



**International Journal of Biology, Pharmacy  
and Allied Sciences (IJBPAS)**  
*'A Bridge Between Laboratory and Reader'*

[www.ijbpas.com](http://www.ijbpas.com)

## COVID-19 AND THE IGBO TRADITIONAL HEALING METHODS: AN INTEROGATION

**OKORO KINGSLEY N**

Department of Philosophy/ Religion and Cultural Studies Alex Ekwueme Federal  
University Ndufu-Alike Ebonyi State, Nigeria

\*Corresponding Author: Okoro Kingsley N: E Mail: [okechukwup.cugwu@gmail.com](mailto:okechukwup.cugwu@gmail.com)

Received 19<sup>th</sup> Jan. 2021; Revised 20<sup>th</sup> Feb. 2021; Accepted 14<sup>th</sup> March 2021; Available online 1<sup>st</sup> Dec. 2021

<https://doi.org/10.31032/IJBPAS/2021/10.12.5770>

### ABSTRACT

Covid-19 is a global pandemic that is causing havoc throughout the world. African traditional medicine is the oldest, and perhaps the most varied, of all curative systems. This work looked at those various Igbo traditional healing methods that can be used as an alternative means of curbing Covid-19. The study was carried out in Ebonyi State, Nigeria. The results of this study revealed that traditional Igbo healing method is well accepted and has played a key role in the health care of the people of Southeast. Findings from this research show that Igbo traditional health care system has enjoyed patronage from local people who believe in it and consider it a more affordable and effective alternative to western medicine. Accordingly, they are found in Igboland, plants with medicinal values, which have shown a wide range of uses in the treatment of diseases such fever/malaria, parasitic, viral and bacterial diseases including musculoskeletal and reticular diseases. Presently, the coronavirus seems to have surpassed all manner of scientific efforts to curb the pandemic, hence the need to give room to traditional remedies such as that of the Igbos becomes imperative.

**Keywords: Covid-19, Igbo traditional medicine, virus, diseases**

### INTRODUCTION

The new coronavirus pandemic has continued to cause havoc across the globe, even as the search for a vaccine against it is yet to yield positive results. Like many other countries around the world, coronavirus also known as covid-19 has devastated Nigeria's health system, economy and social life. As of May 23,

2020, over five point two million cases of the disease have been reported globally, while over three hundred and forty deaths were recorded worldwide [1]. In mid-June, 2020, Nigeria recorded over sixteen thousand confirmed cases with more than five thousand discharged from hospital and over four hundred fatalities [2]. An unprecedented economic recession is looming with the International Monetary Fund (IMF) predicting drastic drop of minus three point zero percent in the global Gross Domestic Product (GDP). Presently, there is no specific medicine for the killer disease; what we have today are various kinds of treatment of the symptoms of covid-19. There is still no known cure for the disease. Scientists and world leaders have estimated December 2021 as the earliest possible time for a cure to covid-19 to be developed. That is one and a half years away and a long time to wait. The world cannot wait for vaccines while people are dying in their thousands [1].

It is for this reason that many countries are embarking on researches to find a suitable home-grown cure for covid-19. England, China, Israel, Iran, Madagascar and many other countries have, or are developing solutions to the pandemic. The United States of America on the other hand, is conducting clinical trials of new medications, with the controversial chloroquine at the centre of the effort.

Without a one-size-fits-all solution to covid-19, some governments, doctors, scientists, and individuals around the world are turning to traditional medicine for remedy. The World Health Organization (WHO) defines traditional medicine as the knowledge, skills and practises 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. Traditional medicine is often referred to as alternative or complimentary medicine. Traditional medicine is extensively practised in India, China and Africa. Even though traditional medicine has been in use for long, the WHO says there is small logical proof regarding its safety and efficiency. For example, in response to the launch of Covid Organics (CVO), a herbal medicine developed by Madagascar to treat covid-19, WHO said only products which are effective through scientific study will be endorsed. Recently, the organization held a virtual meeting with seventy African traditional medicine specialists where they collectively agreed that clinical trials must be conducted for all medicines without exception.

