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Je suis Bamenda, Je suis Dockta: *ACCOUNTING FOR THE POPULARITY OF BAMENDA GRASSFIELDS TRADITIONAL MEDICINE MEN IN CAMEROON SINCE PRECOLONIAL TIMES*

Joseph Lon NFI
nfi.joseph@ubuea.cm
The University of Bamenda

Abstract:

Les Bamenda as they are called in Cameroon today, are the people of the Bamenda Grassfields or the Bamenda Province, North West Province and North West Region as the areas was referred to at various moments of Cameroon history. These people are known to be robust, hardworking, enduring, exploitable, serviceable, respectful of constituted traditional authority but very opposed to unfair government authority. This account for their presence in household, firms and plantations in the urban and rural areas of the Southern Cameroon. This paper is interested in another aspect of their dynamism. It investigates the survival of their traditional medical practices despite colonial and missionary influences and the presences of Bamenda *Dockta* all over the economically advanced Southern Cameroon in towns like Buea, Victoria, Kumba, Douala, Yaounde, Edea, Nkongsamba, Ebolowa, Tiko and Kribi. Based on oral interviews, secondary sources and the observations of the author, the paper reveals that the contact between Western or Scientific Medicines and Indigenous Medicines in the Bamenda Grassfields did not destroy the indigenous heritage like elsewhere and that the migratory character of the populations, the economic value of their medicines and liberty laws of the 1990s opened the wider Cameroon market to Bamenda *Dockta. Les Bamenda* are therefore also known and distinguished because of their real or imagined indigenous medicinal prowess.

Key Words: *Indigenous, Medicines, Herbalists, Bamenda Grassfields, Cameroon*

Introduction

The Bamenda Grassfields (also: Bamenda Grasslands, Western Grassfields, Bamenda Highlands, Western Highlands, North West Province, North West Region, or simply Bamenda) covers17,910 Square kilometres and is located in north-western Cameroon. The territory had 429,100 people in 1953 and 1.2 million people in 1987 (Bartelt, 2006:61).Together with the South West Region it constituted what was the Southern Cameroons under British rule after the partition of German Kamerun in 1916. At independence in 1961, British Southern Cameroons and French Administered Cameroon (independent since 1960) reunified to form the Federal Republic of Cameroon. Today the

Bamenda Grassfields or North West Region and the South West Region are the only two Anglophone regions out of ten that constitute the Republic of Cameroon.

Bamenda Grassfields had numerous ethnic and diversified cultural societies with complex and hierarchical Fondoms (kingdoms or chiefdoms). These included some very small village chiefdoms and some very large expansive composite conquest states, such as Bafut, Bali Nyonga, Kom and Nso' (See: Chilver and Kaberry, 1968). Yet, all the Bamenda Grassfields fondoms are linked together by many commonly shared aspects such as the belief in a common descent, the centrality and sacredness of Fonship institution, palace and men's secret societies, military associations, various ways of everyday life, love of culture, opposition to unfair governance and the general pride of being *Bamenda* (Nfi, 2014).

The roots of the cultural identity of the Bamenda were established during the precolonial times. First, there was the belief in a common descent that could be summarised in a legend or myth of origin. This was the case with the Nso, Bafut, Kom, Bum, Oku, Noni, Nkwen, Bambui, Bambili, Ndop Plain chiefdoms and many other groups in the Bamenda Grassfields that claimed Tikar origins. Apart from the Nso and Kom that trace their origins from the precise site of Ndobo or Mbankim in the Adamawa, Tikar was to many of these groups an imaginary place in the North of Cameroon. The other groups such as the Bali Chamba also claimed to have migrated from the steppes and semiarid North Cameroon (Nyamndi, 1983:3). The Widikum however came from the forest south.

