Cordoba International Journal of Academic Research (CIJAR) Online, open access

Volume 1, Issue 4 (October – December 2026), pp. 60–76 | Published: 04 October 2026
Publisher: Wexgrand Academic Press (a division of Wexgrand Private Limited)
Article URL:
https://cijar.org/article/magic-and-medicine-epistemological-hybridity-and-healing-practices-in-contemporary-lagos
Cite as: David Oluwabukunmi Ogunbiyi (2026). Magic and Medicine: Epistemological Hybridity and Healing Practices in Contemporary Lagos. *Cordoba International Journal of Academic Research*, 1(4), 60–76.

Magic and Medicine: Epistemological Hybridity and Healing Practices in Contemporary Lagos

David Oluwabukunmi Ogunbiyi
PhD Research Scholar, Religious Studies and Philosophy
Redeemer's University, Ede, Nigeria

Abstract

This paper examines the complex relationship between magic and medicine within the socio-cultural and epistemological landscape of Lagos, Nigeria. It challenges the conventional binary that positions scientific medicine as rational and magical healing as irrational or primitive. Drawing from philosophical inquiry, historical analysis, and socio-cultural observation, the study argues that both systems of knowledge coexist and interact dynamically in contemporary Lagos. The research adopts a qualitative methodology, relying on interpretive analysis of historical texts, ethnographic insights, and philosophical discourse. It explores how colonial legacies, indigenous Yoruba cosmology, religious pluralism, and global biomedical practices have shaped a hybrid medical culture. The findings reveal that Lagosians often navigate multiple healing systems simultaneously, engaging biomedical institutions while also consulting spiritual healers, herbalists, and religious figures. This coexistence reflects not confusion but a pragmatic and holistic approach to health that integrates physical, spiritual, and social dimensions of human existence. The paper further argues that the persistence of magical thinking in healthcare is not a sign of epistemic backwardness but an expression of an expanded understanding of reality and causation. The study concludes that the dichotomy between magic and medicine is philosophically inadequate and culturally misleading. It recommends a more inclusive healthcare framework that recognizes epistemological pluralism and encourages dialogue between different healing traditions. Such an approach can enhance patient-centered care, improve health outcomes, and foster mutual respect between biomedical practitioners and traditional healers.

Key Words: *Biomedical Procedures, Epistemological Hybridity, Healing Practices, Magic, Medicine, Philosophical Discourse*

Introduction

Medicine in many societies is dominated by specialisation, technology, and scientific evidence. In fact, in a world in which patients are seen in a fragmented way, although the current model offers innumerable advantages for treatment, patients and doctors are not wholly satisfied because they feel as though something is missing (De Benedetto, 2006). Magic, on the other hand, has been associated with the practice of medicine for thousands of years. The idea that a portion of the healing process is attributed to magic is deeply rooted in the human psyche. Maybe it is because of this that patients are so fascinated with the advanced technology involved in some medical procedures, such as surgeries and sophisticated complementary tests—in those, they can also see something magical and mysterious. But patients are shrewd and soon end up realising that an important element is missing: the special relationship between healer and patient that always characterised the art of medicine when magic played an integral role, so the question is “Is there a chance that the perceived magical dimension of medicine continues to play a role in a discipline dominated by technology and evidence?” (De Benedetto et al, 2008).

The relationship between magic and medicine has long been an issue of philosophical, religious, anthropological, and scientific concern which is also debatable. In Western intellectual history, the Enlightenment marked a decisive separation between what came to be regarded as rational science and irrational superstition, which is perceived as beliefs and practices relating to luck, fate, magic, amulets, astrology, fortune telling, ghosts, and some paranormal phenomena, especially the idea that some unrelated past events might predict future events (Vyse, 2000; Chardonnens, 2007). Medicine, grounded in empirical and scientific (Bynum, 2020) observation and experimental verification and practices (Saunders, 2000), was elevated as the legitimate means of healing and caring for patients, managing the diagnosis, prognosis, prevention, treatment and palliation of their injury or disease while promoting their health, while magic was relegated to the margins of belief systems. However, some of its adherents have stated that it requires the application of beliefs, rituals or actions employed with the intent to manipulate natural or supernatural beings and forces and sometimes considered separate from both religion and science (Hutton, 2017). This dichotomy has become problematic when examined within non-Western contexts, particularly in African societies such as Lagos, Nigeria.