African traditional medicine is the oldest, and perhaps the most varied, of all curative systems. Africa is seen to be the cradle of mankind with a rich biological and cultural

diversity marked by regional differences in medicinal practices [3, 4, 5]. African traditional medicine in its diverse forms is holistic connecting both the body and the mind. The traditional healer usually examines and treats the psychological basis of an illness before recommending medicines, mainly therapeutic plants to treat the symptoms [3-6]. Africa is richly blessed with vast biodiversity resources and the continent is believed to have approximately between 40 and 45,000 species of plant with the prospect for development, out of which 5,000 species are used medicinally. This is not unexpected since Africa is situated within the tropical and subtropical climate and it is a known fact that plants amass significant secondary metabolites through evolution as a natural means of surviving in a hostile environment [7]. Because of her hot climatic conditions, Africa has an undue share of strong ultraviolet rays of the tropical sunlight and various pathogenic microbes, as well as numerous species of fungi, bacteria, and viruses, signifying that African plants could accumulate chemo preventive substances more than plants from the northern hemisphere.

The World Health Organization [3], approximates that, about 80% of people globally, rely on herbal medicine for some part of their primary healthcare. A similar proportion of the Nigerian populace is said

to utilize traditional medicine for their primary healthcare [3, 7]. Traditional medicine is acquiring fame given the latest, resistant and challenging ailment (such as Covid-19) which contemporary medicine has not been able to address, and the total care approach of the traditional medicine [3].

Amongst the Igbo of Nigeria, illness is generally referred to as 'aru mgbu' (body pain), 'oria' (sickness) etc. Aside from acknowledging disease as a major problem, they attribute the causes to numerous agents such as breaking of taboos, sorcery, mystical disease and witchcraft [8, 9]. They therefore formulated ways for treating ailments that are environmentally induced as they tried to control and conquer the surroundings in which they lived. Regrettably, this cultural practice has been largely condemned particularly by Eurocentric scholars. This is mainly based on the postulation that traditional healers rely almost solely on witchcraft, magic, and necromancy [9, 10]. Some have queried the connection between African medicaments, its practices and ailments [11]. The local healing methods have also been condemned on the ground that practitioners are illiterates who do not understand the anatomy of human being. The drugs and herbs administered do not pass through laboratory procedures and so may still hold some injurious elements, which can cause

more damage than good in the body system. Additionally, the practitioners do not stick to the rules of cleanliness and administration of herbal drugs may not be on the correct dosages because they do not have the equipment to determine drug dosage. In spite of all these criticisms, the practice has continued to gain even more acceptance among the Igbos and across the world. It is against this backdrop that this paper intends to examine the potential place of the Igbo traditional healing method in tackling the Covid-19 pandemic.

### **Objectives of the Study**

- i. To examine the features of coronavirus disease.
- ii. To evaluate the current approach to treating coronavirus.
- iii. To investigate the effectiveness of Igbo traditional healing method in curbing the coronavirus pandemic.

### **Research Questions**

- i. What are the features of coronavirus disease?
- ii. What is the current approach to treating coronavirus?
- iii. To what extent can the Igbo traditional healing method be effective in the treatment of coronavirus?

### **Conceptual Definitions**

#### **Coronavirus (COVID-19)**

The name “coronavirus” comes from the crown-like projections on their surfaces. “Corona” in Latin means “halo” or “crown.” Coronavirus disease 2019 (COVID-19) is defined as illness caused by a new coronavirus now called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly called 2019-nCoV), which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China. It was initially reported to the WHO on December 31, 2019. On January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency. On March 11, 2020, the WHO declared COVID-19 a worldwide pandemic. Most people infected with the COVID-19 virus usually experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like diabetes, cardiovascular disease, cancer and chronic respiratory disease, are more likely to develop severe illness. The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. One protects oneself and others from infection by washing one’s hands or using an alcohol based rub frequently and not touching one’s face. The COVID-19 virus spreads mainly through droplets of saliva or discharge from the nose when an infected person coughs or

sneezes, so it's vital that one also practices respiratory etiquette. Presently, there are no specific vaccines or treatments for COVID-19. (<https://www.who.int/health-topics/coronavirus#tab=tab1>).

According to an online source, in 2019, the Center for Disease Control and Prevention (CDC) started monitoring the outbreak of a new coronavirus, SARS-CoV-2, which causes the respiratory illness now known as COVID-19. Information on the virus is scarce at present. In the past, respiratory conditions that develop from coronaviruses, such as SARS and MERS, have spread through close contacts. On February 17, 2020, the Director-General of the WHO presented at a media briefing the following updates on severe or fatal nature of COVID-19, using data from 44,000 people with confirmed diagnosis: hence, symptoms vary from person-to-person with COVID-19, the virus may produce few or no symptoms; nonetheless, it can also lead to severe illness and may be fatal. Common symptoms include: fever, breathlessness, cough and potential loss of taste or smell.