The region had a distinctive vegetation that was dominated by the tall savannah grass after which it acquired the name Grassfields (Grasslands). It was also Highlands essentially because it is a high plateau that contains mountainous peaks, volcanic lakes, undulating hills, lower plains, deep valleys and steep slopes (Fanso, 2010) The Bamenda region was linked by the old pre-colonial trade routes to the coastal commercial centres of Calabar and Douala long before the founding of Victoria in 1858 in the south by the London Baptist Missionary Society. Bamenda was also connected with the numerous townships of old Adamawa in the north and north-west that connected and depended on the Benue-Niger river systems or the Lake Chad basin, and the trade routes across the Sahara Desert for some very distant trade (Fanso, 1982:34). These precolonial connections exposed the people to various types of indigenous knowledge systems

Bamenda Grassfields was also the respect for constituted authority. The people settled in hierarchically administered chiefdoms. These chiefdoms developed similar institutions with the chiefs at the head of the chiefdoms politics and religion. He was the chief priest, the link between the living and the ancestors, the custodian of traditions and chief medicine man. With this set up, traditional medicinal practices were headed by the chief and assisted by lineage and family heads. Traditional Medicine (TM) was a community responsibility and it was practiced to ensure the fertility of the people, stability and

sovereignty of the chiefdom. Due to the political and spiritual responsibilities of herbalists under the supervision of the chiefs, Bamenda Grassfields medicine men excelled in their profession and impacted the rest of Cameroon. This study examines some historical reasons for the prominence of these Bamenda *Dockta* and Bamenda TM in Cameroon

A. Conceptual and Theoretical Issues

The concept of TM has been given many and varied meanings depending on the geographical zones and continent. There is Chinese Medicine, Indian Medicine and African Medicine. In 2000, the World Health Organisation (WHO) indicated that TM is "the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses". This study is focused on the Bamenda Grassfields skills, practices and indigenous knowledge used to solve health problems

Traditional healers or herbalist is "a person who is recognised by the community where he or she lives as someone competent to provide health care by using plants, animals and mineral substances and other methods based on social, cultural and religious practices (WHO, 2000). The definition as applied in the Bamenda Grassfields therefore included all those healers who treated patients holistically and who today are still trusted in both the rural and urban settings in Cameroon.

This study falls within the framework of the still relevant discourse on the impact of colonialism in Africa. It accepts the theories (dependency theory) on the negative impact of colonial rule in Africa. Like Taiwo in 1993, the paper focuses on the negative impact of colonial rule on modes of knowledge production, particularly the knowledge of medicine. Like Konadu (2008), Millar (2004), the study indicates that generally, the introduction of Western Medicine practically undermined and stigmatised the traditional health system especially where TM was out rightly banned. The survival, recognition and acceptance of the Bamenda Grassfields TM in Cameroon before, during and after colonial rule was therefore an exceptional reality which had to be investigated.

B. Reasons for the Popularity of Bamenda Grassfields TM/ *Dockta*

In Yaounde, Douala, Edea, Ebolowa, Kribi, Nkongsamba and the other urban centres in coastal or southern Cameroon where French Language was the principal language of commerce and administration, these healers were called *Dockta* either derogatorily or as a deformation of the English word Doctor. In Kumba, Buea, Tiko, Mutengene, and others coastal towns where English Language was used, they were called "Native Doctor" a colonial appellation that was used derogatorily to humiliate these important professionals. Their "clients" included all categories of Cameroonians. The poor and working class who needed treatments for their health crisis and the rich merchant class

and politicians who wanted charms, protection and talisman for their business and political promotion (Kotai, 2021). These services were offered most often successfully even if there were some charlatans amongst the Bamenda *Dockta* who exploited rather than served their patients. The outcome of the proliferation of Bamenda *Dockta* was that almost all the Bamenda people in these towns were considered *Dockta*. The Bamenda regalia (togho) became the attire for Traditional Doctors in drama pieces and theatre sketches on television and the actors always spoke or performed in broken English attesting the Bamenda origins of Traditional Doctors and TM. TM therefore became part of the Bamenda identity.

