

# The Dominance of Yoruba Homeopathic Medicine in Healthcare Delivery

Richard Taye Oyelakin  
Department of Philosophy  
Obafemi Awolowo University, Ile-Ife, Nigeria.  
[richyman2009@yahoo.com](mailto:richyman2009@yahoo.com)

## Abstract

This essay, in the main, argues that the strength and dominance of Yoruba Indigenous Medicine (here-in YIM) consists, not just in outlining the properties of the ingredients, structure, and process of production, as well as modes and mediums of administration, but also, and fundamentally, in the whole qualifying moral and spiritual status of the producers and administrators of the medicine. The paper further argued that this qualification is what enables YIM to be able to heal rather than cure, where healing is addressing both physical and spiritual cause(s) and source(s) of the illness. A system of medicine, which prioritizes the sanctity of the dispensers in addition to the drug processes, considered dominant. Consequently, by being dominant, YIM could help in combating any emerging pandemic, if accorded due recognition. The paper calls for this recognition and development of the medicine to enable the world benefit from it in case of a future and perhaps more deadly outbreak.

**Key Words:** Yoruba Indigenous Medicine, Orthodox Medicine, Homeopathic, Healing, Healthcare Delivery, Medicine

## Introduction: The Question of Integration and Justification of Yoruba Indigenous Medicine

There is this very common outlook, which has presented Yoruba people as purveyors of debased sense of their culture and identity. This is largely

expressed in some nomenclatures attributed to Yoruba indigenous medicine, (herein YIM). One of such is the label that YIM is “alternative.” In a sense of this label, (as highlighted in this paper), it implies a call for integration into the Orthodox and more modern means of medicine, (OM). The paper titled “Yoruba Traditional Medicine and the Challenge of Integration” (Oyelakin 2009), vehemently rejected such a call. In the main, the paper argues that since it is not impossible that Yoruba traditional medicine could be developed on its own, attempts should be made to work on it, create an identity for it to ensure that it also serve the humanity at large.

Besides, YIM faces a challenge of being fetish, magical, and therefore unjustified in the theater of empirical science, the foundation for orthodox medicine. The paper titled, *Yoruba Indigenous Medicine in Search of Justification* (Oyelakin 2019). Demonstrated that (1) in matter of empirical justification, science itself is unscientific and therefore YIM cannot be condemned based on the criterion which science itself does not satisfy, (2) in matter of efficacy, YIM is as efficacious as OM, barring the question of acceptance and recognition. However, according to Sofowora (1993: 102), “Traditional medicine is more accessible to most of the population in the third world. In fact, it is report that 60-85 per cent of the population in every country of the developing world has to rely on traditional or indigenous forms of medicine.”

Consequently, the main concern of this paper is to show the strength and dominance of YIM over orthodox medicine. The strength and dominance that is contained in its homeopathicism as opposed to the allopathic nature of orthodox medicine. The paper engages the term “alternative” in its possible senses, showing it as an opprobrious description and label of YIM. Furthermore, the paper argues that the strength and dominance of YIM consists, not just in outlining the properties of the ingredients, structure, and process of production, as well as modes and mediums of administration, but also, and mainly, in the completely moral and spiritual being of the producers and administrators of the medicine, which qualify him. It is argued that this is what enables YIM to be able to heal rather than cure, where healing is addressing both physical and spiritual cause(s) and source(s) of the illness. It also notes the need for corresponding cultural transition that in effect shall rub off on YIM. Lastly, by being dominant, YIM could have helped in combating Covid-19 pandemic had it been given an expected due recognition. The paper calls for this recognition and development of the medicine to enable the world benefit from it in case of a future and perhaps more deadly outbreak.

### **The “Alternative” Label of Yoruba Indigenous Medicine; What Does It Mean?**

In a chat between Ladi Akeredolu and the Minister of Health, Dr. George Ehanire aired by Channels Television, Nigeria, on 24<sup>th</sup> February 2020, between 21 and 22 hours, the minister claimed that the ministry has created a section for traditional medicine as an alternative health care system. He said that this is necessary because traditional medicine found to be able to address not only physical /empirical level of illness but also the psychic and emotional level.

The step was circumstantially commendable though very belated. However, one point that stands out of this chat is the assertion that traditional medicine is an alternative medicine. This is by extension implying that Yoruba indigenous medicine is also alternative. The question largely generated here is; what does it actually mean to be alternative? Some senses of “being alternative” are identified for clarity. First, “being alternative” might mean being an option to the case considered to the extent that it carries the sense of an identity. For instance, options to  $2+2$  may be  $8-4$ ,  $3+1$ ,  $5-1$ ,  $4$ , etc. In this example,  $8-4$ ,  $3+1$ ,  $5-1$ , and  $4$  are all options to  $2+2$ . Therefore, they are, by implication, alternatives to  $2+2$ . It further means that whatever function  $2+2$  could perform, all other things being equal, each of the identified options could also perform it in arithmetical relations. Let us agree that this is so for the purpose of further reasoning, Yoruba Indigenous Medicine may have been considered alternative to orthodox medicine in this sense. However, is this sense rarely applicable to the relationship between YIM and OM? In the sense of this example, it is affirmed that YIM is alternative to OM. Is there such identity semblance between YIM and OM? There is no doubt that this is not the sense of “alternative” employed between OM and YIM. YIM is not qualified as an alternative to OM in this sense.

