

INDIGENOUS LANGUAGES AND MEDICINE AS MECHANISMS FOR ADDRESSING GLOBAL PANDEMIC

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Abstract

Excruciating global challenges emerged with the Covid-19 pandemic. This study seeks to demonstrate that Nigerian indigenous languages and medicine can serve as internal remedies, if they are properly deployed and used judiciously to address the challenges posed by the pandemic in Nigeria. The study relies on observation and secondary data sourced from library and internet-based materials. It is anchored on the Indigenous Existential Phenomenology Theory (IEPT), which upholds indigenous systems and charges individual and collective custodians of these systems to preserve, develop, promote, and sustain them. Among the systems are indigenous languages and medicine, which have the potentials to address the global pandemic in Nigeria and other nations where these systems are leveraged for the desired solutions. The analysis shows that although Nigerian indigenous languages and medicine are viable mechanisms for achieving internal remedies, their potentials are often neglected, underutilised, and poorly harnessed in responding to such challenges. The study concludes that these systems, along with other indigenous systems, constitute significant remedies, but they have not been adequately tapped. It recommends that the Nigerian government and relevant authorities should look inward for solutions, including greater reliance on indigenous languages and medicine.

Keywords: Indigenous languages/medicine, Containing, Challenges, Pandemic, Remedies

Introduction

Indigenous Medicine (IM), an integral part of African Traditional Medicine (ATM), is a major aspect of African as well as Nigerian indigenous science. Like Indigenous Languages (IL), IM remains neglected and marginalised, which is why neither IM nor IL is widely considered a viable internal remedy for addressing the challenges posed by global pandemics. Medical orthodoxy and linguistic imperialism continue to pose significant challenges to both IM and IL in terms of their usage and scholarly recognition. Indigenous Medicine, also referred to as Traditional Medicine (TM), has been practised by Nigerian peoples since time immemorial. It represents an indigenous scientific system of healing and healthcare. Historically, the human desire for good health led to the development of various sustainable methods for treating ailments and maintaining well-being.

Thus, every society had developed its own peculiar medical system until the orthodoxy of adopting Western English medicine and endangering the indigenous system of treatment and healing (Kiringe, 2005; Offiong, 1980). The attitude rests on the loose mentality that Western medicine is the only system that is efficacious. In view of the foregoing, this study is intended to demonstrate that although Nigerian indigenous languages and medicine are viable mechanisms for containing the challenges of global pandemic, they are neglected and seldom used for such purposes. Besides, the study makes a case for using these Nigerian indigenous systems to find and proffer remedies to the challenges of global pandemic. As such, as the study seeks to demonstrate, finding solutions to these challenges using indigenous systems and measures implies looking within for remedies.

The Global Pandemic

Although the term 'pandemic' refers to deadly disease, virus, epidemic or plague, its usage since 2020 is contextualised to referring to the deadly corona virus (COVID-19). Given the meaning of the word 'pandemic', it becomes quite clear that 'global pandemic' in the context of this paper refers to epidemics confronting the global society. Apart from the Covid-19 pandemic, there are different deadly diseases spread across the globe. All deadly diseases pose serious challenges to society where they obtain in different ways and magnitude. Some of the effects are the same with those posed by the Covid-19, while others are less severe effects. The Covid-19 pandemic had untold effects on many countries of the world between late 2019 and early 2021 (Hashmi et al., 2021). The effects include unquantifiable issues of the lockdown and social restrictions imposed by many countries, high death tolls of over 205 million people across the globe, and over 115 million infected survivors as at 20th February, 2021 (Bernheim et al., 2020; Huang et al., 2020; Lupia et al., 2020; WHO, 2020).

The Covid-19 pandemic was first recorded in China on 31 December 2019 (Liet al., 2020; Holshue et al., 2020). From there, it spread like wild fire to over 220 countries of the world (Liet al., 2020; Holshue et al., 2020). Throughout human history, the very virus had never been reported in humans until its first case in Wuhan, China. On 30th January, 2020, the emerged pathogen (2019-nCoV) was declared a public health emergency, and named 'corona virus-19' on 11 February, 2020 by the WHO (WHO, 2020; Guan et al., 2020; Hashmi et al., 2021; Lupia et al., 2020). Beyond the above effects, the pandemic had immediate and futuristic lingering effects in various sectors (Hashmi et al., 2021). Although less than 50% of the world's population can duly engage in technology-based digital activities, the Covid-19 introduced people across the globe to digital operations and transactions involving working-from-home and hybrid means of activities like hybrid teaching and learning.

