

**TRADITIONAL MEDICAL PRACTICES IN AFRICA IN A MODERNIZATION
CONTEXT: THE EXAMPLE OF TOGO¹**

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ABSTRACT

The modernization process started in Africa with the colonization and it concerns all social areas. Especially in medical area, the modern medical practices are being imposed at the place of the ancient traditional one since the colonization period. At the middle of 1990's, modern medical practices had been almost adopted in some urban and rural African society. This happened with the effort of governments and international civil society organizations. At that time, populations can easily access to modern medical institutions. However, at the end of 1990's, due to the social and economic crises, almost all African States' social and medical systems had collapsed. The government social and medical politics had almost completely disappeared and populations are left to their own destiny. The medical system had almost been privatized. From that period, the access to medical institutions in Africa became a luxury. In this situation, due to poverty, population especially rural ones, resorted to the traditional medical practices. At the other side, the modern medical actors including laboratories, according to their interests and in capitalist logics, with the complicity of governors, continue to try to impose the modern practices to the populations without taking in account their living conditions. These impositions are generally not violent and are often been done through media and national awareness. At the same time, populations are living according to their traditional medical institutions and are trying to thwart the capitalist and modern medical institutions' practices.

In this situation, how can traditional medical system be improved to make it more helpful for population? How can African States conciliate the traditional and modern medical systems? Can the traditional medical system be viable in the globalization context?

By taking the example of Togo, this study is aiming to answer these questions. Furthermore, it will try to understand the future of the traditional medical system. In this study, we made the hypothesis that, in Africa, if the traditional medical system is performed with modern technics and is controlled either by States or by responsible private organizations, it can help populations to access good medical practices.

Keywords: Capitalist medical mechanisms, medical system, modern medicine, modernization process, traditional medical practices, Togo

1. INTRODUCTION

Traditional medicine and Western² medicine are two forms of medical care that have the patient in common, to whom these two forms of medicine aim to provide health care. In Africa, traditional medicine, with its herbalists, marabouts, soothsayers and counter-sorcerers has long been ignored and even sometimes challenged by the colonial and national health authorities. Considered as a "bush medicine", it is often

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² We prefer using the term "Western medicine" to that of "modern medicine" because the latter gives a pejorative connotation to other forms of medicine that are often perceived as obsolete, outdated or old.

described as obsolete and little mastery of human morphology. Traditional healers are often reduced to mysticism.

Recently, both the World Health Organization (WHO) and some African states have been involved in a process of official recognition and even in the valorization - or revalorization - of traditional medicine. This approach results from the awareness of the limits of Western medicine, its often "capitalist" management of the sick and the disease, and above all the claim of a cultural identity for Africans.

Globally, whether in Africa, Latin America or Asia, people have always been using and continue using traditional medicine to heal themselves. It is estimated that more than 80% of Africans are using traditional medicine for their health care (Observatoire de la santé en Afrique, 2003). In Togo, traditional medicine was often rejected or incriminated in the colonial era. This is explained by the imposition of the Western culture and its way of life by the colonialists and the rejection of cults, practices and "African gods". Traditional medicine was perceived at that time as a set of backward practices that should be banned from African societies if they are to be modernized. However even under these conditions Africans often resort to this form of treatment. After African countries independences there was a reevaluation of traditional medical practices due to the fact that most of African nations founders (Sylvanus Olympio, Kwame N'krumah, etc.) preached most of the time the return to African authenticity.

It is important to note that the notion of traditional medicine refers to the set of medical practices that take their roots from local culture and knowledge and that provide a cognitive basis for perceptions and practices related to disease in African societies. As for the notion of Western medicine, it refers to medical practices from the West, whether implemented by local, national or international medical entities. These two forms of medicine coexist in Togo as everywhere else in Africa despite the wrong image that is attributed to traditional medicine. However, what is the true place of the latter in medical practices in Togo? Can it survive in a context of globalization or rather in the Africa "Westernization" ?

2. AFRICA IN THE CONTEXT OF GLOBALIZATION AND HEALTH

Africa and health have a direct link to the phenomenon of globalization. In the era of globalization where interdependence is increasing everywhere in the world, health is now considered as a global social phenomenon. According to Fassin (2001), this global interdependence of health determinants can be attributed to the interdependence of epidemics, institutional developments and local economic and political relations. To achieve this it is sufficient to look at the health effects of structural regulatory schemes in Africa.

