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COVID-19, NEO-COLONIALISM, AFRICAN TRADITIONAL MEDICINE AND THE POVERTY OF CRITICAL THINKING IN NIGERIA

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Abstract

The outbreak of the COVID-19 pandemic and the global search for solution revealed the poverty of critical thinking in Nigeria and the problem of neo-colonialism as a clog in the wheel of the development and promotion of African Traditional Medicine (ATM) as an alternative remedy for the pandemic. The study examined how neo-colonialism hampered the development of ATM and it projected its future in Nigeria. Gathering data from unstructured interview, observation, and secondary sources, the paper adopted the historical and descriptive approaches. Findings revealed that neo-colonialism created a psychological hatred for ATM in the mind of some Nigerians notwithstanding that some Nigerians irrespective of religious affiliation were patronising traditional medical practitioners. It was discovered that President Muhammadu Buhari was Eurocentric rather than Afro-centric in the search for the solution to the pandemic. Madagascar tried its Covid Organics; rather than such scientific effort being supported and improved upon, it was condemned. Although NAFDAC had reportedly approved the production of ABUAD Herbal Virucidine Liquid as an immune booster and antioxidant for Coronavirus and other viral infections, ATM needs more investments from Nigerian government because it has many prospects in Nigeria. The study concluded that Africans needed to put an end to self-hate and embrace their heritage in order to contribute to global goods and services.

Key words: COVID-19, Neo-Colonialism, Pandemic, African Traditional Medicine, Heritage

Introduction

When the media reported the outbreak of Corona virus Disease (COVID-19) in early December 2019 (Harapan et al. 667-673), the dream of most Afro-centric optimists was that the COVID-19 pandemic would stimulate African leaders into critical thinking towards research into afro-medical remedy for the disease. COVID-19 was first discovered in Wuhan city, Hubei province, China and reported to the World Health Organisation (WHO) on December 31, 2019 (Obinna). WHO declared COVID-19 as a Public Health Emergency of International concern on 30th January 2020 (Harapan et al. 667-673), and on May 11, 2021, the

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National Centre for Disease Control (NCDC) reported that the total number of confirmed cases was 165, 468 with 156, 318 discharged while 2065 died (Chukwudiebere).

Notwithstanding the several socio-economic disruptions that happened in the world as a result of the pandemic, conspiracy theories have trailed the disease and the vaccines for its management. Some of the conspiracy theories came from some highly placed Nigerian clergies who "tagged the vaccine as satanic while some say it is the mark of the beast (666)" (Obinna). Quoting Van Prooijen & Douglas (2017), Douglas noted, "Conspiracy theories tend to prosper in times of crisis as people look for ways to cope with difficult and uncertain circumstances". COVID-19 pandemic therefore provided the ripe moment for conspiracy theories to thrive due to the uncertainties that surrounded it and the crisis it engendered.

The media reported some of these misconceptions such as "the vaccine can cause infertility in women", "COVID-19 vaccine alters one's genetic codes", "5G network spreads coronavirus", "Real vaccines take years to produce" (Obinna). Another uncritical argument that spread like whirlwind is that "Coronavirus was manufactured to reduce African population". The conspiracy theories succeeded in preventing most people from taking the vaccine or complying with government directives concerning social distance, restrictions on number of people in a gathering, and wearing of face masks.

However, a Professor of Virology, Oyewale Tomori, allayed the fears against the vaccines. According to him, "the vaccines are safe and effective". He equally revealed that vaccines for Polio, Chicken pox, and Measles were initially rejected in Nigeria and that they were accepted only after chickenpox had killed many children (Obinna). Therefore, the conspiracy theories are misinformation that cannot stand the test of history and science. It is better to protect one's life by taking the vaccine rather than fall a victim of the disease.