Second, being an alternative carries a sense of being complementary. This sense is popular regarding Yoruba Indigenous medicine as well as other indigenous systems of medicine. This sense identifies independent existence and mutual inter-dependence of each system and seeks to source needed assistance from each to augment the deficiencies of the other as the case may be. For example, a philosophy researcher on the question of nature of the mind might source ideas from colleagues and scholars in psychology, physiology, and anatomy. Each idea obtained from each of these sources becomes complementary to his research. This appears as granting Yoruba indigenous medicine an anticipated and deserved recognition and its significant position in health care consideration. That is, recognizing that Yoruba indigenous medicine possesses some useful but peculiar supplements with which it can complement OM. Were this to be the case, not only would Yoruba culture have been much

more recognized, considerable development would also have been recorded in its advancement. This, as expected, would have generated serious and keen research into those peculiar areas of Yoruba system of medicine, which the world could benefit from. Perhaps, it is abandoned because it is erroneously believed that nothing could eventually benefit the world from YIM.

In fact, the 6<sup>th</sup> entry for “complementary” in the Merriam Webster Dictionary, online version, picks it as “of, relating to, or based on complementary medicine.” It continues, “Cancer, for example, might be treated by blending the best of the Western medicine ... with *complementary* approaches that could include ... acupuncture, nutrition, herbs and massage” (Merriam Webster Dictionary Online Version). This is, as it appears, to make the point and suggest that indigenous medicine has supportive roles it plays in restoring and facilitating health care. However, much as this seems to grant Yoruba indigenous medicine a place in the general facility of medicine and health care system, it appears more western-centric. This western-centric view; granting YIM as complementary to OM, appears more as a sarcasm; they also want to be recognized! There is a saying in Yoruba language; (*E je ki a pe were l’oko Iyawo*, k’a le r’ona lo) (Let us call the insane a groom, in order to have our way). This may be true in the sense that being this complementary does not imply indispensability. In other words, from that western point of view, YIM is only *dispensably* complementary. Paying attention to the phrase *the best of western medicine* re-directs our attention to the real intention of the label. Western medicine viewed from a certain vantage point of authenticity as compared to other systems of medicine; hence, its column described as *the best*. The sense of complimentary enunciated here appears to imply an “unimportant- extra” compared to the best of the west. It is therefore distracting to hang on to this insinuation regarding the identity of Yoruba indigenous medicine. From a critical point of view, this sense of “complementary” appears towards calling for integrating YIM into OM, as again recently signaled by Ozioma & Chinwe (2019), the call which I clearly rejected in “Yoruba Traditional Medicine and the Challenge of Integration” (Oyelakin 2009). Well, but seriously speaking, is there Yoruba (African) centric view on the matter?

Third, “being alternative” portends being less than the authentic or best available. This actually makes clear sense by the meaning of the term “orthodox.” “Orthodox” according to Merriam-Webster’s Dictionary (Online version) means “conforming to established doctrine especially in religion.” In this sense, it appears that Yoruba indigenous medicine is seen as sub or less authentic, because it does not conform to the established dominant doctrine of science. This obviously plays out well in the nomenclatures attached to YIM as different from the orthodox or western medicine, (Ajala, Olaleye, et’al 2019: 2). For instance, YIM, as other African health care systems, labelled as

traditional, unscientific, magical, mythical, etc, as opposed to the scientific, modern, objective, orthodox medicine. This is what Gbadegesin (2004: 221) clearly depicted as “unorthodox means” of healing. In this sense “alternative” appears to mean “unorthodox.” What this suggests is that YIM is not scientifically objective as the western orthodox medicine. The label of “alternative” in this sense may capture and perhaps agree with what is referred to as “esoteric practices” (Idowu, 1996: 199, Gbadegesin 2004: 221, Oguntola-Laguda 2015: 113). However, I asserted that this sense of referring to YIM is unfounded. Largely, “Yoruba Indigenous Medicine in Search of Justification” (Oyelakin 2019), has seriously addressed this problem. Nevertheless, it is more pathetic that Yoruba elites, the learned, the exposed, and perhaps the intelligent, who are expected to know better and then show the light to lead others, are at the forefront of these labels. This is so pathetic! *Bi oni 'gba be se pe igba e ni won se nba pee.* (Your calabash is treated, regarded, respected by others, the way you handle it yourself). Western scientific doctrine or culture is not the ultimate, it was only carefully nourished, packaged and presented – or to say imposed on the vulnerable parts of the world. As the case may be, there may be African, Chinese, or Asian scientific doctrine that, if well nourished, may even surpass the glorified western favorite. This is because by mathematical method, there are more than one-way to arrive at ten.