1. The rich ecology of the Bamenda Grassfields

If Cameroon is a microcosm of Africa because of its geographical diversities, the Bamenda Grassfields is Cameroon in miniature because of its interesting and rich ecology. The region had Tropical Highland forests, Savanna Grasslands with exceptionally tall Elephant Grass, Volcanic Lakes, Rivers, Plains, Iron deposits, Palms, Castor, honey, eggs, limestone, clay pots, Salt mines and a fertile soil. The dry season was from November to March and the longer rainy season made the region well-watered. All of these provided the necessary raw materials, tools and production centres for Traditional Medicines (TM). For example the Tropical Highland Forest covered more than 37 percent of the Bamenda Grassfields by 2006 and served as a reservoir for medicinal plants. Trees of the forest region were found in the Grassfields in chiefdoms like Oku and Kedjom-Keku (Koloss, 1995:43). Bartelt (2006:103) who researched on TM in Oku says that "the Forest to the Oku man is like the Bible to the Christian as both are means of communication with God". Healers throughout the Bamenda Grassfields and Oku in particular emphasised the role of the forest (most often the Secret Forest) when communicating with the ancestors. The forest also harboured the plants they used for healing. The Kilum Highland Forest in Oku is one of the very few surviving forests in the Bamenda Grassfields today and its rich medicinal plants gave Oku the name "Small India of Cameroon"[1] as people travelled long distances to be treated there (Koloss, 1995:71).When out of Bamenda and in the forest southern part of Cameroon, they easily identified and exploited similar trees for their TM.

Palm Oil and mineral Salt were important ingredients of many TM. Palm Oil in particular was an anti-witchcraft with anti-bacterial properties. It was used in many powdered TM and was easily available in the Bamenda Grassfields. The lakes like Lake Oku, Lake Awing and Lake Nyos harboured the gods who inspired the diviners and fortune tellers. These were also sites of incantation and the acquisition of supernatural forces while Iron Smelting in Babungo, Oku and Bamessing produced tools for the extraction of TM raw materials. These were some of the ecological characteristics of the Bamenda Grassfields

[1] India has a reputation in Cameroon as a source of powerful TM

that made the region and its people prominent herbalists. These ecological features were not all present in the economically advanced Southern part of Cameroon thus making this region dependent on TM from the much diversified Bamenda Grassfields.

2. Diversity of Grassfields Herbal Practices

As indicated above, the people of the Bamenda Grassfields were the most heterogeneous in Cameroon. Unlike the Southern part of Cameroon that was inhabited by Bantu with closely connected histories of migration, Bamenda Grassfields had its population divided into 60 percent Tikar, 30 percent Widikum, 5 percent Chamba and 5 percent Fulani, Hausa and other groups (Bartelt, 2006:66)

This immense diversity was reflected in its TM as the Widikum who came into the region from the forest south had different TM practices from the Tikar and Chamba who migrated from the Sahel North. This was not the case along the coast where the populations were all from the forest. In the 1920s some Fulani and Hausa immigrants settled in the Bamenda Grassfields introducing their own type of TM characterised by amulets, charms and talisman. With this diversity, there existed specialists in the treatment of diseases like epilepsy and psychiatric disorders (Asongwe, 2021:36). This diversity made for better results, affordability and acceptability in areas where TM practices were very similar and often seen to be monotonous. It was because of this diversity, affordability and acceptability that Bamenda herbalists found fertile grounds in the economically advanced southern part of Cameroon.

3. The Slave Trade and Colonial Labour

One of the historical events that greatly exposed the Bamenda indigenous healers was the Slave Trade. When European planters needed labour for their plantations in the Americas, they turned to Africa where labour could be conquered. From the 15th Century, the Trans-Atlantic Slave Trade started along the coast of Cameroon. The principal source of slaves inland, was the Bamenda Grassfields where powerful, expansionist and conquering Chiefs had war captives and criminals who could be sold as Slaves. Many of these slaves were healers, diviners and practitioners of TM. Some were abandoned along the coastal settlements of Bimbia, Victoria, Douala and Calabar where they resorted to TM as a source of livelihood. Even those who were taken to the final destination in the Americas also had the possibility to practice Bamenda Grassfields TM. This accounted for the popularity of *les Bamenda* as herbalists

If the abandoned and liberated Slaves who were healers were few, the next wave of many herbalists arrived the coast thanks to forced labour employed by the Germans from 1885 for the cultivation of tropical raw materials needed by German industries. In 1904, the Bali-Nyonga Chiefdom alone supplied 1700 labourers to the German plantations in the South. And by 1914, about 11,000 Bamenda Grassfielders had been taken to the

plantations and railway sites in the South. (Nyamndi, 1988:113). Many of these labourers practiced TM along the coast.

