

INVESTIGATING 1 TIMOTHY 4:1-5 ON INCORPORATING TRADITIONAL AND MODERN HEALTHCARE FOR THIRD WORLD COMMUNITIES: NIGERIA AS A CASE STUDY

Okoh, Blessing Uenosen (PhD)
Department of Religion and Human Relations
Faculty of Arts
University of Delta, Agbor
Delta State, Nigeria
+2348038791103
Email: blessing.okoh@unidel.edu.ng

Abstract

This study is a theological and sociomedical inquiry into the relevance of 1 Timothy 4:1-5 in addressing healthcare integration in Nigeria. The study examines a "clash of doctrine and reality" faced by Nigerian Christians. At the same time, it is framed against the backdrop of a 'Third World' economy, which is marked by the collapse of the formal health care system and the flourishing, but unregulated, informal system. Traditional Medicine (TM) is estimated to be used by more than 80% of the population. However, in many cases, the prevailing Pentecostal and missionary-inherited theologies deem these practices as being incompatible with the Christian faith, quoting Paul's warnings against "doctrines of demons. This study uses a detailed exegetical analysis of the Greek text to argue that the heresy Paul confronted in Ephesus was Gnostic asceticism, the denial of creation, not the use of indigenous pharmacology. Therefore, the text calls for action to "sanctify" herbal medicine through both "the word of God" (scientific and theological approval) and "prayer" (spiritual recognition). The paper draws from the Nigerian National Bureau of Statistics, the legislative record of the Traditional, Complementary and Alternative Medicine Council of Nigeria (TCAMCN) Bill (HB 473), and the 'Comitalism' model of Paxherbals to recommend a single framework that brings traditional medicine out of the shadows and into the national health grid.

Keywords: Traditional medicine, Modern healthcare, Incorporating, Third World, Communities, I Timothy 4:1-5 and Nigeria

Introduction

In Nigerian society, the paradox of health care is that there is a shortage amid abundance. The country also has rich biodiversity of medicinal plants, with thousands of species having potent pharmacological value (Adodo, 2020). However, the country faces a serious public health emergency. According to the most recent statistics, Nigeria is currently the country with the highest malaria burden, responsible for nearly 25.9% of all malaria cases and 30.9% of malaria-related deaths in the African region of the world (World Health Organisation, 2024). The health care system, inherited from the colonial era and later weakened by years of underfunding, can no longer meet people's needs. The country still faces a low doctor-to-patient ratio, frequent strikes, and a high number of medical professionals relocating to Western countries, known as "brain drain" (Mopa, 2022). In this vacuum, Traditional Medicine (TM) has become the primary health care system for most Nigerians. In rural communities, where primary health centres (PHCs) are either nonfunctional or unavailable, almost 90% use herbal remedies (Oluwamayowa et al., 2025).

These practices are not just substitutes; they are integral to the culture and are comprehensive, treating the physical, psychological, and spiritual aspects of the disease.

Although traditional medicine is now widely accepted, the formal health sector has not yet incorporated it, not only because of the lack of scientific standardisation, but more fundamentally because of a theological blockade. African indigenous knowledge systems have been categorised as "fetish," "heathen", or "demonic" since the beginning of Western missionary Christianity in the 19th century (Adamo, 2018). This narrative is reinforced by the emergence of Neo-Pentecostalism in Nigeria, which tends to look at the world in a binary way as "Spiritual Warfare." The key scripture used to uphold this denial is 1 Timothy 4:1, "For a time is coming when they will not endure sound doctrine; but according to their own desires, they shall heap to themselves teachers, who shall tickle their itching ears". This is often interpreted in the Nigerian pulpit to mean that any traditional culture, especially healing practices with herbs, is unfaithful and a fellowship with the demons of the ancestors. This theological attitude creates significant cognitive dissonance and becomes a public health risk (medical syncretism). In Nigeria, Christians usually find themselves in a dilemma where they profess to renounce traditional medicine while continuing to use it behind the scenes, with the help of traditional healers, as orthodox medicine is ineffective (Ademiluka, 2024). This opacity makes the industry impossible to regulate, shields quackery from scrutiny, and can lead to severe polypharmacy. Patients use powerful herbal mixtures alongside their prescription medications without their doctors knowing.

