

Traditional African Medicine and the Challenge of Transgenerational Cultural Communication: A New Perspectival Approach

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ABSTRACT

Africa's rich cultural heritage keeps receding in the past. Without prejudice to all the familiar factors that have been blamed for this by research scholars, the study examined the challenge of transgenerational cultural communication in the development of Traditional African Medicine (TAM). The study was based on transgenerational theory. The researcher used the qualitative methodological approach of analyzing related literature and histories to establish a relationship between transgenerational cultural communication and the present state of Traditional African Medicine. The study concluded that the dynamics of transgenerational cultural communication can be strategically deployed to achieve global significance and collaborative relevance for Traditional African Medicine in the delivery of quality health care in the new global order. To achieve this purpose, the paper recommended that African governments should direct and drive much needed change in the cultural attitude of Africans, by investing heavily in the project, not as a political jamboree commemorative of FESTAC' 77, but as a conscionable and deep rooted process of self-rediscovery and cultural resurgence.

INTRODUCTION

All cultures have disease theory systems which include attributional concepts to explain illness causation and treatment process (Kotak, 2008). Odishika (2019) calls it the unmistakable nexus between a peoples cultural health beliefs and the healthcare seeking behaviour they exhibit. That being the case, it is only logical to assume that the same differences found in the cultural explanation of illnesses are evident in the manner of cure sought by peoples of the disparate world cultures.

According to Ojua et al (2013), healthcare seeking behaviour are all those things people do to prevent diseases and to maintain health. Invariably, all cultures have health care systems that cover prevention, diagnoses and treatment of health challenges that confront them.

In defining culture, leininger (2002) states that culture is the learned, shared and transmitted knowledge of values, beliefs and life ways of particular groups of people that are generally transmitted intergenerationally. Hence, issues of sickness and wellness, health and ill-health, birth and the approximation of life through

death constitute parts of the cultural reality of man's existence. These issues have always tasked and continue to task the human faculty to the present generation. Given this continuum, it becomes absolutely necessary to undertake a historical excursion on the origin and development of medicine in the world, especially in Africa, with a view to re-engineering and engendering renascent interest and focus on the viability of traditional African medicine. Without doubt, the documentation of the development of medicine in the world is part of the transgenerational transmission of culture proposed in leininger's definition of culture. One of the benefits of this cultural process is the maintenance, sustenance and improvement upon positive aspects of such inherited cultures.

To be certain, there is a world of difference in the process of knowledge reservation and preservation between the African culture and the western culture. Whereas the western civilization issued from the underpinning of written communication, African civilization derived from the underpinning of oral communication based on oral tradition (Innis, In Osho, 2011). The researcher proceeds on the

assumption that the preservation and perpetuation of a peoples cultural heritage is largely dependent on the effectiveness of its transgenerational cultural communication. To wit, the study assumes a qualitative appraisal of the transgenerational communication of the culture of Traditional African Medicine (TAM) and how this process has influenced the developmental stages and state of the practice in the current generation.

THEORETICAL EXPLANATION

The study was anchored on the transgenerational theory which was originated by Bowen in 1978 (Kerr, et al 2000). The theory was derived from Bowen's family systems theory. Transgenerational theory deals with the rules that govern the communication of acquired practices, behaviours, and beliefs between generations within the context of nucleus/extended families. It's treatment of cultural transmission within families represents, for the researcher, an extended metaphor of the transgenerational cultural experience of the larger African family. After all, human societies are nothing more than a huge constellation of units of nucleus and extended families. Therein lies the relevance of this theory to the study.

CONCEPTUALISING TRANSGENERATIONAL CULTURAL COMMUNICATION

The history of dynasties, empires, kingdoms and nation states, as we know them today, is actually a metonymical expression for the history of mankind (Odishika, 2018). The activities of men constitute the events that make history. Hence, historical accounts are mostly characterized by the exploits of leaders who direct the affairs of their people and thereby determine the course of history. This principle applies to the history of Traditional African Medicine (TAM). In other words, the story of traditional African medicine will not be complete without an account of the roles of African leaders, its practitioners and the communication processes involved in transmitting its practice across generations to contemporary times. This seemingly simple process is what the researcher calls transgenerational cultural communication. The concept is hereby analysed in the explication of key concepts under this sub-heading.

