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Ọ̀sanyìn and the Living Power of Plants: Ritual Healing in Yoruba Historical and Cultural Contexts

OYEWALE Peter Oluwaseun (PhD)*[1], OLADIPO Sunday Emmanuel[2], Adaramola Deborah Oluwakemi[3]

[1]Department of History and International Studies, Faculty of Arts, Ekiti State University, Ado – Ekiti, Nigeria

[2,3] Post Graduate Student Department of History and International Studies, Faculty of Arts, Ekiti State University, Ado – Ekiti, Nigeria

ABSTRACT

This paper explores the role of Ọ̀sanyìn, the Yoruba deity of herbs and healing, as a central figure in ritual healing practices, emphasizing the living power of plants within historical and cultural contexts. Drawing on spiritual ecology, indigenous knowledge systems, and symbolic anthropology, it examines how plants serve as cultural agents embodying vital force (àṣẹ), integrated through divination (Ifá), incantations (ọfọ̀), and sacrifices (ẹbọ) in a holistic approach to health that intertwines physical, spiritual, and social dimensions. The analysis traces the evolution of these practices from precolonial cohesion, through colonial marginalization via biomedical hegemony and legal suppression, to postcolonial adaptation, hybridization, and commercialization amid globalization, Christianity, and Islam. Contemporary challenges include environmental degradation threatening plant resources, regulatory paradoxes, and gendered labor dynamics, while opportunities arise from policy recognition (e.g., WHO strategies) and epistemic pluralism. Comparative perspectives with Ayurvedic, Native American, and Amazonian traditions highlight shared emphases on ritual reciprocity and sustainability. Ultimately, the paper advocates for decolonizing health discourses, positioning Yoruba healing as a resilient cultural rationale offering insights into global heritage, ecological conservation, and integrative medicine.

KEYWORDS: Ọsanyìn, Yoruba Healing, Ritual Practices, Indigenous Knowledge.

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INTRODUCTION

In the Yoruba mythology Ọ̀sanyìn is seen as the Orisha (deity) of leaves, herbs and healing. He is the legendary safeguard of the botanical knowledge, he is the one who knows everything about the curative value of wild herbs (Sobo, 2001). As per the mythical narrative of the Yorubas, when they were called on to weed them out Ọ̀sanyìn declined on grounds that each plant possessed medicinal qualities (Sobo, 2001). His cultic artifacts consist of the Ọ̀sanyìn staff (opa Ọ̀sanyìn) that is highly decorated with birds and is said to facilitate passage the vital energy (àṣẹ) through the spiritual and physical worlds (Lawal, as cited in Ọ̀sanyìn staff, n.d.). Consciousness In art and ritual, Ọ̀ sanyìn is frequently represented as personages with only a single eye, one arm, and one leg-warnings that it takes sacrifice and one-pointed attention to govern nature (Mythopedia, 2023).

Even though Ọ̀sanyìn represents the divine side of the plant wisdom, Yoruba healing practises, which are historically founded in herbalism, rituals, and spiritual diagnosis, are not ancient relics but systems of meaning-making and practitioners of elaborate practise. The practises are important not just to Yoruba people, but also to the discussions of cultures and medical studies worldwide as these innovations disrupt the hegemony Western biomedicine and provides alternative ways of epistemology. Yoruba medicine Traditional Yoruba medicine (ethnomedicine) comprises a combination of herbal medicine (ewé), divination (Ifá), ritual sacrifice (ẹbọ), and incantation (ọfọ̀) work within a holistic approach (Abilawon & Adelagan, 2025). As a form of syncretism, the traditional medical system still remains in Nigerian society to co-exist with Western medical systems in modern Nigeria (Ajala, 2019; Borokini and Lawal, 2014).

As a cultural studies approach, Yoruba medical activities furnish an opportunity to explore the politics of the indigenous knowledge and entanglement of culture and health, and sense making problem when bodies, spirits, and nature collide. Medical anthropology perspective will require reconsideration of the edges of what medical practises define as the field of medicine and the cultural construction of health. Besides, indigenous knowledge theories stress the fact that local knowledge systems cannot be considered

inferior or primitive but as valid, legitimately complex (Sunday, 2021). This paper will be involved in these discussions, through shedding light on how Ọsayin which is based on traditional healing is able not only to survive, but to adapt in the 21st century.
In order to formulate this inquiry, the following research questions are made:
1. How do plants act as cultural agents in the practise of Yoruba healing by the agency of Ọ̀sanyìn?
2. How has ritual healing rituals associated with Ọ̀sanyìn survived, adapted or hybridised through Yoruba history - precolonial, colonial to the modern Nigeria?
3. Which pressures, issues, and opportunities present these healing initiatives with biomedical hegemony, commercialisation of herbs knowledge and environmental destruction?
Answering these questions this paper adds up in three ways. Firstly, it reinvigorates the symbolic and preservational logic of Ọ̀sanyìn, a Yoruba healing axis of culture. Secondly, it also historicises dynamics of suppression, adaptation and resurgence of indigenous healing in colonial and postcolonial Nigeria (Washington-Weik, 2009). Third, it places the Yoruba healing practise within the universal initiative of decolonising health, and it is evident that the traditions hold important understandings that go beyond their specific location.

CONCEPTUAL FRAMEWORK

The analysis of Ọ̀sanyìn and Yoruba ritual healing builds on the frameworks of interdisciplinary scholarship that confuses the links between culture, health, and spirituality. This inquiry follows three main theoretical insights: spiritual ecology, indigenous knowledge system (IKS) versus western biomedical framework, and symbolic anthropology. These frameworks all place Yoruba knowledge in larger discourses in decolonising the world of knowledge and international endorsement of indigenous medicine.

