

Importance and Association of Phytotherapy with Western Medicine in the Treatment of Diseases in Athieme in South-West Benin

Charles Lambert Babadjide *

Teacher-Researcher at the Department of Sociology-Anthropology, University of Abomey-Calavi (UAC) / Benin

Email: charlesbab@yahoo.fr , Tel: (00229) 95 96 98 51

Abstract

The phenomenon of migration is an old one by which the migrants come to satisfy their needs in order to improve their conditions of life. In fact, the goal of this research is offering to throw more light in the factors that justify the migration flow of Gulmanceba in the town of Banikoara and the influence of their economic contribution to development. The methodologic procedure used is a mixed one at the same time qualitative and quantitative. The empirical datas have been analyzed with the softwares CSPPS, SPSS, word and Excel 2007 on the basis of the strategic analysis of Crozier and Friedberg (1977). For the data collection, the documentary research, the interview and observation are the techniques used with other tools such as “interview guide” “questionnaire”, the “observation grill” and the digital camera. In total, 109 persons have been questioned among whom the Gulmanceba migrants, the natives and the local leaders. At the end of this research it has been noticed that the Gulmanceba are effective vectors that intervene everywhere in farming, the trading of adult rate fuel, manufactured products, loose pieces and sand extraction. All those economic activities positively impact the town's economy.

Keywords: Banikoara; Migration flow; Gulmanceba; socio-economic.

1. Introduction

As old as humanity, traditional African medicine has proven itself, thanks to the generosity of nature in its favor and the know-how of its practitioners, through the ages and even during the most difficult times that have been that of colonization where it was fought.

* Corresponding author.

Most societies and particularly African societies have a multitude of medicinal products on the one hand and a diverse set of endogenous health knowledge and practices on the other. These assets and knowledge allow them to maintain the health of their populations. The scientific revolution that has taken place in all fields, including medicine, has fostered the emergence of another way of considering, diagnosing and treating diseases: it is clinical medicine. This medicine has influenced the course of traditional medicine. This new way of treating and curing diseases has been replaced by the imposition of laws to govern the management and coverage of health care for populations. These provisions have conferred the monopoly of health care on modern medicine by authorizing only students who have graduated from university medical schools and other paramedical schools (pharmacists, nurses, etc.) to provide health care. Apart from these, any other person would be in a situation of illegal practice of medicine and judged accordingly. Healthcare and medical care, reserved exclusively for modern allopathic medicine, spread from Europe and America to countries under Western domination. But the independence helping, the members of the governments of the developing countries present at the general assemblies of the World Health Organization (WHO) of Alma-Ata, [1], in 1978 had pleaded in favor of traditional medicine. Thus, due to the inadequacies of modern medicine, the legislation governing the practice of medicine has been revised and relaxed in favor of traditional health practices. The forms of legislation vary from one society to another depending on the organization of each society and the stringency of the form of traditional medicine concerned. Indeed, four (04) types of legislation can be distinguished [1]: integrated systems in which the integration of two or more systems is authorized; inclusive systems in which, alongside classical scientific medicine; the practice of other systems is authorized; tolerant systems in which, although modern medicine is the only legal one, the practice of traditional medicine is not suppressed but practitioners do not enjoy any legal protection; finally, those exclusive in which classical scientific medicine is the only one recognized and authorized by law, therefore having a monopoly. Benin has opted for the second system, namely the inclusive system. This choice made during the speech program of November 30, 1972 of the Head of State recommends the promotion of the practices of the traditional healers and the collaboration of these with the practitioners of modern medicine. The integration of traditional medicine into official health systems in Africa and more particularly in Benin deserves a socio-anthropological analysis in order to better identify the challenges and the preconditions for its realization. According to [2] it is a medicine practiced by a large part of the populations. He found that apart from rural populations who are more interested in traditional health care practices than in modern ones because of the lack or even non-existence of modern health centers, not to mention the excessively high costs of modern care, city dwellers and sometimes the wealthiest are also interested. But most often they appear as unacknowledged clients of traditional medicine. The man always seeking to preserve his health, for him, the question of health has become a daily concern, because to greet in our societies amounts to inquiring at first sight of the state of health of our interlocutor. This demonstrates the attachment and importance that our society places on health. Health is therefore the engine of humanity; without it all life would be meaningless and nothing could move forward. In the event of illness, we note that populations have recourse to numerous recipes and therapeutic practices. In the town of Athiémé, the populations, mostly poor and illiterate, are faced with great difficulties in finding the best formulas for proper treatment. In fact, in this commune, one notices the overlap and the antagonism between two therapeutic cultures namely herbal medicine and chemotherapy. These two therapeutic cultures each evolve with their particular strengths and weaknesses and populations in the event of illness choose the model which they find

