

TRADITIONAL AFRICAN MEDICINE AND THE BENEDICTINE MONKS: A DISCOURSE

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Abstract

Health is a very significant part of man's life, and as such Africans are very conscious of their health. Although the African ecology is plagued with a plethora of diseases, yet it is endowed with medicinal plants used for treating illnesses. With the growing increase of the population, there is a greater demand for herbal remedies by Africans, to combat certain ailments. Accordingly, this paper explores the dynamism of Traditional African medicine as exemplified through the operations of the Benedictine Monks, a body of Nigerian Monks based on the outskirts of Benin-City, Nigeria. It submits that, in spite of the challenges faced by the group which includes, the extinction of various plant species, government non patronizing attitude, insufficient funds, amongst others, the Benedictine monks have indeed brought succor to the sick through their range of herbal medication- Pax Herbal products, manufactured wholly from the wonderful gift of nature and subjected to scientific procedures. The ingenuity, modus operandi and resilience of the Benedictine monks in utilizing indigenous medicine to improve the quality of health of the Nigerian society and beyond will be made manifest in this discourse. Conclusively, this research proffers solutions to some of the challenges faced and suggests pathways for the further development of Traditional African Medicine.

Key words: Traditional; Medicine; Health; Benedictine Monks; PAX Herbal Center;

Introduction

Traditional African Medicine or Traditional Health Care is used to connote the indigenous medical practices of the African people which predated modern scientific era. It has been in existence for centuries and it is part of the people's cultural heritage. It encompasses the use of herbal remedies to treat physical and spiritual maladies. The African world view conceives of the universe as being divided into the natural and the supernatural world, hence Africans perceive the physical and the spiritual as interwoven. The Indigenous African health care system involves both the natural and supernatural. It includes naturopathy (herbal medicine), orthopedics, heat therapy, astrology, psychotherapy, invocation, mud-bath, incision, combating of evil machinations, hydrotherapy, preventive medicine, exorcism, clairvoyance and so forth. Our focus is on herbal medicine and how this has been exploited by the Benedictine Monks of Ewu for the benefit of mankind. For purposes of clarity, this work is divided into the following parts; Origin and Nature of Traditional African Medicine; The Benedictine Monks; The Benedictine Monks and the Pax Herbal Initiative; The Benedictine Monks: Challenges faced and the Way Forward; and Conclusion.

Origin and Nature of Traditional African Medicine

Ancient history describes different health and spiritual practices among diverse African groups. The early Egyptians embalmed the body of a pharaoh with herbs, spices and herbal ointments to preserve it from decaying, and all his worldly possessions were preserved so that he could use them in the next world. Many African groups held festivals and did obeisance to their gods annually in order to avert epidemic, and other illnesses that could plague the whole community. In the pre-colonial times, the Efik people of Southern Nigeria sacrificed to the *Ndem* (Aye, 1987, 31) to ward off illness, bring prosperity and feminine fertility to the land. Among the Yoruba of Western Nigeria, Awolalu (1979,2) maintains that "... spiritual beings are in control in the Yoruba world. In the Yoruba world, they know that this is the height of wisdom, to be in good terms with them, to pray to them, to make them little offerings to secure their goodwill". Both the spiritual and the physical life of Africans are perceived to be in complete consonance with one another, implying that the spiritual realm is as important as the physical in the health or medical life of African people.

A regional committee of the World Health Organization (WHO) confirms the use of Traditional African Medicine for diagnosis, prevention and elimination of physical, mental, or

social imbalances while relying exclusively on practical experience and observation handed down from generation to generation (WHO Regional Expert, 1978). Guthrie (1982, 11, 823) views this kind of medicine as folk or domestic medicine which he identifies with the early man. F. Ozekhome (1982, 6) concurs that it is traceable to the origin of things. Linking Traditional medicine to Biblical times, he opines that Adam, the first man, enjoyed paradisaal bliss and encountered no health problems because every plant, but one, was to minister to his economic and medical needs. Although, he was expelled from the garden for being disobedient, he was endowed with the knowledge of the use of herbs which became handy in his daily business of making a living outside Eden (1982, 6).