This paper therefore examines 1 Timothy 4:1-5 in relation to incorporating traditional and modern healthcare for third-world communities, using Nigeria as a case study. The study uses biblical exegesis and case study analysis. The biblical exegesis delves into the historical-grammatical analysis of the Pauline text to determine the nature of the "doctrines of demons" and the ontological status of the "creature of God". The case study analysis examines integration models currently unfolding in Nigeria, specifically the legislative efforts of the Lagos State Traditional Medicine Board (LSTMB), the Federal House of Representatives (HB473), and the operational model of Pax Herbal Clinic and Research Laboratories (Paxherbals).

Expository Analysis: 1 Timothy 4:1-5

The Textual and Historical Context

Verses 1 & 2: The "Doctrines of Demons"

Text: *"Now the Spirit expressly says that in latter times some will depart from the faith, giving heed to deceiving spirits and doctrines of demons, through the pretensions of lairs whose consciences are seared".*

The phrase "doctrines of demons" (*didaskaliais daimonion*) is the basis upon which the Nigerian rejection TM turns. Nevertheless, an expository analysis reveals that this demonic doctrine was not the use of physical things like charms or herbs, but their rejection. The Gnostic perspective held that matter was evil and spirit was good. As a result, for one to be truly holy, he or she must abstain from procreation, that is, marriage and the consumption of food. Paul the Apostle identified this teaching as demonic because it strikes at the heart of the doctrine of creation. Denying the goodness of the physical world is to deny the creator, God, who made it.

First Epistle to Timothy is a pastoral letter to Timothy, Paul's apostolic delegate in Ephesus. Ephesus was a hotbed of religious ideas, home to the great Temple of Artemis and a large Jewish expatriate community. The "false teachers" (heterodidaskaloi) who opposed Timothy were teaching a syncretistic heresy (Hardy, 2020) composed of Jewish legalism and a fledgling Gnostic dualism.

The main characteristics of this heresy were:

- a. Myths and Genealogies: Speculations probably about the Old Testament figures or about the aeons (1 Tim 1:4).
- b. Asceticism: A ban on marriage and on certain foods, which is seen as a way to greater spiritual purity (1 Tim 4:3).
- c. Misuse of the Law – wanting to be teachers of the law but not knowing the purpose of the law (1 Tim 1:7).
- d. Verse 1: "Doctrines of Demons" Redefined

‘Now the Spirit is clearly saying that in latter times some will fall away from the faith, heeding deceiving spirits and doctrines of demons’.

The Nigerian rejection of traditional medicine hinges on the pivot of "doctrines of demons" (didaskaliais daimoniōn). Nevertheless, a contextual exegesis shows that it was not the use of material items that constituted this demonic message (such as charms or herbs), but their denial. The Gnostic worldview was that matter was evil, and spirit was good. Hence, to be holy, one must abstain from procreation (marriage) and the consumption of physical matter (food). Paul calls this teaching demonic because it attacks the Doctrine of Creation. One cannot deny the goodness of the material world without denying the Creator God (Yahweh) who created it.

Implication for Nigeria

If the denial of the goodness of creation is the "doctrine of demons," as Paul calls it, then a theology that denies the use of medicinal plants, which are also part of God's creation, is ironically nearer to Paul's heresy than the integrationist position. The missionary "teaching" that demonised African flora as "fetish" was basically in accord with the Gnostics that the material world (African context) was the domain of the devil, and not God. Reclaiming traditional medicine is therefore a journey back to Pauline orthodoxy, affirming creation.

Verse 3-4: Ontology of Creation (Ktisma)

2:4 "For nothing is clean in itself, but it becomes clean through the word of God.

Paul talks about ktisma (creature/creation). A holistic term that encompasses all that has been created. Paul uses the word kalon (good/beneficial/beautiful) as the attribute of ktisma. This parallels the Septuagint reading of Genesis 1:31: “God saw everything that he made; it was very good.”

Theological Analysis:

A medicinal plant like *Artemisia annua* (Sweet Wormwood) or *Vernonia amygdalina* (Bitter Leaf) has an inherent goodness in its own being. God designed its chemical composition, including its alkaloids and healing properties.

Most importantly, Paul says that these are to be received by "those who believe and know the truth.