reassuring. But today, what we are witnessing is overwhelming. The populations in the event of diseases, mainly use phytotherapy products to the detriment of chemotherapy products whose prohibitive costs are not within the reach of the purchasing power of populations for the most part with modest incomes. The poor performance of chemotherapy in the face of certain pathologies would have cast doubts on its ineffectiveness in certain areas. The patients in the hospitals of the commune of Athiémé although under treatment always end up resorting to herbal medicine. Everything happens as if in the hospital health problems go beyond the field of competence of chemotherapy and patients can only find their salvation with herbal medicine. But how can we explain such a situation? In such a context, it is urgent to make a serious empirical study to understand the contributions of phytotherapy. Because herbal medicine has enormous advantages both in terms of products used in the manufacture of drugs and in therapeutic knowledge. In addition, these means are used taking into account the individual integrity and social attachment of the patient. In such circumstances, it is necessary to ask the question of knowing what explains the association of phytotherapy with Western medicine in the treatment of diseases in Athiémé in southwestern Benin.

2. Methodology

A research that aims to be scientific cannot be carried out without a methodological approach. Documents were consulted and resource persons were also listened to. Field surveys were also carried out. The approach adopted in this research is a qualitative one. The populations surveyed do not often approach traditional practices relating to the divinatory order so easily. We proceeded with delicacy, great tact and caution. The target population of this research are made up of doctors, traditional therapists, patients, relatives of patients, cured patients, sociologists, politico-health officials. Given the qualitative nature sought, the sample size was limited to eighty-two (82) people at the rate of twenty (20) traditional healers and sixty-two (62) people all categories combined. The procedure used was that of random selection for the sixty-two (62) people surveyed, including twenty-two (22) women. That of the reasoned choice for the twenty (20) traditional therapists including four (04) women. In this case, have been privileged, renowned traditional therapists who have clinics [five (05) practitioners], To collect information in the field, we used data collection techniques and tools such as documentary research with its reading sheet, the interview and the focus group with the interview guide and observation. with its observation grid. The interview, carried out using six (06) interview guides, was addressed to the different target groups. He establishes relationships of sympathy, which lead to more reliable, personal and intimate answers. Also, it makes it easy to tackle emotional issues. The focus group or focus group is composed of the structured, semi-structured and collective interview. It enables sociologists and public health professionals to make a rapid assessment of behaviors relating to obtaining care as well as preserving and restoring health, including the use of traditional and modern health resources. . Also the focus group makes it possible to correct the directive interview. Taken in isolation, an individual can obscure certain aspects of the problem posed, or answer approximately the questions to ask him. Thus, the focus group thanks to the confrontations of the interviewees makes it possible to supplement what would have been forgotten or to improve what was said. As research aimed at restoring local knowledge and analyzing the behavior of the population in the face of different types of therapy, it goes without saying that this method is used for a reliable harvest. Disengaged observation has proven to be a very useful technique in this research to better understand the behavior of the target population. It made it possible to closely observe the working atmosphere, the rate of attendance at the centers by patients

from the two (02) sectors and some significant apparent and unspoken facts. It constituted the first moments in this research. Thus we rubbed shoulders, led unexpected debates, debates with broken sticks and followed discussions between parents in order to know more exactly the real behavior of each other with regard to their practice or attitude towards herbal medicine. . Finally, we have observed people before, during and after their illness. Traditional medicine is not virgin territory in the field of scientific research. A practice of health care and medical care from the earliest times, traditional medicine has never preoccupied institutions so much, let alone aroused so much enthusiasm from new practitioners and deserved so much attention in the ranks of researchers. This renewed interest in this medicine is remarkable both in the medical profession and in the social sciences. Thus, [3], go further by showing the remarkable diversity of diagnostic and therapeutic remedies available to the villagers. Patients have recourse to traditional and modern medicine simultaneously when cure is difficult to find. He goes on to show that the multiplicity of medical means takes into account the biological, social and cultural dimensions of the pathology. [4] identified through its investigations the networks of illicit sale of drugs and its consequence which is self-medication. He continues his analysis by showing that the field of illness constitutes an area par excellence where issues of power are played out. These powers are economic, political, religious and therapeutic. [5] makes a critical analysis of the situation of this medicine and tells what it really is. He has evoked throughout his book the fact that traditional medicine, despite the criticisms that can be made to it, has a lot of assets and heals. He also centers his analysis on the perceptions that the Beninese have of health and the therapeutic routes they take in the event of illness. The choice of their therapeutic route is based on socio-cultural foundations. The author shows that patients are influenced by ethno-culture. The data processing consisted on the one hand in carrying out a content analysis with particular emphasis on the comments of the respondents as collected during the survey. This processing made it possible to produce verbatim to better illustrate the analysis. Triangulation of data served as a validation process.