Traditional African Medicine was the type of health care available to the majority of Africans before contact with Europeans. It was cheap, acceptable and accessible to the people. It did not require bureaucratic bottlenecks as the practitioners were part of the local populace and easily approachable. Medication which were sourced from herbs leaves, seeds, fruits, roots and barks of tree, were easily obtainable because African ecology are richly endowed with plants whether nearby or in the wild. The medication in turn, was administered to the body or ingested to provide relief against various maladies. One of such pharmacological plants is the Violet tree known to be highly medicinal and magical and is visible in various parts of Africa (<http://www.plantzafrica.com/securidlong.html>). It is botanically known as *Securidaca Longepedunculata*, its roots and barks are used to cure various maladies in South Africa including chest pain, headache, infertility, inflammation, tuberculosis, constipation and sexually transmitted diseases (<http://www.plantzafrica.com/securidlong.html>). In the Limpopo region, its roots are used to protect children from illness during breast feeding; in Zimbabwe it is used to treat snakebites, and cough; in Nigeria it is used for skin diseases; in Ghana it is used to treat epilepsy while in East Africa it is a powerful remedy for wounds, sores and coughs (http://www.conserveafrica.org.uk/herbal_industry). While the Violet tree is used in Tanzania for the cure of nervous system disorders, in parts of West Africa it is used to treat poison from arrows (<http://www.plantzafrica.com/securidlong.html>). What the foregoing shows is that this plant is indigenous to Africa and its pharmacological potency is widely used across African geographical zones to treat many ailments. The same is true for other plants such as baobab, neem leaves, ginger roots and so forth. Herbal remedies are prepared from plants in the form of pastes, powder, or liquid that has been boiled. They are administered through food or are mixed with alcohol and drank. What is important is not how they are taken, but that they bring relief to the patients and

help them combat their health problems. The people are familiar with the herbal remedies because it is a legacy handed down from one generation to another. Buckman and Sabbagh (1992, 100) rightly points out that the major attraction to this kind of remedy is that “it has been around for years, hundreds of thousands of people have used it and they cannot be totally mistaken, so it must be worth a try” .

The use of traditional medicine for all diseases was widespread in Africa until the era of colonialism when orthodox medicine was introduced. Colonialism brought along with it all the trappings of Western culture destroying the indigenous economies of Africa (see Rodney, 1972; Offiong, 1980 amongst others). As part of the consequence of colonialism and the effort to portray Western culture as superior to African culture, the practices of African Medicine were described as fetish, pagan, superstitious, unscientific and above all, it was said to be not in conformity with Christianity preached by Christian missionaries.

Mission hospitals were built, medical personnel were trained and employed, and foreign drugs were imported. Nevertheless, the challenge of curing every sickness effectively with modern medicine remains. In spite of the intense effort to discourage the use of local remedies by the colonialists, the indigenous populace was not deterred. In Calabar, for instance, when orthodox medicine was introduced with the coming of the Presbyterian (Scottish) Mission in 1846, it suffered various setbacks. The main setback was a lack of patronage based on the people's disdain for it. This, in turn, is because; the Efik people had absolute faith and satisfaction in indigenous medicine while they were terrified by the idea of surgical operations. Surgeries were not only alien to them, they were also not sure of their success (Edunam, 1998, 82). Consequently, the eradication of the use of traditional medicine could not be achieved; the practice was only curtailed to some extent. Sequel to this, Ade Dopamu (1985, 66) concludes, “when the whole of Africa has been in filtered by Western culture and system, we still find out that the African age-old system still persists enduringly”.