Cultural Communication

Goman (2011) defines culture, basically, as a set of shared values that a group of people hold. To Danesi (2000), it is the arts, beliefs, languages,

institutions, rituals etc. practised by a specific group of people, while communication is the exchange of messages through some channels and in some media. These definitions provide insight into the meaning of the more complex concept known as cultural Communication. According to Covarrubias (2018), Cultural Communication is the social enactment of learned systems of symbolic resources, premises, rules, emotions, spatial orientations and motions of time that groups of people use to shape distinctive and meaningful communal identities, relationships, and ways of living and being. That is, cultural communication entails the communicative means and codes, linguistic and non-linguistic, by which human beings coordinate and create meanings in their actions and inactions within the framework of groups and societies. Inherent in the nature of culture is the manner of its communication within a society. Hence, culture can be communicated consciously or unconsciously. Goman (2011), explains that some carriers of cultural attributes are not even aware of their own cultural biases because cultural imprinting is begun at a very early age. Invariably, while some cultural knowledge, rules, beliefs, values, phobias, anxieties and practices are communicated explicitly, others are silently communicated and subconsciously absorbed.

Trnsgenerational Cultural Communication

The Centre for Intercultural Dialogue (2017) posits that there are three basic components of cultural communication namely, intercultural communication, cross cultural communication and international communication. It is the opinion of this researcher that a fourth variant to be known as transgenerational cultural communication should be added to the list.

The researcher defines transgenerational cultural communication as the transmission of cultural characteristics, practices and behaviors that represent the totality of a peoples ways of life from one generation to subsequent generations. This concept is a derivative from the transgenerational theory which deals with the rules that govern the communication of acquired practices, behaviours and beliefs between generations. Although, studies on the theory are limited in scope to the nucleus/extended families, its treatment of cultural transmission within families represents, for the researcher, an extended metaphor of the intergenerational cultural experience of the larger African continent family. Afterall, human societies are

nothing more than an huge constellation of units of nucleus and extended families.

Therefore, in the same way as transgenerational passage incorporates the transmission of the entire gamut of family related traditions, beliefs and behaviours, Africans have been transmitting their cultural values from generations of old to the present. Part of these cultural values is the traditional African medicine. The paper examines how effectively this cultural element has been effectively communicated to the modern day generation of Africans.

TRADITIONAL AFRICAN MEDICINE VERSUS ALLOPATHIC MEDICINE: HISTORICAL ANTECEDENTS.

Helwig (2005) defines Traditional African Medicine (TAM) as a range of traditional medicine disciplines involving indigenous herbalism and African spirituality, typically including diviners, midwives and herbalists. Allopathic medicine, on the other hand, refers to science based, modern medicine (Weatherall, 1996), such as the use of medications or surgery to treat or suppress symptoms or the ill-effects of diseases (Roy, 2015; Gale Encyclopedia of Medicine, 2008).

According to medical history, Neanderthals, those extinct species of archaic humans that lived in Eurasia between 400,000 to 40,000 years ago, may have engaged in medical practices that predated both allopathic and Traditional African Medicine (TAM). (Spitkins, 2018).

Also, by the evidence of recent research findings, Africans carry surprising amount of Neanderthals DNA (Price, 2020). If this is true, then these sub-species of archaic humans may have had African origin. Whatever the case may be, the facts that emerge from these and similar research findings are that one, the history of medical practice predates the ancient man; two, early medical tradition include those of Babylon, China, Egypt and India; three, the use of plants (Herbalism) as healing agents is an ancient practice; four, that overtime, through the emulation of the behaviour of Fauna, medical knowledge base developed and passed between generations; and five, that the earliest known male and female physicians were both Egyptians (Spitkins, 2018; Ancient History Encyclopedia, 2019). A closer analysis of the preceding points clearly show that first, these facts are true of traditional African medicine as they are of allopathic medicine.

