

Epistemological validation methods in African philosophy: A case study of herbalism in Uganda

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ABSTRACT

There is noticeable reversion to traditional approaches in the treatment of physical and psychosocial ailments. In part, this comes because conventional medicines are becoming ineffective and expensive and there is a feeling that traditional approaches are more dependable. Hence this study tried to find out exactly the epistemological validation methods of traditional herbals among traditional healers. The rationale for this research was that traditional approaches are not exactly the same as western approaches. In many instances, the practitioners are not aware of their methodologies, yet there is no way in modern times where people can sustain a practice without a clear understanding of its verisimilitude, hence this study was an investigation of the epistemological foundation of traditional herbal medicine. The research was conducted in Central, Western, Northern and Eastern regions of Uganda and principally used document analysis, interviews and focus group discussions. In each of the four regions, four (4) traditional birth attendants, four (4) traditional bone setters, four (4) traditional herbalists, 4 village elders, and two (2) NACOTHA officials were purposely selected. The results indicated that 98% of all the categories of traditional medical practitioners validate their knowledge using *coherence theory* while 2% employ *Piercian principle* at elementally level. The study recommended that *Bayesian theorem* be introduced in traditional herbalogy, putting herbals at a level which can be internationally accepted.

Keywords: Epistemology, philosophy, validation methods, justifications, herbalism.

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INTRODUCTION

Among the major philosophical problems that are of supreme importance is epistemology (<http://www.slideshare.net/ncjopson/epistemology>).

Generally the main concern of philosophy is the search for the truth (Koestler, 1956), implying that it is not modern philosophy to speak of knowledge in absolute terms. Man's search for knowledge is a perennial task because everything people philosophize depends on knowledge.

When a speculative philosophical mode is employed, a conclusion can be made that people in all continents have used indigenous plants for treatment of diseases since pre-historic times; a case in point is Socrates, he was sentenced to death and was obliged to drink poison extracted from hemlock to which he did not resist who is believed to have used herbs to kill himself (<http://nd/-Plato/bloch.htm>). In addition, medicinal herbs were found

in the personal effect of an Iceman whose body was frozen in the Swiss Alps for more than 5300 years ago (Castleman, 2001), therefore the utilization of plants as therapeutic medicine is an ancient tradition far older than the contemporary science of medicine (Mbewo, 2008).

In Africa, the advent of European doctors tampered seriously with traditional epistemology and consequently the laws enacted by the imperialists led to the eclipsing of African medicine (Odera and Masolo, 1981). However, today the trend is going backward to indigenous medicine. Many traditional medical practitioners are becoming famous out of their own written herbal epistemic foundation.

Documentary evidence indicates that 80% of African populations today use herbals (<http://curiosity.discovery.com/questiona/herbal-remedy-usage>). However if critical analysis is carried out there is no relative documentation

established regarding epistemic validation methods of herbal medicine, so this epistemological inquiry was timely.

Statement of problem

Traditional herbal medicine is accepted and respected worldwide (Ojango, 1981). This kind of medicine does not go through the rigorous testing and experimentation that are normally accorded to western medicine.

A point to make is that the epistemic sources and theories for western medicine are known and documented; in addition, this type of linctus is discovered and validated by scientific method. Besides it does not progress via a linear accumulation of new knowledge but undergoes periodic revolutions called paradigm shifts. Generally, production of western medicine consists of essentially three districts steps thus, *observation*, *hypothesis* and *verification by fresh observation and experiment*, therefore, western medicine has epistemic privilege with a known explicandum and verisimilitude.

Admittedly, knowledge validation methods for African herbal medicine are not known and documented; consequently, the principal question this study addressed was: Why is traditional herbal medicine accepted yet its epistemological validation methods are not known and documented?

DISCUSSION

The research question was “Why traditional herbal medicine is accepted yet its epistemological validation methods are not known and documented?”