Spiritual Ecology Regarding the Human-Nature-Spirit Nexus

Spiritual ecology rests on the fact that the human being, the natural world together with the spiritual forces are interdependent (Sponsel, 2012). In the Yoruba cosmology, plant is not viewed as dead biological matter but rather as the essential catalyst of àṣe (vital force) which is informed by Agbo (African medicine) (Abimbola, 2006). Healing is therefore not a biochemical process, but a reassortment of relationships between humans, nature and the divine. This finding corresponds with the initial proposition of the spiritual ecology that ecological systems can not be unraveled of spiritual meanings and practises.
An example of this nexus is Yoruba ritual healing that includes incantations (ọfọ̀), sacrifices (ẹbọ) and medicines of plant origin (ewé). Both remedies fulfil a material purpose, that is, the elimination of diseases; yet, they also fulfil a symbolic-spiritual purpose, thus, regaining favourable balance between the subject and the universe (Falola, 2017). Regarding the Yoruba ecological approach to healing, scholars perceive plant not merely as a resource, but as a living object in an animate world, which other global indigenous systems also tend to consider (Kohn, 2013).

Indigenous Knowledge Systems and Biomedical Models

One of the critical debates in the field of medical anthropology is the epistemological conflict between western biomedical and indigenous knowledge systems (IKS). Biomedicine is reductionist based and favours laboratory science, objectivity and decomposition of the body and spirit (Good, 1994). On the contrary, Yoruba medicine is a holistic approach that comprises physical, spiritual and social aspects (Jegede, 2002).
The distinction does not mean that they are mutually exclusive but signifies epistemic pluralism. Scholars believe that indigenous knowledge systems are not to be regarded as missing first step to western science but should be perceived as such (Agrawal, 1995). Yoruba herbalism, by example is not unscientific, but a traditionally based system of knowledge rooted in centuries of experience and shared confidence. In addition, recent studies have supported the therapeutical efficacy of a number of Yoruba herbs (Odugbemi, 2008).
IKS models focus on the importance of oral tradition, apprenticeship, and ritual power towards the preservation of medical knowledge. The power of the "babalawo" or "onisegun" (herbalist) is not brought about through institutionalised education but through the spiritual initiation and therefore ascertained to be effective. The epistemology questions Western hierarchies of knowledge and solidifies epistemic justice appeals in global health discourses (de Sousa Santos, 2014).

Symbolic place of Plants: Plants as Ethnographic Marks

Another useful approach is symbolic anthropology. Clifford Geertz has proposed that culture is a set of symbols that gives meaning to the human life (1973). To the Yoruba community, plants are not only inscribed with meanings and symbols, but also provide cultural texts. The bitter leaf (ewúro), for instance, is a metaphor of cleansing and strength, and likewise, the palm leaves (màrìwọ̀) are protection signs of spiritual rituals (Adegbite, 1991).
The Ọ̀sanyìn personnel themselves is a distilled representation, a cosmological belief about birds which always appear to sit on the staff, and plants which tend to transmit spiritual vitality. The healing rituals thus work across the body but also by definition of culture, identity, cosmology and social cohesion. Symbolic anthropology emphasises the idea that we cannot understand the

meanings of Yoruba healing without chemical analysis and understanding of symbolic codes in which healing itself becomes meaningful.

The Yoruba Knowledge and the Decolonisation of Knowledge

The analysis of Ọ̀sanyin considers ideas of decolonisation of knowledge. Linda Tuhiwai Smith (2012) and Ngugi wa Thiong'o (1986) among other scholars have highlighted that the confrontations with colonialists marginalised indigenous knowledge, making western science the only determiner of truth. Colonial rulers often criminalised or legitimised Yoruba healers in Nigeria, labeling them as and fetish priests or witchdoctors (Peel, Article, 2000).

Modernist theory seeks to reclaim and glorify Yoruba knowledge as part of the world knowledge. The strength of Ọ̀sanyìn worship and herbalism proves that the local people opposed epistemicide, as erasing the knowledge of the indigenous people systematically (de Sousa Santos, 2014).

In addition to this, the Yoruba health system closely mirrors the current world trends, which are that of promoting integrative health, environmental sustainability, and holism (WHO, 2013). It is the living power in this sense that goes beyond the Yoruba communities and, thus, aided a global conversation on reimagining health, spirituality, and ecology. The theoretical and conceptual framework employed in the research, consequently, relies on the heteranatic ecology of spirituality, the indigenous knowledge and symbolic anthropology and places Yoruba healing in the framework of a modern discourse of knowledge of health. These attitudes highlight the fact that Yoruba illness systems are not just systems of therapy, but cultural rationales also that challenge, supplement, and inform the world view of health. The analysis provides a spiritual, symbolic, and ecological insight into plants by centring yet grounding the importance of knowledge decolonisation within cultural studies and technologies of medical anthropology.

Ọ̀SANYÌN IN YORUBA COSMOLOGY AND RELIGION

Mythological Background of Ọ̀sanyìn

In Yoruba religion, Ọ̀sanyìn is the Orisha (god) of the leaves, herbs, and secrets of plant medicine. In Mythology he is described as the keeper of all botanical knowledge, he is endowed with the power to identify the hidden virtues of all plants. One of the stories is that when the other gods wanted to hoard the power of herbs, Ọ̀sanyìn attained the power, this has made him essential to both the gods and humans (Bascom, 1969). This myth throws light on the chief Yoruba belief that plants are a divine container of àṣe -the divine force that gives life to the universe (Abimbola, 2006).

Ordinarily, Ọ̀sanyin was presented as handicapped in several ways, as he had one arm, one eye, and one leg, but this aspect did not represent weakness, but the powerful focus and spiritual uniqueness (Falola, and Akinyemi, 2017). This imagery of a myth conveys the message that to become a genuine master of nature one must sacrifice, watch and reduce the number of worldly delights. They are also coded in the Ọ̀sanyìn's staff (ọ̀pá Ọ̀sanyìn), a metallic staff topped with birdlike figures which reflects his command of the earthly and the heavenly powers (Lawal, 1985).

According to the oral traditions, each and every leaf possessed both medicinal and spiritual power and no leaf was worth denying. This assumption remains within Yoruba proverbs like "ewé kì í ṣe asán" (no leaf is worthless), which is based on the obedience of Ọ̀sanyìn to his subordinates when other deities proposed discarding weeds (Dopamu, 1991). Ọ̀sanyìn is not only portrayed as a healer but also as a cosmological agent who is ecologically wise, possessing ritual authority and interconnection of nature and the spiritual world.