The second fact of history that is common to both traditional African medicine and allopathic medicine is that both practices suffered derogation and derision in their formative periods. In the case of Traditional African Medicine (TAM), it has always been the butt of unbridled deprecatory and sarcastic attacks by the apostles of modern medicine. Modern science considers methods of traditional medicine primitive, inadequately researched, weakly regulated and clinically unsafe (Conserve Africa, 2002; Mills et al. 2005; Helwig, 2005). The colonial era could be considered the worst period for the development of African medicine as the white supremacists shunned, outlawed and attempted the outright decimation of African medicine practice. Indeed, the direct consequences of colonial expansion include the subtle destruction of African culture (Franz, 1998). Ironically, allopathic medicine had equally been subjected to such caustic criticisms in its beginning. The term 'allopathy' was originally used by 19th century homeopaths as a derogatory term for heroic medicine, the traditional European medicine of the time and precursor of modern medicine that did not rely on evidence of effectiveness (Whorton, 2004, Gundling, 1998).

Third, there is a commonality of experience in the manner both Traditional African Medicine (TAM) and Allopathic medicine have risen from the ashes of derogation to the growing flames of recognition that both enjoy today, albeit in varying degrees, with allopathic medicine being the more developed, accepted and popular in today's world. For various reasons in the late 20th century, traditional medicine in the developing countries of Africa underwent a major revival. Resultantly, interest in integrating Traditional Africa Medicine (TAM) in Africa's health care system has been on the increase just as the use of traditional medicinal plants is being encouraged in some developed countries outside Africa (Helwig, 2005; Conserve Africa, 2002). As for Allopathic medicine, its growth has evidently been more phenomenal and exponential. From the pejorative labeling of allopathic medicine in the beginning, it is now being described under the more accepted broad category of medical practice known variously as western medicine, biomedicine, evidence based medicine and modern medicine (Xiaorui, 2001). But more importantly, this medical practice that has its origin in allopathic medicine practice, has consistently and progressively introduced innovations into its practice. The mid 20th

century was characterized by a revolutionization of modern medical practice in the areas of medical technology, epidemiology, principles of medical ethics, surgery and heavy professionalization (Van Hartsveldt, 2010). It is against this background of the huge difference in the growth of both medical practices, despite their common humble beginning, that the researcher probes into the factors that may be responsible for the evident slow pace at which traditional African medicine has developed.

TRADITIONAL AFRICAN MEDICINE AND THE CHALLENGE OF TRANSGENERATIONAL CULTURAL COMMUNICATION

From the foregoing arguments, the following facts are evident: one, that both traditional Africa medicine and Allopathic medicine had ancient beginnings and attributes that were indigenous to its peoples; two, both medicines were derided and derogated in their early days; three, both medicines have made varying degrees of development and progress, with the evident verdict that, whereas allopathic medicine has attained scientific and global acceptability, Traditional African Medicine has remained largely in its pristine stage and still struggling to be accepted among its people and global communities, (Helwig, 2005; Whorton, 2004; Van Hartsveldt, 2010). This very last point is the point of departure between both medicines and the very point that underscores the sorry story of traditional African medicine.

A number of factors have been blamed for the inability of African medicine to measure up to the progressive stride of allopathic medicine. In a broad sense, these factors can be subsumed under two major categories namely, external factors and internal factors. Research scholars identify the external factors as slavery, capitalism, colonialism and imperialism, neo-colonialism and all kinds of dominations and exploitations embedded in these epochs (Achebe, Offiong, Rodney, In Abdulahi, 2011; Franz, 1998; Conserve Africa, 2002; Feierman, In Abdullahi 2010; Konadu 2008; and Millar, In Abdulahi, 2011).

Indeed, these external forces attacked and adversely affected the very fabric of African consciousness, causing variegated forms of cultural alienation and disorientation.