### **Traditional Medicine**

Traditional medicine first began when man started to create and manoeuvre symbols as well as develop systems of belief [12]. Conversely, some 3,000 years B.C., man was well aware of the therapeutic properties of a number of plants growing around him. The seeds of the Opium poppy

(*Papaver ommiferum L.*) and castor oil seed (*Ricinus communis L.*) unearthed from some ancient Egyptian tombs point towards their use in that part of Africa as far back as 1500 B.C. [10].

Plants naturally contain a combination of diverse phytochemicals, also known as secondary metabolites that may work separately, additively, or in synergy to advance health. In reality, curative plants, unlike pharmacological medicine, usually have numerous chemicals working collectively catalytically and synergistically to create a joint result that exceeds the total activity of the individual components [5]. The joint activities of these materials tend to raise the action of the key therapeutic ingredient by speeding up or reducing its absorption in the body. Secondary metabolites from plant's origins might raise the solidity of the active compound(s) or phytochemicals, lessen the rate of undesired adverse side effects, and have an additive, potentiating, or antagonistic effect. It has been proposed that the huge variety of chemical structures found in these plants is not waste products, but specialized secondary metabolites involved in the connection of the organism with the surroundings, for instance, signal products, attractants of pollinators, defensive substances against predators and parasites, or in resistance against pests and ailments. A single plant may, for instance, contain

bitter substances that kindle digestion and possess anti-inflammatory compounds that decrease inflammation and pain, phenolic compounds that can act as an antioxidant and venotonics, antibacterial and antifungal tannins that act as natural antibiotics, diuretic substances that boost the elimination of waste products and toxins, and alkaloids that improve mood and give a feeling of well-being [5]. While some may perceive the isolation of phytochemicals and their use as single chemical entities as a better option and which have led to the replacement of plant extracts' use, nowadays, a perception that there may be some advantages of the medical use of rudimentary and/or standardized extracts as opposed to isolated single compound is gathering momentum in the scientific society.

A study by the Roll Back Malaria initiative in Nigeria shows that herbal medicine is the number one choice for home treatment of nearly two thirds of children with high fever [13]. The new health agenda in Nigeria and Africa centres on the institutionalization of traditional medicine in parallel with conventional medicine into the natural health care scheme in a bid to move the health agenda forward given that, effective health can not be achieved in Africa by conventional medicine alone unless it has been complemented with indigenous medicine [13]. Historians from

all over the world have created evidence to demonstrate that apparently all primordial peoples used plants often in refined ways. Quinine from Cinchona bark was used to handle the symptoms of malaria long before the disease was identified and the raw ingredients of a common or garden aspirin tablet have been a popular painkiller way long before we had access to tablet making machinery. By the middle of the 19<sup>th</sup> century, at least 80% of all the medicines were derived from plants. Few examples of plants derived modern drugs include: Aspirin (willow bark), Atropine (belladonna), Capsaicin (pepper plant), In some cases, the general doctor, the diviner, and the priest can be the same individual. In that case, that individual 'divines' the cause of sickness, the cure; and plays the part of the general physician as well as the priest if need be. They make a diagnosis out of experience acquired from training and years of practice.

### **Empirical Review of Igbo Traditional Healing Methods**

The Igbo traditional health care system has enjoyed patronage from indigenous people who consider it as a more affordable and efficient substitute to western medicine on one hand and the elite who are sceptical but resort to it, though secretly, when western medicine offers a dim hope for their physical and spiritual well-being [14]. For instance, the study by [12] reveals that

there is a close relationship between traditional health practices and the belief systems of Nsukka Igbo of Enugu state. The healing system arises from the conviction that the physical illness is caused by evil spirits; a belief that placed traditional healer (Dibia) at the peak of traditional healing institution. As argued by [15] the “native healer’s (dibia) art is cloaked in mystery and sometimes followed by dramatization, all of which add to the inspiration of wonder on the part of his patient.” Among the specialization/categories of traditional healer identified:

i). Dibia-afa (Diviners): A diviner can be defined as a diagnostician gifted with special skills of prediction. Diviners mostly predict the cause of the problem(s) and the proper way of managing them. “Diviners’ art is basically mystical, extremely magical and entails the use of quite a lot of instruments supposed to have magical or mystical power of consulting the spirits” [15]. They dominate the league of native doctors, because of their power of extra sensory perception.

