rivers and lakes existing in the area. They include; *Tafkin Kwalbati*, *Gulbin Kubaru*, *Ruwan Gindeey*, *Gulbin Sangu*, *Ruwan Magamgama*, *Mashayar Kolaye*, *Gulbin Kan Giwa*, *Gulbin Babbar Rahoniya*, *Ruwan Dan Takki da Magani*, *Gulbin Feto-Jaure*, et cetera. Some of these minor rivers have been seriously affected by human activities. The lakes and rivers were being used by local people for irrigation and fishing, while other rivers flow through and emptied into River Rima.

⁷⁵ Kebbi Agricultural and Rural Development Authority, (KARDA), Western Zone Office, Bunza. Field work, April, 2019

Bunza experienced, as obtainable in most of the areas in northern Nigeria, two major annual seasons: the rainy and dry seasons. The rainy season starts usually in May and last through September; and the rainfall was verified to be 27-38 inches per annum.⁷⁶ Heavy waterfalls in this season occurs between July and all through the month of August. The season allows growing of almost all kinds of food grown in the north; food crops such as millet, sorghum, groundnut, maize, beans, et cetera. Dry season follows immediately after the rainy season and begins with period of harmattan. The harmattan was characterized by excessive cold, heavy, dry and dusty wind. It begins usually in early November and ends in March. In between the two seasons, there was short period of *Bazara* (hot season), it usually starts in early March and terminates through May ending; that is to say, it (*Bazara*) runs for a period of three months.⁷⁷

2.3 The Topography and Physical Features of *Kasar Bunza*

Understanding topography of a given geographical area helps in understanding why people choose to settle at a given area. Topography gives access to habitable land, permanent and artificial water system, as well as vegetation.⁷⁸ Similar to what was historically known about most of the areas in northern Nigeria. The environment of *Kasar Bunza* is naturally Savannah with extensive area of seasonally flooded lowland which is physically plain. Basically, Savannah regions especially Sudan Savannah, the category within which Bunza land falls, was featured with open woodland and grasses. Temperatures in *Kasar Bunza* and other parts of Hausaland were usually high except November and March during harmattan.⁷⁹ However, the geographical conditions in the Savannah are known to be favourable for the development of a viable economy.

⁷⁶ Kebbi Agricultural and Rural Development Authority, Western Zone Bunza, op. cit.,

⁷⁷ See K.U. Reuben, "Environment and Peoples of Nigeria: A Geographical Introduction to the History of Nigeria" in, Obaro Ikimi (eds), *The Groundwork of Nigerian History*.....p 12

⁷⁸ See Sule A.S. "An Archaeological Investigation of the Kirfi Area, Northern Nigeria : Craft, Identity and Landscape" Ph.D Thesis, University of East Anglia, April, 2013, p.p. 43-44

⁷⁹ Field work at the Kebbi Agricultural and Rural Development, (KARDA), Western Zone, Bunza, August, 2019

Savannah has much needed grasses and trees of economic and social importance. Soil in the Savannah was very fertile and of course favourable for production of both food and cash crops.⁸⁰ The features described above could be the reason why in most cases those living in the Savannah regions were mostly farmers and animal rearers. The topography of the area under study is undulating lowland with depressions, but high above sea level with not less than 20 ft.⁸¹ Sand and underneath-water in *Kasar Bunza* is salty in taste, especially in areas that are close to the *Fadama*. In other areas around Bachaka and Owa, the land seems to be of a highland type with scattered rocks and hills.⁸² The common features of the land of Bunza was associated with rivers, vegetation and rocks. The rocks are of sedimentary type formed as a result of sedimentation of fragmented materials. The rocks in the area are the deposit of limestone and gypsum.⁸³

2.4 The Vegetation,

Kasar Bunza has a landscape with such a type of Sudan Savannah. This Savannah is characterized by occurrence of trees which singly or in small groups predominated by shrubs with grasses that cover the lower layers. The trees however, appear sparsely with 8-15 meters in average heights.⁸⁴ The predominant tree and plant species mostly found in *Kasar Bunza* include; *Dogon yaro*, (Neem tree), *Bagaruwa* (pea tree), *Cediya* (Tamarind), *Mangoro*, (Mango), etc. Most of the domestic trees and plants in the area have in one way or the other some economic and medicinal benefits to human beings. Consequently, they were duly protected by the people

⁸⁰ T. Falola, *et'al, History of Nigeria Before 1800 AD*” p.22

⁸¹ Kebbi Agricultural and Rural Development Authority, Western Zone, Bunza

⁸² This feature has really been observed from the field survey in the mentioned areas.

⁸³ This brief highlight on the topography and physical features of *Kasar Bunza* is obtained through an oral interview with Abubakar Bello Bunza, 40 years old, A Teacher at Department of Geography, Government Secondary School, Bunza, July 25th, 2019.

⁸⁴ Sule A.S. ”An Archaeological Investigation of the Kirfi Area...” in David Harrison, *The Environment of the North*, op.cit. p.45

who, in most cases inherited the trees from their fathers and forefathers, and continued to benefit from them.

2.5 The Historical Origins and Society of *Kasar Bunza*

Oral tradition revealed that the early peopling of Bunza started in the middle of the 18th century.⁸⁵ However, recent archaeological findings suggest that there existed human habitation in the area long before this period. This was when an accidental excavation of historical significance was made in an area around Bunza⁸⁶. A certain pot made of clay, filled of monetary items of the olden days was recently found under a hill between the areas around *Sunkuru Sabuwa* and the town of Bakuwai⁸⁷, by a construction company. Same event took place when people of *Sunkuru*⁸⁸ were made to relocate from their original site because of the reoccurrence of seasonal flooding which claimed the lives of a number of people and destroyed their properties. They were given a virgin land to clear and resettle around south-east axis of Bunza town. While digging grounds in preparation for the resettlement, a relic of a huge human body was found, which indicated that there existed human settlement in the area long before the 18th century. The body was later repositioned in another grave and surrounded with a wall.⁸⁹

Bunza town was originally settled by a group of *Kyengawa* hunters as described earlier. Their leader, who was known as “*Maza-Waje*” established a temporary hunting post which he and his

⁸⁵ Late Muhammadu Kwabbideka Bajifa, 100 years, Oral interview at Bunza, 15th October, 2006, in Bunza A.M. “A Biography of Sarkin Bunza...” p. 10

⁸⁶ Mamman Danlato Bakuwai, Oral Historian, Bakuwai Palace, Interview, 2016

⁸⁷ Bakuwai is a District in Suru Local Government of Kebbi State. It shares border with *Kasar Bunza*, and it has many things in common with *Kasar Bunza* including historical migration. In fact it was by accident that Bakuwai was carved out of *Kasar Bunza* and made to be part of Suru Local Government. The pot was found by Chinese Geological Construction Company (CGC) Construction Company in 2002 during the administration of Muhammadu Adamu Aliero, former Governor of Kebbi State. It is kept in the palace of district head (Jagwadeji) of Bakuwai.

⁸⁸ Sunkuru is a typical village, formerly located in the *Fadama* around the confluence of *Tafkin Magama* and *Tafkin Gindiy* between Raha and Suru towns. Because of the constant flooding, Sunkuru is later relocated and reintegrated into Bunza area. It is situated in the south-eastern part of Bunza town.

⁸⁹ Oral Interview with Malam Umar Dan Amo Sunkuru, Oral traditionist and Islamic Scholar. See also Arzika Bashir, “The Evolution and Integration of Sunkuru Settlement into *Kasar Bunza*” B.A. Project, History Department, Usmanu Danfodiyo University, Sokoto, 2005, p. 25.

people used to rest while coming back from hunting expedition. As time went on, these people erected a permanent dwelling, and the settlement grew into a sizeable village. *Maza-Waje* was believed to be a magician and a charm maker.⁹⁰ He had an old, big and hairy he-got (*Bunsuru Mai-gashi*). He was said to have used the he-got for charms and for spiritual purposes that were acclaimed potent. Because of the potentiality and power of his charming, *Maza-Waje* was said to have attracted large patronage of people from far and wide who came to him for remedies to their personal problems⁹¹. At any time they came to him with a complaint, he ordered his servants to tell the person seeking his help “Dauki Bunsuru Mai-Gashi Buzur”, meaning “pick or touch the hairy he-got”. It is from the word “Buzur” that the name “Bunza” was derived⁹².

After the death of *Maza-Waje* in about 1780s,⁹³ the new settlement developed and experienced lots of immigrations of different ethnic groups, including a group of Fulani herders called *Zwanginawa* with their leader known as “*Liman Zangina*”⁹⁴ They moved into Bunza and displaced *Kyengawa* who moved southward, camped and later established some parts of *Geza* settlement.⁹⁵ The event of *Zwanginawa* invasion of Bunza seemed to attract the attention of authorities of Kabi Kingdom during the reign of a certain *Sarkin* Kabi, Muhammadu Hodi (1803-1826) who ordered the seizure of Bunza from Fulani clan of *Zwanginawa*, and appointed his

⁹⁰ Oral interview with *Sarkin* Bunza, Alhaji Dr. Mustafa Bunza, 2006, in Bunza A.M., A Biography of *Sarkin* Bunza...” op. cit.

⁹¹ Alhaji Danbiba Bunza, 90 years old, oral interview...2019

⁹² Bunza A.M., A Biography of *Sarkin* Bunza, Alhaji Dr. Mustafa Bunza, B.A. Project, History Department, Usmanu Danfodiyo University, Sokoto, 2007, p. 11

⁹³ Some informants such as Amadun Wuroyasi, are of the opinion that *Maza-Waje* died in *Geza*, after he and his kinsmen were expelled from Bunza. Others believed that he died at his base in *Dutsin Kura* before their final expulsion from Bunza. *Dutsin Kura* is a hill situated in outskirt of Bunza. It intersected and served as demarcation between Gwandu and Argungu Emirates. Also between Bunza town and other smaller settlements in the south-eastern axis, and it is ten Kilometers away to the town of *Geza*.

⁹⁴ They were believed to have come down to Bunza from Niger Republic.

⁹⁵ That is why today one can see that there is a royal title holder in *Geza* District called “*Mai Bunza*” It is essentially from the scenario of *Kyengawa* forceful emigration from Bunza who happened to and had a certain portion of lands in *Geza* town.

nephew Chuso⁹⁶ as the new *Sarkin* Bunza in about 1800s. It was during the reign of Chuso that *Kabawa* got chance to live and have a permanent settlement in *Shiyyar* Kubaru, now Bunza-Waje area.⁹⁷ After the success of the Sokoto Jihadists against *Kabi* Kingdom in 1805, Bunza was brought under the authority of Sheikh Abdullahi Fodiyo whose seat of political authority was then at Gwandu.⁹⁸ In 1815, however, *Malam* Abdullahi Gwandu appointed one of his disciples, *Malam* Muhammadu Gagga as *Sarkin* Bunza to promote the cause of the Jihad. *Malam* Muhammadu Gagga moved to Bunza with his *Zoramawa* entourage⁹⁹. From then onwards, Bunza people continue to experience influx of different ethnic and sub-ethnic groups; such as *Kyengawa*, *Zwanginawa*, *Kabawa*, *Zoramawa*, Much later other migrant communities namely *Zabarmawa*, *Arawa*, and *Buzaye*.¹⁰⁰ moved in and become integral part of Bunza indigenes. *Kyengawa* have facial marks which draw from up to down on both sides of their faces, likewise *Kabawa* and *Arawa*, but with difference in styles of their marks. *Zoramawa* could be identified with either of the two signs: three lines of marks from both sides of their mouths or a small facial mark from left side of their noses. In the olden days, typical *Hausawa* in *Kasar* Bunza are tall in statue, while *Zoramawa* were slender and in most cases light-skinned.¹⁰¹ Today, one can hardly identify the difference among the inhabitants of *Kasar* Bunza (Bunza District) except with such facial marks and or occupation. Hausa remained the dominant language in the area, except in few locations where Fulani people reside, and speak *fulfulde*.¹⁰² The relationship between all

⁹⁶ Chuso was believed to be the son of *Yarima Dan* Fatuma, a cousin and royal succession rival of *Sarkin* Kabi Muhammadu Hodi. (Details in subsequent discussions). Obtained from oral interview with *Alhaji* Muhammadu D., *Amiru of* Gwade, 15th May, 2019.

⁹⁷ *Malam* Ummaru Chanji Bunza, 65 years, oral interview at his Bunza residence, 17th July, 2019. Bunza Waje too derived its name from Maza-Waje's name.

⁹⁸ Traceable in the book of Programmes of Events for the Turbaning of *Alhaji* Dr. Mustafa Bunza, A Copyright of Bunza District Palace, 1995 Publication

⁹⁹ *Zoramawa* were among other Fulani clans such as *Torankawa*, *Sullubawa*, *Jagwadawa*, who formed part of Fulani ethnic groups that assisted the cause of jihad in 1804. See Bunza A.M. "A Biography of *Sarkin* Bunza..." P.10

¹⁰⁰ See M.U. Bunza. *Gwandu Emirate: The Domain of Abdullahi Fodiyo Since 1805*, op.cit. P.395.

¹⁰¹ *Alhaji* Umaru Chanji, *Makaman* Bunza, Oral Interview, February, 2019

¹⁰² Bunza M.U, *Gwandu Emirate: The Domain of Abdullahi Gwandu...*p.78

the tribes and people of the area was very cordial, and inter-marriages existed among them. Bunza town was the most populous of all other areas and settlements of *Kasar Bunza*.¹⁰³

However, the following sub-heads briefly present the historical origins of the village areas that made up Bunza (Bunza District)

2.5.1 The People of Gwade

The first set of migrants into *Kasar Gwade* was believed to be the *Kyengawa* hunters. They were said to be the earliest occupants of the virgin land that made up of *Garin Gwade*.¹⁰⁴ They came to the area for hunting, the business which they were known for. The second set of migrants into Gwade were the Kabawa stock of Hausa people from Birnin Kebbi came in about 1805. This was when the forces of the Sokoto Jihad under the leadership of *Malam Abdullahi* of Gwandu defeated the Kingdom of Kabi.¹⁰⁵ A group of Kabawa led by Muhammadu Garji came into the area and settled. The Kabawa were said to have expelled the *Kyengawa* hunters and consequently Muhammadu Garji became the new head of the people of Gwade.¹⁰⁶ Garji was a descendant of *Sarkin Kabi* Muhammadu *Dan* Giwa, the 8th king of Kabi Kingdom. (1700-1717).¹⁰⁷ This was the origin of Gwade town and its people as well as its dynasty. Today, Gwade town shares border with the three Local Government Areas of Kebbi State, namely; Arewa Local Government in the north, Dandi Local Government in the West, and Kalgo Local Government in

¹⁰³ Alhaji Umaru Chanji Bunza, Makaman Bunza, 60 years, Oral Interview, November, 2019

¹⁰⁴ Alhaji Muhammadu Sambo, the *Amiru* (Village Head) of Gwade, 60 years, Oral interview at his Gwade palace, September 15th, 2019.

¹⁰⁵ See M.U. Bunza, *Gwandu Emirate: The Domain of Abdullahi Gwandu...*, p. 188

¹⁰⁶ Haruna Musa, Secretary and Palace Official to Amiru (Hakimi) of Gwade, Oral Interview, March, 2019

¹⁰⁷ According to the *Amiru* of Gwade, *Dan* Giwa was the son of *Sarkin Kabi* Amadu, while Amadu was the son of Mamman Kanta of Kabi. According to him, Muhammadu Garji (the 1st *Amiru* (district head) of Gwade, travelled as far as Yelu (presently in Niger Republic) to tell his uncle, *Yarima Dan* Fatuma (who was Garji's father's younger brother, who had a conflict of succession into the throne of *Sarkin Kabi* with Muhammadu Hodi, but could not succeed, and was defeated by Hodi), Garji went to Yelu to *Yarima* the news of the defeat of the Kabi Kingdom by the forces of the Sokoto Jihad. *Yarima* was happy with the news, which made him migrated back to Ona (now Shiko town, in present day "Dandi" Local Government, Kebbi State).

the north-east, shares boundary with Kuka District of Kalgo Local Government. The town of Gwade has the following distinctive features:

Defensive Wall (*Ganuwa*), the remains of which is still eminent around the town, and the remnants of Gwade city gates are still traceable. The gates include:

Kofar Yamma (Western Gate)

Kofar Gabas (Eastern Gate)

Kofar Kudu (Southern Gate)

Numerous mountains and hills, and the prominent of them include:

Dutsin Bawara (Bawara Mountains) which surrounded the town from the west.

Dutsin Mai Dambe (Mai Dambe Hill) which covers the town from the east.

And *Dutsin Bambeli* (Bambeli Hill) coming direct facing Gwade town from the Bachaka town of Kasar Bunza from the southern axis.

Rivers and lakes, that include among others:

Gulbin Barfutsi (River Barfutsi;

Gulbin Fakada (River Fakada; and

Tafkin Feto-Jaure (Lake Feto-Jaure)

2.5.2 The People of Bachaka Town

Bachaka town was established by Zabarma people of Jibo town of the Niger Republic. They established the town around 1905 on the eve of colonial conquest of what are today the Republics of Niger and Nigeria. The people migrated from Niger Republic, perhaps running away from the forced labour of the French colonial officers. They settled at the area with the consent of the *Amiru* (village head) of Gwade of the time, during which the whole of the land was under his control. Bachaka town used to be under Gwade since its establishment until 1996 when it was curved out of Gwade to be a Ward of itself alongside Damana and Owa towns.¹⁰⁸ The majority of the occupants are Zabarmawa with few Fulani and Arawa minority groups in the area. The *Hakimi* (village head) of Bachaka is traditionally the head of Bachaka village area.

2.5.3 The Origin of Damana town.

Damana town derived its name coincidently from Hausa word “*Damana*” which means “rainy season”¹⁰⁹ Arawa people from Rahin-Tsaka were said to have established Damana settlement. They came to the area during the rainy season for subsistence farming, since they have scarcity of farm lands in their area in present day Niger Republic.¹¹⁰ As they approached the area, they were asked what were they there for? They answered in this word “*Aikin Damana*” meaning; “rainy season farming”. Thereafter, the word “*Damana*” was coined, and the area continue to bear the name till today. Damana town, like Bachaka, prior to 1996 had traditionally been under the control of the village head of Gwade, when three of them (Bachaka, Damana, and Owa) were curved out of Gwade to be independent village areas under *Kasar Bunza*.

¹⁰⁸ Alhaji Muhammadu Sambo, *Amiru* of Gwade, oral interview

¹⁰⁹ *ibid*

¹¹⁰ Bachaka and Damana people are said to have a common historical origin and migration, Alhaji Muhammadu Sambo, *Amiru* (village head) of Gwade, oral interview....,

2.5.4 The People of Owa Town

The People of Owa town were equally Zabarmawa, just like their brethren of Bachaka town. The people of Owa, Damana and Bachaka share common characteristics in historical origin and cultural tradition. The areas of Gwade, Bachaka, Damana and Owa were said to have the same characteristics and geographical settings.¹¹¹ They (villages mentioned above) have some little variations in geographical settings and topography with Bunza town. However, the six wards of Marafa, Dangaladima¹¹², Gwade, Bachaka, Damana, and Owa that made up of what is traditionally called “*Kasar Bunza*” estimated to have not less than 300,000.00 population census figures.¹¹³

2.6 The Sarauta System of *Kasar Bunza*

Kasar Bunza is one of the fifty-five districts in Gwandu Emirate.¹¹⁴ The present *Sarauta* system in *Kasar Bunza* started when Abdullahi Fodiyo appointed Malam Muhammadu Gagga in 1815 to oversee the affairs of the area¹¹⁵. In fact, an effective and orderly administration was not established in the area before the jihad swept across the whole of old Kabi Kingdom. Recalled that the earliest settlers of Bunza were more of adventurers whose members were closely knit with economic but not political union. Their social organizations were therefore simple and

¹¹¹ Muhammadu Sambo, *Amiru* of Gwade, Oral Interview...