Relationship with Ifá, Orìṣà Pantheon, and Herbalists

Ọ̀sanyìn is closely tied to both the Ifá divination system and the broader Orìṣà pantheon. A popular Yoruba religious system is the Ifá personified by Orunmila, the god of wisdom and divination, and conceiving diagnostic information as to the causes of sickness and ill-fortune (Abimbola, 1977). Nevertheless, when Ifa serves to point out the issue, Ọ̀sanyìn are used to apply the remedy by plants and ritual medicine. This interrelationship always finds its articulation in the following expression: "Ifá ni yóo sọ̀rọ̀, Ọ̀sanyìn ni yóo ṣe iṣẹ́" (Ifá speaks, Ọ̀sanyìn acts) (Adeboye, 2014).

In the Orisa (god) pantheon, the role of Ọ̀sanyìn is never dispensable. Even though these powers are represented by deities like Ṣàngo (god of thunder), Ògún (god of iron), Yemoja (goddess of the waters), they are often presented by the power of Ọ̀sanyìn (Olupona,2011). His experience makes a sacrificial offering, incantation, and other spiritual protection work meaning that the most potent Orìsa (gods) also relies on the mediating power of plants and by extension, Ase (power) of Ọ̀sanyìn.

Among human experts, herbalists (onísègùn) and diviners (babaláwo) are the representatives of Ọ̀sanyìn. Yoruba herbalism Apprenticeship entails not learning plant fineness but performing rites in praise of the authority of Ọ̀sanyìn (Jegede, 2002). No trained (Ifa) priest in fact can practise to any fully without at least some ground in the herbal sciences which are linked with optimisation as divination and healing cannot be separated. This connection makes Ọ̀sanyìn become both the intermediation of divine knowledge and the ritual effectiveness to a particularly practical medicine and thus make Yoruba medicine be both spiritual and material.

Cultural Narratives (Praise Poetry, Proverbs, Oral Texts)

However, Ọ̀sanyìn is given a prominent, although frequently scaled-down, role in the Yoruba pantheon, especially in reference to Ifa (Oracle) divination as well as to Òrìṣa in general. Although Ifa (Oracle) is mediated through Orúnmílà, Ifa is worshipped as the keeper of the material implements used to contain the Ifa prescriptions, in curing and religious ceremonies - plants, roots and leaves. The sacred knowledge of Ifa needs to be equipped with knowledge (ìmò) and divine power (aṣe) and Ọ̀sanyìn offers the physical vehicle through which these sacred aspects of the Yoruba religion are applied to the world of humans (Abimbola, 2006).

The oral traditions portray that even Òrúnmìlà relies on the efficacious execution of sacrifices and medicines by Ọ̀sanyìn. According to an elder herbalist in Ode-Ekiti, "Ifá may tell us the way, but it is Ọ̀sanyìn that gives the power of the leaves to make that way effective" (Chief Ogunlade, Personal Communication, July 15, 2025). Such interconnection explains why herbalists (onisegun) always use the name Ọ̀sanyìn prior to making any medicine brew. His chants and praises are recited so as to make certain that the technological power of plants is roused and that it should be brought to bear on the intended goal.

However, in the bigger Òrìṣà pantheon, the factor that makes Ọ̀sanyìn unique is that he is a specialist. When Ògún is a personification of iron and war, and Ṣàngo is a personification of thunder and justice, Ọ̀sanyìn is the knowledge of the herbs and remedies. His absence is underscored by proverbs like, "Ọ̀sanyìn là ń kígbe, kí ewé má bàjẹ́" "It is Ọ̀sanyìn we invoke so that the leaves do not lose their power" (Ajayi, Personal communication, August 3, 2025). It can thus be concluded that Ọ̀sanyìn is not the collective, curant healing power of Yoruba people; but also he is the emphasiser of the continuity of the sacred wisdom of the Yoruba people; he serves as a bridge between the God-informed wisdom and the well-being of the Yorubas of the earth.

Ọ̀sanyìn in Cultural Narratives: Praise Poetry, Proverbs, and Oral Texts

The meaning of Ọ̀sanyìn in Yoruba thinking goes far beyond the field of the ritual space to the field of cultural representation, a praise poetry (oriki) and proverbial wisdom, oral literature. As part of oriki ‾ Ọ̀sanyìn is lauded that the one leg that surveys the forest, which is his mythical single-legged resume, is the reason that enables him to overcome all the more secrets that lie with the herbs (Abiodun, 2014). Ọ̀sanyìn's good deeds also hint at profound understanding of his part in making the medicinal plants effective. One such Yoruba maxim reads: "Àìsí Ọ̀sanyìn, ewé kì í ṣé oògùn" ("Without Ọ̀sanyìn, leaves cannot become medicine"), unless incanted in his name and strength, plants have no spiritual and curative power. And as one Ifa priest in Ado-Ekiti recounts, "Ọ̀sanyìn is the breath of the forest. Without him, even the most powerful leaf is like dry grass" (Personal Communication with Chief Akinleye Olubusoye, August 20, 2025).

In oral literature, especially Ifa verses, Ọ̀sanyìn is often involved as an accomplice of Òrunmila. An example of these is in corpus Òsá Méjì that Ọ̀sanyìn is remembered as the goer who opens the gate of the landscape wisdom to allow mankind to live in peace and harmony (Olupona, 2011). These cultural texts not only mythologise but also serve as a pedagogical tool to educate the younger generations about the moral and spiritual aspects of healing.