3. Research Framework

The commune of Athiémé is one of the six (6) communes of the current department of Mono located in the southwest of the Republic of Benin. It is a decentralized unit located on the west side of the department and limited: to the south by the municipality of Grand-Popo; to the north by the municipality of Lokossa; to the east by the municipality of Houéyogbé; in the West by the Togolese Republic. It covers 220 km² with a population of 56,483 inhabitants spread over five (05) districts (Athiémé-Adohoun- Atachannou- Dédékpoé-Kpinnou) and of which approximately 89% live in rural areas. This gives a population density of 169.78 inhab / km² on average. The fourth General Population and Housing Census (RGPH 4) had reported 497,243 inhabitants in Mono and thus makes it possible to estimate the growth rate of Athiémé at 4.87%. An impressive socio-cultural diversity characterizes the town of Athiémé which has great physical potential. According to (RGPH4, 2013) there are (5) socio-cultural groups namely: the Kotafon (53.6%), the Adja (44%), the Yoruba (7%), the Yom and Lokpa (0, 1%, the Bariba (0.1%) and others (1.4%). Religious life is also diversified. Apart from the traditional religion which mobilizes the vast majority of the population of Athiémé (67.9%) There are more than three (3) monotheistic religions dominated by Catholics (16.7%), Muslims (1.7%), Protestants (1.1%) while the other religions together account for 12% of the municipal population The municipality of Athiémé therefore has sizeable human resources and makes it its main strength and the lever for its development. The ecosystem is the fundamental unit of study of ecology, formed by the association of a community of living species, and a

physical environment. A forest, a lake, a cultivated field are environments that abound in both animal and plant species. The wooded savannah is the characteristic vegetation of the town of Athiémé. Gallery forests, primary and secondary forests are gradually disappearing under human action. It is a vegetation whose inventory reveals an important floristic richness; the most resistant species being *Borassus aethiopum* (palm tree), *chlorophora esculenta* (iroko), *Elacis guineensis* (oil palm), *Parkia biglobosa* (nééré), *Céiba pentandra* (cheese)...; these essences have a pharmaceutical virtue and play a major role in food. The climatic nuances described above allow the vegetation to keep a green appearance throughout the year. It is a vegetation which has a notable pharmacodynamic potential. Hence the need to carefully preserve this vegetation in order to perpetuate health care from medicinal plants so dear to our populations, and consequently to pay particular attention to the conservation of the environment because it is from the latter that we take everything that is essential for therapy.

4. Results and discussion

4.1 *The offer of nature to traditional medicine and traditional therapeutics*

Traditional medicine like most other medicines draws the majority of its therapeutic ingredients, whether in the preventive or curative field, from natural elements. This medicine, not having benefited from the contribution of sophisticated technology resulting from the scientific revolution, uses its therapeutic products in the most natural way possible, and for the well-being of the population. Reference [6] explains that "the notions of ancient and traditional usage have very often returned. By definition, this is the sum of all knowledge, skills and practices based on culturally specific theories, beliefs and experiences, whether explainable or not, that are used in the preservation of health, as well as in the prevention, diagnosis, improvement or treatment of physical or mental illnesses. Indeed, nature has endowed these societies with plants, leaves, flowers, fruits, bark, roots, rhizomes, animal organs and many other elements such as minerals whose virtues and uses are acquired either by initiation or by learning; either by legacy or even by revelation where, during one or more nights, the spirit transmits the having to its "chosen one"; or on the contrary, the practitioner, without having had the opportunity to learn, may have an innate gift for using these different elements. A traditional therapist tells us this about it:

[Most of the people who have these gifts inherit them either by learning, or by designation by the ancestors through the "fa" and the transmission of knowledge is done by direct initiations or by dreams. They discover the elements that promote the healing of a particular disease. These various parts of plants, animals and other elements without forgetting the power of the verb, enter the preparation of drugs used in the treatment of diseases and the same element can cure several ailments at the same time. Guinea pepper called "ata" which is found in commerce is for example a very important constituent which enters into the treatment of several diseases, whether natural or caused by "occult" forces]. "Extract from an interview with a traditional therapist, Athiémé]