After the Germans who established corvee units with the chiefs as corvee agents for labour recruitment, the British and even the Post-Colonial State continued to regard and use *les Bamenda* as plantation labourers. For example, in 1928, the Bamenda Grassfields supplied about a quarter of the labour force of 9,969 to the plantations in Victoria Division alone (Ardener et al, 1960:205). By 1955, there were 8,109 Bamenda Grassfields labourers in the plantations. After independence, they were taken to CDC Plantations, PAMOL, HEVECAM in Kribi, Sugar cane plantations in Mbanjock. Amongst these labourers were herbalists who successfully practiced TM as part time work. Even when these labourers were not healers, they often invited their relations, healers back home to move into the plantations and solve the multitude of health challenges faced by the workers (kotai, 2021). This accounted for the many Bamenda herbalists in Buea, Victoria, Tiko, Douala, Kribi, Edea Mutengene and other urban centres along the coast. This greatly promoted the image of *les Bamenda* as "Native *Dockta*"

4. German/British Colonial Policy of Indirect Rule and the survival of TM

The Bamenda Grassfields experienced two European Colonial dominations from Germany 1892 to 1916 and from Britain 1916 to 1961. During British administration, there was also a significant population of Nigerian (Igbo) settlers who promoted TM. In the first place, the Germans were considerate of indigenous practices and customs and did not apply the principle of assimilation (Rudin, 1968:298) During this time, most Grassfields communities continued to operate under their traditional administration without any direct interference from the Germans who were more interested in the coastal area for the economic benefits that region provided (Bartelt, 2006:61) This German policy worked in favour of Bamenda TM in two ways. The chiefs whose authority and powers were conserved continued to protect TM which was also a source of power to them. In the Bamenda Grassfields, the gods, ancestors and medicine were all concerned with well-being, defined as growth, fertility, health and prosperity of people, land, crops and animals-indeed, the political health and sovereignty of each Chiefdom (Maynard,2002:79) Secondly those who were taken by the Germans to the economically advanced Southern part of Cameroon practiced there.

When the Germans left Cameroon following their defeat by Anglo-French Forces during the First World War, the Bamenda Grassfields became part of the British Administered Cameroon. It should be recalled that when the 1914 war ended, Cameroon was partitioned into British Cameroon and French Cameroun. The territories were administered as such until the independence of French Cameroun in 1960 and the independence of British Cameroon and its reunification with French Cameroun in 1961. During this period, the British defended some traditional medicinal practices and recognised others as legitimate

in line with their policy of Indirect Rule. They believed in some practices, selectively and actively promoted them and sought to bolster the Fonship, Secret Societies like *Kwifon* and other institutions with medicinal importance as part of Indirect rule (Maynard,2002). Practices that were banned were not strictly monitored. For example, the British banned "ritual killings, witchcraft, poison ordeals and unspecified malpractices connected with Juju (Great Britain, 1922:48) but in areas like Kedjom-Keku human sacrifices and sasswood ordeals continued (Maynard, 2002:89). Last but not the least, some British officials (District Officers) made use of TM. This was the case with T. A. Izard, Assistant District Officer for Mambila who used oath-taking or the sasswood ordeal to adjudicate disputes and court cases (Great Britain, 1926:21). In 1956, Joseph Minang, a Kom man who was Assistant Cattle Control Officer in Wum known for rain magic was invited to attend the Queen's visit to Lagos and use his magic to prevent rain from spoiling the festivities (Maynard,2002,97). The British therefore made Bamenda TM known and protected.

This was not the case in neighbouring French Administered Cameroun. The Bamileke Grassfields in French Cameroun with a similar ecology suffered a setback because the French banned the practice of TM. Every sick person was expected to go to the European-run hospital and nowhere else (Fanso, 2010:5). If a patient died in a healers home the healer was arrested, tried in the law courts and convicted but this was not the case when patients died in the hands of European doctors (Fanso, 2010:5). To ensure that indigenous medicine was not practised at all, they soon issued the colonial Decree of 8 August 1924 and the *Arrété* of 4 October 1924, listing TM, witchcraft and sorcery amongst the offenses under the *Indigénat,* entailing summary prison punishment without trial for "Native *Dockta*". All these repressive measures contributed to the decline of TM in French Cameroun and the people could only revive the practices at independence or depend on the Bamenda Grassfields TM after reunification.