Lagos is a southwest Nigerian state and a sizeable port city with an anticipated population of 17–21 million as of November 2025 and is the largest metropolis in Nigeria, the most populated urban region on the African continent, and one of the world's fastest-growing megacities (Jones, 2011; Bearak et al., 2021; Hartley et al., 2012). The "island" and the "mainland" are the two primary geographical regions of this state with a tropical savanna environment, which represents unique cultural diversity, rapid urbanisation, technological advancement and historical layering of knowledge systems. In this setting, biomedical practices such as IVF, surrogacy, preimplantation genetic diagnosis and other procedures (Ogunbiyi & Adedibu, 2026; Ogunbiyi, 2025) coexist with indigenous healing traditions, religious rituals, and spiritual interpretations of illness. Most religious adherents usually visit hospitals for diagnosis and treatment while simultaneously seeking spiritual intervention from a pastor, imam, or traditional healer, depending on the level of seriousness of their medical diagnosis. This coexistence challenges the assumption that modernity necessarily displaces traditional beliefs.

With a concentration on the socio-philosophical distinctions among the two, this study looks into the socio-religious conflicts between magic and medicine in Lagos. It also investigates how Lagos residents use the different healing systems and structures that are available. While some claimed that magic and medicine might be complementary rather than antagonistic, others saw magic as "satanic". Still, some people projected that both magic and medicine add to medical anthropology discussions about healing knowledge and the necessity of culturally sensitive healthcare, particularly the use of herbal medicines. The presence of these systems emphasises distinct but related perspectives on illness, highlighting the potential usefulness and significance of each.

In light of the fact that indigenous African healing methods often function within cogent epistemological contexts which question the presumptive superiority of biomedicine, this paper contends that the traditional dichotomy between magic and medicine is intellectually false; therefore, the study argues that rather than being written off as illogical belief, what is usually referred to as "magic" should be reinterpreted as a valid method of knowledge and treatment by referencing African philosophy and theories of medical pluralism.

Literature Review

Regardless of whether they are state-based or indigenous, medical systems in all human civilisations include a dyadic core made up of a patient and a healer. Healers

can be generalists like the shaman in preindustrial communities or the urologist, internist, or psychiatrist in contemporary countries or specialists like the herbalist, bonesetter, midwife, or medium in preindustrial societies (Baer, 2004). Medical pluralism theory allows for a range of health discourses and norms in addition to the existence of multiple therapies (Uibu & Koppel, 2021), therefore, it may include the adoption of conventional, complementary and alternative medicine for health and illnesses diagnosis and treatments (Wade et al., 2008). This phenomenon is observed in many societies, where traditional healing practices, which may include magic, coexist with biomedical practices (Rahaman, 2023), despite the fact that biomedicine is frequently prominent in all contemporary nations. In fact, this theory suggests that various healing systems endure, adapt, and complement one another, hence challenging the notion and perception that modernisation results in the replacement of traditional therapeutic methods with scientific medicine, that is, traditional/Indigenous medicine draws from local knowledge and cultural practices, utilising herbs and rituals for holistic healing, while spiritual/religious healing integrates prayer and divine intervention, common in many religions, addressing metaphysical aspects of illness. The biomedical system is based on scientific research, concentrating on biological disease causes, and is widely used in formal healthcare. Examining medical pluralism in all of its forms has long been a major focus of medical anthropology (Baer, 2018); and in contrast to the normative perspective of health professionals, anthropologists develop an impartial understanding of medical pluralism by beginning with the observation of local medical systems. According to this viewpoint, cosmopolitan medical practices are perceived as adapting to local cultures, and the division of labour between various practice types seems like a constantly negotiated and compromised structure (Leslie, 1980).

African philosophy, which encompasses the idea of the nature of knowledge, the justification of knowledge, and epistemic claims, is the source of African epistemology theory, a cultural phenomenon (Ajayi & Ashir, 2024). The origin of knowledge and the nature of knowledge are the two central questions in epistemology (Kanu, 2023). The latter results from the challenge of accurately interpreting what is considered "African" in connection to epistemology, whilst the former may be traced back to attempts to respond to colonial subjection of the African's capacity for logical discussion (Ikhane, 2023). As a result, it entails the philosophical study of ideas like "knowledge", "justification", "belief", and "truth" from an African viewpoint, employing techniques like analysis, critique, argumentation, and plain language philosophy (Irikefe, 2025). According to Mbiti (1969), African perspectives and worldviews are based on reality as

a cohesive totality in which the visible and unseen domains are bound together. This ontological unity suggests that understanding health and illness requires taking into account both spiritual and material aspects. While Western discourse terms African traditional healing practices as magical, in reality, among Africans, these practices are based on accumulated centuries of indigenous knowledge of herbal medicine, divination and ritual performance validated through long-term communal applications, experiential efficacy and intergenerational transmission and not mere superstition, and this long-term communal application is extended to healthcare practices and practitioners, where healing is a collective process involving family, community members and spiritual agents such as herbalists, pastors, imams, etc (Gyekye, 1995; Hountondji, 1997; Wiredu, 1996). Therefore, knowledge about illness may involve spiritual diagnosis alongside physical examination of symptoms in Lagos State.