These remarks retrace the processes of acquiring knowledge of endogenous treatment of diseases. These are the diseases such as meningitis, kidney aches, palpitations, hemorrhages, sinusitis and other illnesses from the casting of bad luck. This same fruit is used to facilitate and achieve rapid childbirth. The same goes for the rooster which enters into the treatment of many diseases such as: colic, the cessation of vomiting and diseases

also coming from bad luck. But this opposite idea of knowledge acquisition has been raised in other studies, including that of [7]. He notes a gradual loss of plant use, especially among younger generations. This loss of use would simply be linked to a loss of knowledge. The knowledge of traditional healers on the use of these medicinal products is multiple, diverse and varied. Reference [8] also found that "the criteria for the efficacy of the plant remedy are the terms of its harvest, its composition, its preparation and its method of use". The same products can cure several diseases at the same time or a slight modification in the composition or in the successive arrangement of the ingredients, is sufficient to obtain different types of remedies for the ailments from which the populations suffer. Traditional medicine then also has the necessary to effectively take charge of the health of populations. This is also confirmed by the [7] study. In its results, the diseases for which Reunion residents use plants are simple diseases such as influenza syndrome for 48% of the respondents (for this survey, influenza syndrome includes fever, flu and cold), or digestive disorders (bloating, pain, constipation or diarrhea) for 24%. Skin wound healing was also cited in 8% of respondents and finally, cooling was 4th with 5% of patients surveyed. To all this knowledge, we must add the power of the verb of the traditional therapist that some pejoratively qualify as incantation. The possession of this power privileges him in his art of communicating with the spirits in order to obtain the favor of healing his patients. Because, the cause of diseases which do not come only from an internal organic disorganization but which can also have mystical origins, traditional medicine cannot be resolved in its only pharmacopoeia. Thus, the effectiveness of the combination of all these elements makes the traditional therapist, a particular and respected being in his society. Beyond all that one and the other can reproach him said in substance one respondent: "the traditional medicine relieves, gives hope to the patient and cures". Apart from these prerogatives to cure, the aforementioned medicine participates in the general happiness of the individual. Traditional healers have as much the possibility of preventing misfortunes as of detecting and uncovering shenanigans that have been done in secret. Traditional medicine cannot be resolved with its pharmacopoeia alone. Thus, the effectiveness of the combination of all these elements makes the traditional therapist, a particular and respected being in his society. Beyond all that one and the other can reproach him said in substance one respondent: "traditional medicine relieves, gives hope to the patient and cures". Apart from these prerogatives to cure, the aforementioned medicine participates in the general happiness of the individual. Traditional healers have as much the possibility of preventing misfortunes as of detecting and uncovering shenanigans that have been done in secret. Traditional medicine cannot be resolved with its pharmacopoeia alone. Thus, the effectiveness of the combination of all these elements makes the traditional therapist, a particular and respected being in his society. Beyond all that one and the other can reproach him said in substance one respondent: "the traditional medicine relieves, gives hope to the patient and cures". Apart from these prerogatives to cure, the aforementioned medicine participates in the general happiness of the individual. Traditional healers have as much the ability to prevent misfortunes as they do to detect and uncover shenanigans that have been done in secret. Beyond all that one and the other can reproach him said in substance one respondent: "the traditional medicine relieves, gives hope to the patient and cures". Apart from these prerogatives to cure, the aforementioned medicine participates in the general happiness of the individual. Traditional healers have as much the ability to prevent misfortunes as they do to detect and uncover shenanigans that have been done in secret. Beyond all that one and the other can reproach him said in substance one respondent: "the traditional medicine relieves, gives hope to the patient and cures". Apart from these prerogatives to cure, the aforementioned medicine participates in the general happiness of the individual.

Traditional healers have as much the possibility of preventing misfortunes as of detecting and uncovering shenanigans that have been done in secret. Indeed, to interest populations more, to work for the welfare of the social being and to restore or maintain harmony in society, traditional medicine can sometimes be used to know the truth where there is doubt. or lying. The actual participation in a consultation with the traditional therapist allows us to report the following facts observed during an interview with the traditional therapist. [Victim of a theft of money not belonging to him, a young man (apprentice mechanic by trade) aged about 21, accompanied by six other young men including the alleged thief, went to a traditional therapist with whom we were conducting our research investigations. Once received by him, the young man submitted to him the theft case which led him to him and asked for a consultation so that the author of the theft could be found. The first phase of the consultation consisted of calling a young man from the traditional therapist's court who had never known a woman before and making him look at the palm of the traditional therapist's hand so that he could locate the place where the thief was. would find. Staring at the palm of the traditional healer's hand, the youngster located the thief in the room in which the consultation was taking place. The traditional therapist then asked him to designate the person he identified. He looked at the assistance and went to point out the author of the theft, to be sure that the young man was not mistaken or rather to reassure the assistance, he called a little girl also a virgin to whom he showed again her palm on which she will have to identify the thief of the money. Like her predecessor, from her position where she could not see and describe everyone, she was able to say precisely who the thief was, before approaching the thief to better indicate it.] "Experiences from direct observation during an interview session ". to be sure that the young man was not mistaken or rather to reassure the assistance, he called a little girl also virgin to whom he showed again his palm of hand on which she will have to identify the thief of the money. Like her predecessor, from her position where she could not see and describe everyone, she was able to say precisely who the thief was, before approaching the thief to better indicate it.] "Experiences from direct observation during an interview session ". to be sure that the young man was not mistaken or rather to reassure the assistance, he called a little girl also virgin to whom he showed again his palm of hand on which she will have to identify the thief of the money. Like her predecessor, from her position where she could not see and describe everyone, she was able to say precisely who the thief was, before approaching the thief to better indicate it.] "Experiences from direct observation during an interview session ". The confirmation of the thief's identity is effective according to the people present and consequently the population. Since the girl has confirmed what the first one saw, there is no longer any doubt or reserve to believe in the veracity, relevance and effectiveness of the power of the traditional therapist. He told us the following: [There are other means (but which increase the penalties of the Guilty) to show more flagrantly the culprit when he does not recognize himself as such after having been detected by the first method adapted to the case of theft, to d other more complicated offenses and offenses committed at higher levels]. "Interview extract". The traditional healer is attentive and tries to respond to different aspects of human needs. He is present in all human activities. Thus, more than [1] who, taking the definition of a group of African experts, said that: "A healer is a person who is recognized by the community in which he lives as competent to provide health care, through the use of plant, animal and mineral substances, and other methods based on the socio-cultural basis although on the knowledge, behaviors and beliefs related to physical, mental and social well-being as well as to the aetiology of diseases and disability prevalent in the community "[1]. As for the diviner, he uncovers hidden parts of the patient's life. He reveals certain facts which are specific to the patients and their lineage. He can see and reveal things that are of

