

# PAN-AFRICAN INDIGENOUS HERBAL MEDICINE TECHNOLOGY TRANSFER

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## **Introduction**

African Traditional Medicine is a body of knowledge that has been developed and accumulated by Africans over tens of thousands of years. It is associated with the examination, diagnosis, therapy, treatment, prevention of, or promotion and rehabilitation of the physical, mental, spiritual or social wellbeing of humans and animals. Despite numerous attempts at government interference, both foreign and domestic, this ancient system of healing continues to thrive in Africa and practitioners can be found in many parts of the world.

African Traditional Medicine is holistic in approach; that is, processes of the physical body, mind, emotions and spirit, work together in determining good health or ill health. The equation of good or ill health also includes the interaction and relationship between nature, the cosmos, and human beings. Practitioners of African Traditional Medicine must have in-depth knowledge of all the parts of this equation.

Practitioners of traditional African medicine are able to cure a wide range of conditions, including cancers, acquired immunodeficiency syndrome (AIDS), malaria, psychiatric disorders, high blood pressure, cholera, dysentery, infertility and most venereal diseases. Other applications include epilepsy, respiratory diseases such as pneumonia and asthma, digestive diseases such as ulcers and gastroenteritis, eczema, hay fever, anxiety, depression, benign prostate hypertrophy, urinary tract infections, diabetes, gout, diarrhea, and healing of wounds and burns just to name a few.

Under colonial rule (both on the African continent and in the Diaspora), many European nations considered traditional healers to be practitioners of witchcraft and outlawed them for that reason. In some areas of colonial Africa, attempts were also made to control the sale of traditional herbal medicines. More recently however, there is expressed interest in integrating traditional African medicine with the continent's national health care system.

In many developing countries and in Africa as a whole, traditional healers are the major health labor resource. An estimated 80% of the population receives its health education and health care from practitioners of traditional medicine. They are knowledgeable of the culture, the local languages and local traditions.

Plants also play an important part in the health of African people. They are a staple part of their diet.

Supplementary foods to improve health and herbal remedies are used to prevent and cure diseases. Methods of indigenous healing throughout the world commonly use herbs as part of their tradition.

Early humans, out of Africa, took with them the knowledge of medicinal herbs and adapted it to the local environment. Recent studies have revealed that the knowledge of ancient Egyptian medicine science has its origins in inner Africa, to be more exact, Central and West Africa. This medical knowledge also has formed the basis for Western allopathic medicine, as it is widely known that the Greeks borrowed very heavily from Egypt. However, the continued use by African traditional doctors of medicinal herbs, animal products and practices known to the ancient Egyptians suggests sustained scientific and religious interaction in the past.

The Egyptians were writing medical textbooks as early as 5,000 years ago. This indicates not only a mature civilization but also a long period of medical development. Out of the hundreds and thousands of medical papyri that must have been written, only 10 have come down to us, the most important being the Ebers and Edwin Smith papyri. These 10 papyri form the basis of most of what Egyptologists know about Egyptian medicine. It has affirmed, however, that much of the training and instruction of the priest must have been orally transmitted, as it is in the rest of Africa. It is likely, therefore, that we have only a partial grasp of the true scope of Egyptian medical knowledge. Moreover, like their counterparts in the rest of Africa, the Egyptian priest-physicians often kept their best knowledge secret and like all African peoples, the Egyptians had a large material medica, using as many as 1000 animal, plant, and mineral products in the treatment of illness.

One of the consequences of the Trans-Atlantic Slave Trade and the Maafa, is that African Traditional herbal medicine is now found throughout the New World. In spite of the diversity of source regions, certain fundamental features characterize most African/American/Caribbean healing traditions. These include theories of causation related to the spiritual realm, the capacity to identify symptoms associated with specific diseases, and the ability to prescribe culturally acceptable treatments.

In promoting survival, cultural identity, spiritual assistance and resistance, the ethnobotanical knowledge of New World Africans laid the foundation for the rich traditional healing system still practiced in the Caribbean to this day.

The focus of this paper is to display the role of African indigenous herbal medicine in the survival of enslaved Africans in the New World and the technological transfer of this and related African technologies to the Americas and the Caribbean during the period of the Transatlantic Slave Trade.

### **The Slave Trade**

The transatlantic slave trade was the trading, primarily of African people, to the colonies of the New World that occurred in and around the Atlantic Ocean. It began from the 14th to the 19th centuries. Most enslaved people were shipped from West Africa and Central Africa and taken to North and South America and the Caribbean to labor on sugar, coffee, cocoa, tobacco and cotton plantations, in gold and silver mines, in rice fields, or in houses to work as servants, blacksmiths, artisans, etc. The shippers were, in order of scale, the Portuguese, the British, the French, the Spanish, the Dutch, and the North Americans.

The word "Maafa" (also known as the African Holocaust) is derived from a (Kiswahili) word meaning disaster, terrible occurrence or great tragedy. The term today collectively refers to the Pan-African study of the 500 hundred years of suffering of people of African heritage through slavery, imperialism, colonialism, oppression, invasions and exploitation.

The African Holocaust was the greatest continuing tragedy the world has ever seen. It was also the most

impacting social event in the history of humanity. It reduced humans with culture and history to a people invisible from historical contribution; mere labor units, commodities to be traded. From the Maaafa, the racial-social hierarchy was born which continues to govern the lives of every living human where race continues to confer (or obstruct) privilege and opportunity. In the 21st century, the legacy of enslavement manifests itself in the social-economic status of Africans globally. Without a doubt Africans globally constitute the most oppressed, most exploited, most downtrodden people on the planet, a fact that testifies to the untreated legacy of Slavery.

It is estimated that 40-100 million people were affected by slavery via the Atlantic, Arabian and Trans-Saharan routes. Many died in transport, others died from diseases or indirectly from the social trauma left behind in Africa. The Atlantic system took a terrible toll in African lives both during the Middle Passage and under the harsh conditions of plantation slavery. Many other Africans died while being marched to African coastal ports for sale overseas. The overall effects on Africa of these losses and other aspects of the slave trade have been the subject of considerable historical debate.

White historians will say that most deaths in the Middle Passage were the result of disease rather than abuse. The trauma of being enslaved and separated from country, culture and love ones can certainly be considered a form of mental abuse and would certainly have contributed to the mental illness exhibited by many of the captive Africans.

However, dysentery, spread by contaminated food and water, did cause many deaths as did malaria and yellow fever. Other slaves died of contagious diseases such as smallpox, leprosy and yaws, carried by persons whose infections were not detected during medical examinations prior to boarding. Such maladies spread quickly in the crowded and unsanitary confines of the ships, claiming the lives of many slaves already physically weakened and mentally traumatized by their ordeals.