ii). Dibia Mgborogwu (Herbalists): This refers to a traditional medical practitioner who specializes in the use of herbs to cure various diseases. He is skilful in the language of the leaves. A herbalist is not concerned with the cause(s) of ailments, but only the management of physical

symptoms. Herbalists collect plants in their seasons, dry and store them in their local drug stores – usually, a single room. Some have mini-farm lands behind their house with all types of plants/herbs, which they grow themselves. The herbs are often prepared for each individual case either in a liquid form, as a concoction or occasionally dispersed as leaves, roots or stem barks; requiring that the patient soak them in water or dry gin over-night before drinking. They also sell their medicines to other medical practitioners while some sell theirs at the village market (this is seen in mgborogwu [root] line of the communities’ markets). Herbalists receive some form of medical instructions – some of them get their knowledge from dreams, others have the oracular call. Accordingly, [16] maintain that the knowledge of the curative virtues of plants is indeed part of the African cultural heritage.

iii). Dibia Okpukpu (Orthopaedists): Orthopaedics is a branch of medicine concerned with the amendment or prevention of skeletal deformities, disorders, or injuries. Dibia okpukpu is a name given to those that are dedicated to bone setting. They generally fix or take care of broken bones. Bone setters (Onye ogba okpukpu) are traditional health practitioners who are experts in the art of fixing fractured or sprained bones mainly hand and leg bones. Whilst the western

orthopaedic surgeon applies the 'Plaster Of Paris' (P.O.P), antibiotics, pain relievers etc, the dibia-okpukpu depends on herbs, wooden splints, clay etc. which they apply to the fractured part of the body, in addition to their special skills in setting the fractured bones. The medicine is applied to the fractured area, alongside wooden splints, which are protective and supportive; meant to keep the medicine in place as well as guide the fractured bones and enhance easy recovery. Some practitioners use some supernatural means (incantations) as part of the healing process. On the other hand, this group of practitioners recognizes that bone setting has to do with one's gift, talent or call.

iv). Dibia-Era (Psychiatrists): Psychiatry is a branch of medicine that deals with psychological, emotional, or behavioural disorders. Dibia-era as he is locally called specializes in the management of mental problems. Dibia-era deals primarily with mental syndromes, and other related behaviours. It is a common belief that madness (mental problems) is caused by evil spirits and as such requires series of ritual performances and sacrifices to pacify the offended deity or spirit. Traditional psychiatrists time and again, are capable of handling abnormal behaviours before they depreciate to full blown madness.

v). Traditional Midwifery/Birth Attendants: These are predominantly middle-aged and

elderly women who have talents in the management of maternity issues and delivery of babies. The art covers pre-natal and post-natal services. Local midwives in most parts of Igbo land have special skills in the management of women during and after child birth. More or less, they: (1) provide moral support to the patient when she is to deliver; (2) accelerate labour or stimulate the delivery of the placenta; and (3) evacuate deliverer 'Ona-nwa'. As the practice of male circumcision is obtainable in the Igboland, a midwife merges her job of midwifery with that of being a circumciser. She also possesses a huge knowledge and/or idea of herbs as she practices herbology, which serves as antenatal drugs for her patients with the aim of reducing pains; foetal size and hastening labour; hence, she knows when complications set in and what exactly to do. Her services begin the moment a woman conceives and she gives women prenatal lessons and teaches the mother-to-be the required steps to take during labour. Though, Caesarean Section (CS) is reportedly rare in traditional medicine; it is not impossible. Elsewhere, [17] reported on a missionary doctor's observation of CS performed by a Banyero traditional surgeon in Uganda, on a twenty year old woman. The operation was successful and mother and child survived. This, nevertheless, must be ascribed to a great deal of knowledge

and carefulness as well as giving the patient an intoxicating mixture (a replica of anaesthesia) preceding the surgery. Finally, her job(s) may be performed in her home or in her client's home. In time pasts, they have apprentices who learn on the job; but due to the array of conventional medicine/hospitals as well as white collar jobs, the art does not enjoy apprentices any longer.

[18] report that in Ebonyi state, the most important and commonly used horticultural plants with medicinal value is observed in the families of Sapotaceae, Lamiaceae, Palmae, Liliaceae, Anacardiaceae, Rutaceae, Piperaceae Cucurbitaceae, and Zingiberaceae. The highest number of plant species employed to treat ailments belong to the family Cucurbitaceae, signifying that it is the key family in the traditional medicine of the state in particular and Southeast in general. The other significant families in terms of number of taxa with therapeutic uses in the state were Anacardiaceae, Piperaceae, Rutaceae, Zingiberaceae, Lamiaceae, Liliaceae, Palmaceae and Sapotaceae. These families feature prominently in the traditional medicines of other parts of the Southeast and are reported in the flora and pharmacopoeia of the country [19, 20]. They are usually given consideration during ethno botanical approaches to drug discovery owing to their rich content of

secondary metabolites such as steroids, terpenes and alkaloids [20]. According to the study, diseases relating to the dermal system, digestive system, fever/malaria, parasitic, viral and bacterial diseases and musculoskeletal and reticular ailments were among the most commonly treated ailments with horticultural plants with curative values, representing (67.09%) of all the medical applications.