the invisible world, predict the future and sometimes change it as needed. In both cases (when the patient is listened to at length by the phytotherapist or when he listens with interest to the diviner), the patient is often relieved. In doing so, much of the disease is already cleared before the actual physical therapy is even provided. This procedure of the traditional therapist constitutes the first important steps for the cure as the pre-investigation before the investigation is in a scientific research. This preference observed in certain patients is not observed only in underdeveloped countries. The phenomenon has been observed elsewhere with respect to traditional health practices, [1] writes: “Even in cities well served by free general practitioner service and by hospitals and clinics, many people prefer to use the paid services of a heterodox practitioner for a number of reasons. Apart from the inconvenience of crowded waiting rooms and the routine of hospitals, etc., apart from the apparently summary or impersonal discussions with the doctor, the difficulty of communicating with him and the sometimes complex and ineffective treatment, many patients consider that some aspects of their illness are not addressed by the system ”. Better than the sophisticated techniques of modern medicine, the natural means used by the traditional one, allow individuals to recover their health and regain their social personality. The traditional healer is a person who knows the virtues of the elements of nature and the needs of people. Thus, to come to the end of his investigations, he considers man as the product of a social environment, molded in a culture, shaped by a tradition, resulting from a whole without neglecting the individuality which characterizes him. To provide effective medical and health care, traditional medicine more than its modern counterpart, which until then was more interested in the somatic aspect of the disease, is more psychic than somatic medicine. Because she takes the man the individual in difficulty as a whole sociocultural and psychosomatic, taking into account his health needs. This way of preceding traditional medicine brings it as close as possible to the reality of the patient and makes the traditional practitioner closer to his interlocutor who is the victim more than of an organic disorganization, of a psychic, social, cultural or even spiritual disharmony. The traditional health system takes into account all aspects of a disease. This explains the deep conversations that even the practitioner of this system with the patient. The relationship that is established between the two (02) is that of trust. All in all, traditional medicine has enormous advantages both in products used in the manufacture of medicines and in therapeutic knowledge. Furthermore, In parallel with malaria, [9] finds that the Western Pharmacopeia is composed of 50% of medicines of natural origin (plant, animal, marine, microbiological...) and 25% of medicines that contain extracts of plants or active molecules directly from plants, so it seems logical not to deny the pharmacological effects of plants.

4.2 Therapeutic choices in the management of malaria

Table I: Therapeutic attitude following the onset of fever

Number of people surveyed (n = 82)	No treatment	Traditional treatment	Drug treatment	Consultation at the health center
1st day of fever	30%	60%	10%	0
2nd day of fever	0	70%	40%	0
3rd day of fever	0	60%	30%	10%