At the height of the slave trade between 1650 and 1900, 10.2 million African slaves arrived to the Americas and the Caribbean from the following African regions in the following proportions:

- West Central Africa (Republic of Congo, Democratic Republic of Congo and Angola): 39.4%
- Bight of Benin (Togo, Benin and Nigeria west of the Niger Delta): 20.2%
- Bight of Biafra (Nigeria east of the Niger Delta, Cameroon, Equatorial Guinea and Gabon): 14.6%
- Gold Coast (Ghana and east of Cote d' Ivoire): 10.4%
- Senegambia (Senegal and The Gambia): 4.8%
- Southeastern Africa (Mozambique and Madagascar): 4.7%
- Upper Guinea (Guinea Bissau, Guinea and Sierra Leone): 4.1%
- Windward Coast (Liberia and Cote d' Ivoire): 1.8%

The different ethnic groups, brought to the Americas, corresponds to the regions of heaviest activity in the slave trade. Over 45 distinct ethnic groups were taken to the Americas during the trade. The ten most prominent were:

- The Gbe speakers of Togo, Ghana and Benin (Adja, Mina, Ewe, Fon)

- The Akan of Ghana and Cote d'Ivoire
- The Mbundu of Angola (includes Ovimbundu)
- The BaKongo of the Democratic Republic of Congo and Angola
- The Igbo of southeastern Nigeria
- The Yoruba of southwestern Nigeria
- The Mandé speakers of Upper Guinea
- The Wolof of Senegal and The Gambia
- The Chamba of Cameroon
- The Makua of Mozambique

### **Slave Plantations in the New World**

The West Indies was the first place in the Americas reached by Columbus and the first part of the Americas where native populations collapsed. It took a long time to repopulate these islands from abroad, but after 1650 sugar plantations, African slaves and European capital made these islands a major center of the Atlantic economy. In the 1600's English colonization societies founded small European settlements on Montserrat, Jamaica, Barbados and other Caribbean islands, while the French colonized Martinique, Guadeloupe and Haiti, producing tobacco and sugar. The Portuguese had introduced sugar cultivation into Brazil from the islands along the African coast after 1550. By 1600 Brazil was the Atlantic world's greatest sugar producer. In the 1800's Haiti had surpassed Brazil as the greatest producer of sugar and Jamaica surpassed Barbados as the English most important sugar colony. Enslaved Africans in the United States produced tobacco, cotton, indigo and rice. Africans who arrived in Carolina and Georgia sometimes referred to as Gullah/Geechee, brought with them attributes of biology, botany, culture, and language that reflected their homeland.

On most islands, 90% or more of the inhabitants were slaves. The average slave lived seven years. Although the large proportion of young adults in plantation colonies ought to have had a high rate of natural increase, the opposite occurred. Poor nutrition and overwork lowered fertility. Life expectancy for slaves in the 19<sup>th</sup> century Brazil was only 23 years of age for males and 25.5 years for females. An opinion common among slave owners in the Caribbean and in parts of Brazil, held that it was cheaper to import a youthful new slave from Africa than to raise one to the same age on a plantation. In the Dutch colony of Surinam, 300,000 Africans arrived between 1668 and 1823, but scarcely 50,000 descendants survived at the end of that period.

The harsh condition of plantation life played a major role in shortening the lives of slaves, but again the greatest killers were disease and malnutrition, especially to children under five. Only slave populations in the healthier temperate zones of North America experienced a natural increase, those in tropical Brazil and the Caribbean had a negative population growth. Such high mortality greatly added to the volume of the Atlantic slave trade, since plantations had to purchase new slaves every year or two just to replace

those who died.

The additional imports of slaves to permit the expansions of producing-plantations meant that the majority of slaves on most West Indian plantations were Africa-born. As a result, African religious beliefs, patterns of speech, styles of dress, adornment and music were prominent parts of West Indian life.

In Latin America the captive labor force was also dominated by slaves born in Africa. In northeastern Brazil, Yorubas predominate at the close of the slave trade, but earlier the region had seen imports from nearly every slave source. In Rio de Janeiro, even after three centuries of sustained slave traffic, more than 73 percent of the 1832 slave population was African born. Although Rio de Janeiro was dominated by Bantu-speakers from Angola and the Congo, almost all other groups were represented. Coastal South Carolina witnessed the arrival of most BaKongo people from the Congo and Angola, but the Senegambians were also well represented.

Included among the ranks of these newly arrived laborers were priests, magicians, and herbalists, who frequently retained, even as slaves, a measure of their previous status. This, in turn, facilitated the survival of a social hierarchy necessary for a shaman class and reinforced the collective knowledge of African ethnomedicine and its epistemology, among the resident Black populations. By contrast, North America received only half a million Africans during the entire slave trade, and witnessed minimum survival of their ethnomedical system.

Given the harsh conditions of their lives, it is not surprising that slaves in the New World often rebelled. Because they believed rebellions were usually led by slaves with the strongest African heritage, European planters tried to curtail African cultural traditions.

In the British West Indies, African herbal medicine remained strong as did African beliefs concerning nature spirits and witchcraft. Maroon communities consisting of runaway slaves were especially numerous in the mountainous interiors of Jamaica, Hispaniola, the Guianas, and Brazil. Maroon societies, such as those founded in Jamaica and Brazil acted as foci for the retention of African cultural beliefs and as symbols of resistance to white authority. But by the 1760s, African traditional religion was outlawed in Jamaica and in Guadeloupe ordinances forbade any use of plants by Africans, whether for medical or spiritual ends.

The European conquest and colonization of the Americas was achieved with the exchange of Old World and New World diseases, ethnomedical systems and plant-based pharmacopoeias. Neglect by slave owners forced enslaved Africans to tend to their own medical problems. Firmly established in colonial times, African-based medicine, spirituality and their associated plant pharmacopoeias persisted and thrived in the Americas and the Caribbean.

### **African Ethnomedicine and Epistemology**

African ethnomedicine and epistemology is firmly based in the healing power of the plant realm. Most healing rituals and ceremonies involve the use of leaves, roots, barks, or plant reproductive structures.

The pharmacological treatment of disease began long ago with the use of herbs. A useful concept for plant screening, long practiced in Africa, is any species with morphological features similar to human body parts are believed to be effective agents in treating those respective ailments.

An alternative method for identifying potentially useful species is reported among the Yoruba and their New World descendants. While mounted by one of their guardian deities, devotees suddenly bolt into the forest and collect hitherto unknown plants as directed by whatever spirit possesses them. Species collected this way enter into that person's material medica.

There are examples of many Europeans relying on traditional herbal cures administered by enslaved people who in turn rejected the main European treatments of the time, which included bleeding and purging. Africans often used their own traditional remedies to treat diseases they were already familiar with.