¹¹² Marafa and Dangaladima are villages and formed parts of *Kasar Bunza*, but are curved within the fold of the town of Bunza.

¹¹³ 1996 Population Census (Revised Projection 2016), National Population Commission (NPC) Office, Bunza

¹¹⁴ The fifty-five districts in Gwandu Emirate are as follows: Alelu, Aliero, Aljannare, Ambursa, Andarai, Bagudo, Bahindi, Bakuwai, Barbarejo, Basaura, Besse, Birnin Kebbi, Bunza, Dakingari, Dalijan, Dangamaji, Danwarai, Diggi, Dutsinmari, Giro, Gulumbe, Gwadangwaji, Gwandu, Illo, Illo-Bani, Illo-Kasati, Jandutsi, Jega, Kalgo, Kambaza, Ka’oje, Karaye, Kardi, Kende, Kimba, Koko, Kola/Tarasa, Kuka, Lani, Maiyama, Makera, Masama, Mayalo, Mungadi, Nayilwa, Raha, Sabiyel, Sire-Yamusa, Suru, Tilli, Zagga, Zariyar Kala-Kala, Zauro, and Zogirma. Detailed information on the districts in Gwandu Emirate, and their historical origin, see M.U. Bunza’s, *Gwandu Emirate: The Domain of Abdullahi Fodiyo Since 1805*, op.cit. P.p. 344-555.

¹¹⁵ Prior to 1976, *Kasar Bunza* covered a wide area to include Bunza itself, Zogirma, and Raha with at least twenty (20) major ward centres. With territorial reorganization in 1984, during the reign of Emir of Gwandu, Haruna Rasheed Bashar, the 18th Emir of Gwandu, (1954-1995), the area of *Kasar Bunza* reduced to compose only six other ward centres. Zogirma and Raha were curved out of *Kasar Bunza* and were equally given self-determination as autonomous districts of their own.

limited in scope. But once *Kasar* Bunza was brought into the fold of the Sokoto Caliphate, it underwent a significant change in terms of *Sarauta* system. The history of *sarauta* administration in *Kasar* Bunza therefore started with the consolidation of the administrative structure of the Sokoto Caliphate. Bunza¹¹⁶ pointed out that, the leadership of the Sokoto Caliphate was ideally determined to realize the ideals for which the Jihad was undertaken. This was in fact through the establishment of an efficient administrative system which effectively linked the outlying districts including *Kasar* Bunza with the Emirate headquarters. This had ensured the adequate control and supervision from the centre, and a smooth communication channel in the Caliphate.

Mustafa¹¹⁷ is of the view that in the appointment of the rulers for the territories under Gwandu Emirate, beginning from the period of Abdullahi Fodiyo, the major procedure in the selection of leaders of Bunza was mainly on the basis of sound knowledge and integrity. It was this consideration, according to Mustafa, that led to the appointment of Malam Muhammadu Gagga. Gagga was one of Abdullahi Fodiyo's disciples, and he was the first Sarkin Bunza in 1915, who led a solid foundation for the emergence, growth, and sustenance of a prosperous Bunza District. Gagga was said to have maintained a very strong links with the authorities in Gwandu on issues affecting his domain. Mallam Gagga died in 1825, and from the time of Gagga onwards, District Heads of *Kasar* Bunza were vested with the responsibility of giving recommendations to Gwandu Emirate authorities on the appointment of *Hakimai* (Village-Heads) for the six villages that made up *Kasar* Bunza. The villages are as follows:

- i. Bunza Dangeladima, with Dangeladima as *Hakimi* (Village-Head) in-charge of the eastern part of Bunza town including the areas of Sunkuru, Wabbaku and Budi;

¹¹⁶ See M.U. Bunza, *Gwandu Emirate, The Domain of Abdullahi Fodiyo...* P. 59

¹¹⁷ Sarkin Bunza, Dr Mustafa Bunza, *Oral interview* at his palace, 10th August, 2019

- ii. Bunza Marafa, with Marafa as *Hakimi* (Village-Head), in charge of western axis of Bunza town with nineteen villages including Geru and Balu. He is also a vizier to District Head of Bunza;
- iii. Gwade Ward, with *Amirun* Gwade as Village Head of Gwade;
- iv. Damana Ward, with *Hakimin* Damana as Village Head of Damana;
- v. Bachaka Ward, with *Hakimin* Bachaka as Village Head of Bachaka; and
- vi. Owa Ward, with *Hakimin* Owa as Village Head.

However, the Village-Heads in *Kasar* Bunza, are given the responsibility to appoint or recommend the appointment of *Dagattai* (Ward-Heads) as well as *Wakilan Shiyyoyi* (area representatives) in their domains. They can appoint and give detailed information regarding the trustworthiness and personalities of the appointees to the palace of the District Head of Bunza, and or forward the names of the appointees to the palace for consideration and approval.¹¹⁸

2.7 The Economic Activities of the People of *Kasar* Bunza

The major socio-economic activities of Bunza people include: agriculture which comprised of crop production, fishing, and animal husbandry. Other major economic activities are trade, commerce and local industry. The economic activities are briefly discussed below.

2.7.1 Crop Production

¹¹⁸ Sarkin Bunza Mustapha, *Oral Interview*, August 2019

Crop production had been one of the backbone of the economy of most of the Hausa societies across northern region. According to Kware, crop production:

Is the most beneficial form of economy to any given society, and is the bedrock of development and foundation of prosperity ever since in the history of human existence in Africa.¹¹⁹

Agriculture has been contributing to economic development of the Nigerian society right from the pre-colonial, colonial and even in the post-colonial periods. Crop production in the pre-colonial, colonial and even post-colonial *Kasar* Bunza has been naturally subsistence mostly done by peasants who cultivated food crops such as millet; guinea corn; maize and beans for human consumption. In some areas especially in the remote villages, cassava is being produced by some local farmers, and also not on commercial scale. The *fadamu* (flood zones) with which the area is blessed with the flow of the two main rivers favours production of larger quantity of rice during both rainy and dry seasons.¹²⁰

2.7.2 Fishing

Fishing constitutes one of the major socio-economic activity engaged by the people of *Kasar* Bunza. The significant period for this engagement was between October and December of every year, because, in this period there was scarcity of rainfall. This allows rivers dry-up and become less in depth thereby making it easier for the fishermen to undertake fishing activity. Once rainfall is heavy, hardly fishermen catch more fish because of heavy flow of water. However, in some areas where there are more lakes, fishing takes place all year round. The people that engage

¹¹⁹ A.A. Kware, "Agriculture and Livestock Production in Sokoto 1804-2011", in M.T. Usman & M.A. Rufa'i, (eds), *Social and Economic History of Northern Nigeria Since 1500 AD*, Aboki Publishers Makurdi, 2015, P.123.

¹²⁰ Sourced in Kebbi Agricultural and Rural Development Authority (KARDA) Western Zone, Bunza, Feb. 2019

in this kind of economic activity are mostly *Sorkawa*.¹²¹ The prominent rivers where fishing takes place include: *Ruwan Gada*, *Ruwan Gindeey*, *Gulbin Kolaye*, among others. Some of the rivers are *Hurumai* (restricted rivers for periodic fishing), while others are lakes which are free for fishing any time of the year.¹²²

2.7.3 Livestock Rearing

Livestock rearing was an important economic activity concerned mainly with raising of livestock for the production of meat, milk, egg, wool, fibre, and other products that are obtainable from animals. There are basically two types of livestock rearing: extensive and intensive livestock rearing. Fulani herdsmen, especially itinerant Fulani, who have been the major livestock rearers in this area, were the ones practiced extensive rearing. Extensive livestock rearing entails keeping livestock in an open environment or area, thereby allowing such animals go about for pasture especially during dry season, and whenever it is rainy season, the Fulani herdsmen vacate to separate locations called “Mashekari or Rugga” until next dry season. There are a number of *Mashekarin Fulani* in *Kasar Bunza*, such as *Kanon Hillani*, *Ladda*, *Marai*, *Balu*, among others.¹²³ Fulani herdsmen rear animals not for commercial purpose, but as heritage as well as profession. In modern times, animal husbandry is heavily concerned on the production systems of livestock using the available land resources. This is known as “Intensive Livestock”¹²⁴ whereby animals are separately kept in a rounded or fenced area, and are given specially prepared feeds for large scale production. Intensive animal farming is domestically based, and the production is mainly for commercial purposes. The following are the outstanding intensive livestock farms in Bunza District:

¹²¹ *Sorkawa* (fishermen), are found in almost all nooks and crannies of Bunza District, they are partly *Kengawa* and some typical Hausas.

¹²² Sourced in Kebbi Agricultural and Rural Development Authority (KARDA) Western Zone, Bunza, Feb. 2019

¹²³ Alhaji Umaru Chanji, *Makaman Bunza*, Oral Interview...,

¹²⁴ A.A. Kware, “Agriculture and Livestock Production in Sokoto 1804-2011..., op.cit., p.13

- i. Gagga Cattle and poultry Farm, located behind Dutsin Kura in the outskirts of Bunza town.
- ii. Kitari Cattle & Poultry Farm, located behind Bunza Motor Park.
- iii. Wazammai Poultry Farm, located in Sambisa area, Bunza.
- iv. Sardauna Cattle and Poultry farm, located in Sardauna area, Bunza.
- v. Sunkuru Poultry Farm, located in Sunkuru area, along Wabbaku road, Bunza.¹²⁵

2.7.4 Trade and Commerce

Trade and commerce were also part of the economic activities that take place in *Kasar* Bunza. It has to do mainly with the sales and commercialization of consumable goods and products. Prior to 1990s, most of the trading and commercial activities in the area were undertaken locally by the people of the area, that is to say, all businesses and other economic activities were basically taken place in the area at a stage of short distance trade, which according to Hopkins “is a business transaction that takes place within a radius of not up to or more than ten kilometres”.¹²⁶ On market days, which takes place on weekly basis, people from neighbouring areas do come to the nearby markets to buy and or sell their locally manufactured goods. All kinds of local businesses were and are still taking place in these markets such as grains and livestock trade, among others. The major and biggest market in the district that attracts the attention of long distance trading and business transactions with a high concentration of capital is Bunza town market. It holds on Fridays. People from within and outside Nigeria and beyond do come to the market to either sell or buy goods in return for others.

2.7.5 Local Industries

¹²⁵ This is found through field work in the area

¹²⁶ See A.G. Hopkins', *An Economic History of West Africa*, Longman Group Limited, London, 1973, P 51

Regarding local industries, communities in *Kasar Bunza* like any other community in Hausaland, have developed a culture of local manufacturing in some areas of economic prosperity such as the production and commercialization of local salt which takes place in area¹²⁷ and brings prosperity to those that engage in the industry especially old women. Salt is being produced in the *fadama* areas of *Kasar Bunza*, where deposits of it are found. Pottery production which was also a local industry and major economic activity engaged-in by old women also takes place in the area. On market day, different types of locally manufactured pottery were brought to the market for sale. Leather works¹²⁸, blacksmithing¹²⁹, woodcarving¹³⁰, were all important local industries in the area.

CHAPTER THREE

¹²⁷ For details on the production and commercialization of local salt in *Kasar Bunza*, see A. A. Udulu's paper, "The Changing Nature of Some Business Activities in Kebbi State" in M.T. Usman & M.A. Rufa'i's *Social and Economic History of Northern Nigeria...*, *op.cit.* P.p. 89-92.

¹²⁸ Leatherwork is one of the earliest form of local production in the history of Hausaland. It is concerned with the production of local bags, shoes, wallet, purses, etc.

¹²⁹ Blacksmithing is concern with the making of local farm implements and weapons, such as hoes, rakes, cutlasses, axes, arrows, knives, etc.

¹³⁰ Woodcarving is a local manufacturing concerned with making of chairs, tables, pestles, canoes, etc.

TRADITIONAL MEDICAL PRACTITIONERS AND MEDICINAL HERBS IN KASAR BUNZA

3.1 Introduction

Scholars hold the view that traditional healing was as old as the human race.¹³¹ With a very long historical background that corresponds to the Stone Age.¹³² In the African continent, the practice of traditional healing (by magic) was much older than other aspects of traditional medical sciences.¹³³ Traditional medical practitioners in Bunza have possessed the ability to diagnose health problems and cure diseases. They have distinct personality and characteristics for raising patients' expectations. They utilized techniques that generate emotions and give their clients a sense of mastery over their problems.¹³⁴

This chapter identifies traditional medical practitioners and their healing approaches in Bunza as practised in most parts of Hausaland. The chapter also discusses some medicinal herbs that are obtainable in *Kasar* Bunza, used by the practitioners as well as medicinal importance attached to those herbs that made Bunza a point of attraction to traditional medical practitioners.

3.2 Traditional Medical Practitioners and Their Healing Procedures

Pre-colonial African people had sole faith in their indigenous healers who monopolized the medicine and its knowledge; and their practices were merely confined to their families and relatives.¹³⁵ In Hausaland, indigenous healers include: barber surgeons (*wanzammai*), diviners (*bokaye*), spiritualists (*'yanbori/magori*), bonesetters (*madora*), blacksmiths (*makera*), fishermen (*masunta*), hunters (*mafarauta*), weavers (*masaka*), carvers (*masassaka*) and butchers (*mahauta*),

¹³¹ See O.A. Mary, "The Yoruba Traditional Healers of Nigeria," P. 12.

¹³² The Stone Age was a prehistoric period during which stone was used to make tools with an edge, a point, or a percussion surface. The period lasted for roughly 3.4 million years, and ended between 4,000 BCE and 2,000 BCE, with the advent of metalworking

¹³³ Oziekwesili J.O., *et'al*, *Herbal Medicine in African Traditional Medicine*, np, published in 2017. P.25

¹³⁴ Malam Sani Sunny, Oral Interview,....op. cit.,

¹³⁵ O.A. Mary, "The Yoruba Traditional Healers...", Vol.2 (5), 2011, op. cit., P.21

among others.(Specifically, therefore, considered to be the leading practitioners, specialists and consultants as well as in traditional medical practice *Kasar Bunza*)¹³⁶

Each of the above practitioners specialized in the treatment of one different form of illness or the other. For instance, medicine against snake bite belong to hunters, while barber surgeon offered services in urinary diseases, making tribal marks and bloodletting. Some of the major traditional medical practitioners in *Kasar Bunza* are discussed below:

‘Yanbori (spiritualists) occupied an important place in the health sector of both pre-colonial and colonial *Kasar Bunza*. They specialized in dealing with illnesses believed to be caused by spirits such as bareness, still-birth, mental sickness, psychological disturbance, etc. This category was largely made up of women though men could also be found among them. Women dominated *bori* cult because their voices attract attention of the spirits, and their body exposure while dancing was also attractive to the spirits. Bori practice involved rites such as dancing, praise-songs and incantations. The practitioners served as the medium between the patients and the spirits believed to have caused the illness. It was through this that diagnoses and cures for diseases were provided. The practices were and are still in existence in areas like Gwade, Wabbaku, Damana, Owa, Tsolar-Tunga, and in other areas of present day Kebbi State, and Nigeria.¹³⁷

Boka (medicine man) plural *Bokaye* used various kinds of materials to cure illnesses. *Bunza* is located in the Sahel Savannah area and well-endowed with natural resources with which *Bokaye* used as substances in their healing procedures. *Bokaye* identify various herbs, leaves, tree bark, flowers and roots of medicinal importance. The concoctions out of their ingredients were meant

¹³⁶ . Malam Haruna Jada Raha, Traditional Medical Practitioner and a Spiritualist, Age 50 years, Oral Interview at *Bunza*, 27 August, 2019

¹³⁷ . Mallam Zayyanu Wuroyasi, Oral Interview, 2019

to cure various diseases such as malaria, dysenteries, diarrhoea, peptic ulcer, rheumatism, typhoid, fever, injuries and other psychiatric problems.¹³⁸ *Bokaye* were regarded in *Kasar Bunza* as in other part of Hausaland as having medicine of all kinds of sicknesses.

Magore (singular form) or ‘*Yan Magore* (plural form) (also medicine men) differed from *Bokaye* because they had no permanent stations for their medicinal practices as compared to *Boka*, rather they moved about hawking their products. They sold different parts of animal and birds like offal, legs, wings, intestine, feathers, fats and oil from reptiles, bark of tree and a host of others. Lizards, crocodiles, tortoise and chameleon were all sold for medicinal purpose to cure a number of illnesses¹³⁹ According to Bukkie, *magore* were traditional medical consultants in the treatment of all sorts of diseases.¹⁴⁰ The scientific basis for the use or dosage of the products has been seriously questioned by the practitioners of the conventional medicine. But it is important to note that *magore* had been taken care of various illnesses and continued to be doing even after the advent of conventional medicine. In this regards, Oliver says that plants were being used for healing in Nigeria even before the advent of the later tradition.¹⁴¹

Bonesetters (*madora*), **blacksmith** (*makera*) and **Traditional Birth Attendants** “TBAs” (*Ungowar Zoma*) were equally important traditional medical practitioners in *Kasar Bunza*. Bone-setting was a profession that required special skills. The knowledge of this practice was restricted to family members in Bunza and its surrounding villages under the jurisdiction of the town. The *Sarkin madora*, was usually appointed from Bunza, and his descendants were as well bone-

¹³⁸ . S.K. Adesina, “Traditional Medical Care in Nigeria...”, pp. 1-2

¹³⁹ . M.U. Bunza, “The Contribution of Amirul Muminina”, p. 45

¹⁴⁰ . G.Y. Bukkie, “The Role of Traditional Healers...”, p. 11

¹⁴¹ . B. Oliver, *Medicinal Plant in Nigeria...*, p. 1

setting practitioners. The professionals were involved in the treatment of dislocation, compound fracture. As well as male and female circumcision¹⁴²

Blacksmiths were specific families found in Bunza and all the villages surrounding the town. They monopolized cures against burn sustained as a result of fire accident. They also give preventive medicine against future pains of fire accident. Their medicine was in the form of condensed concoctions made up of different plants and other substances.¹⁴³

Birth-attending was a profession dominated by aged-women in Bunza and its surrounding villages. The practitioners provided ante and post-natal care to women. They succeeded over the years in developing medicine that dealt with children sickness like teething, coughing, stooling, measles and others.¹⁴⁴ Fishermen too were duly recognized in *Kasar* Bunza as professionals capable of curing certain sicknesses associated with rivers and streams. Such sicknesses include cold, rheumatism, relief of pains sustained fish prick punctured someone's body and removal of such pricks that was accidentally swallowed in the throat as well as diseases associated with the human private parts. They gave such causative medicine for the success of catching big fish or first to catch during fishing races. Injuries sustained from fish or even water spirit was all handled by the practitioners. They had their leaders who were called *Sarakunan Ruwa* in *Kasar* Bunza as the case may be in other parts of Hausaland. He was the custodian of all the rivers in his specific area of dominion in *Kasar* Bunza.¹⁴⁵

Butchers were also traditional medical practitioners in *Kasar* Bunza. They specialized in dealing with minor cut from knife or attack by domestic animal like bull or ram. They also partook in the

¹⁴² .Kwaire Danborn, one of the leading Bonesetters in Bunza, Age 75, Oral Interview at his Bajifa Residence, 21st July, 2019

¹⁴³ . Malam Kwaire Bujie, Age 68, A renown Blacksmith in Bunza, Oral Interview at his Business Centre, at Bajifa Makera, Bunza, 22nd August., 2019

¹⁴⁴ . Mairamun Gama, Traditional Birth Attendant, Age 72, Oral Interview at her Residence, 24th September. 2019