### **Medical System as a Reflection of Society**

The relationship between a particular medical system and a society correspondingly mirrored in the relationship between culture and society. The form of relationship is that of interdependence. A society is strengthened and sustained by its medical system. On the other hand, the medical system is defined by the level of development of a society. To this extent, one can determine the nature and extent of development of the medical system of a particular society by merely studying the level of development of that society. By studying the society mainly, the predominant orientation, thought system, and outlook determine the level of such development. This reflectively manifests in so many other covert aspects of a society namely philosophy, language, music, norms, moral rules, value judgments, etc. All these define what a society values, appreciates and accepts and, in fact, the entire fabric of society. What a society values and accepts invariably organizes the structures set up to determine what is done and how. Now, if the thought system of a society has attained the level of being systematized, scientific and analytical, this is obviously visible in the appreciated values, norms and moral judgment in the society. Such society tends towards attaining the level of objectivity.

“Tending towards” may actually raise a critical question whether there is a society which can actually attain the pure level of objectivity. However, the point is that the cultural foundation and the level of development of a society bear a direct implication on the nature of its medical system. This may generate a conditional statement scenario as following; if the thought system of a particular society is developed, then correspondingly, the medical system of that society will also be advanced. The converse is also true; if the thought system is unscientific and unorthodox, then its medical system will be unscientific and undeveloped. These are true by *Modus Ponens* and *Modus Tollens*. To apply this understanding to YIM is to suppose the following; Yoruba culture is yet unscientific and undeveloped, therefore, Yoruba indigenous medicine is alternative - i.e. being unorthodox.

Establishing a strong connection between the nature of cultural foundations of a society and its medical system puts a certain pressure on the culture and by implication on the people. Since there cannot be a human culture without human beings who engineer and sustain it, the level of development of the people of a society not only determines their culture, but also their medical system as the case may be. This may find expression in “Man creates the things that make up culture, and he absorbs these things by living within a cultural setting. Everything that made by man is culture ...” (Ajayi 2005: 1). If a medical system is considered unscientific, it is a reflection of the unscientific nature of the culture and the people in the society.

Culture is actually a true and potent reflection of a society. The culture of the society must change in order to change the medical system of a society. To change a culture, the thought system, and orientation of people of the society must be changed. Now, to advance Yoruba indigenous medicine to sense either one or two of the term “alternative”, it follows that the general orientation and thought system of Yoruba people must change. To achieve this, people’s orientation must change as well. Various indigenous attempts towards advancing YIM, such as Yem Kem Traditional healing Home, Oko-Oloyun Healing Home, (Oguntola-Laguda 2015: 118-119), and many more, are hampered because there is no corresponding advancement in orientation, beliefs and value systems of the people. Yoruba society is still largely semi-scientific and primitively religious. In view of the western siege on indigenous cultures, one wonders whether there may be a defining identity typical of the Yoruba people in the nearest future. However, let the Yoruba people decide, and I seriously think it is time this was done whether they can define and sustain cultural fundamentals by distinctly defining their identity. Nevertheless, I observe a serious and unimpeded cultural erosion such as discussed by Ogungbile and Awoniyi (2015).

## Orthodox Medicine as Abstract but General Medicine

Kola Abimbola described orthodox medicine as allopathic medicine. This is purely scientific medicine. That it is purely scientific implies that it is universally applicable. It is universal in three aspects, methodology, production and application. It is universal in methodology because, the methodological procedure involved in the production of any drug is objective, repeatable and testable. If the procedure is experimented anywhere in the world, similar results is expected to follow. The necessary procedure followed and the applicable principles are constant across space and time. It is universal in production because, there is no variation in the necessary ingredients needed in the production across time and space.

For instance, all the ingredients and time needed for the production of a certain drug in Russia are on the other hand needed for the production of drug in South Africa. There is no hidden or fetish ingredients which may not be listed or which is *esoteric formulae* involved in the production of the medicine. That explains the possibility of drugs being produced in more than only one location. With an expectation that the same methodology and ingredients produce same drug. This also explain its universal application. The same drug used to cure a particular illness in Britain is administered against that illness in Nigeria with a great and unfailing expectation of similar result. Orthodox drug is weather, climate, tribe or race insensitive. This is upon the assumption that the nature and symptoms of headache in Kenya is similar to those in California, or in the symptoms in winter similar to those in summer. Paracetamol is a universal drug produced and applied across culture and space. A patient calls a special medical attention when the use of paracetamol did not relief his headache. It does not matter whether you are black or white, blonde or what not, neither does it matter whether the production factory is in the urban center of New York or in the remote village of *Gogomori*, all that matters is getting the procedure and process right. This universal assumption is questionable, but all that is so clear is that it has really worked in health care provision, thanks to scientific breakthrough on all fronts!