Globally, there has been a search to contain the spread of the virus. While Afro-centric minded researchers expected home-grown solution to the pandemic, most African leaders sought foreign medical aids and thereby foreign solution. Abaho noted that foreign aids to Africa have never been free. IMF and World Bank most often insist on privatisation in Africa, and the western capitalists often position themselves to take over African markets. This is the reason why Abaho described the search for the solution to the pandemic as a "New Scramble for Africa". She recalled that the Berlin Conference (1884-85) championed the first scramble for economic interest, and she reasoned that the "new scramble" was equally economically motivated, even though driven by the private sector with support from the home governments.

Thus, on February 15, 2021, the WHO listed the AstraZeneca/Oxford COVID-19 vaccine as the remedy for the pandemic (The African Union Commission). The vaccine was developed by AstraZeneca in Cambridge and the University of Oxford (Ibosiola). Africa had no voice in the race towards the development of any COVID-19 remedy just as it had no voice at the Berlin conference that partitioned it for the colonialists.

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Etuk once observed that the world has never recognised the contributions of Africa (154). The discovery of Omicron, a variant of COVID-19 gave credence to this observation. Harding noted that South African scientists, who were the first to discover Omicron, argued with conviction that the new covid variant was 'dramatically' milder than those that caused the previous waves of the COVID-19 pandemic, but the Western nations were reported to have doubted the veracity of the South African scientists. Reports indicated that Professor Shabir Madhi, one of the South African scientists, viewed this Western scepticism as a case of people who are quick to absorb bad news from South Africa, but become sceptics when good news are reported as if nothing good can come and should come from Africa (Harding). Although WHO continues to warn against calling Omicron 'mild' as a sign that it was sceptical about findings in South Africa, South African scientists have stuck to their data as noted by Professor Karim, "The death rate is completely different (with Omicron). We've seen a very low mortality rate" (Harding).

If Africa can speak for itself in such clear terms regardless of what Western nations think, its contributions to world's development will be recognised and the shackles of neo-colonialism can be broken once and for all. Therefore, the study investigated how neo-colonialism succeeded in arresting the development of African medical heritage as a solution to COVID-19 and it projected the future of African traditional medicine in Nigeria. It was carried out in Odo-Owa, a village in Oke-Ero Local Government Area of Kwara State in Nigeria. It is a qualitative study that adopted the historical and descriptive approaches. Data were gathered through unstructured interview, participant observation, and library consultation. Content analysis was adopted to understand and identify the points of agreement and disagreement that emerged during interpretations of data. The paper will now proceed to discuss African Traditional Medicine.

African Traditional Medicine

Sicknesses and diseases have been part of the human society from time immemorial, and human beings have been providing cures from the knowledge they acquired from experiences using herbs found in their environments. According to WHO Africa, "Traditional medicine refers to the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness". WHO recognises herbal treatments as the most popular traditional medicine. In fact, the Chinese herb *Artemisia annua* is recognised as being effective against resistant malaria while the plant *Sutherlandia microphylla* from South Africa is said to be undergoing studies for use in HIV patients. It is noted that the plant may increase energy, appetite and body mass in people living with HIV (WHO Africa).

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African Traditional Medicine (ATM) is one of the Traditional African cultural heritages that emerged as Africans sought for ways to negotiate the challenges of health and illness. African heritage consists of what has been passed from African ancestors to the present generation of Africans (Abioje 79-112), and it has often been an object of aggressive denigration right from the time when the Arabs and the Europeans set their feet on Africa (Chavunduka). Quoting Quarcoopome (1987), Kanu said that traditional medical personnel are called "traditional doctors, traditional healers or herbalists because they have power and control over herbs" (142). The derogatory label of traditional medical personnel as witch doctors (Kanu 143) is evident in contemporary Nigeria. Such a label, denigration, and ridicule could have been due to ignorance because of the overlapping role of traditional healthcare givers.

