

THE APT AND THE AMBIGUOUS MEANINGS OF *GBOGBONIṢE* IN AFRICA TRADITIONAL MEDICINE

AKIN-OTIKO, Akinmayowa
Institute of African and Diaspora Studies (IADS)
University of Lagos
pakin-otiko@unilag.edu.ng

Abstract

Gbogboniṣe (Does it all) is an idea that was originally meant and used within the context of preventive medicine among the Yoruba, but it has been distorted to mean one treatment or one curative method for all ailments. It is this new or distorted context that has raised doubts, curiosities and worries among scholars in and outside the sphere of Yoruba Traditional Medicine (YTM). The doubt is in the possibility of one treatment being able to cure every ailment. This article examines i) the origin and the true meaning of gbogboniṣe as a preventive regimen among Yoruba traditional healthcare practitioners. ii) It also examined how gbogboniṣe as a concept became distorted and the implications of the distortion for the practice of YTM. The article is an ethnographic study of YTM, with particular focus on the preventive methods as they concern the application and use of gbogboniṣe. The study engaged Focus Group Discussion and Key Informant Interviews. Data were transcribed and translated into English. The findings show that the understanding and use of gbogboniṣe in YTM means different forms of preventive method of healthcare. The findings provide evidence of two basic types of gbogboniṣe. First is the type that generally protects the body from germ or bacterial infection and the second is the type that protects an individual from socio-spiritual ailments. It is within these contexts that gbogboniṣe is used and understood among Yoruba traditional healthcare practitioners. The implication of the distortion in the meaning of gbogboniṣe has led to bastardisation and adulteration of the original regimen. In the biomedical context, gbogboniṣe are supplements that are used to boost and support body metabolism and immune system in order to prevent any and every kind of ailment.

Key words: *Curative Medicine; Gbogboniṣe; Preventive Medicine; Socio-spiritual Ailments; Yoruba Traditional Medicine*

Introduction

When human beings realised the need to take care of their health, they gradually but consistently developed two fundamental aspects of healthcare: the preventive and the curative. Preventive healthcare (alternately preventive medicine), according to Leavell and Clark (1979:2), ‘consists of measures taken for disease prevention, as opposed to disease treatment.’ The curative aspect of medicine begins with diagnosis of disease which is measured ‘in the light of a knowledge of the principle of anatomy, physiology, and pathology, concepts of the causes of the trouble, the pathological lesions, and the disordered processes that make up the patient’s disease are formed’ (W.B.B., 1973:684). The prescription of appropriate therapy follows correct diagnosis of symptoms. As also noted by Akin-Otiko (2013:29), ‘Diagnosis leads up to treatment, based on the findings and understanding of diagnosis and prognosis, whether the treatment be: swallowing a pill, receiving an injection, undergoing a surgical procedure or embarking on a therapy’.

In both Western and Traditional medicine, preventive care is rated as more valuable than curative care. Western medicine recognises that in healthcare,

there are many methods for prevention of disease. It is recommended that adults and children aim to visit their doctor for regular check-ups, even if they feel healthy, to perform disease screening, identify risk factors for disease, discuss tips for a healthy and balanced lifestyle, stay up to date with immunizations and boosters, and maintain a good relationship with a healthcare provider (Vorvick, 2013).

Preventive health care has been further developed into Primal and Primordial prevention, which ‘is based on the ‘new knowledge’ in molecular biology, in particular on epigenetic knowledge, which points to how much affective - as well as physical - environment during fetal and newborn life may determine each and every aspect of adult health’ (Perry, 1996). This new way of promoting health consists mainly in providing future parents with pertinent, unbiased information on primal health and supporting them during their child's primal period of life (i.e., from conception to first anniversary according to definition by the Primal Health Research Centre, London). This includes adequate parental leave (Garcia, 2015).

The Western healthcare paradigm has three levels of preventive care: The first is the Primary prevention. This consists of traditional ‘health promotion’ and ‘specific protection’ (Katz, & Ather, 2009). Health promotion activities are current, non-clinical life choices. For example, eating nutritious meals and exercising daily, both prevent disease and create a sense of overall well-being; they are preventive healthcare because it prevents disease and creates overall well-being and prolongs life expectancy (Leavell and Clark, 1979:40).

