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Traditional Medicine (TM) which was pioneer in satisfying man's health needs posed as one of those cultural aspects of centrality to the social and political economies of most communities in Africa South of the Sahara. Conventional medicine has its roots in traditional healing practices, as many early medical discoveries were derived from traditional herbal knowledge. Otherwise, the base of conventional medicine was first laid by TM. The question of efficacy looms over TM as a serious debate ensues among scholars for example: in Cameroon, as to its effectiveness which have been sustained for more than a century.

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Traditional Medicine (TM) which was pioneer in satisfying man's health needs posed as one of those cultural aspects of centrality to the social and political economies of most communities in Africa South of the Sahara. Conventional medicine has its roots in traditional healing practices, as many early medical discoveries were derived from traditional herbal knowledge. Otherwise, the base of conventional medicine was first laid by TM. The question of efficacy looms over TM as a serious debate ensues among scholars for example: in Cameroon, as to its effectiveness which have been sustained for more than a century. So, though TM among the Nso and Bakweri was widely known for its effectiveness in the nineteenth and twentieth centuries, it seems as though sparsely and at times administration of herbal treatment did not meet up to expectations as diseases it was intended to treat or heal persisted despite administration of herbal concoctions. Reasons account for this backdrop which are pinpointed and analysed herein. Inter-disciplinarity and content analysis form the methodological blocks of this manuscript, meanwhile primary and secondary sources will be used for data collection. The findings reveal that TM was effective but the activities of some practitioners had/has tempered with the efficacy of TM in one way or the other; deontological concerns/(in)adherence has its paw on the question as far as the efficacy/inefficacy of TM is concerned, the nature of certain illnesses, among others. Overtime, this practice has also evolved with significant improvement in packaging and hygienic conditions. The findings also revealed

the fact that though TM failed to treat some illnesses does not demonstrate inefficacy, since individual traditional healers at times failed to respect the norms of treatment.

Keywords: traditional medicine (tm), herbs, nso, bakweri, efficacy, inefficacy, traditional healers, herbal remedies, indigenous knowledge, medical anthropology.

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I. INTRODUCTION

TM is also known variously as palliative medicine, preventive medicine, ethno-medicine, folk medicine, alternative medicine or 'native'/indigenous healing. Since antiquities in varied ethnicities, TM was sought after for the treatment of many ailments (gastro-intestinal infections, sprains, convulsions, fevers, malaria, headaches, fractures, madness, eye defects, skin rashes, catarrh, cough, diabetes, hypertension, HIV/AIDS, and so on) which affected humankind. Due to its affordability and accessibility, TM has remained a preferred health care option across societies, with traditional healers playing a vital role. There has been widespread acclimation since medicinal plants have played a crucial role in traditional healthcare systems due to their availability. TM has played a crucial role in shaping social and political economies in many African countries such as Guinea Bissau, Guinea Conakry, Togo, Senegal, Nigeria, Ghana, Sierra

Leone, Liberia, Rwanda, Burundi, Kenya, Angola, Chad, Central African Republic, Gabon, Cameroon, Namibia, Zimbabwe and South Africa (WHO Africa, 2003; Adeniyi, Olufemi-Adeniyi & Erinoso, 2015; Mahomoodally, 2013; Martin Okhoyameh et Al., 2024). According to WHO, 2003, TM simply refers to indigenous knowledge, practices and skills rooted in beliefs, theories and experiences of varied cultural backgrounds utilized in health maintenance through diagnosis, treatment, prevention or improvement of mental and physical sickness.

Besides, the question of whether or not TM has been effective or ineffective has generated scholarly debates. According to Mahomoodally, 2013 the effectiveness of traditional medicine has stood out as the respect of ethnic deontology/ indigenous rules about traditional medicine puts its efficacy to the spotlight over many centuries/millennia not only in Africa but in other continents of the globe, which is rich in thousands of medicinal herbs - essential inputs in the treatment of varied diseases which trouble(d) humanity making her at times have an ephemera lifespan or unable to perform specific tasks.

Mahomoodally, 2013 did discuss the potency of ten medicinal plants in the course of doing a review of scientific literature. Among the plants are *Aloe Ferox*, *Acacia Senegal*, *Aspalathus linearis*, *Artemisia Herbalba*, *Catharanthus roseus* and *Centella Asiatica*, which had curative phytochemical substances and proved to be very effective in the treatment of varied ailments such as bronchitis, diarrhea, gonorrhea, cancer(s), skin diseases (e.g. rashes), diabetes, nausea, stomach aches/cramps, burns, ulcers, asthma, rheumatism, tuberculosis, heartburns, *inter alia*. Other studies such as Liheluka et Al., 2023 has hailed the effectiveness of traditional medicine in treating diarrhea among under five children in North Eastern Tanzania. Agbor and Naidoo, 2011:5-6, investigated the efficacy of TM in the improvement of oral health in the Bui Division. Traditional healers in Bui were able to cure oral disease conditions such as: aphthous ulcer, caries, candida, gum disease, kaposi sarcoma, and tongue cancer using mouthwashes from barks of tree extracts, pain relieving herbs, fumes from

burnt food spices used to remove worms from infected teeth and the application of powder from tree barks to stop the pain.

Per contra, drawing from Akinawo and Akpunne, 2018:58, how will the effectiveness of African Traditional Medicine not be put to question, when research on its products and practices has been recently sparse or limited on a general note? And also, drawing from Gouws, 2018, if African TM tends to be ineffective at times, then it has been a matter of perceptions, prescription and usage. For instance prescription of TM in Africa has been somehow secretive. Paradoxically, the knowledge about it is transmitted from one generation to another by traditional healers/doctors mostly through word of mouth which has resulted to either wrong dosage, under-dosage or over-dosage. And in addition, some of the knowledge is not disclosed to the upsprings of traditional healers on basis of its nature or for some selfish reasons.