5. Absence of Biomedical Facilities in the Bamenda Grassfields

During the colonial and even the post-colonial eras, the Bamenda Grassfields remained backward and underdeveloped when compared to the coastal part of British Cameroon and French Cameroun. In terms of socio-economic infrastructure, the Bamenda Grassfields had no hospitals, no biomedical practices until the late 1920s when the British set up hospitals in Bamenda and Kumbo. There were communities that were located more than seven days trek from the two only Government Hospitals and had to depend on TM. The Roman Catholics, Basel and Baptist later added the number of hospitals and Clinics (Maynard, 2002:87). These came late when compared to the coast of British Cameroon where the first Dispensary was set up in Calabar in 1856 and a Sickbay in Victoria in 1858 (Ardener, 1968). This was followed by hospitals in European settlements and plantation towns to cater for the labourers. Again biomedical drugs from Nigeria never arrived the Bamenda Grassfields on record time because of the bad roads and the

nonchalant attitude of Nigerian officials who were reluctant to serve in the British Cameroons (Funteh, 2018).

There were certain diseases that people discovered in the early years of colonial medicine for which it would be a waste of time and a risk of death going to the hospital instead of to the specialised ethno-practitioner for treatment. These included diseases commonly associated with witchcraft or sorcery and other difficult diseases like epilepsy, insanity, yellow fever, haemorrhoids, impotence or barrenness, and bone-setting (Fanso, 2010:9)

In French Cameroun, the situation was different as health units and hospitals were located in most of the Districts. There were also vigorous campaigns against epidemics and some diseases like Sleeping Sickness. Doctor Eugene Jamot is known to have fought against Sleeping Sickness in Cameroun and provided treatment to Africans. The French initiated a special maternal and child care programme which by 1937 gave French Cameroun 15 maternity clinics, and 27 paediatrics clinics, provided public hospitals in bigger towns and mobile medical services in rural areas (Fanso, 2010:11). There was some satisfaction with the biomedical infrastructure causing the neglect of TM. This was later going to benefit the Bamenda herbalists as they expanded to conquer the space provided by this long time neglect.

6. Initial ineffective Missionary Opposition to TM

The survival of TM in the Bamenda Grassfields could also be attributed to the conflict between the Missionaries and the British Colonial Officials at the beginning of the Mandate Period. While in French Cameroun the Missionaries and Colonial Officials were united against TM, in British Cameroon, the British opposed the Catholic Church because they wanted to protect the chiefs but more importantly because the Missionaries were German Pallotine Fathers whose presence in the territory was not comforting for the British. They arrived Kumbo in 1912 and founded the second Church in Fujua Kom in 1913. After the First World War and the "Priestless" years of 1916-1920, the German Pallotine Fathers were replaced by the French Sacred Heart Fathers led by Mgr Joseph Plissonneau. The British who preferred British Missionaries to the French pushed the Nso traditional authorities to attack and kill Christians sending away the French Sacred Heart Fathers who left Shisong by 1923. (Nfi et al, 2020). The British therefore defended some traditional medical practices in opposition to the early Catholic Missionaries who were from competing countries. The Missionaries could only effectively combat TM from 1924 when the Mill Hill Missionaries took over the Bamenda Grassfields.

The Basel Missionaries faced the same challenges because they were either from Germany, Swiss or had links with Germany. The British obstructed all their attempts to ridicule the herbalists and punish them for what the churches considered as demonic practices.

7. The Commercialisation of Grassfields Medicine

Unlike elsewhere in Cameroon where TM was banned or where people felt more protected by the available biomedicines, the Bamenda Grassfields herbalist became popular because of their outdoor activities. The culture of advertising, commercialising and or hawking TM was copied from Nigerians who flooded the Southern Cameroons as medicine hawkers. The most popular was Dr Adiboroja and his dance group as they danced on the streets of Bamenda with drugs and promising to shine teeth snow white (often with vim, comet or some unknown cleansing concoction) (Nfi,2015:52). By the 1960s, healers could already be seen advertising TM on the streets of Bali Nyonga (Chilver, 1989:8). It was in fact quite common to see TM exhibited at every market: herbs, seeds, barks and woods as used by the animistic Herbalists (Maynard, 2002:96). The Fulani and Hausa also marketed amulets, talisman, and charms in markets in the Bamenda Grassfields. With Independence and Reunification, the herbalists proceeded to commercialise their herbs in the socio-economically advanced Southern part of Cameroon where TM had been ignored for long and where the purchasing power of the people was better

