

POST COVID-19: NEED TO STANDARDIZE AND INTEGRATE IGBO TRADITIONAL MEDICINE

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Abstract

Before the advent of cosmopolitan or orthodox medicine, traditional medicine held prominence as the primary healthcare system accessible to millions of individuals residing in African rural and urban areas. The Igbo indigenous/Traditional medicines and other traditional medicines in Africa had existed before the arrival of the Europeans, who were in scramble for Africa. The arrival of the Europeans to Africa had direct implications for the Igbo and their history. First, their arrival gave the impression that they had come for our good and not for our goods. In the process, the indigenous values (including the traditional roots and herbs which had medical constituents and capacity in curing some illnesses) were destroyed, and Euro-centrism was imposed. Nevertheless, the advent of the Europeans brought about a momentous shift in the trajectory of this longstanding tradition and culture. The Europeans made Africans (the Igbo) to believe that their values were useless and inadequate to meet the challenges of survival and development. The incursion of colonialism has even affected the social structure of Africa (Igbo) society so much that those factors, which necessitated the spread of values in western societies, are now present in other parts of the world. Today, the COVID-19 pandemic has revealed the insufficiencies of the Eurocentrism. No culture or group of persons would have thought that The COVID-19 pandemic would subject Europe and America to a point where their medical sophistication became ineffective in curing the pandemic. We argue, therefore, that since there is no proof on the cause of the pandemic, no cure yet for the pandemic, since both Europe and America (and their orthodox medicine) are still testing which vaccine could cure and prevent COVID-19 pandemic, the Igbo indigenous or traditional medicine (TM) which had and is still capable of curing malaria, and other illnesses should not be known only within the Igboland but should be made available to the WHO for experiments and recommendations.

Keywords: Post Covid-19, Standardization, Integration, Traditional Medicine.

Introduction

Jegede emphasizes that worldwide, there is a growing recognition of the significance of medicine and healing based on natural components instead of chemicals (Jegede, O: 2012, 188). Traditional medicine (TM), also known as ethno-medicine, folk medicine, native healing, or complementary and alternative medicine (CAM), is the most ancient healthcare system that has endured over time. It is an age-old and culturally specific healing approach that humans have employed to confront and combat various diseases that have posed threats to their existence and survival. According to Chukuezi, the healthcare challenges faced by many developing countries like Nigeria are closely

linked to their cultural and social practices and the significant influence they have on individuals (Anelechi, C. 2010:146). Hence, TM encompasses a wide range of practices. Consequently, diverse societies have developed distinct forms of indigenous healing methods that fall under the broad concept of TM, such as Chinese, Indian, and African traditional medicines. This explains why there is no universally accepted definition of the term. Nevertheless, one of the most widely accepted definitions of TM has been provided by the World Health Organization (WHO). According to the WHO, TM is "the collective knowledge, skills, and practices based on indigenous theories, beliefs, and experiences of different cultures, whether they can be explained or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illnesses" (See WHO, 2000b, accessed in 2021). On the other hand, a traditional healer is "an individual acknowledged by the community in which they reside as someone capable of providing healthcare through the use of plant, animal, and mineral substances, as well as other methods based on social, cultural, and religious practices..." (WHO, 2000a, accessed in 2021). Igbo Traditional medicine refers to the combined use of local and natural yet potent ingredients for curing and preventing illnesses, whether through medical or spiritual means. Igbo traditional medicine has been recognized for offering alternative healthcare options, and its success has experienced exponential growth. This has led to a strong dedication to the effectiveness of traditional medical practices.

Igbo People

As a major ethnic nationality in Africa, the Igbo constitute one-third of the current Nigeria's 180 million population. The Igbo people are known for their cultural richness and artistic expressions. Their cultural values were very holistic that they could find measures in attending to challenges: be it religious, commercial, or medical.

However, scholarly studies on the Igbo people have been at best scanty while the little that exists have been quite fragmented. Apart from anthropological and travel reports produced by European colonial administrators in the late nineteenth and early twentieth centuries, serious study of the Igbo only gained momentum during the Biafran war when the search for Igbo identity moved to the front burner in academic discourse.

Hence, the Igbo socio-cultural realm, similar to any other, can be likened to a ship where the positioning of the sail determines its course, rather than the tranquility or turbulence of the sea. Ella Wilcox, as cited by Ekwuru, eloquently depicted the destiny of such a world with the following memorable words: "One ship drives east, and another west, with the self-same winds that blow: 'tis the set of the sails, and not the gales, which decides the way to go... ...and not the calm or the strife..." (Ekwuru, G. 1999: Xi). One of the main causes of this confusion can be attributed to the colonial conquest that took place in Igboland.