Self-medication with TM has raised serious concerns in the process of remedial care. Some Africans have even gone to the extent of consuming both herbal and conventional medicine simultaneously. Thus, this has downplayed on the effectiveness of either the herbal medicine or conventional medicine. These case scenarios are evident in nearly every locality/community in Cameroon, where almost "everyone" wants to be or is a traditional doctor/herbalist, and respect for deontology governing TM has gone down the drain, thus dragging the potency of TM in the mud.

The communities which this article focuses on, has myriad of herbs of medicinal value. These herbs were and are still instrumental towards the advancement and sustainability of TM. They were harvested, for instance, by the Bakweri from forests such as the Mount Cameroon, Etinde Community Forest and the Bakingili and Woteva Community Forests and even in and around their various village communities, while the Nso extracted plants of medicinal value from and even around their village communities as the need arouse following sickness demands in alignment with certain indigenous norms/laws/principles

either documented or undocumented but forming part and parcel of Indigenous/Local Knowledge. But most of the herbs are undocumented as the consciousness or efforts to document this rich wealth of knowledge and herbs only arose when key/many traditional griots/doctors who knew the herbs had either died without passing the knowledge to the next generation or little was done to document the herbs and diseases they could treat and how herbal concoctions could be prepared and under what conditions as well as procedure of herbal administration thus: resulting to the loss of excellent Indigenous/Local Knowledge. Indigenous/Local Knowledge (ILK) has been key in the assurance of cultural continuity and harbouring of extraordinary cultural wealth bequeathed from past generations of cultural lineages.

Within the context of ILK, traditional medicine stands to be a matter of growing concern. This is because its effectiveness stands to be more or less a question of scientific inquiry. That is why this research work intends to provide answers why amidst the Bakweri and the Nso of Cameroon, even though TM seemed/seems to have been heralded, to a significant extent for its effectiveness, on the one hand there seemed/seems to be some clouds of ineffectiveness. Prior to delving into this analysis it is important to situate these ethnicities (Bakweri and Nso) for anyone reading who may not know them well to picture them and understand our focus herein.

1.1 Situation of the Nso and Bakweri

The Bakweri are divided into Upper and Lower Bakweri have sheered values, beliefs and practices. Bakweri are also known as Wakpe, Vapkwe, Wakweli, Wonjua or Kpe speak *Mokpwe*. They are today spread in almost spread all parts of Cameroon. Their settlement of origin within the Cameroon confines is Fako Division precisely the fertile and scenic slopes of Mount Cameroon. The Bakweri cuts across the following subdivisions of Fako: Buea, Tiko, Limbe I and II. They are partly agrarian as their location provides favourable ground for agricultural activities (Tande & Molua, 2022:17-18). Their location - the slopes of Mount Cameroon is rich in different

herbs of medicinal values which used for the treatment of varied ailments such as cough, malaria, stomach ache and headache. Among the herbs are *Lisefo* used as remedy for nose bleeding, *Tambi* for cough, *Gwasa* for the treatment of wounds, *Dotutu* tree barks for the treatment of cough and respiratory tract infections, *Elualua* for fever, *Efa'anja* for cough, *Irzo-rzo-a-Maija* for headache and fever, Arabica Coffee leaves for fever, et cetera. These herbs have long among the Bakweri been known for their potency (Mola Ndoko, n.d.; Mola Lyonga Elali, personal communication, 2024; Mola Ekema Njie, personal communication, 2024). In fact, the Bakweri have regarded herbs not only as medicine, but to a greater or lesser extent as food. Besides, the aspect of potency of traditional medicine has stood and stands tall among the Nso of Cameroon's North West Region.

The Nso are found in the Bamenda Grassfields of Cameroon's administrative division of Bui. Nso is a highly recognized kingdom under the Headship of a well reputable Fon. The capital place of Nso is Kumbo. The indigenes of Nso speak an indigenous language known as *Lamnso* (Abam, 2020). Herbs of medicinal value have for more than a century influenced the health situation of the Nso people. Infact the Nso people could not live and survive without traditional medicine as they heavily relied on it for a long time before the filtration of conventional medicine into the Kingdom.

In both the Bakweri society of South Western Cameroon and the Nso community of the Bamenda grassfields, North Western Cameroon, TM and conventional medicine have existed and still continue to lay side-by-side. It has long remained a matter of preference of patients whether to patronize traditional medicine or to patronize conventional medicine. Patronization of traditional medicine has persisted long as compared to conventional medicine. Before the introduction of conventional/biomedicine in the Bamenda Grassfields and the Southern Cameroons in the 19th century, traditional medicine have had a more extended history of solicitation in meeting up with the health needs of the indigenous population of the different

communities among which are the Bakweri and the Nso. Thanks to traditional medicine the people have been able to get palliative, curative and preventive care, and in some cases traditional medicine covers up some of the limitations of conventional medicine. Socio-economic conditions of Cameroon and the potency of traditional medicine has also served as a motivation to many to take interest in TM (Asongwe, 2021:26-30,33-35; Arrey- Mbi and Pagbe Musah, 2023: 7-10, 17-18; Njodzeka, Bulowah and Ngwo, 2024; 94- 97,101). But this notwithstanding, some wind of criticism hovers over TM as there have been concerns of sanitary conditions in the course of preparation, prescription, dosage, usage, storage, and over concerns of ethics and deontology. This puts the question of TM's effectiveness on a high pedestal deserving attention and consideration.

