

COVID-19 AND THE STANDARDISATION OF AFRICAN INDIGENOUS MEDICINE IN NIGERIA: Contemplating the Functionality-Empirical Model

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Abstract

COVID-19 is monstrously devastating the nations of the world. Researchers' interest in herbal medicine for combating the pandemic is on the increase. Yet, literatures interrogating the uniqueness of African indigenous medicine (AIM) for the purpose of standardization are limited. This paper examines the "prudential personalist" philosophical theory, buttressed by the concepts of "post-formal thought" and "language game" in propounding the functionality-empirical model aimed at comprehensively assessing among others, the functions of the undermined components of AIM. Findings point at the need for a combination of criteria for accurate standardization. The paper recommends that specially trained investigators should assess the uniqueness of African indigenous medicine, along the lines of the functionality-empirical model, towards the standardization of African herbal treatment for COVID-19 patients.

Introduction

Inadequate funding makes Nigeria a country with a compromised healthcare system. This is most poignant in the midst of the inability of scientists and researchers across the globe to discover a drug or vaccine aimed at combating the COVID-19 pandemic. Consequently, the patronage of African Indigenous Medicine (AIM) for the prevention and treatment of the virus in Nigeria has assumed monumental dimensions (Aworinde 2020:15). There are reports about self-medication, abuse of doses, unauthorized prescriptions, fake drugs and the combination of AIM with Orthodox medicine (Akintunde 2020:1).

Warnings by the Nigeria Federal Government Task Force on COVID-19 on the risks involved in self-medication and the use of local herbs are made daily through the mass media, social media and other available organs of communication (Daily Trust, 26 May 2020). The concern about the use of local herbs derives from their non-validation through clinical

standardization (Adepeju 2020:3). Yet, questions regarding their standardization emanate also from the suitability of the criteria that are presently employed.

The available official guidelines for standardization do not address some vital and unique components of AIM. A suitable standardization model for herbal medicine (distinct from that of Orthodox medicine) needs to be carefully constructed. Such a model should focus on the total components of AIM, in order to discover its suitability for the treatment of COVID-19 patients. We propose an adequate instrument for validating AIM by reflecting critically on its uniqueness through the assessment of the philosophical concept of prudential personalism, buttressed by the concepts of postformal thought and language game.

Indigenous Healthcare in Nigeria

AIM is defined as:

the sum total of the knowledge, skills, and practices based on the theories, beliefs and experiences, indigenous to different cultures whether explicable or not, used in the maintenance of health as well as the preventive diagnosis; improvement or treatment of mental and physical illnesses (WHO, 2014a).

AIMs are substances derived naturally from plants, animals, minerals and other components which have been in use for the treatment of ailments within the socio-cultural and religious practices of the people (see Tilburt & Kaptchuk 2008:594). Religious and cultural practices are vital components of AIM which cannot be undermined. These involve the ability to spiritually diagnose (known as divination in African worldview), the cause of ailment towards the effective treatment of patients; body and spirit. Thus, wellness in the traditional African perspective is not restricted to the physical, it extends to the spiritual wellness of a sick person; through processes that may incorporate some elements of secrecy. (Erinosho 2006:224).

The existence of AIM in Nigeria dates back to antiquity. It was the only means of treatment for every form of ailment before the incursion of the European colonialists, who introduced Orthodox healthcare system. The Europeans extolled Orthodox medicine and derogatorily classified AIM as barbaric, idolatry, witchcraft, repulsive, magic, satanic, and anti-Christian. This began an ideological clash between biomedicine and AIM. Mapara

(2009:1), stated that this cultural-ideological clash dovetailed into the stigmatization of the traditional healthcare system.

In spite of this, AIM has remained resilient as the peoples' patronage continued to increase. Thus, the efforts of the colonialists to push AIM into extinction failed. Abdullahi (2011) quoted Weintritt (2007:119-131), and reported that there are not less than 522 medicinal plants that are effectively used in disease management in Nigeria and WHO (2002b) also added that African medicine is gaining grounds in Canada, France and Australia and a fraction of United Kingdom's physicians have made referrals for alternative medicine (Abdullahi 2011:361).

Indigenous healers in Nigeria, are variously designated across her various cultures. Among the Igbo of South Eastern Nigeria, they are known as Dibia, within the Yoruba ethnic nationality they are called Onisehun, the Edo people of South South, Nigeria refer to them as Oboh and in Northern Nigeria, and they are referred to as Boka. Consequent upon the widespread use of AIM, the agitations for its standardization and integration into the Nigerian mainstream healthcare system have advanced (see Okigbo & Mmeko 2006:226). In response, the Nigerian Federal Government directed the Nigerian Natural Medicine Development Agency (NNMDA) to study the local healing methods towards standardization (FMOH, 2004). Internationally, WHO (2002C) published guidelines for assessing the quality of herbal medicine with reference to "contaminants and residues" and according to Gilson, Mattieu, Shalley & Ruddy (2005:521-531), standardization does not necessarily amount to effectiveness. Thus the instrument for standardization of AIM derived by WHO is deficient in its strict insistence on scientific measures aimed at assessing only the safety of herbs for the purpose of consumption while ignoring the effectiveness of the spiritual components of the healthcare practice. The challenge here revolves around the complex curative processes of AIM which differentiates it from Orthodox medicine.