A wide range of plants such as aloes, okra and even cotton, was used to treat all sorts of illnesses such as water retention, piles and venereal diseases and to heal wounds. Herbal remedies were used against diseases such as malaria, yellow fever, smallpox and worms.

Along with China and India, west-central Africa represents one of the world's most developed ethnomedical traditions. European slavers repeatedly noted the skills of Africans in effecting cures with plants and the expertise of specific ethnic groups such as the Fulani, Yoruba, Dahomean and Ashanti, who were regarded as especially skilled with herbal medicines. Although elements of various African healing traditions survive, wherever Yoruba and Dahomean slaves were present in sizable numbers, their cosmology and ethnomedical system came to predominate.

In the use of plants, African practices differed dramatically from those favored by Europeans. Herbal treatments were often prepared from living plants, rather than the dried concoctions favored in white medicine. Vitamin-rich greens formed a central component of the diet of New World Africans, and roots and herbs made into infusions (bush teas) remain to this day central to the traditional cures of the Caribbean. West Africa's rich tradition of using bush or herbal teas and greens for both food and medicine was the source of their continuing importance in the African Diaspora. In West Africa, the leaves of at least 150 species of plants are used as food, with 30 cultivated and over 100 collected gathered in the wild.

These herbal cures stood in sharp contrast to the invasive treatment of venesection, cupping, blistering, purging and leeching practiced by Europeans during the plantation slavery era. While such techniques have largely vanished, African herbal remedies endure to this day in the Caribbean folk healing system. The survival of an African ethnomedical and epistemological tradition results in part from its capacity to deliver both physical cures as well as psychological solace to New World Africans. Plants native to the tropics and to Africa played a direct role in healing diseases whose origins are attributed to a physical and spiritual (holistic) origin.

New World Africans also recognized genera whose attributes were known in Africa. The genus *Strychnos* spp., for instance, served as a poison throughout the Black Atlantic. *Rauwolfia* spp., which acts as a tranquilizer, was commonly used in Africa as well as by diasporic populations in the Caribbean. *Euphorbia* spp., which provided relief from colds, indigestions and pain are found in traditional pharmacopoeias of both areas.

Brazil, which absorbed more than 4 million African immigrants, retains African religious and medical systems so orthodox that, until recently, Nigerian priests undertook pilgrimages to Brazil to rediscover ceremonies long forgotten in Africa. With a total of approximately five million slaves imported, the Spanish Caribbean exhibits magico-religious ceremonies scarcely different from those in Africa.

Africans also used inoculation as a form of prevention for diseases such as yaws. Yaws is an infectious tropical disease caused by a spirochete bacterium *Treponema pertenu*. It enters through cuts in the skin, causing a large ulcer at the point of infection and multiple ulcers on the body. It also affects the joints and the bones. Yaws infects many Africans in Africa and the Americas and is most common in areas of poverty, poor sanitation and overcrowding. A closely related bacterium, *Treponema pallidum* causes syphilis.

Of further interest is the centuries-old practice of small-pox vaccination, which is carried out all over Africa. During an epidemic, material from the pustule of a sick person is scratched into the skin of

unaffected persons with a thorn. In the majority of instances, there is no reaction and the persons inoculated are protected against smallpox. In some cases, the inoculation will produce a mild, non-fatal form of the disease which will also confer permanent immunity. Centuries before Jenner (Father of Immunology), Africans had devised an effective vaccination method against smallpox.

### **African Traditional Plant Knowledge**

There is little attention to African botanical transfers and the role of New World Africans in establishing the continent's native plants elsewhere. The emergence of three centers of plant domestication in sub-Saharan Africa (two in West Africa) added more than 115 endemic species to the global food supply while laying the foundation from an ongoing process of experimentation and crop exchanges with other Old World societies. Enslaved Africans and free maroons continued this process in the Caribbean.

It is often forgotten that the vanishing Amerindian population of the Caribbean was replaced with forced African migrants who originated in tropical societies. Research attention has yet to elucidate how New World Africans drew upon their knowledge of tropical botanical resources for food, healing, cultural identity and survival.

West Africa and the New World, although separated by several thousand miles of ocean, shared some plant species before colonization. Slaves landing on Caribbean shores would have recognized many of the plants they encountered. Newly arrived shamans continued to employ the species as they had done in Africa. The foundation in tropical botanical knowledge provided Africans the critical knowledge for shaping Afro-Caribbean plant resources.

With the exception of the coffee plant and the oil palm, Europeans were not much interested in plants of African origin. While these two valued tree species would become plantation crops in the Caribbean, most plants indigenous to Africa depended upon New World Africans for their establishment, as whites did not consume them.

Several factors, including soil exhaustion and deforestation, altered the balance of the ecology of the West Indies. By the 18<sup>th</sup> century, nearly all of the domesticated animals and cultivated plants in the Caribbean were ones that Europeans had introduced.

Europeans also introduced new food plants to the region. Of these, bananas and plantain from the Canary Islands were a valuable addition to the food supply; and sugar and rice formed the basis of plantation agriculture, along with native tobacco. New World foods also found their way to Africa. The white potato, cassava and maize moved across the Atlantic to Africa.

African domesticates, important in Caribbean cuisines, include the akee apple (*Blighia sapida*), wild spinach or pigweed (*Amaranthus hybridus*, *Amaranthus spp.*) that give calalu its distinctive flavor, along with bitter leaf (*Vernonia spp.*) and *Brassica spp.*, the 'greens' favored in Diaspora dishes. Other African introductions include the baobab (*Adansonia digitata*) and the kola nut (*Cola acuminata*, *C. nitida*) a non-alcoholic stimulant with medicinal properties.

Most West African cultivars traditionally served both food and medicinal purposes. Grains, fruits and tubers sustained the body while leaves, barks and roots from the same plants, healed it. Because so many cultivars also served as medicinals, introduction of Old World food plants to feed the growing slave populations supplied Africans with a familiar assortment of medicinals. Common species like lemon, originally used in Africa only for its curative properties, was being cultivated and used medically in Brazil by 1549.

By the early 1700s, African cola nut served as food and medicine for Jamaican slaves. The African's use of okra, both as a staple and to induce abortion had been observed in the mid 18<sup>th</sup> century in Guyana.

Other early introductions of medicinal food crops included winged yam, pigeon pea, sorghum, oil palm, watermelon, akee and black-eyed peas.