The Decline of Igbo Traditional Values

A notable Igbo adage says that: *mberede nyiri dike, mana mberede ka e ji ama dike*- sudden or unexpected event is both the challenge and the test of bravery. Colonialism was such a proverbial type of sudden and unexpected event that took the brave Igbo totally unawares. It happened like a strange phenomenon that fell from the blue and took the Igbo world by surprise. The colonial invasion, according to some Igbo traditionalists, like any destructive evil event, was heralded by certain ominous signs that were not given serious thought or adequate attention.

Thus, from the mouth of the elders who recounted the event through the traditional prism of symbolic interpretation, in various parts of Igboland, it was observed that, *nnunu ojoo bere akwa ariri maka na osisi alulo uwa choro ida*-the evil bird from the spirit world cried for the tree of reincarnation was about to be rooted out. *Chi were bia jiri ehihie jie*- there was a sudden eclipse at noon. While people were trying to make sense of what was about to happen, a certain thick cloud overcast a night that was already dark and the traditional world was switched off.

With the use of their own called scientific and technological “magic”, they seized the land and plundered its mineral resources and enslaved both men and beasts. It seemed like a dream, but it turned out to be a reality that has permanently remained and changed the Igbo cultural world. With the conquest and the subsequent effective occupation of the entire Igboland, the colonial leaders rooted out the traditional world-set and shattered its symbolic mind-set.

With the fall, the entire value-system began to crumble. The sense of the sacred, respect for life and human dignity began to lose the intensity of their customary norms. Also, the closeness to nature and its ecological environs lost its medical relevance. In fact, the British conquest of the traditional culture dealt a deathblow to the entire cultural system. According to Ekwuru, “if, for the West, as it has been interpreted within the parameter of its colonial historiography, the conquest of the Igbo culture meant the beginning of an effective Igbo civilization, for the traditional Igbo, it sadly invokes the point of the conquest of their great traditional culture... (Ekwuru, G. 29).

Igbo Traditional Medicine (Ogwu) and Covid-19

Igbo world-view was holistic and efficient in its application before the colonial conquest. This time, the idea of efficacy of natural herbs was well known to the traditional Igbo people. Child birth, Circumcision (*ibi ugwu*) and other practices (medical or spiritual) were carried out among the Igbo people and successfully. According to Chukuezi, “before the advent of the white man in Igbo land, Igbo people had their own native doctors and drugs or medications, as well as ways they preserved their health and several ways in which they treated illnesses or solved their health problems... (Anelechi, C. 147). Treatment of all forms and manner of diseases were

the responsibilities of the *dibia* (native doctor). For instance, about eight days after the birth of a new child, the *dibia omumu* or *dibia owa ahu* would be invited to carry out the surgery. His/Her instrument was a sharp local razor called *aguwa*, some pieces of cloth and concoction of herbs to stop the bleeding and facilitate the healing of the wound that would be inflicted on the child after operation. Again, the native doctor (*dibia ogbaokpukpo*)- bone-setting applies miracle leaf, male or female clay, alligator pepper, and other herbs for treatment. These were the external materials for one who had any form of dislocation or who broke any part of the human bone. *Uziza,udah*, bay leaf were given for internal healing. Sickneses like malaria (*ahu oku*) and any type of flu were treated and by cured *dibia mkpa ahihia/akwukwo* using plants and herbs.

The Igbo people had knowledge of medicine and had proved measures and efficient herbs for treating such sickness. Here, the native doctor (*Dibia*) puts together plants or herbs and administers to the patient. There are different types of *dibia*: and each had knowledge of traditional plants and their medicinal values. The *dibia* possessed remarkable expertise regarding plants and various natural occurrences. They were well-acquainted with the spiritual and phytochemical compositions of numerous plants and knew how to utilize them for medicinal benefits. It should be noted that some of these plants could also be employed for harmful intentions. The process of creating medicines involved considering not only the plants' botanical or pharmaceutical properties, but also their distinct characteristics such as form, color, taste, smell, and even the recitation of incantations (*afa*). These elements directly enhanced the healing energies of the plants for curative purposes.

It is generally agreed that the more therapeutic knowledge a *dibia* possessed the more famous he/she was likely to be and that patients often considered the fame and reputation of a *dibia* while seeking cures for their conditions. The *dibia* was very capable in treating illnesses within their areas of specialization. Today, one of the major factors affecting the growth of Traditional Medicine is the level of fake native doctors whose interest is just to make gains even to the detriment of their patients. The situation of the practice today of Igbo traditional medicine has taken a turn for the worse. A lot of fake medical practioners in the guise of trado-medical practioners-those who combine traditional and orthodox medicine;the spiritual healers-treating people in prayer houses with combinations of orthodox medicine/magic and all sorts of combinations as well as alternative medicine practioners have had their negative influence on Igbo medicine... (Anelechi, C. 161).