Stating wholesomely, the Covid-19 pandemic exerted both short and long term effects on nations' economies, politics and governance, health systems, education systems, social life, agriculture, businesses and trades, and diplomatic relations. These effects have been affirmed by different studies (Anderson et al., 2020; Ayanian, 2020; Buerhaus et al., 2020; Cai et al., 2020; Chirico et al., 2020; Di Tella et al., 2020; Ehrlich et al., 2020; Emanuel et al., 2020; Hashmi et al., 2021; Kharas & Hamel, 2020; Liu et al., 2020; NIHCE, 2020; Rogers et al., 2020; Spoorthy et al., 2020; UNDP, 2020). The foregoing points on the global pandemic are considered to suffice for others in the literature. Therefore, further details are left out here, as the points are summarised.

Indigenous Medicine and Orthodox Medicine Defined

Medicine is the art and science of healing, which involves the restoration of the body, mind and soul. This art aims at understanding how pathological symptoms, syndromes or diseases arise either in individuals or groups and providing a way of recognising the pathological symptoms and syndromes and curing them or shortening their course in such a way as to minimise resultant residual impairment (Aquaowo, 2005; Oyelakin, 2009). Medication therapy refers to the use of internal medications, e.g. herbal medication. They include traditional African medicine, traditional Chinese medicine, homeopathy and Unani medicine and other traditional medicine popularly used across the globe. On the other hand, non-medicine therapy refers to all traditional procedures-based therapies which do not use medicine traditionally. These include acupuncture, chiropractic, osteopathy and medication therapies (Muweh, 2011).

The practice of the mixture, which differs considerably among societies, has been known as traditional medicine (TM). In other words, the indigenous medical systems of Nigeria and other like societies are regarded as TM or IM, while those of the Western English nations are known as WM or OM. As Aquaowo (2005) agrees with this study, IM refers to artful and scientific healing through herbs and other items, based on natural laws that involve the restoration of the body and the mind or soul from different ailments and unhealthy situations. Traditional Medicine (TM) has been described as the sum total of all knowledge and practices, whether explicable or not, used in the diagnosis, prevention and elimination of physical, or mental imbalance and relying exclusively on practical experience and observation, handed down from generation to generation (WHO, 2002). It has been described as an act or practice that follows definite natural laws, biological and cultural norms and values for the restoration of bodily disorder or maintenance of health (Sofowora, 1993; Aquaowo, 2005; Oyelakin, 2009). It is not just a practice to maintained stable health among people but also encompasses protection of people from wild animals, evil spirits, and vehicle accidents as well as promotes successful harvest and other human activities that may impinge on human's survival in their ecosystem (Sofowora, 1993).

Orthodox Medicine (OM) is the type of medicine based on scientific and technological know-how, which also called the Western or English Medicine. It is the indigenous medicine of the West. OM refers to the treatment of ailments in modern Western ways and scientifically produced, tested and specified substances that have refined herbs and other mixtures. There are different categories of traditional practitioners with specialised skills. Some of the major practitioners include the general practitioners, oracle men and women, midwives, traditional birth attendants, psychiatrists, bone setters and massagers, soothsayers, diviners, local gynaecologists, etc. Traditional medical practitioners collect from their clients various sacrificial materials ranging from goat, dog, fowl, and eggs to textile materials which are aim at appeasing the gods or ancestors who might cause the ailments (Aquaowo, 2005).

Although these two medical systems, IM and OM, are efficacious and have both advantages and disadvantages in their respective ways, orthodoxy, westernisation, modernity and globalisation continuously portray OM to be superior to and more efficacious than IM. This study argues that such portrayal is Eurocentric, subjective, misrepresentative and misleading and grounds the commonly spread misconceptions, tales and falsehoods about IM (Omagu, 2016; Muweh, 2011; Aquaowo, 2005). Given the aforementioned, IM is largely neglected, endangered and put to attrition in contemporary Nigeria and other like nations of the world.