In the relationship between globalization and health, firstly the changes in health determinants between 1980 and 2005 first showed an increase in GDP (gross domestic product) per capita (Cornia, Rosignoli & Tiberti, 2011, p.51). Secondly, there is an economic instability in both macro and micro areas. Thirdly, there is an income inequality. Another amendment is that the use of health services in Sub-Saharan Africa has reduced although health spending has increased in developed countries after the 1980s. The main causes are the introduction of fees from public clinics, the opening of health services to private entrepreneurs, the privatization of state hospitals and the introduction of private health insurance. Only 10 percent of research spending is devoted to diseases that are common in developing countries and account for 90 percent of global disease burden (Cornia, Rosignoli and Tiberti, 2011, p.55). The transfer of new patent medicines and medical technologies produced in rich countries has been limited. There is a long way ahead of the adoption of technology and health-related habits in rich countries even in middle-income countries.

Another consequence of globalization is that the global circulation of health models in the context of representations and practices leads to a global reference body. For example, the concept of risk factors that serve to classify populations, the vaccine programs at the local, national or international level, the reduction of risk, etc. are emerging as universalized figures of primary health care. These conceptualization and description schemes are produced by the medical, scientific and political organizations at the international level. Local characteristics of populations are not taken into consideration. This process can be referred to as the social iatrogenesis used by Ivan Illich as a well-described concept. The origin of the concept of iatrogenesis consists of the iatros which means in classical Greek "physician" and genesis which means "origin" (Illich, 1995, p.11). That is, iatrogenesis is "caused by healer". Social iatrogenesis refers to any deterioration in health due to the socioeconomic transformations that the institutional forms of health care have made attractive, possible and necessary. This concept also encompasses unhealthy situations (disappearance of traditional methods) that are created by reducing the person's capacity and increasing their

dependence, by narrowing the range of asylum to those who face any problem or even by removing self-treatment methods (Ilich, 1995, p.38).

According to Bernard HOURS, health is now globalizing and globalized (Hours, Bonnet and Delanoë, 2014, p.20). In particular, the necessity to fight against diseases without national borders, such as AIDS, Bird Flu has been obliged to create new norms on a global scale.

When we look at international comparisons in the globalization process, the most important phenomenon that appears in the field of health is inequality. Poor countries have important health problems. For example, the healthy average life expectancy, the highest value is 73 years with Japan and Sweden while Angola is 29 years. Sub-Saharan African countries, former Soviet countries, Iraq and North Korea are steadily declining in life (Coburn, 2009, p.55). There are also inefficiencies in many poor countries' health systems. In many African countries there was great difficulty in reaching the poor through access to health services due to lack of infrastructure (Coburn, 2009, p.69).

Another phenomenon in the field of health, especially seen in Sub-Saharan Africa is injustice rising on the basis of sex. These inequalities include gender-based staff hierarchies, the imbalance between quality and access opportunities offered to upper and lower classes, and the inability of low-status poor women to access healthcare services (Tibandebage & Makintosh, 2009, p.190). In this environment of gender segregation health care delivery becomes a commodity market. This situation directly affects maternal mortality and pregnancy related discomforts.

3. MEDICAL PRACTICES IN AFRICA IN THE GLOBALIZING ERA

In order to understand the effects of globalization on health, it is necessary to deal with it in a relativity context. Globalization should be considered as an asymmetric, unequal and differentiated process according to the countries. Asymmetric is concerned with the international division of countries' positions within the framework of center-periphery opposition on the basis of power relations in the world. Inequality refers to the production of determinants of health, and in this context, economic decisions that determine the indicators of health are increasingly taken at supranational level. Globalization is also a process that brings different applications at the same time. The universalized primary health care is trying to find the application area in a short time through the development of specific strategies for Africa. On the one hand, globalization expresses the process of ownership of global logic, while on the other hand it is the scene of innovative forms that are traditionally blended in response to the recommendations of international organizations.

Along with globalization, there have been many positive and negative developments in the health sector in Africa. First, the modern medical practices that come with globalization bring modern and advanced techniques to Africa. These techniques offer appropriate treatment methods against many previously dangerous diseases (polio, malaria, etc.)

