7.0 CHAPTER SEVEN: 'FREEDOM MINISTRY'

7.1 Introduction

This Chapter examines the concurrent medical practices of Joel Hammajulde Gashaka. The study will draw from his life history to examine what shaped his thought and practice. Since this integration is not a new issue, the study will endeavour to review this belief and practice across the African continent and beyond. The perception of both the anti-integration and pro-integration will be assessed. This will give a better context to analyse the beliefs and practices of Joel's integration of healing practices. Integration of medical systems, particularly biological and traditional, has been debated over time. This is due to the fact that each system is developed from a particular worldview and cultural milieu. On a few occasions, the debates dwell much on whether or not to use the systems successively or simultaneously in dealing with health issues.

7.2 A Brief Biography of Joel Hammajulde Gashaka

Joel Hammajulde was born in 1967 at Kufai Bawuro in Kurmi Local Government Area, in the southeast of Taraba State.[1] However, he grew up in a village called 'Gashaka' (later named after the Local Government Headquarters) around Gumpti National Park in the central part of Taraba State.[2] He is Gbai,[3] a minority ethnic group in Cameroon. The Gbaiyawa (plural of 'Gbai') were originally from the present-day Sudan, but migrated to Nigeria during World War II.[4] Their major occupations have been and are still hunting, spirit medium and herbal treatment.

[1] Joel Hammajulde, Interview, 19 February 2011, Wukari.
[2] Habila Filibus Wunuji, Interview, 16 March 2012, Veenstra Theological Seminary Donga.
[3] The Gbaiyawa are not Jukun. However, I include the study of this movement alongside others established by the Jukun because the Gbaiyawa share many aspects of the Jukun worldview, in particular, their beliefs and practices. This is because, when Joel came to Wukari, he first identified with the traditional leadership. He became one of their well-known purveyors of traditional medical practice. The leadership, even today, upholds all his medical practices. In fact, the leadership resents any attempts at denouncing his medical practices.
[4] Joel, Interview, 19 February 2011.

Joel later returned to his birthplace and learnt the Qur'ān.[5] He is a renowned herbalist, licensed by the Taraba State Government. He has never attended any Christian Bible training school.

A common belief among the Jukun and other neighbouring cultures, including Gbai, shows that hunters have regular contact with spirits, which gives them the basis for their medical practices. They communicate with spirits, and placate them for intervention.[6] Joel maintains that spirits taught him medicine through dreams.[7] During his mediumistic and divinatory practice, he often diagnosed and attributed the causes of sickness to spiritual and mystical forces. He would then give remedies through the administration of herbs and other potions. Although he inherited itinerary medicine selling from his father, he superseded his father in popularity as he engaged in snake charming, wore diverse beads on his body, and smeared his face with mixed colours. Besides, he moved with an organised group of *gangama* (from Hausa, *ganga,* a kind of drum) to villages, towns and market places. The *gangama* were his musicians or praise singers while he displayed his skills with the python.[8] His attire and practical demonstration underscored the possession of power and the potency of his medicines. This demonstration promoted his sales of charms, amulets and other traditional potions believed to have the power to protect and prevent evil forces.[9] His medicines were generally antidotes.

Joel categorises the causes of sickness into two inseparable types: biological sickness and misfortune (supernatural and mystical causations).[10] The biological sicknesses are bodily malfunctions due to several factors. These sicknesses include headaches, chest pains, back pain, colds, coughs, thrush, sore throat, dysentery, diarrhoea, cholera, whitlow, haemorrhoids, gonorrhoea, dizziness, rheumatism, ulcers, tonsillitis, goitre, toothache, hernia, lockjaw,

[5] Habila Wunuji, a onetime resident minister of CRCN Serti, led a one-week evangelistic team to Gashaka village in 2002. When he had consultation with the *Lamdo* Gashaka (the chief of Gashaka), he discovered that all the Gbaiyawa in Gashaka are nominal Muslims. The village had no *Qur'ānic* schools. Joel left Gashaka for Kufai Bawuro where he was born and learnt the Qur'ān. This generated problems between him and his father. His father initially thought that Joel would inherit his occupation as an itinerant medicine seller. But to the father, Joel's learning of the *Qur'ān* and later conversion to the Christian faith were attempts to renounce cultural norms and values. The father therefore denounced him as outcast. Joel left his father and travelled widely as a freelance evangelist. Nevertheless, when he started facing abject poverty, he gradually resumed his inherited occupation of itinerant traditional medicine seller. Wunuji, Interview, 16 March 2012; Joel, Interview, 12 October 2009 & 10 March 2010.
[6] Fari Gambo, Interview, 31 May 2012, Wukari; Samaila S. Hinkon, Interview, 14 February 2010, Wukari.
[7] Joel, Interview, 9 & 12 October 2009.
[8] Wunuji, Interview, 16 March 2012.
[9] Wunuji, Interview, 16 March 2012.
[10] Joel, Interview, 19 February 2010 & 2 February 2012.

influenza, fevers, convulsions, leucorrhoea, sciatica, amenorrhoea, worms, skin infections and viral illnesses, as well as bacterial and fungal diseases.

The misfortunes are connected with serious, protracted, or sudden illness. These misfortunes include poisoning, barrenness and impotence, prolonged bachelorhood and spinsterhood, widowhood, madness, epidemics, drought, famines, floods, curses, deformities and marriage conflicts. Others are nightmares, omens, poverty, infertility of farmland and business failure, politico-religious vices and religious clashes, and other causes without evident reason. The causative agents are said to be witches, sorcerers, occult powers, cultic deities and ancestral spirits punishing their posterity.[11]

Joel believes that the two causative categories are united in that the biological illnesses can be aided by the supernatural or mystical. This is consistent with the traditional African belief that supernatural and mystical powers are behind life-threatening experiences.[12] This is why Africans emphasise more the cause as fundamental while the signs and symptoms are just manifestations. Margaret J. Field shared this perception while writing about the role of the medicine man among the Ga of Ghana. According to her, the medicine man recognises the symptom of a disease as 'only a manifestation of something more fundamental...'[13] In other words, the symptoms are only an offshoot of the underlying cause. This is one of the major factors for which Joel maintains that physical sicknesses always have a direct connection with spirit causation. Joel is drawing his view from the fact that there are multifaceted causes of sickness: environmental hazards, moral misconduct, witchery attack and other mystical forces.

Besides the traditional shaping of his thought concerning the causation of sickness, Joel's Islamic life, especially his little knowledge of the *Qur'ān*, made him believe that sometimes *Allah*, God, causes sickness because he wills and allows sickness to happen. This view fits into the overall claim of the teachings of the *Qur'ān* which affirms that 'nothing can befall a person except that which *Allah* had pre-destined' (Qur. 9:51). In Islam, the concept of *khaddar,* predestination, is very complex in that it presupposes that God is the cause of wellbeing and sickness respectively. The *Qur'ān* teaches that physical and spiritual sicknesses have their causative agents – external evil forces – but *Allah* is the ultimate cause

[11] Joel, Interview, 19 February 2010 & 2 February 2012.
[12] P.A. Dopamu, 'Health and Healing within the Traditional African Religious Context', *Orita: Ibadan Journal of Religious Studies*, Vol. XII, No. 2 (December 1985), pp.66-79 (69-70).
[13] Margaret J. Field, *Religion and Medicine of the Ga People* (London: Oxford University Press, 1937), p.133.

(Qur.113:1-5; 114:1-6). The same *Allah* gives protection and refuge for the wellbeing of humankind.[14] However, Islamic concept of health or wellbeing goes beyond absence of disease, embracing other dimensions, including the general state of physical and social wellbeing, observance of religious and customary obligations, maintenance of harmonious relations with family and social contacts, and the acquisition of protective medicines.[15] Protective medicine includes traditional medicines, biomedical medicines and spiritual remedies through the recitation of specific *Qur'ānic* verses believed to provide protection and ensure health. Islam therefore has a strong concept of an integrative medical system to ensure wellbeing. M.T. Yahya, an Islamic scholar, captures this aptly: 'As for the remedy which the Lord has sent down, praise be to Him, we have none but Him. Additions to it [in herbs] are numerous and know no bounds...'[16]

Investigation of Joel's integrative healing practices reveals that his early traditional occupation (spirit medium, divination, snake charming and itinerant sales of medicine) and Islamic background both shaped his thought about integrative health practice to ensure wellbeing. Joel formulated various medicinal antidotes for protective and curative measures.[17] All these antidotes focused on warding off witchcraft threats and other evil spirits from causing sicknesses, misfortunes and sufferings, and on protecting victims against environmental hazards, among others. He produced medical potions for success in life.[18]

In his engagements in the above-mentioned healing practices, Joel suddenly experienced a turn-around in 1994. According to him, he dreamt on 24th April 1994 of being threatened and tormented by evil forces, and left helpless.[19] He was gripped by fear when he woke up, an experience that started his gradual turning away from Islam to Christianity.[20] From April 1995, he started receiving series of visions, auditions and dreams, most of which were warning him of God's wrath and punishment on him due to his ungodly healing practices,

[14] The Bible taken at its face value seems to share with the fact that God shoulders ultimate responsibility for life or death and health or sickness as upheld in Islam. For example, two biblical passages noted this notion. Deut. 32:39: 'See now that I, even I, am he, and there is no god beside me; I kill and I make alive, I wound and I heal; and there is none that can deliver out of my hand'. Also, Job 5:18: 'For he wounds, but he binds up; he shatters, but his hands heal'. But the difference is that in the Bible, God does it as discipline to draw His children to depend on Him. It is not as extreme as in Islam where it is taken as punishment.
[15] Joel, Interview, 19 February 2010 and 2 February 2012.
[16] M.T. Yahya, 'The Muslim Approach to Health, Sickness and Health Care from a Wholistic Perspective', in Jan Harm Boer & Dennis A. Ityavyar (eds.), *Wholistic Health Care: Medical and Religious Dimensions,* Vol.1 (Jos, Nigeria: CHAN Wholistic Health Care Project, 1994), pp.106-115 (112).
[17] Wunuji, Interview, 16 March 2012.
[18] Wunuji, Interview, 16 March 2012.
[19] Joel, Interview, 12 October 2009.
[20] Joel, Interview, 12 October 2009.