Erin (2014) is of the opinion that food is the most basic tool in preventive health care. If better food options were available through food banks, and other resources for low-income people, obesity and the chronic conditions that come along with it would be better controlled. Similarly, specific protective measures such as water purification, sewage treatment, and the development of personal hygienic routines are known ways of preventing ailments. these methods became important after the discovery of infectious disease agents such as bacteria. Example of real functional preventive ingredient is garlic.

This is a pungent bulb that belongs to the onion family. It can be eaten daily or taken as pills. It contains the natural antiseptic, allicin, and helps to support the immune system. Taken regularly, to help ward off coughs and colds. It is also effective against sinusitis and intestinal worms. The fresh juice is a natural remedy for skin fungal infections. It may have a role to play in preventing some kinds of cancer, including stomach cancer. Eating fresh parsley will reduce the smell. (Revealed, n.d.)

Promoting health and cleanliness are known to be instrumental to decreasing the rates of communicable diseases that are often spread in unsanitary conditions. There are also known habits and behaviours that help in preventing sexually transmitted infections as part of primary prevention.

The second level of preventive care in Western healthcare paradigm is the Secondary prevention, and this deals with latent diseases and attempts to prevent an asymptomatic disease from progressing to symptomatic disease (Katz & Ather, 2009). Secondary prevention aims to detect and treat a disease early on diagnosis. (Module 13, 2007) This consists of ‘early diagnosis and prompt treatment to contain the disease and prevent its spread to

other individuals, and to prevent potential future complications and disabilities from the disease' (Leavell and Clark, 1979:20).

The third level of preventive healthcare in Western paradigm is the tertiary prevention. These are attempts to reduce the damage caused by symptomatic disease by focusing on mental, physical, and social rehabilitation. Unlike secondary prevention, which aims at preventing disability, the objective of tertiary prevention is to maximize the remaining capabilities and functions of an already disabled patient (Leavell and Clark, 1979:21). Goals of tertiary prevention include: preventing pain and damage, halting progression and complications from disease, and restoring the health and functions of the individuals affected by disease. (Module 13, 2007)

Among the Yoruba, there is as well, a clear understanding of the different disease aetiologies and how they affect the human system. It is this understanding that helps practitioners to master the art of preventing diseases from occurring. It is within the context of preventing these diseases that the idea of *gbogboniṣe* developed. Yoruba healthcare practitioners hold and believe that natural medicines or supplements are the best in caring for health. This is reflected even in the naming of plants, for example, as there is a very functional leaf called *gbogboniṣe* (*Uvaria Afzelii* Scott-Elliott, *Annonaceae*). For Yoruba healthcare practitioners, *gbogboniṣe* is a preventive therapy and not a treatment therapy. The preventive aspects of healthcare are well developed among Africans even though it may not have been compartmentalised as it is in Western medicine. For the Yoruba, preventive medicine, as it is called, is to prevent and protect the body and spirit from infection, diseases and affliction.

Gbogboniṣe is primarily used as preventive therapies among the Yoruba. A good example is *ata ilè* (*Zingiber officinale*) that is added to almost every meal and is also eaten habitually, it is taken as *gbogboniṣe*, because it boosts immunity and protects the body. There are other cultures in Nigeria that understand the concept of *gbogboniṣe* as preventive medicine. The idea originated from healthcare practitioners and the home front herbal use; from grandparents or elders in the homes who always had first aid and preventive medicine available at home. This original use has gone through stages of corruption, such that, *gbogboniṣe* as a concept and therapy raised questions and doubts in the minds of researchers and Western healthcare practitioners due to the corrupted idea of *gbogboniṣe* as a treatment for all ailments. These questions were raised because preventive 'health-promotional activities do not target a specific disease or condition but rather promote health and well-being on a very general level' (Leavell & Clark 1979:10).

It is the new or distorted context that raises doubts, curiosities and worries among scholars in and outside the sphere of YTM. There is doubt that one treatment has that ability or potency to cure every ailment.