Theoretical Framework

The study is anchored on Robert's (2017) Indigenous Existential Phenomenology Theory (IEPT). IEPT theorises that there is an existential connectivity between and among both divisible and indivisible elements of cultures, phenomena, things, and humans alike (Robert, 2017). According to Robert (2017), the connectivity doubles as physical and metaphysical, natural and artificial, innate and physiological, and in physique and behaviour. All the elements, which constitute the panorama of a given society, fall under one category– the indigenous phenomena of the culture. These indigenous phenomena constitute indigenous phenomenology. Indigenous phenomenology concerns in totality the indigenous phenomena and other embodiments of every given people (Robert, 2017; Besong, 2019; Besong& Robert, 2020; Robert & Peter, 2023).

These involve the wholesome indigenous culture of a people, which include their indigenous knowledge, languages, medicine, literature, problem-solving mechanisms, worldviews, thought system (philosophy), history, and entire panorama(Robert, 2017; Besong, 2019; Besong& Robert, 2020; Robert & Peter, 2023). Each of these is an integral part of the whole that makes up the wholeness of a thing/phenomenon, a person, a group and (a) people respectively(Robert, 2017). Basically, IEPT emphasises indigenous and metaphysical innate and nurtured traits that rouse the consciousness of a person and a people to their personhood, existence, nature, being, dignity, ability; their indigenous cultures, philosophy, knowledge, phenomena and entire panorama; and to the consciousness of their societal phenomena, institutions and elements that rouse their actions as stimuli response (Robert, 2017; Robert & Peter, 2023).

In the context of this study, IEPT links indigenous languages to indigenous medicine. It also links the two systems to the challenges of the Global pandemic in terms of existential connectivity and functionality. It rouses consciousness to using indigenous systems for remedies to problems engulfing every given indigenous society. This implies that remedies to issues, such as those posed by the global pandemic, can be sought and obtained within a society. Leaning on IEPT, this study argues that IM or TM of every given people, as in Nigerian peoples, is one system of their cultural and cosmological expressions, which involves and relies on the use of their indigenous speech form(s) – indigenous language(s). As such, upholding, promoting, developing, reforming and popularising these systems implies sustaining them and showing individual and group consciousness of and love for one's indigenous systems.

It is quite interesting that 'IEPT rouses the consciousness of contemporary people of every culture, particularly Africans, to their cherished systems and practices, which are most often than not neglected, endangered and put to extinction in contemporary time' (Besong, 2019, p. 70). Those cherished systems include indigenous languages and medicine. It follows that IEPT frowns at the attitude of neglecting indigenous systems and finding solutions to salient problems of public concern from the outside. It condemns acts or deeds that put the non-indigenous above the indigenous. It upholds as well as demands for finding solutions to salient problems from within a society's indigenous systems. Wholesomely, IEPT also captures the indigenous cultures of different peoples and demands that each of them should be considered and treated as being equal to the others in all regards without subjective considerations and sentiments.

Therefore, IEPT is relevant to this present study in both theoretical and practical contexts of indigenous matters, practices and discourses. Given that IEPT sees indigenous systems of every given people as having potentials to tackle different issues in a given society, it thereby theorises and justifies indigenous medicine (IM) and Nigerian indigenous languages (NILs) to be viable indigenous systems for containing the challenges of global pandemic. How and the extent to which they serve as remedies to both internal and external problems of every given society depend on how they are considered and used and the extent to which they are used. Indeed, IEPT is a suitable theory for this study.

Attitude towards Indigenous Medicine

The attitude towards indigenous medicine poses several constraints to the efforts made toward containing the challenges posed by pandemic. Attitude, beliefs, and socio-cultural and economic factors are what determine the choice of individuals and groups to uphold and practise two broad categories of medical systems cum practices (Kiringe, 2005; Aquaowo, 2005; Oyelakin, 2009). The two are indigenous medicine (IM), also regarded as traditional medicine (TM), and the western medicine (WM), also regarded as Orthodox Medicine (OM). Be it as it may, in Africa, Asia and elsewhere, the mixture of roots, herbs, animal skins, blood, etc. is still being used for curative purposes(Muweh, 2011; Aquaowo, 2005).