Having come a long and tortuous way, the worst seems to be over for Traditional African Medicine, in this contemporary time and age. The indication to this is the rise in the number of people seeking natural remedies to their health problems. In recognition of this fact, during the Summit of the African Union (AU) Heads of State and Government held in Zambia in July 2001, the years 2001 – 2010 were declared the decade of Traditional African Medicine (http://www.africa_union.org/). The main objective of the declaration includes the recognition, acceptance, development and integration of traditional medicine by all member states into the

Public Health Care System in the region by 2010 (http://www.africa_union.org/). This declaration supported by the World Health Organization (WHO) is timely. It has occasioned a growing increase in the use of natural based products by developing countries as well as the use of plant extracts (http://www.africa_union.org/) by pharmaceutical companies. Simultaneously, there is a rise in indigenous (herbal) drug manufacturing companies some of which have not only been approved but duly registered by relevant government agencies to administer their products to the populace. The Benedictine Monks, who are the producers of the Pax-Herbal range of product, are in this category as will be shown in the next section.

The Benedictine Monks

The Benedictine monks are Christian monks of the Roman Catholic Church and in keeping with monk lifestyle, they lead a life of seclusion, and contemplation, having taken the vows of chastity, poverty and obedience according to the Order of Saint Benedict, a Christian saint. The Benedictine monks at Ewu near Benin City, Nigeria, are monks of African origin, largely Nigerians, living in solitude and servitude according to Christian ethics and the Benedictine Rule.

Initially located in Eke, Enugu state of Nigeria, the monastery of St. Benedict's monks, a foundation of the Irish monastery called Glenstel Abbey (<http://www.ewumonks.org>) was opened in 1975. On July, 11, 1979, this monastery was relocated to Ewu off Benin – Auchie express way. (<http://www.ewumonks.org>). It is a serene and isolated area that is ideal for contemplation. While infertile farm land may have played a role in moving from Eke, Ewu the alternative places was ideal because of its fertility and its tranquility. The monastery began with five Irish monks and one Nigerian monk who later became the first Nigerian Benedictine monk and priest (<http://www.ewumonks.org>), and later increased to 32 monks in 2004 with a representation from 14 Nigerian ethnic groups and a Togolese amongst them.

For the Benedictine monks at Ewu, the physical life of man is as important as the spiritual life. They also believe that knowledge from various disciplines is essential. Not surprisingly, the Ewu monastery boasts of engineers, philosophers, theologians, agricultural scientists and farmers. The Benedictine monks live in conformity with their motto, Pax “peace” and ora et labora (pray and work) meaning that they do not only minister to the spiritual life of the people, they cater to their physical needs as well. Their penchant for hard work, industry and service, is shown by their craft and gift shop where visitors to the monastery buy Holy objects, and sacred literature. In addition, they have a candle factory, bakery, poultry, fish pond, vegetable

garden, a large farm and most of all the Pax Herbal Centre Clinic and Research Laboratories, PHCRL (also known as Pax Herbals). This is what has projected them to lime light and it is the focus of this paper.

The Benedictine Monks and the Pax Herbal Initiative

The Pax Herbal Centre Clinic and Research Laboratories (PHCRL) is an initiative that has enabled the monks of the Benedictine monastery at Ewu to engage in scientific research, and experiment on the one hand, and, on the other to advance, promote and advertise Traditional African Medicine for the interest of humanity. The centre has been described as one of the biggest, best equipped, best organized and most modern research centres in Africa boasting of quality control, microbiology, diagnostic and drug formulation laboratories (PHCRL products brochure, 3). The objectives of the centre are: to serve as a centre for scientific research and development; to become an avenue for the synergy between orthodox and unorthodox systems of healing; to correct the negative attitude of African Christians towards African medicine; to promote a sense of pride in African medicine; to continually research on African ancient healing systems with a view to modernizing them; to demystify the practice of African medicine with a view to purging it of the elements of paganism, fetishism and superstition; to promote its rational use and make it more globally acceptable (PHCRL products brochure, 2).