This article examined: i) the origin and the true meaning of *gbogboniṣe* as a preventive regimen among Yoruba Traditional healthcare practitioners. ii) It also examined how *gbogboniṣe* as a concept became distorted and the implications of the distortion for the practice of YTM. The discussion is divided into introduction, which describes preventive medicine in both the Western and YTM paradigms; then the methodology adopted in the study. Following these are the findings which are reported, discussed and conclusions drawn from the findings.

Methodology

This is ethnographic study, which used interviews as instruments. Five old generation practitioners (70 years and above) were purposively selected and interviewed about the origin and meaning of the term *gbogboniṣe*, and how it has evolved into what it is today. Examples and types of *gbogboniṣe* were sought and documented through the interviews. Data were transcribed and reported in English language. Two synonymous FGD (A and B) were carried out and the membership was made up of twenty randomly selected individuals who used *gbogboniṣe*. There were two FGDs for bigger and diverse opinions. Members of these groups were identified primary users such as people who engaged in manual work, taxi drivers from a recognised car park in Lagos, as well as low-income traders and street hawkers in Lagos. The discussions were to help reconstruct the apt and ambiguous meaning of *gbogboniṣe*. Findings were transcribed and translated into English language where necessary. Data was reported in a descriptive form.

Findings

Stages of Evolution

The first stage was the original stage. The old practitioners that were interviewed for this work all acknowledged that *gbogboniṣe* as a concept has evolved over a long period of time. It was difficult to assign a date, as they referred to the period as ‘*igbà ti wa*’ (our own time). This will be about forty or fifty years ago. In the original context, *gbogboniṣe* basically represented a group of supplements that boost the immune system and prevented any form of infection or disease among children, older members of the family or members of professional groups such as hunters, fishermen, farmers, especially those that engage in strenuous work.

According to one of the consultants, Awo Ojekunle, among the Yoruba, *gbogboniṣe* has always been a household name for regimen and therapies that prevent diseases, and we have them in different forms, *àgúnmu* (powdery form), *oṣe* (soap), *ipara* (body cream), that protect the body against *àrùn* (disease). There are also the *gbogboniṣe* that prevent spiritual attacks. These function as *ẹ̀bẹ̀ àwọ̀n àgbà* (appeal to witches). Once this is done, the user is assured of protection from attacks (Ojekunle, 2019). The first kind of *gbogboniṣe* is generally available in the homes of old members of the family. They make sure that children use them regularly. As the saying goes, ***kii tán ní'gbá osùn kí á má rii fi pa omọ lára (the vessel of the camwood powder can never be empty, that nothing is left to rub on the body of a child)***. This literally means that ‘there must always be some preventive medication in the house where elders are. Care and especially preventive care are normal rituals in the homes of the elders’ (Ogunseyi, 2018). The elders always have *gbogboniṣe* in the house; this is what they regularly give first to family members and then to outsiders who come asking for it in times of need.

The second stage saw every medicine from the grannies’ containers referred to as *gbogboniṣe*. With this, *gbogboniṣe* as a concept began to suggest or refer to recipes for treating everything. It was observed that corruption of the concept at the family level was for the most part an innocent one. The older people in the homes were known to have different regime from which they picked out *gbogboniṣe* among other things. For children and other members of the house, these containers of medicine meant container for *gbogboniṣe* – medicine that can treat everything. Then began the culture of referring to everything both treatment for specific ailments and regimen for prevention as *gbogboniṣe*, since everything was coming from the grandmother or grandfather’s medicine container. This description ignored the fact that grannies had other specific treatments in the containers. People called every medicine *gbogboniṣe* as the generic name, and so ‘the supplements that prevented all’ began to share the *gbogboniṣe* as a concept with specific curative medicine. This was an innocent misrepresentation of *gbogboniṣe*.

As a household concept, every average Yoruba old man and woman knew *gbogboniṣe*. Each profession had their formulation, the hunters are said to be the most apt in the use of *gbogboniṣe* especially because they are usually far from home while at work. ‘They know a lot of herbs that can be used for bodily and spiritual protection against regular bacterial and spiritual attacks in the forest. These known herbs are taken as preventives against bodily or spiritual ailments while on duty’ (Ojekunle, 2019).