8. The Role of Professor Daniel Lantum and Others

Western trained Medical Doctors from the Bamenda Grassfields like Professor Anomah Ngu Victor and Professor Daniel Noni Lantum played a crucial role in the vulgarisation of TM in general and TM from the Bamenda Grassfields in particular. While Anomah Ngu and others tolerated TM, Professor Daniel N. Lantum of the University of Yaounde Medical School and Teaching Hospital who had also studied TM and who was combining it with biomedicine to treat his patients initiated the idea of inviting Traditional Medicine Men from Nso and the Bamenda Grassfields to Yaounde to give lectures on their experiences to Medical Students of the lone Cameroon school of Medicines in the 1970s and 1980s (Fanso, 2010:12). Their presence in University lecture halls and biomedical health centres and hospitals bolstered their morale and brought them more and more out of "darkness" that might have characterised their methods. They in turn leaned about the need for hygiene in the medical field. Lantum published the Pros and Cons of TM in Cameroon in 1978 and in 1986, he concluded a census of Bui Traditional Medicine men in a publication that was greatly welcomed by the interested parties. Several conferences were organised in favour of collaboration between TM and biomedicine and in many hospitals in Cameroon, many Western trained doctors started collaborating with indigenous healers in the 1980s. This was the case in Oku, Kumbo, Bali-Nyonga, Kedjom-Keku. For example in the 1980s in Kumbo, Traditional Doctors easily handed over patients needing blood transfusion, amputation, surgery and vaccination to biomedicines while the biomedicine practitioners also handed over cases of madness, epilepsy, bone-setting, impotence and barrenness to Traditional Doctors (Chem-Langhëë

and Fanso,1996:376). This offered the Bamenda Grassfields *Dockta* the opportunity to conquer the "market" of these diseases.

Apart from the role of Daniel Lantum and other Western trained medical doctors, some Bamenda Grassfields researchers also developed interest in the TM of their ethnic groups. The outcome was a conference on ethno medical systems in Bamenda in December 1985 (Chem-Langhëë et al, 1996:370). This conference and the publications that emanated from it galvanised the herbalists and opened them to other parts of Cameroon.

9. The Economic Crisis of the 1980s

The 1980s witnessed a significant boom in the Grassfields TM sector. This was due to the coming to power of President Paul Biya in 1982 and the economic crisis that started in 1986. President Biya promised democracy, freedoms and the liberalisation of the economy. This was after close to 22 years of Ahidjo's totalitarian rule. Many Bamenda Grassfields herbalists now had the courage to move out of the region. Still in the 1980s Cameroon experienced an economic crisis characterised by a drastic fall in the prices of raw materials and exports such as Coffee, Cocoa, Rubber, Cotton, Timber and Banana. Many Bamenda healers moved to the economically advanced south as TM became their only source of income. Many Bamenda town duellers who were not even initiated in TM started practising and deceiving people. These were charlatans in the profession. During this period the concept of Modern Traditional Medicine emerged with herbalists like Dr Fru and Dr Dewah bottling, processing and storing TM like biomedicine. Traditional Medicine clinics, hospitals and shops became common in Kumba, Limbe, Tiko, Bafoussam, Douala, Yaounde, Ebolowa and other towns controlled by herbalists from the Northwest. Research in TM was also promoted as many university biomedicine and anthropology scholars investigated the practices of herbalists.

10. The Liberty Laws of the 1990s

The return to multiparty democracy and the enactment of liberty laws in the 1990s was another event that permitted Bamenda TM to emerge. This time some Bamenda Grassfields herbalists excelled in the use of public space, mobile vans, passenger buses, traditional and social media for the commercialisation of their TM. The multiple Radio and Television channels in Cameroon also became avenues for the promotion of what they now called Modern Traditional Medicine. The most outstanding of these "merchants" was Dr Dewah from Baligashu (Bamenda Grassfields) who started TM in 1978 as the son of a Herbalist and who was issued an authorisation to practice by the Ministry of Public Health in 1990. His authorisation was renewed in 2003 and during this time, he set up his Modern Traditional Clinics in Kumba, Bafoussam, Limbe, Bamenda, Douala, Mbouda, Nkongsamba, Yaounde, Ebolowa and in Gabon and Congo. He was so vocal in his campaigns and adverts that Minister Urbain Olanguena Awono of Public