The African traditional medical practitioner often performs the function of a priest and diviner because most problems are believed to have a spiritual connection, and the spiritual forces sometimes are placated through sacrifices once divination reveals spiritual causes for such ill health. Yorùbá call such sacrifice È*tùtù* (propitiatory sacrifice) (Elebuibon 7). It is when sacrifices are offered that medicine practitioners perform the function of a priest. However, medicine is different from sacrifices, although sacrifices can be offered as a gratitude to God for the good health received. Just as Western medical doctors diagnose the cause(s) of infections in the laboratory before treatment, African medical practitioners diagnose through divination. "Divination is the way through which Africans enquire from the Deity which way to go or what to do. Yoruba people say, "To ba runi loju ka bi ile leere" (if you are confused, make divine consultation)" (Abioje 85). Diviners can be both diagnosticians and therapists because they find the causes of afflictions and the remedies to the afflictions (Magesa 190-191).

The revelation of a Traditional Medical Practitioner in Odo-Owa affirms what is stated above and it is apposite to this study:

> There is an overlap between the priests-diviners (Babaláwo) and the medical practitioners (Onísègùn). Most of the medical practitioners called herbalists learned divination for diagnosis and they sometimes offer sacrifices if divination reveals sacrifices as the remedy (Agboola).

Most people in Odo- Owa used herbal medicine as findings revealed (Jacob). It was observed that no death was recorded at Odo-Owa during the peak of COVID-19 lockdown and there was no General Hospital in the village at the time of this study (Abiona). The experiences of the researcher in Odo-Owa, a predominantly Christian community, corroborate Kanu who noted that despite the presence of Christianity, African Traditional Medical practitioners are still relevant in the society. Politicians, church authorities, students, business owners, married men and women, lovers, and so on consult them (145).

In fact, Agboola, a traditional medical practitioner in Odo-owa said,

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> I was certified on August 17, 2006 and I had practised in Idi-Araba, Lagos and people have consulted me for different health challenges including childlessness, low sperm count, sexual transmitted infections, unemployment, promotion on the job, and so on. People of different backgrounds are among my clients, and these include even those who work in the hospitals, police, Christians and Muslims. I prepare herbal medicine for different ailments for some who resell. Apart from inheriting the traditional medical practice from my grandmother, I also learned it for two and half years. If the governments assist us financially, traditional medicine can stem most medical tourism in Nigeria.

Traditional medicine in Africa, especially in Nigeria, is beset with a lot of problems some of which include unsubstantiated treatment claims aimed at defrauding unsuspecting patients without consideration for their safety. Observations revealed that some traditional medicine practitioners did not observe hygienic practices in the formulation and preparation of herbal medicines. Herbal medicines were prepared in unhygienic environment and dispensed in dirty containers for patients (Abiona). Therefore, Nigerian government needs to enforce regulations in order to protect the citizens from charlatans and substandard practices. There is also a need to invest in traditional medicine and integrate science into the traditional medical practice as a complement to Orthodox medicine rather than total disregard for it as it's often the case.

Neo-Colonialism and African Search for COVID-19 Remedy

Colonialism is the subjugation of a nation to the control of another nation in order to exploit the subjugated nation culturally, politically, and economically. Imperialism is believed to be the motivation for colonialism because imperialism is the use of "power and influence to control" other nations (Blakemore).

It is said that the European nations struggled and scrambled for Africa and shared Africa among themselves between 1885-1910 (Exploring Africa). The colonialists reportedly justified their exploitation as civilising the "barbaric" nations (Blakemore). They felt, and it seems they still feel, that they were racially superior to the Africans they arrogantly believed they were "enlightening" and "civilising".

History reveals that the Europeans abolished the Trans-Atlantic slave trade (human exports) and replaced it with colonialism (commodity exports) in order to serve their own interests (Frankema). Commenting on the negative effects of colonialism on Africa, Ocheni and Nwankwo argued, "Africa was compelled or forced to accept the international division of labour which assigned her the compulsory role of production of agricultural raw materials

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required by the industries in Europe" (46-54) and Africa became the final market for foreign manufactured goods.