Modern science and scientific method began with Francis Bacon. Modern scientists claim that every knowledge claim must be supported by observation and experiment. It is modern because they wanted to separate philosophy and metaphysics from viable means of attaining to truth. However, one is tempted to ask if science has the total answer to the total question? For instance, why has science not found the causes, nature, and cure for Covid-19? Scientific, is the word, Monday, verifiable? Thus, modern scientific method or theorem is accumulated traditional experiential

knowledge people had gathered over time. Science relies on observation and experiment to arrive at a scientific truth. In the same way, the traditional Igbo medicines were arrived at through experiment and constant observation.

Diagnoses in Igbo ethnomedicine is scientific. According to Chukuezi, diagnoses in Igbo ethnomedicine may include one or a combination of the following; observations of the patients behaviours, gestures, reasoning, ...(Anelechi, C. 156).

Evidences of Growing Demand

Although, “passionate ambivalence” towards TM has been noted in Africa, TM is still in use in modern day Africa after hundreds of years of its existence without much reported cases of adverse effects (WHO:2002b). According to WHO, ‘countries like Ghana, Mali, Zambia and Nigeria, have the first line of treatment for 60% of children with high fever resulting from malaria is the use of herbal medicine (WHO: 2002b). Carpentier discovered, “an increasing demand for TM in the case of rheumatic and neurological complaints in Burkina-Faso... (Carpntier, C etal. 1995: 198). In Ghana, about 70% of the population depends primarily on TM. “About 27 million South Africans (usually the black South Africans) use TM to treat a variety of ailments (Lekotjolo, 2009: 8). The same testimony is said of the value and efficacy of Traditional Medicine in Tanzania. Makundi finds out that, “traditional health care has contributed very significantly to the treatment of *degedege* (convulsions) in rural Tanzania... (Makundi, E.A, etal, 2006: 77). In some instances, patients use TM simultaneously with modern medicine in order to alleviate sufferings associated with disease and illness. In this regard, Chukuezi says, “despite all these desperate efforts to demean Igbo medicine in Igboland still when any situation gets tough even in modern times, the *dibia* is consulted (Anelechi, C. 158).

The World Health Organization (WHO) has recognized and acknowledged the valuable role of traditional healers in providing healthcare, particularly in developing countries. According to WHO (2000a), traditional healers have made significant contributions in various aspects of healthcare, including disease prevention, the management and treatment of non-communicable diseases, and addressing mental and gerontological health issues. There is also a growing body of evidence indicating the effectiveness of traditional medicine (TM) in managing chronic illnesses. In fact, TM is now being incorporated into the curriculum of medical schools in the USA. This raises important questions such as why there is a growing demand for TM worldwide and why there is a sudden focus on evaluating and assessing its effectiveness.

Nonetheless, several reasons have been recognized as the cause for the extensive utilization of traditional medicine (TM) and the sudden emphasis on appraising and determining its efficacy globally. Studies have revealed that numerous traditional medicines play a crucial role as effective treatment protocols for a diverse range of illnesses, some of which cannot be adequately addressed with Western medicine. According to Mander, “among South African black population, TM is thought to be desirable and necessary for treating a range of health problems that Western medicine does not treat adequately (Mander, N, etal. 2021). In Nigeria, “effective medicinal plants in management of various diseases have been documented (Aiyeloya, A.A, etal.

2006: 12), including those used for the treatment of opportunistic infections associated with HIV/AIDS. Research shows that at least 522 medicinal species used in the management of numerous ailments in Nigeria. Medicinal values of insects have also been documented in Nigeria. Banjo found out that, “among the Ijebu Remos, some insects, when combined with other ingredients, can be used for spiritual protection, preparation of love medicine, management of the eye and ear problems, as well as prevention and control of convulsion in children (Banjo, A.D. 2003:61). In the same vein, treatment of physical and mental diseases comes within the domain of *dibia ogwu*. *Dibia ogwu* treats mainly with herbs and roots, such as, *ocho onye ogwo* tree- for the treatment of malaria, miracle leaf, male or female clay, alligator pepper – for the treatment of broken bones. Moreover, the limited availability of contemporary medications and pharmaceuticals for the treatment and control of illnesses in middle and low-income nations, particularly in Africa, might have played a role in the prevalent utilization of traditional medicine (TM) in these areas, particularly among impoverished households. According to Chukuezi, “the advantage of Igbo medicine is that it is available and accessible in all communities as well as being affordable (Anelechi, C. 159). According to a recent study conducted by the World Health Organisation and Health Action International (HAI) in 36 low and middle-income countries, a significant portion of the population in these countries had limited access to drugs. As a result, traditional medicine (TM) has become widely utilized in Africa, mainly due to its availability. For instance, in Africa, the ratio of traditional healers to the population is 1:500, whereas the ratio of medical doctors is 1:40,000. It is worth noting that the majority of medical doctors in Africa are concentrated in urban areas and cities, neglecting rural areas. Consequently, for millions of people residing in rural areas, native healers continue to serve as their primary healthcare providers.