The "truth" here is probably the Gospel reality that Christ has redeemed the cosmos. The false teachers claimed that "knowledge" (gnosis) led to abstinence. Paul replies: True knowledge results in consumption and gratitude.

In Nigeria, this does not support the notion that a plant might be "intrinsically evil" simply because it sprang from a "pagan" forest or because a shrine used it. Human misuses cannot cancel the ontological value of the plant as a "good creature of God. An idol offered mango is still a mango and its nutritional or medicinal value is not chemically affected by the ritual. Again, Paul makes this point in 1 Corinthians 10:26: "For the earth is the Lord's, and the fullness thereof.

Verse 5: For it is sanctified by the word of God and prayer.

This verse offers the "how-to" aspects of TM. Hagiazetai: The word sanctified can be understood as "set apart" or "make holy." Paul is not saying the food/herb is unclean and must be cleansed, but rather that it is "consecrated" to the believer's use.

Two Agents of Sanctification:

- i. The Word of God (Logos Theou): This could be the biblical command (Genesis 1:29) to man to have dominion over the plants, or the apostolic declaration that all foods are clean (Mark 7:19). The term "The Word" could also refer to the "Logos" or the order found in creation, the scientific facts of the plant's properties, in a modern context. Using a herb "according to the Word" means using it in accordance with its created purpose (healing), not for manipulation or harm (sorcery) (Hardy, 2020).
- ii. Prayer (Enteuxis): This is the response of the Believer. It is a prayer of thanksgiving (eucharistia). The believer gives thanks to God, thus "re-claiming" the herb from any possible demonic possession.

Traditional medicine is "sanctified" by the Nigerian Christian through:

- The Word: confirming that it is indeed a "good creature" (that is, it is chemically safe and effective, not a magical potion).
- Prayer: taking or giving the medicine with a prayerful heart, explicitly rejecting any incantations or appeals to ancestral spirits that may have been associated with its use in the past.

Traditional medicine is not accepted immediately because it is traditional or non-Western. It is sanctified and made scientifically safe through dual validation in Lagos, that is, ethical dedication. Binder (2023) argues that the two prohibitions that follow in 1 Timothy 4:3 forbid marriage and eating certain foods.

The Missionary Legacy and Colonial Theology

Today's crisis has roots in the missionary enterprise of the nineteenth and early twentieth centuries. Often, European missionary efforts, coming from a post-Enlightenment perspective, equated "Christianity" with "Western Culture." They did not see African Traditional Religion (ATR) as a *praeparatio evangelica* (preparation for the gospel) but as a "tabula rasa" of darkness.

Therefore, traditional healing – that was part and parcel of ATR – was forbidden for the converts. Conversion to Christianity meant leaving the Babalawo and adopting the Western hospital. This resulted in a theological dependency on Western pills or miraculous intervention to access what was understood as God's healing, and not using the indigenous pharmacopoeia (Adamo, 2018).

Pentecostal "Warfare" Theology

This dichotomy has been increased in present-day Nigerian Pentecostalism. Prophets and pastors such as Bishop David Oyedepo of the Winners Chapel and Dr Pastor Paul Enenche of the Dynamics International Gospel Centre teach the gospel of "Divine Health" and "Spiritual Warfare." David Oyedepo historically focused on faith healing and the "Mantles of Ministry" rather than medicine, but has stated that using medicine is not a sin. Nevertheless, his effective teaching about "generational curses" frequently places old family compounds (houses where herbs are sold) in a demonic sphere of contact (Oyedepo, The Miracle Meal, Scribd Document). Enenche, a trained medical doctor, represents a bridge. He subscribes to medical science but is staunchly against anything that smacks of the "occult." He argues that medical science is Godly, but he rejects the tradition of African medicine because it is linked to spirituality (Enenche, 2016). This is a "Warfare" theology where 1 Timothy 4:1 is warning about a return to "village ways. It makes the believer susceptible to believing that "a herbalist's prescription is not a chemical compound, but a covenant with the devil.

African Independent Churches (AICs) and Aladura Theology

Aladura (Praying People) churches like the Cherubim and Seraphim (C&S) and the Celestial Church of Christ (CCC) emerged in the early 20th century in response to the lifelessness of mission Christianity. They blended African cosmology with the Bible.