Although Africa is politically independent, yet imperialism has not ended. It has transformed into neo-colonialism, which Kwame Nkrumah is said to have branded as the worst form and the last stage of imperialism because it imposes "exploitation without redress" on the sufferers (Rahaman et al.). It is an unabated exploitation without direct violence. Afisi reported that the African People's Conference (APC) was the first to use the term 'neo-colonialism' in Africa and it is described as

> The deliberate and continued survival of the colonial system in independent African states, by turning these states into victims of political, mental, economic, social, military, and technical domination carried out through indirect and subtle means that did not include direct violence.

Experiences have shown that even though postcolonial African nations are politically independent, they are indirectly controlled and exploited because neo-colonialism defines the rule of engagement between Africa and the rest of the world. Lagan reminded Africans about the warning of Kwame Nkrumah, the first president of Ghana, concerning neo-colonialism when he warned against unregulated forms of aid, trade, and foreign direct investment. Neo-colonialism helps in understanding how external policy interference and economic control undermine Africa; it shows how external donors and companies condition African elites to corruption, nepotism, human rights abuses, and under-develop Africa. In fact, external intrusions undermine African sovereignty towards economic liberation and development (Langan). The struggling to dominate and exploit Africa has not stopped, and it does not seem to have a timeline when it will stop.

The submission of this study is that neo-colonialism explains why Africa and especially Nigeria could not summon the courage to develop any remedy against COVID-19 because neo-colonialism has subjected Africa to the status of a consumerist in the international trade.

COVID-19 and the Poverty of Critical thinking in Nigeria

The global COVID-19 pandemic opened an opportunity for the Federal Republic of Nigeria to explore the value of African medicine. Onyedika-Ugoeze reported that the United Nations Education Scientific and Cultural Organisation (UNESCO) opined that the global COVID-19 pandemic is a wake-up call for the Nigerian government and other countries to invest and build robust science, technology, and innovative (STI) ecosystems. Advocates of traditional medicine could have thought that Nigerian government would give a financial and political support to the Nigerian medical scientists scattered in different universities and research laboratories in order to proffer local solution to the pandemic as President Andry Rajoelina of Madagascar did (Asala).

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Nigeria's president, Major General Muhammadu Buhari (retd.), during his virtual 34th Ordinary Session of the African Union from Abuja, was reported to have welcomed the decision to establish the Corona virus African Vaccine Acquisition Capacity to accelerate the financing and procurement of Corona virus vaccines for the continent (Adetayo). The desires of President Buhari and his actions contradicted the policy paper on the Research and Development (R&D) on COVID-19 in Africa, which includes facilitating and supporting studies that can help "to establish COVID-19 drug feasibility, safety and efficacy in Africa, for repurposed drugs, novel drugs and monoclonal antibiotics, for all stages of the disease, including herbal remedies" (Africa CDC). Prof. Oyewale Tomori, a Virologist, revealed that there are multifaceted reasons militating against Nigeria's progress in producing human vaccines. Some of the reasons are the "inconsistent government policies that make it impossible to set and meet long-term goals and objectives and the overriding of national interests by personal interests by people who would rather that Nigeria continued to import vaccines through translucent procurement processes" (Adejoro). It is certain that Nigeria prefers the importation of human vaccines including the AstraZeneca COVID-19 vaccine rather than local production.

In another report, the governor of the Central Bank of Nigeria (CBN) Godwin Emefiele disbursed N83.9 billion to pharmaceutical companies and healthcare practitioners nationwide to cushion the effects of the COVID-19 (Ogwu and Alabi). The CBN's loans were not about research on local solution to the COVID-19. The CBN was not reported to have given research grants to research institutions nationwide to find local remedy using local herbs. The reported action of the Governor of the CBN and the lack of clear domestic policy on local production of COVID-19 vaccine affirm that neo-colonialism continues to under develop Africa by making the continent import-driven.