When *gbogboniṣe* is used for spiritual purpose, it is basically to appease spiritual forces that the hunters or herbalists confront in the process of carrying out their regular jobs. Hunters are aware that ‘witches sometimes change into animals, hunters use herbs that open their eyes to see and differentiate ordinary animals from witch-turned-animals to prevent attack from witches. The common way is to use the herbs that such animals abhor in real life. That way, such animals will avoid them’ (Atunbi Ifa, 2019). The hunter must have what it takes to distinguish between a regular animal and a witch in animal clothing. Such aids are used as preparative and preventives before the actual hunting process. This prevents mishaps from taking place during hunting, and so prevent clashes between them and the witches-turned-animal. ‘It is the *gbogboniṣe*, such as *àjẹsára* (that which has been physically eaten), or *ẹ̀bẹ̀* (appease), that the hunters use to prevent or evade attacks. These are different types of *gbogboniṣe*; they are not to cure but to prevent possible dangers from happening’ (Ojekunle, 2019).

Gbogboniṣe that prevents bodily ailments follows basic principle in its preparation. To prepare *gbogboniṣe*, one mixes a little of all the active ingredients that cure different disease. These then are brought together for use. Two things characterise the first kind of *gbogboniṣe* (the one that protect the body from infection). As stated,

this is first a combination of different elements that are known and used in the treatment of diseases, only, this time, the focus is not on a particular disease, but a little of different elements to protect and fight any disease that can possibly afflict the body. This is a loose type of immunization. As it is said, ‘*ó ma ñ mú ara dá şáká* – it makes the body strong’ (Ogunseyi, 2018). It requires a high level of expertise to know the quality and the kind of ingredient to mix.

The second thing to note about *gbogboniše* for bodily affliction is the frequency of its use. It is not as intense as it would have been if it were to be a treatment therapy. *Gbogboniše* raises bodily guard in order to fortify the body against bacterial attacks. In the words of Awogbile, ‘Like preventives, the use of *gbogboniše* is usually well spaced out. Some are used twice or three times a week, some others are used once a week, and some are seasonal. Medicinal usages are usually different when the body is already afflicted’ (Awogbile, 2019). Elders know that there are certain herbs and tree barks that thin out blood for easy flow and to fortify the veins. According to Ogunseyi (2018), ‘There are also some others that purify the blood and organs, and there certainly are herbs that help to clean out the intestine. It is believed that such cleansers keep the body in top gear. The herbs work in such a way that it becomes difficult for an individual to come down with diseases’. The preventive nature of *gbogboniše* makes it ‘either an all-season or seasonal therapy (dusty and hot or cold seasons). It is generally used every time but some are most recommended when the weather is about to change, or when it is suspected that people are most vulnerable to infections’ (Idowu, 2019).

All the respondents agree that the narrative is changing today as *gbogboniše* has been bastardised. For instance, according to Atunbi Ifa, ‘There are many quakes, liars, charlatans, etc. who do not love their fellow brothers and sisters. They sell anything in the name of *gbogboniše*. There are also many who did not learn the trade well, they just stole a particular regimen and think that it will work for everything’ (Atunbi Ifa, 2019). All the practitioners that were interviewed maintained that it is difficult to tell the efficacy of *gbogboniše* against a particular ailment because one is not treating any particular ailments. What shows that *gbogboniše* is effective is a general resistance against infection. As long as one is healthy, *gbogboniše* is working. ‘If one has been taking a preventive for a long time and there is no sickness, one is bound to conclude that it is working’ (Lawal, 2019).

The third stage saw the innocent misrepresentation at the second level taken to a commercial level where marketers outside the family engaged in the use of the concept. At this level, *gbogboniše* as a concept assumed a higher level of corruption. It was aimed at deceiving people to buy medicinal products. For those that have products to sell, and want that product to have a wide market range, they claim that their products work for every symptom. This gave the marketers a huge customer base. This does not necessarily mean that those selling panaceas or the hawkers knowingly lied, they marketed what the producers told them, although in some cases they were the producers as well. In the world of alternative medicine and supplements, the tendency to exaggerate claims is unimpeded especially where gains are involved.