The distinction between magic and medicine has been widely discussed in classical and contemporary scholarship. Early anthropologists such as James Frazer viewed magic as a primitive form of thought based on erroneous associations, while science represented a more advanced stage of rationality, the functional role of magic in providing psychological comfort but maintained a clear distinction between magical and empirical practices (Tambiah, 1990). Subsequent researchers challenge the evolutionary model that conveys science and magic as sequential phases. Instead, they propose that magic functions inside a symbolic framework that addresses things beyond empirical measurement and that science and magic represent different ways of interacting with reality. Modern biomedicine, on the other hand, emphasises observation and evidence and is founded on scientific technique. However, some contend that the reductionist approach of biomedicine ignores the human body's social, psychological, and spiritual aspects (Bodeker & Kronenberg, 2002; Evans-Pritchard, 1937). African philosophical traditions regard sickness as influenced by both biological and social or spiritual elements, emphasising the interdependence of the physical and spiritual realms. Restoring equilibrium in the body, relationships, and spiritual realm is the major goal of healing. In order to support other forms of knowledge, such as spiritual or magical understandings, scholars emphasise that truth is determined not just through empirical methods but also through lived experiences and collective validation (Mbiti, 1969; Olupona, 2014; Appiah, 1992). Western medicine was introduced and traditional techniques were marginalised as a result of the colonial encounter, which changed healthcare in Africa. In spite of this, hybrid traditions that reflected both resistance to colonial rule and adaptability to new realities evolved, and indigenous knowledge continued to exist. Current research

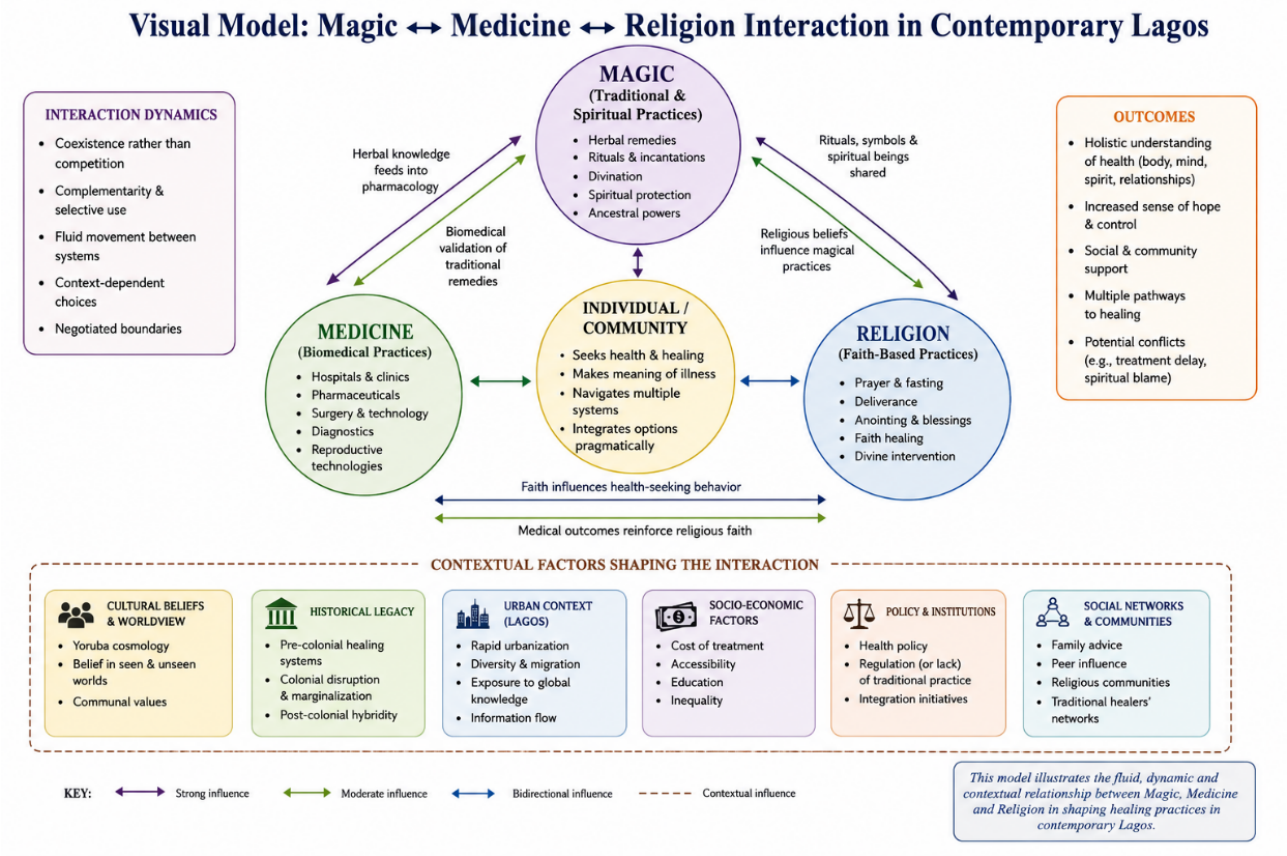
reveals widespread medical pluralism, where patients in cities like Lagos combine several treatment modalities according to accessibility, cost, and cultural views. This variety of healthcare options is seen as complementing resources rather than as mutually exclusive.