The submission of Alamu, "Even some syrup detected by Fr. Adodo and others especially in Nigeria coupled with that of Madagascar were discredited, rejected, and abandoned because the inventions did not come from the Western World" (Alamu 306) aligns with the findings of this study. This study however infers that the Europeans could not have rejected African products if Africans themselves did not reject nor doubted their own heritage.

The Director General of National Agency for Food and Drug Administration and Control (NAFDAC), Professor Mojisola Christiana Adeyeye, did not seem to show commitment to home-grown solution to COVID-19 going by her earlier submission, "NAFDAC's priority is not to ascertain the efficacy of the treatment agents but to ensure their safety for use" (Adepoju). If the efficacy of a medicine is not NAFDAC's priority, it means the regulatory agency is not prepared to protect the citizens from charlatans and to help the development of herbal medicines.

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Notwithstanding, NAFDAC Director General was quick to approve AstraZeneca COVID-19 vaccine (NAFDAC) in a nation of over 100 million people, thus providing a steady market for European product. In fact, report indicated that Nigeria received 4.4 million doses of the vaccine and over 1.6 million Nigerians had received their first of two shots of the Oxford-AstraZeneca COVID-19 vaccine (Adebowale). Observation showed that the second dose had commenced especially in Kwara State, Nigeria (Abiona).

However, recent report indicated that NAFDAC approved Afe Babalola University, Ado-Ekiti (ABUAD) to produce ABUAD Herbal Virucidine Liquid with effect from December 16, 2021. ABUAD Herbal Virucidine Liquid was said to be an immune booster and anti-oxidant for Coronavirus and other viral infections and it was considered effective as an anti-inflammatory agent (Ojomoyela).

It is certain that any development of herbal medicine, which could have projected Africa as a competitor for global search for COVID-19 remedy and a breakthrough would remove Africa from the European market. More importantly, a clear Afro-centric policy is needed from President Muhammadu Buhari as an impetus to NAFDAC towards finding efficacious herbal medicines for local ailments, and most importantly COVID-19.

By not giving priority to Africa heritage, most African leaders reveal that they lack clear economic objective. This is different from the path of the founding fathers of Pan-Africanism who had clear objective when they championed African identity. For instance, Nnamdi Azikiwe recognised that slavery, colonialism, and imperialism took away the Africa's dignity and he thought that the restoration of dignity should be the priority in order to revive Africa (Blackpast).

Nigeria is among the more than 30 countries that have ratified the African Continental Free Trade Area (AFCFTA). The agreement confirms that Africa is a big market that can open up trade and industrialisation for the member nations if the opportunities in the continent are harnessed jointly (Apiko et al.). How can the opportunities in AFCFTA be harnessed unless African leaders believe in their heritage and are determined to provide African solutions to African problems? In the context of this study, African leaders need to look into the values inherent in ATM and scientifically develop it rather than denigrate and subordinate it to whatever is foreign.

Conclusion

This study explored the advent of COVID-19, neo-colonialism, ATM and the poverty of critical thinking in Nigeria. The study discovered that due to neo-colonialism, African leaders could not summon courage to develop African medical heritage to combat the pandemic, rather they preferred to import vaccine such as the AstraZeneca COVID-19 vaccine, and thus made Africa the European market. The study found out that Madagascar's initiative

to develop a local solution to the pandemic was rejected by the WHO and the AU. This rejection revealed the influence of neo-colonialism. However, NAFDAC has approved that ABUAD should produce ABUAD Herbal Virucidine Liquid. This could be a trailblazer in developing herbal medicines and overcoming Africa's initial label as a dark continent where nothing scientific can develop.

Some Africans especially in the rural communities and urban centres still use herbs, roots, and barks to treat various diseases. This is an indication that ATM has a bright prospect. African leaders need to be critical thinkers and Afrocentric in their policies. They need to commit resources to the scientific development of traditional medicines and device policies for the training of traditional medical practitioners as complements for Western medicines. Such complementarity will surely help to stem medical tourism in Africa, provide employment to its teeming unemployed youths, and save Africa from its consumerist status.

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