However, even the Aladura have a complicated relationship with TM. Although they believe in spiritual causation (witches, Ogbanje), many Aladura prophets substitute herbal medicine with "sanctified water," "prayer oil", and candles. They say that their spiritual technology overrules the herbalist's. Although this is a form of indigenisation, it often fails to acknowledge herbs' pharmacological value, favouring spiritual healing instead (Ademiluka, 2024).

African Biblical Hermeneutics

There is a "post-colonial" rebuttal from scholars such as David Tuesday Adamo and Kwame Bediako. According to Adamo's "African Biblical Hermeneutics", the Bible must be read in the context of African reality. He notes that the Hebrew Bible contains many examples of using natural elements for healing (e.g., the fig poultice of Hezekiah, Isaiah 38:21; the "Balm of Gilead"). African medicine is rejected, which is a form of self-hatred caused by colonialism, Adamo argues. He calls for a "de-colonisation" of biblical interpretation where 1 Timothy 4 is seen as a liberation text that restores Africa's natural resources to the people of God (Adamo, 2006; University Press of America).

Nigeria's Health Sector

Nigeria's formal healthcare sector is systemically dysfunctional. The Abuja Declaration of 2001 has yet to be realised despite the commitment of 15% of the national budget to health. As a result, public hospitals often function as "consulting clinics" that lack essential drugs and diagnostic equipment. The 2024/2025 malaria figures highlight a critical situation. Despite significant progress in controlling and reducing the incidence of the disease, it continues to kill more than 207,000 children under five years of age each year, with more than 51 million cases reported (WHO, 2025). As a result, the average family living on less than a dollar a day cannot afford to treat malaria with Artemisinin-based Combination Therapies (ACTs) at private pharmacies in rural

areas. This economic reality has led people to traditional herbalists, who provide remedies from local plants and are paid in kind or at a lower cost than orthodox drugs. Traditional Medicine in Nigeria is a broad, diverse discipline made up of herbalists, bone setters, traditional birth attendants (TBAs), and diviners.

Herbalists

These people use plant leaves, roots, barks, and seeds. They usually treat with herbal remedies such as Agbo (herbal decoction used to treat malaria and typhoid) and Dongoyaro (Neem tree extracts). In many States, the Traditional Birth Attendants (TBAs) deliver more babies than Registered Midwives do. They are regarded as culturally competent, are willing to provide services in the home setting, and are often expected to accompany delivery with prayer and culturally significant rituals (Maternal Figures, 2020). Bone setting is a traditional skill passed down through lineages. In some parts of the world, people prefer bone setters to orthopaedic surgeons because they are cheaper, and patients fear amputation in hospitals; an estimated 85% of fracture patients opt for traditional bone setters (Odatuwa-Omagbemi, 2018).

The syncretism of medical traditions is called "medical syncretism. This is not just a convenient solution in Nigeria but one of many identity negotiations. The study conducted in the Journal of Family Medicine and Disease Prevention (2022) revealed that only 2.9% of mothers reported 'always' using TM, while as many as 26.6% reported 'sometimes' using TM, and anecdotal evidence indicates that this is likely much higher but is undermined by social desirability bias (Egubbe et al., 2022). The problem of this syncretism is that it is uncoordinated. The herbalist is demonised by the church and the hospital views him as a quack; the patient is the only link between the two. This results in serious adverse events. When a person takes a herbal blood thinner (such as garlic or a ginkgo supplement) at the same time as a prescription blood thinner, for example, the added effect may cause excessive bleeding. Moreover, the level of secrecy will lead to misdiagnosis of "adverse drug reactions" (ADRs) as new pathologies by doctors (Ademiluka, 2024).

Paxherbals: The "Communitarism" Model

The most interesting findings on the "sanctification" of traditional medicine come from Ewu, Edo State, at the Pax Herbal Clinic and Research Laboratories (Paxherbals). Founded in 1996 by Fr. Paxherbals, a Benedictine monastery garden, it has grown from a small garden into a modern research institute through the efforts of one of its monks, Anselm Adodo.

The Theological Model:

Adodo advances a philosophy of communitarianism—an integrated enterprise model focused on community. He criticises the global pharmaceutical system as extractive and profit-driven. Communitarianism, by contrast, holds that God has given each community the resources it needs to heal (Adodo, 2020). This relates to 1 Timothy 4:4 ("received with thanksgiving").