especially the production of mystical antidotes. He thought of refraining from such practices and of availing himself for evangelistic work. His Christian belief drawn from his primal worldview is that life is all about the battle between benevolent and malevolent forces, and about humanity's suffering from sicknesses and misfortunes. For him to protect himself from the threat of the battle, he needed to engage in vigorous spiritual exercise, especially fasting and praying in the mountains. He perceived the mountain as a place of divine presence and an arena of divine empowerment for the devotee. He used three major mountains for preparatory strategies: Mt. Likam Takum, Mt. Sabon Gida Akwanwe and Mt. Mai-hula.[21]

7.3 Holistic Healing Practices

Scholars employ different but related terms in their attempt to describe the interdisciplinary approach to health care delivery. These are 'alternative', 'complementary' and 'integrative,' among others. The alternative health care system refers to 'choices or options for a medical system' in addressing illness.[22] The complementary medical system refers to a 'system that forms an adjunct to [another system], and not in place of that system'. The integrative medical system implies a 'co-existence between health care delivery systems'.[23] To sum up, there are three key issues: choice, adjunct and co-existence. These three key terms seemed to be distinct, and yet were related because they involved discreet choices which do not replace one other, but co-exist for harmonious health care delivery. However, in this study I will be using 'integrative' as representative of the others. This is because Joel's ministry tends to understand its practice as a collaboration of various health care systems to effect healing. Standard English dictionaries generally define the term 'integration' as 'an act or process of combining two or more things so that they work together'; 'making a unified whole by

[21] Joel, Interview, 10 March 2010.

[22] Susan L. Johnson, 'Native American Traditional and Alternative Medicine', *Annals of the American Academy of Political and Social Sciences: Global Perspectives on Complementary and Alternative*, Vol. 583 (September 2002), pp.195-213 (197).

[23] Jay Udani, 'Integrating Alternative Medicine into Practice', *Journal of the American Medical Association*, Vol. 280 (November 11, 1998), p.1620; Peter A Clark, 'The Ethics of Alternative Medicine Therapies', *Journal of Public Health policy*, Vol. 21, No. 4 (2000), pp.447-470 (448); D.M. Eisenberg, Kessler R.C., Foster C., Norlock F.C., Calkins D.R., Delbanco T.L., 'Unconventional Medicine in the United States: Prevalence, Costs an Patterns of Use', *New England Journal of Medicine*, Vol. 328 (1993), pp.246-252; Brian M. Berman, 'Complementary Medicine and Medical Education: teaching Complementary Medicine Offers a Way of Making Teaching More Holistic', *British Medical Journal*, Vol. 322, No. 7279 (January 20, 2001), pp.121-122 (121).

adding together separate parts'; and 'an act or process ... of incorporation as equal...'[24] Integration therefore involves the combination, unification and incorporation of medical systems to effect total healing. Occasionally, health care providers utilise various health care services exclusively, successively, or simultaneously,[25] depending on the nature of the diagnosed sickness. This is because they see each of the systems as having some limitations which need the other(s) to co-exist or complement. The ministry understands 'integration', not in terms of one submerged whole, but rather as one mixed into another to make a whole. The ministry believes that the systems are all efficacious with no superior-inferior divide, and so could be used concurrently.

Integrating prayer into the healing practice is not an issue about this ministry. Rather, the issue lies with the simultaneous integration of biological and traditional medical systems. Some of the questions people often pose include these: Should traditional and biomedical health care systems be employed sequentially or simultaneously? What are the possible results of concurrent use of these medical systems?

Practitioners of traditional medicine and Western medical practitioners share a common goal: to preserve the health of the individual and the community.[26] The two systems exist side by side, and yet remain functionally unrelated in any intentional sense,[27] because they have separate historical and philosophical bases, as well as different methods of treatment.[28] Moreover, the systems differ in their concept of life, health and disease, just as intransigent, exclusive attitudes in their practices and traditional medicine practitioners tend towards isolationist attitudes to preserve traditional values.[29] Traditional medicine in many societies

[24] *Collins' English Dictionary: Complete and Unabridged*, eighth edition (Glasgow, Great Britain: HarperCollins Publishers, 2006), p.842; *Oxford Advanced Learners' Dictionary of Current English*, seventh edition (London: Oxford University Press, 2005), p.776; *The Oxford Universal Dictionary*, third edition (Oxford: Clarendon Press, 1955), p.1021.

[25] Bradley P. Stoner, 'Understanding Medical Systems: Traditional, Modern, and Syncretic Health Care Alternatives in Medically Pluralistic Societies', *Medical Anthropology Quarterly*, Vol.17, No. 2 (Feb.1986), pp.44-48 (44).

[26] D.M. Warren, C. Stephens, Mary Ann Tregoming and Mark Kline, 'Ghanaian National Policy toward Indigenous Healers: The Case of the Primary Health Training for Indigenous Healers (PRHETIH) Program', *Social Science and medicine*, Vol.16 (1982), pp.1873-1881 (1873); Daniel A Offiong, 'Traditional Healers in the Nigerian Health Care Delivery System and debate over Traditional and Scientific Medicine', *Anthropological Quarterly*, Vol. 72, No. 3 (1999), pp.118-130 (126).

[27] C.M. Good *et al* 'The Interface of Dual Systems of Health Care in the Developing World: Toward Health Policy Initiatives in Africa', *Social Science and Medicine*, Vol.13D (1979), pp.141-154 (141).

[28] Stoner, 'Understanding Medical Systems', p.44.

[29] A.P.R. Aluwihare, 'A Traditional Medicine: Traditional and Western Medicine Working in Tandem', *WHO Forum*, Vol. 3 (1982), pp.450-451; S.N. Arseculeratne, 'Integrations between Traditional Medicine and "Western" Medicine in Sri Lanka', *Social Scientist*, Vol. 30, No. 5/6 (May/June 2002), pp.4-17 (11).

remains outside the direct control of the government and biomedicine, yet they co-exist. This is because such societies have recognised the efficacies of traditional medicine and so run it in co-existence with biomedical systems. However, some societies are still sceptical about the validity of traditional medicine. Others fear that the biomedical system may gradually absorb the traditional medical system. In the subsequent section, I will attempt to review the debates surrounding the response of various societies to the issue of integration.

In some parts of Nigeria, before the coming of the Europeans, traditional medical practices were the only recognised form of medical practice.[30] Medical knowledge came through dreams, observation of nature, enquiry into changing faces in nature, and experimentation with phenomena.[31] The health practitioners focused on the cause of sickness because symptoms were to them just expressions of the spiritual or mystical causation.[32] Divinatory practice has been the basis for the diagnosis and determination of the cause before any treatment.[33] The biomedical health care was introduced during the colonial era as the second health care system.[34] The third health care system emerged with the advent of the early *Aladura* movement with its emphasis on divine or faith healing alongside other medical systems. Thus, there are three distinct kinds of health care providers: traditional health care, biomedical health care and divine or faith healing. In general, the practitioners co-exist and complement each other as health seekers consult them. Patients usually shift back and forth from one health care provider to another in the course of an illness.[35]

The status of the biomedical system was boosted during the Nigerian oil boom that started shortly after the Nigerian civil war (1967-1970), when the Nigerian government expanded biomedical health care services and facilities. Treatment at public health facilities was until

[30] Dopamu, 'Health and Healing within the Traditional African Religious Context', p.66.
[31] Dopamu, 'Health and Healing within the Traditional African Religious Context', p.68.
[32] Dopamu, 'Health and Healing within the Traditional African Religious Context', pp.68, 70.
[33] See, John Orley, 'Indigenous Concepts of Disease and their Interaction with Scientific Medicine' in E.E. Sabben-Clare; D.J. Bradley and K. Kirkwood (eds.), *Health in Tropical Africa During the Colonial Period* (Oxford: Clarendon Press, 1980), pp.127-137.
[34] Urban dwellers enjoyed more of government medical services to the detriment of the rural dwellers. See I.O. Orubuloye & J.C. Caldwell, 'The Impact of Public Health Services on Mortality: A Study of Mortality Differentials in a Rural Area of Nigeria', *Population Studies*, Vol. 29, No. 2 (1975), pp.259-272; Adetokunbo A. Lucas, 'What We Inherited: An Evaluation of what was left behind at Independence and its Effects on Health and Medicine Subsequently' in Sabben-Clare, Bradley and Kirkwood (eds.), *Health in Tropical Africa During the Colonial Period*, pp.239-248; I.O. Orubuloye & O.Y. Oyeneye, 'Primary Health Care in Developing Countries: The Case of Nigeria, Sri Lanka and Tanzania', *Social Science and Medicine*, Vol.16 (1982), pp.675-686.
[35] D.D.O. Oyebola, 'Professional Associations, Ethics and Discipline among the Yoruba Traditional Healers of Nigeria', *Social Science and Medicine*, Vol.15B (1981), pp.87-92.

1984 free for all government workers and children aged eighteen years and below. There were also high medical subsidies for the rest of the population.[36] Unfortunately, the failures of the 1970s' oil boom and depreciation of the Nigerian currency together led to the introduction of the Structural Adjustment Programme (SAP) in 1984. By 1987, the free health care services ceased to exist and sustainability of health care delivery diminished.[37] As a result, most patients deserted the government hospitals and resorted to either the traditional medical system or faith healing.[38]

At the time that biomedical system was becoming insignificant, however, the World Health Organisation (WHO) in the mid 1970s had stepped in to revive it. In 1978, the WHO Assembly passed a resolution persuading member states to take steps to develop Primary Health Care (PHC) programmes that include traditional medical systems. In the view of the WHO, one way forward was to integrate traditional medicine into the biomedical health system.[39] The WHO's interest in the integration sparked the debate. As one interrogates the aim and objective of the WHO, several questions arise: Did the WHO want the traditional medical system to co-exist, or to incorporate into, or to supplement, or to submerge under, or to unify, or to combine with the biomedical system? Analysing the report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978 is important here. The report states:

> Traditional practitioners and birth attendants are found in most societies. They are often part of the local community, culture and tradition, and continue to have high social standing in many places, exerting considerable influence on local health practices. With the support of the formal health systems, these indigenous practitioners can become important allies in organising efforts to improve the health of the community. Some

[36] I.O. Orubuloye & J.B. Oni, 'Health Transition Research in Nigeria in the Era of the Structural Adjustment Programme', *Health Transition Review*, Vol. 6 (1996), pp.301-324 (301-303).