1.2 Threatened Efficacy of TM among the Nso and the Bakweri

Efficacy within the context of traditional medicine refers to the extent of effectiveness of traditional health care practices in the form of concoctions or decoctions directed towards the diagnosis, treatment prevention, control or remedying of diverse disease conditions. The efficacy of traditional medicine has two dimensions which are: its intrinsic and extrinsic dimensions. That is, it works to cure disease conditions within the human body system such as the immune, brain or muscular system. While the external dimension is how TM cures skin diseases such as rashes, scabies, rabies, chicken pox and small pox. Traditional medicine has had its potency visible through its application at different instances in time and in different societies to treat, manage, ally, suppress or bail a patient out of mental misfortune, eye defects, fractures, and even used in the delivery process of women. The effectiveness of traditional medicine remains a miracle because all about its potency have not yet been disclosed even by myriad of current studies. The effectiveness of traditional medicine depends on several factors. But the principal factors are deontological underpinnings.

The efficacy and/or inefficacy of TM indeed depend on some key factors which include the mode of preparation, mode of administration, the belief or faith of the patient in the medicines, taking medicines as prescribed, the place where the herbs for treatment were harvested and the traditional healer administering the treatment (Yarayen, 2016). It should be noted that not all illnesses were treated, no matter how effective the traditional healer was. It should also be pointed out that no matter how effective a traditional healer could be, they could not treat illnesses with spiritual underpinnings without performing sacrificing to appease the spirits or the patient confessing. These factors have influenced the nature of TM in several Cameroonian societies and the Nso and the Bakweri are inclusive. Among the Bakweri, Liengu diseases warranted that certain rituals and sacrifices be performed before the patients could have relief. During 'pre-colonial' Bakweri and Nso, TM was the only source of therapy that the people relied on in times of health challenges. This was until the 19th century when conventional medicine was introduced by the missionaries and the colonial authorities to augment TM (Kent, 2002). It should be made clear here that TM was not a commercial activity in the 'pre-colonial' and early 'colonial' periods. Commercialization of TM began in the 1940s when the British introduced the 'Native' Doctor Tax (Kent, 2002. In the early 2000s or from there henceforth, the TM sector began to be highly invaded by charlatans who were out to make money thereby tempering and jeopardizing the efficacy of TM. It should be underscored that prior to the year 2000 especially the period 1970s-1990s, concerns of charlatans invading the sector were mild or less grave as fewer individuals posed as charlatans.

TM among the Nso and the Bakweri received wide acclamation especially before the year 2000. But, from the year 2000 onwards, the efficacy of IM has known diminishing returns in the lives of some Nso and Bakweri kin and kiths. Herein, we did investigate why at times TM known for its efficacy has turned to be ineffective when administered to some patients. The reasons are analyzed to raise the consciousness that the TM sector needs cleaning and/or re-thinking. The

sectors needs rethinking by first identifying who is who, doing what and where. Secondly, it is important the government should be strict with implementing the 2024 law on traditional medicine, so that issue such as disrespect of deontology which have prevailed for several years will know decline.

Disrespect of deontology accounted for why TM appeared to have posed ineffectiveness in the lives of some patients in Nso and Bakweri ethnicities. There were rules governing TM which were undocumented, but have passed on from one generation to another. It should be intimated that, TM was practiced in accordance with the culture of the people with a lot of Dos and Don'ts. Adherence to these rules would contribute to the efficacy of TM, meanwhile non-adherence would contribute to inefficacy. Among the Bakweri and Nso is traditional deontology which many traditional doctors notably from the period 1820s to 1990s adhered to. These rules pertain to harvesting, preparation and storage. Before becoming a tradi-practitioner, an oath was administered containing the Dos and Don'ts.

“I swear by the gods/ancestors.

To carry out this oath with all ability.

To respect my teacher and help him in need.

To teach his children and others this art.

To help and treat the sick within and out of the community

I will never poison anyone.

I will not help a woman to commit abortion.

I will refer surgical problems to artisans in that field and not cut them myself.

I will respect the body of man/woman I am treating, be her free or enslaved person.

I will keep professional secret, and let the gods/and ancestors help me do what I have (Lantum, 1977).

Most tradi-practitioners have violated these clauses especially the one that stipulate that they should neither aid a woman cause abortion, nor to poison someone but to help treat patients.

This was because of the quest for money. The consequences of them violating these oath were: the inefficacy of medications and the tradi-practitioner was attacked by an illness which sometime led to dead (Yarayen, 2016). All the steps in the treatment process for TM had rules that were to be followed strictly to guarantee the efficacy of TM.

For the rules governing harvesting of TM among the Nso and Bakweri ethnicities, there were many of them, but a few are captured here. The way herbs were harvested and the way they are harvested significantly played and even plays a quintessential role on their functionality. The key questions guiding harvesting were: who was/is to harvest herbs to prepare concoctions or decoctions? When was/were/are herbs to be harvested? Where were/are they to be harvested? In fact, under what/which conditions are they to be harvested? Among the Bakweri, a traditional doctor and or someone sent by a traditional doctor could/can harvest the herbs following the directives as stated by the traditional doctor.