The PHCRL is a modern structure built with bricks. The factory comprises of (i) water treatment plant where water used for mixing herbs is treated to eliminate the micro-organisms and other contaminants); (ii) the production hall; (iii) the local kitchen where herbs are collected and dried; (iv) a section where fresh leaves, barks and roots are assembled; and (v) an engine room where herbs and other raw materials are ground. Before grinding, the raw materials largely made up of fresh leaves pass through a series of quality testing and drying processes, after they have been thoroughly cleaned out and washed with water. The next stage is that of Quality Control. Here, the status of the dried leaves is confirmed for onward transfer to the Production Section where the dried products are used for the manufacture of herbal teas and other related herbal products. Other sections include the Herbal Laboratory and Quality Control Laboratory where screening and verification are done to ascertain that the herbs are in good condition and fit for human usage; The Production Hall is where drugs are produced; Coding/ Sealing Section is where drugs are coded, packed and sealed with the aid of seal machines. The Dispensary is where patients obtain their drugs after due consultation with the medical team led by the director, a monk, Anselm Adodo, OSB. The PHCRL also has the

Capsule Section, and the Herbal Pharmacy. In addition, there is the Emergency Dressing room established to give aid to injured workers and there is the Loading Bay. It is a distribution point where the products are packed into trucks under the supervision of the Director of Supplies, a monk named, Mike Asogwa, OSB (Pax Herbal Magazine (PHM), Vol.4, No 2, 2009, 6). There is a cybercafé, library, conference hall and a cafeteria for its approximately 200 staff of different ethnic and religious backgrounds. Fredrick C. White, a former Director of Pesticides Enforcement for the American State of Louisiana who visited the Centre in November, 2007 was impressed and admitted that the Pax products are free from chemical fertilizers, pesticides, fungicides and other negative additives (The Herbal Doctor Vol. 3, No. 1, 2008, 8). Similarly, Helena Schrader, the United States Consulate General, Lagos after touring the PHCRL, in 2009, made this following comment;

This is one of the most impressive institutions I have seen in Nigeria. I am very impressed by the beautiful architecture and well laid out plans of the various departments. There is evidence of efficiency and seriousness everywhere. The environment is so neat and clean. I hope I can put you in contact with individuals and organizations that will partner with you in your work so that you can help even more people (PHM Vol. 4 No 4, 2009, 5)

Dr. Susanna Dodgson, a pharmacist with the University of Philadelphia, when she visited in 2007, was captivated at what she saw at the Pax Herbal Centre, She notes,

I am really looking at a modern scientific laboratory in a herbal pharmaceutical research centre. Pax Herbal is the ideal place I am looking for. At last, Africa has a truly indigenous, pharmaceutical company: researching, testing and manufacturing drugs for the cure of ailments and diseases. I am going back to explore how U. S. pharmaceutical companies can enter into productive dialogue as well as partner with Pax Herbals. (The Herbal Doctor Vol.2, No. 3, 2007, 7).

A Nigerian Professor, Afe Ekundayo also registered her impression about Pax Herbal when she commended the orderliness and organization of Pax Herbals, the environmental condition, the sanitary quality of the herbs, roots and raw materials, the established procedure of quality control and the well equipped laboratory, all of which she described as, ‘simply amazing’ (The Herbal Doctor, Vol.2, No. 3, 2007, 7). The PHCRL has also hosted visitors from the World Health

Organization (WHO), the United Nations (UN), the United States (US), Europe, Zimbabwe and Abuja (<http://www.paxherbal.net/index/php?>). Patrick Ijewere aptly observes that, “the monks are playing a tremendous role in Africa’s Renaissance.” (The Herbal Doctor Vol.2, No. 3, 2007, 8).

Products of PHCRL are many and they have been documented for public enlightenment and openness so as to dispel secrecy about the drug content. With respect to the contents of the drugs, they are clearly printed on the packages of the products. (i.e. dosage, manufacturing date, expiration dates, approval stamp of the regulatory agency and registration number. A few of these drugs, their active ingredients and indications are listed below:

Some Pax Herbal products with their active ingredients and applications.