While previous research has attempted to restore "magic" as internally consistent, this work questions the lingering belief that such coherence is insufficient for true reason. Instead, it contends that magic is not just a symbolic or pre-scientific behaviour but rather an epistemologically sound system of knowledge. It operates with different but consistent assumptions about cause and agency, making it reasonable within its own ontological and cultural context rather than irrational. Acknowledging this leads to a more comprehensive knowledge of medical pluralism in African contexts and undermines the hierarchy between magic and biomedicine. In addition to expanding the definition of healing, this perspective undermines the epistemic authority of Western biomedicine, which is predicated on the ideas of material causation, objectivity, and universal validity. African epistemologies of sickness, on the other hand, emphasise interpretive knowledge, relational causation, and the interdependence of the physical and metaphysical. By doing this, they expose biomedicine as one epistemology among others—powerful but constrained in its capacity to explain—rather than a neutral or universally superior system.

Methodology

A qualitative and interpretive research methodology is used in this study. Its main foundation is philosophical analysis, which is bolstered by sociocultural and historical understandings. It is analytical and exploratory in its structure; it draws from multidisciplinary viewpoints, such as philosophy, anthropology, and history, and aims to comprehend the meanings and connections between concepts rather than to test particular theories. The following sources provided the data for this study: scholarly works on African epistemology, medicine, and magic. Historical narratives about Lagos's growth, observations of the city's current healthcare system, and secondary ethnographic research. The idea of epistemic pluralism, which acknowledges the coexistence of several modes of knowing, serves as the foundation for the analysis. In order to investigate the power dynamics that influence how various knowledge systems are perceived, the study also uses a critical lens. The lack of primary fieldwork and interviews in the study may restrict the breadth of empirical insights. Nonetheless, a strong basis for the points made is provided by the substantial use of secondary sources and philosophical analysis.

Discussion of Findings



1. State of Healthcare Delivery in Nigeria

Due to underinvestment by successive governments to adequately address several issues that have plagued the industry for many years, healthcare delivery in Nigeria has steadily declined. This situation has a direct effect on residents' productivity and, hence, Nigeria's economic expansion. In terms of Universal Health Coverage (UHC) compliance, the nation was rated 187th out of 191 nations in the world as of February 2018. This is because hardly any people have health insurance, and even the government's expenditure for health services is negligible. Households incur enormous costs due to out-of-pocket medical expenses. The proportion of private health spending to overall health spending is 74.85% (Coker, 2023). As of 2023, there were 34,076 PHC centres in Nigeria, accounting for 85.3% of all clinics and hospitals. Surprisingly, only about 6815, or 20% of these, are believed to be operating (Muanya, 2023; Yisa et al, 2025).

More than 500 years ago, Nigeria imported contemporary medical practices. The fundamental objective of Nigeria's first national health plan, which was created in 1947, was to provide universal health care (UHC), although this objective is still

unfulfilled (Balogun, 2021). As recent findings have demonstrated, there are risks connected to various forms of complementary and alternative medicine in addition to their many advantages. Despite having extensive access to a variety of TM/CAM therapies and treatments, consumers frequently lack sufficient knowledge on what to look out for while utilising TM/CAM to prevent needless injury. Although traditional medicine has many benefits for both health and the economy, the unregulated selling and abuse of herbs and traditional/alternative medicine in the nation has caused significant harm and delayed patients' access to professional medical care.