But with it, traditional medical practices are disappearing. And in the future, the scientific and medical heritage of Africa is at stake. This is closely related to the medical monopoly associated with social iatrogenesis. Radical monopoly dominates freedom and independence, and by re-shaping the environment and expropriating the characteristics of use values that enable people to cope with the environment on their own, the use of commodities throughout the society is replaced by commodities (Tibandebage & Makintosh, 2009, p.39). This uncontrolled dissemination of medicine transforms common health care and self-defense into suicide or murder. Iatrogenic medicine supports a diseased society in which the population turns into a main economic activity by the medical system and social control. It serves for the legalization of social regimes that are inappropriate for many people (Mentioning the necessity of defining and treating diseases in Africa and proposing modern type methods in treatment).

The health sector is privatized. In other words, the state can no longer support the health sector. State hospitals are almost disappearing; private clinics and companies now manage the healthcare industry. The foundations of African society are weakened because of global causes, populations are receiving low quality medical care. This affects even the development of Africa since a healthy population is needed for the development of a society.

4. GENERAL VIEW OF HEALTH SITUATION IN TOGO

Togo is among the countries that the number of doctors per capita is the lowest and has worsened for 30 years with the migration of doctors to western countries. The number of doctors per 1000 fell from 0.14 in 1984 to 0.05 in 2014. 82% of the doctors in the country are in the Maritime region, 77% of them are in the capital Lomé. 18% of physicians serve the rest of the country where 57% of the population lives. The population that can not benefit from the health and hygiene care services are essentially in the rural areas where 78.9% of the poor live. Access to improved healthcare practices in 2012 is 2.5% in rural areas and 25.5% in urban areas. The budget allocated to health increased to 6.5% in 2013 but was inadequate for defeats (Ntagungira, 2015, p.16).

The reasons for hospitalization are 26,4% malaria (severe malaria), 12,4% normal delivery, 6,3% cesarean operation. When we look at the causes of death in the hospital, the rates of lethality are 3, 5% in severe malaria, 3,6% in wound and trauma, 29,7% in preterm delivery (Ministry of the Health Report, 2015).

5. PRESENTATION OF TRADITIONAL MEDICINE PRACTICES IN TOGO

In the Togo community, traditional medicine was often used despite the western medical practices before the 1990s. The people relied on traditional medicine for cultural reasons. Traditional medicine refers to treatment methods and practices that include observations that are inherited from ancestors throughout the historical process and transferred from the beginning to the end. The traditional Pharmacopoeia (the book in which drug formulas are written) is all indigenous remedies, made up of ancestral heritages during long periods of time, written or orally. Therefore, they are therapeutic substances created through an empirical approach. Traditional therapies do not only involve medication. There is application ceremonies. For a traditional physician, care is available, use of the service is not costly for the patient, and treatment takes place in an environment that is socially and culturally well-behaved.

As elsewhere in sub-Saharan Africa, people in Togo often resort to traditional medicine. It is practiced by tradi-therapists who are specialists capable to take care of patients with traditional medical methods. The quality of the traditional therapist is essentially acquired in three main ways: inheritance, revelation and learning from a master. These three ways of acquiring the quality of traditional healers are all related to the individual and not to a function. Traditional therapists in Togo practice in both urban and rural areas. The exercise power is often held by elderly people who pass it on to one of their children or to a submissive disciple. It is thus a power that someone acquires due to his personality (respect of the elders, submission, seriousness, etc.). However, in some cases, the transmission of this knowledge is not realized and the traditional therapist can die without preparing one for his succession. As in Africa, "an old man who dies is a library that burns"³, the death of the traditional therapist who could not transmit the medical knowledge to the younger generation is a huge loss to the traditional pharmacopoeia. And this is one of the weaknesses and limits of this form of medicine. In other words, the transmission of traditional medical knowledge is oral and remains non-institutionalized.