¹⁴⁵ . Kabirun Sarkin Ruwa, Age 40, A Heir Descendant of Sarkin Ruwan Bunza Family, 25th Jul., 2019

removal of bone accidentally swallowed in the throat. They gave causative medicine to local boxer for the defeat of an opponent.¹⁴⁶

The traditional medical practitioners developed exclusive therapeutic methods of cures in *Kasar Bunza*. Each of them had a unique means through which they offered remedies. To some practitioners, patients were required to drink, bathe, or rub medicine on their body for cures. Other forms of therapies included incantation which is described as a form of play on words written or delivered orally in poetic form to conjure up forces efficacious into medicine. This was applied by *Yan Bori* who also used fumigation in which herbs, hair, skin and or parts of animal were used as ingredients. Fumigation was used in to a send way evil spirits. Massage, blood-letting and puncturing were also some of the major traditional methods of healing in pre-colonial *Kasar Bunza*.¹⁴⁷

3.3 Herbs and their Medicinal Values in *Kasar Bunza*.

Herbal medicine involves the use of medicinal plants for the prevention and treatment of diseases. It has been very central in African traditional medicine, and it was the oldest of the most widely used aspects of traditional medicine in the world.¹⁴⁸ It was used in all societies and was common to all cultures. Herbal medicine, had different derivative names; such as; botanical medicine, vegetable medicine, and or phytol medicine. Herbal medication implies the use of herbs in the preparations, of finished herbal products containing whole plants, parts of plants, or plant materials, like leaves, bark, berries, flowers, and roots, and/or their extracts as active

¹⁴⁶ . Malam Sambo Dangaladiman Fawa, Age 65, Butcher and a cousin brother to *Sarkin Fawan Bunza* (Head of Butchers), Oral Interview at Bunza old Market, 25th July., 2019

¹⁴⁷ Malam Zayyanu Danwuroyasi, Oral Interview..., Also in M.U. Bunza, “The Contribution of Amirul Muminina...”, PP.. 48-53

¹⁴⁸ Ezekwesili, J.O., *et'al*, *Herbal Medicine in Traditional African Medicine...*, P. 31

ingredients intended for human therapeutic use or for other benefits in humans and sometimes animals.¹⁴⁹

Herbal medicine was a special and prominent form of traditional medicine, in which the traditional healer was specialized in the use of herbs to treat various ailments. Healers' role in this regards was so remarkable since it arise from a thorough knowledge of the medicinal properties of indigenous plants and the pharmaceutical steps necessary in turning such plants into drugs such as the selection, compounding, dosage, efficacy, and toxicity.¹⁵⁰ The use of herbal medicine appeared to be universal in different cultures. However, the plants used for the same ailments and the modes of treatment may vary from place to place. The plants used for medicinal purposes are generally referred to as medicinal plants that was to say, any plant in which one or more of its organs contain substances that can be used for therapeutic purposes or prevention, the constituents can be used as precursors for the synthesis of drugs¹⁵¹. The following are some of the medicinal plants in *Kasar Bunza*:

Bagaruwa (*Acacia arabica/nilotics*), though this type of tree has different species, but the common botanical name is “*Acacia nilotics*”¹⁵². It was the original source of gum-arabic, and was very common and widely distributed throughout northern Nigeria. This tree varies largely in size from a small erect tree with umbrella crown to a large, heavy stemmed tree with high rounded crown. Its bark is almost black with long stringy ridges and narrow fissures. The leaves of an acacia tree are verified to be 2-4 inches long.¹⁵³ They are a dark bluish green with grey bloom and soft texture. Its fruits are jointed pods, straight or sickle-shaped with slightly

¹⁴⁹ The above explanation could be traced via this links: <https://www.intechopen.com/books/herbal-medicine-in-africa>

¹⁵⁰ Malam Zayyanu Danwuroyasi, Oral Interview...

¹⁵¹ Ezekwesili J.O., *et'al*, “Herbal Medicine in African Traditional Medicine...”, *op. cit.* P.34

¹⁵² See Jinju's *African Traditional Medicine...op. cit.*, P. 131

¹⁵³ Lelay, *The Useful Trees of Northern Nigeria...op. cit.*, P. 2

embossed seeds; and the pod surface is wrinkled and covered with whitish bloom. The thorns of an acacia tree are in pairs on the branches and twigs, some of them are short and slightly curved, while others are long, straight, slender, and very shape with a slight slope. The wood of an acacia tree is a deep red-brown with almost purple bands. Herbal sellers do sell its leaves, barks and roots. Some traditional medical practitioners and experts in the field, *Bagaruwa* has the following medicinal importance:

Barks: barks of the *Bagaruwa* tree are either soak in the water for a while or pounded and sieved. It's to be taken orally for the treatment of serious cough and catarrh.

Roots: roots of an acacia tree are boiled for 30 minutes and taken to treat impotency in women

Leaves: dried leaves are powdered and mixed with cow milk 1/3 cup three times a day to treat chronic dysentery. While fresh leaves are used as eye drop.¹⁵⁴

In another narration, *Bagaruwa* is used to treat or to provoke appetite and in re-strengthen the human body when its leaves are cooked, sieved and taken in mixture with pap or *hura*. (a local forage drinks made from millet similar to pap but with different preparatory method).¹⁵⁵ Hunters also make use of the bark of *Bagaruwa* tree to prepare medicine for protection against metal and also wild animals¹⁵⁶

Aduwa (*Balanite egyptiaca*). This kind of tree is otherwise called “Desert dates” It is one of the commonest trees in the north that can survives in the extreme conditions. It grows both on loose sand and stony places and the average high is between 15-20 feet. It has long green thorns with small dark green leaves. The bark of an *Aduwa* tree is grey with long, wide, deep, vertical scales.

¹⁵⁴ See J.N. Keta, *Herbs and Shrubs in C'lela in Kebbi State...*, P.4

¹⁵⁵ See Jinju's, *...Hausa Medicinal Plants...*, *op. cit.*, P.112

¹⁵⁶ Sani Dantauri Bajifa, Bunza, 45 years, oral interview at his residence, 15/11/2019

The leaves are paired leaflets on a short but straight stalks. The flowers grows around November to March every year. Its fruits are edible and ripen from February onwards. The wood of the tree is light yellow with sometimes greyish discolorations. *Aduwa* has the following medicinal uses:

Old women in Bunza metropolitan area make use of leaves of this tree to remove tiny ants that penetrate into someone's ears by pounding its fresh leaves with water and mixed with a silk and put into the victim's ear(s) thereby removing the ants.¹⁵⁷ Hunters also make use of the ingredients obtained from the tree to prepare medicine against the attacks of the wild animals¹⁵⁸.

Kuka (*Adansonia digitata*): The baobab tree is well known not only in our study area but in the whole of northern Nigeria. The quantitative amount of this type of medicinal tree is found in bushy areas of Gwade, Damana and Bachaka. The tree is so large with enormous girth, and is about 50 feet high above the earth. It has white flowers with pendulous fruits. Baobab tree can be seen without the usual stunted appearance with slender branches and well-formed crown. The bark of a baobab tree is grey with all shades of purple and a sheen. Its outer bark is soft, spongy and full of sap. The wood of baobab tree is not used. It is very light and crumbling, rotting rapidly under exposure. The leaves are digitate with some six to seven lobes, 2-3 inches long while the flowers are solitary and pendulous on stalks. The fruits are usually large, oval and 3-5 inches in diameter. They are very hard and intricately veined¹⁵⁹

The following are the medicinal importance of the baobab tree:

Leaves of a baobab tree could be dried and pounded into powder, mixed with pap and taken in the morning to treat dysentery and piles. Local Hausa men preferred using *kuka* leaves in their soup (*miyan kuka*) than any other vegetable soup. That might be the reason people of the olden

¹⁵⁷ Laduwa Tadungu, 75 years, oral interview at her Sabongari residence, Bunza, 25/02/2021.

¹⁵⁸ Tukur Maidawa, 50 years, oral interview at his Bajifa residence, Bunza, 17/10/2019.

¹⁵⁹ See Lelay's, *Useful Trees of Northern Nigeria...*, P.9

days were more powerful and energetic than the people of nowadays who solely rely on manufactured ingredients to make soup.

Bark of a baobab tree is dried and pounded to make fine powder and should be taken with pap to treat unitary track infections.

Fruits are broken and the inner seeds with white layer are removed soaked in the water for a while, sieved and drink the liquid content to speed labour and ease delivery to women.¹⁶⁰ The baobab tree is also used by spiritualists in provoking contact with spirits and witch-crafts.¹⁶¹

Kalgo (*Pilostigma thoningii*). Kalgo is a medium sized tree of a shrub specie. It grows and is one of the commonest species in almost all parts of the north. In *Kasar Bunza*, *Kalgo* trees are found mostly in farmlands on the demarcated lines of farms. In remote areas of *Kasar Bunza*, such as Owa, Bachaka and Damana, this tree is found even on hills and mountains. It grows prolifically from stumps, and has very small but shallow depressions on its barks. In its proper habitat. *Kalgo* grows over 30 feet high with a girth of 8-10 feet.¹⁶²

Bark of *Kalgo* tree is dull, dark grey, with a rust-red tinge which deeply fissured and deeply ridged. The wood is oak brown, but rather dirty looking with light patches and dark discolorations especially round flaws. While the leaves are bifoliate and each leaflet has four main nerves with mid-rib lines slightly between them. The flowers of a *Kalgo* tree are in spikes, 2-6 inches long and used to appear in February or March or even as late as June of every year. Its fruits are pods, long, hard and dark brown in colour.

Economic and medicinal values of *bauhinia reticulates*:

¹⁶⁰ See J.N. Keta, *Herbs and Shrubs...*, P.7

¹⁶¹ Malam Jada Raha, *oral interview*, 2019,

¹⁶² J.N. Keta, *Herbs and Shrubs...* op. cit.,

Barks of the branches are pilled and used as ropes for tying of farm produce.

Soft leaves of the tree are pilled directly from the mother, squeezed and eaten in its fresh mode; for the treatment of chest-pains and nausea. While the old leaves are boiled in water and drink while is still warm; to treat joint pains.

Decoction of leaves and bark are mixed and red potash is added and taken orally for the treatment of stomach ache usually associated with menstruation.¹⁶³

The bark of the *Kalgo* tree was also medicinally useful when singly boiled and taken in the early morning before breakfast as remedy for infertility in women and for the enhancement of libido in men.¹⁶⁴

Tsamiya (*Tamarindus indica*). *Tsamiya* has been one of the commonest tree species found available in the north. It is medicinally potential for both traditional and modern medical practitioners. In the antiquity and even today, spiritualists (*Bokaye*) used to approach the tree whenever they wanted to provoke instant links with spirits or jinns. One of the characteristics of *Tsamiya* was that, it was dense, dark, compact crown. It has a stout bole 6-8 feet in girth with gnarled and crook branches. The tree thrives to grow on poor soils, shallow laterite, and on loose sand. It has a considerable leaf-fall, but little nothing grows beneath its shade. The barks of a *tamarind* tree are light grey with thick scales, while the large percentage of its wood is dark brown and occupied by soft tissues. The leaves are pinnate with pairs of dull dark green leaflets. The flowers are slender with hairy ovary and pistil which appear from December-February every year. It has single-seeded fruits with fleshy pods. When dried, the seeds in the pod become hard,

¹⁶³ See Roger Blench, *Nupe Plants and Trees...* P.63.

¹⁶⁴ See also J.N. Keta's, *Guide to Ethno-Medicinal Uses of Some Plants...* P.56.

shiny brown varying in shape from flat and oval to rounded cubes.¹⁶⁵ In our study area, large number of this tree species is found places such as *Daradi*,¹⁶⁶ and in the distant bush of *Tsolar Zabarmawa*.¹⁶⁷

Economic and health importance of the tamarindus tree (*tsamiya*):

Pods of the tree are used for making a palatable butter drinks which is very laxative.

Wood is used for making handles of farm implements.

In preventive medicine, the sapling of this tree species are used in concoction of other plants' ingredients by Fulani ethnic groups for the test of endurance by flogging undergone annually by their youths.¹⁶⁸ Also, in modern traditional medicinal use, leaves decoctions of the tree are taken orally or bathed to treat skin cancer.

Roots are boiled in water and mixed with red potash; the warm water are taken to treat stomach related diseases.

Seeds are soaked in water for some hours and taken for the treatment of dysentery and piles.¹⁶⁹

However, hunters decoct the barks and roots of the tree in concoction of other items to prevent the attack or being attacked with a shape objects.¹⁷⁰

Dogonyaro (*Azadirachta indica*). Its English name is "Neem tree" It is the most common tree species, not only in *Kasar Bunza*, but in the whole of Northern Nigeria. *Azadirachta indica* is an evergreen plant that grows from a medium sized to large glabrous tree. Its canopy is dense with

¹⁶⁵ See more in Laley's, *The Useful Trees...*, P 108.

¹⁶⁶ *Daradi* is a *Fadama* full of streams, located along Bunza-Zogirma road, and one of the places where rice is grown in the area.

¹⁶⁷ *Tsolar Zabarmawa* is a typical village 5 kilometers away north of Bunza town, off Bunza-Salwai road.

¹⁶⁸ Laley, *The Useful Trees...* P. 108

¹⁶⁹ Keta J. N., *Herbs and Shrubs...*, P.23

¹⁷⁰ Sani Dantauri..., oral interview,

thick foliage and is found in shape. Its bark is brown in young age and turns to grey when the tree grows bigger and develops deep furrows and scaly plates. While the inner bark or wood is pink in colour. The leaves are paripinnate. The fruits are small drupe, oblong ovoid in shape, green when young, and yellow when ripe with white latex. *Dogonyaro* is a tree that in most cases grows as a domestic plant. It sometimes grows as a wild plant. It is considered as a multipurpose tree, and the entirety of the tree including bark, wood, leaves, fruits, etc.

Its medicinal uses include:

As mentioned above, various parts of the plant are used in inflammation of gums, gingivitis, sores, fever (including malaria), spleen complaints, tumors, head scalp, smallpox, diarrhea, and cholera.¹⁷¹ Leaves of the tree possess antiseptic property and are used in boils, ulcers, eczema, ringworm, and scabies. The leaves, bark, gum, and seeds are used as remedies for scorpion sting, snake bites, and as antiviral, antineoplastic, and antifungal agents.¹⁷² Leaves are singly used as medicine for malaria, typhoid, stomach-ache, dysentery, jaundice and spinning.¹⁷³ Its leaves are however used when squeezed and mixed in water; the decoction of which is sieved and taken orally for treatment of nausea and toothache. While the dried leaves are homogenized and made to fine powder, mix with milk or honey to treat chronic ulcer.¹⁷⁴

¹⁷¹ Roger Blench, *et al*, *Nupe Plants and Trees...* P. 40. See also Abdul Motaleb M., *et al.*, (eds), *Selected Medicinal Plants of Chittagong Hill Tracts, Bangladesh*, sponsored by the International Union for Conservation of Nature(IUCN), and Bangladesh Research Institute (BRI), Bangladesh Country Office, Dhaka, Progressive Printers Pvt Ltd, 2011, P. 26.

¹⁷² Roger Blench, *et al*, *Nupe Plants and Trees...* P. 40

¹⁷³ See Dharmendra Singh's "...Traditional Medicinal Flora of Argungu Local Government Areas of Kebbi State, Nigeria, West-Africa", in *International Journal of Modern Plant and Animal Sciences*, Vol. 3 (1), 2015, P. 17

¹⁷⁴ J.N. Keta, "...Ethno-Medicinal Uses of Some Plants..."P.3

Ripe of its fruits are grounded mix with *black caraway* (Habbatus Sauda'a) for the treatment of typhoid fever, wounds and cuts¹⁷⁵ While the dried seeds are fried and the extract oil is applied externally for the treatment of skin diseases.¹⁷⁶

However, local barber healers use the tree for several medicinal purposes. They used entire components of the tree in concoction with other ingredients to remove glottis, treat intestinal worms, problems of worms in human private parts, itching, and teeth pains.¹⁷⁷

Zogale (*Moringa oleifera*). This is a popular flowering tree. It is naturally slender and has thin but long stem. It grows spontaneously from seed. There is no way one will write about medicinal plants without mentioning *Moringa Oleifera*. It is referred to as the miracle tree. The uses of moringa are too many to mention. The tree has culinary, cosmetic, and medicinal uses. *Moringa* tree is both domestic and wild plant. It can be seen risen above walls in almost every 8/10 of homes and houses of local people in Bunza district. Some Bunza residents used to specifically set aside a farmland for growing this type of plant especially in remote areas such as Loko, Gwade, Wabbaku, etc. Some of the popular medicinal uses of *moringa oleifera* include the following:

Leaves of a *Moringa* plant are rich in amino acids, minerals and vitamins especially vitamin A, C, and E which are very beneficial in the maintenance of a healthy body when fried and taken in the early morning. It has antioxidants properties that help to fight free radicals and molecule that cause cell damage, inflammation, and oxidative stress. The tree is also used to fight inflammation because it has properties which suppress inflammatory enzymes and proteins in the body.

¹⁷⁵ A.B. Gwani, *Magunguna da Yadda ake Hada su A Musulunci*, Assalaf Communications & Printing Press, Sokoto, P.23

¹⁷⁶ J.N. Keta ... *Herbs and Shrubs...*, op.cit., p.23.

¹⁷⁷ Kakale Monke, *Sarkin Askin Bunza*, oral interview at his residence, Bajifa area, Bunza, 17/10/2019.

It is also effective in reducing glucose and liquid levels in the blood which is beneficial to the cardio-vascular system. Moringa leaves and flowers are rich in polyphenols which helps to protect the liver against oxidation, damage, and toxicity. It also cures anemia, arthritis and other joint pains (rheumatism), Asthma, cancer and high blood pressure.¹⁷⁸

Moringa has an antibacterial and antimicrobial properties to treat the infectious diseases of bacterial, fungal, viral, and parasitic infections) and abscesses. It is also used as a germ killer of tropical skin diseases and rashes; and as a drying agent (astringent) when the fresh leaves are squeezed and applied externally on the affected parts of the skin. Same preparation is also applied to wounds because it has blood clotting properties that help in wound healing.¹⁷⁹

Sanga-sanga (*Cassia occidentalis*) Sanga-sanga is a very popular wild/weed plant growing almost everywhere in *Kasar* Bunza, especially in virgin lands and in unfinished houses. It mostly germinates on sandy soils because it is regarded as tropical plant species which resist high temperature and heat. The following are some of the medicinal uses of Sanga-sanga:

The plant (including its roots, stem, and leaves) are used for the treatment of the following illnesses: typhoid fever, malaria, excessive cold, and for balancing stomach disorder.¹⁸⁰ Sanga-sanga can also be used in the treatment of pleurisy, pneumonia, and tuberculosis.¹⁸¹

Shuwaka (*Vernonia amygdalina*). This is a very common shrub tree abundant on the banks of streams and large rivers where it forms an impenetrable thicket. It has either a number of stems from ground level or a single low-branched stem forming a rounded crown up to 12 feet. The bark is light grey and smooth with no distinctive character. The leaves are alternate on shoots,

¹⁷⁸ Sani Danturi, Oral Interview.....,

¹⁷⁹ Legit Newspaper Column of August 15th, 2019 titled “List and Uses of Medicinal Plants in Nigeria”

¹⁸⁰ Sani Dantauri, oral interview,

¹⁸¹ See Jinju’s ...*Hausa Medicinal Plants*...” P.27

long and tapering at both ends with an acute point and stalks. The flowers are in large terminal panicles and are found mostly on rains, while the fruits are a seed or achene with the usual rings of bristles.¹⁸² As its name implies, the leaves of the plants are bitter, and that is why many people cannot withstand testing it afresh. It has lots of detoxification properties that make it powerful in helping the body fight against lots of diseases and infections. It also has antipyretic properties. Some of the herbal medicines the plant provides to human persons include the following:

It helps in increasing the breast milk contents of the nursing women when the leaves are pounded in concoction with millet porridge and drink. Its fresh leaves can also be cooked in soup to increase appetite and it also purifies breast milk in lactating mothers.