Besides, there were herbs which Bakweri traditional healers harvested only at nightfall (being naked), while others were/are not supposed to be harvested in the evening such as King Grass known in Bakweri as *Ewule a Hvako*. Bakweri harvested herbs in the surrounding environment and from the forest in their natural state. But what has been applicable in these recent times is the reverse, with some of the persons sent to harvest herbs not following the directives of the traditional doctor. And some traditional doctors have even gone to the extent of harvesting herbs at the wrong time. In the course of heavy rainfall accompanied by heavy windstorm, herbs were not/are not supposed to harvested (Mola Luma Mwambo, personal communication, 2024; Mola Mosio Ndombe, personal communication, 2024). Mola Mosio Ndombe, personal communication, 2024, opines that:

I was cautioned by my father that whenever there is a heavy storm, the herbs and the storm appear to have engaged in a fight. So in the course of the

fight, herbs get tired so they deserve to rest and regain their strength, and deserve not to be harvested. We have seasons that we usually experience(d) storms such as April and October. But, when you go and harvest during this period how do you expect the herbs to be effective? So what some traditional doctors did or usually do is that when they go to the forest, they harvest some of the medicinal herbs and keep in the house. So, that in case a patient comes during the period of stormy weather (April and October) thereby warranting the traditional doctor to use herbs, he shall use the reserved herbs which have not been affected by storm. In this case, the patient returned home feeling relatively well. But whenever any traditional doctor disrespects the rule of not harvesting herbs when they have been affected by strong wind instead goes ahead to harvest the wind-beaten herbs to prepare concoctions/decoctions then administer to the patient which never work. Traditional doctors harvest herbs at the wrong time, and at times, people sent by the old traditional healers to help them harvest herbs engage(d) in wrongful harvesting, where at times they are asked to peel tree bark from either one side, which does not face the direction of the oncoming wind or from opposite sides but, do the opposite by either harvesting from the direction of the prevailing wind which is not powerful or harvesting all round. Removing the bark of a tree all round even makes the tree and nature not to be happy with you because the act would lead to its death.

What makes some of the rules as cited by Mola Mosio Ndombe, personal communication, 2024, not to be adhered to, is because of the love for money. Because of money, people pay a blind eye to certain realities which could be of help to the majority. Initially, money was not prioritized before and after the preparation and administration of TM. But today, it appears that money is central as far as TM is concerned. Money is not everything about TM, but what matters is how it is gotten, prepared and administered and the results from its administration. During the 'pre-colonial' and early 'colonial' periods, TM was free. As stipulated in the above oath, TM was meant to

"help" treat patients from diverse illnesses. Only items that were meant to perform sacrifices, like fowls, goats, palm oil, salt and firewood, were collected from patients (Shamase, 2021).

Among the Bakweri, as concerns the preparation and administration of TM, sanitation, experience and cautions were/have been key. For TM to be prepared and its effectiveness guaranteed, the services of an experienced traditional doctor are needed, proper sanitation upheld and sure advice on how to consume the concoctions/decoctions followed. On the contrary, what has been prevalent for close to two decades among the Bakweri is a scenario wherein the TM sector has been invaded by charlatans/novices/quacks who call themselves traditional doctors (just out for money) who do not adhere to the deontology and possess shallow knowledge on TM and cannot even give necessary (pre)-cautions as experienced traditional doctors would. And by the way, some patients even when given (pre)-cautions on how to take the concoctions/decoctions, they do not strictly follow, thus rendering TM appear ineffective. Poor administration of herbal concoctions/decoctions also contributed to making TM stand clouded by rains of inefficacy. In Nso, for example, cases have been recorded wherein the treatment of wounds instead led to cancer due to poor hygienic conditions (Sunjo, 2018).

The invasion of the TM sector by charlatans/novices/quacks who call themselves traditional doctors/healers has stood to be a considerable challenge among the Bakweri and Nso and even a massive problem in Cameroon as a whole as opines Fai Fominyen as cited by Manyong, 1994:5 and Baaboh Fokunang, as cited by Ange Ngu, 2000. The prevalence of charlatanism, fraud/fraudulence and abuse of confidence as asserts Fai Fominyen, generates pertinence and attention. They are weevils and bedbugs to the prestigious place/profession of TM. Charlatanism encompasses a drift from norms and practices by charlatans for egoistic gains. These charlatans who possess very little or questionable knowhow on TM pose as a threat to the efficacy of TM. The emergence of these charlatans posing to be healers has been a result of unemployment and

adventuring. These charlatans seem to be working more or less on luck and making TM not to have a good image. Any patient who went to them was healed by chance. How will the efficacy of TM not be put to question given that charlatans were at work posing to traditional healers more or less for the sake of money? This is in line with what Akinnawo & Akpunne, 2018:59 view which stands tenable of African traditional healing system invaded by quacks claiming to be traditional healers.

In Nso, for example, several associations of traditional healers put up an intense fight against charlatans, but their activities had persisted and are persisting. In 1973, the National Association of Traditional Healers met in Bamenda to condemn the activities of fake traditional healers who claimed to be money doublers. The president of the association, Simon Nkenehap called on members to be devoted and dedicated to treating patients (Cameroon Outlook, 1973). In 1979, members of the Bui sector of the National Association of Cameroon Traditional Doctors met at the Fon's palace to denounce the activities of fake traditional healers (Cameroon Tribune, 1979). The Divisional president, Joro Usheni Wirnkar rebuked suspicious acts commonly practiced by some unscrupulous members. According to him, these activities discredited the noble profession of healing, and he called on all members to practice within the ambit of the laws (Cameroon Tribune, 1979). In 1993, Elie Fih, a member of the Cameroon Association of traditional and pharmaceutical medicine warned the public that their profession had been infiltrated by charlatans who extort money from the masses. He also sent out serious warning to those who disguised as traditional medicine practitioners to carry out dubious activities (Le Messager, 1993).