On the flipside of the coin are the internal factors that worked in collusion with the external factors to further retard the growth of

Traditional African Medicine (TAM). These internal factors can be analyzed from the professional, political and socio-cultural perspectives. At the professional level, the lingering mutual distrust between allopathic and traditional medicine practitioners in African has continually hampered and thwarted the process of integration and cooperation between both modes of medicine (Nevin, In Abdulahi, 2011). Odishika (2019) observes that conflicts in cultural perspectives are not restricted to cross-cultural and inter-ethnic encounters of provider-patient relationship alone. Rather, such conflicts are equally evident in intra-cultural and intra-ethnic settings of provider-patient encounter when the western biomedical culture imbibed by the African medical personnel conflicts with the traditional medicine beliefs of his indigenous community. On the whole, western trained physicians appear unwilling to allow traditional medicine and their practitioners to be included in the official system of medical care in Africa (Ebomoyi, In Abdulahi, 2011; Conserve Africa, 2002).

Politically, African leaders seem lacking in the political will and leadership needed to champion and fight off the factors that impede the development of African medicine. Indeed, the process of liberating traditional African medicine from the such political will can only derive from the political policy of decision makers (Mogekwu, 2013). More importantly, the socio-cultural psyche of the African appears to have been badly damaged by the external factors stated above. Much of the challenges faced by traditional African medicine can be attributed to the cultural disorientation of the African and his inability to appreciate the values of Africa's cultural heritage. One of the major differences between TAM and modern medicine is the belief that illness is not derived from chance occurrences, but through spiritual and social imbalance in what Andrews and Boyle, in Singleton, Elizabeth and Krause (2009) refer to as the Magico-religious health belief model. The absence of this thinking in the biomedical model of modern medical practice creates a vacuum that Traditional African Medicine (TAM) alone can fill to the benefit of medicine and medical care in the world. But traditional African medicine can only assume that position if Africans assume the appropriate cultural attitude to the practice. Without prejudice to the external and internal factors identified in the preceding paragraphs, it is the considered opinion of the researcher that the greatest problem of

Traditional African Medicine (TAM) in Africa is the failure of transgenerational cultural communication. To advance this argument, the researcher anchors his points on some of the assumptions and postulations of transgenerational theory as argued by Lieberman (1979). First, Lieberman argues that acquired characteristics are moulded into the child at an early age during critical periods of development usually between age 8 and 14 years and that such characteristics are relatively fixed at that stage, making them subsequently difficult or impossible to change. It is further posited that individual psychopathology develops when the individual fails to gain the necessary characteristics at one of these critical periods of growth and development. By the very nature of African societies since the colonial era till date, African children are exposed within this critical age to western cultures in the western educational system. Far from denigrating western civilization, African societies have failed to provide a counteractive structured system of cultural orientation and inculcation that could create needed balance. Hence, the cultural alienation of successive African generations is orchestrated by Africa's unreasoned submission to western culture, while loosely holding on to its own culture in a halfhearted and uncoordinated manner. Therefore, it could be logically inferred that generations of Africans have been suffering from collective psychopathology with regards to the inculcation of Africa's cultural heritage, traditional medicine precepts inclusive.

Second, Lieberman posits that characteristics are transmitted and acquired through different processes of emotional language that bond us in infancy through physiognomical and tactile expressions; behavioural language of learning by example; spoken language that embody instructions and written language, the last of them all.

Again, by the very structure of African societies, conflicts between these levels of communications are introduced early in the behavioural and spoken language stages of communication with the typical African child. One, the body language of the typical African parent creates confusion in African children as to the right cultural choices to make between African and Western cultures. Two, most African children are estranged from speaking their mother tongues because of early exposure to a foreign language. This point would be better appreciated when we consider the fact that

language is not just a medium of expression but one for the teaching of concepts and precepts that ensure continuity and reinforcement of norms, cultural values and behaviours (Franz, 1998). Three, written communication, which is the last to be learned is capable of teaching concepts of great complexity as well as maintaining continuity between generations, preserving and transmitting cultural concepts for over four thousand years (Lieberman, 1979). This is one factor that has been of great advantage to the western civilization. Unfortunately, this is not the case for Africa. In fact, most African medicine practitioners lacked education and could not have documented their indigenous medical knowledge in black and white for onward transmission to successive generations.