Warm decoction of fresh leaves is also used to treat fever. Another medicinal use of the bitter leaf is that, it is a remedy for stomach-ache. One can either chew on the tender part of the plant stem or leaf stalk or swallow the bitterness. The leaves can also be pounded and squeezed out the juice from the leaves, drink. By putting three tablespoons of the juice in a small cup, add a pinch of salt to it and drink. The stomach ache will be relieved.

Bitter leaf is used for treating malaria, typhoid fever, and diarrhoea. It is also good for the blood and lymphatic system. It has strong medicinal properties that help to clear the blood and lymphatic system of impurities. This is achieved by drinking the juice squeezed from fresh bitter leaf occasionally. It is also helpful in people with hypertension in keeping their blood pressure low and in the management of diabetes. It can be effective in lowering blood glucose level. It cures other diseases such as sexually transmitted infections, pneumonia, skin exanthemas such as eczema, ringworm. It helps to relieve symptoms associated with the disease such as difficult and painful urination known as dysuria. By taking a glass cup of juice from bitter leaf squeezed in

¹⁸² See Laley's, *Useful Trees of Northern Nigeria...* " P. 114

water four times in a day. It helps to increase the flow of urine, reduce pain and also regulate and slow down the spread of the neoplastic cells. Bitter leaf also helps to boost chances of getting pregnant, i.e., it enhances fertility.¹⁸³

Dukkiy (*Celtis integrifolia*) Hunters give this a derivative name in Hausa as “*Dukkiy dukkan magani ta Sarkin daji*” meaning “Dukkiy has remedy for all medicinal needs of hunters” This is a large tree when full grown, attains the height of over 60 feet and girth of 15 feet. It is not commonly distributed like other plant species, but rarely seen in some locality. The bark of the tree is light, slightly bluish tinted grey, fairly smooth with large rounded scales. Under the scales, the bark is light brown. While the wood the tree is light yellow in colour, soft, fairly close-grained and easy to work with all tools. The leaves are variables in shape and size, some of which are toothed, while some are plain along the margins. Old leaves are very much darker in colour and rougher to the touch than the younger leaves. The flowers appear from December onwards are in branched clusters in the leaf axis, and each flower is green in colour and has five sepals and five stamens. The fruits are fleshy, single seeded and fleshy which if cut through before ripe, the seed can be seen growing in the top under the stigma and expand therefrom downwards. This kind of tree, though rarely seen, but can be obtained in *Kasar* Bunza in areas around *Dungu*,¹⁸⁴ *Loko*,¹⁸⁵ and *Balu*,¹⁸⁶ etc.

Some of the medicinal values of *Dukkiy* tree are:

¹⁸³ Legit Newspaper Column... op. cit., For other medicinal importance of the bitter leaf, see Dharmendra Singh's “Traditional Medicinal Flora in Argungu...”, P6

¹⁸⁴ *Dungu* is an area of farmlands which has at least the width of four hundred (400) hectares and a length of five to six kilometers.

¹⁸⁵ *Loko* is a typical village, three kilometers away, adjacent of Tungar Dannufe town. The village is under the domain of Matsari Ward of Bunza District.

¹⁸⁶ *Balu* is also a small village with not less than 400 residents/occupants. It is five kilometers away from Bunza town, along *Dutsin Kura*- Geza road.

First of all, *yantauri* (traditional medical practitioners with special skills in hunting and gathering) make use of the tree's bark and roots to form medicine which helps them turn metallic materials and shape items the way they want.¹⁸⁷ Leaves are boiled for drinking as stimulant and for the treatment of sore throat. It also boost milk inflow in nursing women.

Few of the dried stem barks are pounded and externally applied to treat skin infection and rashes. The tree's bark is also scraped and rubbed on affected wounds. Roots are also washed then scraped and grind to powder in treating ulcer and other intestinal disorders¹⁸⁸

Tunfafiya (*Calotropis procera*). This kind of tree is distributed throughout greater parts of *Kasar* Bunza as domestic and wild plant, especially in areas where there are loosely drained soil. It is widely distributed across northern Nigeria. Sometimes the plant grows as wild, and mostly adapted to hot and lowland tropics. It can however grow in sub-tropical and thick forest areas as in the South. It has a natural and artificial regeneration; either by sowing or by direct cutting of its stem for transplanting.¹⁸⁹ Some of the medicinal potentialities of the *Tunfafiya* tree are as follows:

Roots are used to treat yellow fever and jaundice, and also for the treatment of gonorrhea.

Row leaves are dried and pounded to powder to enhance or boost milk flow and libido in women

Dried leaves are antiseptic and prevent contamination of cord in babies.

Bark and roots are used in treating dysentery, diarrhoea, and vomiting. While paste of its roots are used in curing cases of rheumatism.¹⁹⁰

¹⁸⁷ Tukur Maidaji Bajifa, oral interview,,

¹⁸⁸ Legit Newspaper Column, 19th April, 2014

¹⁸⁹ See Lelay's *Useful Plants of Northern Nigeria*..., P.44

¹⁹⁰ Abdul Motaleb, et'al, *Selected Medicinal Plants*.... P.91.

Some other traditional healers especially “spiritualists” use parts of the plant to form a preventive medicine which allows a sudden disappearance in case of an emerging danger (*baduhu*)¹⁹¹

Sabara (*Guiera senegalensis*) *Sabara* is by appearance a bushy plant of shrub class with several stems. It is commonly distributed in rocky slopes and mostly seen flat-topped hills. It has common characteristics with *Combretum species* “geza”. The leaves are dusty grey green in colour, and the stems are very brownish in colour and subject to a gall caused by a grub. The bark of this kind of tree is grey in colour, while the colour of its branches is brown as well. The wood of the tree is cream coloured with a reddish tinge. Its flowers are greeny-yellow with spherical heads enclosed in a sheath of bracts. The fruits are slightly curved and extremely hard covered with long silky hairs. *Sabara* has been a common wild plant species in *Kasar Bunza* seen almost on rocks and hills available in the area. Its medicinal uses include:

Fulani herders burn the dried parts of the plant round their cattle, sheep and or goats to keep off flies away from the animals. *Sabara* also serves as remedy for cold in such herds. Its leaves, especially when concocted with water serve as cure against leprosy, and if concoction is externally applied, it serves as cure for skin irritation. After child-birth, women are advised to drink the extracts of the concocted leaves to reduce the rate of bleeding after delivery. Leaves are also cooked and added to food, it helps in quick digestion of that food.¹⁹²

Biyarana (*Senna alata*). The English name is “Candle Plant” It is a very popular medicinal plant in the tropics. It is called Ogalu in Igboland, and Asunrun Oyinbo in Yorubaland. The plant is so

¹⁹¹ Tukur Maidaji Bajifa, oral interviews.

¹⁹² This is an old findings almost 90 years back i.e. 1925 by a British Botanist and Researcher, H.V. Lelay in his book *The Useful Plants of Northern Nigeria*. Nigeria, and particularly the North, is endowed with plenty of tropical herbs 99% of which are medicinal. It is up to the Nigerian Government and researchers as well to use modern research mechanisms in exploring more and more of the medicinal potentialities composed by these plants. There are lots to be done on this regard. We cannot also forget the effort done on this field of endeavour by the 19th century Jihad leaders of the Sokoto Caliphate two hundred + years back. (May their clean souls rest in perfect peace)

light in appearance. Its leaves and stem are soft and green in colour. It has a very white flower which follows the direction of sun's orbit; that is why Hausa people called it "Biyarana" The plant is composed with antibacterial, antifungal, anti-inflammatory, anti-tumor, analgesic, diuretics, and laxative properties. In *Kasar Bunza*, the tree is in abundance. It is mostly found in rocky or stony sites and even on demarcated lines of farmlands.

Some of the medicinal uses of the plant include the following:

It is widely known for its antifungal properties which makes it efficient for treating a couple of fungal infections of the skin, ringworm and scabies. It is also used to treat parasitic skin infections and eczema.

The plant has laxative properties. It is also used in making traditional medicine for treating constipation, diarrhoea, intestinal parasites, uterus problems, and also expulsion of filarial worms. Decoction made from the leaves can be used to treat biliousness and hypertension¹⁹³ The plant is also used in preparing a causative medicine specifically to provoke love, or any beneficial unionism.¹⁹⁴

Gawo (*Cacia albida*). This is the largest of the *acacia* family plants, which when grown bigger can attain the height of over 60 feet. The plant prefer dry-sandy soils. The bark is uniformly dull grey with long wide fissures. Its thorns are in pairs and slightly recurved, while the fruits are the usual winged seed, pale green at first and smooth, and in its maturing stage, turning into a rich purple. In *Kasar Bunza*, *gawo* tree is scarcely distributed and rarely found here and there in areas

¹⁹³ See Legit Newspaper Column, 2014. Same information could also be observed in, Singh D, et'al, "A survey of Ethno-Medicinal Flora of Kebbi State, North-Western Nigeria" *Biological and Environmental Sciences Journal for the Tropics*, 7(3), 2010, P 133

¹⁹⁴ Malam Habibu Maidahini, Herbalist and traditional healer, oral interviews at his Maidahini residence, 20th November, 2019.

such as *Mongolo*,¹⁹⁵ *Gadar karfe*,¹⁹⁶ and in some parts of Budi¹⁹⁷. Some of the medicinal uses of the plant are:

Bark and stem are used to cure chest pain, dysentery, and as blood tonic. The roots are used as sticks; chewed and the watery part of it can be swallowed to cure piles and clean the stomach¹⁹⁸

Baure (*Ficus capensis*). This is a large multi-branch fig tree commonly found on stream banks and in gulleys, distinguished by its masses of pair shaped fig and clusters round the trunk of the tree. The bark of the tree is brown coloured and the scales are small, rectangular and grey. While the leaves are long, wide with broad tip and unequal wavy edges parallel in the middle portion. *Baure* is a potentially medicinal plant. Its roots, bark, and leaves are used to cure different human ailments, amongst which are; abdominal pains, nasal congestion, rheumatism, etc.

Mangoro (*mangifera indica*) This is an evergreen tree in the family Anacardiaceae grown for its edible fruit. The mango tree is erect and branching with a thick trunk and broad, rounded canopy. The leaves of the tree are shiny and dark green. They are either elliptical or lanceolate with long petioles and a leathery texture. The tree produces dense clusters of flowers with cream-pink petals on branched panicles. The mango fruit is roughly oval in shape, with uneven sides. The fruit is a drupe, with an outer flesh surrounding a stone. The flesh is soft and bright yellow-orange in color. The skin of the fruit is yellow-green to red. Mango trees can grow to a height of 45 m (148 ft) Mangos can tolerate almost any soil as long as it is well draining. Optimal growth

¹⁹⁵ *Mongolo* is an area of farmlands located in the western part of Bunza town. The landmass of the *Mangolo* farmland is about 200 hectares.

¹⁹⁶ *Gadar Karfe* is a prominent Highway Bridge located between Bunza and Maidahini

¹⁹⁷ *Budi* is a *fadama* (riverine area) located in the eastern side of Shiyyar Sunkuru

¹⁹⁸ Roger Blench, *et'al*, *Hausa Names for Plants and Trees...op. cit.*, P.4. Also in Singh D. "Traditional Medicinal Flora..." *op. cit.* P.10

will also be achieved in rich, deep, well drained soils and loams. However, very rich soils will promote vegetative growth at the expense of flower and fruit production.

The medicinal and therapeutic values of mango are as follows:

Decoction of leaves is used as blood tonic in combination with cashew and banana leaves +for fever treatment.

Leaves are combine with the leaves of neem and Sanga-sanga, boiled and sieved, the decoction is used to treat malaria, typhoid and cold.

Unripe fruit 1-2 is chewed to treat constipation and fever. The ripe fruit is used and chewed as a digestive stimulant. Seeds are grounded to powder and added into pap or honey, taken for some number of days to treat ulcer and dysentery. While the dried flowers are used to cure diarrhoea and chronic dysentery. The flower is boiled in water and taken in the early morning. Bark in mix with roots of *moringa oliefera* are soaked in water and used for rheumatism and syphilis treatment. Unripe fruits of mango tree are said have contraceptive values which prevent egg fertilization in women; and used as local family planning.¹⁹⁹

The continued existence of medicinal herbs and plants in *Kasar* Bunza right its foundation till today was perhaps that which simplified the practice of traditional medicine in the area. Worthy of note is the fact that some of the traditional medical practitioners specifically *makera*, *maharba*, and *masunta* in *Kasar* Bunza, and elsewhere in Hausaland and beyond, have the belief that every medicinal plant or herb to be used as medicine has the best time to be fetched for it to function effectively especially if the medicine is meant for spiritual remedy or medications.²⁰⁰

In fact, the diversity of different flora in Bunza attracted the attention of the early traditional medical practitioners to the area. Unfortunately today, no single research is undertaken with aim

¹⁹⁹ See Keta J. N. *Herbs and Shrubs...* P.76.

²⁰⁰ Sani Dantauri, oral interview. Same statement could also be found in Temitope I, *et'al*, "Traditional Medicine Practices Among the Yoruba People of Nigeria..." P. 24

to explore the potentialities of these medicinal plants and herbs in the area, and most of traditional medicinal knew the value of these plants and their therapeutic potentialities. In fact, a whole Ph.D. research cannot suffice to contain the importance attached to these medicinal plants and herbs, let alone M.A research to cover the whole of medicinal plants and their uses in the area. It is hoped that it serves as building bricks for further researches on the field.²⁰¹

CHAPTER FOUR

TRADITIONAL MEDICAL PRACTICE IN PRE-COLONIAL KASAR BUNZA

²⁰¹ There are various medicinal herbs and plants that can be found in abundance especially in the remoter parts of *Kasar Bunza*.

4.1. The Practice of Traditional Medicine in Pre-Jihad Hausaland

The history of traditional medical practice in *Kasar* Bunza cannot be complete without looking at the practice in some parts of *Kasar* Hausa before the Jihad of 1804. The practice of traditional medicine in pre-Jihad Hausaland had been exclusively traditional and based on the cultural tenets of Hausa society. The area now known as *Kasar* Hausa had been predominantly occupied by Hausa speaking people, though there were other indigenous minority ethnic groups in the area. Each tribe had its own way of life and means of livelihood including healthcare system. Prior to the 19th century Jihad, Hausa people believed in the existence of spiritual world accompanied by supernatural beings called *Iskoki*. The pre-Jihad Hausa societies believed, for example, that rivers possessed good and bad spirits capable of causing illness, hazards, and diseases. The society generally believed that spirits were elements worthy of being worshipped. *Bokaye* (divinists) who were traditional medical practitioners using certain plants and trees such as *Ku-ka* (baobab tree), *Tsamiya* (tamarind tree), *Aguwa* (euphorbia tree), and many more for medical uses and spiritual communications.²⁰² *Yan Bori* (spiritualists) whose practice of healing had to do with spirits had medicinal healing through occasional contacts with the spirits who were called with different invocations with regards to their places of dwelling; such as *Gajjimare* (chief of rain), *Maidaji* (the tall of the forest), *Mairafi* (chief of river), among others. *Yanbori* offered prayers and performed some rituals based on the spirits' names and patient's ailments.²⁰³ Both *Bokaye* and *Yanbori* were believed to have the ability to intermediate between man and spirits to bring either good or bad fortune to man.²⁰⁴ These spiritualists had the secrets in determining the kind of spirits to contact for a particular remedy. They specialized in the provision of preventive,

²⁰² A.B. Bawa, "Spirituality, Power, and Feminism: Historical Narratives of Bori Practice among the Women in Sabon Birni District of Sokoto State", in *International Journal of Arts and Humanities*, Vol. 8 (1), p.p. 48-50

²⁰³ A. Labbo, "A History of Colonial Healthcare Services...", op. cit. PP.. 42-54

²⁰⁴ A.B. Bawa, "The Changing Relevance of *Iskoki* in the Socio-Economic Activities of Hausa People of North-Western Nigeria" *Mandyeng*: in *Journal of Central Nigeria Studies*, Vol. 2 (12), P 144

curative and causative medicines. The preventive medicine of the pre-Jihad Hausa society had been attached to the use of medico magical herbs to provoke favour, protection, or antidote against food poisoning, and spiritual attack. The practice was in the pre-colonial Yoruba society. Hausa society strongly believed in traditional healing from herbalists, spiritualists, divinists, and deities. Hausa healers specialized in providing remedies to different ailments.²⁰⁵

Traditional Hausa healers during pre-jihad period specialized in curative medicine.²⁰⁶ At family level, first aid care took place at home within the family of the ailing person by applying some herbal ingredients, if the patient is not cured, he/she would then be taken to traditional healer²⁰⁷. This type of healing was confined to curing diseases in the human body by any of the applicable therapeutic remedies available to the healers.²⁰⁸ Hausa traditional healers were also proficient providers of preventive and causative medicines, which were essentially meant to give protection or to bring good and/or bad fortune in one's activity or business²⁰⁹

Before the 1804 Jihad in Hausaland, people had the belief that spirits had the ability to facilitate success to one's life. Anything spiritual that had gone beyond control or being feared by some Hausa men, referral would to be made to *Bokaye* or *Yanbori* for intervention. *Bokaye* and '*Yanbori* form a link of communications with *Iskoki* through "*Bori*" cult for remedy which was usually carried out in designated places called "shrines".²¹⁰ The political, social, religious and economic life of pre-Jihad Hausa society was attached to spirits. This practice continued in

²⁰⁵ *ibid*

²⁰⁶ In traditional medical practice, three forms of medicines were sought by medical care attendees, and these were: causative, preventive and curative medicines as explained earlier in chapter two

²⁰⁷ Bawa A.B., "Spirituality, Power, and Feminism: Historical Narratives of Bori Practice among the Women in Sabon Birni District of Sokoto State",...P.8

²⁰⁸ Pre-Jihad Hausa therapeutic medications include mostly the application of spiritualism, herbalism, divinism, sorcery, incantations, etc. For more on this, see M. B. Hambali, "An Introduction of the African Medicine: ...A Hausa Pharmacopeia Therapy", *op. cit.*, p.p.30-35

²⁰⁹ A. Labbo, *A History of Colonial Medical and Health Services...op. cit.*, P.47

²¹⁰ A. B. Bawa, "The Changing Relevance of *Iskoki* in the Socio-Economic Activities..." p. 145.

Hausaland unchecked even after the acceptance of Islam in the area, until the Islamic revolution of the 19th century.²¹¹

However, the introduction of Islam brought about new development to the practice of pre-jihad medicine. During the introduction of Islam, *Wangarawa* traders penetrated into the hinterland of Hausaland in the 12th century from Mali. Among the traders, many were merchants and Islamic Scholars as well. They possessed a vast heritage of Arabic and Islamic classical medicine which was preserved in books and treatises. These works were summarized, copied and circulated widely in Hausaland sponsored mostly by Hausa rulers like Muhammadu Rumfa of Kano (1463-1499), Muhammadu Rabo of Zazzau (1436-1441), Muhammadu Korau of Katsina (1456-1483), Muhammadu Kanta of Kebbi (1517-1561), and a host of others who duly embraced and made Islam a State religion.²¹² Hausa people were believed to have enriched their existing pre-colonial healthcare practice from the classical Arabic and Islamic medicines.²¹³

The influence of Arabic and Islamic medicine encompassed Hausa indigenous medicine leading to the emergence of a new class of medical practice. The newly trained medical practitioners in the newly introduced medical tradition in Hausaland included healers who specialized in prayer invocations (*Addu'a*) to heal illnesses and ailments. They were called “*Malams*” and co-existed with those that use herbs to give medications for curing diseases (herbalists), and they are called “*Yan magori*” The new development reduced the practice of *Bokaye* and ‘*Yanbori* as only traditional healers in Hausaland. With this development, traditional healers in most cities of Hausaland began to make reference to books for prescription of medicine in their process of

²¹¹ Labbo Abdullahi, “A History of Colonial Medical and Health Services...”, p.47

²¹² M. Ismail, “Islamic Medicine and its Influence on Traditional Hausa Medical Practitioners in Northern Nigeria”, Archival Collections, S/N 1/13/139, Arewa House Kaduna (AHK), Nigeria.