2. National Health Insurance Scheme and Healthcare Access

A government programme called the National Health Insurance Scheme (NHIS) was created to increase Nigerian residents' access to and affordability of healthcare. Under the National Health Insurance Scheme Act, the programme was introduced in 1999 and went into effect in 2005 with the goal of lowering out-of-pocket medical costs through a prepaid health plan. Numerous medical services, such as consultations, tests, treatments, and hospital stays, are covered by the NHIS. Through initiatives like the Basic Health Care Provision Fund (BHCPF) and the Group, Individual, and Family Social Health Insurance Programme (GIFSHIP), attempts have been made throughout time to extend the NHIS to include vulnerable populations, rural areas, and workers in the informal sector. However, issues including low enrolment rates, insufficient money, and ineffective administration have restricted its efficacy (Alawode et al, 2022).

3. Coexistence of Healing Systems in Lagos

The finding reveals the widespread coexistence of different healing systems in Lagos. The wealth of knowledge found in traditional healing systems like Ayurveda and traditional Chinese medicine (TCM) is echoed by the emergence of integrated holistic healing systems in Lagos State, such as naturopathic, homoeopathic, anthroposophic, integral, and functional medicine, among others (Hanaway, 2012). The study also observed and attempts to incorporate the lessons learned from these systems, recognise the interdependence of man and the natural world, seek to identify the underlying causes of illness, concentrate on the whole person to restore equilibrium, and employ empirical observation in large populations over time to understand the interrelationships inherent in the whole-systems view of illness and wellness. Individuals often engage in what can be described as “therapeutic navigation", moving between hospitals, herbalists, and religious institutions in the state, especially in areas such as Ikorodu, Oyingbo, Epe, Ojota, Mushin, etc. This behaviour is not indicative of

confusion but reflects a pragmatic approach to health among the people, and sometimes these decisions are being influenced by the cost of treatment compared to what the patients can afford. People seek solutions wherever they believe healing can be found within the limited cost. The choice of treatment is influenced by factors such as cost, accessibility, cultural beliefs, and the nature of the illness. In Nigeria, complementary and alternative medicine (CAM) and traditional medicine (TM) are significant social phenomena. In fact, TM can serve as the "mainstay" of healthcare delivery, especially in rural or isolated areas (Gale, 2014). "Does it work?" is the most common question concerning complementary and alternative medicine in general society. Some people who use it whenever they're sick say it works flawlessly and more quickly, but the true problem might be how the dosages are measured because there's no way to tell if the herbs they're drinking from the cup are normal or excessive. It was discovered that modern medical knowledge and technologies are being used, and they are recognised for their scientific efficacy and structured mode of operation, which makes some patients feel comfortable because of empirical diagnosis, technological precision and standardised clinical protocols established at the hospitals and fertility clinics where medical knowledge is mostly codified, regulated and subject to ethical oversight within Lagos State. It is important for healthcare providers to also recognise and engage with these pluralistic healing systems, especially in the aspect of asking the patients whether they have used herbal mixtures before coming to the hospital for further diagnosis and treatment.

4. Historical Relationship Between Magic and Medicine

Medicine has cross-pollinated with many other disciplines. Chemistry, physics, biology, optics, astrology, numerology, alchemy, voodoo, and religion, as well as magic, are among the subjects comingled with medicine. In primitive times, medicine was inextricably linked with magic, and this is still true today in many primitive societies, especially those without access to Western medical care (Baum & Gaul, 2020). The difference is that medicine men don’t pretend to be scientists. Their “patients” may believe implicitly in their powers, but they know very well that this is a religious or magical belief and that the service offered has nothing to do with science. However, contemporary medicine as taught in medical school long ago rejected its magical beginnings and irrevocably threw in its lot with science. Patients trust physicians precisely because of their scientific education and because the service they offer is based on their knowledge of cause and effect that applies to the mechanism of the aetiology of disease. It is demonstrated that the traditional division between magic

and medicine is unable to explain Lagos' realities. Both systems have a similar historical background and seek to facilitate healing. In actuality, the lines separating magic and medicine are often crossed, while this disparity tends to be the result of Western intellectual history. Medical treatments can be interpreted within a spiritual context, and herbal medicines can be utilised in conjunction with prayers.

5. Epistemological Humility and Pluralism in Healing

The findings identified the need for epistemological humility, that is, the recognition that no single system of knowledge has a monopoly on truth especially concerning healing systems. Although, magic, traditionally perceived in Yoruba societies as entertainment, has been increasingly employed in healthcare to enhance health and well-being, the finding reveals that there is conscious acknowledgement of some level of uncertainty, the willingness to embrace "we don’t know", and respect for alternative, non-scientific perspectives in healing within Lagos State. Both magic and medicine offer valuable insights into the nature of illness and healing. Biomedicine excels in diagnosing and treating physical conditions, while traditional and spiritual practices address existential and relational dimensions of health. Valuing patient testimonies ensures that a person's lived experience is treated as data, whether in the reevaluation of magical medicine or modern medical procedures, preventing "epistemic injustice" (Lee et al, 2024) where doctors or herbalists confidently dismiss a patient's reality in Lagos state. A more holistic approach would integrate these perspectives rather than dismiss one in favor of the other.