THE RITUAL USE OF MEDICINAL PLANTS

Classification of Plants in Yoruba Healing

The ethnobotanical concept of Yoruba represents the knowledge on medicinal plants and the principles to categorise them in an overlap system and combine the rationales of practicality, medication, and ritual. One paradigm classifies plants based on the anatomical component used; the leaves (ewé), the stem, the tree bark, the root, the seed, the fruit and whole-plant preparations, with leaves making its more significant therapeutic contribution due to easier access as well as the perceived (concentrated) presence of the vital force known as àṣẹ. An example of that is ewé efinrin (Ocimum gratissimum, African basil) is used broadly and widely as an antipyretic and analgesic to treat respiratory diseases, whereas ewé ewúro (Vernonia amygdalina, bitter leaf) is used as a purgative and remedy against malaria (Enebeli-Ekwutoziam et al., 2021; Lawal et al., 2022). Another type is growth form herbs, shrubs, and trees as the size of the plant affects its strength and the way it is gathered (Ajao et al., 2022).

They are also arranged in therapeutic form, following indigenous disease groups besides Western nosology. Examples constitute Morinda lucida (oruwó), an antimalari, Alstonia boonei (ahún), an anti-inflammatory bark; and Allium sativum (àlùbósà elewe, garlic), used as an antimicrobial (Odugbemi, 2006). The fourth category is ritual whereby the plants are attributed to Orìṣà. Newbouldia laevis (Ewe Akoko) is, for example, tied to Ògún, and is used in the ritual known as protection, but particular protectionist leaves like ewé adugbo are used exclusively in Ifa divination (Verger, 1995). Lastly, the plants are categorised based on preparation properties hot versus cold, dry versus moist, season, harvest and whether they require ritual incantations to be activated (Buckley, 1985). These two overlapping systems show that the Yoruba system of classifying medicinal plants is not confined to norbiotanical taxonomy, but has therapeutic, symbolic, and cosmological aspects as well.

Ritual Practises: Divination, Chants, Incantations, Sacrifices

Ritual action is the septure substance that binds plant "materia medica" and connotation and performance in the Yoruba way of healing. Plants are made up, consecrated, and used within ritual meditations that diagnose, authorise, activate and heal (Drewal, 1992; Bascom, 1969). Most encounters involving healing retain two wide vast ritual strands. To begin with, diagnostic

ritual, principally Ifá divination administered by the bàbálawo (herbalist) create causal spirituality and recommends mitigation measures. Secondly, there is therapeutic form of ritual in which the herbalist/oníṣègùn brews medicines containing the latent power of healing (aṣé) of the plant using chants, prayers, bathing, fumigation and sacrifice to heal (Bascom, 1969; Verger, 1995; Sobo, 2001).

When Ifa divination is the official formulations of diagnostic technique applied during many Yoruba mending sessions. A bàbalawo commands divination tools including ikin seeds, an opele chain, or a divination tray and palm kernels to generate an odu - canonic verse or character. The odù include stories, etiologies, prescriptive protocols, often involving the names of specific plant(s), the mode of administration, the time of the day, and the ritual to be performed to return his or her client to balance (Bascom, 1969; Abimbola, 1977). Divine is enactive, conversational diviner appeals to the mediator of Orunmila and consults a canon of Oracle verses to make sense of the cosmic readings into practical injunctions (Bascom, 1969).

The so-called ofo, (incantations) or ritual praises / oriki as may be said and done, are not decorative except in the sense in which they are hinged on the agency of a plant. Rhyme, rhythm, formulaic speech, ethnographers and scholars of rituals stress the fact that something so simple as a plant may become the potion following human will, divine will, and other biological substances (Drewal, 1992; Verger, 1995). To illustrate, herbalists often recite incantations to sculpture to harvest during a certain time e.g. dawn, during a specific lunar phase, and when mixing decoctions; this talking is supposed to bring aṣe into the mixture, thus making the decoctions effective once applied (Sobo, 2001; Verger, 1995). The focus of bodily attention and ritual efficacy during curative and sacrificial activities centre on sung invocations, overlaying drumming, and call-and-response chanting, each of which is subject to investigation of the contexts of these rituals (PBS 2014).

Sacrifice (ẹbọ) takes a continuum of libations and food sacrifice to the slaughter of animals of various kind; animals are usually birds, chicken or goat depending on the dividing Orisa of the prescription. Sacrifices perform various roles: they appease offended spirits, restore imbalance in relationship debts among man and spirits, and make real redistribution of power to smooth the performance of medicines. Mass ceremonies like Osun-Osogbo festival enact the shared aspects of sacrifice the arugba (calabash carrier) and offerings to the river demonstrate that sacrifice restores the relationship between man and God (Ogundiran, 2014; PBS, 2014). The bàbálawo or onisegun localised offerings (food or cola nut or palm oil or sacrificial animal blood) which may be placed on the shrines or on the roots of sacred trees in order to enhance the power of the plant (Bascom, 1969; Buckley, 1985).

Plant efficacy is performed through material actions in excess of words and offerings. The herbal baths and fumigations which are prepared of the smoke of medicinals are used to cleanse, to make or purify a sick individual or place. Such uses involve both the pharmacology (topical or volatile substances) and the symbolism found in ceremonies, whereby bathing is viewed as a reassertion of the relational order (Verger, 1995; Odugbemi, 2008). The defining icon of this is the legendary Opa Ọsanyìn (Ọsanyìn staff) an iron staff often surmounted by bird figures and held on altars, it functions as both a mnemonic and a metonym for the transfer of medicinal power from spirit to ritual practitioner; museum catalogues and ethnographic descriptions emphasise the staff's place on herbalists' altars and its role in invoking Ọ̀sanyìn for protection and potency, which typically acted as a protective talisman against the incidence of illness (Yale University n.d). These items and activities demonstrate the way in which material objects, such as staffs, calabashes, wrapped leaf packets caries ritualised powers of herbs.

The ritual healing of Yoruba is conducted under the influence of the model of professional ethic and apprenticeship. Knowledge of the times to harvest, formulae of chants, combinations of plants and other healing repetitions are generally secret, passed over the years of extensive apprenticeships and initiation (Sobo, 2001; Buckley, 1985). It is said that time of harvest, purity of taking certain leaves, accurate word phrases, etc. will be part of efficacy; failure will either make the medication ineffective or harmful. This moral aspect justifies the reason why oníṣegun and babalawo pay special attention to their recipes and why divination is essential before they give complex medications. In what current ethnographies refer to, secrecy, initiation, and authority through the lineages continue to dominate as healers attempt to brokering commercialisation and biomedical relationships (Sobo, 2001; Buckley, 1985).