The love for money by traditional doctors or the projection of cash by traditional healers rather than being so much concerned about the healing and pain of the patient(s) has made TM among the Nso and the Bakweri to face inefficacy. Mola Jonde as cited by Ashu (2000) did lash out at some Bakweri traditional doctors who

administered herbal treatment in exchange for money. Only time would prove these quacks wrong and that they were out rightly defying the deontology and ethics governing TM. Still among the Bakweri Mola Mosio Ndumbe, personal communication, 2024 and Mola Luma Mwambo, personal communication, 2024 opines sternly that (speeches of both interviewees were paraphrased for harmonization sake) some traditional doctors have prioritized money above the health of the patient(s) and do not even put themselves in the shoes of the patient(s). One of the golden rules of TM which Bakweri traditional healers of the twentieth century (1900-1999) held with high esteem was that TM did not have any monetary cost. Mola Lyonga Elali, personal communication, 2024, even confirms by insinuating that the person who trained me said that preference should not be given to money in the practice of TM. If you put money ahead then it will not work. So money should not come first, but be interested in seeing that the patient/patients is/are treated and healed at the end of the day. This did not in anyway imply that if the patient deemed/deems it necessary to appreciate the traditional healer in kind by giving money he should not receive. So, TM was supposed to be provided free of charge, but the patient had to show appreciation in kind, towards the traditional healer after the administration of treatment or consumption of the concoctions and decoctions.

Traditional healers were not supposed to charge patients, but this is what some traditional healers do today. They charge fees that some patients were unable to pay.

Among the Bakweri and the Nso, illicitism and misbehaviourism stands as major drivers for the inefficacy of TM. Among the Bakweri for instance there have been traditional doctors whom have engaged in sexual promiscuity or extramarital affairs and some have even gone to the extent of maltreating their own children, and also engaging in land grabbing, double dealing, and usurping family property. Such practices did not just tarnish their image as traditional doctors but downplayed on the efficacy of the TM which they administered because according to the deontology

governing TM, Traditional Health practitioners are not supposed to indulge into such practices. In the yester years (1900s), it was seldom if not unheard of, that a traditional doctor was a party to land scamming, sexual immorality, corruption, dupery and so on. But since the year 2000, there have been traditional doctors whom have been involved in or perpetuated land scamming and even engaged in extramarital affairs. These even made some patients to distrust some of them and not even want to go to them for consultation, diagnosis or treatment (Mola Luma Mwambo, personal communication, 2024).

Another reason why Bakweri and Nso indigenes were administered TM and it was not effective in the treatment of varied diseases because of the patient's belief, mindset and focus. The Peoples' belief and mindset on TM was paramount in the treatment, administration and or consumption process. The patient's belief and mindset was necessary in the treatment process because if the patient disbeliefs in the efficacy of TM then it will not be effective for him or her but, in case the patient beliefs that the concoctions and decoctions given him or her could heal him/her, then the efficacy was guaranteed. Poor mindset about TM tried to defeat its potency and give the impression that TM was/is not effective. From mindset stems beliefs, so how can a patient expect the potency of TM while having a ridged mindset? Belief influences treatment and healing in all societies not just among the Bakweri and Nso which are our ethnicities of focus herein. Most traditional healers like Mola Ekema Njie and Mola Mosio Ndombe, personal communications, 2024, acknowledge (d) that mindsets and beliefs have either encouraged the efficacy or inefficacy of TM among the Bakweri. Emphatically, in the case of the Bakweri, Mola Mosio Ndombe, personal communication, 2024 posits:

A person is supposed to be a Doctor by him or herself before meeting a health practitioner. The fact that I intend to prepare a TM for Mola Ngomba and his heart is not in it, then it will be impossible for the concoction/decoction to effectively work out for his treatment. I will give you an example: My mother, if you tell her about somebody like Ekema Njie Monyenge or Mola

Charle a Natar (Cale Lyonga Elali) when she is sick, her faith is that, she will tell had it being you went to the son of Natar Mefende then you can take TM and give me. When you collect them and she consumed them, she got well.

Besides, Mola Lyonga Elali, personal communication 2024, opines:

The heart disposition of the patient matters a lot in the treatment of the patient as far as the effectiveness of traditional medicine is concerned. In cases wherein the patient does not believe in the power of traditional medicine such a patient will only be deceiving family members encouraging him to give TM a try and to camouflaging show that he is also interested in it. I have witnessed a case wherein a patient was brought TM and he said '*that wona thing wey wona bringam or wona don doam for dey me a no go take or useam*'.

Drawing from Mola Mosio Ndombe and Mola Lyonga Elali, personal communication, 2024 it can be seen that faith and TM are interwoven in such a way that healing does not just depend on the consumption of concoctions and decoctions but on the firm belief of the patient in need of treatment and healing in the potency of TM. In some instances, people have visited Bakweri traditional healers in doubt, and this has rendered the efforts of traditional healers to be in vain. Even the Holy Bible exalts faith above doubt as a key value in human existence, and among Christians in particular (Matthew 17:20; Mark 11:23-24). Matthew 17:20 holds: "And Jesus said unto them, . . . If you have faith as a grain of mustard seed, you shall say unto this mountain, Remove from here to yonder place; and it shall remove; and, nothing shall be impossible unto you." (King James Version of the Bible). Faith can start the dissolution process of a mountain of disease even before consumption of TM. Consuming TM with faith in treatment/healing is plausible. Hence, both the faith of the Traditional Doctors and the patients can go a long way to hasten the treatment of the patient among the Bakweri. But in cases wherein the traditional doctor has faith that the patient will be treated and healed, but the patient does not, then

treatment/healing of the patient was impossible. Drawing from Matute Menyoli (1992), this was more or less the case with Mola Fonde Mokoko of Bova village, who after visiting the best traditional doctors for the treatment of his sudden dumbness which happened in 1957 resigned himself to the fate. His disbelief was more or less of an impediment to his being treated.

Besides faith, some indigenes of Bakweri and Nso origin denigrated TM, terming it as archaic and evil because they have been Christianized. So when this category of persons later on resorted to traditional medicine, it tended not to work in their lives. The question is how can you damn something widely proven to be effective and then you later on solicit its effectiveness and efficiency? Among the Bakweri, people think traditional medicine should not have any place but should be relegated to the background.