Traditional medicine in its original form does not base its treatment on pecuniary remuneration. It is rather a treatment that is based on the recognition of society, the pride of healing people and the desire to be recognized as such by society. The traditional therapist and his family thus benefit from respect and consideration in society. However, nowadays some pseudo-traditional therapists demand huge amounts of money from patients before offering them treatment. This can be explained by the modernization of African societies where social status is often defined by the possession of material goods. On the other hand, other misconceptions that are attributed - sometimes wrongly - to traditional medicine are legion. For example, some traditional therapists claim to heal all kinds of diseases. This is motivated especially by the desire of some pseudo tradi-therapists to extract large sums from patients or people who face the difficulties of life. Another pitfall of traditional medicine lies in the fact that it rarely takes into account the dosage in the treatment administration to patients. This is explained by the fact that traditional medicine often uses natural treatments (herbs) that are not harmful to the body. The dosage is therefore not very necessary. In Togo, with efforts to modernize the sector some traditional therapists offer products in tablets and capsules which requires an appropriate dosage for each disease.

Traditional medicine is actively practiced in Togo. Statistics on the number of traditional therapists are unreliable, most of them working in the informal sector. They are upstream and downstream of the medical scale in Togo. Indeed, the traditional therapist is often called upon as soon as the first signs of the disease

³ Reformulation of part of the speech delivered by Amadou Hâmpaté Bâ to UNESCO in 1960.

appear. The patient accepts the services of the latter and if he does not find satisfaction or if he finds that the disease worsens, he often returns to western medicine. On the other hand, some patients resort to traditional medicine most of the time when the treatment offered by western medicine seems to be ineffective. In short, both forms of medicine have close but problematic relationships.

Traditional medical practices were thought to be more appropriate for diseases in Africa. However, in the process of modernization that began with colonization, especially from the second half of the 1990s, old traditional methods began to be replaced by modern methods, supported by governments and international NGOs. But with the economic crisis in African countries in the late 1990s, the social and health policies of governments have weakened, access to western medicine treatment methods with health privatization has become increasingly difficult, especially for the rural population. So how the two type of medicine are collaborating in the field?

6. RELATIONSHIP BETWEEN TRADITIONAL MEDICINE AND WESTERN MEDICINE IN TOGO: PLURALISM OR MEDICAL ANTAGONISM?

Aid programs destined to Africa have tried since the 1990s to impose Western medicine on populations often without much success. The causes of this failure are due to the fact that the so-called "indigenous" populations have not integrated these so-called "modern" medical practices to their cultures. Another cause lies to the fact that Western medicine treatments require a lot of financial resources that are often over the means of Africans.

Field work on the relationship between traditional medicine and Western medicine in Togo highlights the fact that coexistence between these two forms of medicine remains problematic and that traditional medicine is under social pressure from Western medicine. Thus, in efforts to impose or at best to import Western medical practices, N. Lovell identifies two major problems. On the one hand, national and international organizations involved in the field of health make very little place for traditional medicine and its methods. "Although WHO, in most developing countries, has finally recognized the importance of traditional healers as a vector for primary health care, their participation in development projects is often limited. It has so far only had, at best, mixed successes" (N. Lovell, 1995, p.6). Indeed, whether in urban or rural areas of Togo, it is almost impossible to find a traditional health center set up or supported by a national or international organization. The traditional health care places currently in existence are set up by local healers and it is difficult to them to be recognized as a health institution.

On the other hand, even if a lot of effort is made in health education, these programs do not take into account the logic of populations in their methods of intervention. In other words, the knowledge and sanitary logics that form the basis of Togolese society are ignored. It is the lack of knowledge of the population in health practices that is only emphasized. Yet, "local populations are neither ignorant nor irrational. The valorization of local knowledge and experiences should be systematically included in the discourse of national and international organizations" (N. Lovell, 1995, p.6). For example, programs fighting against malaria in Togo do little to analyze old methods of controlling or treating this disease. Malaria has always been a disease that has existed in Sub-Saharan Africa. So people have always developed methods of prevention and treatment against this disease. Preventative methods include drinking a lot of water, especially in the morning, and avoiding exposure to the sun for long periods of time to avoid dehydration. As for the treatment, it is to use potions of grass to drink or to take a shower with. Thus, taking into account traditional methods of treating diseases in the various national and international programs will increase the participation of populations in these programs and reduce their costs.