This third level is the height of the corruption of *gbogboniše* as a concept. It is important to state that the corruption did not wipe out the good *gbogboniše* –medicine. The bad regimens are still a common scene around many of the public transportation park in urban city centres in Nigeria. The visible signs of falsehood are in the fact that *gbogboniše* is linked to cures of different diseases, which is impossible. ‘*Kò sí òdògùn tí ó lè wo gbogbo àrùn*’ - there is no health regimen that can cure every disease (Ifasesan, 2019).

All those that were interviewed agreed that *gbogboniše* works, but they also quickly added that there are instances of fake *gbogboniše*. Ibikunle says, ‘of course there are fake ones, those are easy to tell as well, because if one is taking *gbogboniše* and still has to be treating different illnesses, then the *gbogboniše* is not working’ (Ibikunle, 2019).

According to Lawal,

I have been using gbogboniše for ten years. I began using it, because I was almost a wreck from malaria. I took ill every other week until I met an old uncle who prepared some herbs and instructed that I mix the herbs with with honey and drink once a week. I drank it for six months and was not ill at all. I have learnt how to prepare the concoction and have been using it for ten years, without having to treat malaria. Malaria was the only sickness I had and so I have been free. Gbogboniše works, I am a living testimony (Lawal, 2019).

Gbogboniṣe is not for treatment as many think; it is to prevent diseases. Although some *gbogboniṣe* can be strong enough to cure some ailments, such as fever. This can happen if one uses *gbogboniṣe* and then gets relief from symptoms that have already manifested. The practitioners added that ‘the fact that one gets relief of some symptoms does not make *gbogboniṣe* the first line of treatment for fever, even if using them can bring about healing. All the users agree that once a person is diagnosed of an ailment, or has begun to feel the symptoms of an ailment, he/she is not to go for *gbogboniṣe*. *Nkan òmirán ni yíò lò láti wo àìsàn* (the patient will have to use a different medicine to cure the ailment)’ (Ifasesan, 2019).

It is a known fact that there are fake remedies that are being sold around as *gbogboniṣe*, and the respondents noted that they have seen many people advertise treatment therapies that they call *gbogboniṣe*. ‘Those things that are being marketed as treatment for every ailment are not *gbogboniṣe*. Every ailment has specified treatment’ (Atunbi Ifa, 2019).

Discussion

There are two sides to the views of scholars on *gbogboniṣe*. Akin-Otiko (2018) and some scholars agree that *gbogboniṣe* is a formidable preventive regimen that has been developed, tested and trusted over time. However, there are others who consider *gbogboniṣe* a false concocted treatment that is recommended for all kinds of ailments; for the second group of scholars, *gbogboniṣe* should be avoided or used with severe caution.

To buttress the point of the first group of scholars who agree with the idea of *gbogboniṣe*; there have been different hypotheses and different versions of the theory of everything (*gbogboniṣe*), which show and teach that there are cures for everything. Regarding herbal cures;

Most bitters contain water and alcohol, the latter of which functions as a solvent for botanical extracts as well as a preservative. The alcoholic strength of bitters varies widely across different brands and styles. Indeed, plant extracts, now popularised as ‘herbal medicines’, have been shown to prevent, treat, manage and cure several diseases from cough to cancer (Muanya, 2015).

A version of the theory of everything teaches that ‘if all disease is caused by blockages in the flow of life energy through the spine, then all disease can be cured by adjusting the spine. In the case of Hulda Clark, all disease was allegedly caused by the liver fluke, and so treating that nasty scourge on humanity could therefore cure all disease’ (Novella, 2014). In recent years, some biomedical scientists, including School of Medicine immunobiologists Richard A. Flavell, and Ruslan M. Medzhitov proposed that ‘deeply understanding inflammatory processes might provide similar unifying insights into a great range of seemingly dissimilar chronic diseases: heart disease, cancer, type 2 diabetes, Alzheimer’s disease, and more’ (Yale, 2013).