6. Historical and Cultural Influences on Lagos Medical Landscape

The medical landscape of Lagos is shaped by its history as a site of cultural interaction. Indigenous Yoruba beliefs, Islamic traditions, Christian practices, and Western science all contribute to the current system. This historical layering has created a unique environment where multiple epistemologies coexist and interact. The result is a dynamic and evolving medical culture that reflects the complexity of modern urban life.

7. Religious Perspectives on Magic

Christian denominations and people have quite different perspectives on magic. While some Christians only see magic as entertainment, many Christians openly denounce it as demonic and believe that it allows demonic possession (Deuteronomy 18:11–12; Exodus 22:18 & Galatians 5:19–21). On the other hand, certain esoteric Christian

groups that adhere to a mystical form of Christianity actively practise magic (Bogdan, 2012). In Islamic culture, magic is "widespread and pervasive" and a "vital element of everyday life and practice" in both the past and present. Magic encompasses everything from divination to performing miracles and sorcery, as well as talismans engraved with the names of God, verses from the Quran, and Arabic characters. The majority of Muslims also believe in barakah, a type of heavenly favour. The creation of magic squares and talismanic shirts, which are said to attract divine favour by engraving God's names, are popular examples of talismans. While the practice of black magic (siḥr) is forbidden (Surah 2:102) , miracles, which are regarded as a gift from God, are permitted (Rassool, 2018; Kruk, 2005).

8. Magic as an Epistemology

The persistent framing of magic as irrational or pre-scientific rests on a narrow conception of rationality that privileges empiricism and material causation as the sole criteria for valid knowledge. This paper argues, however, that magic constitutes a form of epistemology—that is, a structured way of knowing the world—grounded in coherent assumptions about causality, agency, and reality. Within many African contexts, what is termed “magic” operates through internally consistent principles that link visible phenomena to invisible forces, social relations, and spiritual agencies. These principles are neither arbitrary nor chaotic; rather, they form part of a systematic interpretive framework through which individuals make sense of misfortune, illness, and healing.

9. Critique of Biomedical Epistemology

To recognize magic as an epistemology is not to deny the efficacy or importance of biomedicine, but to challenge the implicit hierarchy that positions biomedical knowledge as universally superior. Biomedicine itself is grounded in specific philosophical commitments—namely, reductionism, objectivity, and the privileging of measurable evidence—which, while powerful, do not exhaust all possible ways of knowing. Indeed, in contexts where illness is experienced as both a physical and relational disruption, purely biological explanations may appear incomplete or insufficient. In such cases, magical or spiritual interpretations provide not only explanatory depth but also practical pathways for intervention, including ritual, divination, and communal reconciliation.

10. Rationality and Ontological Framework of Magic

The rationality of magic becomes more evident when evaluated within its own ontological framework. As Evans-Pritchard famously demonstrated, systems of belief in witchcraft are logically coherent when their underlying premises are accepted. Extending this insight, the present argument contends that magic is not merely rational in a limited or internal sense, but epistemologically valid as a mode of engaging reality, particularly in contexts where the boundaries between the material and immaterial are not rigidly drawn. This challenges the assumption that rationality must conform to a single, universal standard and instead supports a pluralistic view of knowledge.

11. Limitations of Biomedicine

This perspective also reveals the limitations of biomedicine as an epistemic system. While highly effective in diagnosing and treating physiological conditions, biomedicine often lacks the conceptual tools to address dimensions of illness related to meaning, morality, and social disruption. By contrast, magical frameworks incorporate these dimensions, offering a more holistic account of human experience. The issue, therefore, is not whether magic should replace medicine, but whether modern healthcare systems can acknowledge the coexistence of multiple epistemologies without reducing one to the other.

12. Toward an Epistemically Plural Healthcare System

In this sense, the relationship between magic and medicine should not be understood as oppositional, but as epistemically plural and potentially complementary. Recognizing magic as a valid way of knowing opens the possibility for a more inclusive approach to health—one that respects cultural frameworks, expands the scope of healing, and challenges the epistemic dominance of biomedicine.