Besides accessibility to traditional healers, TM provides an avenue through which cultural heritages are preserved and respected. Indeed, TM practice is in line with the socio-cultural and environmental conditions of the people who use it in Africa. “TM is sought by Igbo women from Ibiobio indigenous healers in Akwa Ibom State, Nigeria, for i) health conditions that had failed to respond to initial treatment, ii) health conditions stigmatised at communities of origin and iii) health conditions thought to have resulted from supernatural causes (Izugbara, C.O. et al, 2005:14).

In response to the increasing demand for traditional medicine (TM) and its contributions to the healthcare system, particularly in Africa, some authors propose the integration of traditional medical practices into mainstream healthcare services. This integration aims to improve healthcare accessibility. For instance, Obute suggests that the rich traditional medicine of the southeastern Nigerians should be properly organized and formally integrated into the regular healthcare system to enhance quality of care and provide low-cost primary healthcare (Obute, G.C. 2005: 14).

However, there are challenges and obstacles to fully achieving the goals of regulating, standardizing, and integrating TM in Igboland and Africa. The predominant Western medical perspective often exhibits ethnocentric and medicocentric tendencies, posing a significant challenge. Western medicine stakeholders often believe that TM lacks

scientific objectivity, measurement, codification, and classification. Nevertheless, there are indications that the physical aspects of TM, such as its ingredients, can be scientifically studied and analyzed. In Igbo culture, TM encompasses both physical and spiritual dimensions. While the physical aspects can be subjected to scientific analysis using conventional methods, the spiritual realm presents difficulties. For instance, the analysis of spiritual aspects like "ogbanje" medicine (incantation) in Igbo TM poses a challenge in terms of scientific examination.

Furthermore, if TM is integrated, there is a need to determine who would provide training to medical doctors regarding the ontology, epistemology, and efficacies of African TM. This is particularly important considering the inherent differences in epistemology and ideology between traditional and modern medicine. Determining the efficacy and effectiveness of TM becomes complex due to these disparities. Consequently, some scholars propose that both TM and cosmopolitan medicine should be allowed to operate, develop, and flourish independently of one another. This approach recognizes that Western medicine was not developed with the intention of integrating with other medical practices, but rather to improve the health of its own population and eventually the rest of the world. From this perspective, if TM is assimilated into modern medicine, it may further reinforce the "supremacy" or "superiority" of cosmopolitan medicine, potentially undermining the identity and integrity of TM in Africa.

Conclusion

In Africa, the influence of Western religion, education, urbanization, and globalization is gradually changing the utilization of traditional medicine (TM). However, there is a mixed sentiment towards African TM and herbal remedies among certain segments of the African population, especially among the educated elites. As a result, the urbanization process has significantly affected the use of TM in both rural and urban areas in Igboland and other regions. Furthermore, Western education and religion have also had an impact on the utilization of TM, as noted by Kinnge:

The introduction of Western culture particularly into rural parts of Africa has had a tremendous negative impact on the role traditional medicine plays. As Western education, Christianity and increased contact with the global community become an integral part of rural communities, taboos, traditions and customs have been affected and in some instances abandoned altogether (Kiringe, J.W. 2005:241).

Chukuezi, quoting Emenanjo, says, "extreme negative influence affected Igbo Medicine with the advent of Orthodox (English) Medicine and Christianity in Igbo land. The white man colonized Igbo land and imposed their will on Igbo people destroying everything valued by them (Anelechi, C. 158).

There is no gainsaying the fact that modern science does not have the answer to the total question. What the world need now is to borrow from each other, especially, with regard to the curing and preventing the spread of Covid-19. We argue, therefore, that since there is no proof on the cause of the pandemic, no cure yet for the pandemic, since both Europe and America (and their orthodox medicine) are still testrunning which vaccine could cure and prevent The COVID-19 pandemic, the Igbo indigenous or traditional medicine (TM) which had and is still capable of curing malaria, and other illnesses should not be known only within the Igboland but should be made available to the WHO for experiments and recommendations.

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