This means that once one is able to take care of inflammatory process, all other listed diseases will be prevented. The process of taking care of inflammatory process will then become *gbogboniṣe* that prevents other diseases. In the same way, the ‘Galenic medicine believed that health and illness was a matter of the balance among the four humors, and so all conditions could be treated by bloodletting or purging. ...The Eastern version of this used acupuncture and cupping for bloodletting, which in the early 20th century was reworked as using needles to balance the life force’ (Novella, 2014).

There is also the theory of everything that is in favour of *gbogboniṣe* because of the belief in ‘self-healing’ strategy. This strategy is appealing because the human body is believed to have ability that enables it to heal itself without the use of medication. Life experience has shown that the body has the ability to fight off infection, heal wounds, and compensate for illness. ‘When infection or tissue damage occurs, the body’s innate immune system activates inflammatory mechanisms that help to combat these dangers and restore a proper balance, at least in the short term’ (Yale, 2013). These different theories express the initial understanding and practice of the Yoruba. *Gbogboniṣe* was seen as a protective measure for both the body and spirit.

Although different scholars hold that the theory of everything is correct, some others are of the opinion that the theory of everything cannot hold sway for long because ‘various systems of the body without any help may break down in many ways; may be overwhelmed by an infection, can suffer trauma, or may have been suboptimal in the first place (such as with a genetic mutation)’ (Novella, 2014).

Along the line of scholars that disagree with *gbogboniṣe* as a reliable theory, are those that warn users against possible dubious practitioners who present formulations as treatment regimen for all kinds of ailments, even conditions with very difficult symptoms. These dubious practitioners can be compared to the example Novella 2014 gave, about McBurney who in trying to sell his Precious Metals Nano Water that was nothing but distilled water with a tiny amount of silver to investors in the Dragon's Den, said that the water was magic water, and that it will essentially cure everything, all bacterial and viral infections, and even cancer. This kind of comparison creates disparaging argument against *gbogboniṣe*, that 'Biology is complex, and diseases have many causes. It is highly improbable that any one treatment will address a significant portion of human illness. Skepticism should also be high for any intervention that is claimed to address diseases or disorders that seem to have very different causes' (Novella, 2014). Scholars that are against *gbogboniṣe* believe that the greater the claims for any treatment, the more improbable those claims become, and the greater should be the level of skepticism.

The scientific approach to health and disease has moved in the opposite direction from the theory of everything. The more we learn about the complexities of the human body, the more we discover all the many different ways that health can be affected. Every aspect of the biological machine can break down or not work optimally, causing illness... (Novella, 2014).

Associated with the scholars who dismiss *gbogboniṣe* as a cure for all ailments, are those who consider *gbogboniṣe* as dangerous to human health.

Researchers at the Toxicology Unit, Department of Pharmacology, College of Health Sciences, Nnamdi Azikiwe University, Nnewi, NAFDAC, Lagos Laboratory and Department of Biochemistry, College of Medical Sciences, Abia State University, Uturu, [who] have alerted on the possibility of heavy metal toxicity from herbal products in Nigeria. In a study titled "Heavy metal hazards of Nigerian herbal remedies" published in the Nigerian Journal of Pharmacology it was said that the result showed that 100 per cent of the samples tested contained elevated amounts of heavy metals. They added that the public health hazards from ingestion of herbal medicines should be identified and disclosed by in-depth risk assessment studies (Muanya, 2015).

Belonwu, *et al* (2013) carried out some experiments on one regimen referred to as *gbogboniṣe* and found out that 'these formulations are rich sources of various phytochemicals most abundant of these are the alkaloids, flavonoids and tannins... The presence of some of these plant secondary metabolites in a significant amount in the formulation may have conferred antimicrobial physiological activity to the formulation' (Belonwu, *et al* 2013). This finding led them to conclude that:

Despite the many beneficial effects of these phytochemicals, many of these phytochemicals normally function as toxins that protect the plants against insects and other damaging organisms. Plants evolved the ability to produce toxic substances and concentrate them in vulnerable regions (the skin, seeds and leaves) in order to dissuade insects and other organisms from eating and killing the plant. Although this formulation also known as GboGbo nise was made from natural herbal products, it should be noted that despite its naturalness, it still induced hepatotoxicity from week 4 at the dose administered in this study. It could be clearly concluded that prolonged administration of the formulation- "Gbogbo nise" peddled in our communities at the dose used in this study tends to also be toxic to the rats as time prolongs. The toxicity in rats indicates the presence of some toxic active compound which merit phytochemical isolation. The use of this formulation as a folkloric medicine should be with uttermost care (p. 286).