²¹³ Ismail, *Islamic Medicine and Influence...* op. cit,

healing. While *Bokaye* and *Yanbori*, continued to have their grounds of influence in rural areas where Islam did not become well entrenched.²¹⁴

4.2. Traditional Medical Practice in Pre-Jihad *Kasar Bunza*

Traditional medicine in *Kasar Bunza* followed the same historical course and stages as in other areas of Hausaland. *Kasar Bunza* was founded in the middle of the 18th century; and indigenous medicine began as early as the foundation of the area itself. The people that founded Bunza and indeed most of the areas around it, were originally traditional medical practitioners who specialized in charming and magic realism, curing certain illnesses and ailments for their people. With the Jihad of 1804, people of *Kasar Bunza* accepted and supported the mission of Shehu Usmanu Bin Fodiyo, and consequently, Islamic *Shari'ah*. The changes brought by the Jihad in the area included introduction of new administrative system, based on the tenets of the Islamic *Shari'ah* not only in the administrative system but in all spheres of life including healthcare system.²¹⁵

Thus, treatment of diseases, and livelihood became based on the teachings of the Holy *Qur'an* and noble Prophet Muhammad (SAW). The practice of traditional and Islamic medicines greatly sustained the yearnings and needs of the people of *Kasar Bunza* before the advent of orthodox medicine.²¹⁶

The *Kyengawa* who were the first set of people to *Kasar Bunza* had their own way of life including medical tradition. They believed in the existence of the supernatural beings called *Iskoki* (spirits) and their power to harm and or benefit human beings. Maza-Waje, the leader of

²¹⁴ See M.B. Hambali, "An Introduction of the African Medicine..." PP. 12-16.

²¹⁵ A.M. Bunza, "A Biography of Sarkin Bunza, Alhaji Dr. Mustafa Bunza" B.A. Project, History Department, UDUS, 2007. P. 25.

²¹⁶ Sarkin Bunza, Alhaji Dr. Mustafa Bunza, oral interview, Feb. 2019

Kyangawa hunters was believed to be a magician and a potent charmer.²¹⁷ He was believed to have a special contact with supernatural and accultic world/spirits which perhaps made him vibrant performer of magic and charms, and this gave him deep potency in curing and in healing.²¹⁸

Bunza people attached so much importance to the health of both the individual and the larger society. Most of the Hausa forms of greeting give priority to enquiry about the health condition of a person and his family.²¹⁹ Hausa proverbs like *Lafiya uwar jiki* (health is wellbeing), *Lafiya jarin talaka* (Health is the asset of the poor), among others, are pointers to the prominent position health occupies in the life of Hausa people in general including *Kasar Bunza*.²²⁰ Also, to a Hausa man and Bunza people, no matter how the good state of one's physical well-being was, if one was found unsatisfactory in social or moral state, he was not considered healthy. It was based on this view that *wawa* (silly) and *miskili* (introvert) were considered unhealthy.²²¹

The health of an individual was often seen in relation to the well-being of the larger society. In this regard, an individual that disturbs the societal stability was considered as unhealthy. In a nutshell, health was viewed by Bunza people in such holistic way that incorporated physical, mental, social and spiritual well-being.²²²

The people of *Kasar Bunza* had traditional beliefs in the causes of illnesses, and that was why some traditional healers in the area interact with patients in trying to understand the nature of

²¹⁷ Alhaji Umaru Chanji Bunza, Makaman Bunza, Oral interview at Bunza

²¹⁸ Malam Kakale Monke Bunza, Sarkin Askin Bunza, 73 Years, Oral interview at Bunza, 16th, August, 2019. More details on magic, charms and acculticism, see O. L. Ibrahim, *et'al*, "Traditional Medicine Practices among Yoruba...", P. 21

²¹⁹ There are such Hausa greetings as: *Ina kwana, barka da kwana, kana lafiya, iyali suna lafiya, ya gida*, etc.

²²⁰ Wada, "Kano Native Authority..." P.16.

²²¹ See A. Labbo's, *The History of Colonial Healthcare...* p.41.

²²² M. Wada, "Kano Native Authority..." p. 16.

their illnesses, as well as the behaviour and symptoms to be observed when giving treatment.²²³ It was believed that some illnesses were caused by spirits (*iskoki*) which were classified into black and white spirits, and each category was believed to cause one form of illness or the other. Severe illnesses like polio, paralysis, lump, tumours, still birth, abortion, loss of manhood, madness and others were believed to be caused by black spirits.²²⁴ But the white spirits were believed to be friendly to human beings, though they also cause illnesses such as convulsion and fever.²²⁵ The latter spirits are believed to provide cure for some illnesses caused by the former and also assist people for good fortunes²²⁶. The belief that supernatural beings could cause illness was not peculiar to Bunza, but it was a common practice in the whole of Hausaland and beyond.²²⁷ Majority of the people of *Kasar* Bunza maintained some sort of private family herbalists, who were believed to be professionals in the practice of traditional medicine.²²⁸ And that was the result of their predecessors' efforts to use various means at their disposal to cure and or control a sort of health and environmental problems in the area.²²⁹

4.2.1 The Legendry “Maza-Waje” and the Practice of Traditional Medicine in Bunza

Maza-Waje, the leader of *Kyengawa* hunters, was believed to have acquired knowledge in healing through his contact with the spiritual world. Maza-Waje's potency in magic and charming was in most cases used in causative and preventive medicines, though curative medicine also formed part of his expertise in healing. His magical powers believed to have attracted several people of the neighbouring settlements like Raha, Zogirma, Suru, Dendi and

²²³ Sani Sunny, Traditional Medical Practitioner, Oral Interview, 2019

²²⁴ Labbo Abdullahi's, "The History of Colonial Healthcare" quoted from A. M. Bunza's *Gadon Fede Al'ada*, Lagos, Tiwal, 2006, pp. 160-170

²²⁵ *ibid*

²²⁶ Labbo Abdullahi's, *The History of Colonial Healthcare...* Op. Cit. p.49

²²⁷ *ibid*

²²⁸ . Mallam Sani Sunny, Oral Interview, 2019

²²⁹ Mallam Sani Sunny, Oral Interview...

Bakuwai to Bunza.²³⁰ Some of these settlements predated Bunza, but they became to be subordinates of Bunza because of Maza-Waje's heroism and magical powers. Maza-Waje was said to have a temple decorated with a roof, which was believed to be his shrine in a place far from his initial location. The place is today known as "*Dutsin Kura*".²³¹ It was a hill located from outskirts of Bunza town along Geza-Kamba road. The hill was 40ft height and 2000 metres length. In the antiquity, the hill used to be a dwelling place for a number of wild animals such as monkeys, hyenas, antelopes, giraffes, and zebras.²³² Some traditionalists believed that elephants also survived there.²³³ Although wild animals were roaming about within and around the hilltop areas, Maza-Waje was able to reach and became the "priest" of the temple. As the priest of the shrine, Maza-Waje offered sacrifices to and communicated with spirits.²³⁴ The hill was believed to have accommodated a number of spirits, and during the day time, Maza-Waje used to be at the larger settlement together with his people until they vacated to bush for hunting and gathering in the morning waiting for them to come back in the evening time. He usually left in the night for *Dutsin Kura* to perform his ritual activities.

The legend of Maza-Waje in *Dutsin Kura* resembles the 13th century *Barbushe* at *Dala* Hill of Kano. *Barbushe*, who was believed to be a ritualist at the *Dala* Hill where it was believed that there existed a certain goddess called "*Tsumburbuwa*".²³⁵ The same scenario could be ascribed to

²³⁰ Oral interview with Sarkin Bunza, Alhaji Dr. Mustapha Bunza, August, 2019.

²³¹ As noted earlier, *Dutsin Kura* is a hill located in the outskirts of Bunza, along Geza-Kamba road. In the antiquity, the hill served as natural defense not only to the people of *Kasar* Bunza, but to the rest of areas in the north-eastern axis such as Raha, Sabon Birni, Zogirma, Diggi and the likes. The hill was said to be around 40ft height and 2000 metres length. With the passage of time, natural forces and human activities have greatly affected and allayed to lower level the salient features as well as apparent physical scenes of the hill as it used to be before. Knowing fully the history behind the Maza-Waje settlement in the hill, one Malam Abubakar Zaki (A renowned Islamic Scholar in Bunza) has now occupied and built a very big but locally mud house on the site of the hill and made it a resting and sleeping site for his almajiri students.

²³² Malam Abubakar Zaki, Islamic scholar and preacher, Oral Interview, Feb, 2019

²³³ Alhaji Danbiba Bunza, 92 years, Oral traditionist, interview at Bunza 02-08-2019

²³⁴ *ibid*

²³⁵ For detail information, go to "Kano-Chronicle on facebook", on <http://www.quora.com/facebook>. See also Elizabeth Isiechi, *A History of West-Africa Since 1800*, Africana Publishers 1977. p.p. 295-300

pre-Islamic pagan worship and spiritual activities at *Kotorkoshi* Hill in present day Zamfara.²³⁶

In fact, the amazing issue in the history of traditional medical practice in *Kasar* Bunza was the Maza-Waje's experience in identification of diseases in the patient's body and the procedure through which he identified how the disease occurred by using spiritualism. His ability in identifying and curing diseases were through spiritual means using specific herbs.²³⁷

4.2.2 The Arrival of Kabawa and the Development of Traditional Medical Practice in *Kasar* Bunza

Between 1780s and 1790s, Maza-Waje was said to have been at *Dutsin Kura* for his ritual activities when his kinsmen were drove away by *Zwanginawa* clan²³⁸ *Kyangawa* ran out of Bunza and settled in Geza. *Zwanginawa* were Islamic scholars from Sudan whose main occupation was teaching and preaching Islam. Their first and also fixed settlement was Modibbere. As *Zwanginawa* had settled in Bunza, the Kabawa from Birnin Kebbi also penetrated into the area and took over the mantle of leadership from them, where they established a permanent settlement in the area. There were amongst them (Kabawa) traditional medical practitioners who specialized in the provision of causative and curative medicine.²³⁹ Causative medicine was primarily concerned with preparations to tackle social, economic and political problems. It was generally magical or supernatural in nature. Causative medicine dealt with issues such as business fortune, love, matrimonial success and protection against fire, theft, and success during warfare.²⁴⁰ Bunza people especially those Kabawa, made use of spirits to

²³⁶ Details on traditional worships and sacrifices at Kotorkoshi hill, see Y.A. Mahuta, "A History of Kasar Fakai..." *op. cit.* P.

²³⁷ Alhaji Danbiba Bunza, Oral Interview...

²³⁸ *Zwanginawa* pastoralists were said to migrated somewhere from the Republic of Senegal. Some oral traditionists in *Kasar* Bunza, such as *Alhaji* Dandare Acije Bajifa, Bunza, are of the view that *Kyangawa* were expelled from Bunza by *Zoramawa* ethnic group during the eve of the Jihad, not *Zwanginawa* Pastoralists who equally left the area with coming of *Zoramawa* clans.

²³⁹ Kakale Monke, *Sarkin Askin* (chief berber) Bunza, Oral Interview, March, 2019

²⁴⁰ See Labbo Abdullahi, "Some Reflections on the Pre-Colonial Health Care Practices...P.40.

destroy their enemies; this is called *Bugun Bisa* (thunderstorm). It was an act of using thunder that involved the use of certain herbs and magic to destroy an enemy. It usually happened when two or more people disagreed over some issues like women, farmland, and business, among others.²⁴¹ There was medicine for warriors purposely prepared for the defeat of enemies in the battlefield...²⁴² This type of medicine, though less pronounced in *Kasar Bunza* during the Kabawa penetration into the area might have been used by the people in attacking the remnants of Kyangawa in Bunza in the early 1790s. The medicine was more concerned in influencing the societal problems than effecting cures to human physical disabilities.

The causative and curative medicines were important in pre-colonial Bunza during the penetration of Kabawa ethnic clan. The new Kabawa migrants were proficient fishermen, barbers, and blacksmiths.²⁴³ They camped and established residences in the “Middle Area” now “Bunza Waje” and later dispersed to other areas in the town and in the nearby villages. Kabawa fishermen and barbers were amongst the earliest traditional medical practitioners in the area, who offered traditional medical care to indigenous people on various diseases and ailments. They specialized in causative and curative medicine (as explained above) which was believed to be one of the most dominant pre-colonial traditional practices in *Kasar Bunza*. The traditional medical practice by fishermen and barbers was said to have started with the arrival of Kabawa in *Kasar Bunza*.²⁴⁴

4.3 Sokoto Jihad and the Changes in the Practice of Traditional and Islamic Medicines in *Kasar Bunza*

²⁴¹ . For details See A.B. Bawa, “A History of Bori in Yeldu...PP. 48-53

²⁴² . See M.U. Bunza, “The Contribution of Amirul Miminina..., PP. 41-45

²⁴³ Alhaji Umaru Chanji Bunza, 62 years old, oral interview at Sabongari, Bunza, 12-09-2019

²⁴⁴ Kakale Sarkin *Askin* Bunza...oral interview...

One of the consequential legacies of the Usmanu Bin Fodiyo Jihad was the production of treasures of literary works by the Jihad leaders in the fields of history, law, education, politics, religion, economy, and sciences,²⁴⁵ including different aspects of Hausa, Arabic and Islamic medicines. The Islamic reform in Hausaland led to some changes in the practice of traditional medicine in Hausaland and *Kasar* Bunza. Scholars identified some of the unprecedented works of the Jihad leaders including fields of medicine. In his paper on Muslims' contributions on medicine; Bunza indicates that:

The works of the Jihad leaders in Hausaland have reshaped and repositioned the mental, intellectual and spiritual threads and fabrics of Hausa People. The Jihad leaders redefined borders and frontiers in the development of medical sciences by thematically codifying and documenting different fields of medical sciences.²⁴⁶

The above statement clearly shows that, the 19th century Islamic reform movement purified the practice of traditional medicine and left a solid foundation. Islamic medicine was further incorporated into the pre-colonial healthcare delivery in *Kasar* Bunza, especially during the reign of Malam Muhammadu Gagga who was a student of Mallam Abdullahi Gwandu and the first District-Head of Bunza. (1815-1825).²⁴⁷ The methodology of medicinal healing involve application of invocations (addu'a) from the *Qur'anic* verses and *Hadith* (traditions of the noble Prophet) to diagnose diseases and treat illnesses.²⁴⁸ Islamic medicine practitioners. On some occasions, Muslim healers write *Qur'anic* verses on the slate for patients to drink.²⁴⁹ Another way of healing include reading and spatting some *Qur'anic* verses onto patients' body especially head. On other occasions, a patient is asked to read some Qur'anic verses for self-healing. They

²⁴⁵ See Usman Bugaje's "Jihadists Contribution to Medicine" in a Column of "*The PATH Newspaper*" of Friday 19th, 1995, P. 8

²⁴⁶ M.U. Bunza "Muslims Contributions to the Study and Development of Medicine..." P. 1

²⁴⁷ A. M. Bunza, "A Biography of Sarkin Bunza,...P. 21

²⁴⁸ . Mahmud Wada, "Kano Native Authority and Modern Healthcare...", p. 80

²⁴⁹ . Malam Danwuroyasi, Age 48, Herbal and Islamic Medical Practitioner, *Oral Interview*,

offered Islamic medicine for protection against calamities and misfortune for houses, businesses, cities and leadership. For instance, they invoke the beautiful names of Allah to provide cure to certain diseases.²⁵⁰ Islamic medicine was believed to be a divinely revealed remedy.

The post-Jihad period witnessed continued the incorporation and continuity of Islamic medicinal practice and faith healing in *Kasar Bunza*. As there were various treatises and pamphlets all over Hausaland written on medical subjects in *Ajami* and these write-ups were widely circulated and consulted. Some medicines were secret and guarded by their practitioners who compiled and kept them in *Kundi*.²⁵¹ People from various places consult the owner of *Kundi* with the intention of helping them to be availed with one medical secret or the other²⁵²

Unfortunately however, some practitioners continued adulterating the Islamic medicinal practice with syncretism, this was because some *Kundi* contained medicine that required mixing with some charms, though derived from the Qur'anic verses or other Islamic sources. It is became fetish, written with blood, sperm or mixed with hair, goat horn, or other impurities.²⁵³ Despite the magical nature of the medicine, people flocked to these *Malaman Tsibbu* (owners of *Kundi*) for treatment of all kinds of ill-health and problem of everyday life.²⁵⁴ One of the outstanding *Malamin Tsubbu* in the whole of *Kasar Bunza* in the early 19th century, was *Malam Gilmi Mai Tsuntsuwa*, who was believed to have his residence during this time at *Gelleye* area of *Bunza* town. People from far and near patronized his medicine for various reasons. He was a popular practitioner that used healing and curing practices in syncretism in *Bunza* as in the case of the rest of Hausaland. He and others taught many people and widely circulated their works. Gilmi's

²⁵⁰ Malam Danwuroyasi..., Oral Interview

²⁵¹ *Kundi* is a kind of book in which notes, or ideas, comments, information and other secrecies, believed to be derived from the *Qur'an* and other sources of Islamic jurisprudence were recorded

²⁵² M.U. Bunza, "The Contribution of Amirul Muminina....", P. 47

²⁵³ Labbo Abdullahi, "Some Reflections on Precolonial Health Care Practices in Hausaland...", p.43

²⁵⁴ A. Labbo, "Some Reflections on Precolonial Health Care Practices ...", p.44

dominance and specialization in the field of mixture of Islamic medicine with syncretism perhaps accounted for his expulsion from Bunza to Gwade where he continued his traditional medical practice until his death in 1860.²⁵⁵

CHAPTER FIVE

CONTINUITY AND CHANGE IN THE PRACTICE OF TRADITIONAL MEDICINE IN KASAR BUNZA, 1900-1999

²⁵⁵ . Malam Riskuwa Dogon Yaro 81 years old, oral historian, Oral Interview at Bunza, October 28th 2019.

5.1 Introduction

This chapter examines the history of the introduction of orthodox medicine in Bunza and how that affected traditional medicine in the area. The discussion focuses on the reaction of Bunza people to the new medical tradition; the strategies and methods used by the stakeholders to ensure that the new tradition was accepted by the people; the establishment of modern healthcare institutions; the challenge of Bunza medical tradition in the late 90s, and finally the coexistence of the two systems in the area.

5.2 The Introduction of Orthodox Medicine in Bunza and the Challenges for the Traditional Medicine in *Kasar Bunza*

Western medicine was introduced in Africa by the Christian missions and European colonial administrators. This medical tradition prepared people psychologically to become more receptive to Western culture. This led to the relegation of African traditional medicine and its practitioners to the background. Consequently, African traditional medical practitioners were derided and tagged ‘witch-doctors’ by not only Europeans but even some Africans. With regard to this, Jinju was of the view that

The concept with which the African traditional medicine practice was less positioned came as a result of the imperialist cultural policies aimed at relegating African medicine to the background and promoting the orthodox medicine in the continent on a monopolistic basis²⁵⁶.