Perception grounds a people's attitude towards medicine of either Western or non-Western kinds. Perception makes people to view medicines differently and show varied attitude towards them. Their preferences also vary according to their respective choices that are influenced by perception and attitude. Their perception and attitude

are rooted in and shaped majorly by their beliefs, other allied cultural practices and socio-economic status. There are certain ailments people consider to have been caused by supernatural powers or mysterious forces beyond human comprehension.

The implication of the foregoing is that peoples, such as the Nigerian/African peoples, view sickness to be of two categories: African sicknesses and European sicknesses. Western, European or the Whiteman sicknesses are caused by germs and thereby require orthodox, European or modern medicine for treatment, while African sicknesses, ailments or diseases are believed to be caused by supernatural forces, such as witchcraft, juju, taboo, breach, ancestors for disobedience, etc., and thereby require African traditional medicine (ATM) for cure and/or treatment. They are beyond the jurisdiction of the OM. They must be treated and cured through African ways of health care/medicine. Conditions such as mental illness, dysmenorrhoeal, and disorder like hypertension, hernia, diabetes, diarrhoea, etc. are considered to be of Western or European origin and could be treated using OM. One's choice of medicine is usually influenced by perception, belief and socialisation; psychological state of the individual or group; socio-economic, environmental and political factors and legislation; education and social status; etc. (Makundiet al., 2006; Oyelakin, 2009; Abdullahi, 2011; Muweh, 2011). Muweh (2011) says it all, as he observes that throughout history and across different continents in the world, peoples act and react differently and consequently adopt various approaches to traditional medicine. IM is of both art and science nature and has both critical and uncritical processes. Muweh (2011) notes that based on diversity in views, several models of health system have evolved overtime.

Western-trained physicians are seemingly unwilling to allow TM cum its practitioners to be included in the official system of Medicare in Nigeria and Africa in general. In view of this, Ebomoyi (2009) discloses that Nigerian medical students have reservation for the integration of TM into the mainstream of health care provision in the country. This implies that IM is still discouraged in Nigerian medical schools. The discouragement has grave implications for finding solutions to global health challenges from within Nigeria, as solutions are rather sought and expected from outside Nigerian health systems. Another case of the attrition of indigenous medicine is the ban of TM by the South African Medical Association in 1957 and the witchcraft suppression Amendment Act of 1970, declaring TM unconstitutional. Such acts against IM or TM discourage looking within Africa for solutions to health problems such as those posed by the global pandemic.

Traditional health systems are often misunderstood, sometimes to the extent of causing fear, and the masses are misinformed about TM and advised not use this system of healthcare, instead of examining, developing and integrating it fully into OM in order to hugely benefit from numerous prospects. Globally, only four countries—the People's Republic of China, the Democratic Republic of Korea, the Republic of Korea and Vietnam – have integrated traditional medicine into their national health care systems. No country in the WHO African Region has yet established this integrative system regarding the incorporation of traditional medicine with national health care systems (Muweh, 2011). The misconceptions and shared fallacies about IM should be got rid off by concerned authorities using language, mass media and new media effectively to attain attitudinal change, reformation and new world orders. Studies, such as Nwode (2022), Oluwamayomikun and Oparaku (2022), Onweet al. (2021), Nwode et al. (2019), and Ravi(2012), confirm the influence new media exert on individuals and various facets of society.

Indigenous Medicine as a Remedy within

Before the advent of OM in Africa, peoples of the continent had always looked within for remedies to health challenges. For example, before 1840, when the West came up with quinine, Africans had already developed herbicide for mosquitoes and medicines for malaria. That is why the White were dying of malaria, with the peak of it being at the Atlantic Ocean, where became known as the *Whiteman's grave* in Africa. In indigenous African communities, traditional doctors are well known for treating patients holistically (Aquaowo, 2005). They often attempt to reconnect the social and emotional equilibrium of patients based on community rules and relationships (Hillenbrand, 2006), unlike medical doctors who only treat diseases in patients. In many of these communities, traditional healers often act, in part, as an intermediary between the visible and invisible worlds; between the living and the dead or ancestors, sometimes to determine which spirits are at work and how to bring the sick person back into harmony with the ancestors.