Christianization and evangelization through varied media such as television, radio, and face-to-face interaction have been a severe blow to the consumption of traditional medicine as some clergymen and clergywomen in their various ranks and file ill-speak of traditional medicine, discouraging their church members from engaging in the consumption of TM. Some of these clergies speak based on the poor/half-sided notion they have regarding TM.

Treatment not administered to deal with the root cause of the diseases impeded the efficacy of TM among the Bakweri and the Nso. Some diseases had to persist as treatment did not target the root cause. Some of the diseases were spiritually rooted besides, being spiritually rooted, some of the patients did not really open up how they felt. A good example was the *liengu* disease as pinpoints Matute (1990) in his book *Facing Mount Cameroon: An Ethnographic Study of the Bakweri*. But how could the root cause be determined if the patient(s) or the patient's relatives did not explain to the traditional healer how they felt? Mola Mosio Ndombe, personal communication, 2024, opines that TM has tended not to be effective among the Bakweri because some Bakweri did not open up about what was disturbing them and because some diseases had

spiritual roots, which warranted that they should be attacked from their origins through effective treatment so, the administration of TM may prove inefficacy. Mosio Ndombe, personal communication, 2024) holds that some of his patients concealed their main worry pushing him to get herbs for the treatment of disease the patient was not suffering from. But at times, he successfully diagnosed the exact ailment the patient was suffering from just by looking at the patient's face. This could be termed discernment, more or less.

Drawing from Iya Ngowo, 2024 one of the reasons why Traditional Medicine turns not to work in the lives of some Bakweri kin and kiths is because of the way it is handled and administered. Poor administration of Traditional Medicine renders its efficacy questionable. To Iya Ngowo, personal communication, 2024, before administering liquid TM to a patient, the person administering, herbalist or Traditional Doctor must have a little sip of it before administering it to the patient to wade off any doubts or suspicion from the patient on the efficacy of the TM. Some Traditional Doctors administer to patients concoctions and decoctions that in case they were the ones in the place of the patients given such to consume, they will never consume or refuse to accept so, therefore how should the efficacy be guaranteed in such a scenario?

According to Mola Ikomi Mwambo, personal communication 2024 and Mola Lyonga Elali, personal communication, 2024, Traditional Medicine seems to be ineffective because of the inconsistency of some patients in taking their decoctions and or concoctions as well as the sickness becoming chronic. Inconsistency in taking concoctions/decoctions has been a primary reason why some illnesses which were/are supposed to be treated and cured within a limited period prolonged and proved stubborn. For example, Mola Ikomi Mwambo has treated people with varied illnesses among which are frontal headache and haemorrhoids known locally as *pile*. At times, for frontal headache he noticed that the herbal treatment administered and consumed only temporarily allayed the sickness.

But, soon it resurfaced giving the impression of inefficacy, and this pushed him to re-treat. In the course of re-treatment, he had to use some more potent herbs (he refused to reveal these herbs for courtesy sake) to remove the frontal headache from the direction that the patients said they were feeling the pain. With the use of potent herbs he removed it and keep it at the stem of a plantain. But in most cases, the frontal headache sickness proved to be stubborn, thus trying to make the concoctions administered to the path of inefficacy. So, in the course of treatment of any chronic disease Mola Ikomi Mwambo, personal communication, 2024, does not always have the mentality that the illness will be cured so soon. When the sickness proves stubborn, the administration and consumption of concoctions and decoctions for treatment and healing will warrant considerable time for positive/good-required results. This makes TM look as if depicting strands of inefficacy, but it is just a matter of time, patience, and observation for good results to be obtained. Besides, Mola Lyonga Elali, personal communication 2024, a practicing Traditional Healer struggling and hoping to have a license, has treated several cases of people suffering from illnesses such as: stroke, fevers, headaches, cough, abscess, Fungi infections, among others. His patients are both Bakweri indigenes and non-indigenes from places like Tiko and Buea. And the most recent case was his treatment of Madam Ngonde Koffi, who was attacked by a stroke in August 2024 after being overjoyed over her son's success in the GCE. Per contra, in 2023 he noticed that there was a stroke patient in Buea Town, he was administering treatment, still, he was not consistently taking the concoctions given him, so he decided to discontinue the treatment. He nonetheless noticed that there was some slight improvement in the patient's condition as the patient, who could barely walk, could take a walk from home to the Buea Town stadium, and even to the Buea Council and back home as the patient only sipped a little of the liquid concoction in the five litters container he gave. The inconsistency of the patient demotivated him and he decided to withdraw quietly and stop following the patient as he saw it as a waste of time.

The domestification of herbs has also quickened winds of inefficacy of TM among the Bakweri and the Nso. The establishment of little gardens or areas around the house where herbs are planted has had a ripple effect on their potency as their naturalness is usurped in terms of setting. In the periods 1860s to 1990s, herbs were mostly harvested from their natural habitats, but this is far from being the case today, as one cannot just move around and freely harvest herbs as before - given that most of the land is owned or under some sort of exploitation. Urbanization is a key driver of this pressure on land. So, to ensure the continuity of TM, traditional healers have engaged into the domestification of some herbs. Some of the traditional doctors have herbs which they have domesticated in little gardens, but these herbs cannot be as effective as those harvested from their natural habitats. The domestification of herbs is a common practice nowadays in the Bamenda grassfields where the socio-political and economic conditions, such as: land dynamics and the anglophone crisis have necessitated the keeping of these little gardens as report Arrey-Mbi and Pagbe Musah, 2023:16.