Carried aboard slave ships, African plants contributed to survival, health and economy in the Caribbean. The journey across the Middle Passage introduced African grasses possibly for bedding and as fodder for cattle. Guinea grass was reported in Barbados in 1684 and introduced to Jamaica in 1745. Many crops, given to the enslaved aboard the slave ships, also provided the means for New World Africans to establish these plants in subsistence plantation fields and their dooryard gardens. These include African rice (*Oryza glaberrima*), yams (*Dioscorea cayensis*, *D. rotundata*), cow [black-eye] peas (*Vigna unguiculata*), pigeon (Congo) peas (*Cajanus cajan*), melegueta peppers (*Aframomum melegueta*), palm oil (*Elaeis guineensis*), sorrel/roselle (*Hibiscus sabdariffa*), okra (*Abelmoschus esculentus*), sorghum (*Sorghum bicolor*), millet (*Pennisetum glaucum*, *Eleusine coracana*), the Bambara groundnut (*Vigna subterranean*) and mangoes (*Mangifera Indica*).

One African plant, the Castor bean (*Ricinus communis*) was used for lamp oil, medicine and even as a hair tonic. Prominent African medicinal plants introduced during the transatlantic slavery include (*Momordica charantia*) cerasse, (*Kalanchoe integra*), leaf of life, (*Phyllanthus amarus*) carry-me-seed, (*Leonotis nepetifolia*) leonotis, (*Cola acuminata*) kola nut and (*Corchorus spp*) broomweed.

The curative value of *Kalanchoe* is reflected in its common names 'long-life' and 'never-die', while 'maiden apple' or the 'African cucumber' (*Momordica charantia*) ranks as the single most important medicinal of African origin in the Black Atlantic. It is used as an abortifacient, to treat snakebite, pain, high blood pressure and as an anti-inflammatory for rheumatism and arthritis. Another Old World plant esteemed for healing among population of the African Diaspora is *Abrus precatorius*, a venerable south Asian ayurvedic medicine that had already diffused to the African subcontinent from India long before the onset of the transatlantic slave trade. Used as a febrifuge and expectorant by Caribbean diasporic populations, *Abrus precatorius* remains an esteemed herbal remedy throughout the Black Atlantic.

Other plants of African origin established in the Caribbean material medica are wrongly attributed to an Asian origin, thereby obscuring the African floristic contribution to regional folk pharmacopoeias. Tropical Old World plants formed part of an ancient history of exchanges between Africa and Asia (notably, with India and China). Tamarind (*Tamarindus indica*), castor bean (*Ricinus communis*), and okra (*Abelmoschus esculentus*) provide examples of crops that originated in Africa and diffused to Asia between one and three thousand years ago. Other African domesticated plants, such as sorghum (*Sorghum bicolor*) and millets (*Pennisetum glaucum*, *Eleusine coracana*) became the subjects of intense plant breeding in India thousands of years before returning again to Africa as new varieties.

Still other plants of Old World origin were long established in Africa prior to their dissemination across the Atlantic by slave ships. These include mustard green and kale, introduced from the Mediterranean, and sesame (sim-sim), originally of Asian origin but so long used in Africa that it bears the name 'benne' which became the plant's name in the U.S. south.

Plant exchanges between India and Africa by maritime and overland routes had been underway for millennia before Europeans began enslaving Africans in the fifteenth century. Taro (*Coloasia esculenta*), lime (*Citrus aurantifolia*), the luffa sponge (*Luffa spp.*), an edible green (*Celosia argentea*) and banana and plantain (*Musa spp.*) offer examples of Asian crops that diffused to Africa in prehistory. The significance of many Asian medicinals in Afro-Caribbean folk medicine began with their previously established value to Africans long before the wave of Asian and Chinese immigration to the Caribbean that dates to the 19<sup>th</sup> century.

Even the medicinal use of some Native American species, after being naturalized in Africa, diffused to

the New World with the slave traffic. American tobacco had arrived and was probably being used medicinally in Africa by the 1600s. During the late years of the slave trade, Africans arriving in Venezuela introduced healing rituals with tobacco that were uniquely African. Similarly, the South American peanut was carried by the Portuguese to Africa and incorporated into the African ethnomedical systems; it made its way to the Caribbean as a food and a medicine for captive laborers.

One hundred and eighty-six plant families and almost 700 genera are common to Africa and South America. A mid-20<sup>th</sup> century survey of the West Indies reported that 20% of the species were aliens, that the majority was from Old World, and that most had arrived during early colonization.

Transplanted African laborers recognized and used not only a large number of their native food plants but also a variety of medicinal weeds. Exotic plants that have retained parallel African and African-American medicinal value include hollow stalk, a febrifuge, bitter melon as a febrifuge and purgative, cow-itch vine as a vermifuge, chamber bitters as a diuretic, castor bean as a purgative and African spider flower as a cure for earache.

African plants entered the Americas repeatedly over the 350 year period of the Atlantic slave trade in which millions of Africans were delivered into bondage. Arriving aboard slave ships as food and medicines, the plants were grown by New World Africans on plantation provision fields, dooryard gardens, and subsistence plots. In this manner, more than fifty species native to Africa became a part of the Caribbean botanical resources. An additional fourteen species of Asian origin but grown in Africa since antiquity were also established.

There is as yet no systematic overview of the medicinal species of African origin that are widely used in Caribbean pharmacopoeias. However, the dozens of compendia of herbal medicines now published for the Caribbean and tropical West Africa offer a point of departure for the study of African plant cures, traditionally valued by Black Atlantic populations.

### **Indigenous Traditional Herbal Medicine in Jamaica**

In Jamaica, African traditional herbal medicine is still being practiced by the descendant maroon populations as well as in other maroon societies all over the Caribbean and the Americas. The Jamaican Maroons were enslaved Africans who fought the British for autonomy and retained much of their African culture to include knowledge of medicinal herbs and their uses.

Columbus reached the island in 1494 and spent a year shipwrecked there in 1503–04. In 1534 the Spanish colonial capital was established at Spanish Town. The Spanish enslaved many Arawak Indians; most died from overwork and European diseases. By the early 17<sup>th</sup> century, no Arawak Indian remained in the region. In 1655 a British expedition invaded Jamaica and began expelling the Spanish. However, many of the Spaniards' escaped slaves had already formed communities in the highlands. Increasing numbers also escaped from British plantations. These former slaves were called Maroons, a name probably derived from the Spanish word *cimarrón*, meaning “wild” or “untamed.” The Maroons adapted to life in the wilderness by establishing remote, defensible settlements, cultivating scattered plots of land (notably with plantains and yams), hunting, and developing herbal medicines.

In the initial twenty-five years of British control, plantation labor in Jamaica was sourced from the older British colonies of Barbados and St Kitts. Given the pattern of British sources of supply; the largest single group of these slaves was drawn from among the Akan and Ga-Andangme peoples of the coastal strip of present-day Ghana. However, from 1685 to the close of the seventeenth century, 40 per cent were from Angola in West-Central Africa, and 30 per cent were Ewe-Fon from the area immediately east of the Gold Coast, with the Ewe-Fon and Akan numbers increasing over the next half century.