In Nigeria, traditional medical practice suffered a decline during the British colonial regime that virtually out-lawed the practice in the country. This also coupled with the rise of Christian ideology especially of the Pentecostal genre which considered most aspects of the practice un-

²⁵⁶ M. H. Jinju “An Introduction of the African Medicine;...Hausa Pharmacopoeia Therapy...” *op. cit.*, P.6

Christian and therefore ‘evil’.²⁵⁷ Labbo also noted that the colonial medical and health policies were more of safeguarding the health of the colonial officials than of the natives. Noticing that, British did not intend to provide medical services to the African people out of sympathy. Rather they recognized that human and material exploitation was incompatible with poor condition of health. Therefore, such policies were only made out of necessity as the case with the provisions of rural health centres, dispensaries, maternity and child welfare centres, rural sanitary services of varying degrees of quality and mobile field units.²⁵⁸

In 1940, the first dispensary, (now Primary Health Care Centre) was established in Bunza following an appeal (in 1937) by the then *Sarkin* Bunza, Haliru Dan Saini (1931-1939) to the Emir of Gwandu, Usmanu Bin Haliru Abdu (1918-1938). The plea was made to save the people of Bunza who were suffering from different epidemic and endemic diseases including measles, meningitis, malaria, and leprosy. *Sarki* Haliru also from Birnin Kebbi pleaded with the colonial authorities for the establishment of a healthcare institution in Bunza. The request was granted through the Gwandu Native Authority, and in 1940, the first dispensary was established in the area alongside dispensaries in Raha and Zogirma towns. The dispensaries were vested with the responsibilities of providing medication for patients and also curbing the spread of leprosy pandemic which was bedevilling the progress of the people in the area. A Leprosy Out Patient Clinic (OPC) was established almost the same time with Bunza dispensary.²⁵⁹ Yalli Meen affirmed that the first medical officer posted to the area as dispensary and leprosy clinics

²⁵⁷ See Toyin Adefolajun “Traditional and Orthodox Medical Systems in Nigeria: The Imperative of a Synthesis” in *American Journal of Health Research*, Vol 2 (4), 2014. P. 24

²⁵⁸ Labbo Abdullahi, “A History of Colonial and Health Services in Argungu Emirate 1906-1960”, P.76 curled from the Archival Record of Colonial Medical Policies in Nigeria, National Archives Kaduna.

²⁵⁹ During the field work for this research, I obtained a statistical record from the Health Department, Bunza Local Government Secretariat. It is also available in Bunza District Palace Record Office

attendants was Malam Ibrahim Kalgo, popularly called “Illo na Kalgo” and Malam Modibbo Tilli respectively.²⁶⁰

Lack of sufficient medical staff in the newly established dispensary and leprosy clinic in Bunza necessitated the use of some school drop-outs from the Bunza Elementary School who received out class/informal training on medical and health care delivery courses²⁶¹ to complement the effort of the Gwandu Native Authority in the provision of health care services. During this period (1940s), all the health care centres in Bunza District were under Birnin Kebbi Medical Area and the centres were being supervised by a British Medical Officer²⁶² posted to the area whose main responsibility was to supervise works of the health care personnel at the centre.²⁶³ Consequently, the practice of traditional medicine in Bunza faced challenges with the introduction of orthodox medicine in the area. The elites who were the proponents of Western medicine in *Kasar* Bunza were completely against the indigenous medical practice on the grounds of being unhygienic medical practice.

5.2.1 The Challenges for the Traditional Medicine in *Kasar* Bunza.

Between 1970s and up to 1980s, elites in the area continued advocating for the use of modern medicine instead of traditional indigenous medicine in Bunza and surrounding villages, even if the latter was to be used, it should only be regarded as complementary, not a trajectory upon which Bunza people should rely for their health needs. The first of these movements came about in 1969 when a group of elites called “*Kungiyar ‘Yan Kishin Kasar* Bunza” meaning (Concerned

²⁶⁰ Malam Yalli Men, 75 years old, oral interview at Sunkuru, Bunza, May 20th, 2020

²⁶¹ Among those that received the informal out-class healthcare training and are still alive are: Malam Yalli Meen, from Wuroyasi area; Malam Alkali, from Sabongari area; and Alhaji Danbiba, from Gwalgwalere area. Others were drawn from Raha, Zogirma, and Tilli, Dakingari, Suru, Bakuwai, etc. Many amongst whom were not alive today.

²⁶² According to Yalli Meen, the British Medical Officer posted to the area was known as Andrew Walker.

²⁶³ Yalli Meen, Oral Interview...op. cit.,

Citizens of Bunza) under the chairmanship of Malam Yalli Meen²⁶⁴ were agitating that government should intervene and bring an end to total submission and patronization of traditional medicine by the people of Bunza. To them, traditional medicine lacked standard dosage and had not been subjected to scientific verifications. This was the first attempt to retard the practice of traditional medicine in *Kasar* Bunza to the extent that *Sarkin* Bunza of the time, Malam Abdullahi Buwai²⁶⁵ called the attention of all the traditional medical practitioners in the area and warned not to attend to serious cases of sickness without notifying his Palace.²⁶⁶ In spite of its popularity, the new policy and guidelines hampered the progress and posed a great challenge to the practice of traditional medicine in the area. It had gone to the extent that people in Bunza and surrounding areas who were in need of medical care should thence go to clinics and/ or dispensaries for medication. Indigenous medicine practitioners were also posed with challenge of lack of basic skills and equipment required for the correct diagnosis of a serious health disorders in patients, and they that were always unwilling to accept the limitations of their knowledge and skills particularly in complicated organic disorders.²⁶⁷ In wider perception of the matter however, the proponents of orthodox medical system, though were convinced that the traditional healers have supernatural knowledge which was useful, but were yet unscrupulous and dubious in knowing the outcome of their medical treatment. The proponents of orthodox medicine also opined that, indigenous medical practitioners have poor concept of disease; who perceived that sickness was just a mere visitation of evil spirits or the punishment of the

²⁶⁴ Malam Yalli Meen, oral interview. Yalli and his Co. (people like Malam Alkali, Malam Sambo Bajifa, etc) were among the first set of graduates from Bunza Elementary School (B.E.S.) who received out-class training on health care delivery during colonial period. Some of them were taken to Zaria in the 1940s for training, and came back with certificates in Health care related courses. The aged Yalli finally regretted his previous criticisms of traditional medical practices. He asserts that as aged as he is today, he cures most of his ailments using traditional means of medications.

²⁶⁵ Malam Abdullahi Buwai ruled as *Sarkin Yamman* Bunza from 1957 to 1976.

²⁶⁶ Malam Yalli Men, oral interview...op. cit.

²⁶⁷ *ibid*

Almighty God or sins of omission or commission.²⁶⁸ They however contended that the treatment of disease under traditional health care system has always been under unhygienic condition, and sometimes took place in an unhealthy environment. The storage pattern of traditional medicine ingredients was also poor and the practitioners were ignorant of the biochemical side effect of herbs which were the main ingredients of medication in traditional medicine²⁶⁹

The above criticisms against traditional medical practice in Bunza and elsewhere in Hausaland was just a recurrence as the same event also happened during the colonial conquest of the Nigerian area when the British penetrated into Africa and uprooted the long cultural and traditional heritage of medical practices purposely to give way to their new medical healthcare system to thrive. Analyses had it that the issue went to the extent that they killed some number of traditional medical practitioners across the Nigerian area. This legacy has up till date manifest in the policies of government which look at the traditional medical practice as mere alternative to its counterpart (Orthodox), not as an independent medical practice; let alone giving it an enabling national legislation to regulate its practice.

Adamu²⁷⁰ argued that the policies and influence of government were always one sided where emphasis was given to the development of western medical practice by building modern healthcare centres, hospitals, training of doctors, nurses, other health personnel just to promote western healthcare system for the people, but there was no single institution established for the

²⁶⁸ U.F. Adamu, *Modern and Traditional Medicine: Conflict or Reconciliation*, ...P.35

²⁶⁹ See Toyin Adefolaju, "The Dynamics and Changing Structure of Traditional Healing System in Nigeria" in *International Journal of Health Research*, Vol. 4(2) P. 102. Also in Adamu U.F., *Modern and Traditional Medicine: Conflict or Reconciliation*..., P.47

²⁷⁰ See U.F. Adamu, *Modern and Traditional Medicine: Conflict or Reconciliation*, ..., op.cit., P.25

promotion of traditional healthcare practice in the country.²⁷¹ If ever traditional medical institution exist, it would either be a community or individual ownership....

Between 1990 and 1999, some people in *Kasar Bunza* especially in remoter areas tend to reject the services of western medicine for a number of reasons; such as the efficacy of traditional medicine in the area; mistrust and suspicion of western medicine; for example, the introduction of polio vaccines which was seen by many people in the area as a deception to depopulate them.

Finally, traditional medicine rebounded after facing challenges by the elite who were the proponents of the western medicine; and this came about when the people (*talakawa*) in *Kasar Bunza* realised the efficacy of traditional medicine in curing certain diseases which western medicine is believed to be ineffective to cure.

5.3 The Continuity in the Patronage of Traditional Medicine in the Area

In the late 90s, there was the re-emergence of indigenous medical tradition in Bunza, where traditional medicine and healthcare system got grounds of patronage in the area.²⁷² Most of the indigenes in Bunza district were identified as having high regards for traditional healthcare system. Their approaches were always identified with traditional means of medications. Traditional medicine, especially traditional birth attendants (TBAs), fishermen, barbers, etc, have become central in treatment of people's illnesses. In addition, a number of people in *Kasar Bunza* strongly believed that Western medicine was not meant for improving their health. They cited the rampant cases of malaria and government's inability to provide the common man with drugs or vaccines to curtail the problem, but instead, advocating for, and trying to promote the so-called polio vaccines. For this, Bunza indigenes hold western medicine with suspicion and

²⁷¹ See Gbenenree, "The Role of Traditional Medicine in Primary Health Care Delivery"... P.50-51

²⁷² In some other areas like Bachaka and Owa which share border with Niger Republic, and in some areas in Bunza town, some indigenes have disregarded western medicine, and majority of them preferred traditional medicine than modern medicine.

mistrust. Bunza people as in other neighbouring areas, opined that the health needs of local people were totally ignored, and that there was no regard to culture and tradition of the people in Western medicine. From 1990 towards the end of the decade (Year 1999), the number of traditional and Islamic medical centres and shops overlapped the number of orthodox medical centres and personnel in *Kasar Bunza*. (See table 1)

5.4 Integrative Medicine: The Co-existence of Traditional and Modern Medicine Practices in *Kasar Bunza*

Plural medical traditions refers to the situation whereby various forms of alternative medicines such as herbal medicine, acupuncture²⁷³, chiropractic,²⁷⁴ osteopathy,²⁷⁵ divination,²⁷⁶ spiritualism,²⁷⁷ regarded as “Alternative” or Unconventional medical practice exist hand-in-hand with conventional medicine, complementing each other’s effort in the healthcare delivery. The phenomenon referred to as “Integrative Medicine” It is a situation where the different medical practices concurrently operate with little or no conflict.²⁷⁸ In 2007, the World Health Organization (WHO) presented an analysis that showed eighty percent (80%) of rural Africans patronize traditional medicine in their healthcare approach.²⁷⁹ In *Kasar Bunza* specifically, the percentage cannot be less than seventy (70%). Individuals, communities and even traditional authorities in *Kasar Bunza* believe that alternative medical tradition must be upheld to complement orthodox medical services in the area since healthcare issues were complex and technical, which required a measure of knowledge to understand their complexities and

²⁷³ This is traditional medical practice applicable with the use of needles for therapy. Mostly engages by barbers.

²⁷⁴ This is also a traditional medical practice related to bone setting and psychological disorder.

²⁷⁵ This is a traditional treatment of human skeletal problem usually done by Traditional Bone Setters.

²⁷⁶ This is a traditional medical practices which has to do with causative and preventive medicines.

²⁷⁷ Traditional mean of medication attached to religious belief system. It is otherwise known as “Faith-healing”

²⁷⁸ See Amzat J, Razum O, ”Medical Pluralism: Traditional and Modern Health Care”, P.207

²⁷⁹ Alison Hardy, “The Integration of Traditional and Western Medicine in Ngaoundere...”, P. 14

intricacies. Upon this, the two medical traditions concurrently exist; traditional and modern, and complement the effort of each other. Based on the above, Adamu opined that:

the choice of medical care come about as a result of people's quest for health through ages which is divergent upon various societies and at various times. The dichotomy between modern and traditional medicine is almost artificial, and what is called modern medicine today was originally traditional. Therefore, the difference is narrow considering the roles played by each medical system²⁸⁰

Regarding the roles each of the two medical systems play to societal health and well-being, Sir William Osler²⁸¹ argues that modern medical system treats the symptoms and suppresses the disease, but does little to thoroughly curb away the disease, but certain diseases that can only be treated with the use of traditional medicine. With regards to Bunza District, specifically, there were three categories of healthcare providers and attendees. The first category was that of the elites proponents of modern medicine. This category of people opted for orthodox medications when they fall sick, and attend to modern hospitals and modern healthcare centres regularly. Their reasons were that the orthodox medicine was more effective, hygienic and clearer in dosage and has fast curing treatment.

The majority of the local populace especially the village dwellers in the area, and even some of the city settlers, preferred traditional medications as their first choice, on the grounds that traditional medicines were more effective, accessible, cheaper and affordable than orthodox medicines. They opined that a complete cure to some of their ailments, diseases and human worries can only find remedy in the use of traditional and herbal treatment, and that traditional

²⁸⁰ Adamu U.F., *Modern and Traditional Medicine: Conflict or Reconciliation*, P. 1

²⁸¹ William Osler is a Canadian Physician and Surgeon, born in December 1849 and died in July 1919. He was one of the founding Professors of Johns Hopkins Hospital, Oxford. He is also the founder of History of Medicine Society.

healers can best cure diseases in areas of spiritual problems, maternal health, bone setting, mental health, as well as in other medical conditions attached to their environment. To some of them, traditional medicine have no side effects provided that a patient sticks to rational use of its drugs.²⁸²

However, the third category are those who patronize both modern and traditional medicines. They opt for modern medical treatment as their first choice. If they did not get cure by using conventional medicine, they would then resort for traditional medicine as an alternative for remedy. Iwu, was of the opinion that rural African people should be open to alternative forms of healing, meaning “conventional and traditional healing”, He says “The more sophisticated medical science becomes, the more it is alienated from rural Africans, and may attribute the success of African traditional healing methods to a placebo effects.”²⁸³

By their expertise, modern medicine gives emphasis on scientific approach with laboratory test frequently used for diagnosis and testing of treatments, while traditional medical treatment was solely based on the healer’s experience and observations of a patient’s environment and ailments. The two medical systems should therefore be incorporated as medical for the total success to public healthcare delivery.

Kasar Bunza is an area like other places in Hausaland, where traditional and western medicines co-exist side by side serving different medical functions and each with its own patients’ patronage.

²⁸² There are series of interviews regarding the importance of both medical systems. Some interviews were done in Bunza town and in some of the health centres in the town. Other related interviews were a random selection among the villagers within the district.

²⁸³ John De la Parra, in his review of “A Handbook of African Medicinal Plants” written by Maurice Iwu in 1984

Hardy is of the view that healthcare delivery would be more effective if government or non-governmental healthcare providers look on the possibility of the integration of the two, since healthcare is very important not only in the maintenance of the quality of life on individual level, but also on a larger scale of development of a given country. He opined that healthcare and development go hand in hand.²⁸⁴

5.5 Conclusion

Based on the forgoing, it has been observed that healthcare seekers in Bunza District 1990-1999, are categorized into three. First, those who choose and solely rely upon conventional medicine for the treatment of their illnesses; second, people who choose to go for alternative treatment as their first and affordable healthcare approach especially in areas of traditional healthcare like bone-setting, psychological and mental problems as well as in traditional birth delivery. Third, others hold the view that the integration of the two medical systems should be the best option; where one can go to hospital for diagnosis of his/her ailments; and when the problem has been identified and treated well; and if the ailing person did not succeed, he could opt for traditional healing. This was because of the fact that modern hospitals or healthcare centres have the strength of technology and science to accurately diagnose and find out the existing diseases in the body, where conventional medicine seems to be so expensive and compared to that which can be obtained in traditional medicine. Thus, the practice of medical pluralism in *Kasar* Bunza, as elsewhere, takes effect with the people in the area taking side on each, as an alternative or complementary to their healthcare needs.

²⁸⁴ Alison Hardy, "The Integration of Traditional and Western Medicine in Ngaoundere, Cameroon", Ph.D Thesis, Department of History, University of Wesleyan, 2008. P. 25.

CHAPTER SIX

TRADITIONAL AND ISLAMIC MEDICAL PRACTICES IN KASAR BUNZA 2000-2019

6.1 Introduction

This chapter examines traditional-cum-Islamic medical practices in Bunza in the 21st century. Specifically, the chapter discusses the dominance of traditional and Islamic medical products over modern healthcare services in the area by giving some analysis and statistical comparison between the two healthcare systems in the area and why people prefer traditional and Islamic medicines to their modern counterpart as well as issues relating to modernization in the production and marketing of traditional and Islamic medicines in Bunza.

6.2 The Dominance of Traditional and Islamic Medicines over their Modern Counterpart

Health is the most precious of all things and it is the foundation of all happiness. Traditional medicine has developed in various communities in Nigeria in response to the health needs of the people. Many communities have since creation, developed various traditional systems using locally available resources for different solutions to their health problem. The practice of traditional and Islamic medicine have endeared itself to the people, especially in the rural areas, where people lack access to modern medical services. About eighty percent (80%) of rural dwellers in Nigeria depend on indigenous medicine for survival.²⁸⁵ Some analyses revealed that due to lack of modern medical facilities and problems of doctors not wanting to work in remote areas made it necessary for the people to resort and rely on herbal remedies. Some other factors however are believed to have formed parts of the reason why traditional medicine is gaining more grounds to conventional healthcare system include: (i) the belief in the efficacy or

²⁸⁵ Kanayo P.O., “A Comparative Assessment of Herbal and Orthodox Medicine in Nigeria” in *Research Journal of Medical Sciences*, Vol. 5 (5), 2017, P.285.

effectiveness of traditional and medicine (ii) preference of consumers for natural therapies and a greater interest in alternative medicine (iii) belief that herbal products are superior to manufactured products (iv) the belief that Islamic and herbal medicines might be effective in the treatment of certain diseases where conventional therapies and medicines have proven to be ineffective or inadequate (v) high cost and side effects of some modern drugs, (vi) improvements in the quality, efficacy, and safety of herbal medicines using modern science and technology, (vii) patients' belief that modern doctors/physicians cannot properly identified their problems; hence the feeling that herbal remedies are better option, and (viii) a movement toward self-medication.

In addition to the factors stated above, there are more reasons that led to the preference of traditional medicine over conventional healthcare system in *Kasar* Bunza as discussed below:

6.2.1 Belief in the Efficacy of Traditional Medicine over Orthodox Medicine

Many communities in modern Nigeria developed various traditional systems using locally available resources for solving their health problems. The development of traditional medicine in Nigeria has led to the emergence of various categories of healers, various healing methods, strategies and medicines or remedies. About seventy percent (70%) of people in Bunza district still prefer to solve their health problems by consulting traditional healers.²⁸⁶ Even where modern facilities exist, the rising cost of conventional medicine poses a big problem. Besides, many rural communities have great faith in traditional medicine because of its efficacy particularly in the inexplicable aspects as they believe that it is the wisdom of their fore-fathers, who recognize their socio-cultural and religious background, which orthodox medicine seems to neglect. Several people have lost confidence in the efficacy of orthodox medicine, associating it with

²⁸⁶ Malam Sani Sunny, oral interview..., op.cit.,

factors such as drug counterfeiting and reactions. The affordability and accessibility of the traditional healthcare system also matters. Traditional medicine has been used to cure various life-threatening ailments before the discovery of orthodox medications.