Third, Lieberman (1979) describes family secrets as those behaviours, beliefs, traditions, or feelings which cannot be openly communicated between family members. He goes on to warn that restricting information flow by taboo or secrecy not only maintains a boundary between a family and its surroundings, it can create boundaries and barriers within the family. By metaphorical extension, this analogy represents the damage that the elements of secrecy and taboo have done to the transgenerational communication of African medicine. Till date, much of African medicine is still shrouded in secrecy, mystery and mysticism practised by an exclusive few who end up dying "intestate" with their knowledge, to the exclusion and detriment of society and African medicine.

Fourth, through the process of family evolution, family beliefs, practices and traditions are passed down from generation to generation (Lieberman, 1979). In the process, cultural characteristics are altered and changed; new ones are acquired and cultural hybridization may emerge. In some other cases, old customs are lost in one generation, and by three of four generations, most of them even cease to be memories. The latter appears to be the case of African medicine. Africa's past, in this regard, keeps receding into oblivion with the hugeloss of Africa's medicine knowledge. The generations of Africans in the first half of the 20th century know more about African medicine than those in the second half of that century and so on. Present day generations are much worse. They know very little about their Africanness and seem set on hurtling inexorably down the steep slope of a lost identity. This trend can only

be reversed through a deliberately planned and sustained programme of cultural restructuring and reorientation.

CONCLUSION

Traditional African Medicine (TAM) and Allopathic medicine both share a common history of derision and derogation in their early beginnings. But whilst allopathic medicine consistently developed over the years and gained global acceptability, Traditional African Medicine (TAM) is still struggling to brake from its pristine beginning. This failing cannot be blamed on a lack of potentials. Far from it, research has shown that a number of traditional medicines are important and posses therapeutic regimens in the management of a wide spectrum of diseases, some of which may not be effectively managed using western medicines (Mander et al, in Abdullahi 2011; Lawal and Banjo, 2007). What is required is for the traditional medical system to be integrated into the mainstream of health care services to improve accessibility to health care (Obute, 2005; Okigbo and Mmeka, 2006). Infact, a harmonization of the strong points of both African and western medical cultures will augur well for effective and efficient healthcare delivery system in the world (Odishika 2019). Therefore, African governments, intellectuals, elites, traditional medicine practitioners and people must collaborate in a huge cultural project to achieve independent and/or collaborative relevance and significance of African medicine in the new age through deliberately planned and sustained system of transgenerational cultural communication.

RECOMMENDATIONS

To put traditional African medicine back on the track of reckoning, the following measures are germane and strongly recommended.

One, Africa must restructure its socio-cultural architecture to make it amenable to the inculcation and teaching of cultural education curricula that includes TAM values and practices to its children of impressionistic ages. Side by side with the Western formal education, governments at all levels should encourage the development of structures to teach cultural values to children at the grassroots. These programmes can be initiated in liaison with Village Development Committees (VDCs) and DDCs at the level of rural communities.

Two, there should be a national reorientation campaign to drum home the importance of

teaching Africa's children their mother tongues at home and in schools, beginning from elementary school level to tertiary education levels. Much more than being a medium of expression, language is the repository of a people's cultural knowledge, useful in the preservation of cultural information and the teaching of culturally rich concepts and precepts, inclusive of traditional medicine.

Three, African medicine men need reorientation. The onus is on Government to organize and reorientate the practitioners through the relevant agencies to delight in their vocation and encourage sustainability of the practice by transfer of knowledge through apprenticeship, tutelage and mentoring. So much is lost in space and time to the secrecy, mystery and mysticism that surround traditional medicine practice in Africa. If this barrier can be overcome, Africa would have a lot to contribute to modern healthcare system in the world.

Four, so much of Africa's medicine knowledge has been lost to the distant past. However, there are still threads of sketchy knowledge to hang onto in the nooks and crannies of Africa. To restore some of these knowledge, government should direct research efforts towards historical research aimed at recovering much of Africa's medical knowledge that are fast slipping away from the modern generation. Those research efforts should also include contemporary scientific research designed to refine African medicine to meet world scientific standards.

Above all, implementing the above stated recommendations constitutes a huge project that requires full funding by African governments, not as a political jamboree commemorative of FESTAC '77, but as a conscionable and deep rooted process of continental self-discovery and cultural resurgence.

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