Omonori (2018) adopted a different approach from Belonwu *et al* (2013) by submitting a generalised suspicion of *gbogboniṣe* as a curative or treatment regime for all kinds of diseases. He came up with what he calls '5 Points To Consider Before Taking 'Gbogboniṣe''. He built his submissions on his claim that 'there have been objections and warnings raised against the use of *gbogboniṣe*'.

First, he said it is important to know the component leaves/herbs/substances in the herbal mixture and in what percentage? If the chemical composition of any herbal drink cannot be ascertained, at least the names of the constituent leaves/vegetables should be known for obvious reasons. Second, what is the dosage of the *Gbogboniṣe* mixture? How many tea spoons, cups or bottles will be considered adequate and nontoxic to adults and even children? Are *gbogboniṣe* to be used 3 times a day for a week, month or a whole year? Third, what interactions can this have with other medications? This association can be synergistic, additive or antagonistic.

Some herbs may prevent the utilization (absorption, activation) and elimination (breakdown, excretion) of drugs and vice versa. Fourth, what are the side effects of this herb? When a medication is taken to treat an ailment and peradventure, new symptoms present, how will it be determined whether the source is an adverse effect of the medication or the natural progression of the primary disease. (This shows that he is referring to *Gbogboniṣe* as a treatment remedy) Fifth, were they prepared under hygienic, if not aseptic conditions? (Omonori, 2018)

These questions and concerns are relevant and important for the producer of any kind of medicine, and not just relevant for *gbogboniṣe*. Although it is believed that the sellers and producers of *gbogboniṣe* do not care about these concerns before they produce and sell their ware to the public. It is believed that the economic situation in the country makes people produce and sell *gbogboniṣe* as a cure for all forms of ailments especially by quacks.

Conclusion

Gbogboniṣe as a traditional concept developed within the household and it was meant to prevent all forms of ailments. It later developed a new meaning and almost lost the original idea of being a form of preventive regimen. This evolution is not total because there are still homes and healthcare practitioners who keep the original idea. The evolved concept is what is causing the uproar and worry among scientists and users of *gbogboniṣe*, making it look like a falsehood that is completely dangerous to health. This paper has shown the original idea of *gbogboniṣe* and how it evolved to what is common today. It has also shown the sense in which *gbogboniṣe* functions as a regime to prevent and not cure all ailments. There are different types and combinations of *gbogboniṣe*, such that it will be impossible to generalize as Belonwu, *et al* (2013) did, based on the experiment carried out on one of the many and different preventive combinations called *gbogboniṣe*. As they rightfully noted that ‘The Yoruba formulation called *Gbogboniṣe* is one of the most widely consumed medicinal formulation in the rural areas of Nigeria’ (p. 282). If it is this widely consumed and so poisonous, it should be one of the leading killers in Nigeria. The reverse is the case, given the findings of this work.

Although the West does not call their preventive regimen *gbogboniṣe*, the Western healthcare has her version of preventive measures, where it recommends, regular check-up for all, out of fear and to prevent late discovery of severe ailments. In addition to regular check-ups is austere diet either to control or avoid severe ailments. *Gbogboniṣe* as was meant to be, is the Yoruba traditional way of preventing all forms of ailments. The warning of Science-Based medicine for people to beware of the ‘one cure for all disease’ treatments is real and should be taken serious as that was never the original intention of those that developed the idea and concept of *gbogboniṣe*, but in appreciation of the age old tradition of healthcare, known *gbogboniṣe* can be used to secure the body from breakdown.

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Interviewees

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Awogbile (Oko, 2019)
Ibikunle, Taxi driver, FGD A, 2019.
Idowu (Lagos, 2019)
Lawal, Street Hawker, FGD B, 2019.
Ojekunle (Ibadan, 2019)
Ogunseyi (Oshogbo 2018)