This general nature of OM has enabled it to be universally accepted and recognized. To say the least, it is typically a scientific and orthodox approach to health care system and delivery. This subsists on the assumption that the human bodily system comprises biological properties, and no biological property is unnatural. This is further on the assumption that natural properties are open and susceptible to empirical verification and study. Therefore, there is no friction or problem in a biological system that should be scientifically unassailable. This assumption appears excellent in view of the fact that through it, orthodox medical experts have been able to address, largely, cure, and resolve



many health problems and and issues. uncountable number of of lives have been rescued from the cold hands of death. However, obviously observed is the fact that,

“Despite the achievement of science in the field of medicine in terms of psychotherapy, physiotherapy, psychiatry, etc., it has not provided solutions to the problems of poverty, demonic and spiritual illness especially those connected with sin and guilt” (Owoeye 2004, 218).

This limitation is summed up by Oguntola-Laguda; “Western orthodox medicine, which is the main source of health care delivery, has not been able to adequately care for the needs of the people” (Oguntola-Laguda 2015: 111). One very notable characteristic of the universality of the Orthodox medicine, as already said is that insensitive to the people who are involved in its production and or application. What is more important are the correctness of the methodology adopted is more important; appropriate ingredients used, and correct administration. This includes the accurate specification of dosage and appropriate drug combination for effective performance. In the case of OM, the personalities involved in its production and administration do not matter, whether black or white. More than that, its production and application chain do not factor the moral-psychology or mental-spiritual aspects of persons who are involved into consideration. Whether you are happy, or sad, hungry or angry, whether you are morally or psychologically clean or unclean, i.e. just had sex with your woman/girl-friend, or just killed someone, before or during production or application process of the drug, just rub someone of money or other valuable or even his right, none of these becomes a matters regarding the individuals involved in the handling of OM. All that matters is the mastery of the appropriate methodological procedure of production and dispensary. Again, this is purely upon the assumption that man consists merely of matter. Whether, indeed, man is only matter, of course, is a perennial philosophical question to which there have been a barrage of attempted answers. The important question is whether this view is correct and whether there is any part of human health care negatively affected by such insensitivity.

### **Homeopathicism and the Dominance of Yoruba Indigenous Medicine**

Yoruba indigenous medicine is not only concerned about restoring healing and preventing illness and diseases through the provision of medicine, but also, and more often than not it is mainly concerned about the qualification of the human agents involved in the production and administration of the medicine. Regarding YIM, not just anybody can prepare, prescribe and



administer it at anytime. It is culturally believed that that there are natural or spiritual principles guiding the production of the medicine, there are observed rules or taboos by the *Babalawo* or an *Onisegun* in the process. If the rules or taboos are violated, (1) the medicine may end up either not working or at least, it may malfunction. (2) The life of the *Babalawo* or *Onisegun* might as well be in danger. That is, he is breaking a taboo associated with the medicine (Oguntola-Laguda 2015: 113). Breaking a taboo, however, might provoke the anger of the gods and deities (Jegade 2002: 329). There are so many of these rules or taboos, often referred to as *eewo* (Makinde 2007:373), and when thoroughly followed, an efficacious medicine is produced. What mostly accounts for inefficacious indigenous medicine nowadays is that many people responsible for the production of the medicine, in most cases, are fond of breaking the rules or taboos. Taboos are commonplace in Yoruba religious and cultural belief system (Jegade 2002). When a taboo is broken, the medicine fails to work or it backfires, simple!

For instance, in the handling of the pharmaceutical aspect, it is a matter that worth some discussion. It is worthy of note that in preparing some of the Indigenous drugs, there are some precautions or rules which must be observed by the *Onisegun* or *Babalawo* as the case may be. However, there may be no exhaustive list of such rules, as they are peculiar to some particular medicine, illness, individual deity and or shrine or cult. If an *Onisegun* goes to look for a particular leaf or herb to heal a particular disease, there are some utterances (*gbolohun*) he is expected to make with a view to invoking the powers in charge of the leaf, the herb or root, in order to grant them right direction and open their spiritual eyes to be able to locate the exact ingredient for the illness. It is believed that failure to do that, (1) he may be unable to sight the exact tree containing the expected leaves or herb at all, or (2) if he eventually brings leaves or herbs home without the appropriate utterances, the medicine may not work.