In response to the above question, the results from eighty eight (88) interviews and four (4) focus group discussions conducted, showed that 98% of traditional Medical Practitioners do the following to ensure validity of their herbal medicine:

- a) 98% of traditional healers in the study spit on their medicine as they give it to patients. However, this condition does not guarantee validity but it is done to show patients that herbal practice is not for everybody, not any one can be a herbalist.
- b) 98% reported that the sourcing of herbal plants remain the village groves, jungles and the general wild, this is based on the belief that wildy collected materials are more effective than planted ones.
- c) 28% reported that they do not start the day’s work with women, if they begin with women, the medicine cannot be effective. Deductively this condition is put to give psychological comfort to patients that herbal collection and administration requires holiness and it is for specific people. Otherwise even if they begin with women, herbal medicine can be effective because starting with women

does not affect the active compounds in herbals.

d) 28% further testified that they do not harvest herbal medicine on Wednesdays; they claim that this is a cursed day according to their world view. Deductively this condition is put to give comfort to patients that herbal medicine to be effective some conditions must be fulfilled, but the point is; the medicine can be effective whether picked and given to patients on a Wednesday.

d) All traditional healers in the study asserted that their medicine to be effective, the patient must pay money (*Ekikubansiko*). In the past they demanded food, chicken, meat or other material things in exchange for herbal medicine, today it is only money. A point to note is that herbal medicine can work even if money is not paid; deductively traditional doctors demand money because herbal collection and preparation is a big task.

e) 98% stated that they specific time when to harvest the herbal plants, thus very early in the morning or midday, or very late in evening. For example four o’clock plant folds its leaves in evening and if harvested, the herbals do not produce positive results. Scientifically there are times when concentration of active compounds is high in plants and when harvested during that time, herbals are effective; hence, this condition should be retained.

Admittedly, 98% of traditional medical doctors in Uganda employ coherence knowledge validation theory. This implies that unlike Western medical practitioners, most traditional experts consider what philosophers coherence theory, meaning that truth in traditional herbal practice has no notion beyond what herbals captured in ordinary claims. This explains why in 2006, the Ministry of Health in Uganda banned the operations of traditional birth attendants because what they call knowledge is more of doxa than knowledge, more of beliefs.

The absence of pragmatic theory and over reliance on coherence validation theory in traditional herbalism has led to loss of lives, for that reason, the assertion by traditional experts that herbal medicine is valid basing on perceptual, memorial and testimonial success is dyadic truth predicate, where knowledge does not carry any epistemic privilege such as infallibility, indubitability or incorrigibility, which elements are common in Western medicine.

Undoubtedly, because self “A” was sick, given herbal “X” and the disease disappeared does not make ‘X’ a valid herbal medicine. Basing on the above findings, traditional healers in Uganda do not test their herbal medicine majorly because they have low education, hence justifications for traditional herbals based on memorial, testimonial and perceptual success in the past are outdated in the medical field and this explains why at international levels traditional herbal medicine is not easily accepted

Nevertheless, from all documents analyzed, interviews and focus group discussions conducted in the study, it was found out that only 2% of traditional doctors believe

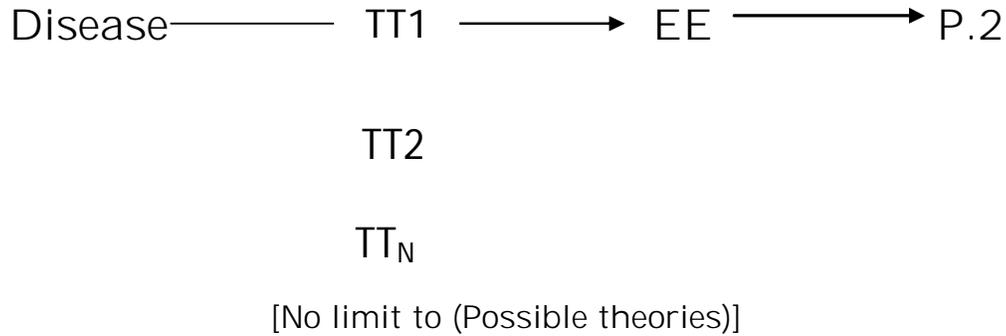


Figure 1. Popperian falsifiability theory.