Nowadays when one talk about the revaluation of traditional medicine in Togo, it is noticed that it is rather an effort to make it "rational" or Westernize it. Indeed, this separation of the concrete dimension (use of herbs) from the supernatural dimension (recourse to divinities) in traditional medicine has often been called into question by several works. N. Lovell (1995, p.17) already pointed out that international health actors recognize "almost exclusively herbalists among the vast array of traditional healers. The benefit of herbs can be proven by simple laboratory tests, thus legitimizing a practice that is, in fact, only a small part of a much more complex structure. Such a measure thus serves to legitimize therapeutic practices that can be judged scientifically according to criteria of validity defined by external agents and which correspond to the Western conception of medicine. The use of divination, therapeutic rituals and other religious practices is thus marginalized and relegated to the rank of mere superstitions. Yet these beliefs and practices are fundamental

⁴ Translated by ourselves.

to the physical and psychic well-being of individuals and participate fully in the African therapeutic system. " This accounts for a denaturation of traditional African medicine, which in Togo as everywhere else is generally equated with what is old and outdated.

Therapeutic pluralism that has been subject of several sociological and anthropological studies (Brenner 1985a, 1985b, Constantin 1988, Janzen 1985, Mac Gaffey 1983), can also be seen as the result of the influence of so-called monotheistic religions in sub-Saharan Africa. Islam and Christianity by introducing the notion of a Unique God, have often taken care to question or even reject the existence of African deities and their influence on the functioning of society. This partly explains the dissociation of the concrete of the abstract in the process of acceptance of traditional medicine in Africa.

In Togo, for example, the center of the country has 45% of the population of Muslim faith (DRPDAT-RC, 2013, p.33). In the main cities of this region, it is not surprising that religious leaders preach the use of Western medicine or traditional medicine but categorically prohibit the involvement of African deities in the treatment of diseases. However, even in Islam, there are prayers that are made to heal a patient from a mystical illness or to keep people away from evil spells. In the south part of the country populated by Ewe, Ouatsi, etc. the situation is almost the same. Traditional medical practices are at first challenged by Christianity, which considers them as animist practices. Then, even if healing with herbs is finally recommended and even in some cases advocated, the use of deities remains prohibited. As in the case of Islam, however, pastors and priests organize prayer sessions for healing or for the protection of their faithful. There is every reason to believe that there is in Africa a recourse to a single God to cure diseases or for protection but a refusal to appeal to African deities for the same cause. Even if therapeutic pluralism is a reality in Togo, it should be noted that Western medicine and imported religions, to accept traditional medicine insist on the fact that one should "separate the wheat from the chaff, the positive nucleus of its "irrational" gangue "(J-P Dozon, 1987, p.14). In other words, traditional medicine must abandon its spiritual dimension, be separated from "gods" and their powers and apply and explain its methods rationally.

It can be argued that Western medicine has often been used to "civilize" or to impose to Africans a notion of a Unique God. Let's remember that Western medicine arrived in Africa through colonization. This was possible thanks to the missionaries who while preaching the Holy Word proclaimed that they have brought to Africa the Civilization with all its elements including medicine. This form of medicine which is the product of Science is often presented by the European missionaries as emanating from the Will of a Unique God, possessing all the powers including that of healing. It is therefore not surprising that the earliest health centers in rural areas in Togo were often located in church walls. Also prayer sessions are often organized by religious leaders in hospitals and health centers. The example of the "Foyer de la Charité d'Alédjo" founded by Father Léon Marcel in 1961 is illustrative. Indeed, it is an important medico-social and religious complex that served to Christianize Tem populations of Central-East Togo. The main reason is that this center brought Western medicine that has been used to eradicate previously chronic diseases in rural areas of the country (leprosy, measles, tuberculosis, etc.). But the real motive was to attract these animist populations, "slightly" Islamized, towards Christianity. In short, it must be understood that Western medicine has often been presented to the populations of Sub-Saharan Africa under the prism of a "One God", Provider of good health and holiness. "A healthy body in a healthy spirit" was the famous formula of these missionaries. Whereas traditional medicine is called into question because it associates gods with its practices, divinities considered "impure".

The main point of confrontation between modern medicine and traditional medicine is related to the fact that the traditional medicine must be rid of its "gods" and its spiritual dimension. It must be purified and rationalized. Yet it is that invisible and supernatural dimension that is the strength and the peculiarity of traditional medicine. The point of agreement between these two forms of medicine lies in the fact that Western medicine specialists recognize its limits and sometimes recommend traditional treatments to patients. This is rarely the case for specialists of traditional medicine. "The actors of [Western] medicine play the game of the cat and the mouse. The day, they have things to blame traditional medicine, the night they consult it for care or for a social ascension "(Makita-Ikouaya and al., 2010, p.188).