Later, between 1792 and 1807, approximately 83 per cent of the slaves came from the Bight of Biafra

and Central Africa, compared to 46 per cent from these two regions over the entire history of the slave trade to Jamaica. These two sources would have yielded peoples who were largely Igbo, Efik and Ibibio from the Niger delta, generally referred to as "Moko/Moco/Mocho", and a range of Central African ethnic groups generally referred to as "Congo". Even in the postslavery period, between 1840 and 1864, about eight thousand Africans recruited as indentured labourers were brought into Jamaica. The majority were "Congo", "Igbo" and "Nago" or southwestern Yoruba.

The mainstream of Jamaican contemporary folk medicine is an unbroken continuity from Africa through plantation slavery. Folk medical knowledge was part of the total cultural package of interacting elements brought by slaves from Africa. It was the kind of cultural item that existed in the minds of Africans and was not likely to be lost during the Middle Passage.

Early works on health care in Jamaica identify yellow fever, smallpox, tuberculosis, venereal diseases, remittent fever, gout, yaws, rheumatism, typhoid, dropsy, dirt-eating, and worms, among others, as major illnesses that plagued the island inhabitants.

A slave's life in Jamaica, like everywhere in the New World, was brutal and short. The number of slave deaths was consistently larger than the number of births. As slave traffic and European immigration increased over time, the island's population grew with slaves, accounting for more than half of the total population.

In Jamaica, important practitioners in the African medical system, such as medicine men and diviners, were brought over in the trade and were able to recreate and re-establish their roles and functions in the New World.

One route to the acquisition of these roles and functions was the hereditary one, both in Africa and, to some extent, in Jamaica: mothers passed on knowledge of childbirth to their daughters, and fathers passed on the ability and practice of occult healing to sons. Both in Africa and Jamaica, medicine men and other practitioners received their calling in dreams, visions and visitations from the spirits.

For example, according to Dr. Ogundele (2007), the Yoruba in Africa considers ethnomedicine as an important part of a child's education. Every Yoruba child, as from about the age of eight years begins to learn in an informal way, the names of local plants as well as their uses. This is in terms of therapeutics and nutrition. Early childhood education in indigenous medicine applies basically to the rural people, who constitute the majority of the population. Every opportunity is turned into a teaching affair by the parent of the child. This kind of environmental consciousness is the foundation of sustainable health care in Yoruba land. Not only does the parent or a senior person teach the child about medicinal plants, he also gives instructions on the time of the day a plant can be obtained from the forest. This is an aspect of the Yoruba ancient knowledge of plant behaviour or botany that the contemporary people hardly appreciates, because of the impact of Western education on them. Rural children in the Jamaica received the same type of education.

The assumption that Jamaican folk medicine is based historically on African folk medical practices may therefore be valid. If the conditions of slavery inhibited or prevented the practice of certain aspects of African culture, it could be argued that in the case of medical practices they encouraged, required and allowed slaves to rely on their own devices to heal themselves. There is also evidence that even when some medical facilities were provided, slaves had more confidence in their own therapeutic devices. Medical practices may be one of those rare areas of African culture whose survival and continuity in the New World were enhanced by the condition of slavery.

Slaves relied on tested and proven practices that they had known in Africa. Some flora and fauna common to both Africa and Jamaica, would have been recognized and used in well-established ways by

slaves in Jamaica. Even if one opposes the Africanist hypothesis of Jamaican and Afro-American culture, or subscribes to the cultural deprivation hypothesis (that is, that Africans were “stripped” of their culture or were unable to practise herbal medicine because of their ethnic diversity and the unfavourable conditions of slavery), it should not be difficult to accept that concepts of causation and therapeutic alternatives such as prayers, botanicals, etc., were part of the knowledge brought and retained by Africans, and transmitted to successive generations. The “cultural baggage” brought by slaves from Africa is indispensable in accounting for the character and persistence of folk medicine in contemporary Jamaica.

The Maroons of Jamaica and elsewhere can be credited with many achievements. They became the frontline fighters in the struggle against slavery in all its various forms. Before any known struggles for independence in the New World, Maroon communities had developed strong ideas and strategies of self-sufficiency, self-help and self-reliance and fought with great skill and courage for the right to self-determination. Also, the communities managed to unite people who had come from diverse backgrounds and regions of the world, speaking different languages and practising diverse customs and traditions. African traditions featured prominently in the formation and transformation of the ways of life of these groups throughout the entire period of their struggle.

### **Results of a Comparative Study of Jamaican Medicinal Plants and Possible Sources**

Table I is a preliminary comparison of 50 medicinal plants in the Jamaican pharmacopoeia that coincide with the online databases of medicinal African plants, Metafro Infosys (PRELUDE) and the Plant Resources of Tropical Africa (PROTA). Emphasis was placed on the similarities in the usage of these indigenous plants and their possible sources in Africa. The data obtained on the sources and uses of these plants come strictly from published sources.

Our objective was to determine if the knowledge and source of indigenous Jamaican medicinal plants could be linked by source to regional areas in Africa that would have been used by enslaved Africans. Given the details from where and what areas African slaves were taken, gives us some indication of the amount of medical knowledge and ways of knowing enslaved Africans brought with them to the New World.

This preliminary study shows some interesting details. Nearly all of the plants chosen agree with the usage and source data obtained on west, central African countries involved in the Slave Trade. Of the 50 medicinal plants and food, 24 are of African origin; four from new world sources; and eight from old world sources. Many of these show similar uses both in Africa and in the New World. Six of the African plants were not listed in any of the databases for Jamaica, however of these, three are listed in a Haitian pharmacopoeia.

Also shown are six pan-tropical plants and their uses that are common to Africa, Jamaica, the Caribbean, and South America. Eight of the plants are listed as biblical species mentioned in the Bible and show similar uses wherever they appear.

According to Sheridan, 1985, modern studies of medicinal plants common to Africa and the West Indies show that about 60 out of 160 specimens of medicinal plants in Jamaica are known to have been or continue to be used in Africa.

A comprehensive study by Mitchell et al, 2006 (University of the West Indies), lists a review of the medicinal plants in Jamaica collected from postgraduate theses, articles and technical reports beginning in 1948 thru 2001. Jamaica has 2888 known species of flowering plants that are native or fully naturalized. Of these, 784 species (27.2%) are endemic to Jamaica. The study lists 334 plants species growing in Jamaica that have been identified as having medicinal qualities. Out of these, 193 plant

species (55%) have been investigated for their bioactivity against human or plant pathogens, and/or for possible pharmacological or physiological actions.

Many of the plants used in the Jamaican folk medicine and found to have medicinal and agricultural potential, are not endemic to Jamaica. Of the 334 identified medicinal plants growing in Jamaica, 31 were endemic (9.3%); another 12 have a restricted distribution range to the Caribbean, 50% were restricted to the Americas while 37% are found throughout the tropics.