Yet, these health professionals are neglected. Given the foregoing, it is quite obvious that if the needful is done by the government, Nigerian (African) health professionals can competently handle the health challenges posed by the global pandemic. According to the World Health Organization (WHO) policy formulators are concerned about questions concerning safety efficacy and quality of traditional medicine. Some biomedical doctors have expressed strong reservation, and often, frank disbelief about the purported benefits of traditional medicine. At the same time, traditional health practitioners and some consumers would resist any health policy that would limit

access to traditional healthcare. It is to this effect that the several models of healthcare systems have been developed over the years. Parrinder (1969) has reiterated efficacy and quality of African natural (traditional) medical practitioners [native doctors/herbalists] thus: 'There is no doubt that West African doctors have a wide knowledge of the properties of many roots, barks and leaves. They are called 'observers of plants in fon' and 'workers in roots' in furi' (p. 156).

Under the health care reform of the Federal Government of Nigeria, TM is purportedly recognised as an important component of health care delivery system, especially at the primary care level (Federal Ministry of Health [FMoH], 2004). Also, the Federal Government of Nigeria has established the Nigeria Natural Medicine Development Agency (NNMDA) to study, collate, document, develop, preserve and promote Nigerian traditional medicine products and practices and to also fast-track the integration of the TM into the mainstream of modern health care system in line with happenings in China and India (The Sun news online, 2010). Yet, there is widespread negative attitude towards TM, following the sustained distrust and contestation between the indigenous [traditional] medical doctors and their orthodox contemporaries, which hamper the integration and co-operation efforts. Western trained doctors and other health practitioners, who had acquired formal or Western medical education, remain ilMical to their indigenous counterparts (Nevin, 2001; Ebomoyi, 2009). Okigbo and Mmekaka (2006) have noted that 'no significant cases of adverse effects have been reported of TM' (p. 83).

Research has shown that different traditional medicines are important and effective therapeutic regimens in the management of a wide spectrum of diseases, some of which may not be effectively managed using Western medicines. Among South African Black population, TM is deemed desirable and necessary for treating a range of health problems that Western medicine does not treat adequately (Mander et al., 2007). This fact lends credence to the efficacy of African indigenous [traditional] medicine in general and the therapeutic healing efficacy of TM in specific. The efficacy of TM is thus made manifest in therapeutic healing, as it has been affirmed that TM treats health problems that Western (orthodox) medicine cannot treat adequately. In Nigeria, effective medicinal plants in the management of various diseases have been documented (Aiyeoja & Bello, 2006; Blench & Dendo, 2006; Fasola, 2001; Obute, 2005; Aquaowo, 2005; Ogunshe et al., 2008; Sofowora, 1993; Weintritt, 2007; Odebiyi, 1990), including those used for the treatment of opportunistic infections associated with HIV/AIDS (Enwereji, 2008).

Weintritt (2007) has identified at least 522 medicinal species used in the management of numerous ailments in Nigeria. It implies that ignorance, colonial or foreign content betterment mentality, westernisation, globalisation trends, individual and group perception of and attitude towards TM, and the gross misunderstanding of TM, among others, account for why many people tend to undermine TM as well as its therapeutic healing efficacy in contemporary times. It has been reported that herbal medicine is the first line of treatment for over 60% children with high fever resulting from malaria in Nigeria, Ghana, Mali and Zambia (WHO, 2002b). Accordingly, Carpentier et al. (1995) found an increasing demand for TM in the case of rheumatic and neurological complaints in Burkina Faso. In Ghana, about 70% of the population depends primarily on TM (Roberts, 2001).

About 27 million South Africans (usually the black South Africans) use TM to treat a variety of ailments (Lekotjolo, 2009; Mander et al., 2007). Makundi et al. (2006) found out that traditional health care has contributed very significantly to the treatment of convulsions [degedege] in rural Tanzania. In some instances, patients use TM simultaneously with modern medicine in order to alleviate sufferings associated with disease and illness. Amira and Okubadejo (2007) reported that a significant number of hypertensive patients receiving conventional treatment at the tertiary health facility in Lagos, Nigeria, also used CAM therapies.