In some cases, after finding some of these herbs, an *onisegun* or *babalawo* does not just stretch out his hands to pluck. There are some utterances made as he reaches his hands to pluck. The same applies to roots or back of trees. In fact, there are some leaves you cannot pluck with your bare hands known to the Yoruba people. No *Babalawo* or *onisegun* plucks *Ewe Ina* (fire leave for want of appropriate term) with bare hands. It is culturally believed that not every ingredient could be approached at any time of the day, for example, some of the ingredients should not be touched after sunset. For instance, it is uncommon for an *Onisegun* to enter into the bush in an attempt to either pluck a particular leave, get a root, or remove a bark of a tree in the night, except in some rare and specially prescribe cases. Usually, the belief is that plants sleep when the Sun sets. It is therefore unfruitful and unprofessional trying to

extract from the trees that have slept in preparation for a medication. For one, only an *Ogberi* (the uninitiated) (Adelowo 1990, 163), is believed to be able to do that. For some, believed that such ingredients would never produce a drug or medication that will work. However, sacrifice (ebo) is administered in the night Only a specially prescribed sacrifice carried in the daytime. Noted that each of the issues identified here appears to raise serious and critical questions. However, a auspicious opportunity is better created to address that.

Consequently, in preparing the medication, the sanctity of the whole life of the *onisegun* is of paramount importance to YIM. For example, some medications to work, the *Onisegun* must not have sexual intercourse with any woman, including his wife, perhaps for a number of days or for the duration of the treatment. It is widely believed in Yoruba culture that in some spiritual sense, sexual intercourse is an antidote and a neutralizer to the efficacy of some strong medicine. Noted that this is not a problem associated with the ingredients, but with the moral or spiritual sanctity of *onisegun* (traditional pharmacist). He must set himself apart and keep himself pure. There are some cases in which it is forbidden for the *onisegun* to have any negative issue with anyone (such as hatred, mischief, ill-feeling or not forgiving) while preparing a medicine. The danger is that it is either the medicine does not work, or it backfires on him. Hence, before embarking on such venture, he must purify himself from any such negative ill feeling or mischief. These, as already noted, are not the concerns of orthodox health system. A critical question crying for exploration is the presumed connection between Onisegun's sactity or purification and the efficacy of the YIM. But it is good to avoid this tempting distraction.

At some occasion, there may be the need to make some incantation or invocation or even sacrifice before embarking on the process of preparing some medication. All these are observances regarding the person of the *onisegun* in the process of making his drug. It is in this sense that Parrinder's submission might true that Babalawo or Onisegun in view of YIM is a scientist. This is because "a medicine man (doctor) is a scientist in that he seeks to discover and use the laws of the universe, not only of nature but also spiritual forces ... believing there are hidden powers that can be tapped ... in order to meet various ailments," (Parrinder 1969: 159). I seem to agree with this submission in view of Dopamu's and Oguntola-Laguda's view. For Dopamu, "The *Onisegun* (practitioner of Ogun) does not concern himself only with the treatment of diseases but also understands the nature and etiology of disease or illness before embarking on treatment, (Dopamu, 2005: 444). For Oguntola-Laguda, a Babalawo or an Onisegun, "without a laboratory, carries our researches on the spiritual and medicinal powers of herbs and roots as well as their functions." (Oguntola-Laguda 2015: 114).

The point made is that the efficacy and effectiveness of the Yoruba indigenous medicine are significantly tied and determined by the sanctimonious nature of the person of *onisegun*. In other words, whether or not the medication is going to work largely depends on who the *onisegun* is or what type of life he lives, his moral or spiritual piety or sanctity. Indirectly, the efficacy of the medication is tied to the person of *onisegun* and not just about the adequacy of the ingredients, the hygienic nature of the environment of the production, or the adequacy of the procedure. For instance, it does not matter whether or not the required ingredients are complete, or whether or not the environment of production is hygienic or whether the production procedure is correct, if the *onisegun* is morally or spiritually unfit for the preparation of the medication, the herbal medicine, produced and administered by that *onisegun* will not work.

Adelowo (1990, 164-165) captioned this as ritual sanctity. This is in relation to some taboo (ewo, a kii se, or, ohun) which must be observed in connection with the production and administration of various medication, rituals, and rites in YIM. For him, "this can also be called ritual holiness." (164). Ex-patiating on the nature of taboo in relation to YIM and some deities in Yoruba culture, Adelowo writes;

For example the priests and devotees of the god called Esu should avoid having any contact with palmnut oil (Yoruba: adi) in order not to incur the wrath of Esu. Moreover, the priest and devotees of the arch-divinity of Yoruba pantheon, Obatala should avoid palmwine completely in order to maintain ritual sanctity with regard to the worship of Obatala. They should also promote anything white and avoid black items in order to keep the ritual sanctity in connection with the worship of the divinity. White is a symbol of purity, holiness, and peace. Therefore, priests and devotees of Obatala should, during ritual activities, present themselves as pure and holy (Adelowo 1990, 164)

The main point here is that the moral and spiritual states of the person who is involved in the production and administration of YIM appear to be much more important to the efficacy of the medicine than the ingredients combined, and the process of production and administration. For instance, it does not matter how huge the sacrifice (ebo, or Ipese) or the complexity of the ingredients, or the intricacies involved in its preparation or adequate medicine brought for the assistance of Obatala, once the administrator is defiled with palmwine, the medication or the sacrifice is defiled and loses its power. In most significant sense, the efficacy of YIM also bears on the readiness and willingness of the indigenous medical practitioners to observe and obey the established instructions concerning the production procedure and process of the medicine.