Lastly, there exists public ritual festival, ritual in the grove and pilgrimages (public ceremony of initiation): group healing and the reestablishment of the connection to cosmology. Osun-Osogbo serves as an example of the fusion of collective purification, sacrificial exchange and herbal praxis; the authority of ritual specialists is supported by the whole community who also restores their commitment to deities to ensure wellbeing and prosperity (Ogundiran, 2014; PBS, 2014). Cultural memory is also carried out through these transatlantic Yoruba transnational public rituals and these rituals provide spaces where botanical knowledge can be publicly re-evaluated and written down and at other times commercialised as it happened on festival markets where herbal preparations are sold.

Social Roles of Healers (Oníṣègùn, Babaláwo, Alágbo)

In the Yoruba tradition of practise, traditional healing is maintained as a plurality of roles of specialists, each having a separate social obligation in maintaining bodily, social and cosmological balance. There are established archetypes in which these practitioners have long been classified: the babalawo (These are commonly known as the òrishawoo), the herbalist or medicine-

person (onisesegun), the priests and priestesses of the various orisa, the soothsayers, herbal vendors, serving the community with important therapeutic and reproductive needs (Oyebola, 1980; Buckley, 1985).

The babalawo has a major function as a diagnostician, diviner and as a prescriber: he interprets the Odu by Ifa divination and discovers spiritual or moral ethiologies of disease; he prescribes, including ritual, herbal, or social remedies. Such a practise thus combines the technical skills and professional judgement with moral counseling and arbitration (Abimbola, 1977). The onisegun is an expert in medicinal herbs: locating, collecting, cooking, and dispensing plant medicines, and usually the archivist of occult procedures - of when a certain plant should be harvested, when to use chant to open up its energy (Buckley, 1985).

Women feature in all these positions, but most notably as Ìyá-Alágbo, market women herbalists, midwives and creators of the daily medicines, whose economic and nursing labour connects household health with rituals (Washington-Weik, 2009). The Ìyá Ọ̀sun, chief priestess of Ọ̀sun power, coalesced communal wellbeing directed by fertility and river-based healing rites juxtaposing the clinic, and mandate communal dominance over the clinic, rallies ecological, communal, and therapeutic authority in sacred centres such as Osogbo (Ogundiran, 2014; UNESCO, 2005).

HISTORICAL TRANSFORMATIONS OF YORUBA HEALING SYSTEM

Yoruba Healing in the Precolonial Period

During the pre-colonial era, Yoruba healing was a system of cohesiveness that herbal knowledge of healing, the act of divination, the practise of rituals, the social power were mutually defining. Features Plant pharmacopoeias Put simply: well before the arrival of colonialists, there existed a sophisticated corpus of botanical knowledge: in which an elaborate set of rules granted prescribed uses of particular leaves, barks, and roots following culturally encoded rules (Verger, 1995); these barks, leaves, and roots were harvested, consecrated, and applied with the help of specified recipes. Ifa divination dominated diagnostic practise: the staggering of verses in the creed of odù was interpreted between followers called the bàbalawo, and prescribed ritual-herbal potions to bring terrestrial aetiology with a corresponded action of relaxation, an act of ritual phenomenality (Bascom, 1969). Via botanical knowledge, herbal specialists (Onisegun), and priest - healers, efficacy had to be achieved through a combination of material and symbolic accuracy (Buckley, 1985).

Texts of pre-colonial presence strongly institutionalised healing by hiring expert healers in palaces and shrines, and by ensuring a periodic cycle of festivals, to uphold group access to medicinal and sacred plants (Olupona, 2011). According to ethnobotanical both written and oral sources, numerous remedies were used to treat somatic and social illnesses; in most instances, illnesses were often seen as a disruption in relational order that could be rectified through offerings, divination, and plant-based medications (Odugbemi, 2008; Sobo, 2001).

Colonial Encounters: Marginalisation of Indigenous Medicine by Biomedicine

The introduction of the British colonial rule over Yorubaland was the result not only of the additive encounter between the imperial biomedical systems and the Yoruba healing practises but a constellation of the legal, institutional, epistemic, and cultural intervention and an entire process that marginalised the medical authorities and practises of the Yoruba. Colonial rulers and missionaries depicted Western medicine as logically progressive, scientific and civilising, and indigenous healing (based on ritual, divination and plant medicine) as the regular ruling as superstitions or dangerous witchcraft. Polices and social forces that ensured that colonial hospitals, missionary hospitals, and government medical departments were more powerful than long-established Yoruba treatment systems were justified by this framing (Abdullahi, 2011; Tilley, 2016).

One of the dimensions of marginalisation was institutional, Western medical services were in colonies mostly centred in ports, administrative centres, and on the enclaves, where core Western settlements were located, with little support given in rural and indigenous services. Missionary (CMS, Baptist, Methodist, etc.) societies built hospitals and diagnostics centres, a key location of modern medicine and Christian conversion to transform the image of the individual who can get legitimate care (Falola, 2024). Co-opting or reorganising ready local power was also part of the tactics deployed by the colonial state: chiefs and native administration became their accomplices in promoting -and in some cases enforcing-public-health campaigns, effectively delegitimising native therapeutic expertise to state and missionary ideas (Adetiba, 2022; Nwashindu, 2023).

Law and justice were causes of marginalisation. In British colonies diverse laws and administrative customs targeted practises described as witches or as having observed fetishes or pretended witches, science, and made it illegal to practise certain framed therapies that utilised a spiritual language (Boaz, 2014). Sometimes the high profile practitioners of the spiritual were treated with suspicion by colonial courts and police and in native courts where operative, adaptation of the local cosmologies had to be handled through legal frameworks that could make little to no attempt initiated towards identifying the diverse cosmologies of a place ((Washington-Weik, 2009; Boaz, 2014). This stigma resulting from such legal proscription weakened popular foundations of ritual power.