COVID-19 and the quest for remedy in Nigeria

A report from Wordometer has it that, as at 25 May 2020, the global confirmed cases of coronavirus infections stood at 5,537,050, with 347,292 deaths. Out of these, Nigeria recorded 7,839 confirmed cases with 226 deaths (NCDC, 25 May 2020). Unfortunately, the efforts of researchers and scientists globally have only resulted in "89 products that are currently

under vaccine development” (WHO, 2020). Even at that, the Nigerian physicians and scientists are unable to participate in global scientific research because of the inadequacies in the health sector. Records show that a paltry sum of 4.14% was the budgetary allocation for the Nigerian health sector for the year 2020 (Olufemi 2019:1).

Painfully, Nigeria is most likely, hoping to depend on the advanced countries for importation of drugs and vaccines for the prevention and treatment of COVID-19. This means that when a drug or vaccine is eventually developed, Nigeria would have to wait for the developers to first attend to the needs of their people. In this circumstance, several years would roll by and the catastrophe for the Nigerian people would be massive.

At present, many Nigerians have resorted to self-medication with AIM and in some cases, a combination of the local herbs and Orthodox medicine either as preventives or treatment for COVID-19, obviously ignorant of the health risks involved in such combination. It is to be applauded that there are reports that some scientists in Nigeria are making waves in the sphere of research into the herbal remedies for COVID-19 patients. Adebayo (2020:1), reports that Maurice Iwu, a Professor of Pharmacology has laid claim to herbal cure for COVID-19 and Atemake (2020:1), reports that Rev. Fr. Dr. Anselm Adodo of the Catholic owned Pax Herbal Medical Centre, Ewu, Nigeria has also developed an herbal remedy. NCDC is yet to give a pass mark to these claims.

The Nigeria Federal Government’s response to the pressure from Nigerians to give herbal medicine a try, is the directive given to the National Agency for Food and Drug Administration Control (NAFDAC) to begin the process of assessing herbal mixtures for possible treatment of COVID-19 patients (Adebowale 2020). As earlier stated, WHO (2007C) has also published guidelines to be employed by Member States towards the validation and standardization of AIM.

Our concern in this paper, is that the official instruments (from both NAFDAC and WHO), for the standardization of AIM are drawn along the criteria, clinically used for validation of Orthodox medicine. This amounts to a muddle because AIM differs substantially from Orthodox medicine in practice, structure and composition. Its diagnostic methods rely on divination, herbal assessment and spiritualism. The understanding of the wellness of a person in AIM is holistic, which encompasses the wellness of body and soul. This stands in strict contrast to the perception of wellness in orthodox medicine.

Functionality-Empirical as a Theoretical Model for Standardization of AIM as Remedy for COVID-19 in Nigeria

“Prudential personalism” philosophical theory, was developed by Kelvin O’Rourke and Benedict Ashley in their book *Health Care Ethics. A Theological Analysis*, published in 1978. It is a teleological framework centred on the intelligent and thoughtful choices of persons aimed at the flourishing of the human person in a community of persons. Theologically, the theory defines the genuine happiness of the human person beyond physical considerations into the realm of the ultimate purpose of human earthly existence in relation to ultimate happiness.

Ashley & O’Rourke (1978:170) explained further that the human person is a social being whose authentic happiness must be actualized as it relates to “interpersonal relations” in a given human community. They stressed further that, the prudential choices of persons must generate from intelligent considerations toward a common good (see also Bouchard 2007:10). It is all about the ultimate happiness of the person in relation to other persons in the social context of a society.

Genuine choices, according to O’Rourke & Ashley, negate generalizations in healthcare judgments. Such judgments must be relative to cultural ideologies and the uniqueness of specific communities. This is an agreement with our thought that the validation or effectiveness of AIM for COVID-19 should not be decided by parameters which are alien to its uniqueness, because such parameters are likely to undermine those vital components that are peculiar to the healthcare system.

Apart from the WHO and NAFDAC guidelines which majorly reflect Orthodox clinical test criteria, most of the erudite scholars that have advanced AIM standardization have also not examined the challenge posed by non-recognition of the spiritual component of the healthcare practice (see Izugbara 2005:1-14); Lawal, Banjo & Junaid (2003:75-87); Okigbo & Mmeka (2006:226); Abdullahi (2011: online). Here lies the challenge. How can a practice that embodies the spiritual be validated solely through empirical modalities? How can the sacred and secret essence of AIM be accurately validated in the laboratory? Therefore, interrogating the effectiveness of AIM which is a combination of “divination, spiritualism and herbalism” (Ezekwesili, Ozioma & Okaka 2019:1), through the instrument used for Orthodox medicine’s validation is logically faulty. An adequate instrument should take into consideration, the empirical values of

the natural herbs as well as the functions of divination and spirituality in AIM. While the importance of the assessment of the quality of natural herbs through scientific measures cannot be undermined, the assessment of its spiritual component in relation to its functions in the lives of the people would provide a holistic authentication of AIM in Nigeria.