Operational Integration:

Paxherbals sources recipes from local herbalists and then has them scientifically tested. They can do toxicity studies to ensure safety and also use chromatography to 'fingerprint' active ingredients.

Product Development: They have developed more than 30 products so far, approved by NAFDAC, including Paxherbal Malatreat (for Malaria) and Paxherbal Bitter Tea (for immunity).

The "Sanctuary" Effect: The medicine is "sanctified" both visually and spiritually because the clinic is within a Catholic monastery. The monk puts people at ease, whereas a village herbalist would put them off by giving them the same medicine. This confirms the premise that the context/setting (prayer/church) is an important factor for social acceptance (Adodo, 2020).

A Regulatory Model for Lagos State

Realising that it could not ban TM, Lagos State established the Lagos State Traditional Medicine Board (LSTMB) in 1980, which underwent major changes in 2006 and 2015.

The Key Achievements are as follows:

Registration and Licensing: The LSTMB has registered more than 5,000 practitioners. In January 2024, the Registrar, Prince Babatunde Adele, stepped up enforcement efforts and sealed up unlicensed or non-hygienic facilities (Lagos State Government, 2024).

TBAs Training: The Board requires TBAs to complete a 6-week training program. This training does not cover herbs and their use (they already know this), but rather when to refer patients.

The Referral Protocol: A formal 'Referral Pathway' document is in place. TBAs receive standard forms to refer complicated cases, such as eclampsia and obstructed labour, to Primary Health Centres. This "Hub and Spoke" model combines the cultural capacity of TBAs with the hospital's emergency capacity (LSTMB, 2018).

Federal Legislation: TCAMCN Bill (HB 473)

The battle for integration at the federal level has led to the Traditional, Complementary and Alternative Medicine Council of Nigeria (Establishment) Bill (HB 473). Hon. Alex Egbona sponsored it. The Bill was introduced for First Reading in late 2023. It was reviewed and heard by committees and gained support from the Federal Ministry of Health at public hearings. On March 20, 2024, the House of Representatives adjourned to the Committee of the Whole to discuss the report. After deliberation, the House read the Bill for a Third Time and passed it (PLAC, 2024).

Key Provisions include the following:

Council Establishment: It establishes a Council to regulate TCAM practice in Nigeria, similar to the Medical and Dental Council of Nigeria (MDCN) for doctors.

Standardisation: This requires training institutes and standardising practitioners' qualifications.

Intellectual Property: This includes measures to safeguard the intellectual property rights of those who possess indigenous knowledge and to prevent foreign pharmaceutical companies from exploiting Nigerian herbs, known as "biopiracy".

Status: It awaits Senate concurrence and Presidential Assent in early 2025 and is currently pending enactment into law. Once enacted, it will provide the legal framework for including validated herbal medicines in the National Health Insurance Authority (NHIA) coverage (National Assembly, 2024).

Synthesis: Toward a Theology of Integrated Healing

Today, we could read 1 Timothy 4:5 to mean that creation is sanctified by “The Word,” which we might translate as “Truth.” The chemical reality is a part of the “Truth” of a plant. So, Scientific Validation is a theological responsibility. Adodo (2013) states that “nature power” does not equal “harmless. God created *Datura stramonium* (Jimson weed), which is toxic. Sanctification is perception through science of what is food and what is poison. Studies have found that herbal preparations sold along roads in Nigeria are sometimes contaminated with high levels of Lead (Pb) and Cadmium (Cd), possibly from petrol fumes or industrial soil pollution (PMC, 2024). Medicine intended for “sanctified” use should be pure. The church should support testing laboratories as part of its contribution to people's health and regard the gas chromatograph as a means of “discerning of spirits” (discerning the plant's chemical spirit).

The Task of the Christian Doctor

Integration is the keystone of the Christian medical profession. Today, many Christian doctors see their job as to “save” patients from TM. For anyone who is using TM, a 1 Timothy 4 approach must involve a change from “patrolling” to “shepherding. Doctors should be able to create a non-judgmental environment where patients can disclose their use of herbs. Christian doctors should also be ready to accept referrals from TBAs and herbalists as Christian partners in community health rather than competitors, as in the Lagos model.