This is why; Yoruba Indigenous Medicine involves not only the empirical elements of the ingredients, and the adequate knowledge of the nature and procedure of the medicine, but also the moral and spiritual requirements and qualifications of the *Onisegun*. Thus, the medicine which is eventually produced is not, as it is expected, to work only for the physic-empirical symptoms of any illness, but, and more importantly, the psychological and spiritual features and elements of the illness. This expectedly includes addressing the ultimate source and cause of the illness. This is no surprise, as some illnesses have their hidden spiritual name and what they are forbidden to take (Makinde 1988). Once the spiritual name is deciphered and assigned what it is forbidden to take, the illness willingly vacates its residence and disappears. This is the reason it is possible once YIM is able to address a particular illness, the patient is cured and healed. There may be a difference between curing of the illness and healing of the patient. For one, it appears, in this sense, that to cure means to attack and remove the symptoms of a particular illness.

For instance, malaria is cured the moment all the painful and manifesting symptoms disappear. However, healing is deeper and more complex than that. Healing assumed when, not only the symptoms but also the cause (s) and source (s) of a particular illness are dealt with. Washington- Weik (2009) and Oguntola –Laguda (2015), corroborate this holistic nature of Yoruba indigenous medicine. For Washington-Weik, “Holistic health and healing is defined as well -being and medicine that is on the physical, psychological (mental and emotional) and the spiritual levels of the individual – simultaneously” (Washington-Weik 2009:110). YIM is particularly and mainly known for addressing the source, and or cause of any illness with a view to attacking the problem, hence the claim that YIM is known to “*wú àrùn tegbòtegbò*” (attacking and uprooting the illness) (Makinde 2007: 383). By implication, any medicine that is able to deal with the cause and source of a particular illness, with the aim of restoring holistic health, will, invariably, address and remove the symptoms. This end determines how YIM medication is prepared, processed and administered.

Consequently, it is not just about the concern for the preparation of the medicine, appropriateness of the procedure, and its administration, without taking into serious consideration the nature of the person who prepares and administers it. OM is clearly insensitive of these. Therefore, a health care system that is able to provide healing is judged stronger and dominant over the one which only cures but fails to heal; where healing is understood as holistic – curing i. e. removing symptoms and healing; i. e. addressing the psychological and spiritual affiliations of the illness and restoring wholeness. Further reinforced by Washington-Weik,

Furthermore, Yoruba healer's use of religious tools and/or the expansive use of spirituality reinforced this healing system as holistic, thus keeping the appeal of the system abroad. Lastly, healer's alliances, standards, certifications and publicity thereof bestowed greater credibility upon the system and its practitioners in an increasingly impersonal region (Washington-Weik 2009).

The point made here is that at the point where the efficacy of YIM tied to the moral and spiritual piety of the *Onisegun* and or *Babalawo*, in addition to the criteria of orthodox medicine, this strongly demonstrates and manifests the dominance of the YIM over OM. It is against the spirit of the YIM medicine that just anybody, whether or not he is morally or spiritually fit should prepare, process, and or administer the medicine. This explains why it is not just anybody who can handle YIM. To be allowed to handle it, the person should be qualified and willing to observe the rules and precautions. For one, in order to ensure that the medicine performs the intended function, and for the other, to ensure the safety of the end user. This is actually a reinforcement of the necessity of the requirement of initiation into the cult of the practitioners, (1) to enforce compliance to and observance of rules and regulations or taboos, and thereby preserving the efficacy and sanctity of the trade, (2) to avoid unnecessary and avoidable casualties and (3) to forestall quackery that is so prevalent nowadays. It is therefore easy to identify the quacks, false herbalists, or Ifa priests. One way to ascertain this in the event that the medicine fails to work; it shows that something is wrong with the preparation process. However, noted that a particular medicine may perhaps equally fail to work if combined with the wrong ingredients, if the person is bereft of the adequate knowledge of the nature of the medicine, or if he is an uninitiated. This makes YIM more profound in achieving a holistic healing system.