[37] Orubuloye, I.O. & J.B. Oni, 'Health Transition Research in Nigeria', *Health Transition Review*, pp.301-324 (302-307). It is noteworthy that although government hospitals lacked equipment and drugs, the government imposed huge treatment charges and started selling its medicines as in the market places.

[38] I.O. Orubuloye, J.C. Caldwell & Pat Caldwell 'Sexual Networking in the Ekiti District of Nigeria', *Studies in Family Planning*, Vol. 22, No. 2 (1991), pp.61-73; Oyebola, 'Professional Associations, Ethics and Discipline among the Yoruba Traditional Healers of Nigeria', pp.87-92; Daniel A Offiong, *Witchcraft, Sorcery, Magic and Social Order among the Ibibio of Nigeria* (Enugu, Nigeria: Fourth Dimensions Publishers, 1991); cf., Warren et al, 'Ghanaian National Policy Toward Indigenous Healers', pp.1873-1881. There were two basic extremes: the rich with a Western perception patronised the biomedical centres while the poor with a diehard traditional view of the need for diagnosis for the underlying cause of sickness visited herbal homes and sometimes faith-healing centres.

[39] Makonnen Bishaw, 'Promoting traditional Medicine in Ethiopia: A Brief Historical Review of Government Policy', *Social Science and Medicine*, Vol. 33 (1991), pp.193-200; Ruiping Fan & Ian Holliday, 'Which Medicine? Whose Standard? Critical Reflections on Medical Integration in China', *Journal of Medical Ethics*, Vol. 33, No. 8 (August 2007), pp.454-461 (455).

> communities may select them as community health workers. It is therefore well worthwhile exploring the possibilities of engaging them in primary health care and training them accordingly.[40]

In advocating for the integration of the medical systems, the WHO wanted to recognise, develop and mobilise traditional medicine practitioners to work more closely with the grassroots. This is because they are mostly involved in the cultural life and religious consciousness of the society. By requiring traditional practitioners to be 'part of local community, culture and tradition', the WHO recognised the influence of the traditional health practitioners in the society, perhaps, more than the biomedics at the time. This is why the WHO acknowledged that traditional health providers have a 'high social standing' and 'exert considerable influence' in the society. Although traditional health practitioners were influential, they were not well-developed and mobilised, and so needed 'the support of the formal health [biomedical] systems'. The WHO intended that biomedicine should absorb the traditional health practitioners into its system through 'training'. The essence of the training by the WHO was to:

> involve traditional medical practitioners in National Health Planning and Health Care Delivery Systems… [this is because the] knowledge of nature and direction of the transformations occurring in African traditional medicine is required to enable health planners decide how traditional health resources could be mobilised to reduce high rates of mortality and morbidity in many African countries.[41]

The WHO wanted to mobilise the traditional healers on various processes of curative, preventive and protective medical roles. If this is adequately done, the traditional health providers will play their role within the ambit of the biomedical system.[42] In a similar vein, the Geneva WHO consultation summit for vision 2002 – 2005, corroborated this approach as it stated that 'in an integrative system, Traditional Medicine or Complementary and Alternative Medicine is officially recognised and incorporated into all areas of health care provision.'[43] The expression 'officially recognised and incorporated' used here may have two interpretations. On the one hand, it presupposes the need to upgrade the efficacy of traditional medical practices. But, on the other hand, it presupposes that traditional medicine may be

[40] Warren, et al, 'Ghanaian National Policy Toward Indigenous Healers', p. 1874.
[41] Charles Anyinam, 'Traditional Medical Practice in Contemporary Ghana: A Dying or Growing "Profession"?', *Canadian Journal of African Studies,* Vol. 21, No. 3 (1987), pp.315-336 (316).
[42] Bishaw, 'Promoting Traditional Medicine in Ethiopia', p.193.
[43] World Health Organization, 'WHO Traditional Medicine Strategy, 2002 – 2005', Geneva, 2002; Fan & Holliday, 'Which Medicine? Whose Standard? Critical Reflections on Medical Integration in China', p.454.

subsumed or submerged into biomedical practices, which will in turn maintain hegemonic control.

The attempt to integrate health care systems brought division among the professional medical society. The professional medical society is divided between anti-traditional and pro-traditional medicine. The practitioners of anti-traditional medicine are sceptical because of the nature of their diagnosis, prognosis and treatment, which involve sacrifices, rituals, incantations and invocations[44] as the means of empowering the substances. The superior-inferior divide turned some traditional health purveyors against anti-integration.

This is because, in their view, the integration promulgated by the WHO might marginalise traditional medical practice. For example, in India and Ethiopia the traditional healers were afraid of losing their profession if they were incorporated and subordinated to the biomedical standard.[45] This historic fear of being 'marginalised' has always made traditional health purveyors continue to practise in secret and they refuse to be mobilised by biomedics. They are causing perennial mortality and morbidity in the societies. The underlying thought is that if they unveil their practice to study, the biomedics may control the testing, manufacturing and marketing of their products. The traditional health practitioners believe that there are cases they can handle that biomedics cannot, and vice-versa.

In a similar vein, some anti-integration biomedics are not enthusiastic about the integration with the practice of traditional medicine because of the crude practices of traditional healers. Tolani Asuni, a biomedic with Western training, for example, notes that physicians encounter scientific diagnostic complications in treating cases that have already been handled by traditional health providers: 'It will be difficult to ascertain laboratory tests after the patients have taken a diverse mixture of concoctions'.[46]

Paul Omo-Dare of the College of Medicine, University of Lagos, is suspicious as he observes that 'there is no "reliable evidence" to show objectively whether or not traditional medicine can contribute to solving the problem of health care delivery services in the country. So,

[44] Dopamu, 'Health and Healing within the Traditional African Religious Context', pp.74-75.
[45] See R.L. Kapur, 'The Role of Traditional Healers in Mental Health Care in Rural India', *Social Science and Medicine*, Vol.13B (1979), pp.27-31; Bishaw, 'Promoting Traditional Medicine in Ethiopia', pp.193-200.
[46] Tolani Asuni, 'The Dilemma of Traditional Healing with Special Reference to Nigeria', *Social Science and Medicine*, Vol.13B (1979), pp.33-39 (36).

traditional medicine should not be recognised.'[47] Similarly, Asuni objects to the integration of the two medical traditions because 'the dual role of physician-priest is incompatible … traditional healers have crude practices of giving a mixture of concoctions to patients to drink'.[48] The biomedics are generally biased and suspicious of traditional healers whom they describe as charlatans and 'un-trainable';[49] their practices are associated with superstitious beliefs, rituals, secret remedies, intricacies and oral traditions difficult to evaluate; they are deemed to be 'quacks' because of their acclaimed capability of curing all diseases.[50]

H.K. Heggenhougen of the London School of Hygiene and Tropical Medicine observes that there are good reasons for being sceptical of certain traditional medical practices. However, he cautions that people should be careful in readily pointing to some of the negative results of traditional treatments because one cannot say with certainty that their damage equals or surpasses those illnesses which result from worldwide 'iatrogenic causes'.[51] By 'iatrogenic' he meant induced treatment. This could be conscious or unconscious. Medical examination could fail due to intentional use of inadequate quantity of reagent or expired reagent, unqualified laboratory technician, wrong prescription, intentional exploitation of the machine to suppress genuine test results. On the other hand, there could be machine breakdown or failure, inadequate dose or overdose of drugs, among others.

More than this, if biomedics are biased about traditional medicine and are given an opportunity to research into the system, they will engage in 'bio-piracy and infringe intellectual property rights'.[52] In this case, they can manipulate the machine to give them their intended result.

Still, an area of traditional medical practice yet to be researched is invocation and concoction. There is no scientific tool that can unravel this. It follows that both medical traditions have

[47] Offiong, 'Traditional Healers in the Nigerian Health Care Delivery System and debate over Traditional and Scientific Medicine', p.127.
[48] Asuni, 'The Dilemma of Traditional Healing with Special Reference to Nigeria', p.36.
[49] Oyebola, 'Professional Associations, Ethics and Discipline among the Yoruba Traditional Healers of Nigeria', p.96; Asuni, 'The Dilemma of Traditional Healing with Special Reference to Nigeria', p.33.
[50] George M. Foster & Barbara Anderson, *Medical Anthropology* (New York: John Wiley and Sons, 1978), pp.5-6; Offiong, 'Traditional Healers in the Nigerian Health Care Delivery System and Debate over Traditional and Scientific Medicine', p.128.
[51] See, Offiong, 'Traditional Healers in the Nigerian Health Care Delivery System and Debate over Traditional and scientific Medicine', p.128; Oyebola, 'Professional Associations, Ethics and Discipline among the Yoruba Traditional Healers of Nigeria', p.97.
[52] Arseculeratne, 'Interactions between Traditional Medicine and "Western" Medicine in Sri Lanka', p.9.

maintained their unique and secret areas. However, proper scrutiny, especially censure, guidance, training and examination may guard against unforeseen dangers.

In Nigeria, the objection to integration has been strong, although there is no official government policy on traditional medicine. Even though the University of Ife has set up medical faculties to determine the efficacy of African herbs and plants,[53] the Nigerian government remains indifferent to the integration of health care services. The pro-traditional medicine is accusing anti-traditional medicine of being blind to the potentiality of traditional medicines and bias against the traditional healers, partly to preserve the authority and domain of biomedicine;[54] not based on the standard and efficacy of the medicine. Michel Laguerre further notes that some biomedics and a few established church bodies rejected, ridiculed, downgraded and attacked the system simply to subject it under biomedical tradition.[55]

The pro-traditional medical system reinforces the efficacy of traditional health care because it deals with both biological and supernatural circumstances. It presupposes that 'lingering physical health problems indicate supernatural causation' and there is a need for 'greater "protection" than the present one'.[56] By contrast, some traditional healers resent integration because of the fear of losing their practice; they do not want to surrender their means of livelihood to biomedics whom they suspect of wanting to control and regulate their earnings.[57] In spite of their apprehension of the resultant status, if the biomedics give them proper treatment and incentives, especially involving them in testing their medicines and sharing of the possible benefits from the mass production and marketing, they may cooperate. Still, in spite of divided opinions, direct hostility, friction and mutual disregard, the two traditions have been coexisting and people patronise both of them.[58] Both systems are used either successively or simultaneously.