A more in-depth study is needed on the origin of medicinal plants and knowledge of their uses by enslaved Africans in the New World, to add to the growing body of plants used for medicinal purposes in Africa.

## Conclusions

Indigenous medical practices are as old as the time of the emergence of the earliest man. These practices involved experimenting with different plants and to a less degree, animals with a view to determining whether or not they had therapeutic value. This serves as a basis for ensuring good health for a community. Much information about ethnomedicine is documented orally. Every environmental set-up, had numerous plants with chemotherapeutic values that mankind can use to treat a wide range of diseases including illnesses at any point in time.

The continuing use of African ethnomedicine and epistemology in the Caribbean and the Americas demonstrates a successful technological transfer of African traditional herbal medicine during and after the transatlantic slave trade. For millions of descendants of enslaved Africans, it is still the healing method of choice and sometimes the only method that exists. African traditional herbal medicine is also more conducive to the health of melanated people.

Like traditional Chinese medicine (TCM) and Ayurvedic medicine of India, African traditional herbal medicine is plant-based. It has been around for thousands of years before the use of Western medicine and provided the foundation for all three. The African continent has now over a billion people. In times of war and environmental disasters, the health of African people everywhere needs to be secure. This means that on the continent, regulatory measures should be put in place to ensure all Africans have adequate healthcare, independent of outside sources, based on culture. These plants can be cultivated, collected and conserved; healing methods can be standardized and taught to practicing herbalists as reliable and reproducible methods for various diseases.

Much information in Africa has been lost over several centuries, but fortunately that which has been lost, can systematically be retrieved from adequate sources of authentication found in former slave colonies in the New World. (June 2010)

## Acknowledgements

We wish to thank and acknowledge our children and our families in Africa, Canada, Jamaica, and the USA for their love, patience and understanding.

**TABLE 1. USES OF MEDICINAL PLANTS COMMON TO AFRICA AND JAMAICA**

TAXON	AFRICA+	USES+	JAMAICA ++
<b>Alliaceae (Liliaceae)</b> Allium sativum L. ( <b>Garlic</b> ) – <b>B+++</b>	Algeria, Egypt, Libya, Morocco, Tunisia, Sudan, Benin, Nigeria, Kenya, DRC, Ivory Coast, Tanzania, Burkina Faso, Ethiopia	Medicine	Medicine

<b>Amaranthaceae</b> A. hybridus L. sp. hybridus/A.viridis L. - A	DRC, Angola, Nigeria, Togo, Burkina Faso, Kenya, Uganda, Rwanda, Ethiopia	Food, Medicine	Food, Medicine <b>(Calaloo)</b>
<b>Anacardiaceae</b> Anacardium occidentale L. ( <b>Cashew</b> ) - NW	CAR, Nigeria, Benin, Congo, Guinea, Angola, Mali, Ghana, Senegal, Sierra Leone, Tanzania, Comoros, Madagascar, Mauritius, Mozambique	Food, Medicine	Food, Medicine
Mangifera Indica L. ( <b>Mango</b> ) - OW	Sub-Sahara – Wide	Food, Medicine	Food, Medicine
<b>Annonaceae</b> Annona muricata ( <b>Soursop</b> ) - NW Annona Squamosa L ( <b>Sweetsop</b> )- NW	Benin, Congo, Togo, Ivory Coast, Senegal, Cameroon, Guinea, CAR Sierra Leone, Angola, Ethiopia, Reunion, Seychelles, Mauritius, Comoros, Madagascar,	Food, Medicine	Food, Medicine
<b>Apocynaceae</b> Rauwolfia vomitoria Afzel. - A	Nigeria, Benin, Mali, Congo, Togo, Ivory Coast, CAR, DRC, Burkina Faso, Sierra Leone, Cameroon, Senegal, Tanzania	Poison, Medicine	Rauwolfia Serpentinea Listed in Haiti Pharmacopoeia
Catharanthus roseus (L.) ( <b>Vinca Rosa</b> ) Madagascar – A	Sub-Sahara wide	Medicine	Medicine <b>(Periwinkle)</b>
<b>Asteraceae (Composite)</b> Artemisia Spp. - PT	Angola, Ethiopia, South Africa, Zimbabwe, Tanzania, Uganda, Kenya, (East Africa)	Medicine	Medicine -No species recorded garden plant, <b>(Garden Bitters)</b>
Bidens pilosa L. - PT ( <b>Spanish Needle</b> )	Congo, Comoros, Mauritius, Ivory Coast, Nigeria, Uganda, DRC, Burundi, Angola, Tanzania, Rwanda, Madagascar, Ethiopia, Kenya, CAR, Burkina Faso, Reunion, Cameroon, S. Africa, Gabon	Food, Medicine, Ritual	Food, Medicine
Vernonia spp - PT	DRC, Angola, CAR, Ivory Coast, Burundi, Tanzania, Burkina Faso, Kenya, Uganda, Rwanda, S. Africa, Madagascar, Reunion, Mauritius	Food, Medicine	Food, Medicine Vernonia acumiata Vernonia pluvalis <b>Endemic</b>
<b>Bombacaceae</b> Adansonia digitata L- A ( <b>Baobab</b> )	Benin, Niger, Togo, Nigeria, Mali, Cameroon, Ivory Coast, Senegal, Angola, Congo, CAR, Ghana, Guinea Bissau, Guinea Conakry, Burkina Faso, Sudan, Zimbabwe, DRC, Tanzania, Kenya, Ethiopia, Somali, Malawi, S. Africa, Mauritania, Madagascar	Food, Medicine, Fibre	Listed in Haiti Pharmacopedia as Medicine, Food
<b>Boraginaeae</b> Heliotropium indicum L. – A	Seychelles, Benin, Nigeria, Togo, Mauritius, Ivory Coast, DRC, Madagascar, Senegal, Tanzania, Guinea, Guinea Conakry, Mali, Gabon	Medicine	Medicine <b>(Scorpion weed)</b>
<b>Brassicaceae</b> Brassica oleracea L. ( <b>Cabbage</b> , <b>Brussel Sprouts</b> ) - OW	Morocco, Angola, Kenya, S. Africa	Food	Food