6.2.2 Mistrust of Orthodox Medicine

The several decades of neglect by the government have created mistrust and suspicion between the practitioners of conventional medicine and those of traditional medicine. Advocates of conventional medicine argue that traditional medicine is fraught with problems of poor diagnosis, and charlatanism, exaggerated claims of abilities and inadequate knowledge of anatomy, and unhygienic practice. All of which suspected of putting their patient's health and lives at risk. However traditional medicines' relevance for the prevention and treatment of diseases is confirmed by the fact that many drugs known to orthodox medicine are derived from herbs. Previous chapter had made a discussion of a scenario which happened in *Kasar Bunza* in 1920s where substantial number of traditional medical practitioners were brutally killed by British colonialists in Bunza town. Since then, there exist a class of people especially those who had the opportunity of having the oral information of that incident who abhorred and put orthodox medicine in a stigma line and up till today had never used and or attend to a western oriented health care centre in the area.²⁸⁷ The fear of side effects from for the imported counterfeit drugs also led to people's suspicion of orthodox medicine.²⁸⁸ It is basic fact that high and rising proportion of fake drugs and adulterated synthetic drugs makes a lot of people to crave for natural remedy. There is also this issue of drug which is supposed to treat one ailment, may

²⁸⁷ I had the privilege of interviewing a woman "Hadiza Mamman Sani" who is currently in her 50s, and a resident of Sambisa area, Bunza. She confirmed that she had never been to conventional healthcare center for treatment of any illness since her childhood. Her parents had never been to such places, and she too, had no business with that. I said what of if she was not well, what does she use? She replied that she only use **neem tree** as medicine. I later concluded that this is an issue just like the issue of *Boko* (western education) where some people up till today do not have confidence in its principles.

²⁸⁸ Those found to have hold this view could be found among the elites who are still city settlers.

be accompanied by many other side effects on the body of patients, fatal effects due to over consumption of drugs, potential of drug abuse, drug addiction and drug over-dependence also form part of suspicion and mistrust of orthodox by not only Bunza indigenes, but the many corners of Nigerian society.²⁸⁹

6.2.3 Lack of Affordability and Accessibility to Orthodox Healthcare Services

The majority of people in Africa do not have access to modern medical care either because it is too costly or there are no medical service providers available. It is however clear that traditional medicine is more accessible to most of rural African populations. This is mainly due to the shortage of hospital and other health care centres as well as medical and paramedical staff needed to manage orthodox health care delivery systems. In terms of affordability however, payment for treatment by traditional healers depends on the efficacy of the medicine. The practitioners request for payment after the treatment given or the healing is duly successful. This relaxed payment procedure is reason why many rural people and indeed some city settlers prefer traditional healers to western doctors; who require payment before the patient should access or at least should assess the effectiveness of the treatment. The payment methods of traditional healers also varies. Some practitioners are paid in kind after the service, while others ask for monetary payment, especially in urban settings.

6.3 Limitations of Orthodox Medicine in the Treatment of Some Indigenous Diseases

There are some strange and mystic diseases believed to be incurable with the conventional medicine. Conventional medical doctors sometimes do affirm that in situations whereby a certain ailment might have gone beyond their comprehension or untreatable by them, in such situations, informal advice are given for the treatment of the disease using traditional medical approach. Diseases associated or linked to sorcery, mystics, psychological disorder which occur especially

²⁸⁹ See Adamu U.F. *Traditional and Modern Medicine: Conflict or Reconciliation, ...op. cit.* P.

among women in *Kasar* Bunza are (best) treated using traditional medicine. The most popular spiritual healers who treat psychiatric and /or mental disorders in Bunza are: Malam Udulu Audi (Faith Healing), Malam Kwaire *Danborno* (Herbal and spiritual healing), Maryam Bala Jijjihi, and Malam *Dan* Sule Maibulo.

Other factors which made it possible for the recent resurgence of, and continuity in the patronage of traditional medicine as expatiated by Amzat, was due/attributed to peoples' acceptability to the practice as it blends with their socio-cultural life, Inadequate medical personnel especially in the rural areas, as well as poor motivation of health workers.²⁹⁰ Adamu advanced additional factors such as high cost of modern medicine, side effects of the conventional drugs (as mentioned earlier), alliance with fake pharmaceutical companies and the use of expired drugs,²⁹¹ The practitioners of the trado-medicine are gaining more grounds, not only in *Kasar* Bunza, or *Kasar* Hausa, but in the African continent, and indeed the globally.

6.4 Modernization in the Production and Packaging of Traditional and Islamic Medical Products

The 21st century traditional medical practices experienced much enlightenment, literate background and easier access to modern technology. The traditional Medical Practitioners of the 21st century have changed the processes and procedures of herbal preparations. Modern medicinal processing machines are used in transforming plants and ingredients to soluble granules and tablets in clean and standard forms. They also conduct test of different types to ascertain the illness. The practitioners also resort to research, documentation and preservation of medicinal plants and herbs. To this effect, herbal drugs are now hygienically packaged, and/or bottled for preservation. Herbal drugs are also properly labelled with the name and address of the

²⁹⁰ See J.O. Amza, "Medical Pluralism: Traditional and Modern Health care"...op. cit., P. 236

²⁹¹ U.F. Adamu, *Modern and Traditional Medicine: Conflict or Reconciliation*, op. cit., P. 66

originator, expiry date, methods of preservation, prepared dosage, and the diseases which they are meant for.

Modernization in traditional medicine has reached the extent that herbal drugs are now registered with the regulatory agencies in Nigeria such as the “National Agency for Food and Drugs Administration and Control (NAFDAC), Consumer Protection Council (CPC), National Drugs Law Enforcement Agency (NDLEA), etc. Before this technological advancement, preparations of herbal drugs was done manually but have now been replaced by special machines that pick, and separate unwanted parts of plant or herbs. The solid extracts has been technologically improved, made into drug-like capsules and packed in attractive container/labels. It is estimated that there are not less than five hundred and seventy five (575) traditional, Islamic and herbal medicines registered with NAFDAC,²⁹² which are either packed in tablet, capsule, or in syrup forms. In Bunza District, particularly in Bunza town, whenever it was market day, i.e. Friday, the weekly market day in the area, such traditional medicinal products are seen in the market sold either by agents or manufacturers themselves using different media advert including microphones and loud speakers.

The number of Islamic and herbal medicine shops within Bunza and its environs is almost one third compared to the number of conventional medicine shops in the area, unlike before when traditional or alternative medical practitioners roamed about from one place to another selling medicine, looking for patients to treat. Before 1990s, there was no single traditional medicine shop in the whole of *Kasar* Bunza. The current progress comes about by the involvement/influx of literate traditional medical practitioners into the practice, and the acceptability and high regards they received from the general public.

²⁹² Details on this could be seen in Osemene K.P. *et'al*, “A Comparative Assessment of Herbal and Orthodox Medicines in Nigeria” in *Research Journal of Medical Sciences*, Vol. 5 (5), 2011, P. 284. Also in Temetope I., “Traditional Medical Practices among the Yoruba People of Nigeria...” *op. cit.*, P. 29.

6.5 New Marketing Strategies of Traditional and Islamic Medicines

It was a common sight in the past in many cities of Hausaland and beyond to come across of hawkers of herbal medicine in strategic locations such as roadsides, markets, motor parks and garages. With the advent of modern technology and greater awareness however, practitioners have resorted to more aggressive marketing drive using the print and electronic media channels, sponsoring wider publicity, ensuring larger audience and coverage of their products. Nigerian media specifically have been showing interest in advertising traditional medicine. The broadcast media (radio and television) have promoted traditional medicine during trade fairs, workshops, seminars, and exhibitions, while the print media (newspapers and magazines) do feature news, opinions, columns, advertisements, pull-outs, among others; on traditional medicine to attract public attention of the medical activities of traditional healers. The traditional medical practitioners exhibit their products at various trade fairs across Africa to showcase their products.²⁹³

In a radio Voice of America (English Service) programme, December, 2020, it was reported that about sixty percent (60%) of drugs circulating in Africa are fake, just as orthodox medical practitioners lament that only thirty to thirty five (30-35%) percent success rate for the efficacy of their (modern) drugs. Azugbo,²⁹⁴ opines that people of the olden days did not take modern medicines. They used to take herbs and leaves and yet lived longer and stronger than people of the nowadays. He is of the view that many rural communities today have great faith in traditional medicine.

²⁹³ Kanayo P.O., “A Comparative Assessment of Herbal and Orthodox Medicine in Nigeria”...P 286

²⁹⁴ Azugbo is the President General of Herbs and Leaves Traditional Medicine Practitioners Association of Nigeria. His opinion is captured in a journal paper “Perception of the Use of Herbal and Orthodox Medicine in Some Parts of Abuja” written by Bola M.K., *et'al*, in *Journal of Applied Pharmaceutical Sciences*, Vol. 6 (9). P 131.

The growing relevance/popularity of traditional medicine in health care systems of many developing countries including Nigeria prompted the interest of the World Health Organisation (WHO), which acknowledged the central role traditional medicine plays in the 21st century in the areas of prevention and management of diseases such as in Traditional Bone Setting, Cancer, Psychiatric issues, Tuberculosis, Malaria, HIV/AIDS, etc. Thus in 2002, the WHO launched its first-ever comprehensive traditional medicine strategy designed to assist countries to overcome diseases using traditional medicine.

Greater percentage of the people in Bunza including rural and urban dwellers have reservations in the efficacy of orthodox medicine. Some of the people in the area²⁹⁵ attributed their loss of confidence in orthodox medicine to factors such as drug counterfeiting and drug reactions. On the other hand, they become attracted by the affordability and accessibility of the traditional healthcare system. Some of them however observed that traditional medicine has been used to cure various life-threatening ailments in many instances at lower costs. Inaccessibility to modern medical care system matters most to the people of the area.

In table 6.1, the analysis of the two medical systems that exist hand in hand in *Kasar Bunza* (Orthodox and Traditional Medicines). The statistics indicates, as earlier explained, that the insufficiency of modern medical facilities and personnel have given rise to patronage of the two indigenous medicines (traditional and Islamic medicines).

The table further shows modern healthcare facilities and personnel in comparison with table 2, showing the number of traditional healthcare practitioners in *Kasar Bunza*.

²⁹⁵ I had lots of interviews with stakeholders in *Kasar Bunza*, including traditional rulers; specifically my one on one interview with *Amirun Gwade* (Village Head of Gwade) who explained poor health care facilities as causal factors of his people venturing into a wholesale patronization of Traditional Medicine for their health care needs. (see comparative analysis below)

Table 6.1: Modern Healthcare Facilities and Personnel in Comparison with the Number of Traditional Healthcare Practitioners in *Kasar* Bunza as at 2019

S/N	Ward Name	Towns/Areas under each Ward		Population Estimate (2018 NPC Population Projection)	Health Care Centre (Where available)	Number of Healthcare Personnel
1	Marafa Ward	1	Bunza Marafa	80,000	One General Hospital	Two (2 Medical Doctors Four Nurses Four Midwives Fifteen HealthCare Personnel Eight Lab. Attendants
		2	Sabongarin Jika	5000	-One Dispensary	Two Health care Personnel
		3	Tsolar Saini	500	NIL	NIL
		4	Tungar Chondi	1000 +	NIL	NIL
		5	Balu Dutsin Kura	3000+	One Dispensary	Two Health Care Personnel
		6	Kwartagi	1000+	NIL	NIL
		7	Tungar Umarun Dole	500+	NIL	NIL

8	Tungar Isah	500+	NIL	NIL
9	Gerun Kwakware	700+	NIL	NIL
10	Gerun Tsamiya	2000+	One Dispensary	2 Health Care Personnel
11	Gerun Makera	200+	NIL	NIL
12	Tungar Dedde	300+	NIL	NIL
13	Tungar Ajiya	500+	NIL	NIL
14	Gerun Zarmakwai	200+	NIL	NIL
15	Illelar Bawa	150+-	NIL	NIL
16	Runtuwon Dikko	2000+-	One Dispensary	Two Healthcare personnel
17	Mongolon Giwa	1200+	NIL	NIL
18	Mongolon Noma	800+	NIL	NIL

2	Dangaladima Ward	1	Bunza Danladima	75,000	One Primary Health Care Centre	-No Medical Doctors - 2 Nurses -3 Midwives -10 Health Care
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						Personnel
		2	Sunkuru	5000	NIL	NIL
		3	Wabbaku	5000	One Dispensary	2 Health Care Personnel
		4	Tungar Bella	2000 +	NIL	NIL
		5	Runtuwo	3000	One Dispensary	2 Health Care Personnel
3	Gwade, Damana, Bachaka, and Owa Wards (4 wards combined)	1	Gwade	20000	One Primary Health Care (225)	5 Health Care Personnel
		2	Bangaye 1	3000	One Outpost Dispensary	2 Health Care Personnel
		3	Bangaye 2	2000+	NIL	NIL
		4	Damashe	2000+	NIL	NIL
		5	Damana	8000	One Dispensary	2 Health Care Personnel
		6	Chadin Mallamawa	1500+	NIL	NIL
		7	Gurmare	2000+	NIL	NIL
		8	Bachaka	7000	One Dispensary	2 Health Care Personnel
		9	Bangalasa	3000+	One Dispensary	2 Health Care Personnel

10	Dalijan Wuro	2000+	NIL	NIL
11	Owa	6000+-	One Dispensary	2 Health Care Personnel
12	Damashe	2000+	NIL	NIL
13	Dankire	1000+	NIL	NIL
14	Biga 1, Biga 2	3000+	NIL	NIL

Source: Bunza District's Secretary's Office Record

From the above data in table 6.1, conventional government owned healthcare centres, out of about one hundred thousand people (96,000+) residents of *Kasar* Bunza, only fifty two (52) conventional healthcare personnel are there to take care of their health needs. This indicated that government has a lot to do in the healthcare provisions for the citizens of the area. The situation cannot be denied using traditional medical practitioners. The practice should be integrated and encouraged to play their role in the provision of sound healthcare for the people.

Table 6.2: Prominent and Professional Traditional Health care Providers with Specialty in Divergent Diseases' Treatments

S/N	Name	Title/Nick name	Sex/age	Location	Years of Experience	Healing Approach	Medicinal Provision
1	Malam Sani	Sunny	Male/ 60	Bunza/middle	20 years	Modern & Islamic Medicine	Treating all sorts of physical & mental diseases

2	Malam Zayyanu D/Wuroyasi	=	Male/47	Bunza/low- cost	12 years	Islamic Medicine & Herbal Healings	Treating human psychological & physical ailments
4	Alhaji Kakale Monke	<i>Sarkin</i> <i>Askin</i> Bunza	Male/75	Bunza/Bajifa	30 years	Herbal Medicine & Healings	1. Treatment of sore-throat disease
5	Sani Muhammad Duna	<i>Dantauri</i>	Male/45	Bunza/ Bajifa	15 years	Herbal Healing	gives curative medicines on shape cutting
6	Malam Kwaire Dan Borno		Male/80	Bunza/Bajifa	40 years	Spiritual & Herbal Healings	1. traditional bone setter
7	Abubakar Muh'd	Dan Agaji	Male/40	Bunza/ old market	10 years	Islamic Medicine	Islamic medical therapies
8	Malam Rufa'i Naberi		Male/35	Bunza/Sabon gari/ east	8 years	Herbal Medicine	Provides cancer therapy

9	Malam Mamman Mairuwa	<i>Sarkin Ruwan Bunza</i>	Male/75	Bunza/ Sabongari/we st	15 years	Herbal Medicine	Gonorrhea (sanyi)
10	Manu Rogo Gwade		Male/60	Gwade	18 years	Spiritual & Herbal Medicine	Therapy on issues related to witchery and other spiritual healings
11	Bala Na Yamma		Male/57	Damana	20 + years	Herbal Medicine	Traditional healing to cases of hepatitis.
12	Mairamu Bala Jijjihi		Female/47	Bunza/Sambi sa	13 years	Spiritual Medicine	She offers preventive and causative medicines
13	Malam Tato		Female/76	Bunza/Gwalg walere	25 years	Herbal Medicine	therapy for snake bites
14	Bakuwa <i>Maidabo</i>	<i>Sarauniya r Dabo</i>	Female/50	Bunza/Low- cost	15 years	Spiritual & Herbal Medicine	<i>Bori</i> (Spiritual healing through trance channeling
15	Haruna Mairijiya		Male/50	Bunza/New Layout	5 years	Herbal Medicine & therapy	Malaria, cancer, piles etc.
16	Malam	<i>Liman</i>	Male/80	Bunza/Bajifa	40 years	Islamic	Medicines

	Altine Bajifa	Bajifa				Medicine & therapy	using Qur'anic verses
17	Labbon Makera	Sarkin Makera	Male/70	Bunza/Datsar Kalifa	20 years	Herbal Medicine	Provides remedy to fire cuts and wounds
18	Malam Audu Tunga	Bazabarme	Male/80	Bunza/Bajifa	25 years	Herbal Medicine	Offers remedy to maternity diseases
19	Malam Bala Nasuru		Male/34	Bunza/Kwadariko	15 years	Herbal Medicine	Remedy to snake bites
20	Tukur Jasper	Headmaster	Male/65	Bunza/Iska Hudu	20 years	Herbal Medicine	Snake bites
21	Hajiya Laduwa	Tadungu	Female/78	Bunza/Sabongari/west	25 years	Herbal Medicine	Specializes in removing ants crept in human ears.
22	Alhaji Ibrahim Tasha	Ibrahim Union	Male/65	Bunza/Ramaje	20 years	Herbal Medicine	Snake & Scorpion bites
23	Malam Wakkala		Male/65	Bunza/Illela	25 years	Herbal Medicine	Gives diabetic, gonorrhea and cancer remedies.

24	Malama Amina Manu	Amo <i>Makauniya</i> <i>a</i>	Female/60	Bachaka	30 years	Herbal Medicine	Skin diseases including <i>Bauji</i> (skin rashes)
25	Balarabe Maidaji	<i>Sarkin</i> <i>Daji</i>	Male/67	Bunza/Iraqi	25 years	Herbal Medicine	Preventive medicine against wild animal attack
26	Malam Bawa S/Fawa	<i>Sarkin</i> <i>Fawa</i>	Male/60	Bunza/Juganb iri	10 years	Spiritual Medicine	Offers curative medicine
27	Malam Abubakar Udulu	Malam Udulu	Male/50	Bunza/Munw adata	15 years	Spiritual Medicine	Uses Qur'anic verses to remove spirits (jinns) from human body
28	Malam Sule S/Aski	Sule <i>Dan</i> Mungadi	Male/54	Bunza/Sunku ru	25 years	Herbal Medicine	Offers herbal remedies on diseases related to maternity and pediatric issues
29	Noma Na Gwade	<i>Sarkin</i> <i>Noman</i> <i>Gwade</i>	Male/60	Gwade town	20 years	Spiritual Medicine	Causative medicine
30	Tukur	<i>Sarkin</i>	Male/50	Bunza/Bajifa	15 years	Herbal	cancer

	Maidaji	<i>Karfen</i> Bunza				Medicine	medicine (<i>ciwon daji</i>)
31	Alhaji Umbaru Wagidin	<i>Sarkin</i> <i>Karman</i> Bunza	Male/50	Bunza/Fada	15 years	Herbal Medicine	Medicine for cuts with shape items
32	Garba Galmaje		Male/75	Gwade	35 years	Herbal & Spiritual Medicine	Offers preventive medicine
33	Noma Jodi	<i>Na Gwade</i>	Mala/ 65	Gwade	30 years	Herbal Medicine	Traditional Bone Settings
	Noma Danduwa		Male/55	Bachaka	25 years	Herbal Medicine	Causative medicine on farming

Source: Field work during the research in the area in 2019.

The table above indicates that the number of traditional healthcare providers is larger than the number of conventional healthcare centres and personnel in *Kasar* Bunza. This indicates that the dominance of traditional indigenous medical practice over conventional healthcare system in *Kasar* Bunza is not unconnected with rising popularity or efficiency of indigenous medicine in the area. The table also contained such traditional practitioners as traditional herbalists, traditional birth attendants (TBAs), most or all of whom are mostly females. Traditional surgeons who are mostly barbers. Herbal sellers, traditional psychiatrists, faith-healers, among others.