However, there are societies – in Africa and beyond – that have already integrated the two systems. In West Africa, especially in Ghana, the two systems have been integrated in terms

[53] Dopamu, 'Health and Healing within the Traditional African Religious Context', p.77.
[54] T.A. Lambo, 'Psychotherapy in Africa', *Annual Editions; Anthropology* (Guilford CT: McGraw-Hill, 1988/1999), p.156.
[55] Michel Laguerre, *Afro-Caribbean Folk Medicine* (South Hadley: Bergin and Garvey, 1987), p.11; Wardram, 'The Efficacy of Traditional Medicine: Current Theoretical and Methodological Issues', p.617.
[56] Tola Olu Pearce, 'The Assessment of Diviners and their Knowledge by Civil Servants in Southwestern Nigeria', *Social Science and Medicine*, Vol.28 (1989), pp.917-924.
[57] Rajendra Kale, 'Traditional Healers in South Africa: A Parallel Health Care System', *British Medical Journal*, Vol. 310, No. 6988 (May 6, 1995), pp.1182-1185 (1183).
[58] Warren *et al*, 'Ghanaian National Policy Toward Indigenous Healers', p.1873.

of 'inclusion' but are not 'merging' because the systems are considered viable alternatives in health care delivery.[59] Ghana established the Institute for Herbal and Plant Medicine at Mampong-Akuapem in the Eastern Region. In Sierra-Leone, the constraints to ideal maternal health care made the two systems collaborate and complement each other.[60] In East Africa, Tanzania also established a Traditional Medicine Research Unit at the University of Dar es Salaam.[61]

Moreover, in Asian countries, especially China, India, Japan, Sri Lanka, to name a few, the two medical systems co-exist. In Japan, for instance, biomedical and traditional systems have been integrated. Most of the doctors trained as biomedics were formerly traditional healers. They unanimously use mixtures of traditional and biomedical elements in the healing practices.[62] Also, in China, the two medical traditions coexist side by side. Medical assistants treat patients with acupuncture (insertion of needles into living tissues for remedial purposes); traditional medicine; biomedical drugs; and, finally, refer patients with serious cases to a hospital.[63] This is done because of two basic reasons: traditional medicine is cheap, readily available and culturally accepted, while biomedicine is expensive and remote to peasants. In Sri Lanka, biomedics and traditional medical practitioners collaborate. Biomedics refer ill-health issues they cannot address to traditional health practitioners,[64] the reason being that one system may prove efficacious where another fails. Moreover, among the Winti[65] of Suriname, an Afro-American society, the integration has taken place. The biomedics often

[59] Warren *et al*, 'Ghanaian National Policy Toward Indigenous Healers', p.1873; Offiong, 'Traditional Healers in the Nigerian Health Care Delivery System and the Debate over Integrating Traditional and Scientific Medicine', p.127.

[60] Amara Jumbai and Carol MacCormack, 'Maternal Health, War, and Religious Tradition: Authoritative Knowledge in Pujehun District, Sierra-Leone', *Medical Anthropology Quarterly*, Vol.10 (1996), pp.270-286 (270).

[61] Ann Beck, 'The Traditional Healer in Tanzania', *Issue: A Journal of Opinion*, Vol. 9, No. 3 (Autumn, 1979), pp.2-5 (4).

[62] Stoner, 'Understanding Medical Systems', p.45.

[63] Worsley, 'Non-Western Medical System', p.340.

[64] Arseculeratne, 'Interactions between Traditional Medicine and "Western" Medicine in Sri Lanka', pp.5,7,8,10.

[65] Winti is not a town but a traditional religious group. The history of this is traced back to the slave trade era (1650-1850) which took many West Africans to Suriname (or Surinam) in the northern South America. (Suriname was colonised by the English and the Dutch in the 17th century. It got its independence on 25th November 1975, when it became known as the Republic of Suriname. It is frequently considered as a Caribbean country and interacts with Caribbean nations.) The slaves were later amalgamated into the Afrosurinamese people group. The socio-cultural interactions and changes among the slaves developed into new religion known as 'Winti'. This religion holds a unique place in America because it has exclusive West African contribution to its existence. Charles Wooding defines this religion as follows: 'Winti is an Afroamerican religion which centres round the belief in personalised supernatural beings, who take possession of a human being, eliminate his consciousness, after which they unfold the past, the present and the future, and are able to cause and cure diseases of a supernatural origin'. Charles J. Wooding, 'Traditional Healing and Medicine in Winti: A Sociological Interpretations', *Issue: A Journal of Opinion*, Vol. 9, No. 3 (Autumn 1979), pp.35-40 (35).

refer mysterious health care cases to traditional healers. They realised that any infringement on 'social relations' could result in 'manifestations of illness' with no scientific solution.[66]

In Nigeria, the Christian Health Association of Nigeria (CHAN), based in Jos-Plateau, made an attempt in the 1980s to integrate the health systems. The project was pioneered by a missiologist, Jan Harm Boer, like the WHO views health as 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity'.[67] He strengthens what the WHO meant by 'health'. This project was intended to employ the services of the biomedics, herbalists, counsellors, psychologists, prayer-healers and all others to bring holistic healing to patients. CHAN believed that healing was for 'the whole person, physical, emotional and spiritual,' using the 'total resources for the total person.'[68] CHAN in this project was initially trying to ensure wellbeing by 'searching and identifying the root cause of the patient's physical problems,' and moving on 'in search of the non-physical cause in the patients, in his relationship to God, to his community (family, local, national, international) or to the environment.'[69] The project is intended to either use the systems concurrently or successively. Although there is no recorded achievement of the project, it seems to have faced internal opposition in integrating all the above systems to ensure holistic health care. This is because of direct hostility and attitudes of mutual disregard by the proponents of medical traditions.

Freedom Ministry is pro-integration because it views sickness as having a direct link with mystical causalities. Drawing from the traditional medical system, the leader believes that the physical issues are a manifestation of the fundamental spiritual and mystical causation. This makes the ministry engage in the concurrent use of medical systems to ensure healing.

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[66] U. Maclean, *Magical Medicine* (London: n.p., 1971), p.147.

[67] Nkem Emeghara, 'Case Studies of Christian Approaches to WHC', Jan Harm Boer & Dennis A. Ityavyar (eds.), *Wholistic Health Care: Medical and Religious Dimensions*, Vol.1 (Jos, Nigeria: CHAN Wholistic Health Care Project, 1994), pp.79-95 (84); cf. see also Yohanna Abui & Martin Olatayo, 'ECWA Approach to Sickness and Health Care from a Wholistic Perspective', in Boer, Jan Harm & Dennis A. Ityavyar (eds.), *Wholistic Health Care: Medical and Religious Dimensions*, Vol.1 (Jos, Nigeria: CHAN Wholistic Health Care Project, 1994), pp.96-99 (97).

[68] Jan Harm Boer, *Wholistic Healthcare of, For and by the People* (Jos: CHAN, Wholistic Health Care Project, 1989), p.6.

[69] Boer, *Wholistic Healthcare of, For and by the People*, p.17; see also his 'The Church and Wholistic Health Care', in Boer, Jan Harm & Dennis A. Ityavyar (eds.), *Wholistic Health Care: Medical and Religious Dimensions* Vol.1 (Jos, Nigeria: CHAN Wholistic Health Care Project, 1994), pp.58-63 (59).

7.4 Emergence of 'Freedom Ministry'

The Freedom Ministry is venturing into an issue that has been and is being debated far and wide in the African continent and beyond. The ministry is an offshoot of a herbal home established by Joel Hammajulde Gashaka. He illustrates the beliefs and practices of his 'Freedom Ministry' as a vehicle having a 'triple engine' that works sequentially and simultaneously as needs arise. In his words:

> Freedom Ministry is like a vehicle built with a 'triple engine'. The first engine has local power; the second engine has an advanced power, and the third engine is the crowning power that synthesises and grafts onto the first two sources. The three engines altogether have one fundamental goal, to ensure the total running of the vehicle. Each engine runs at a particular period and sometimes two or three engines run simultaneously due to the circumstance at hand. Nevertheless, the third and last engine is the ignition and determines why, how, and when to run. This engine coexists side by side with the first two without seeing them invalid. The uniting force of the three engines manifests in the power of 'prediction' (dreams) and 'spirit of prophecy' (vision, audition and trance).[70]

This statement shows the background and changing phases of Joel's life and the influences that shaped the ministry. In his explanation, the first engine typifies his traditional heritage: mediumistic and divinatory practices influenced by the hunting profession. As a hunter, he learnt much about herbs for treating diverse sicknesses through contact with spirits. The second engine depicts his life in Islam where he strived to integrate various means of medication for treating diverse ill-health issues. The third engine reveals his life in the Christian faith as he engages in prayers alongside the health practice. He therefore identifies his ministry as a vehicle having a 'triple engine' which alternates in its functions to ensure safety. For him, the engines are needed because several health issues differ in their underlying causes and methods of averting them. A biological dysfunction needs a biomedical approach. However, spirit-caused sicknesses need herbs and prayers to ward off evil. Sometimes there is the need to combine the three methods because the biological dysfunction is mostly induced by spiritual or mystical causes. He therefore sees the three systems as complementary.[71] Although he believes that faithful prayer is capable of dealing with any ill-health issues, he does not consider other health alternatives as invalid.

[70] Joel, Interview, 19 February 2011.
[71] Joel, Interview, 19 February 2011.

In Joel's spiritual journeys, he claims that he asked God to give him gifts of healing diverse illnesses through either traditional medical systems or prayers; and that he asked God to help him identify and combat witchcraft and other evil forces in the society because they undermine human health.[72] He travelled extensively, evangelising and dispensing herbal medicines to patients.