<b>Caricaceae</b> Carica Papaya L. – NW (Papaw)	Nigeria, Benin, Congo, Togo, Mauritius, DRC, Cameroon, Mali, Ghana, Ivory Coast, Zambia, Gabon, Angola, Sierra Leone, Burkina Faso, Zimbabwe, Senegal, Guinea, CAR, Ethiopia, Kenya, Uganda, Tanzania, Rwanda, Burundi, S. Africa, Madagascar, Reunion, Seychelles, Comoros	Food, Medicine	Food, Medicine
<b>Commelineae</b> Commelina diffusa Burm. - PT	Congo, Ivory Coast, DRC, Angola, Uganda, Burundi, Mauritius	Medicine	Medicine (Water Grass)
Commelina Africana - A	Benin, Comoros, Burundi, Kenya, Uganda, DRC, Tanzania, Somalia	Medicine	Not Listed
<b>Crassulaceae</b> Bryophyllum pinnatum (L. f.) Oken - A  Kalanchoe pinnatum <b>syn.</b>	Nigeria, Benin, Congo, Ivory Coast, DRC, CAR, Burkina Faso, Mali, Cameroon, Sierra Leone, Senegal, Guinea, Uganda, Tanzania, Rwanda, Madagascar, Seychelles, Comoros, Mauritius, Reunion	Medicine	Medicine (Leaf of Life)
<b>Cucurbitaceae</b> Citrullus lanatus (Thunb.) Matsum. & Nakai – A; B+++ (Watermelon)	Morocco, Nigeria, Benin, Niger, Mali, Senegal, Chad, Congo, CAR, Angola, Tanzania, S. Africa, Botswana (Kalahari), Zimbabwe	Food, Medicine	Food
Lagenaria siceraria (Molina) Standl.– A B+++ (Calabash)	Algeria, Egypt, Libya, Morocco, Tunisia, Benin, Congo, Togo, Nigeria, Madagascar, Angola, Ethiopia, Burkina Faso, Zimbabwe, Mauritius, CAR, Senegal, DRC, Reunion, Kenya, Rwanda	Medicine, Ritual	Listed in Haiti Pharmacopedia as Ritual, Medicine
Momordica Charantia L. – A	Nigeria, Benin, Congo, Togo, Ivory Coast, Equatorial Guinea, Ghana, DRC, Cameroon, Senegal, Burkina Faso, Madagascar, Mauritius, Comoros	Medicine	Medicine (Cerasse)
<b>Dioscoreaceae</b> Dioscorea spp. - A (Species of Yam)	Congo, DRC, CAR, Rwanda, Benin, Zimbabwe, Ivory Coast, Gabon, Senegal, Nigeria, Burundi, Cameroon, Angola, Tanzania, Zimbabwe, Uganda	Food, Medicine	Food, Medicine
<b>Eurphorbiaceae</b> Jatropha Curcas L. - PT (Physic Nut)	Nigeria, Benin, Congo, Togo, Comoros, Ivory Coast, Gabon, Uganda, Ghana, Madagascar, Burundi, DRC, CAR, Sudan, Angola, Guinea Conakry, Sierra Leone, Tanzania, Burkina Faso, Senegal, Zimbabwe, Ethiopia, Mali, Cameroon, Mauritius, Guinea, Kenya, Reunion, Niger, Somalia, S. Africa	Medicine, Ritual	Medicine

Phyllanthus amarus Thonn. – <b>A</b>	Nigeria, Benin, Congo, Togo, Comoros, Ivory Coast, Uganda, Ghana, Tanzania, Mauritius, Reunion, CAR, Cameroon	Medicine	Medicine <b>(Carry-me-seed)</b>
Ricinus communis L– <b>A; B+++</b> <b>(Castor Oil Plant)</b>	Morocco, Algeria, Chad, Nigeria, Burundi, Sahel, DRC, Kenya, Niger, W, Africa, Rwanda, Zimbabwe, S. Africa, Mali, Tanzania, Uganda, Mauritania, Cameroon, Burkina Faso, Senegal	Medicine, Poison, Ritual	Medicine
<b>Fabaceae-Caesalpinoideae</b> Cassia occidentalis L. ( <b>Senna</b> ) - <b>NW</b>	Nigeria, Benin, Congo, Niger, Togo, Ivory Coast, Mali, CAR, Equatorial Guinea, DRC, Ghana, Cameroon, Angola, Guinea, Chad, Gabon, Senegal, Sudan, Kenya, Burundi, Uganda, Tanzania, Rwanda, Ethiopia, Somalia, Madagascar, Reunion, Mauritania, Seychelles, Comoros, Mauritius	Medicine	Medicine <b>(Dandelion)</b>
<b>Fabaceae-Caesalpinoideae</b> Tamarindus indica L. ( <b>Tamarind</b> ) - <b>A</b>	Algeria, Egypt, Libya, Morocco, Tunisia, Niger, Benin, Congo, Togo, CAR, Ghana, DRC, Nigeria, Ivory Coast, Senegal, Angola, Sudan, Mali, Guinea, Burkina Faso, Sierra Leone, Chad, Uganda, Kenya, Ethiopia, Tanzania, Zimbabwe, Comoros, Madagascar, Seychelles, Mauritius	Food, Medicine	Food, Medicine
<b>Fabaceae-Papilionaceae</b> Abrus precatorius L. - <b>OW</b>	Nigeria, Benin, Congo, Togo, Niger, Ghana, Ivory Coast, Mali, CAR, Uganda, Tanzania, DRC, Kenya, Senegal, Burkina Faso, Guinea, Cameroon, Burundi, Angola, Gabon, Mauritius, Reunion, Seychelles, Comoros, Madagascar	Medicine, Ritual	Medicine <b>(Red bead vine)</b>
Cajanus cajan (L.) Millsp - <b>A</b>	Nigeria, Benin, Congo, Togo, DRC, Uganda, Burundi, Angola, Sierra Leone, Tanzania, Rwanda, Kenya, Zimbabwe, Senegal, Gabon, Reunion, Comoros, Mauritius, Madagascar	Food for Fodder Medicine	Food <b>(Gungo Peas)</b>
<b>Lamiaceae (Labiata)</b> Hyptis suaveolens L. Poil - <b>PT</b> <b>Spikenard</b>	Benin, Congo, Togo, Uganda, Ivory Coast, Nigeria, Tanzania, Mali, Burkina Faso, Cameroon, Senegal, DRC	Medicine	Medicine
Leonotis nepetifolia(L) R. Br. – <b>A</b>	Burundi, DRC, Kenya, Rwanda, Uganda, Ivory Coast, Nigeria, Sudan, Tanzania, Chad, Gabon, Madagascar, Seychelles	Medicine	Medicine <b>(Christmas candlestick)</b>