### **The Relevance of YIM beyond COVID-19 Pandemic**

Covid-19 pandemic which broke out at the later part of 2019 became a widespread pandemic, which ravaged the entire world throughout and literally shut down the entire of the year 2020. This is the virus reportedly emanated from Wuhan, an industrial city in China and it is known as the Corona Virus. The world is still under the siege, scourge and fear of the disease as at January 20, 2021 when i am writing this paper. Although reported that the recovery rate is very high, but the fatality around the world is already recorded in millions. That became a serious challenge and worry which is trying to hold the world in bondage.. Unprepared though, the world started to scamper for an urgent vaccine to confront this pandemic.

Again, as at January 20, 2021, there are only reports of several possible vaccines that could cure the virus, but none singled out as the exact antidote.

Covid-19, as popularly called has redefined the realities and outlook of the world's health and medical system and services. For one, it reveals the limitations and unpreparedness of the world's medical outfit in confronting an outbreak. The scientific power of investigation and consequent prediction has been beaten and seriously challenged by this outbreak. For another, the pandemic is a direct confrontation and challenge on the categorical Canons of the world's medical system. One way to think about this is that this confrontation became so overwhelming, perhaps, because of an unguided trust and confidence in the promotion of western orthodoxy over what is called Traditional and unorthodox medical systems. Frankly speaking, 2020 was a year when the world needed the intervention of every form of medical system, with potential solutions, including indigenous system of medicine, had they been given some deserved recognition. However, a vaccine or indigenous medicine is not welcome or recognized once it defies laboratory test, or what is popularly known as *clinical trials*, even if it actually can cure and then cancel the virus.

Of course, this is not to downplay the importance of these orthodoxies and scientific bureaucracies, but there must also be an opportunity for executive trials of some indigenous type of medicine in a confrontational occasion such as presented by 2020. Although this is obviously open to debate but the roles played by the application of some relevant and potent herbs, concoctions and natural and native therapies, some of which are not recognised by the canonical orthodoxy, where western vaccines were available, cannot be overemphasised in the high recovery rates of the purported Covid-19 patients in Nigeria. The percentage in fatalities is a differential marker between Africa and regions where industrial and canonical medicine is the only mainstay of defense. Nonetheless, paramount is the need to ensure that the health of everyone all over the world is secure and guaranteed. No one is happy when anyone avoidably dies! Whatever it is that serves as the defense for Africa during this troubling season is a serious indication that there is something in Africa that need the urgent attention of the world regarding medical defense and breakthrough.

More than that, Covid-19, apart from the painful symptoms on whoever contracts it, has generated some mental/psychological fear and disturbance for so many other people. On a lighter mood, the world should also look for a vaccine that will cure fear and disturbance! The only medicine required to fit in here is the type of YIM that is concerned with a holistic healing. For Wild (2021) "Traditional and mainstream medicine have long been at odds. But COVID-19 may be providing the impetus for the two sides to work together to explore the potential for plants used in traditional medicine to become an untapped pharmaceutical resource."

It is not impossible that the cure of the Corona virus is found in Africa, but this channel of possibility appears to have been of deliberately abandoned

and sarcastically ridiculed since the time when recognition, which might put African indigenous medical system on the vantage of cutting -edge research was trivialized. Now, it may turn out to be that the world is suffering for the remedy that are presumably abundantly available but untapped. In addition, there seems to be some herbal ingredients that are peculiarly available in Africa whose chemical composition and medical usefulness are waiting to be explored seriously and understood. When Africans have woken to the task of exploring their rich heritage, it will become very clear that there are so many advantages that the entire world can benefit as far as medicine and health care delivery is concerned. To this effect, it is time that African indigenous system of medicine was given full and deserved recognition. This should enable serious research into it to save our world from the next possible outbreak, perhaps more serious than Covid-19. In the concluding page of Ozioma &Chinwe’s paper, they noted; “Rather than viewing African herbal medicine to be inferior, it may yet turn out to be the answer to the treatment of a host of both existing and emerging diseases ...” (Ozioma &Chinwe 2019: 209). There may be no extent which should be too much to traverse, if it is to ensure health care delivery and prevention of diseases towards the weakest person on the planet. It will appear unwise to label a medical system magical or fetish and therefore unrecognized, if it has the potentiality of producing the needed remedy to an existing menace or a future outbreak. Let the world wake up; no one else needs to die!

## **Conclusion**

The main contention of this paper has been to show that Yoruba indigenous medicine (YIM) is dominant over orthodox medicine (OM). The main strand of the argument contains in the point that whereas OM only concerns about the empirical and repeatable process of medicine and drug production and is insensitive to its handlers and makers, it is not so of YIM. YIM strongly emphasizes on the being and moral/spiritual qualification of the maker, handlers and or the dispensers of the medicine. This enables YIM to be able to heal where healing is curing and maintaining holistic well- being of the patient. This is because; Yoruba people consider health or illness as more that physical issues alone. Health is believed to be an issue that concerns the total aspect of human being. This distinction should serve to alleviate the label of YIM as alternative. Where “alternative” in the Yoruba-centric view is to be understood to represent a dominant logo and source of strength. To this extent, the paper also noted that if indigenous medicine is recognized, the needed indigenous vaccine or remedy to Covid-19 might discovered. Deserved recognition to



indigenous medical systems should be given to better prepare the world for the next possible outbreak.