Epistemic marginalisation or what researchers refer to as epistemicide contributed to naturalising biomedical superiority. Colonial medical practitioners, administrators and missionary doctors gave exclusive status to laboratory bound evidence and biomedical paradigm quantifying the healing process against biomedical categories and clinical outcomes and rejecting the anecdotal efficacy,

the apprenticeship knowledge and oral transmission. This established a delegitimisation of most of the herbalists and diviners in society and frequently compelled them to work as elites or reallow them to be thought of as charlatans in the discourse of the powerful (Tilley, 2016; Abdullahi, 2011). Furthermore, the discourse of modernity and progress associates Western healthcare with civilisation, making any native medicines outdated among formal texts.

Still the process did not presuppose the total disappearance of indigenous medicine. Yoruba healing practitioners employed a repertoire of survival tactics, including the secrecy of their apprenticeship system, preferential syncretism, relocation to peri -urban markets, and strategic cooperation with mission clinics or colonialists, to retain medicine and power (Washington, Weik, 2009). More pragmatically, colonial authorities used local experts to access rural communities (e.g. via the messengers of chiefs) yet formal policy-makers favoured biomedical organisations (Adetiba, 2022). This created a dualistic medical sector whereby Western and Yoruba medicine co-existed without equality whereby biomedicine had legal status advantages, government support and status while native therapy had mass census praise but not institutional mainstream.

The consequences of marginalisation were because of many factors that feed off one another. These comprised imperial concerns and political economic restrictions concentrating health infrastructures in regions with economic and administrative significance (Tilley, 2016), also missionary concerns that connected medical assistance with conversion and moral reform (Falola, 2024), legal policies criminalising particular spiritual practises and reforming the expertise of the rituals as a threat in the official discourses (Boaz, 2014); and epistemic hierarchies claiming the reliability of laboratory science as truth making the oral All these processes were involved in the imbalanced medical environment Yoruba healers bargained their way across during the colonial period.

Postcolonial Negotiations: Survival, Hybridisation, Commercialisation

During the postcolonial period, Yoruba systems of healing have shown there is a significant resilience in the ways they respond to critically engage with forms of survivals, syncretism with biomedicine, and begin to approach greater commercialisation. With the growth of state and missionary medicine, herbalists of this time continued to uphold their sources of knowledge by word of mouth, confidentiality and market networks; ethnographic studies have recorded the migratory process of herbalists into urban markets and peri-urban clinics without loss of ritual control (Washington-Weik, 2009; Olaloko, 2021).

The hybridisation occurs in plural therapeuticway of plurality wherein terminally ill patients are now co-prescribed through biomedical diagnostic tests in combination with Ifá medications or through biomedical prescriptions with herbal decoctions, which is a pragmatic plurality of epistemias as opposed to replacing (Adepoju et al., 2012; Ikhoyameh et al., 2024). Commercialisation has taken place in two closely related forms: informal sale of herbal preparations in urban markets and formal efforts to commercialise research and development products (phytomedicines) by universities as well as biotechnology start up firms.

However, several reports suggest the lack of commercialisation in the area due to poorly funded Research and Development (R&D), insufficient industry-academia connections, and regulatory hindrances (Osemene, Ilori, & Elujoba, 2013; Muhammad, 2008). Formal recognition and integration policy initiatives (e.g. WHO Traditional Medicine Strategy) have influenced discussions in the country on standardisation and integration, but implementation is still uneveiled in Nigeria (WHO, 2013; Ikhoyameh et al., 2024). At the same time, faith-based syncretic movements (e.g. Aladura churches) and market healers still reconfigure Yoruba ritual as a new economic and spiritual form, acting as evidence that postcolonial change is not a loss but an adaptive transformation, influenced by the political economy, juridical institutions as well as global health agendas (Washington-Weik, 2009; Kasilo et al., 2019).

Influence of Christianity, Islam, and Globalisation

The introduction of Christianity and Islam to Yorubaland since the nineteenth century has greatly influenced the traditional system of healing. Some thousand traditions of the improvement of ritual healing were labeled pagan, demonic by missionaries and therefore this brought to a standstill some of the Ọ̀sanyìn rituals, especially sacrifice and incantation (Peel, 2000). The churches established mission hospitals and Christian healing revivals so that they could lure Yoruba converts out of traditional healers (Adogame, 2010). However, the later movements of Yoruba Christianity also involved certain aspects of indigenous healing, most conspicuously so in the "Aladura" and Pentecostal works, which reflect more archaic Yoruba beliefs in terms of the use of herbs oils bathes and anointing oils as instruments of healing (Gore, 1994).

Islamic influence, particularly that of the nineteenth -century jihadist movements and their successor reformist movements, likewise transformed Yoruba healing. Quranic curing, old world talismans, and charms provided by Muslim clerics (alfas) competed with herbal spells in a hybrid healing delivery in the market (Kane, 2011). Most modern Yoruba towns already have their own Muslim and traditional healers who share clients, and Yoruba moslem often blend verses of the Quran with herbs in their prescriptions, which evidences religious pluralism in their healing methods (Olademo, 2009).

These processes have been made more complex by globalisation. On the one hand, biomedicine and pharmaceuticals have pushed traditional healers to the fringes of society to make biomedicine appear as a modern and scientific system around the world through the influence of NGOs. Conversely, transnational African traditional medicine markets, trans-national religious movements like Santeria and Candomblae, where Ọ̀sanyìn is primary, are also valorised via globalisation (Murphy, 2015). Yoruba herbalism has been firmly institutionalised and accepted by international policies, specifically WHO Traditional Medicine Strategy; it is a global

heritage supplement but ravages ritual aspects through commercialisation (Kasilo et al., 2019). Therefore, Yoruba healing now is multi-disciplinary and informed by oppression, acculturation and internationalisation.