Between 2000 and 2002, he associated himself with Reuben Hosea, a Christian songwriter and singer. Hosea also has his own drummers and praise singers visiting Christian gatherings with songs of New Life For All (NLFA). Joel associated with Hosea basically for singing engagements. It was in that process that Joel had the opportunity to visit Wukari in the southern part of Taraba State in late 2001.[73] In 2002, Joel joined Barnabas Musa, a Christian and trader in traditional medical potions, in order to sell his 'renewed' traditional medical potions[74] alongside singing with Hosea. While he was with Hosea, he gradually worked on his song album titled *Allah Gatan Kowa* (literally, 'God is the Hope of All'). He launched the music audiocassette in November 2002 at CRCN Serti.[75]

While Joel was pursuing this song ministry, he was also worshipping with CRCN Puje-Wukari. The church however doubted his conversion because of his ungodly practices (mystical charms, amulets and talismans) observed by the leadership and members of the church. In Joel's perception, his conversion to the Christian faith has automatically renewed and transformed his medicines, and they are no longer connected with the old 'spirit powers'. As he could not gain the acceptance and support of the church, he returned to CRCN Serti, his former church affiliation, and convinced the resident minister, Rev. Habila Filibus Wunuji, to write an attestation letter to CRCN Puje about the genuineness of his conversion.[76] The Puje church accepted Joel, but with caution because of his on-going mysterious practices.

By late 2003, he settled in Wukari and established a herbal home around the Wukari Rice Mill area. He occasionally organised praise singing, preaching and prayers in the herbal home. He used Hosea occasionally as the main singer in the herbal home. As in his old practice, music attracted patients to his medical practice. In addition, he began to air the live

[72] Joel, Interview, 12 October 2009.
[73] David Gani Angye, Interview, 6 October 2009, Wukari.
[74] Nuhu Asoga, Interview, 10 March 2010, Wukari.
[75] Wunuji, Interview, 16 March 2012.
[76] Wunuji, Interview, 16 March 2012.

production of the testimonies of those who received healing. Later on, he added the airing of the herbal home's weekly prayers and testimonies. By 2005, Joel collaborated with Rev. Joel Tanko Aji, a retired minister with the CRCN, to coordinate the weekly prayer meetings in the herbal home. In early 2006, he started the Freedom Ministry having secured a bigger plot of land off the Wukari-Jalingo road, adjacent to Wukari Yam Market.[77] He started the ministry with twenty-five (25) people: fifteen (15) healthy others whom he mobilised to be his fellow workers and ten (10) patients receiving treatment in the home. The mobilised members were drawn from the Roman Catholic Church, mission-founded churches (NKST, CRCN, ECWA, COCIN, Baptist and LCCN) and Pentecostal churches (Praise Chapel of All Nations, Living Faith and Mountain of Fire). The patients, the earliest members, were the ones who stayed on and were receiving treatment in the home. Both the mobilised members and the patients shared his beliefs on holistic healing. The ministry programme includes spiritual warfare on Tuesdays and preaching and teaching on Fridays.[78] His ministry integrates concurrently traditional, biomedical and prayer remedies to ensure holistic healing.

7.5 Practices

The Freedom Ministry believes that every sickness has either spiritual or mystical causes (or both). Therefore, there is the need for multi-dimensional approaches to addressing them. Joel, though a recognised herbal practitioner, often has close associations with many medical doctors (civil servants), especially gynaecologists, paediatricians, cardiologists, psychiatrists, ophthalmologists, pharmacists and others who have their private medicine stores. A few medical doctors seconded their health workers to him as first aid workers to address urgent and minor biological cases, guiding Joel on the precise dosage of the medicines. The first aid workers also gave intravenous infusion at the Freedom Ministry as the need arose. Nonetheless, they always referred cases requiring blood transfusion and other major issues like surgery to the medical doctors who seconded them to the ministry.[79] Some of the doctors who availed themselves to Joel gave him drug prescriptions on dealing with some biomedical

[77] Joel Tanko Aji, Interview, 9 February 2011, Wukari.
[78] Gashaka, Interview, 10 March 2010, 19 February 2011 & 2 February 2012.
[79] This is deduced from my long-term observations and interactions with health seekers patronising the ministry.

cases [see Appendix 11: Biomedicine, Traditional Medicine and Prayer-Fasting-Anointing].[80] Joel's connection with such medical doctors seemed to be a coordinated business venture because he bought the drugs, syrups, capsules, ointments and anointing oil from them. The doctors in turn sold his (Joel's) anointing oil collected during registration (to be discussed shortly) from patients who patronise his ministry. The whole issue can be described as a 'recycling venture'. Besides, Joel works with clergy and laymen with an average knowledge of the Bible across evangelical and charismatic affiliations such as the African Church, the CRCN, Praise Chapel and Living Faith, among others. His fellow workers come from diverse religious persuasions. They lead the daily morning and evening devotions, preaching (although Joel preaches intermittently) and prayer sessions in the ministry.

The ministry believes in the interface of biological and spiritual causes of sickness. Thus, it considers that employing spiritual techniques through the use of herbs and prayers alongside the biomedical system is in keeping with a holistic approach. Still, Joel believes that there are explicitly spirit-caused sicknesses and misfortunes such as possession, madness, deformity, epilepsy, stroke, poison, prolonged spinsterhood and bachelorhood, barrenness and impotence, widowhood, omens – nightmares, environmental hazards (stepping over harmful concoctions), curses, social, economic, political misfortunes and other cultural issues. These issues require herbal medicines, fervent prayers and fasting to remedy. In Joel's perception, mystically induced sicknesses cannot be exclusively subjected to scientific treatment. That is why multi-dimensional approaches to health care are needed.[81] This is comparable to Andrew Walls' observation that, 'in Africa, illness is regularly associated with spiritual powers, and with moral or social offences and obligations, conscious and unconscious.'[82]

[80] The Appendix to this chapter shows the synthesis of the medical systems. The biomedical treatment prescriptions and the herbal treatment guide (including prayer-fasting-anointing) are in fragments. I adapted the biomedical drug prescription from a typescript and the herbal from several interviews and observation of healing practices over time.
[81] Freedom Ministry, Group Interview, 2 February 2012, Wukari.
[82] Andrew F. Walls, *The Missionary Movement in Christian History: Studies in the Transmission of Faith* (Maryknoll, New York: Orbis Books, 1996), p.98.

7.5.1 Registration

Freedom Ministry keeps a record of health seekers. This is basically for documentation purposes.[83] The cost of registration is Two Hundred Naira (₦200.00) and six (6) bottles of anointing oil for simple sicknesses and Five Hundred Naira (₦500.00) and twelve (12) bottles of anointing oil for complex sicknesses. Joel always prays over the oil, and then retains five (5) and ten (10) bottles of anointing oil for simple and complex sicknesses, respectively.[84] However, my observation and analysis have shown some complexities in terms of the retained bottles of oil. The leader claims that the oil is reserved for later use in the prayer home if the condition persists. Yet as already noted, many patients who later patronise the ministry either buy those same bottles of oil back from him or he recommends them to specific medicine stores to buy them.[85] The ministry leader places a strong emphasis on the oil during registration because he believes that it is the most powerful agent for healing. To him, the consecrated oil will continue to exhibit its healing power anywhere unabated. In his words, 'Once a prayer is said over the anointing oil, power from above [God] usually descends on it. The patient can use it anywhere and it can work powerfully for the patient even if additional medicine and prayers are not given and said, respectively'.[86] He perceives that prayer healing without the accompaniment of the anointing oil and other medical systems is always ineffective.

7.5.2 Diagnosis

Observations and interactions with the leader over time made me understand the leader's claim that he usually receives prior information about a patient through 'prediction' (that is, dream: problem indicator), and how to solve it through the 'spirit of prophecy' (vision, audition and trance: problem solver) by 'the Spirit'.[87] By 'prediction', he meant the message received from 'the Spirit' about the sickness. 'The Spirit' often reveals to him in a dream prior to the arrival of the sick person one day or a couple of days before and makes known to him the underlying cause of the circumstances. In his words: "'The Spirit" always tells me about the sickness of people or family problems before and [sometimes] during and after

[83] Joel, Interview, 19 February 2011.
[84] Siman Ba'aku Samaila, Interview, 7 June 2011, Wukari.
[85] Observation, Wukari, Freedom Ministry, 9 October 2009, 10 March 2010 & 19 February 2011.
[86] Joel, Interview, 19 February 2011.
[87] Joel, Interview, 19 February 2011.

contact with them'.[88] His understanding of this 'prediction' is broad: it is the yardstick for detecting evil forces; it is associated with foreseeing evil things and what is going to happen. In his explanation, 'the Spirit' often makes him experience concurrently the difficulty that a patient is passing through in his dream. The 'prediction' therefore indicates who, what, how, when and why the sickness emerged. This is similar to the role of the traditional diviner or seer, where spirits communicate concerning who and why of its cause during their diagnostic pursuits. This simultaneous 'feeling' of the patient's condition in him is also a common diagnostic phenomenon among many traditional health practitioners.

At other times, he gets his information concerning the sickness through his observation of the feelings and dispositions that radiate from the patient. Occasionally, he attempts to reveal to the patient what 'the Spirit' has said to be the cause of the circumstance. According to him, 'If "the Spirit" mandates me to reveal or expose the personality, I will do so, no matter the resultant effect on me'.[89] This shows that he does reveal the cause because of the grip of 'the Spirit' on him and that any failure to do so always comes with adverse repercussions on him. Most patients like this practice, while others are cautious about this because they are afraid that their secrets might be revealed publicly. To him, 'prediction' is one of the diagnostic processes obtained through dreams. Three common diagnostic procedures in the 'prediction' process are, first, 'the Spirit' reveals the secret condition of patients to him through dreams. Second, he normally establishes the type of sickness as he experiences simultaneously the 'feeling' of the patient's condition. Third, 'the Spirit' often mandates him to reveal the personality behind the problem of the victim.

Indeed, drawing from Joel's life history, it shows that he is still employing his primal methods of diagnosis. It is equally true that when God converts people their past experiences do not usually die out completely. Rather, they are transformed and take on new symbols in the new faith. Nonetheless, the difficulty with Joel's 'prediction' leading to disclosing the alleged culprit has no backing in the Scriptures. It seems therefore that he has not meaningfully translated what he calls 'prediction' in an appropriate manner.