The above is in line with post-formal thought concept propounded by Sinnott (1988:1-89), which concludes that complete knowledge transcends the formal into the post-formal through which one is able to “conceive multiple logics, choices or perception ... in order to better understand the complexities and inherent biases in truth” (Griffin, Gooding, Semesky, Farmer, Mannchen, Sinnott 2009:170). Sinnott (1998:31) further explained that post-formal thought, is the “step beyond formal thought by which individuals come to know the world outside themselves”.

The Post-formal thought concept, in congruence with the Prudential Personalist Perception model, accentuates the application of a carefully thought-out standardization framework. It also goes beyond the strict application of empirical instruments. It emphasizes flexible realities that recognize the transcendent in relation to human ultimate happiness and purpose of existence (Cartwright 2001:186; Griffin et. al. 2009:180).

Therefore, any instrument for standardization that concentrates only on the assessment of the natural elements of AIM will be tantamount to reductionism and exclusivism, leading to the loss of a vital aspect of African herbal values and cultural imperatives on healthcare. What is required is an inclusive model that recognizes both the spiritual values and the safety of natural herbs for consumption. The spiritual dimension of AIM explains its uniqueness in offering wholesome wellness to persons in the Nigerian cultural entity in relation to the sacred.

Strict emphasis on empiricism corresponds with the proposition of “logical positivism” McCloskey (1989:47), which states that “scientific knowledge is the only kind of factual knowledge and that all traditional metaphysical doctrines must be rejected as meaningless”. Thus, statements about the sacred and religion are considered nonsensical. This philosophical reasoning became unpopular with many scholars pointing at its flaws in philosophical discourse (Warnock 1958:72-73; Ara 2006:47; Rhees 1970:55-56).

Shibles (1996:63) and Wittgenstein (1953) have come up with the concept of “language game” and stated that accurate definitions must include the

functions of phenomenon in “the course of everyday life. He stressed further that, in “most cases, the meaning of a word is in, its use” in the context in which it is used. Therefore, to accurately standardize AIM, we agree with the concept of language game, post-formal thought and the prudential personalist ideology, by stressing the importance of a comprehensive instrument aimed at the flourishing of a person’s health in terms of the complete wellness of the person’s physical and spiritual essence in relation to the social context within which the therapeutic process is practiced. This affirms the prayer in 3 John 2: “beloved, I pray that you may prosper in all things and be in health, just as your soul prospers” (NKJV). AIM’s focus is total wellness of body and spirit.

Our model is functionality in combination with empiricism. It combines methodologies (empirical and functionality) towards the possible comprehensive validation of AIM. The functionality-empirical criteria require the intensive training of special investigators who would be saddled with the responsibility prudently to select appropriate criteria for AIM’s validation. Therefore, the Nigeria Federal Government should not depend solely on the present guidelines from WHO and NAFDAC for the standardization of AIM. Government should consider the training of the selected investigators who are experienced scholars in the field of African Indigenous Religious and Cultural practices for collaborative partnership with scientists in order to evolve a combined instrument capable of validating the potency of the herbs used in AIM as well as its spiritual component. Thus, the herbs used in AIM would be validated in relation to their fitness for consumption through scientific parameters while its spiritual essence would be preserved through the critical assessments of its functions through the instrument created by religious and cultural experts.

The above model provides answers to the questions we asked earlier: how can one accurately validate the sacred dimension of AIM through empiricism? Can the Dibia’s claim about the healing power of Chineke be validated in the laboratory? The prescription of the indigenous healer could provide wholesome wellness to the people which may appear nonsensical in the realm of science.

Conclusion

This study has interrogated the possibility of validating AIM as a possible preventative or cure for COVID-19 for the Nigerian people through instruments constructed and derived in relation to Orthodox medicine. It resolved that AIM is a cultural practice whose standardization should be culturally influenced, resulting in the reliance on the assessment of its functionality in the society and at the same time, validated for consumption through empirical assessment of its natural herbs. Healing in African conception goes beyond the physical wellbeing to the spiritual; the understanding of wellness in body and soul. For a wholesome standardization, we propose a combined instrument of validation that would comprehensively assess the values of AIM (in its entirety), termed the functionality-empirical model.

The functionality-empirical standardization model reflects the ideals that derive from the functions of the qualities of cultural experiences suited to serve the healthcare purpose in Nigeria, in conjunction with the ability to derive herbal values through experimental laws. It is functional because the values are derived from the functions of the spiritual in the lives of sick persons in a community of persons beyond scientific authentication. It is empirical, because there are qualities of facts involved in the treatment of persons as they relate to herbal substances that can only be determined through the instruments of science.

The study recommends the need for the Federal Government of Nigeria as a matter of urgency, to set up a team of investigators made up of scholars in the field of Religious and Cultural Studies in conjunction with experts in science, who would be tasked with the responsibility comprehensively to construct a unique instrument for the standardization of AIM along the lines of the functionality-empirical model for the treatment of COVID-19 patients in Nigeria.

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