In Abia state, a study by [20] on urban women's use of rural-based healthcare services indicates that traditional medicines are highly patronized in Igboland as majority believes that besides diseases with supernatural aetiology, there were some disease conditions that respond faster to traditional medicine than to western treatments. Conditions such as fractures, stroke, diabetes, and infertility were generally believed to resist western cures and are best treated by good traditional healers apparently found mostly in rural areas. Writing about the people of Anambra state, [5] explains that traditional healthcare practitioners inherit their practices from their forefathers and patients consult them on daily basis. For the herbalist, the spirit of 'Agwu' assist him either by day – by leading him into the bush and revealing medicinal herbs to the person; or by night in ones dream. Anazodo also noted that anyone who ignores the call of 'Agwu' to join in the profession is continuously

disturbed by the spirit of 'Agwu' until he becomes a herbalist. In Imo state, [8] observes that in Igbo traditional psychiatric healing, there were healing methods which were peculiar to the different traditional healers. Conversely, the common ground was that these methods involved measures which could be classified as having bio-psychological and religio-psychological dimensions. The former lays emphasis on the therapeutic values of herbs and herbal mixtures while the latter deals with the use of invocations, incantations of spiritual forces, including pouring of libations, as well as sacrifices. Indeed, both of these methods are complementary. Weinberg sees this dual interpretation or notion of sickness as originating from the African reflection of "illness or ill-being in polarity to well-being, so that it connotes not only physical ailment but also (on a temporal and psychological dimension), present and future personal hardship, and finally, social deviation [10, 13, 16].

By and large, in Nigeria the high cost of primary health care and the comparative affordability of native medicine regenerated the predisposition to traditional therapies by both the rich and poor. Additionally, some trans-cultural scientists, medical experts and traditionalists in present times have challenged what they

consider as double standards in the approaches and methodology for the assessment of conventional and local medical practices. They argue that traditional practices should not be made to undergo measures from which conventional system is exempted. In support of this argument, [12] points out that animal sacrifice was used. To them, many traditional healers like the central and South American Curandero or the voodoo priests often sacrifice an animal in the diagnosis and treatment of a disease. To the Western-oriented practitioner, the very thought of this act often bring to mind, visions of something atrocious. Yet, from a purely ethic standpoint, this practice is no different from animal experimentation carried out by basic researchers. Most adherents of modern health care would not condemn the sacrifice of a mouse in an attempt to find a treatment for AIDS [13]. To the intellectual outside, this practice should appear equivalent to the guinea pig sacrifice that the Curandero carries out to find out the cause and treatment of a severe ailment. Western-oriented healers cannot exempt themselves from criticism of animal sacrifice unless the same exclusion is broadened to accommodate traditional [healers] folk healers [15].

Traditional Medicinal Uses of Some Dietary/Medicinal Plants among Traditional Healthcare Practitioners in Igbo land [9]

S/N o	Local Names	English Names	Botanical Names	Therapeutic Use
1	Akidi/Agwa	Cowpea	Vigna unguiculata	The oil is used as ingredient in poultice; while the leaves are used as mild laxative
2	Ose-Oji	Alligator pepper	Aframomum melegueta	The seed is used for coughs, indigestion and ointment for fracture
3	Nkwuaba	Pineapple	Ananas comosus	The juice is used as laxative, in arthritis and treatment of venereal diseases.
4	Okwuru bekee	Paw-Paw	Carica papaya	The juice is used in wound dressing. Leaves are used for fevers as ingredients in malaria steam therapy. It is also vitamin supplement.
5	Ukwu nkwu	Oil Palm tree	Elaeis guineensis	Root decoction is used as an analgesic; leaves are used as antibacterial, oil as antidote for poisons and in post partum treatment.
6	Uziza	Guinea Pepper (Black pepper)	Piper guineense	The leaf stalk (when mixed with palm oil and plantain) is used in curing epilepsy; while the seed is used as stomachic, antimicrobial and anti-diarrhea.
7	Udara	Star apple	Chrysophyllum africanum	The juice is used for antiemetic and anti-diarrheal
8	Oroma nkirisi	Lime	Citrus aurantifolia	The fruit juice is used for several remedies as carminative and tonic
9	Ogwuakon	Neem	Azadirachta indica	The stem, bark, root and leaves are used for the treatment of malaria
10	Inine ojii	Vegetable	Amaranthus viridus	The leaves are highly effective for purgative; while the tender shoots are used as cough remedies.
11	Okpete – Ohia	Ginger lily	Ginger officinale	The seed is used in treating coughs/cold and inflammation.