Source: Field survey

They are driven by economic and socio-cultural determinants and can be summarized in Table I as follows, depending on the first three (03) days of the onset of the fever. It should be noted that the people surveyed often combine traditional treatment with chemotherapy on the same day. In general, the management of fever begins on the second (2nd) day because the people surveyed ensure the effectiveness and persistence of the symptoms before initiating treatment. The traditional treatment is the first line followed by self-medication, other anti-malarial phyto-therapeutic herbal practices and treatments. Within the framework of this survey, only 10% of the people surveyed had used a health center for their malaria which they considered to be serious. In all cases, the people surveyed continue to take the herbal tea until "recovery". Healing here in quotation marks because for the people surveyed the notion of cure is based on an essentially empirical perception, at least in the case of malaria. Indeed, the absence of fever, headache and cough etc. means cure, or in the case of malaria cure can be clinically manifest and biologically resistant [10]; the plasmodium falciparum taking refuge in the muscles (dormozoites or hypnozoites) to become active again at the slightest fatigue. This means that the relapse is almost systematic because the treatment did not go to the end: and we are witnessing a recurrence of the symptoms and the condition. And it is at this level that the quest for meaning takes place, leading the patient (and generally on the recommendation of the family) towards itineraries oriented essentially towards the diviner or the prior. Everything happens here as if we confer on biomedicine a role of relieving pain, a role that cannot be confused with that of healing reserved for dark medicine: "minwimin" even if they are complementary. Malaria constituting the first reason for consultation and hospitalization in Benin, self-medication removes all legitimacy linked to the health worker. One thus decreases his social status if one recommends a community support of malaria for example which is already, to a certain extent trivialized because "disease of every day". Conflict over the sharing of medical power that could hamper the momentum of this community initiative to take charge of malaria. According to [11], if there is a gap between the patient and the caregiver, it is because the therapeutic relationship is inevitably an unequal relationship between the one who has the knowledge and the power to heal and the one who asks to be healed. Malaria being an "everyday disease", the management or rather the dosage easily integrates the previous recommendations of the doctor or the village health worker. This is a process of appropriation of medical knowledge (which happens to be a reference system) by the communities. Indeed, writes [12], the copy of the Western model makes it possible to circumvent the annoyances related to the frequentation of health centers. The availability of products in the open market and the possibility of having them without a prescription and without consultation are all factors that reinforce self-medication. So we go to the hospital to be treated but also to learn to take care of ourselves. But at the same time.

4.3 Therapeutic itineraries for the management of malaria

People follow a healing process that is unique to them and relates to their experiences. While others go directly to the hospital, some prefer to consult the deities to find out exactly the source of the evil before resorting to plants or other practices such as sacrifices or self-medication. Here is what this patient met in a health center tells us:

“No one here can say that he has never suffered from malaria. I told you that malaria is an everyday disease. When the illness started my body was hot and the next day I took two (02) chloroquine tablets three times a day.

As my body was always warm, my aunt told me to take two (02) tablets of Sudrex and in the evening before bedtime two (02) tablets of Medik-55. I took all of these tablets with herbal tea. When I did this the disease stopped, but a few days after my body became warm again, I was vomiting and refusing to eat so I went to the hospital because I found that I was getting too pale. The doctor wrote down the drugs that I am now drinking. But I didn't leave the herbal teas so that yesterday I threw up the malaria. A yellowish substance and I think it's healing ahead ". [Interview extract with GH, 48 year old patient] This testimony partially sums up the therapeutic itinerary of the people interviewed met within the framework of the investigation, especially when it comes to simple malaria and one wonders, following D. Bonnet (1986) if the malaria does not seem to be going away. of oneself becoming a social fact which imposes itself and imposes itself on all. This respondent continues:

"In the event that the disease is serious and" falls within "male" malaria, it is no longer the business of the "dotoo" because for this form, we do not give an injection otherwise the patient dies. You have to look in the dark (minwimin), among healers and pray a lot because it is the sorcerers who are at the base of male malaria. "[Extract from interview with GH, 48-year-old patient]

The case of this respondent situates the therapeutic routes at three levels:

- ❖ Popular therapy: It includes self-medication, church prayer and the treatment offered by the sister-in-law. This is the popular knowledge of the symptoms and treatments for uncomplicated malaria.
- ❖ Alternative therapy: It takes into account the diviner (who is responsible for the quest for meaning, the search for the who and why of this recurrence) [13] and the healer who offers phytotherapeutic treatments.
- ❖ Professional therapy: This mainly involves recourse to the official health sectors; here a private clinic in the village.

In (re) analyzing this route in the perspective of [14], the process of maintaining health, we can notice that resorting to the health center is only one stage in the search for healing and concerns about 10% of patients. surveys. We can therefore see that the people surveyed, but also health workers, are the main providers of care. It cannot be said, however, that the popular and alternative sectors "are essentially the result of rural regions and the survival of backward rural mentalities" [15] because whatever the socio-professional category of the respondents, they recognize the relevance of an appeal. to these areas consciously or unconsciously; and which is linked to the realities of the socio-cultural environment and to family and societal determinants. The spaces crossed by the patient, writes [16], the socialization and contextualization of the disease as well as the actors directly or indirectly describe much more the complexity of the process of maintaining health and the dynamics of health coverage which cannot no way be confined to the logic of the biomedical system of care. We can see that the quest for healing goes through these different stages. The order of recourse can sometimes change depending on the intellectual level of the respondent and whether the malaria is the "soft" type or the "soft" type. Because just as social representation evolves according to permissiveness, culture and intellectual profile, so too, the therapeutic route is not immutable and can change as long as the individual changes social status or spiritual referent. The people surveyed being adults, they take charge of themselves. But if in the meantime his