	Name	Active Ingredients	Applications
1.	Pax Herbal cough syrup	Zingiber Officinale, Garcinia Kola, Bryophyllum Pinnatum, Honey	Cough, cold, nasal congestion, bronchial tracts
2.	Pax Herbal Bitters	Rauwolfia vomitoria, Morinda lucida, Hyposetes vericillaris, Uraria picta, sida acuta.	Internal & Topical, skin infections, headaches, joint pain, ear ache, & toothaches.
3.	Pax Herbal Phy Solution	Phyllanthus Amarus.	Malaria and Typhoid.
4.	Pax Herbal Soap	Cassia alata, Cassia occidentalis, Azadirachta indica, Carica papaya, Shea butter and Honey.	Eczema, pimples, heat rash, skin related disorders and infections.
5.	Pax Herbal Skin Ointment	lypha Ciliata, Zadirachta Indica, Cassia Alata, Honeywax (Beeswax).	Eczema, pimples, skin rash, ringworm, scabies and itch.
6.	Pax Herbal Waveline	Onions, Garlic, Ginger.	Promotes healing of circulatory problems.
7.	Pax Herbal FIB Solution	Hypoestes verticillaris, Aloe vera, Jathropha Gossypium	Treatment of symptoms of tumour.
8.	Pax Herbal Ferma	Fermatox, Zingiber Officinalis	For Prostritis and all forms of tumour.
9.	Pax Herbal Potensine Powder	Zea, may, Clcyline max, Capsicum frutescens, Fagtho	Male impotency, pile and dysentery.
10.	Pax Herbal Health Powder Capsule	Mango, Mistle toe, Alstonia Boonei, Citrus Aurantium	For food poisoning, Gastritis and indigestion.

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| 11. | Pax Herbal Nomaline | Allium species and Tridax Procumbens | Anti-Tumour and Anti-inflammation. |
| 12. | Pax Herbal Pile Solution | Rauvolfia Vomitoria Gmelina Arborea | For pile and Haemorrhoids. |
| 13. | Bags Sida Acuta, Tridax Procumbens, For the treatment of malaria | Sida Acuta, Tridax Procumbens, Alstonia Boonei | For the treatment of malaria |
| 14. | Pax Herbal Blood Tonic | Beets and potato extracts | A Herbal Tonic |

Source: <http://paxherbalsinternational.com/productsShowcase>.
Pax Herbal Distribution Centre in Calabar.

The efficacies of the Pax Herbal range of medicines has been attested to by countless number of people who claimed to have been cured of various ailments by the medicines. In 2002, a registered nurse and coordinator of Pax Herbal Products in the city of Calabar, Vica Odu- Abuo recounted her experience of being confined to a wheel chair for years after an accident despite receiving treatment from orthopedic surgeons both in Nigeria and London. Her introduction to the Pax Herbal range resulted in her use of her limbs again. This was what led her to become a coordinator of Pax Herbal products. (Personal Communication with Vica Odu-Abuo, 26/4/2010, Calabar, see also *The Herbal Doctor*, Vol. 1, No. 1, 2006, 12.). Similarly, Taiwo Fadeyi, a Lagos based physician was introduced to Pax Herbal Potensine Powder in 2004. He treated his patients suffering from fibroid with it. He claimed that the results were positive and encouraging. (*The Herbal Doctor*, Vol. 3, No. 3, 2008, 15). Patrick Ijewere, a Florida based medical doctor also gave credit to Pax Herbal products as follows:

“the tea gave me the best sleep, the health powder gave me morning alertness, the cough syrup knocked out cough, the bitters and tea managed fever and chills from flu season, the cough syrup decreased my spring and fall allergies, the skin ointment resolved and prevented shaving bumps, and the pain cream was perfect for massaging my back after along day. We (my family) all used the Pax Herbal Malaria solution (Malsol) and none of us... got malaria. Mosquitoes bit us all, yet no one, got any symptoms of malaria. Absolutely no side effects. (*The Herbal Doctor*, Vol 2, No. 3, 2007, 8)

It is these testimonies, advertorials workshops, seminars, conferences and publications that have drawn the attention of politicians, individuals and government agencies to the monks and the centre. Some have visited the centre to see firsthand the products and to learn more about their efficacy.