The other side of the matter is what Joel calls the 'spirit of prophecy' or the problem solver. This reveals to him how to deal with the situation through traditional and biomedical treatment or fervent prayers and fasting. The 'spirit' comes to him through a vision, audition

[88] Joel, Interview, 19 February 2011.
[89] Observation, Wukari, Freedom Ministry, 9 October 2009.

or trance.[90] Hence, according to him, whatever he does and however he does it is what 'the Spirit' had already asked him to do. The difficulty with his assertion is this: how can he tell if indeed the 'spirit of prophecy' always comes from God?

7.5.3 Confession

One of the common beliefs in Judaism and the early church was that sickness is caused by sin.[91] The ministry shares this perception, stressing that sin (or fault) is the root cause of all sicknesses. Effective healing needs confession and forgiveness. Therefore, before offering prayers over their clients, the ministry's prayer warriors first give room for the patients to confess their known and unknown sins before seeking God's favour.[92]

In general, the ministry understands the confession of sins as the prerequisite for neutralising inner guilt and the door opener to restoring health.[93] This is based on the belief that sickness emerges as a result of infractions. There is therefore a strong correlation between sin and sickness. Most of the sicknesses are believed to be psychosomatic and to stem from relational conflicts.[94] The ministry understands sin in terms of the breach of communal harmony, while fault is an infringement of interpersonal relationship. The confession of fault should be made

[90] Joel, Interview, 19 February 2011.
[91] R.T. France, *Matthew* (Grand Rapids: Wm. B. Eerdmans, 1985), p.158; David Hill, *The Gospel of Matthew* (Grand Rapids: Wm. B. Eerdmans, 1972), p.161; Bo Reike, *The Epistles of James, Peter and Jude* (New York: Doubleday, 1982), p.59; J. Christian Becker, *Paul's Apocalyptic Gospel* (Philadelphia: Fortress Press, 1982), p.42; Christoph Barth, *God with Us: A Theological Introduction to the Old Testament* (Grand Rapids: Wm. B. Eerdmans, 1991), p.35; Howard Clark Kee, *Medicine, Miracle and Magic in New Testament Times* (New York: Cambridge University Press, 1986), p.15; Peter C. Craigie, *World Biblical Commentary: Psalms 1 – 50,* Vol.19 (Waco, TX: Word Books, 1983), p.303; A.A. Anderson, *Psalms,* Vol. 2 (Grand Rapids: Wm. B. Eerdmans, 1977), p.753; Klaus Seybold & Ultrich B. Mueller, *Sickness and Healing* (Nashville: Abingdon Press, 1981), p.166; William L. Lane, *The Gospel According to Mark* (Grand Rapids: Wm. B. Eerdmans, 1974), p.94; J. Barton Payne, '1 and 2 Chronicles' in Frank E. Gaebelein (ed.) *Expositor's Bible Commentary,* Vol. 4 (Grand Rapids: Zondervan Publishing House, 1988), p.491; Thomas F. Torrance, *Space, Time and Resurrection* (Grand Rapids: Wm. B. Eerdmans, 1976), p.62. Some of the example deduced are For example, King Uzziah of Judah was afflicted with leprosy due to sacrilegious act (2 Chron. 26:16-19); God inflicted Miriam with leprosy because of her jealousy against Moses (Num.12:10-15;cf. Lk. 5:12-13); God inflicted the son of David born out of adultery with Beersheba (2 Sam.12:13-15; 1 Sam. 2:6); King Jehoram suffered fatal illness because of sin (2 Chron. 21:18-19). God employed those sicknesses as punishment on sin committed (cf., Gen. 2:17; Lev. 26:14-16; Deut. 29:22-24; Josh. 23:15-16; 24:20; 2 Sam.12:15; Job 5:17-18; Ps. 32:3-5; 38:3; 107:17; Hab. 3:3-5; Acts 12:21-23; Rom. 5:12). In the NT Jesus warned the invalid (lame or blind or paralytic) man at the pool of Bethsaida to stop sinning (Jn. 5:14; cf., Rom.1:18-32; 1 Cor.10:1-14). See G.H. Twelftree 'Healing, Illness' in Gerald H. Hawthorne & Ralph P. Martin (eds.), *Dictionary of Paul and His Letters* (Database WORDsearch Corporation, 2006), p.1.
[92] Freedom Ministry, Group Interview, 2 February 2012, Wukari.
[93] Observation, Wukari, Freedom Ministry, 9 October 2009.
[94] Joel, Interview, 19 February 2011.

to the person wronged. An un-confessed fault is a formidable obstacle in interpersonal relationship; it causes misfortune and suffering, and blocks the pathway of prayer healing.

This perception, on the one hand, is drawn from the traditional view that sin is the underlying factor for the fragmentation of relationships from God, self and nature resulting in sickness, misfortune and suffering. The required response to such experience is reciprocal confession to ensure reconciliation and healing. The leader and his prayer warriors, for example, always ask clients to go back and settle faults in the family to ensure healing, the reason being that it is possible that the underlying cause of sickness is due to resentment harboured by the client or the wronged person. This disharmony may manifest in life's stresses and strains.

The ministry is therefore reinforcing the traditional African cosmology on the negative impact of relational dysfunction. The ministry understands 'confession' in two inseparable ways: interpersonal faults need reciprocal confession or reconciliation, while public sin needs public confession in the ministry. The two work in tandem. The ministry links this traditional perception of disharmony with Jas. 5:16a which stresses the need for reconciliation: 'Therefore confess your sins to one another, and pray for one another, that you may be healed' (RSV).[95]

The understanding here is that the confession of faults should be made to the person (or those) affected by them. This is because within the ecclesiastical organisation, one cannot confess one's sin to another person, except to God. Sin grows and affects others. Only God can forgive sin. On the other hand, one can confess one's misdeeds to a person who has been wronged in order to be pardoned. In the interpretation of the ministry, a man-man cordial relationship is a prototype of the man-God harmonious relationship. Confession is therefore the mark of repentance and a plea for forgiveness to ensure health and wellbeing.[96] Curtis Vaugham and Warren Wiersbe seemed to share with this ministry's perception on the befitting channels of various kinds of confessions. Vaugham makes this telling observation that 'Confession is "the vomit of the soul" and can, if too generally and too indiscriminately made, do more harm than good.'[97] Wiersbe corroborates this, saying, 'It is wrong for

[95] Freedom Ministry, Group Interview, 2 February 2012.
[96] Freedom Ministry, Group Interview, 2 February 2012.
[97] Curtis Vaugham, *James: A Study Guide* (Grand Rapids: Zondervan, 1969), p.120.

Christians to "hang dirty washing in public" for such "confessing" (*sic*) might do more harm than the original sin.'[98]

The sweeping generalisation of the cause and effect of sin-sickness is disputable. Some of the sicknesses are self-inflicted due to failure to observe environmental and hygienic norms. Others emerged due to the effects of climate change and other inexplicable causes. Moreover, both the righteous and the unrighteous experience sickness.[99] The Gospel of John juxtaposes the sin-sickness divide. For example, after Jesus healed the man who had been an invalid for thirty-eight (38) years, he cautioned him to sin no more (Jn. 5:14). But in Jn. 9:2-3, Jesus made it clear that being born deformed was neither the sin of the victim nor of his parents.[100] There are sicknesses that have no indication of censure.[101] Nowhere does the Bible teach that all sicknesses are the direct result of an individual's sins. Therefore, drawing every sickness into a blanket box of sin and mystical causation is too simplistic. Admittedly, sickness may be one of God's means of chastening or discipline to bring about repentance and spiritual restoration. It can also be a trial that God allows to bring about the strengthening of faith and refinement of character. God often uses the period of sickness in the life of people to bring them to examine their own frailty.

7.5.4 Fasting

Fasting is the discipline of abstaining from 'food and drinks' for a period of time in order to devote oneself, time and energy to meditation and prayer.[102] The Freedom Ministry designates particular sacred sites, especially mountains, as a befitting arena for fasting. Both

[98] Warren W. Wiersbe, *The Bible Exposition Commentary: New Testament*, Vol. 2 (Database WORDsearch Corporation, 2007), p.383.

[99] Hugh Peter, *By His Stripes* (Springfield, Mo.: Gospel Publishing House, 1977), p.25; 'Disease and Healing' Leland Ryken, James C. Wilhoit & Tremper Longman III (Gen. eds.), *Dictionary of Biblical Imagery* (Database WORDsearch Corporation, 2006), p.210.

[100] Craig L. Blomberg, 'Healing' Joel B. Green & Scot McKnight (eds.), *Dictionary of Jesus and the Gospels* Database WORDsearch Corporation, 2006, pp.299-307; R.K. Harrison, 'Heal', in Geoffrey W. Bromiley (ed.), *The International Standard Bible Encyclopaedia*, Vol. 2 (Grand Rapids: Wm. B. Eerdmans, 1982), p.644.

[101] For example, Eli the Priest fell back and died after hearing of the defeat of Israel (1 Sam. 4:14-18), Mephibosheth, Jonathan's son, became lame due to an accident (2 Sam. 4:4); Naomi's husband and two sons died suddenly (Ruth 1:3-5); and Elisha suffered illness and died (2 Kgs. 13:14).

[102] 'Fasting' in Mark D. Taylor, *The Complete Book of Bible Basics* Database WORDsearch Corporation 2006, p. 319; Warren Baker and Eugene Carpenter, 'צום'[fasting] in *AMG's Complete Word Study Dictionaries: Old Testament* (Database WORDsearch, 2007), pp.738 & 943; 'Fast, Fasting; in Stephen D. Renn (ed.), *Expository Dictionary of Bible Words* (Database WORDsearch Corporation, 2007), p.367; C. Robert Marsh 'Fasting' in Chad Brand, Charles Draper & Archie England (Gen. eds.), *Holman Illustrated Bible Dictionary* (Database WORDsearch Corporation, 2003), n.p.

the traditional and Christian faiths tend to perceive mountains, hills and sacred sites as potent with wonders, and as places for special devotions, especially pilgrimage or festival.[103] In fact, in Jukun society, fasting is usually upheld as one of the major preparatory acts for the traditional health practitioners to receive empowerment.[104] Fasting from both traditional and some biblical records connote a spiritual exercise in the search for spiritual power. The fundamental belief is that God is associated with mountains as His sacred places. The ministry views mountains as the centre of power where spiritual effectiveness can be rejuvenated, and it is where a devotee communes with God, receives revelations, renewal or transformation. Retreat to such locations is basically aimed at seeking God's empowerment and intervention in life situations.[105] It is also a preparatory process for waging spiritual warfare to effect deliverance.