Health banned his activities in October 2006. This ban was uplifted few months later and in 2009, Dewah received an excellence award as the best Modern Traditional Doctor in Cameroon (Yuri, 2009:2). Dewah was one of the most popular Modern Traditional Doctor in Cameroon and even the Central African Zone. He was also actively involved in the fight against HIV and COVID 19 before his death on March 31, 2021

Freedom to practice also revealed another Modern Traditional Doctor of Bamenda origins, Dr Richard Fru from Mankon (Bamenda Grassfields). He ran the Garden of Eden Naturopathic Institute of West Africa (GENIWA) and was known for his efficiency in the treatment of many diseases. He received students from Medical Schools and researchers from Ghana, Nigeria, USA, France, Asia and Germany. In 2006, he was invited by the Ministry of Public Health to represent the Southwest Region in the committee to draft laws governing TM in Cameroon. In 2012, Lifetime Magazine recognised Dr Richard Fru as the best Modern Traditional Doctor in 2012. Dewah and Fru are the most mediatised herbalists in Cameroon and their impact is felt in almost all the CEMAC countries.

Some Bamenda herbalists led by Dr Gidium Peliegho from Bafanji (Bamenda Grassfields) and Dr Walter Songweh created Research Promoters on African Medicinal Herbs and Plant (REPAMP-Cameroon). This institution with headquarter in Yaounde carried out research and the production of a variety of medications with local herbs, leaves, barks of trees, and roots. Their most success product was African Panacea known for its treatment of more than 20 diseases following different concoctions and combinations with other natural products. This and other products were marketed in all the urban areas of Cameroon. Others like Dr Pius Lesigha from Balikumbat (Bamenda Grassfields) Dr Fai Edward Fomenyen from Mbengwi (Bamenda Grassfields) also contributed to the modernisation of the practice of TM and to giving the Bamenda Grassfields its leadership position in this domain.

The democratic process also led to mutual suspicion between the Bamenda people (many of them militants of the opposition party, Social Democratic Front) and the government. In this connection, a campaign to vaccinate school-girls in the Bamenda Grassfields in 1990 to decrease neonatal tetanus led to rumours that the real objective was to sterilise girls and women. This vaccination was therefore vehemently rejected by churches and traditional authorities who believed it was a ploy to reduce the population of the Bamenda Grassfields (Fanso, 2010:5). Such events were common during the democratic competitions of the 1990s and 2000s. Many who could no longer trust vaccinations, resorted to TM. The outcome was an increase in the number of practising traditional doctors. In 2012, the Association for the Promotion of Traditional Medicine (APTM) in Cameroon revealed that the Bamenda Grassfields "does not only pride itself with the highest number of Traditional Healers in the country, but equally has several medicinal plants second to none in the country (Cameroon Postline.com, 2012). This declaration by

Job Lonsi, President of APTM was a recognition of the leadership position of *les Bamenda* in TM. He even went ahead to appeal to government to set up a Faculty of Traditional Medicine at the University of Bamenda. Such a Faculty if created, could go a long way to consolidate the primacy of Bamenda herbalists over the others in Cameroon.

Conclusion

Les Bamenda as *Dockta* in Cameroon's socio-political discourse can therefore be traced from Precolonial times when the people through the Slave Trade and legitimate trade exported its rich and varied medicinal practices to other communities. Unlike elsewhere in Africa where this branch of indigenous medicine perished with colonial rule, the Bamenda Grassfields under German and British rules preserved their medicinal cultures. The colonial "master" at some moments even made use of it. Since emphasis was on the exploitation of raw material wealth of the coast, the "barren" Bamenda Grassfields served as a labour reservoir with the labourers moving with their indigenous medicinal knowledge to the coast. The Postcolonial State also neglected the socio-economic development of the Grassfields and the trend of migrations continued to be from the Bamenda Grassfields to the economically advanced coastline of Cameroon. These migrants and victims of the economic crisis of the 1980s flooded the towns in the South as "Native *Dockta*". Research and experimentation in TM came to be dominated by these Bamenda Grassfields herbalists and today they are leading the industry in Cameroon. Policy makers and the University of Bamenda can contribute to this flourishing industry by investing in the research and promotion of the use of Bamenda Traditional Medicines.

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