Series of Pax Congresses have been held such as the Pax 2007, 2008 and 2009 congresses held at Ibadan (The Herbal Doctor Vol. 2, No. 2, 2007, 24), Owerri (The Herbal Doctor Vol. 3, No.1 2008, 37) and Onitsha (PHM, Vol. 4, No. 5, 2009, 37). In addition, a series of workshops, seminars, annual training has been organized for orthodox doctors, to educate them about the products and their use. This is in a bid to make it globally acceptable. It is also an effort to promote herbal remedies. In spite of these giant strides, a series of challenges still face the Benedictine monks.

The Benedictine Monks, Challenges Faced and the Way Forward.

Lack of confidence in Traditional African Medicine

High poverty rate in Africa, insufficient medical professionals, high cost of Medicare, limited side effects posed by natural remedies, amongst others, have helped to increase the demand /preference for traditional medicine. Yet traditional medicine faces a number of challenges such as lack of confidence in its efficacy, disdain for it by urban dwellers and the fact that it is a last resort only to those who are incurable under orthodox medical practice or those afraid of surgery and are seeking to avoid it. Ironically, the same people that despise indigenous form of treatment patronize herbal remedies from Europe, China, Korea and India.

Undoubtedly, Europe, Asia and South America have triumphantly harnessed their indigenous health products and are reaping the benefits through export trade. For instance, in Europe sales of products worth 5 billion dollars were earlier made in 2003- 2004 while China recorded 14 billion dollars in 2005 and Brazil 160 million dollars in 2007 (<http://who.int/mediacentre/factsheets/en>). These figures no doubt, highlight the lucrative nature of the trade. In all these, Nigeria has lagged behind because of the lack of confidence in indigenous medicine and the endless debate about its efficacy. With the annual global market for herbal remedies being worth billions of dollars, there is a need to bridge the gap.

Accordingly, the Benedictine monks, have, through years of research introduced the Pax-Herbal range of products which has aided the combating of various maladies some of which would have required surgery. However, this is not to claim a 100% cure rate for Pax Herbal range of products. What can be asserted by this research, based on the increasing reputation of Pax Herbal products, is for Nigeria, the host country and Africa in general to seize the momentum which the herbal products have generated to replicate them. It is a win for Africa in terms of health and economic benefits.

Opposition from Medical Personnel /Pharmaceutical Companies

Traditional African Medicine predated modern medicine and as such over half of the continent's populations in Africa, especially the rural dwellers, are proselytizers of this indigenous health care system. Its importance as a veritable source of health care was recognized by the WHO in the Primary Health Care Declaration of Alma Ata (World Health Organization, Series No. 1, 1978a). In spite of this recognition however, modern healthcare providers and medical professionals continue to discountenance indigenous health care products and their providers. Swelling the rank of disapprovers are pharmaceutical companies who are profit-oriented and do not want indigenous African medicine with them in the market. Yet they have begun to produce body creams, toothpastes, and bathing soaps, with herbal base. Anselm Adodo aptly protests thus:

Genuine traditional / natural medicine healers all over the world have become an endangered species. From Britain to United States of America, from Spain to France, there is a deliberate effort on the part of government to subdue natural medicine not because natural medicine is not effective but because it poses a threat to the huge income base of other pharmaceutical industry. (The Herbal Doctor, Vol. 1, No.1 2006,5)