## References

- Adelowo, E. D. “, Symbolism and Symbols in Yoruba Traditional Religious Thought.” *AJT 4: 1*: 162-173 (1990).
- Àjàlá, A.S; S.K, Oḷálẹ̀yẹ; A. G, Adéjùmò, I.T, et’al. “Conceptualization of Traditional Healing System in Yoruba Worldviews.” *International Journal of Traditional and Complementary Medicine*. 4: 19: 1-10 (2019).
- Ajayi, S. A. “The Concept of Culture.” In Ajayi, S. A. (ed) *African Culture and Civilization*. Ibadan: Atlantis Books in Association with Ibadan Cultural Studies Group, Faculty of Arts, University of Ibadan, pp. 1- 11 (2005).
- Awolalu, J. Omosade & Dopamu, P. Adelumo (Revised Edition), *West African Traditional Religion*, Nigeria: Macmillan Nigeria Publishers Limited (2005).
- Gbadegesin, E. O. “Revitalisation of African Healing in a Global Context.” In Akinrinade, S. et’ al *Locating the Local in the Global: Voices on a Globalised Nigeria*. Ile-Ife: Obafemi Awolowo University, pp. 221-226 (2004).
- Idowu, E. B.(Revised) *Olodumare: God in Yoruba Belief*. London: SCM Press (1996).
- Jegede, S. A. “The Yoruba Cultural Construction of Health and Illness.” *Nordic Journal of African Studies*. 11 (3): 322-335 (2002).
- Ladi Akeredolu and the Minister of Health, Dr George Ehanire. Health Programme on Channels Television (2020). A chat between Ladi Akeredolu and the Minister of Health, Dr George Ehanire on Channels Television, Nigeria, on 24<sup>th</sup> February, 2020, between 21 and 22 hours.
- Makinde, M. A. *African Philosophy, Culture, and Traditional Medicine*. Athens: Ohio University Press (1988)
- \_\_\_\_\_ (Revised Edition) 2010. *African Philosophy: The Demise of a Controversy*. Ile-Ife: Obafemi Awolowo University Press
- Ogungbile, D. O. & Awoniyi, P. “Indigenous Tradition in Transition: ‘Born Again’ Traditional Rulers, Religious Change and Power Contestation.” In Ogungbile, D. O. *African Indigenes Religious Traditions in Local and Global Contexts: Perspectives on Nigeria; (A festschrift in Honour of Jacob K. Olupona*. Lagos: Malthouse Press Limited, (2015) pp. 69-93
- Oguntola-Laguda, D. “Health, Healing, and Restoring.” In Ogungbile, D. O. *African Indigenes Religious Traditions in Local and Global Contexts: Perspectives on Nigeria; (A festschrift in Honour of Jacob K. Olupona*. Lagos: Malthouse Press Limited (2015) pp. 111-121

- Oyelakin, R. T. "Yoruba Traditional Medicine and the Challenge of Integration." *Journal of Pan African Studies* (2009) Vol. 3 No 3: 73-90
- Oyelakin, R. T. "Yoruba Indigenous Medicine in Search of Justification." *Yoruba Studies Review* (2009) Vol 4, No 1: 125-137
- Owoeye, S. A "Healing in Yoruba Pentecostal Churches and Its Contributions to Christendom." In Akinrinade, S. et' al *Locating the Local in the Global: Voices on a Globalised Nigeria*.
- Ile-Ife: Obafemi Awolowo University (2004) pp. 212-220
- Ozioma, E. J. & Chinwe, O. A. N. "Herbal Medicine in African Traditional Medicine." (2019) <https://www.intechopen.com/books/herbal-medicine/herbal-medicines-in-african-traditional-medicine>. Accessed on 20<sup>th</sup> January, 2021, pp. 191-214
- Parrinder, E. G. (ed.) *West African Religion*. London: Eppworth Press (1969)
- Sofowora, A. *Medicinal Plants and Traditional Medicine in Africa*. Ibadan: Spectrum Books Limited (1993).
- Washington-Weik, N. A. *The Resiliency of Yoruba Traditional Healing: 1922-1955*. Texas: PhD Dissertation of Faculty of the Graduate School (2009)
- Wild, S. "Miracles and Medicine: How COVID-19 has been Changing the Traditional Remedies Game." (2021) [Miracles and medicine: How COVID-19 has been changing the traditional remedies game – Bhekisisa](#). Accessed on 20<sup>th</sup> January 2021.