Islamic Perspectives on Faith-Based Medical Integration

A theological approach to Nigeria's health crisis that appeals only to Christians reaches at most half the population. Islam, followed by roughly half of the Nigerian populace, especially in the country's northern part, also offers an approach to evaluating indigenous medicine that this study cannot ignore. Classical Islamic medicine, known as ‘*Tibb an-Nabawi*’ (Prophetic Medicine), is based on hadith traditions where the Prophet Muhammad has advised certain natural remedies, honey, black seed (*Nigella sativa*) and *hijama* (cupping), among others, along with prayer and *dua* (supplication) as valid methods of treatment. The tradition creates, in the context of Islamic law, a class of permissible (halal) natural medicine that is similar, in many ways, to the distinction that this study has made from the 1 Timothy 4 verses; the use of the healing powers of creation is allowed and recommended, but the use of sorcery, divination and jinn invocations for healing (sihr) is forbidden (haram). Studies of historical Islam in Northern Nigeria have shown the presence of an established tradition of Hausa and Muslim healers (known as mallams or hakims) who have been using herbs, Quranic reading, and ruqyah (healing with scripture) well before and concurrently with colonial biomedicine and Christian mission medicine (Abdalla, 1997).

Recent scholarship on this topic in Nigeria further confirms that this process continues today, not as a historical relic but as a living tradition. A socio-religious examination of Islamic medical practice within Ibadan reveals a discerning process by which Muslim practitioners and patients differentiate between legitimate herbal and prophetic healing on the one hand, which is regarded as being within the creation of God, and healing through occult practices on the other hand, which is rejected for theological reasons, as careful study of 1 Timothy 4 provides for Christians. The study also highlights difficulties in securing formal recognition of Islamic medicine practice in Nigeria, including the lack of standardised training and regulation, as noted above for Christian-linked TMTs (Oniye & Arikewuyo, 2026). The point is clear: each of Nigeria's two major religious traditions has its own theological framework that distinguishes natural healing from prohibited occult practices, and neither has been engaged in Nigeria's policy conversation about integrating

traditional medicine.

Conclusion

Nigeria's "clash of doctrine and reality" is a self-inflicted wound. The Nigerian church has helped to perpetuate a healthcare emergency that affects the poor in Nigeria by demonising the very resources God has given for the healing of the nations. In this case, the exegesis of 1 Timothy 4:1-5 shows that the 'doctrines of demons' are not the herbal concoctions of the village but rather the ascetic theologies that proscribe the use of God's good creation. The pathway is the "sanctification" of the Nigerian health care system. This is not to pray over dirty water; it is to use the "Word" (Science and Truth) to validate the safety of herbal medicines and use "Prayer" (Thanksgiving) to redirect their use to God's glory. Integration is possible, as seen in the models offered by Paxherbals and the Lagos State Traditional Medicine Board. It takes the "humility of the doctor" to embrace the "herbalist," the "wisdom of the pastor" to discern between biology and idolatry, and the "political will" of the "legislator" to formalise the "marriage. The "creature of God" is a vessel of divine healing; when it is received with thanksgiving and validated by truth, it becomes a "creature of God" and hence not used by the darkness.

Recommendations

The study recommends the following:

- i. Pulpits should be used for teaching of Genesis 1:29 and 1 Timothy 4:4. If God said that the plants were good, no pastor should say that they are evil.
- ii. Pastors should educate people on the distinction between the use of the plant (Herbalism) and the use of the Oracle (Divination). The first is life; the second is idolization. Christians are free to use the herb (biology), but not the oracle; instead, they should use the Prayer of Thanksgiving (1 Tim 4:5).
- iii. Government agencies in charge of TCAMCN Bill's implementation, once enacted, should establish parallel consultative structures with both Christian and Muslim religious bodies, given that faith-based frameworks for differentiating legitimate herbal practice from prohibited occult practice already exist within both traditions.
- iv. Denominational and interfaith bodies should be encouraged to replicate elements of the Paxherbal model, especially its combination of scientific testing with religiously grounded community trust, as a scalable template for faith-based traditional medicine incorporation beyond a single monastery.