Ocimum basilicum L – <b>OW</b> (Sweet Basil)	Algeria, Egypt, Libya, Morocco, Tunisia, Benin, Togo, Nigeria, DRC, Cameroon, Burundi, Ivory Coast, CAR, Congo, Angola, Tanzania, Sudan, Kenya, Senegal, Uganda, Burkina Faso, Guinea Conakry, Gabon, Sierra Leone, Mauritius, Comoros, Seychelles, Madagascar, Reunion	Medicine, Food	Medicine, Food
<b>Lauraceae</b> Cinnamomum cassia Lour.; <b>B+++</b> Cinnamomum Zeylanicum	Burkina Faso, Niger, Mali, Morocco	Medicine	Medicine (Cinnamon)
<b>Liliaceae</b> Aloe vera L – <b>B+++</b>	Burkina-Faso, Mali, Senegal, Kenya, Tanzania	Food, Medicine	Medicine (Sinkle Bible)
<b>Loganiaceae</b> Stychons spp - <b>PT</b>	DRC, Angola, Congo, Cameroon, Senegal, Ivory Coast, Burkina Faso, CAR, DRC, Tanzania	Poison	Not Listed
<b>Malvaceae</b> Abelmoschus esculentus(L.)Moench (Okra) - <b>A</b>	Morocco, Benin, Togo, Nigeria, Niger, Ghana, Madagascar, Ivory Coast, Congo, Angola, Sierra Leone, DRC, CAR, Burkina Faso, Gabon, Zimbabwe, Senegal, Mauritius, Cameroon, West Africa (Fulani-Fula)	Food, Medicine,	Food
Hibiscus sabdariffa L - <b>A</b>	Benin, Congo, Togo, Angola, Sudan, Senegal, CAR, Mali, Senegal, Sierra Leone, Ethiopia, Tanzania, Guinea Conakry, Madagascar, Reunion, Mauritius, Nigeria, Burkina Faso, Niger, Uganda	Medicine, Food, Fiber,	Food, Medicine (Sorrel)
Gossypium spp. (Cotton) – <b>A</b> <b>B+++</b>	Congo, Sierra Leone, DRC, Burkina Faso, Senegal, Mali, W. Africa, South and East Africa, Guinea Conakry (Fouta-Djallon)	Medicine, Fiber	Medicine, Fiber
<b>Poaceae (Graminae)</b> Cymbopogon citratus (D.C.) (Lemon Grass/Fever Grass) - <b>OW</b>	Nigeria, Benin, Congo, Equatorial Guinea, Ghana, DRC, Angola, Ethiopia, Burkina Faso, Senegal, Mali, Cameroon, CAR, Tanzania, Gabon, Uganda, Seychelles, Mauritius, Madagascar	Medicine	Medicine
Oryza sativa L.  Oryza glaberrima steud (Rice) - <b>A</b>	Morocco, Congo, Sierra Leone, Ehtiopia, DRC, Rwanda, Madagascar, Mauritius, Reunion, Guinea Conakry (Fouta-Djallon), W. Africa	Medicine, Food	Food
<b>Rubiaceae</b> Coffea Arabia L (Coffee) - <b>A</b>	Ethiopia, Congo, Rwanda, Kenya, Burundi, DRC, Uganda, Mauritius, Madagascar, Reunion	Medicine, Food Ritual	Food

<b>Rutaceae</b> <i>Citrus aurantifolia</i> (Christmas) Single <b>(Lime) –OW</b> <b>B+++</b>	Morocco, Nigeria, Benin, Congo, Togo, Comoros, Uganda, Gabon, Madagascar, Mali, Angola, Ethiopia, Sierra Leone, Tanzania, Burkina Faso, Mauritius, DRC, Senegal, Ivory Coast, Cameroon, Kenya, Niger	Food, Medicine	Food, Medicine
<b>Sapindaceae</b> <i>Blighia sapida</i> KD. Koenig - <b>A</b>	Ivory Coast, Cameroon, Gabon, São Tomé and Príncipe, Benin, Burkina Faso, Ghana, Guinea, Guinea-Bissau, Mali, Nigeria, Senegal, Sierra Leone and Togo.	Medicine, Food Poison	Food, Medicine <b>(Akee)</b>
<i>Cardiospermum halicacabum</i> L - <b>A</b>	Benin, Togo, DRC, Mali, Kenya, S. Africa, Uganda, Burundi, Sudan, Tanzania, Ethiopia, Angola, Rwanda, Guinea Conakry, Chad, Gabon, Madagascar, Mauritius, Reunion, Seychelles, Comoros	Medicine, Fodder, Food Ritual	Not Listed
<b>Solanceae</b> <i>Datura Stramonium</i> L.- <b>OW</b> <b>(Jimson Weed)</b>	Algeria, Egypt, Libya, Morocco, Tunisia, Benin, Nigeria, Togo, DRC, Cameroon, Angola, Uganda, Ethiopia, Burundi, Kenya, Rwanda Tanzania, S. Africa, Madagascar, Mauritius	Medicine, Ritual	Medicine
<i>Solanum nigrum</i> L. - <b>OW</b> <b>(Black Nightshade)</b>	Algeria, Egypt, Libya, Morocco, Tunisia, Somalia, Sudan, Benin, Nigeria, Niger, Togo, Ivory Coast, DRC, CAR, Uganda, Kenya, Burundi, Tanzania, Rwanda, Congo, Angola, Sierra Leone, Cameroon, Zimbabwe, S. Africa, Guinea Conakry, Burkina Faso, Gabon, Madagascar, Reunion, Comoros, Mauritius	Food, Medicine Ritual	Medicine
<i>Capsicum frutescens</i> L. – <b>NW</b>	Algeria, Egypt, Libya, Morocco, Tunisia, Ethiopia, Niger, Nigeria, Benin, Congo, Togo, Mali, Uganda, Kenya, Burundi, Tanzania, DRC, CAR, Angola, Cameroon, Burkina Faso, Cameroon, Senegal, Gabon, Ivory Coast, Sierra Leone, Chad, Madagascar, Reunion, Mauritius	Food, Medicine	Food, Medicine <b>(Bird Pepper)</b>
<b>Sterculiaceae</b> <i>Cola acuminata</i> (P. Beauv) Schott & Endl <b>(Kola Nut) – A</b> <i>C. nitida</i> (Vent) Schott&Endl <b>(Syn.)</b>	Nigeria, Benin, Congo, Togo, Gabon, Ghana, Mali, Ivory Coast, Angola, Burkina Faso, CAR, DRC, Sierra Leone, Guinea Bissau, Guinea, Cameroon, Madagascar	Medicine, Food, Ritual	Food, Medicine <b>(Bissy)</b>

<b>Zingiberaceae</b> Aframomum melegueta K Sschum -A	Morocco, Nigeria, Congo, Togo, Ivory Coast, Mali, Benin, Gabon, Ghana, DRC, Angola, Cameroon, Sierra Leone, Burkina Faso	Medicine, Food, Ritual	Not Listed
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A = Africa; B = Biblical; NW = New World; OW = Old World; PT = Pan Tropical

+ = Metafro Infosys Database (Prelude), Emphasis on Central African plant sources

= Plant Resources of Tropical Africa (PROTA)

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