Conclusion and Recommendations

This study has demonstrated that the relationship between magic and medicine in Lagos is not one of opposition but of interaction and coexistence. The persistence of multiple healing systems reflects a broader understanding of human health that goes beyond the limitations of any single framework. The dichotomy between magic and medicine is largely a product of Western epistemology and does not adequately capture the realities of non-Western contexts. In Lagos, healing is understood as a

multidimensional process involving physical, spiritual, and social elements. This study recommends that future research should include empirical fieldwork in order to provide deeper insights into patient experiences and decision-making processes; educational programmes should promote awareness of both biomedical and traditional health practices, emphasising safe and effective use; policymakers should investigate ways to integrate traditional and biomedical practices in a regulated and respectful manner; healthcare professionals should be trained to understand and respect patients' cultural beliefs and practices; and platforms should be created for collaboration and dialogue between biomedical practitioners and traditional healers.

References

Ajayi, T., & Ashir, E. D. (2024). African epistemology and culture: Creating a sustainable development. *NIU Journal of Humanities, 9*(3), 157–164.

Alawode, G., Adewoyin, A. B., Abdulsalam, A. O., Ilika, F., Chukwu, C., Mohammed, Z., & Kurfi, A. (2022). The political economy of the design of the Basic Health Care Provision Fund (BHCPF) in Nigeria: A retrospective analysis for prospective action. *Health Systems & Reform, 8*(1), 2124601. https://doi.org/10.1080/23288604.2022.2124601

Appiah, K. A. (1992). *In my father's house: Africa in the philosophy of culture*. Oxford University Press.

Baer, H. A. (2004). Medical pluralism. In C. R. Ember & M. Ember (Eds.), *Encyclopedia of medical anthropology: Health and illness in the world's cultures* (pp. 109–116). Kluwer Academic/Plenum Publishers. https://doi.org/10.1007/0-387-29905-X_12

Baer, H. A. (2018). Medical pluralism. In *The International Encyclopedia of Anthropology*. Wiley-Blackwell. https://doi.org/10.1002/9781118924396.wbiea1281

Balogun, J. A. (2021). *The Nigerian healthcare system: Pathway to universal and high-quality health care*. Springer. https://doi.org/10.1007/978-3-030-88863-3

Baum, N., & Gaul, J. H. (2020). The magic in medicine and the medicine in magic. *American Association for Physician Leadership*. https://www.physicianleaders.org/articles/magic-medicine-medicine-magic

Bearak, M., Moriarty, D., & Ledur, J. (2021, November 19). Africa's rising cities. *The Washington Post*.

https://www.washingtonpost.com/world/interactive/2021/africa-cities/

Bodeker, G., & Kronenberg, F. (2002). A public health agenda for traditional, complementary, and alternative medicine. *American Journal of Public Health*, 92(10), 1582–1591.

Bogdan, H. (2012). Introduction: Modern Western magic. *Aries, 12*(1), 1–16.

Bynum, W. F. (2020). Science in medicine: When, how, and what. In J. D. Firth, C. P. Conlon, & T. M. Cox (Eds.), *Oxford textbook of medicine* (6th ed., pp. 33–38). Oxford University Press.

Chardonnens, L. S. (2007). Superstition and prognostication. In *Anglo-Saxon prognostics, 900–1100: Study and texts*. Brill.

Coker, T. (2023). Charting a healthier course: The state of Nigeria's primary care. *TC Health*. https://www.tchealthng.com/thought-pieces/charting-a-healthier-course-the-state-of-nigerias-primary-care

De Benedetto, M. A. C. (2006). *Once upon a time... at the tenth SOBRAMFA international and academic meeting—São Paulo, Brazil*. *Journal for Learning through the Arts, 2*(1), Article 7.

De Benedetto, M. A. C., Blasco, P. G., & Troll, T. (2008). Even a little magic. *Canadian Family Physician, 54*(8), 1146–1147.

Evans-Pritchard, E. E. (1937). *Witchcraft, oracles and magic among the Azande*. Oxford University Press.

Gale, N. K. (2014). The sociology of traditional, complementary and alternative medicine. *Sociology Compass, 8*(6), 805–822. https://doi.org/10.1111/soc4.12182

Gyekye, K. (1995). *An essay on African philosophical thought: The Akan conceptual scheme*. Temple University Press.

Hanaway, P. (2012). Systems approaches: A global and historical perspective on integrative medicine. *Global Advances in Health and Medicine, 1*(1), 10–11. https://doi.org/10.7453/gahmj.2012.1.1.003

Hartley, J., Potts, J., Cunningham, S., Flew, T., Keane, M., & Banks, J. (2012). *Key*

concepts in creative industries. SAGE.

Hountondji, P. J. (1997). *African philosophy: Myth and reality* (2nd ed.). Indiana University Press.

Hutton, R. (2017). *The witch: A history of fear, from ancient times to the present*. Yale University Press.