This is certainly due to the fact that traditional medicine is older than Western medicine. In other words, Western medicine upon its arrival in African societies became acquainted with traditional medical practices and realized that these practices constitute the basis of African society, even if it does not admit it publicly.

Furthermore, western medical practices are generally imposed by capitalist firms and national authorities. The main reason is to sell their own medicines and medical products. The scraping of capitalist western medicine into social memory begins with education. Indeed, in schools and training centers, traditional medicine is taught to be dangerous and unsuitable for this current diseases. Increasingly, people are convinced of this and traditional medicine is almost being fight. In hospitals, in general, patients are pushing a distance away from traditional medical practices. At the same time however, western medicine cannot reach populations on an equal footing. Indeed, since the 1990s, in many African countries, such as Togo, the government has been removed from social, educational and health care sectors because of the economic and political crises and Structural Adjustment Programs. People take their own initiative to fight against diseases and to receive health care. Most of time, poorest can't reach the health service because western medicine is expensive and this is explained by the metaphor "*Pay or perished!*". The people in rural areas where western medical practices are not available, are then returning to the traditional medicine.

There is a challenge between traditional medicine and modern medicine. They can be in a position of rival, claiming that one can not find a treatment, a remedy, or another. Or new approaches can be formed that combine the two. For example "tradipraticians and traditherapists" in Africa. These people, also called healers, perform a medical profession based on traditionally identifiable approaches. They practice traditional African medicine using medical herbs, animal-derived ingredients and minerals. At a very recent time, a group was set up by the government to make traditional medicinal value in Togo (GTAVMT), aimed at serving traditional medicine against development problems.

7. CONCLUSION

Traditional medicine has played an important role in the treatment and eradication of several endemic diseases in Africa before the advent of Western medicine. It operated in African societies based on plants and other elements of nature but also with myths, gods, in short based on the supernatural. It is a form of treatment that associates the visible and the invisible, the natural and the supernatural. Traditional medicine dealt not only with the body, but also with the spirit. Indeed, against diseases and dysfunctions that do not belong to the body, traditional medicine offered treatments and care more than any other form of medicine. It is this power to heal the human "spirit" that gives traditional medicine its particularity and allows it to resist to Western medicine. And it is precisely this capacity to take charge of the "spiritual" that wants to remove the African health authorities, the imported monotheist religions (Islam, Christianity) and the Western medicine itself on the pretext that this is irrational and invisible world.

Today, in Togo, as elsewhere in sub-Saharan Africa, traditional medicine is perceived as a "bush medicine" with old treatment methods and lack of rationality. On the social level, it is perceived as a form of treatment that is used by the poor and rural population. It is often defined in opposition to Western medicine using "modern" and scientific treatment methods. However, Africans still rely on traditional medicine especially its spiritual and invisible dimension for the management of diseases related to the spirit. Although in recent years international health institutions and African states have begun to recognize the importance of traditional medicine and the need to revalue it, it should be noted that the latter faces several challenges in order to survive or to insert itself in the process of globalization. One of these challenges is certainly the enhancement of its spiritual dimension. Traditional medicine must "take it's gods and spirits out of the shadows and display them in the public square".

Concretely, besides modern medicine, traditional medical practices should also be developed. With modern medical research methods, researches aimed at the development of traditional medicine in laboratories should be done.

Regarding traditional medical education, special schools and universities should be opened in this area (for example Benin has such schools). In this way, traditional medicine can be put into a more professional and formal structure and can be permanently transferred as a science. Thus, the sustainability of traditional medicine will be dependent on old age. For example, in Benin there have been attempts to combine two types of medical practice since 1972. There are three ways to do this: traditional healers are unified under the association. Secondly, it has been an initiative to create a bond between some doctors and healers, but it has not been placed on a legal basis. Third, modern doctors have incorporated tradipraticiens into their institutions. However, neither of the methods and the stages they have followed were different and did not give a successful result (Zohoun & Flenon, 1997, p.9).