On examination, this is a popular religiosity derived by popular needs or human crises, especially social stresses and social strains in religious practice. Denying oneself of social amenities in the course of the retreat, it is believed, would meet all the desired aspirations and empowerment within the religious framework. Moreover, the inexplicable incidents or events are apparently explained during the encounter with the divine. The leader's view seems to be inspired by the wilderness experience of Moses and Jesus whose self-denial strengthened their ministerial tasks (Exod. 24:18; 34:28; Deut. 9:9; Matt. 4:2).[106]

The retreat on the mountain is thus a re-appropriation of the traditional healing procedures as it responds to the current needs of the clients. The underlying motive of the exercise may be genuine. Whatever the intention (negative or positive) may be, it is believed that during the mountain experience, the devotee assumes power to heal, exorcise and deliver the sick. The word of caution here is that mountains may be solemn, yet harbour evil forces.[107] Nowadays,

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[103] Turner, *History of an African Independent Church*, Vol. II, p.62; Christian G. Baëta, *Prophetism in Ghana*, (London: SCM Press, 1962), p.94; Sundkler, *Bantu Prophets in South Africa*, p.198f; H. Weman, *African Music and the Church in Africa* (Uppsala, 1960), pp.104-111; G.C. Parrinder, *Religion in an African City* (Oxford: Oxford University Press, 1953), p.124.

[104] In Wukari, as in other Jukun communities, the traditional royal and priestly functionaries always undergo fasting in preparation for various festivals. In general, the average duration for fasting is thirty (30) days. This is to appease the ancestors for successful empowerment. Fari Gambo, Interview, 31 May 2012, Wukari.

[105] Freedom Ministry, Group Interview, 2 February 2012.

[106] Freedom Ministry, Group Interview, 2 February 2012.

[107] 'Mount, Mountain', in Stephen D. Renn (ed.), *Expository Dictionary of Bible Words* (Database WORDsearch Corporation, 2007), pp.647-649. In Mk. 5:1ff and Lk. 8:26-29, the Gerasene demonic inhabited the wilderness. Matt.12:43-45; Lk.11:24-26 record that demonic spirits were cast away into the wilderness. See D.C. Allison, Jr., 'Mountain and Wilderness', in Joel B. Green & Scott McKnight (eds.), *Dictionary of Jesus and the Gospels* (Database WORDsearch Corporation, 2006), pp.563-565 (565).

some faith healers visit sacred sites for extraordinary experiences which may not generally be used for godly purposes.

7.5.5 Prayer and Anointing

Generally, the Freedom Ministry employs the anointing oil fundamentally for spirit and mystical sicknesses such as madness, spirit possession, witchcraft, sorcery, occult powers and others.[108] As already noted elsewhere, simple sicknesses are a manifestation of fundamentally spiritual or mystical causes. At the prayer sessions and the closing worship sessions, the leader anoints the members with oil. He encourages them to rub it all over their face, hands and feet. Then, he leads the members through the prayer of exorcism against witchcraft facing north, east, south and west [see *Appendices* 12-15]. Occasionally, the ministry gives anointing oil to patients to force them to vomit any poison that might have been implanted by evil powers.[109] The members also use it in their homes as body lotion, rubbing it all over their body after bath and before bedtime. The ministry also anoints things such as seedlings and farmland before the rainy and planting seasons, as well as business places and houses.[110] In the belief of the ministry, this will ward off witchcraft and other malevolent forces intending to wreak havoc. All these show that the ministry perceives the anointing oil as a potent substance for both medicinal and spiritual intervention. Thus, the ministry makes olive oil the closest companion of the health seekers.

The use of the anointing oil in this ministry as a solution to almost all cases raises problems. The focus is diverted from God, the Healer, to a mere symbol, the oil. The ministry has taken the extreme position of 'No anointing oil, no healing'. The oil itself is perceived to have the power to counteract powers. Such belief and practice have changed the fundamental purpose of olive oil as a medicinal aid and a means of boosting faith.[111] In short, the anointing oil was

[108] Freedom Ministry, Group Interview, 2 February 2012.
[109] Observation, Wukari, Freedom Ministry, 9 October 2009, 7 March 2010 & 16 February 2011.
[110] Freedom Ministry, Group Interview, 2 February 2012.
[111] F.F. Bruce (ed.), *The International Bible Commentary with the New Testament Version* (Grand Rapids: Zondervan Publishing House, 1979), p.1547; Craig C. Keener, *The IVP Bible Background Commentary* (Downers Grove, Illinois: InterVarsity Press, 1993), p.703.

originally meant for the purposes of consecration and social recognition.[112] The oil itself cannot heal outside prayers.[113] God can heal with or without means; for He does the healing in response to faithful prayers and based on His unrevealed will. Jesus in his healing ministry did not use it. The use was later guarded against abuse.[114] Today, the anointing oil is adulterated, diluted and misapplied. Besides, it is being sold exorbitantly. In the case of this ministry, the sale of the anointing oil is a coordinated venture between Joel and his fellow psychics.

7.6 Evaluation and Conclusion

Studies have revealed that some African countries discourage the integration of health care services while others support it.[115] Still, others are neutral and have no laid down policies on integration. Recently, there is a growing consensus on integrating the systems.[116] One of the difficulties of such integration is that each system is developed from a cultural milieu with its peculiar concepts of health, disease and sickness.[117] The systems may overlap but may not necessarily coincide with each other.[118] Another problem of integrating health care systems is how to determine which medical system should guard the standard. Should it be done

[112] Richard Chenevix Trench, 'χρίω', 'ἀλείφω', in *Trench's Synonyms of New Testament*, ninth edition, (Grand Rapids: William B. Eerdmans Publishing Company, 1983), pp.136-137; Archibald Thomas Robertson, *Word Pictures in the New Testament* Vol. 6 (Grand Rapids: Baker Book House, 1933), p.65; William D. Mounce, 'Anoint', in *Mounce's Complete Expository Dictionary of Old and New Testament Words* (Database WORDsearch Corporation, 2013), n.p; 'ἀλείφω', 'χρίω', in *AMG's Complete Word Study Dictionary* (Database WORDsearch Corporation, 2007), pp.119, 1485-1487; Stephen D. Renn, 'χρίω', in *Expository Dictionary of Bible Words* (Database WORDsearch Corporation, 2007), p.39; Daniel R. Hayden, 'Calling the Elders to Pray', *Bibliotheca Sacra*, Vol. 138 (July-September 1981), p.264.

[113] W.F. Arndt and F.W. Gingrich, *A Greek-Lexicon on the New Testament and Other Early Christian Literature* (Cambridge: Cambridge University Press, 1967), p.34; Leland Ryken, James C. Wilhoit & Tremper Longman, *Dictionary of Biblical Imagery* (Database WORDsearch Corporation, 2006), p.35; H. Schlier 'ἀλείφω', in Geoffrey Bromiley, Gerhard Kittel & Gerhard Friedrich, *Theological Dictionary of New Testament*, Vol.1 (Database WORDsearch Corporation, 2008), p.37; Renn, 'χρίω', in *Expository Dictionary of Bible Words*, p.39; Robertson, *Word Pictures in the New Testament*; 'ἀλείφω', 'χρίω', in *AMG's Complete Word Study Dictionary* (Database WORDsearch Corporation, 2007), pp.119, 1485-1487.

[114] John Calvin, *Commentaries on the Holy Bible:* [Jas. 5:14] (Database WORDsearch Corporation, 2004).

[115] L. Rees & A. Weil 'Integrated Medicine', *British Medical Journal*, Vol. 322 (January 20, 2001), pp.119-120; Gregory A Crawford, 'Complementary and Alternative Medicine', *Reference and User Services Quarterly*, Vol. 42, No. 4 (Summer 2003), pp.296-306.

[116] Chiwuzie J., Ukoli F., Okojie O., Isah E., and Eriator E., 'Traditional Practitioners are there to Stay', *World Health Forum*, Vol.8 (1987), pp.240-244; Friday Okonofua, 'Traditional Medicine and Reproductive Health in Africa', *Africa Journal of Reproductive Health*, Vol. 6, No. 2 (August 2002), pp.7-9 (8); Crawford, 'Complementary and Alternative Medicine', p.297.

[117] Fan & Holliday, 'Which Medicine? Whose Standard? Critical Reflections on Medical Integration in China', p.461.

[118] Aluwihare, 'A Traditional Medicine', pp.450-451; Arseculeratne, 'Interactions between Traditional and "Western" Medicine in Sri Lanka', p.11.

sequentially or simultaneously? Do the medical systems have the same standard, traditions, norms, rules and mechanisms? Biomedicine is said to be more 'effective', while traditional medicine considered to be 'ineffective'.[119] The third problem is that the traditional medical system mostly involves elements of transcendence, secret remedies and oral traditions.[120] The practitioners often ascribe glory to cultic deities and ancestral spirits as their sources. In contrast, the biomedical practice uses the scientific approach without attachment to spirits.[121] With the above integration difficulties, some people prefer that both systems operate on different but equal bases, according to their various norms, rules and mechanisms.

In spite of these disagreements, the core problem with the ministry under study is the frequency of concurrently using the medical systems (traditional and biomedical) in dealing with a single sickness. The ministry leader believes that this procedure quickens healing within a short time because physical sickness is usually induced by spiritual causation.[122] The ministry affirms many times that all sicknesses, especially biological ones, are physiological agents, but the underlying cause is spiritual or mystical. It is true that some of the Gospels and epistles have recorded cases where sickness had demonic origin.[123] Nevertheless, it is inadequate to oversimplify the issue by insisting that sickness is always connected with spirit

[119] Fan, 'Modern Western Science as a Standard for Traditional Chinese Medicine', pp. 213-221; Fan & Holliday, 'Which Medicine? Whose Standard? Critical Reflections on Medical Integration in China', pp.458, 461.