Urbanization and changes in agricultural practices have also affected the availability and potency of herbs needed by traditional healers. Urbanization characterized by expansion of infrastructural development is gradually making forest lands to come under pressure. With expansion in infrastructural development, even agricultural practices have drifted from purely traditionalist farming - with the use of organic manure to modern/industrial agriculture - with the use of inorganic manure and inputs such as: fertilizers, insecticides, pesticides, fungicides, among others. The advent of industrial agriculture with obvious characteristic spraying using chemicals has led to the disappearance of some herbs with spillover effect the scarcity of some herbs. Mola Lyonga Elali, personal communication, 2024, recounts that:

Spraying has spoiled our herbs. Today, everyone sprays their farms and compounds. Herbs have become scarce. Herbs and trees of medicinal value are disappearing. I have to go far and wide to source for herbs. I usually go as far as Ekonjo

to source for herbs. On arrival at Ekonjo, I usually paid people to go in of the herbs I need. Fortunately, I usually the searchers got the herbs I was in need of. I return and use them to prepare concoctions and decoctions.

What Mola Lyonga Elali, personal communication, 2024, opines is also seen as a grave issue by Asongu and Eseokwea, 2021:162, who asserts that the usage of pesticides and herbicides by CDC in Tiko and Moquo, has resulted to the disappearance of medicinal herbs in the localities. Medicinal herbs such as fever grass used for the treatment of fever, yellow leaves utilized as blood medicine, and '*enangaijoh*' utilized for the treatment of ring worm among other skin-related ailments have faced extinction, and seldom should/would anyone come across them in any of the localities. In Fako Division, which is known as the ancestral land of the Bakweri, deforestation for the sake of lumbering, and farming, has generally had its brunt on the practice of traditional medicine in myriad of indigenously-cosmopolitan communities we have in the division as the fuel to traditional medicine which are herbs have become difficult to find or come by and some communities which formerly had some/myriad tradi-practitioners no longer have them, while in others the number of tradi-practitioners has declined. Besides, the issues of urbanization, deforestation and change in agricultural practices have been a blow to TM as among the traditional healers of the Bamenda Grassfields and Nso not left out: having easy accessibility to herbs in their natural state has become complicated and worrisome. Some traditional healers of the area had to go to the extent of buying tree barks and powder to do a mixture with various herbs for the treatment of patients that came their way seeking help with varied health conditions (Arrey-Mbi and Pagbe Musah, 2023: 16).

The issue of diagnosis and detection of the exact illness (es) that a patient suffers from has stood to be one of those concerns which have affected the efficacy of TM among the Bakweri and Nso. Just the fact that diagnosing what the patient is suffering from is based on preliminary findings through oral question and answer session is

already a limitation as some patients can conceal the exact condition(s) affecting them. Information given by patients about their health condition to the traditional doctor sometimes has been questionable and doubtful. This did render treatment complex and even delaying healing, which could take a short period to be evident. Mola Ekema Njie, personal communication, 2024, is of the opinion that the trade of traditional medicine is in levels. There are those whom are into herbalism and there are those whom are into divination/soothsaying and for anyone to practice divination/soothsaying, he or she needs to be initiated. His assertion aligns with that of Asongwe (2021:28; Arrey-Mbi and Pagbe Musah, 2023: 8, 11). And Mola Ekema Njie, personal communication, 2024, states clearly that whether the patient visits a herbalist or a diviner, once as there are no proper diagnosis the disease can not be properly treated and cured and he also notes that he has had such cases. He also notes that some traditional doctors administer concoctions and decoctions without proper diagnosis done as is the case of the hospitals wherein lab test are done. This cues Njodzeka, Bulowah and Ngwoh (2024: 98) whom say the method utilized in the treatment of patient prior to commencement of treatment differs. Medics use scientific labs for diagnosis so as to ascertain what prompted the sickness but traditional healers depend on divination and prognosis as a diagnostical method to acquaint themselves with how the sickness could be treated. Divination and prognosis gives the traditional healer insight whether the sickness is physically or spiritually rooted. Diagnosis in TM, falls within the level of soothsaying but how many people consult diviners/soothsayers today given the porosity and usurpation of divination/soothsaying for personal and egoistic gains and even given the difficult socio-political climate faced by Cameroon's South West and North Regions ruralists and urbanists/ inhabitants?

The ways mixtures of herbs and other supplements are prepared have also tended to influence the efficacy of TM in the Bakweri and Nso communities. Mixing of herbs and supplements such as: barks of trees, water and

different oil(s), or powdery substances have raised the contention of quantification. Poor mixing, improper mixing or erroneous mixing has at times led to complications, aggravations, under dosages, or over dosages. Mola Mwambo, personal communication, 2024, comments all herbs are medicinal in nature but knowing which ones to mix for the treatment and cure of which disease(s) matters. The combination of herbs matters much as far as traditional medicine is concerned but when the herbs are not well mixed or their combination is not suitable for the treatment of the disease, how should we expect the mixture to be effective?

II. CONCLUSION/RECOMMENDATION

The medical properties of herbs are complex and require continuous study to fully understand their therapeutic potentials. TM is guided by spiritual beliefs, cultural traditions or historical knowledge. The beneficence, cruciality and dignity of herbs cannot be overemphasized as their content, employment and influence of the herbs chewed, ground, squeezed to extract liquid or placed on the sick, has always guaranteed human well-being. The continued reliance on herbal medicine underscores its significance in traditional health care systems. How man has used herbs at various times has awoken questions of effectiveness and ineffectiveness. Some herbs have proven medicinal value, while others are unverified or potentially harmful. Not knowing the potency is liable to awaken herbal inefficacy or misuse. This warrants the needfulness of herbal education at different times.

The inefficacy/efficacy of TM as has come under examination in this article taking the cases of the Bakweri and the Nso is more or less a reflection of what prevails countrywide in Cameroon, and in other African countries. In this article, we have tried to raise a succinct debate on the question of efficacy and inefficacy of TM. Debatably, the fact that TM performed the miraculous in guaranteeing the betterment of human health capital was and is still a plus, but on the other side of the debate table how can we experience the efficacy of TM when research on its products and practices have been sparse or limited? How

will traditional medicine not be inefficient and ineffective when perceptions, prescriptions and usage, leaves less to be desired in some case scenarios? How will inefficacy not characterise traditional medicine when modernization, christianization and evangelization tries to tarnish the image of TM? The popping up of strands of inefficacy does not cancel the fact that herbs of various kinds are still sought after in different parts of the World to satisfy humankind's health needs.