ỌSANYÌN AND THE LIVING POWER OF PLANTS IN CONTEMPORARY YORUBA HEALING

Plant-based healing remains through as a high profile and common health-care system among the Yorubaland. High proportions of Nigerians who continue to use traditional medicines due to routine illnesses are proven by large cross-sectional studies, and local surveys believe that the proportion is roughly 76 to 85 percent in the region and focused research conducted on women in Ibadan, suggesting an 80 percent usage rate (Aina et al., 2020; Li et al., 2020). In Yorubaland, hundreds of ethnographically active plants are documented in ethnobotanical compendium and on the market to suggest continuum reification of herbs in commerce, agricultural labour in households and herbalism (Ajao, Mukaila, & Sabiu, 2022; Lawal et al., 2022). These statistics prove that Ọ̀sanyìn centred plant praxis cannot be regarded as a past repository only; this phenomenon is a living system of care, livelihood, and cultural significance.

The international as well as national politics of recognition at the policy arena have gone a new emphatic direction since the early 2000s. Formally urged by the Traditional Medicine Strategy (2014-2023) of the World Health Organisation, member states should regulate, conduct research, and incorporate traditional and complementary medicine (T&CM) into peoplecentred health systems, increasing the prominence of herbal activities, but at the same time calling for safety, quality, and evidence standards (WHO, 2013). The regulatory or regulatory tools that have been deployed by Nigeria have been seen to be the National Agency for Food and Drug Administration and Control (NAFDAC) herbal guidelines and the Herbal Medicines Registration Regulations, which aim at integrating herbal products into the quality-control and registration frameworks but they are not enforced uniformly across states (Hoenders et al., 2024). This has therefore led to increased chances of legitimacy and research and development (R&D) but has also imposed new technical and bureaucratic challenge on community practitioners.

In the modern Yoruba herbalism gendered labour plays one of the main roles. Southwest African cases on empirical research report that women commonly dominate herb vending, preparation, household healing, and midwifery networks; empirical research evidence on T&CM in southwest Nigeria attests that nursing care applying herbs, and shaping markets as professional markets are overwhelmingly dominated by women, crystallising caregiving, trade, and ritual into everyday health-care economies (Li et al., 2020; Osisioma, 2020). The role of women also has been incorporated into the genealogy of sacred practise (Iya alágbo, midwife-herbalists, shrine caretakers), and the survival of plant lore, even in the face of formal hierarchy of male names in pressure groups (babalawo, titular roles of ritual acupuncturists), depends on the inherited, continuous transmission of knowledge to the female generations. Any policy or conservation intervention that aims to support knowledge living proposes gendered approaches that must be recognised.

Modern time is characterised by the tension between secrecy and commodification. Traditional knowledge of healing has always been based on training, blood ties, and secret recipes (Buckley, 1985; Washington-Weik, 2009). There are commercial pressures of publishing, scaling, and patenting knowledge such as: urban market demand; diaspora markets; universities and private firm interest in developing phytomedicines. Policymaker reflections on Nigeria reports that commercialisation of the herbal R&D technology is limited by poor financing, paucity of connections between industry and academic institutions, and regulatory bodies, efforts to industrialise the so-called agbo or phytomedicines are typically experienced to cannibalise the ritual situations and redistribute the profits not among the local practitioners but among other institutions (Muhammad & Awaisu, 2008; Osemene, Ilori, & Elujoba, 2013). At the same time, the mentioned product safety issues (microbial contamination, heavy metals) reported in Nigerian herbs also introduce a paradox: regulating their supplies results in consumer protection, yet it will also stigmatise a small-scale, women-only seller unless regulatory strategies are reconfigured to this end and resourced (Obi et al., 2006; Luo et al., 2021).

Plant-centred medicine is now facing an existential threat of environmental pressure. Field studies in West Africa show that most of the popular species are harvested in nature and that intense market demand can lead to local sparse and endanger species with small range. van Andel and colleagues (2015) highlight important conservation targets and record the loss of species by the market. Report and field research confirms this effect in Nigeria alone alone, airlining a shrinking access to medicinal plants (proposed by the initial rural suppliers and the pastures they serve) to deforestation, land-use change, and climate variability, an issue already faced by rural suppliers and herb markets suspected and exacerbated by incursions by illegal logging and crop replacement (van 1 Andel et al., 2015; Pulitzer Centre reporting, FAO/Global Forest Watch datasets). Local conservation and cultivation reactions are real (some T&CM practitioners grow important herbs in domestic gardens and sacred groves), although these efforts will need foothold, tenure, and involvement of the healers in conservation planning (van Wiecker, 2018; Fakai study; van Andel et al., 2015). These forces make some practical, moral, and research priorities. To begin with, regulatory frameworks must be co-designed alongside oniesegun, iya alagbo, and market sellers in order to avoid non-maliciously sidelining those with living knowledge (Hoenders et al., 2024; NAFDAC guidelines). Second, conservation should rgulate market, species prioritisation (van Andel et al., 2015), and community-based cultivation that preserves wild stock and maintains livelihoods. Third, R&D and commercialisation activities are advised to embrace models of benefit-sharing and intellectual-property, which consider secrecy, customary ownership,

finance community-based quality control, and increase safe and small-scale production instead of just incentivising large firms (Muhammad and Awaisu, 2008; Osemene, et al, 2013). Lastly, the violation of contamination and safety should be combined with training and a low cost inspection in such a way that the consumers are safeguarded without penalising the traditional vendors (Obi et al., 2006; NAFDAC, 2021/2022).

COMPARATIVE AND GLOBAL PERSPECTIVES OF TRADITIONAL PLANT BASED HEALING

Yoruba healing has an ontological concreteness where plants are used as a combination of pharmacological component, moral component, and the spiritual component. Similarly to the Yoruba herbalists who invoke Ọ̀sanyìn and use ritual activation, such as through chant, harvest regimen, and sacrality, to create Ase with medicine, Ayurvedic practitioners (most especially in India) combine spiritual discipline, diet, regimen of the seasons, and plant prescriptions to bring the three doṣas into harmony (vāta, pitta, kapha). This common sense proves that health is by definition not only biochemical since it is a relationship (Jaiswal, 2016; Hopkins Medicine, n. d.). Both customs underline the time of harvesting and preparatory practises and texted knowledge acquired by the practitioner on the basis of an apprenticeship, and the textual/oral corpus, yet Ayurveda is more codification- and generally more institutionally regulated.