References

- Abdalla, I. H. (1997). *Islamic medicine and practitioners in Northern Nigeria* (Studies in African Health and Medicine, Vol. 6). Edwin Mellen.
- Adamo, D. T. (2006). The imprecatory Psalms in African context. In D. T. Adamo (Ed.), *Biblical interpretation in African perspective* (pp. 139–153). University Press of America.

- Adamo, D. T. (2018). Reading Psalm 23 in African context. *Old Testament Essays*, 34(2).
https://hdl.handle.net/10520/ejc-oldtest_v34_n2_a14
- Ademiluka, S. O. (2024). Issues of doctrine and reality in Christian attitude towards traditional medicine in Nigeria. *In die Skriflig*, 58(1), Article a3047.
<https://doi.org/10.4102/ids.v58i1.3047>
- Adodo, A. (2020). *Nature power: Natural medicine in tropical Africa*. CMD.
- Binder, S. (2023). Magic and asceticism in pastoral epistles. *Journal of Greco-Roman Christianity*, 19, 112–130.
- Bolaji, S. (2024, January 22). Lagos govt vows to sanction unregistered trado-medical practitioners. *Healthwise*.
- Eguvbe, A. O., Osegi, N., Egbagba, J. E., & Davids, K. I. (2024). Prevalence of traditional medicine practices amongst mothers of under-five children. *Journal of Family Medicine and Disease Prevention*, 11, Article 163. <https://doi.org/10.23937/2469-5793/1510163>
- Enenche, P. (2016, November 28). *The encounter: Determining your destiny* [Video]. YouTube.
<https://www.youtube.com/watch?v=YU-T9HVLpm4>
- Hardy, S. (2020). *Biblical theology exegesis of 1 Timothy 4:1–5* [Unpublished student paper]. Taylor University.
- House of Representatives. (2024). *Votes and proceedings, Wednesday, 20 March 2024*. Policy and Legal Advocacy Centre.
- Lagos State Traditional Medicine Board. (2018). *Referral protocol for traditional birth attendants*.
- Maternal Figures. (2020). *Lagos State Traditional Medicine Board: Licensing and training*.
- Mopa, W. N., & Duan, X. (2022). Health infrastructural deficit — Nigeria: The time to act is now. *Central African Journal of Public Health*, 8(5).
- Mumo, P. M. (2018). Western Christian interpretation of African traditional medicine: A case study of Akamba herbal medicine. *Ilorin Journal of Religious Studies*, 8(1), 41–50.
- Odatuwa-Omagbemi, D. O., Adiki, T. O., Elachi, C. I., & Bafor, A. (2018). Complications of traditional bone setters (TBS) treatment of musculoskeletal injuries: Experience in a private setting in Warri, South-South Nigeria. *Pan African Medical Journal*, 30, Article 189. <https://doi.org/10.11604/pamj.2018.30.189.15730>
- Oluwamayowa, J. J., Bamidele, J., Joel, A. F., & Sennuga, S. O. (2025). The role of traditional medicine in public health systems: Perspectives from practitioners, healthcare

professionals and patients in Abuja, Nigeria. *International Journal of Clinical Case Reports and Reviews*, 13(2). <https://doi.org/10.31579/2690-4861/768>

- Oniye, O. I., & Arikewuyo, A. I. (2026). Prospects and challenges of Islamic medical practice in Ibadan, Nigeria: A socio-religious analysis. *International Journal of Umranic Studies*, 9(2).
- Onukansi, F. O., Anokwuru, C. C., Eneh, S. C., Odey, G. O., Onah, D. O., Sokunbi, T., Innocent, D. C., Dozie, U. W., Umoke, P. C., Ojo, T. O., & Ezejindu, C. N. (2025). Investing in traditional medicine: Leveraging evidence and innovative research to strengthen the fight against malaria in Nigeria. *Malaria Journal*, 24, Article 232.
- Oyedepo, D. (2002). *The miracle meal*. Dominion Publishing House.
- Policy and Legal Advocacy Centre. (2024). *Bill tracking: HB 473 — Traditional Complementary and Alternative Medicine Council of Nigeria (Establishment) Bill, 2023*. PLAC Bill Tracking Portal.
- World Health Organization. (2024). *World malaria report 2024: Regional data for Africa*. WHO Press. <https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2024>