As per the World Health Organization statistics, eighty per cent of the population of Africa South of the Sahara depend on TM for their therapeutic health care needs. This is sufficient evidence that TM was/is effective in treating illnesses. Though some scholars were of the opinion that the reliance on TM was because it was cheap and available, this argument is lame, given that even the poorest people will go to any length for the restoration of their health. Before the introduction of biomedicine, TM was the only source of therapy and people live healthier with long lifespan. TM only failed to be effective when the necessary conditions to stimulate and trigger its effectiveness were not made by the traditional doctor and the patient. Some of these triggers were/are meeting the right traditional healer, targeting the illness from the root cause, believing in the medication, administering the concoction as prescribe, and trying to see how either treatable or curable the disease could or can be. It should be noted that no matter how effective/efficient TM was/is and no matter how the patient may believe in the concoction, illnesses whose end result was death could not be treated. The study recommends that the government, NGOs, and traditional medicine associations step up the fight against charlatanism to clean the sector from those who extort money from the poor masses. That is by going beyond policy directives to policy activism. The study also recommends that these bodies should grant subsidies to genuine traditional healers to encourage them in the practice of the trade. The government should also ensure that only license traditional healers practice TM in order to regulate the sector. When all these and more will be done, the TM sector will go a notch higher in terms of organization.

There is therefore the expedient need to rethink the future of Traditional Medicine in Africa and Cameroon in general and particularly the Nso and Bakweri ethnicities. The future of TM is at stake. The sector has witnessed a profound metamorphosis which has paradoxically affected it very foundations and practicality with some complex issues cogwheeling its evolution. Among the issues are are disunity among some traditional doctors, policy lapses and government's prolonged neglect of the TM sector. So, the efficacy of traditional medicine is further complicated by government's lackluster attitude towards TM. How can we be talking about the efficacy of TM when many mindsets are stereotypical towards TM? Besides, how can we be talking of the efficacy of TM, where the environment from which herbs are extracted suffers from environmental malaise? How can we be talking on the effectiveness of TM in a context wherein there appear to be some considerable severe winds of depatronization which keeps hitting and eating up the banks of TM shallowly towards its core? Why should there not be a deep revisiting of the glorious days of TM as a way to inform and benefit the current state of TM? Should traditional doctors continue the crying game of how their noble, and unique profession have faced the invasion of charlatanism, and the government appears to be lukewarm towards arresting the situation, or leaves the traditional doctors to deal with the problem themselves, by cleaning their tears and sought out ways to deal with the charlatans? Why would nature not get angry at quacks who call themselves traditional doctors, with little or no knowledge of TM for nature will certain expose the quacks in due season(s) as inefficacy rays will dawn on their concoctions and decoctions? How can we be talking of the efficacy of TM in these contemporary times, when among traditional doctors rains of disunity, jealous, envy and backbiting prevail? The potency of TM deserving heralding is instead denigrated by some Cameroonians who have instead experienced either some adverse side effects of TM or consumed concoctions and decoctions not well prepared. But it does not mean that if TM presented some adverse side effects to them/you

due to poor administration, storage and consumption, then it is not effective and efficient.

Lastly, Law No. 2024/018 of 23 December 2024, Relating to the Organization and Practice of Traditional Medicine in Cameroon, would have its enforcement to deal with concerns of charlatanism, misconduct of traditional healers and sorting, preparation, administering, and consumption of herbal remedies/concoctions/decoctions as raised in this article should experience a downturn or would not be tolerated at all as only those whom will be licensed will undoubtedly be allowed to practice, misconduct sanctioned and patients' rights and privileges protected from extortion. The (new) law comes to put in some order in a sector which has for more than ten decades begged for order and full legalization in a country wherein, TM's valuation has been mean on a nationwide scale and insulted, relegated to the background and even considered as fetish. The enforcement of the new law should help take the efficacy of TM a notch higher as the rightful people trained will practice and the rightful results got. The new law will either sooner or later come under criticism. But whatever the case, it is a vital step taken by government to express her interest in the sector, pledging support technically, financially, socially and cautiously. The law brings some freshness in the field of TM, which will only make (great) meaning through some administrative, judicial and socio-cultural collaborative and reactive actions.

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Interviews

S/N	Name	Age	Profession	Place	Date
1	Mola Mosio Max Ndombe	55	Farming, Herbalist	Bokwaongo	September 8, 2024
2	Mola Marti Ikomi Mwambo	48	Farming, Herbalist/Traditional Healer	Bokwaongo	October 15, 2024
3	Mola Luma Francis Mwambo	55	Farming, Herbalist/Traditional Healer	Bokwaongo	September 27, 2024
4	Iya Ngowo Regina Petro	40+	Farming	Bokwaongo	August 23, 2024
5	Mola Cale Lyonga Elali	54	Farming, Traditional Healer	Bokwaongo	December 22, 2024
6	Mola John Ekema Njie	49	Carpentry, Traditional Healer	Na'anga	December 22, 2024
7	Mola Joseph Mwambo	60	Farming, Motor Electricity	Bokwaongo	December 26, 2024
8	Yarayen Mohamadou	45	Traditional Healer	Nseh	February 16, 2016
9	Shumase Emmanuel	54	Traditional Healer	Jakiri	April 10, 2020
10	Sunjo Leonard	75	Medical Doctor	Kumbo	August 18, 2018