SOURCE

- Brenner, L., 1985 a. - La Géomancie pratiquée par les Musulmans, in : Louis Brenner (éd.), Réflexions sur le Savoir Islamique en Afrique de l'Ouest. – Université de Bordeaux, Centre d'Études d'Afrique Noire, 103 p
- Brenner, L., 1985 b. - The Esoteric Sciences in African Islam, in : du Toit et Abdalla (ed.) African Healing Strategies, pp. 20-29. - New York, Trado-Medic Books
- Coburn, D.(2009). Eşitsizlik ve Sağlık. In Panitch, L. & Leys, C. (Eds.), Kapitalizmde Sağlık Sağlıksız Semptomları (pp.54-74). İstanbul: Yordam Kitap.
- Constantin, F., 1988. - Charisma and the Crisis of Power in East Africa, in : Cruise O'Brien and Codon (ed.), Charisma and Brotherhood in African Islam. - Oxford, Clarendon Press
- Cornia, A. G., Rosignoli, S., & Tiberti, L. (2011). Küreselleşme ve Sağlık İlişkisi Üzerine Ampirik Bir İnceleme. In R. Labonté, T. Schreeker, C. Paeker, & V. Runnels (Eds.), Küreselleşme ve Sağlık: Süreç, Kanıtlar ve Politika (pp.46-77). İstanbul: INSEV yayınları.
- Direction Régionale de la Planification, du Développement et de l'Aménagement du Territoire, Région Centrale, (DRPDAT-RC), Analyse des données socio-économiques de la Région Centrale, 2013, p.29
- Dozon, J-P., 1987, « Ce que valoriser la médecine traditionnelle veut dire », in Politique Africaine, N° 28, pp. 9 – 20.
- Euloge Makita-Ikouaya, Jean-Marie Milleliri, Jean-Paul Rudant, « Place de la médecine traditionnelle dans le système de soins des villes d'Afrique subsaharienne : le cas de Libreville au Gabon », Cahiers Santé vol. 20, n° 4, octobre-novembre-décembre 2010
- Fassin, D. (2001). La globalisation et la santé. Éléments pour une analyse anthropologique. In B. Hours (Ed.), Systèmes et politiques de santé. De la santé publique à l'anthropologie (pp. 24-40). Paris: Les Éditions Karthala.
- Hours, B., Bonnet, M., & Delanoë, D. (2014). Les processus de globalisation de la santé. Entretien avec Bernard Hours réalisé par Marie Bonnet et Daniel Delanoë. Journal des anthropologues, 138-139 (3), 19-25.
- Illich, İ. (1995). Sağlıkın Gaspi, İstanbul: Ayrıntı yayınları.
- Janzen, J., 1985. - Changing Concepts of African Therapeutics : An Historical Perspective, in : du Toit and Abdalla (ed.) African Healing Strategies, pp. 61-82. -New York, Trado-Medic Books
- Mac Gaffey, W., 1983. - Modern Congo Prophets : Religion in a Plural Sociew. - Bloomington, Indiana University Press, 285 p.
- Ministry of the Health Report
http://www.sante.gouv.tg/sites/default/files/documents/principaux_indicateurs_2015.pdf
- Lovell, N., Pluralisme thérapeutique et stratégies de santé chez les Évhé du Sud-Est Togo. Les Dossiers du CEPED ; no 33). Centre français sur la Population et le Développement, Paris, 1995, 20 p.
- Ntagungira, C. (2015). L'observatoire de l'Afrique de l'Ouest, (5), 1-37.
- Observatoire de la santé en Afrique. Médecine traditionnelle. Revue du bureau régional de l'OMS pour l'Afrique 2003.
- Tibandage, P. & Makintosh, M. (2009). Afrika'da Anne Ölümleri: Sağlıkta Fiyaskoya Cinsiyet Penceresinden Bakış, in Kapitalizmde Sağlık sağlıksız semptomları, In Panitch, L. & Leys, C. (Eds.), Kapitalizmde Sağlık Sağlıksız Semptomları. İstanbul: Yordam Kitap.
- Zohoun, T. & Flenon, J. (1997). La Médecine Traditionnelle Et la Pharmacopée Africaines Peuvent-Elles Constituer Une Alternative De Soins Face Aux Coûts Prohibitifs Actuels de la Médecine Moderne ?. Pharmacopée et Médecine Traditionnelle Africaine (9), 3-16.