illness coincides with a family, land, or other antecedent (nightmares or agitations in sleep), recourse to the alternative sector is first intention. Yet these are the same symptoms. The interpretation of the medical system will therefore not restore this individual and event-driven dimension of the disease "there is thus a margin to be observed between a medical theory" and the "reality" of the interpretation, called by [17] "logic of the event ". In all cases, the intervention of the diviner in determining the cause of this external agent which disturbs the normal course of things, is an essential phase of the diagnostic procedure (60% of respondents affirmed this, especially when the disease takes a form deemed unsuitable for a hospital consultation). Resorting to the health center is therefore second-line after self-medication (that is to say, home treatment), hence the relevance of strengthening actions in terms of community management of malaria. In short, the limits of chemotherapy in the face of the most frequent diseases in Athiémé relate to:

- To the high cost of chemotherapy products, that is to say the cost factor.

In fact, chemotherapy products, the prohibitive costs of which are not within the reach of the purchasing power of populations, for the most part with modest incomes.

- The hassle associated with going to health centers. Indeed, the availability of products on the free market and the possibility of having them without a prescription and without consultation makes it possible to circumvent the hassles.
- The disadvantages of crowded waiting rooms and the routine of hospitals.

Seemingly summary or impersonal interviews with the doctor, the difficulty of communicating with him, and the sometimes complex treatment.

- To traditional herbal anti-malaria herbal treatments which are first-line. As part of this survey, 80% of the people surveyed had recourse to traditional treatments, from the onset of the disease until recovery.
- To the outline of the official disease management protocol which seems difficult for the people surveyed
- Treatments that are not administered to the end with the right dose that takes into account the patient's weight and age.
- In intratherapeutic administration of the dosage in 60% of cases for treatment beginning on the second day of the disease.

All these limitations of chemotherapy mentioned above lead us to cases where the disease takes a serious form, and we thus see a recurrence of the symptoms and the affection. The disease at this time for the people surveyed, is considered inadequate for a hospital consultation and generally requires, on the recommendation of the family, the intervention of the diviner. Also according to the people surveyed the disease is no longer in these cases the affair of the "dotoo" because for this form, one does not make an injection otherwise the patient dies. You have to look in the dark (minwimin), among healers and pray a lot because it is the sorcerers who are at the base of the disease. The doctor in this case does not find any organic pathology in the patient; apparently the patient has nothing. We speak of "iatrogenic disease" in Encyclopaedia Universalis p.809. In other cases the

pathology is known but the therapy applicable in the present case fails to cure the patient. In these cases, the doctor often asks the patient to consult the traditional healer or it is the patient himself who decides to confide in traditional medicine which offers phytotherapeutic treatments.

4.4 Presentation of some therapeutic recipes at the kotafon of Athiéme

4.4.1 Non-digestive parasitosis

▪ MALARIA

Some recipes

a- Ingredients

Take :

1- Scientific name : Leaves of *Jatropha curcas*

Common French name: Indian pigeon leaves

Name in local languages

Fon: Nyikpotin (ama) or Gbaguidi kpotin (ama)

Kotafon: Adjahoungbogboe

Mina: Babati

2- Scientific name : *Cocos roots nucifera*

Common name in French: Coconut roots

Name in local language

Fon: Agoukèdo

3- Scientific name : Pineapple pulp *comosus*

Common French name: Pineapple pulp

Name in local language:

Fon: Agonflo

b- Preparation

Combine the ingredients in a canary or in a saucepan and prepare a decoction.

c- Employment

Drink a beer glass (150ml) of the decocté obtained three (03) times a day.

Precaution to take

During the treatment it is recommended that the patient take meat cooked in a fire or boiled eggs, and avoid consuming palm oil. The patient during treatment can also take smoked meat, fried or smoked fish, fried eggs. In case of prevention of malaria drink a beer glass (150 ml) hot herbal tea.

▪ DIABETES

- Some recipes for diabetes

a- Ingredients

Take :

1- Scientific name :	A whole plant of <i>Cassia occidentalis</i>
Common name in French:	A whole plant of Kinkeliba or negro coffee
Name in local languages	
Fon:	Agonlinsiwaluvi (tin)
Goun:	Kinikiniba (tin)
2- Scientific name :	<i>Chassalia kolly</i> (Rubiaceae)
Name in local language	
Fon:	Atinje

b- Preparation

Bring together a handful of crushed *Cacia occidentalis* plants associated with those of *Chassalia kolly* in a canary or a saucepan, then add (02) liters of fermented corn water. Make the decocté.

Employment

Drink one (01) beer glass (150 ml) of the decoction two (02) times a day.