As with most Native American traditions, Yoruba does as well by considering certain plants to be sacred agents within the ceremony. In prescribed ritual guidelines native North American sacred medicines including tobacco, sage, cedar and sweetgrass are sacrificed, obtained with permission and offered, analogous to Yoruba injunctions to request permission and make offerings when taking or utilising medicine plants (Koithan, 2010). In both traditions, ethical harvesting, relational reciprocity with more-than-human entities and the social relationship of ageing individuals or knowledge-keepers, whereby ceremonial procedures and taboos preserve species access and social integrity. However, degree of variation in Native American systems vary degree and differences exist between the systems of tribes, including site-specific cosmologies and repertory of plants, and the more pan-regional corpus of rather uniform prescriptions extending over a large cultural region, like the Yoruba.

Amazonian shamanism, such as Ayahuasca and other plant-brew ceremonies, are more or less similar in subject to Yoruba healing, in being based on the centrality of psychoactive or potent vegetative mediators, which facilitate ceremonies of anonymity encountered via altered states, collective diagnosis and the alignment of spirituality). (Ruffell, 2023; O'Shaughnessy, 2021). In The Amazonian praxis, shamans use multi-plant brews and shaman song as tools to reach non-ordinary reality as well as to treat social and spiritual causes of sickness; Yoruba herbal ritual also uses song, embodied ritual, and multi ingredient preparations to achieve the same. One distinction is the role of the entheogens, the Amazonian pharmacopoeia is more driven by hallucinogenic brews that are used as central sacrament in diagnosing and treating whereas the Yoruba pharmacopoeia is more guided by the use of non-psychoactive botanicals which are used in conjunction with divination (Ifá) and other sacrificial acts.

In two of the challenges and opportunities relating to the issues of sustainability and globalisation, the four systems coincide. The contemporary folk medicine and psychedelic inspired by plant carotenoids and recognition backed various global inclinations have fostered transnational commodities and research and development (clinical trials, phytochemical research and development) that may not only sensitise indigenous flora and knowledge but also exert a set of influences on these numbers, including patenting, overharvesting, and cultural exploitation (Bussmann, 2013; Jansen, 2021). Similar to Ayurveda and Amazonian traditions, Yoruba herbalism currently demands formal regulation (WHO strategies), national registration, and or stands to gain legitimacy and to confront decontextualisation. Aboriginal populations also face a challenge of protecting sacred species (e.g. conservation of peyote) where global interest or expansion limits access (news and conservation reporting).

Lastly, Yoruba healing makes a unique contribution to the universe with regard to discussions in pluralism of culture in relation to health and spirituality. Its combined model, with divination (Ifá), and ritual activation (Ọ̀sanyìn) being components in therapeutic practises, provides an example of epistemic pluralism with recognition of the possible co-existence and informational enrichment of health systems without requiring assimilation. This comparative analysis might have a number of lessons to policy: protect the intellectual property of knowledge-holders, promote immersion and conservations of medicinally relevant flora by community members, and establish regulatory pathways that safeguard small practitioners. Such suggestions resonate in Ayurveda, Native American, and Amazonian. Introducing years in advance the idea of ritual, reciprocity, ethical use of plant, Yoruba healing teaches the world that in attaining sustainable versions of traditional medicine, not only cultural, but also biological conservation is essential.

SUMMARY AND CONCLUSION

This paper has analysed Ọ̀sanyìn as not only a mythological entity in the Yoruba cosmology but also the animate personification of the medicinal, spiritual and cultural power of plants. Throughout the history of time, as well as serving as a cultural signifier, Ọ̀sanyìn has served as an implement of healing and has helped in the mediation between the world and the spiritual world and natural world. Yoruba healing practises have survived through the three decades of the colonial rule despite suppression, religious challenge and the dominance of biomedical views and systems, which illustrates its stability and contribution to adaptation. The frontline role of plants is revealed in oral tradition, traditional practise and the long-standing authority of healing specialists that

include: the onișegu; the babalawo and the iya alagbo among others to ensure that the Yoruba cosmology is sustained through the power of plants.

At the same time, Yoruba healing should be embedded in the global frameworks of knowledge about indigenous knowledge and cultural sustainability. The Ayurvedic, Native American, and Amazonian shamans collected comparative information, which shows that all these systems challenge the epistemological monopoly of Western biomedicine. They emphasise the need to understand health not as physiological condition but as a process involving body, spirit, community and environment. The Yoruba medicine, in this case, is part of the world heritage of culture of humankind.

It is not confined to educational investigation. In cultural studies, Yoruba healing demonstrates that we should critically relate to the indigenous epistemologies as fluid, valid and complex systems of knowledge. To policy, the politics of recognition as exemplified by the appeal by the World Health Organisation to have traditional medicine within the future of public health is now more dire amid situations like in Nigeria where millions of people rely on plant-based medicine. In the case of indigenous rights, protection of the Yoruba medical knowledge is attended by ecological protection around which they rely, effecting environmental decline, and keeping those who bear knowledge in control in face of commercialisation and globalisation of medical knowledge. In conclusion, this paper suggests to put Yoruba healing in the context of overall discourse of decolonisation and health sustainability. Predicting Ọsànyìn and the sacrosanct usefulness of vegetation, Yoruba medicine turns into a site of cultural resurgence and an irreplaceable point of globally debatable capacities concerning health and heritage and spirituality.

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ORAL INTERVIEWS

1) Oral Interview with Chief Ayodele Ogunlade (74, Herbalist), Ode-Ekiti, July 15, 2025
2) Oral Interview with Chief Akinleye Olubusoye (77, Ifá Priest), Ado-Ekiti, August 20, 2025
3) Oral Interview with Baba Olalere Ajayi (81, Ifá Priest), Ibadan, August 3, 2025
4) Oral Interview with Ifá Priest Alhaji Kareem Ajani (72), Ibadan, September 10, 2025.