More so, the growing demand for TM in Europe, Asia and America has also been documented. It has been revealed that between 40% and 60% of the population in Western Pacific Region use TM to treat various diseases (WHO, 2001). At one time or the other, about 60% of the population in Hong Kong has consulted traditional health practitioners. There are indications that OM is gaining widespread acceptability in Australia, France and Canada with 46%, 49% and 70% of the population respectively using TM (WHO, 2002a; Amzat & Abdullahi, 2008). In the United Kingdom (UK), almost 40% of the physicians make some alternative referrals (WHO, 2002a). The WHO's regional office for Americas' (AMRO/ PAHO) report demonstrates that 71% and 40% of populations in Chile and Colombia respectively have used TM (Amzat & Abdullahi, 2008). As a result, WHO has acknowledged the contributions of traditional healers to health delivery in general, especially in developing countries (WHO, 2001; 2002a; 2002c). Also, it is following the place of TM in health care that it is taught as part of the school curriculum of medical schools in the USA (Wetzel et al. 1998). The importance of effective, comprehensive and inclusive curriculum is emphasized and advocated by Oluwamayomikun and Oparaku (2023).

It is quite obvious that the West have for long now realised the efficacy of TM and so the demand for it is now higher therein, as studies such as those above indicate. They only maintain their earlier speculations, tales and myths about/against TM, particularly that of Africa. There are also increasing evidences that TM is effective in the management of chronic illnesses (Aquaowo, 2005; Thorne et al. 2002; WHO, 2002a; Amzat & Abdullahi, 2008). The traditional healers have contributed to a broad spectrum of health care needs, which include disease prevention, management and treatment of non-communicable diseases as well as mental and gerontological health problems (WHO, 2001). Medicinal values of insects have also been documented in Nigeria (Lawal et al., 2003; Banjo et al., 2003). It is discovered that some insects are used with other ingredients by the IjebuRemos for spiritual protection, preparation of love medicine, management of eye and ear problems, and prevention and control of convulsion in children (Banjo et al., 2003).

Also, arthropods are reported to be used for curing thunderbolt, bedwetting, yellow fever, child delivery and a host of many other ailments that cannot be treated with orthodox medicine and therapy (Lawal&Banjo, 2007). TM has thereby proven more efficacious than orthodox medicine (OM) in many regards. This shows that OM is neither superior nor inferior to TM as many people. TM is more accessible than OM (WHO, 2002a). OM is domiciled in urban areas, unlike TM that is also available and accessible in urban areas despite the negative factors advanced against it in urban areas by practitioners of OM. There are more traditional doctors and healers than medical doctors. It has been observed that the ratio of traditional healers to the population in Africa is 1: 500 compared to 1:40 000 medical doctors (Chatora, 2003).

TM also contributes significantly to the economy of nations, while at the same time reducing the cost of health care for patients, especially the poor and average citizens that would ordinarily be unable to afford the medicines if orthodox or if the orthodox equivalents of the TM that they easily afford. For example, TM trade is reported to contribute not less than R2.9 billion to the South African economy yearly (Mander et al., 2007). Also, in 1996, about 2.8 million traditional Chinese medicine consultations were reported in Australia, which represented an annual turnover of about 84 million Australian dollars (WHO, 2000a). Africa is blessed with a rich biodiversity estimated to over 40,000 plant species. About 6,377 plant species used in tropical Africa serve as a ready source of medicinal plant products. A famous traditional medicine practitioner called Dr. Fru coined the term Candalogy to describe TAM. He defines Candalogy as the scientific study of bark of trees, which is one of the sources of traditional health products (Muweh, 2011).