NB: Follow the treatment for six (06) months without interruption.

4.4.2 Infectious diseases

▪ MEASLES

a- Ingredients

1-Scientific name	: Leaf twig of <i>Cassia occidentalis</i>
Vulgar name in French	: Leafy branch of kinkeliba or negro coffee
Name in local language	
Fon	Agonlinsawaluvi (ama)

b- Preparation

Gather the leafy twigs of *Cassia occidentalis* in a canary or saucepan. Make a decocté of the leafy twigs gathered in a sufficient quantity of water.

c- Employment

Child: Drink one (01) shot glass of the decocté obtained twice a day.

Adults: Drink one (01) beer glass of the decocté two (02) times a day

The literature reveals that there are many other plants that are involved in healing or preventing other ailments. Reference [18] found that in the Philippines, local populations have used lagundi for centuries for its medicinal properties. Lagundi was regularly used by Filipinos to treat wounds and relieve pain. He also found that the natives had a thorough knowledge of the different therapeutic virtues of each part of the plant. So, while leaves are commonly used to relieve headaches and treat ulcers, seeds are used for skin diseases. Flowers are used to treat many diseases such as diarrhea and cholera, and black fruits are dried and consumed to relieve intestinal disorders and regulate intestinal activity. Finally, she discovered that the roots of the plant are used to treat rheumatism and dysentery. The traditional knowledge surrounding lagundi is widely shared among herbolarios, healers who use their traditional knowledge to prepare and administer herbal remedies. For generations herbolarios have been recognized as an authority in medicine in many local communities, where they enjoy the respect and trust of the population [19]. Reference [20] have shown that many plants have demonstrated in vitro anti-herpetic antiviral properties, which can be used for further treatment. The melon extract used as balm was treated in a randomized, double-blind, placebo-controlled study in 66 patients with recurrent herpes simplex virus type 1 infections. Balm was used 4 times daily over a 5-day period in the affected area. Treatment with melissa favored a faster healing time, also prevented the spread of infection and relieved pain better than placebo. Cayenne pepper (*Capiscum frutescens*): contains capsaicin, the main compound of Cayenne pepper, which is formulated as a cream for the treatment of post-zosterian neuralgia. It is applied four or five times a day and initially causes a burning sensation. After continuous use, it exhausts the substance P in the regional peripheral nerves, which reduces pain. Reference [21] Indeed, herbal medicine is one of the alternative and complementary medicines, whose use has been on the rise for some years in Western countries. Phytotherapy is in fourth place with 30% of patients who have used at least once in their lives out of a population of 578 patients according to a study conducted in 2016 [22]. Another study puts the use of phytotherapy in fourth place with 10% of a population of 521 patients [23]. Herbal medicine is often associated with homeopathy, which is one of the most widely used alternative and complementary medicines.

5. Conclusion

In Kotafon country the disease is attributed to allogenic causes more than to internal causes. We can retain as the cause of illness the transgressions of customary prohibitions, disobedience to the manes, the curses of the neighbors but also a bad diet. To cure the patient, the traditional therapist searches for the cause of the evil by divination: Fa (oral) or Vodoun, that is to say the consultation of higher beings. It is during this consultation that the traditional therapist establishes the diagnosis and therapy. Overall, we can retain two therapies: sacrificial rhythms to calm the anger of forced beings or manes if it turns out that it is they who are at the origin of the evil and then the galenic, that is to say the composition of drugs to heal the physical body of the patient. The effectiveness of the therapy of traditional Kotafon medicine is linked to the healing action of the traditional therapist who necessarily restores the dialogue of man with himself, his entourage and with sacred nature; this nature which carried the evil must restore health, plants, animals, minerals to cite only these examples. In this way, the traditional therapist captures the inner reality of the patient and replaces it in his supernatural space to give man a place in the natural. The function of the traditional therapist is as much therapeutic as social. The relationship of the body with nature is such that this nature is experienced from unconscious realities where the supernatural is present at all times and in all places. The real, which is of the order of the visible, the perceptible, of the socially organized world depends on these hidden realities buried in the interiority of the Kotafon. The prohibitions mark out the permit; taboos are symbolized by totems, plant animals, minerals. This relationship between prohibitions and permits, which asserts itself in social organization, also asserts itself in the body, the symptom, the disease and the remedy. In such a mode of relations, the cure of a complicated disease can be achieved only against the background of the culture of the sick. Still, the traditional therapist would have to act as a liaison between the natural and the supernatural. By leaving the field open on the question of the conception and the symbolism of plants in Kotafon therapy on the one hand, on the debate on the integration of traditional medicine with modern medicine on the other hand, Medicinal plants are then also preciously preserved and valued. Health care, from medicinal plants (phytotherapy) is also perpetuated, and valued, therefore special attention is given to the environment.

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