## METHODOLOGY

### Study Area

The study was carried out in Ebonyi State, Nigeria. The population of Ebonyi State is 2,176,947 million [7]. Ebonyi State is a mainland South-Eastern State of Nigeria, inhabited and populated primarily by Igbos of South Eastern Nigeria. The Capital and largest city of Ebonyi State is Abakaliki.

### Method of Data Collection and Analysis

This study adopts survey research design, however, due to the nature of the research topic, the researcher decided to adopt focus group technique as the survey plan to elicit data from the respondents. This took the form of a one-day, in-depth workshop with 80 participants drawn from the three

Senatorial zones of the state: Ebonyi North, Ebonyi South and Ebonyi Central. One third of the participants are involved in traditional healing method, majority of the others had sought for traditional healing at one point in time. The discussions were structured around three main components. Firstly, to gain insight into participants' knowledge of the features of coronavirus, in plenary, open lines of questioning were pursued. Participants were asked to state what is coronavirus, where the coronavirus came from, how contagious is coronavirus and how coronavirus is diagnosed. They were then asked to reflect specifically on how coronavirus has affected the country. Since the researcher sought to gain an

understanding of participant's understanding of how coronavirus is treated within their own frame of reference, participants were then engaged more directly, but in as neutral a format as possible, in discussions about how coronavirus is treated in Nigeria. Participants were then divided into four groups of 20 persons, to each discuss specific issues that had arisen in plenary, pertaining to how Igbo traditional healing method can be explored in the treatment of coronavirus. These smaller, break-out groups offered some of the participants the opportunity to provide more in-depth accounts of their experiences than the plenary setting had permitted. The final session of the day involved presentations and discussions where each group presented their findings and allowed the wider audience to verify, elucidate and interrogate their insights. This combination of break-out and plenary approaches proved a useful means of stimulating discussions. The data gathered were analyzed quantitatively using frequency tables and percentages.

## RESULTS

**Table 1** shows that 25 of the respondents constituting 31.3% are within the age bracket of 30-39, while 32 respondents, representing 40 % are within the age limit of 40 - 49; 19 respondents within the age bracket of 50 - 59 constitute 23.8% even as

4 respondents representing 5% are 60 years and above. From the Table, it can be observed that majority of the respondents are within the age bracket of 40 to 49.

From **Table 2**, 22.5%(18) respondents were traders, 12.5%(10) respondents were civil servants, 16.3%(13) respondents were artisans, 33.7%(27) were farmers, while 15%(12) respondents were traditional birth attendants .

**Table 3** shows that 21.25% (17) respondents have B.Sc., 30% (24) respondents are NCE holders, 13.75% (11) have Ordinary 'Level, 20%(16) have First School Leaving Certificates while 15%(12) respondents had no formal education.

**Table 4** indicates that over 70% of the respondents are aware of the features of coronavirus. Responding to the question of how the coronavirus is contacted, 65 respondents said person-person spread was the most prevalent as against object-to-person (15) or animal to person (10) transmissions. On how coronavirus is diagnosed, responses indicates that 33 respondents suspect anyone showing symptoms of fever, chills, cough, and shortness of breath as having coronavirus. 14 respondents added runny nose, while 27 added fatigue and muscle pain; only 6 said more severe symptoms such as loss of taste or smell, vomiting and diarrhoea are further reasons to suspect a person of having

coronavirus. On how the coronavirus has affected the country, 32 respondents pointed out that it has elevated poverty; 13 said it has slowed down economic activities in the area of trade and investment, 21 said it has lowered government financial capacity because of the fall in fuel price, while 14 believe it has led to under-funding of critical sectors such health(4%) and education(6%) as the federal budget that usually goes to these sectors have fallen far below the recommended thresholds of 15% and 20% respectively.

Responses in **Table 5** show that 32.5% of the respondents suppose that medical specialists can only treat the symptoms of

coronavirus disease as there are no specific treatments for COVID-19 yet, though a number are in the works, including experimental antivirals, which can attack the virus. 27.5% of the respondents understand that many different treatment options have been proposed and some older drugs such as hydrochloroquine seem to be associated with positive outcomes. However, 40% recognize that herbal remedies have been effective in the treatment of the virus citing examples of the case of the Speaker, Edo State House of Assembly, and the notable Covic-Organics from Madagascar.