There are different medicinal plants of African origin that are sold in the international market for healing, therapy, cure and other medical purposes for health restoration. These are regarded as phytomedicinals in the international market (Muweh, 2011). They include ancistrocladus abbreviates that contains Michellamine B, found or domiciled in Cameroon and Ghana, used for anti-HIV. Corynanthepachyceras is a male stimulant, comprising corynanthidine, corynanthine and yohimbine, found only in Ghana. An Egyptian product, tamarindusindica, composed of pectins, is used for or as insecticides. That is the equivalent of chrysanthemum cinerariifolium, composed of pyrethrins, domiciled in Ghana, Kenya, Rwanda, Tanzania and South Africa. Cinchona succirubra, containing quinine, is an anti-malaria traditional medicine, found in almost all West African countries (Muweh, 2011; Okigbo&Mmek, 2006). Syzigiumaromaticum, composed of eugenol and terpenoids, got from East African countries and Madagascar, is used for dental remedy. Physostigmavenenosum, comprising Physostigmine (eserine), used for ophthalmia, is found in Calabar (Nigeria), Ghana and Cote D'ivoire (Okigbo&Mmek, 2006). Nigeria's Zingiberofficinale (ginger) spice, composed of gingerol, is used for carminative and medicinal products. Nigerian ginger is known to lead in the international market, as its demand tops that for the ginger of the other ginger-producing countries (Okigbo&Mmek, 2006).

Nigerian Indigenous Languages as Remedies within

Akinyisola (2017) defines language as a systematic means of communication by the use of sounds or conventional symbols, and the means of human communication through which knowledge, beliefs, and behaviour can be experienced, explained and shared with one another. This definition captures that commonly offered by linguist, which is contextualised within micro-linguistic. Language is described as the most powerful and distinct way humans express their thoughts, articulate their rationality, interact and conduct effective communication within a society, community and nation (Aimiuwu, 2017). This definition highlights the point that language is a mechanism within a place that can be used to find solutions to problems within a given place.

The language within a given place is the indigenous language of the language. Thus, Nigerian indigenous languages (NILs) are those speech forms inherent to Nigeria, used by the different Nigerian peoples of different places or societies in Nigeria. Examples include Igbo, Yoruba, Hausa, Adim, Efik, Ibibio, Bekwarra, Idoma, Tiv, Bini, Urhobo, etc. NILs are endangered and put to attrition by their speakers. They are neglected and less harnessed. As such, their problem-solving potentials are neglected by many, for which those in the realms of

public affairs as well as most other individual Nigerians see no need to look within for remedies to the challenges of the global pandemic. Meanwhile, the problem-solving potentials of Nigerian indigenous languages are affirmed in the literature (Mbah, 2018; Oyedele, 2018; Emeka-Nwobia, 2015).

Just as all human activities depend on language for survival, sustenance and continuity (Emeka-Nwobia, 2015; Emeka-Nwobia, 2007; Uche, 1994), surviving the storms of pandemic as well as the attendant challenges depends on language in some regards. Also, sustaining and continuing measures, devised remedies and practices for containing the global pandemic depend on language and how it is used. For instance, conditions and ailments, such as depression, stigma against persons infected with HIV/AIDS and so on, require effective use of language to spread messages that would keep so many people in the knowing, and for smooth interpersonal communication and relationship with them. As Taylor (2005) has rightly noted, language is a tool [mechanism] for doing this and/or that in society. That is, language is a tool for everything or every human activity, without which nothing can be done reasonably. Language is also needed for finding lasting solutions to different problems, including the challenges of the global pandemic. It is also needed to convince them and other persons faced with severe challenges of any global pandemic to be hopeful and live on without causing self-harm.

The importance of using language effectively to mitigate devastating health situations, such as the cases mentioned above, is seen in the counselling of people living with HIV/AIDS. Language is also used variously to create awareness about different diseases, such as hepatitis, diabetes, ulcer, fever, asthma, water borne diseases, toilet infections, sexually transmitted diseases, cancers, etc. Besides, it is used for educating people on how to prevent, treat or mitigate and perceive them. Appropriate guidance against global pandemics requires the use of language. In order to reach out to all and sundry, it is imperative to make extensive and effective use of indigenous languages so as for everyone to be abreast of information on and against (looming) pandemic and the challenges posed by the global pandemic. By so doing, even those who are not literate in English or any other like popular languages would be in the knowing about what is happening and what has to be done to mitigate the challenges. Not using ILs in containing or finding solutions to these challenges as well as others in general shows how NILs are not only neglected but also abandoned perpetually for English, endangered, subjected to attrition and left unharnessed for meaningful development and varied usage purposes.