Rather than disparaging indigenous health care, medical institutions should see them as allies in the work of saving lives. This is exemplified by Irrua Specialist Hospital and the Ambrose Alli Hospital, all in Edo state of Nigeria. The collaborative venture of these hospitals with the Pax-Herbal Centre not only expands the frontiers of medical care, it equally ensures quality and affordable medical care. In February 2009, the first Pax- herbal training for orthodox medical practitioners was held at the Pax Herbal Centre. This was followed by the second Pax Herbal training and later the first workshop held at Ekpoma (PHM, Vol. 4, No. 5, 2009, 30). Like Irrua Specialist Hospital and Ambrose Alli Hospital, the Sickle Cell Centre in Benin, has started experimenting with Pax Herbal products. The Pax Herbal Centre is also partnering with various institutes and government agencies such as Nigerian Natural Medicine Development Agency (NNMDA). Rubber Research Institute of Nigeria (RRIN). National Council for Arts and Culture (NCAC), National Institute for Pharmaceutical Research and Development (NIPRD), Raw Materials Research and Development Council of Nigeria (RMRDC) and Nigeria Export Promotion Council (NEPC) (PHCRL Products Brochure, 3). What needs to happen in the nearest future is for collaboration to extended areas such as Clinical trials, digital library pharmacopeia, information technology, indigenous knowledge preservation and virology. (The Herbal Doctor, Vol. 2, No. 3, 2007, 21). The incorporation of herbal

remedies into medical care and the collaboration between natural health care providers and orthodox medical practitioners has also been observed in some African countries like Burkina Faso, Madagascar, Mali and Tanzania (<http://www.africasd.org/medicinal-plants-and-tr>). This laudable synergy will surely result in improved health care for all, especially for the less privileged.

Lack of Funds and the Need for more Equipments

The Benedictine monks are in dire need of funding for more research and equipping the Pax-Herbal Centre to enhance the quality of their products and facilitate mass production. In 2007, when a Federal Government delegation visited the Centre, an appeal for the sum of 80 million Naira was made to equip their virology research laboratory (The Herbal Doctor, Vol. 2, No. 3, 2007, 21). In a similar request, at a training programme they organized for Irrua Specialist Hospital and the Ambrose Alli University Hospital, Edo State in 2009, the Centre re-iterated their need for more equipments such as CD4 Count (CY Flow machine) and Viral load (PCR) machine to aid research documentation and treatment of persons living with AIDS (PHM, Vol. 4, No. 5, 2009, 31). These challenges of Pax Herbal centre are summed by Mike Asogwa OSB, a Benedictine monk and the Director in charge of supplies.

He states that:

Believe me, we are trying: look at the structure under construction, we are expanding. We need more equipment. We need more machines. We need more support. We need finance (PHM Vol. 4, No. 2, 2009, 7).

The Benedictine monks have worked tirelessly to bring effective health care closer to the grassroots through years of research, documentation and production of herbal remedies. It is important that they get the critical financial support they need from government, Institutions and individuals so they could continue to be of benefit to mankind. The Nigerian government should be in the fore-front of providing support for the centre. Besides the government, the corporate firms and individuals within and outside Nigeria should support the centre.

The Activities of Charlatans and Unqualified Health Care Practitioners

One of the challenges facing the indigenous health care is the existence of charlatans, and unqualified health care practitioners, whose sole motivation is to make money. The activities of these charlatans which include being too secretive about their herbal formulations, concocting orthodox medicines and herbal products, unhealthy sanitary conditions during production, and the non-registration of their products and body have combined to create a negative image for the practice.

Undoubtedly, there is a growing upsurge in the use of herbal remedies during the last decade. Herbal medications, herbal soaps, toothpastes, body creams and so forth, have become very popular given that they have little or no harmful side effects. To maintain this trend in Africa and Nigeria in particular, a uniform body of qualified traditional (health) practitioners should be formed to set and keep the ethics of practicing traditional medicine. This will go a long way to dissuade and prevent quacks from doing damage in the name of Traditional African Medicine. There is also need for a legislative act to be enacted that spells out the qualification for practice of Traditional Medicine and the modus operandi for doing same. Such a law will deter quacks from engaging in Traditional African Medicine. Other African countries have made headway in these regards. In Zimbabwe for instance, the Traditional Medicine Policy and the Traditional Medicine Practitioners Code of Conduct were launched in 2009 (<http://www.afro.who.int/Zimbabwe/commemorates-afn-traditional-medicine-day.html>). Ghana also launched its ethical code for traditional medicine practice championed by the Ghana Federation of Traditional Medicine Practitioners Association (<http://www.modernghana.com/.../code-of-ethics>). Similarly, Gambia's Ministry of Health has recognized traditional health care in its health policy. These steps will aid the regulation and sanitization of the practice of Traditional African Medicine especially in Nigeria.