[120] Donna Marie Wing, 'A Comparison of Traditional Folk Healing Concepts with Contemporary Healing Concepts', *Journal of Community Health Nursing*, Vol.15, No. 3 (1998), pp.143-154 (143).

[121] Bulus Adama Gani, Interview, 17 November 2010, Takum; Bitrus Samaila, Interview, 8 February 2011, Wukari; Kefas Iliya, Interview, 6 March 2012, Wukari; Jonah Tsonatu, Interview, 7 December 2011, Wukari; Joseph M. Vyonku, Interview, 8 February 2011, Wukari.

[122] Freedom Ministry, Group Interview, 2 February 2012.

[123] For example, a woman was bound by Satan for 18 years (Lk.13:11-17), Jesus drove out the demonic force in a mute man (Matt. 9:32-34), a blind man and an epileptic boy (Matt. 12:22; 17:14-16; Mk. 7:31-37; 8:22-26; 9:14-22). Paul perceived the 'thorn in the flesh' as 'a messenger of Satan' (2 Cor. 12:7). Peter's mother-in-law (Mk. 1:23-26, 29-45); the paralytic (Mk. 2:1-12); the man with a withered hand (Mk. 3:1-6,11); the Gerasene demoniac (Mk. 5:1-20); the woman with haemorrhage and Jairus' daughter (Mk. 5:21-43); the daughter of a Syro-phoenician woman (Mk. 7:24-30); blind Bartimaeus (Mk. 10:46-52); the man ill for 38 years (Jn. 5:1-18); the man born blind (Jn. 9); Aeneas the paralysed (Acts 9:33-34); the crippled (Acts 14:8-11); a possessed girl (Acts 16:16-18); and the father of Publius, chief of Malta (Acts 28:7-8). See Eduard Schweitzer, *The Good News According to Luke* (Atlanta: John Knox Press, 1984), p.222; I. Howard Marshall, *Commentary on Luke: A Commentary on the Greek Text* (Grand Rapids: Wm. B. Eerdmans, 1978), p.561; France, *Matthew*, p.173; Johann Michel, 'Demon', in Johannes B. Bauer (ed.), *Encyclopaedia of Biblical Theology* (New York: Crossroads Publication Company, 1981), pp.191-194; Lloyd G. Patterson, 'Healings', in Everett Ferguson, *Encyclopaedia of Early Christianity* (New York: Garland Publishing Company 1990), p.413; 'Heal, Healing', in Walter A. Elwell & Philip W. Comfort, *Tyndale Bible Dictionary* (Database WORDsearch Corporation, 2006), pp.577-578.

causality.[124] Howard Clark Kee cautions against this: 'All causes of sickness should not be construed as demonic agency.'[125] Jesus did not treat all sickness as demonic.

Some people have rejected the traditional medical system because of the nature of the collection and preparation of its medicines, as well as its diagnosis, prognosis and treatment procedures. It has its stringent rules for effectiveness. However, there is a world of difference between the traditional medical systems that have an accompaniment of 'rigid rules' to abide with, for effective healing and the ones without such procedures. Bitrus Tsokwa Angyunwe, a retired minister with the CRCN, draws from his past traditional medical practice experience that 'there are traditional medicines that are taught by ancestral spirits and cultic deities through dreams. There are also ordinary traditional medicines that are collected from nature without invocation for empowering the substances. The former always has stringent rules to follow for effectiveness as taught by the spirits. The latter has no such rules.'[126] Some Christian faith healers resist or oppose the use of traditional medicines because God censured King Asa for taking traditional medicine. Indeed, God censured King Asa because he bypassed Him and sought foreign medical aid (2 Chron.16:12). Besides, Isaiah prescribed a fig poultice to heal King Hezekiah (2 Kgs. 20:7; Isa. 38:21). Although God has not condemned the use of medicine as an accompaniment to divine intervention, the unresolved difficulty is how to distinguish between what is taught by spirit powers and what is not.

The leader stresses 'prediction' and the 'spirit of prophecy.' The difficulty with the 'spirit of prophecy' is how to decipher the source of the problem-solving agent. How is the leader sure that the so-called solution comes from 'the Spirit' (that is, the Holy Spirit) and not evil spirits? In my observation and analysis, the leader often receives a 'spontaneous reflection', but he does not usually take the time to reflect and meditate while seeking God's interpretation. Good and bad sources can give information anytime. It is left to the receiver to take the time to study, evaluate and analyse the source.

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[124] Patterson, 'Healings', p.413.

[125] Howard Clark Kee, 'Medicine and Healing' in David Noel (ed.), *The Anchor Bible Dictionary,* Vol. 4 (New York: Doubleday, 1992), p.659 cf., Murray J. Harris, '2 Corinthians', in *Expositor's Bible Commentary* (Grand Rapids: Zondervan Publishing House, 1976), p.396; Clinton E. Arnold, *Powers of Darkness: Principalities and Powers in Paul's Letters* (Downers Grove, Ill.: InterVarsity Press, 1992), p.133; Ralph P. Martin, *2 Corinthians* (Waco, TX: Word Books, 1986), p.415; Douglas Oss, 'The Hermeneutics of Power Encounter' in Opal L. Reddin (ed.), *Power Encounters: A Pentecostal Perspective* (Springfield, Mo.: Central Bible College Press, 1989), pp.21-40.

[126] Wunuji, Interview, 16 March 2012.

The ministry leader also stresses the grip of the 'Spirit' to reveal the underlying cause of a problem or sickness to his clients. This often creates a disturbance of the public peace, disharmony and a breach in social relations within and outside the family. There is virtually no record in the Gospels or other parts of Scripture where Jesus, the model of healing, revealed to victims the personality behind their condition. If God revealed the 'personality' through 'the Spirit' to the leader, it is meant for his edification and not to be used to cause chaos in the society. This practice is an offshoot of the leader's mediumistic and divinatory practices. A similar practice is carried out among some AICs, for example, the Zionist churches in South Africa.[127]

In conclusion, sickness is seen as having diverse causative factors.[128] The first major problem with the Freedom Ministry is the frequency of concurrently using dual systems in addressing ill-health conditions. This may either bring complications in diagnosis and treatment or neutralise the efficacy of each system. Besides, either system (or both) could result in harmful drug interactions and adversely affect the user's health. Rajendra Kale cautions against this when writing about the concurrent traditional and biomedical practices in South Africa. The recipes used in preparing the herbal remedies have never undergone scientific refinery. The practitioners give the health seekers who consult them herbal concoctions to drink, smoke, inhale, bathe in and smear on the body, or use as enemas. Such ingredients may have profound effects on the mouth, tongue, stomach and other internal organs of the body.[129]

A scientific study has revealed that some plants have alkaloids, with toxic and carcinogenic properties. If such herbal substances are not properly analysed and refined scientifically, intake may cause cancer, chronic liver and kidney diseases.[130] A research was conducted in Nigeria on the concurrent usage of biomedical and traditional medicines in treating single illnesses. This research was tested among the three major tribes in Nigeria: Yoruba, Hausa and Igbo and three major religions: traditional, Islam and Christianity in the rural and urban

[127] Gerhardus O. Oosthuizen, *The Healer-Prophet in Afro-Christian Churches* (Leiden: E.J. Brill, 1992), p.52.
[128] Sally Guttmacher, 'Whole in Body, Mind and Spirit – Holistic Health and the Limits of Medicine', *The Hastings Center Report*, Vol. 9 No. 2 (April 1979), pp.15-21 (16); Shelley R. Adler, 'Integrative Medicine and Culture: Toward an Anthropology of CAM', *Medical Anthropology Quarterly*, Vol.16, No. 4 (December 2002), pp.412-414 (412-413).
[129] Kale, 'Traditional Healers in South Africa', pp.1184-1185.
[130] Arseculeratne, 'Integrations between Traditional Medicine and "Western" Medicine in Sri Lanka', p.7.

areas.[131] The research revealed both positive and negative impacts:[132] Positively, a people's worldview is a factor that can quicken the healing process. Second, the patients received a hands-on means of treating illness and combating disease. Third, the patients had the freedom to switch back and forth in search of the best and most accessible means of health care delivery. Fourth, the healing is anchored in particular social and cultural contexts. Fifth, the dual medical systems help to switch off from the ones deemed to be inefficient to the efficient.

Negatively, one can hardly ascertain the effectiveness of each system. Second, the frequency of using the dual systems simultaneously attracts undesirable and harmful drug reactions. It is susceptible to harmful effects or potentially lethal. Third, the recipes and ingredients used to prepare the herbal remedies may have profound effects on various organs in the body. The biomedical system mostly uses a single active chemical property, but the traditional medical system does employ multi-substances, biomedical drugs usually go through stringent refinery in the pharmaceutical department to determine their efficacies, safety and dosage, whereas the traditional medical system does not go through such vigorous testing and thus makes the patients vulnerable to liver disease or kidney abnormalities. The integration of medical systems needs to be used sequentially. However, prayers can be used concurrently; before, during and after whatever healing practice is adopted to seek the face of God, the Healer, and to ask Him to intervene in His unique way on health issues.

The second problem with this ministry relates to the beliefs and practices that Joel draws from his diverse personal religious experiences: traditional, Muslim and Christian. He thought of employing beliefs and practices from those religious backgrounds in his endeavours to integrate his healing practices. The difficulty with his beliefs and practices is the seemingly inseparable sources: the old spirits and the 'Ultimate Source', Jesus Christ. There is a relatively high tendency that has not adequately converted the old source. For example, he dispenses his herbal medicines with similarly strict rules as in the past. The recipes, the way of cooking and the time of cooking herbs and the time of cooking generally follow the old models.

[131] Eucharia E. Nnadi & Hugh F. Kabat, 'Nigeria's Use of Native and Western Medicine for the Same Illness', *Public Health Reports,* Vol. 99, No.1 (January-February, 1984), pp.93-98; cf., DeRios M. Dobkin, 'Socioeconomic Characteristics of an Amazon Urban Healer's Clientele', *Social Science and Medicine,* Vol.15 (January 1981), pp.51-63.
[132] Nnadi & Kabat, 'Nigeria's Use of Native and Western Medicine for the Same Illness' pp.96-98.