The use of language for various purposes and to find solutions to different problems is also affirmed by scholars outside the field of linguistics. Franz and Murphy (2018) emphasise the unreserved place of language in medicine, as both a field and practice. They state that language is 'a process of knowledge creation,' but also what is used for 'looking for the world' (Franz & Murphy, 2018, p. 5). The study done by Franz and Murphy (2018) shows 'how paying close attention to the role of language in medicine provides a philosophical foundation for supporting recent changes in doctor-patient communication' (p. 1). By implication, paying close attention to NILs would produce the same results in containing the challenges of the global pandemic. The study avers that language is the prime tool for narrative medicine in particular and other categories or fields of medicine in general. It concludes that debates on the role of language in medicine are largely in non-medical literature, which underscores importance of effective communication using language effectively for a dialogue and mutual interpersonal relations between patients and doctors as well as other physicians. The study recommends the wide use of interpretive models of language in patient-physician communication and relations.

The models, which stress the dire need for physicians to duly listen to patient stories rather than merely collect information, are the foundation of narrative medicine. Narrative medicine (NM) rose as an outstanding technique for integrating language and literature into medicine (Hutto et al., 2017; Balmer & Nuila, 2016; Charon, 2008). The centrality of NM is that the stories constructed by patients about their illnesses and lives are critical to understanding their social and bodily conditions (Franz & Murphy, 2018; Hutto et al., 2017; Balmer & Nuila, 2016; Charon, 2008). NM claims that physicians, due to their training and focus on physical elements, have historically ignored these storylines (Charon, 2001).

The stance of this study on language as a remedy within or problem-solving mechanism in every society is also given credence to by other scholars other than the aforementioned ones. McLuhan (1964) has maintained that language 'tells the media student of the power of the media, with which they could transform societal structures alongside the society and the lives the media touch' (p. 52). Also, as Plato had prophesied, 'media literate people are more capable of forgetting than the media illiterate ones' (Alić, 2010, 209). Osuagwu and Chimakonam (2018) argue that language-based techniques have the capacity of tackling various issues in society. They stress the need to evolve, use and sustain language-based techniques to pursue and attain meaningful solutions to problems, such as for attaining decolonisation, development, new orders and innovations (Osuagwu & Chimakonam, 2018).

In the same vein, Ekpenyong and Ikegbu (2018) maintain that ‘languages, linguistics and communications must be added to the list of the allied challenges of humanity, where there is a high increase in knowledge upon which philosophical thought is increasingly needed to deal with them.’ This quotation wholesomely highlights the place of language (indigenous and alien languages alike) in finding lasting solutions to the challenges of the global pandemic. Languages, as Ekpenyong and Ikegbu (2018) mention, refer in plural terms to all languages of the world, including Nigerian indigenous languages. It implies that until indigenous languages are added to the list of remedies to the challenges of global pandemic, the remedies are incomplete and are bound to be less efficacious. Similar to Ekpenyong and Ikegbu’s (2018) stance on language as a problem-solving mechanism, Alić (2010) observes that:

Philosophy has always relied on language as well as language medium [or media]; found validity in the grammar structure of sentences it suggested to be used as laws of thought– objective laws of everything that exists; and acknowledged the language medium, while at the same time negating the completeness of that medium’ (p. 207).

Conclusion

Drawing on substantial evidence from secondary data subjected to systematic review and content analysis, this study has demonstrated that the indigenous languages and medicine of any given nation are viable mechanisms for finding internal solutions to national and global challenges. It becomes evident that Nigerian Indigenous Languages (NILs) and Indigenous Medicine (IM) undoubtedly have the potential to address the challenges posed by global pandemics. Regrettably, these indigenous systems, along with others, remain neglected, endangered, and largely untapped, as authorities in Nigeria and similar nations often seek solutions externally rather than looking for them internally. Therefore, the study concludes that indigenous systems, particularly languages and medicine, represent valuable internal remedies for addressing global health challenges, but they are consistently overlooked and underutilised. It recommends that the Nigerian government, along with relevant authorities, prioritise the development and strategic use of indigenous systems by actively incorporating Nigerian languages and medicine into national response frameworks. More broadly, indigenous systems across nations should be systematically developed, supported, and integrated into formal structures of knowledge and practice.

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