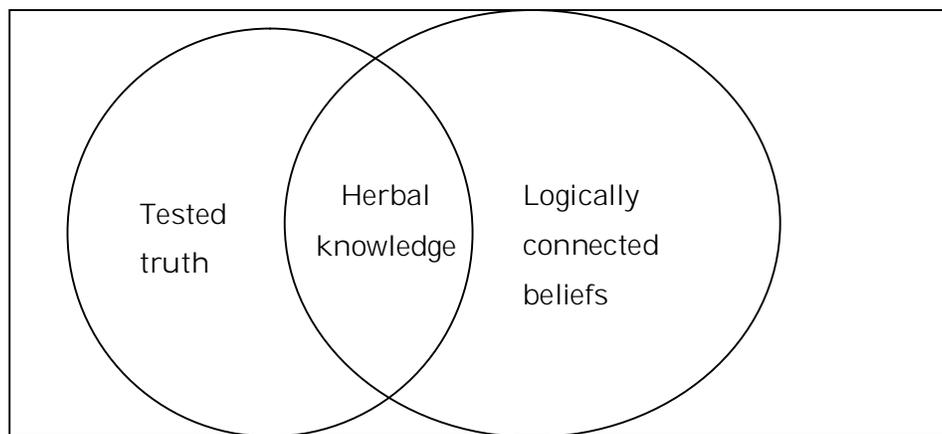


Figure 2. Definition of African herbal medicine.

in pragmatic theory; they subject their medicine to testing process. Hence, their knowledge is true because it has world to world relations or metaphysics of facts and such traditional experts are in line Bayesian theorem, implying that to validate knowledge, experimentation must be carried out.

A point should be made that the mentioned 2% of traditional experts use pragmatic theory but on elementally level, precisely herbal medical practice in Uganda involves only perception, encompassing testing herbals on animals, that is, if sick animals eat and no side effects registered, then the herbal is valid, this is too elementary and should be improved

CONCLUSION

Traditional herbal knowledge in Uganda is majorly justified basing on beliefs in the epistemic neighborhoods; this is dyadic truth predicate where knowledge is structured like a web, the strength of any herbal depends on the strength of the surrounding areas.

Therefore, the majority of traditional experts have what

can be termed as doxa, beliefs, opinions or epistemic vices, short of epistemic privilege. This conclusion is not new in philosophy; it was first proposed by Xenophas, that all what people call knowledge, is not knowledge but doxa; beliefs.

Nevertheless, herbal medicines have low curative elements, but they help the body to relax and gain the ability to fight out the diseases, implying that there is no over dose or under dose in the administration of traditional herbals. When a person takes a herbal, the weak and diseased body relaxes and the natural healing process takes place to fight out the disease but the patient may assume it is the effect of the herbs, nevertheless herbs should be recommended as they are in their natural state with no chemical compounds.

Limitation

The study was limited in that some districts in Uganda were not visited. Nevertheless, the researcher mitigated the effect by giving the draft report to several participants, lecturers in Philosophy department and senior

researchers for scrutiny.

RECOMMENDATIONS

There is urgent need for Bayesian epistemology, procedural, adversarial and objective herbal production where both the explican and explicandum are known and the verisimilitude can be modified, this is in line with Popperian epistemological theory of Falsifiability (Figure 1). Therefore, it should be mandatory for all traditional experts to work with National Chemo-Therapeutic Research Laboratory Centre (NCRL) to test their herbal medicine before use; this involves observation and error elimination to avoid epistemic luck in their operations.

This evaluation is critical, the aim is to eliminate errors and acquire herbal knowledge. Traditional experts must be involved in knowledge validation process, where truth is provable in a definite amount of time to avoid epistemic luck (Gettier 1963). The proper definition of herbal medicine in all the operations of different categories of Traditional Medical Practitioners should be of this nature:

Conclusively, there is urgent need for both perceptual experiments and experimental foundationalism in traditional herbalism (Figure 2), where experts who fail to validate herbs empirically with the help of NCRL, be banned from operation. In addition the public should be sensitized to only consult Traditional experts when seeking first aid and as a must get medical help from conventional doctors.

This recommendation is in line with the modern version of Plato's definition of knowledge which states that *people's beliefs would only count as knowledge when they are true or when they are in accord with objective facts and when the person who holds the belief has evidence or justification for it.*

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