Ikhane, P. A. (2023). African epistemology: Past, present, and future. In E. Imafidon, M. Tshivhase, & B. Freter (Eds.), *Handbook of African philosophy* (pp. 199–221). Springer. https://doi.org/10.1007/978-3-031-25149-8_11

Irikefe, P. O. (2025). African epistemology. In K. Sylvan, M. Steup, E. Sosa, & J. Dancy (Eds.), *The Blackwell companion to epistemology* (3rd ed.). Wiley-Blackwell.

Jones, D. (2011). *Cambridge English pronouncing dictionary* (18th ed.; P. Roach, J. Setter, & J. Esling, Eds.). Cambridge University Press.

Kanu, I. A. (2023). Igwebuike epistemology: Towards a decolonized theory of knowledge. *Journal of African Studies and Sustainable Development, 6*(1). https://doi.org/10.13140/RG.2.2.30520.83203

Kruk, R. (2005). Harry Potter in the Gulf: Contemporary Islam and the occult. *British Journal of Middle Eastern Studies, 32*(1), 47–73. https://doi.org/10.1080/13530190500081626

Lee, K.-T., Chen, Y.-C., Yang, Y.-C., & Wang, W.-L. (2024). On practicing magicine, from wonder to care: A systematic review of studies that apply magic in healthcare. *Social Science & Medicine, 341*, 116541. https://doi.org/10.1016/j.socscimed.2023.116541

Leslie, C. (1980). Medical pluralism in world perspective. *Social Science & Medicine. Part B: Medical Anthropology, 14*(4), 191–195. https://doi.org/10.1016/0160-7987(80)90044-7

Mbiti, J. S. (1969). *African religions and philosophy*. Heinemann.

Muanya, C. (2023). 80% of PHCs non-functional as FG reneges on total rehabilitation plan — Nigeria. *The Guardian Nigeria News*. https://guardian.ng/news/80-of-phcs-non-functional-as-fg-reneges-on-total-rehabilitation-plan/

Ogunbiyi, D. O. (2025). Infertility and the Christian attitudes to assisted reproductive technologies in Nigeria: A psychological investigation. International Journal of Independent Research Studies, 14(1), 10–18. https://doi.org/10.55220/2304-6953.v14i1.724

Ogunbiyi, D.O. & Adedibu, B.A. (2026). Medical Issues in the use of Assisted Reproductive Technologies among Christians in Nigeria. *African Journal of Religious and Theological Studies*, *6*(1), 51-71. https://doi.org/10.62154/ajrts.2025.06.01017

Olupona, J. K. (2014). *African religions: A very short introduction*. Oxford University Press.

Rahaman, M. (2023). Medical pluralism: Indigenous healing system vs. modern treatment. *Biomedical Journal of Scientific & Technical Research, 53*(1), 44414–44420. https://doi.org/10.26717/BJSTR.2023.53.008359

Rassool, G. H. (2018). Magic, witchcraft and demonic possession from an Islamic perspective. In *Evil eye, jinn possession, and mental health issues: An Islamic perspective* (pp. 163–172). Routledge. https://doi.org/10.4324/9781315623764-14

Saunders, J. (2000). The practice of clinical medicine as an art and as a science. *Medical Humanities, 26*(1), 18–22. https://doi.org/10.1136/mh.26.1.18

Tambiah, S. J. (1990). *Magic, science, religion, and the scope of rationality*. Cambridge University Press.

Uibu, M., & Koppel, K. (2021). Beyond medical pluralism: Communicative positioning of biomedicine and CAM in Estonia. *European Journal of Health Communication, 2*(3), 85–109. https://doi.org/10.47368/ejhc.2021.305

Vyse, S. A. (2000). *Believing in magic: The psychology of superstition*. Oxford University Press.

Wade, C., Chao, M., Kronenberg, F., Cushman, L., & Kalmuss, D. (2008). Medical pluralism among American women: Results of a national survey. *Journal of Women's Health, 17*(5), 829–840. https://doi.org/10.1089/jwh.2007.0579

Wiredu, K. (1996). *Cultural universals and particulars: An African perspective*. Indiana University Press.

Yisa, S. S., Ogunniyi, T. J., & Dine, R. D. (2025). Strengthening primary health care in

Nigeria: A means to achieve universal health coverage. *BMJ Global Health, 10*(10), e018486. https://doi.org/10.1136/bmjgh-2024-018486

© 2026 The Author(s). Published in *Cordoba International Journal of Academic Research*.
This work is licensed under a **Creative Commons Attribution 4.0 International License (CC BY 4.0)**.
Published by Wexgrand Academic Press (a division of Wexgrand Private Limited), No. 4/461, Suite No. 1331, Valamkottil Towers, Thrikkakara, Ernakulam, Kerala – 682021, India.