CHAPTER SEVEN

GENERAL CONCLUSION

7.1 Conclusion

Western and traditional medicine serves same functions and both are necessary, considering the roles each of them plays in the public health care delivery. In *Kasar* Bunza, the two medical systems have certain degree of strength, which differ based on several factors; such as affordability, accessibility, effectiveness on certain diseases, patients' comfort, easiest on treatment. Greater percentage of people in Bunza District have responded to the questionnaire with which they were served. Some of them said they can attend to traditional healer when they are disturbed with a certain illness, which to their knowledge is not curable by using conventional medicine. There others who said they attend both conventional and traditional medicines. According to them, the differences between the two are the basis for how patients use them. This category of people have the view that western and traditional medicines treat different diseases most effectively, believing that traditional medicine is cheaper and more readily available; and that a visit to a traditional healer is quicker and of less hassle. They also reasoned that alternative health care providers are more sympathetic to patients. Some of the respondents on the other hand, reasoned that conventional or modern medicine has more advantage of laboratory test for diagnosis, and can scientifically prove the real disease in the body. Other people in the area place each medical practice on a track of roles it plays where they list some certain diseases that can best be treated using traditional medication and diseases that fully and easily treated using conventional medicine. Typhoid for example has been mentioned by many as a disease that can be thoroughly and quickly treated using traditional medical approach. In fact, greater number of respondents has total trust in traditional medicine including conventional

medical doctors in the treatment of certain illnesses. Malaria is the common example given as an illness which traditional healers could heal well. Aminu,²⁹⁶ asserts that better remedy for malaria infection could only be found in modern medicine. One impressive argument is the respondents' views that a patient can heal malaria infection using herbal medicine, but if he had the money, modern medicine would be more effective.

As the case may be, location to healthcare matters. That is why there should be mutual co-existence of the two medical practices. Some people especially those living in the remote areas, often choose to go for alternative means of medication because there is no modern healthcare close to them. The accessibility to healthcare is the debatable factor that brought the issue of complementary healthcare delivery in *Kasar* Bunza. Some villages belonging to the area are by far close to Arewa Local Government²⁹⁷ than Bunza itself, which serves as their district headquarters. Some also share border with the Republic of Niger. Imagine how one would think of a pregnant woman be taken from that remote area using perhaps local means of transportation for hundreds of kilometers to the hospital, or would they choose to go to the other Local Government Area, or rather the other country for health care needs? Where they might be charged exorbitantly of being non indigenous, or, would they attend to a nearest Traditional Birth Attendant which is part and parcel of the alternative medicine in case conventional medicine is inaccessible. The last could be a simple option for those patients who could not either access, or afford conventional medicines to attend to the nearest traditional medical practitioner to treat their illnesses. Government has the duty to ease the difficulties being faced by the people in the

²⁹⁶ Dr. Aminu Ahmad Bunza, Chief Nursing Officer (CNO), General Hospital, Bunza; affirmed that they sometimes advise patients with medical cases beyond their medical effort, to go home for traditional medicine. I had an interactive interviews with the CNO on Friday 13th December, 2019.

²⁹⁷ There are five villages belonging to Bunza District from Gwade Ward that are so close to the border of the Niger Republic. These are: Bangaye 11, Damashe, Biga, Gurmare, and Dankire. The inhabitants of these villages are "Zarmakwoi" i.e. they are of Zabarma clans whose forefathers were believed to have migrated from the Niger Republic and settled in those places. Making their settlements in Nigeria made them become indigenes of Nigeria.

search for healthcare delivery or else establish centres where traditional medicine practitioners could be consulted as alternative means of healthcare needs.

The forgoing analysis the traditional medical practice in *Kasar* Bunza can said to have filled the existing gap in medical healthcare delivery in the area. This is evident from the tabular analysis seen in chapter six where traditional medical practitioners have given their quota in healthcare provision. In fact, the availability of medicinal herbs in the area aided the practice as well as the conducive environment that availed the opportunity for the practitioners to showcase their medical expertise for teaming people in the area.

However, the practice is also facing more and challenges ranging from lack of support by the government as well as funding. Each traditional medical practitioner is on his own sponsoring the sourcing medicinal ingredients and preservation. The difficulties in sourcing and preservation of those herbs added to the difficulties being faced by the practitioners especially in *Kasar* Bunza.

If the Federal, State, and Local Government can help the traditional medical practitioners by formulating policies and enabling regulations that can help to tackle some the challenges, the practitioners will surely deliver more in the healthcare of the people at all levels. Their (TMPs) cry has always been lack of support as well as funding by the government, and even intimidation by people in some corners that their practice lacked hygienic process in the preparation and packaging of their medicinal products.

But, there is every possibility that indigenous medical practice will in future bounce back to take greater patronage of people especially in village areas, where there were no provisions of healthcare facilities by the government. Accessibility to herbal medicines and its efficacy as

discussed in work, are the factors that can help traditional medical practice to thrive against conventional counterpart. Government should therefore do the needful to fund and/ or integrate the traditional medical practice into conventional healthcare delivery.

In this scenario, the acceptance and use of herbal medicines and related products continue to assume an exponential increase. Issues relating to increasing prevalence in traditional medical practice are no longer debatable. Herbal products are regarded “safe” as they are derived from “natural” source. Therefore, government and other regulatory agencies should formulate policies on herbal medicines to standardized it and strengthen it to suit the global scale. It is now laid in the shoulders of the regulatory bodies to monitor and control the quality flow of herbal products and to facilitate their development to clinical trial stages.

This research work is on the history of continuity and change in the practice of traditional medicine in *Kasar Bunza*. The research could not adequately explore to extent the history of the practice from the earliest times to the present with regard to the study area since there was never a single documented work written on the topic in relation to the study area. This made it difficult to have a glimpse on where to start and where to stop. However, the research is able to explore historical antecedents that led to the developments of traditional medicinal practices and practitioners in the area. Effort has also been made in the research in exploring the herbal trees and their medicinal potentialities and the rationale behind the relevance and acceptability of traditional medicine in the contemporary period especially with regards to *Kasar Bunza*.

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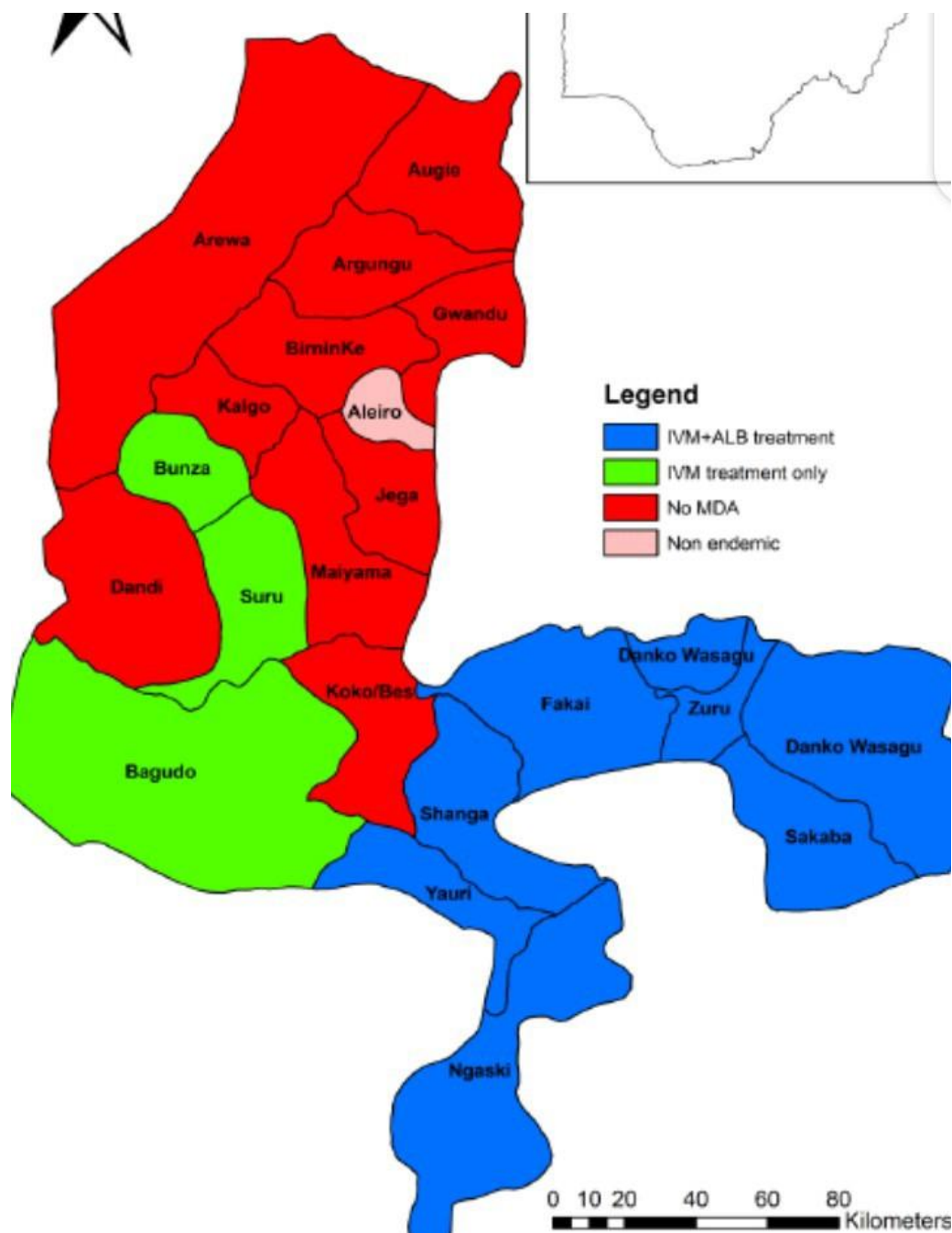
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APPENDICES

Appendix i

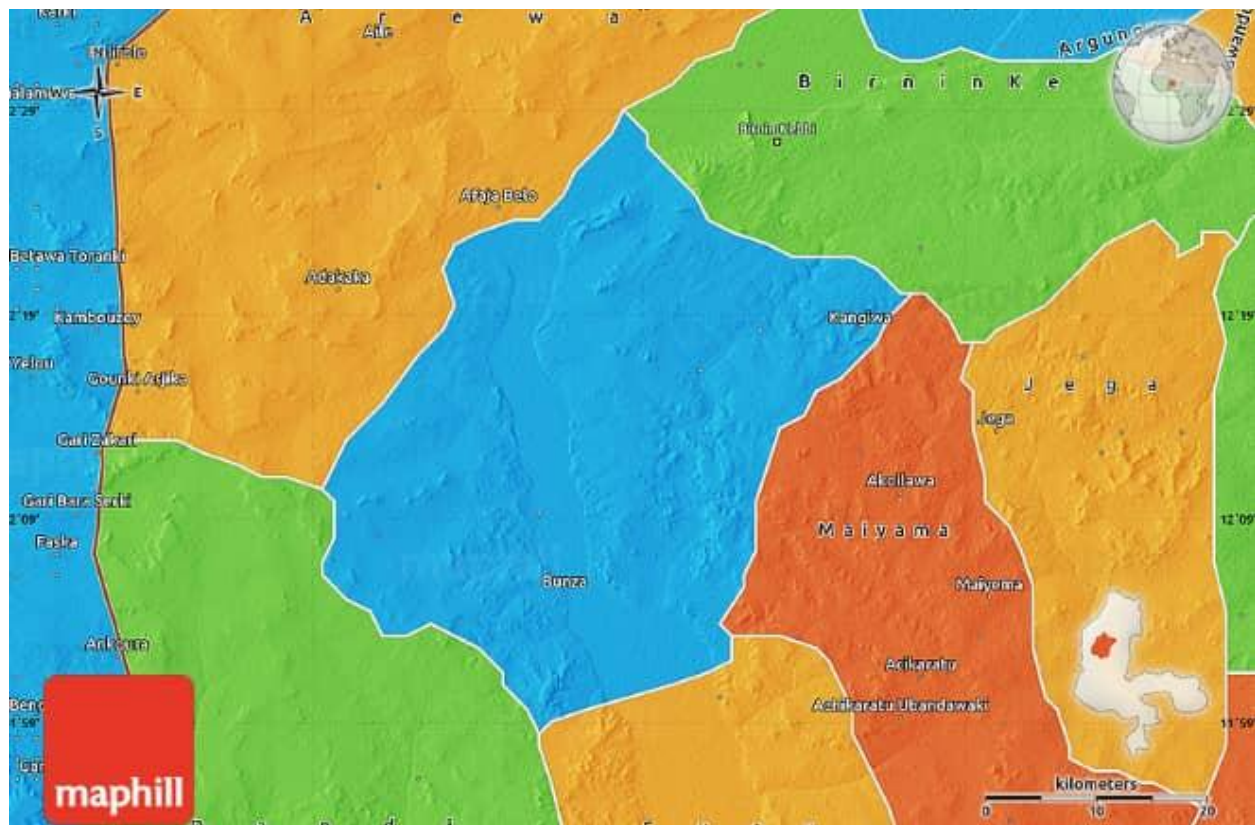
Political map of Kebbi State showing Bunza Local Government alongside other 21 Local Government areas in the State



Sourced via internet on goggle map

Appendix ii

Part of a map of Kebbi State showing Bunza alongside 4 other neighbouring local government areas of the state



- Bunza Local Government Area**
- Birnin Kebbi & Dandi Local Government Areas**
- Arewa, Kalgo & Suru Local Government Areas**
- Maiyama Local Government Area**

Appendix iii

Dutsin Kura (Kura Hill) located in the outskirts of Bunza town along Geza road. One of the

Maza-Waje's residing places. The hill serves as boundary between Gwandu and Argungu Emirates.



Picture snapped during field work

Appendix iv

The first healthcare centre (Dispensary) at Bunza believed to have been established in 1940



Picture snapped during field work

Appendix v

Rima River which flows north-south crossing through Bunza town and meet at its confluence of River Niger at Lolo village of Bagudo Local Government, Kebbi State.



Picture snapped during field work

Appendix vi

Hussai ‘Yar Balu, (Traditional Medical Practitioner) in Balu, Bunza District



Picture snapped during field work

Appendix vii

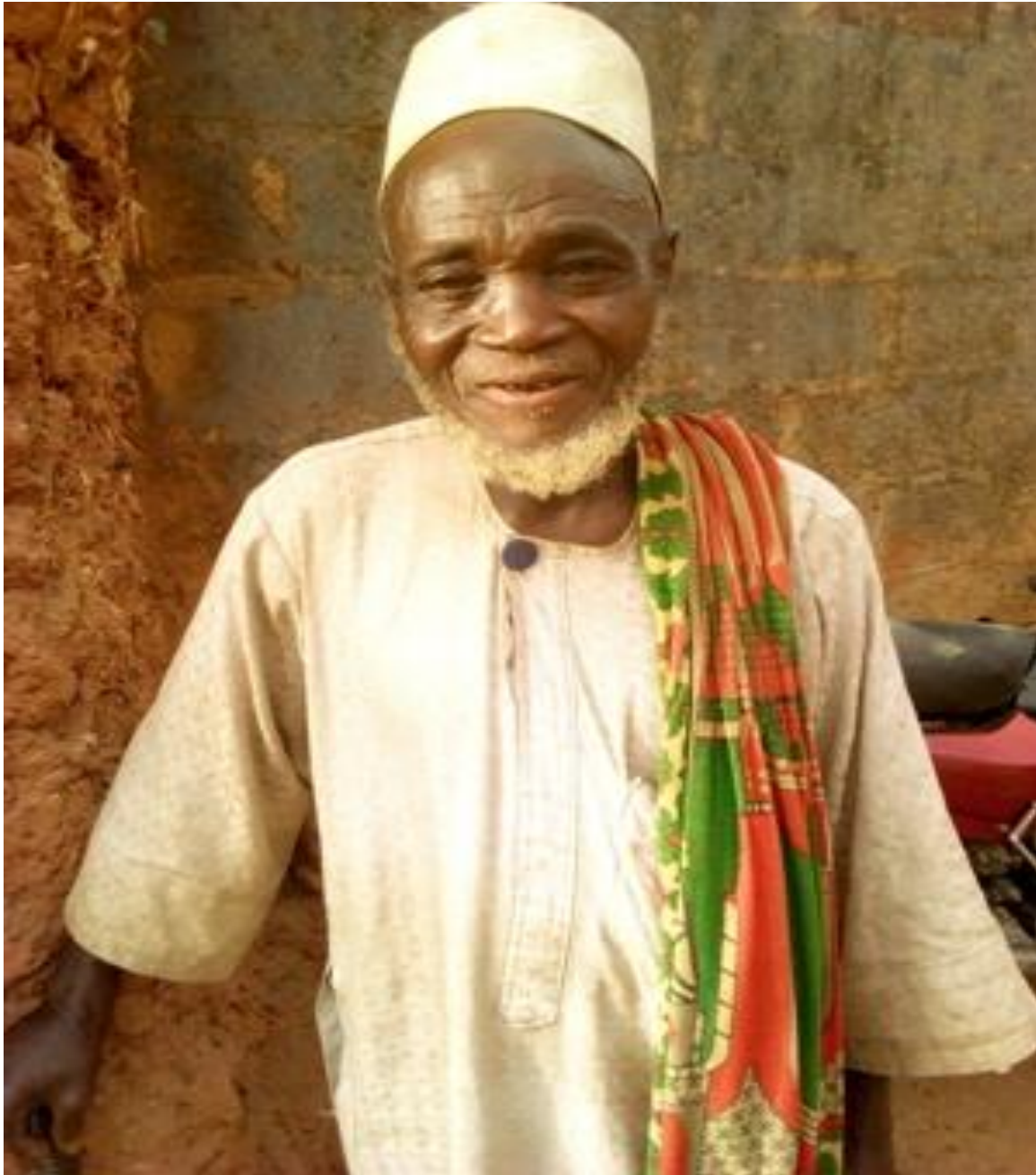
Aliyu Hassan Kitari (Traditional Herbal Medicine Practitioner) at his business point in Bunza central market



Picture snapped during field work

Malam Kwaire Danborno (Mai kafa uku). A traditional medicine practitioner, specializes in

Traditional Bone Settings (TBS)



Picture snapped during field work

Appendix ix

Pictures of some renowned traditional medicinal practitioners in Bunza with varying areas of specialisation

1. Malam Zayyanu Danwuroyasi

Islamic medicine practitioner



2. Abubakar Muhammadu Danfana Bunza

Specializes in traditional herbal medicine



3. Sani Muhammad Duna (Dantauri)

Traditional Mediciner in iron and shape cuttings



4. Malam Rufa'i Naberi

Traditional mediciner on cancer treatment



Appendix x

Some of the Medicinal Herbs found in *Kasar* Bunza

1 *Aduwa* (*Balanite egyptiaca*)



Picture snapped during field work

Appendix xi

Dogonyaro (*azadirachta indica*) It is medicinally important to human life



Picture snapped during field work

***Tsamiya* (tamarindus indica) See Chapter three for its medicinal uses**



Coiled in the internet via: www.source.com/medicinaltrees

Appendix xiii

***Sanga-sanga* (cassia occidentalis).**



Picture snapped during field work

***Biyarana* (Senna alata)** The English name is “Candle plant” It is used in preparing causative medicine.



Coiled in the internet via: www.source.com/medicinaltrees

Appendix xv

***Bagaruwa* (*Acacia Arabica*) used in the treatment of cough and catarrh.**



Picture snapped during field work

Appendix xvi

Kalgo (*Pilostigma thoningii*). Tropical medicinal tree with various uses.



Picture snapped during field work