**Table 1: Age distribution of respondents**

Items	Frequency	Percent
30 – 39	25	31.3%
40 – 49	32	40%
50 – 59	19	23.8%
60 and above	4	5%
Total	80	100.1

**Table 2: Occupation of respondents**

Items	Frequency	Percent
Traders	18	22.5%
Civil servants	10	12.5%
Artisans	13	16.3%
Farmers	27	33.7%
Traditional birth attendants	12	15%
Total	80	100

**Table 3: Academic qualification of respondents**

Items	Frequency	Percent
B.Sc/B.A/HND	17	21.25%
NCE	24	30%
O'LEVEL	11	13.75%
FSLC	16	20%
No Formal Education	12	15%
Total	80	100%

**Table 4 Respondents' knowledge of the features of Coronavirus**

Items	Frequency	Percent
Yes	61	76.25%
No	12	15%
Not sure	7	8.75%
Total	80	100

Table 5: Current Approach to Treating Coronavirus

Items	Frequency	Percent
Medical specialists can only treat the symptoms of coronavirus disease	26	32.5%
Many different treatment options have been proposed and some older drugs seem to be associated with positive outcomes	22	27.5%
Herbal remedies have been effective in the treatment of coronavirus	32	40%
<b>Total</b>	<b>80</b>	<b>100</b>

Table 6: Extent to which the Igbo traditional healing method can be effective in the treatment coronavirus

Items	Frequency	Percent
Highly effective	42	52.5%
Not highly effective	27	33.8%
Don't know	11	13.7%
<b>Total</b>	<b>80</b>	<b>100</b>

On the extent to which the Igbo traditional healing method can be effective in the treatment of COVID-19, responses (65%) indicate that the people are aware of the effectiveness of the Igbo traditional healing being that they patronize local health care services. Also, the respondents (62) pointed out that the symptoms of coronavirus can be treated with local herbs; for example, fever (iba), cough, diarrhoea, chills, sore throat, runny nose etc are illnesses that can be treated using the stems, barks, leaves and roots of certain plants like Okwuru bekee (paw-paw), ogirisi, alligator pepper (ose-oji), okpete-ohia (ginger lily), uziza (guinea pepper), uchakuru, etc. Going further, they added that the local tonic from Madagascar known as Coronavirus Organics is purely a herbal remedy which has lent credence to other traditional healing method like that of the Igbos. In the same vein, for most of the respondents (71.25%), their preference for traditional Igbo healing methods stems from the fact

that traditional healers offer information, counselling, and treatment to patients and their families in a personal manner as well as having an understanding of their patient's environment, and can be very effective in curbing the coronavirus. The respondents further cited instances of the backings given to the effectiveness of herbal cures against the coronavirus made by the Ooni of Ife, Oba Adeyeye Enitan Ogunwusi Ojaja II, Professor Maurice Iwu, the Speaker of Edo State House of Assembly, as well as the Plateau Research Committee on COVID-19. Specifically, the Chairman of the Plateau Research committee, Prof. Noel Wannan said the result of the cocktails may provide an important breakthrough in the field of herbal medicine, and that the cocktails, a combination of five plants, was part of the 13 plants the committee's findings showed and had antiviral activities against SARS-COV-2.

## CONCLUSION

The study revealed that traditional Igbo healing method is well accepted and has played a key role in the health care of the people of Southeast. Findings show that Igbo traditional health care system has enjoyed patronage from local people who believe in it and consider it a more affordable and effective alternative to western medicine. Accordingly, there are found in Igboland, plants with medicinal values, which have shown a wide range of uses in the treatment of diseases such fever/malaria, parasitic, viral and bacterial diseases including musculoskeletal and reticular diseases. Presently, the coronavirus seems to have surpassed all manner of scientific efforts to curb the pandemic, hence the need to give room to traditional remedies such as that of the Igbos becomes imperative.

### RECOMMENDATIONS

Based on findings, this paper recommends as follows:

- The WHO and the Nigeria government must come to terms with the fact that conventional and traditional medicines are complementary of each other. Therefore, urgent steps should be taken to close the gap between them in order to save humanity from the coronavirus pandemic and other diseases that could come up in the future. Essentially, the Igbo

traditional healing method is a good place to start.

- Nigeria must elevate and strengthen the status of its health sector in terms of budgetary allocations and investments; it must also make medical and pharmaceutical research focal points in order to encourage home grown solutions to health challenges. It is high time that local remedies are explored.
- Nigeria has no doubt deployed enormous resources and energy to its search for remedy for covid-19. However, she must not look away from carrying out adequate research to explore traditional medicines that would clinically be tested and confirmed to treat diseases like the coronavirus and many more health challenges.

### REFERENCES

- [1] Anaja, H, A., (2020). COVID-19: Traditional Medicine to the Rescue.
- [2] Aone, M., 2001, <http://www.blackherbals.com/atcNewsletter913.pdf>.
- [3] Chukwuemeka, N. K., (2009). Traditional psychiatric healing in Igbo land, Southeastern Nigeria. African Journal of History and Culture (AJHC) Vol. 1 (2), pp. 036-043.

- [4] Desmarchelier C and Witting-Schaus F. (2000). *Sixty Medicinal Plants from the Peruvian Amazon: Ecology, Ethnomedicine and Bioactivity*, Devon, UK: NHBS.
- [5] Ekeanyanwu, C. R., (2011). *Traditional Medicine in Nigeria: Current Status and the Future*. *Research Journal of Pharmacology*, 5(6)
- [6] Essien, B. A., Essien, J. B. and Okocha, I. O (2019). Homestead horticultural crops: Alternative sources to alternative medicines/therapies in Ebonyi State, Southeastern Nigeria: *GSC Biological and Pharmaceutical Sciences*, 09(02), 072–083. Retrieved 11th June, 2020.
- [7] Federal Ministry of Health. (2008). *Nigerian Herbal Pharmacopoeia*. 1st ed. Nigeria: Federal Ministry of Health.
- [8] Gurib-Fakim, A., (2006). “Medicinal plants: traditions of yesterday and Drugs of tomorrow,” *Molecular Aspects of Medicine*, Vol.27,no. 1,pp.1–93.
- [9] Gurib-Fakim, A., Brendler, T., Phillips,L. D., and Eloff, L. N., (2010). *Green Gold—Success Stories Using Southern African Plant Species*,AAMPSPublishing,Mauritius.
- [10] Ijeh, I. I. (1997) “Traditional Medical Practices Among the Igbo”. In *Nigerian Heritage*. (eds.) Onwuka, J.O and Ahaiwe, S.C. Okigwe: Whytem Publishers, Nigeria. Pp.161-172.
- [11] Iwu, M. M. (1981) “Perspectives of Igbo Tribal Ethnomedicine”. *Ethnomedicine*. Vol.7. Pp.1-4
- [12] Mahomoodally, M. F., (2013). *Traditional Medicines in Africa: An Appraisal of Ten Potent African Medicinal Plants*. *Hindawi Publishing Corporation: Volume,ArticleID617459*.
- [13] Manach, C., Scalbert, A., Morand, C., C.R'em'esy, and Jim'enez, L., (2004). “Polyphenols:foodsourcesandbioavailability,”*AmericanJournalofClinicalNutrition*,vol.79,no.5,pp.727–747.
- [14] Nyananyo BL. (2006). *Plants from the Niger Delta*, Port Harcourt, Nigeria: Onyoma Research Publications.
- [15] Nigerian National Medicine Development Agency (NNMDA). (2006). *Medicinal Plants of Nigeria: South-West Nigeria*. Vol.1 Lagos, Nigeria, NNMDA.

- 
- [16] Nigerian National Medicine Development Agency (NNMDA). (2008). Medicinal Plants of Nigeria: South-East Nigeria. Vol.1 Lagos, Nigeria.
- [17] Okonkwo, E. (2012). Traditional Healing Systems Among Nsukka Igbo:  
<http://www.researchgate.net/publication/273951184>. Retrieved 15th June, 2020.
- [18] Okwor, C. E. O (1997). In. M. A. Onwuejeogwu, An Igbo Civilization. Nri Kingdom and Hegemony. (London: Ethnographica and Ethiope, 1981). 139-140. Cited by Raymond Arazu, Man Know Thyself, (Enugu, Nigeria: SNAAP Press, 2003), 11-12
- [19] Otutubikey, I. C. and Isong, A. A., (2005). Urban Women's Use of Rural-Based Health Care Services: The Case of Igbo Women in Aba City, Nigeria: Journal of Urban Health: Bulletin of the New York Academy of Medicine, Vol. 82, No. 1,
- [20] Shu, E. N. (1997b) Scientific Basis of Traditional Medicine. In Nigerian Heritage (eds.) Onwuka, J. O. and Ahaiwe, S. C. Okigwe: Whytem Publishers Nigeria. Pp.173-183.
-