Dearth of Indigenous Knowledge and Sources

In African societies, the elders are seen as the custodians of knowledge. They are vast in the history of their communities' customs, traditions and economic, social and political history. Thus, when an old person dies in a village, it is fair to say that a bearer of wealth of knowledge has been lost. To prevent this kind of attrition of knowledge, Anselm Adodo, the director of the Pax Herbal Centre sees the need for international collaborative efforts to preserve indigenous knowledge. Already, Pax Herbal is taking some steps in this direction by trying to preserve African indigenous knowledge through re-understanding, re-interpreting, re-examining and re-expressing it in the light of modern scientific knowledge (<http://www.sunnewsonline.com/goodhealth>). The implication of this is that, the preservation and documentation of African Indigenous knowledge is vital to pushing Traditional African Medicine into a global stage.

Aside international concerted efforts, the efforts of local communities are important in expanding the frontiers of herbal medicine. Local communities can be helpful in identifying and documenting various plant species. This would be of immense advantage to such communities both medically and economically.

Lack of Patronage from the Private Sector

The mass production, exportation and marketing /distribution of the Tianshi, Forever Living Product (FLP), and Geo Neo Life Diamite (GNLD) products which have flooded the Nigerian market in particular and Africa in general are attributed to the collaborative involvement of the public and private sectors. In Madagascar for instance, Public Research Institutes in medicinal plant research and production with privately owned companies are involved in phytomedicinal and pharmaceutical research under the auspices of the Ministry of Health (<http://www.worldbank.org>). Similarly, Asians and Europeans have supported their universities and agencies in research development, documentation and promotion of herbal medicine. In Burkina Faso, Mali and Tanzania the story is the same as the private sector are involved in developing African Medicine. In contrast, the Pax Herbal Centre, a brain child of the Benedictine monks has not received much patronage from both public and private companies and organizations. It is hoped that this attitude will change.

Cultivation, Harvesting and the Extinction of Plant Species

The Benedictine monks, the manufacturers of the Pax Herbal range of products are in a certain way plagued by similar challenges like approximately 200 other manufacturers of herbal remedies in Nigeria (<http://www.nigeriannewsworldonline.com/health/...>). In the planting and harvesting of herbs, some plants are referred to as “aggressive plants,” particularly those of Chinese origin and could be toxic consisting of heavy metals, microbial organisms and other contaminants (George, 2003, 128). An analysis of these plants along with their toxic agents include: Cassava - Cyanide; Potatoes – Salanine; Sorghum - Ergot Alkaloids; Pepper -Mycobacterium; Carrots-Carotoxins.

An examination of the above toxic agents reveal its neutralizing effects on the active ingredients used for healing, and should be used with caution. Closely related to the above is the indiscriminate exploitation and harvesting of endangered plant species without cultivating same, urbanization, commercialization, bush burning and drought which have all led to the extinction of such species. In West Africa, the popular Baobab tree (*Adansonia digitata*), although widely distributed is nearing extinction in the Eritrea and Sudanese regions (http://www.conserveafrica.org.uk/herbal_industry). Many of these endangered plants are usually obtained from the wild while a few are cultivated domestically and they constitute the raw materials for producing herbal drugs. The indiscriminate harvesting of these plant species constitutes one of the greatest constraints to the Benedictine monks because they depend on these roots, herbs, plants and tree barks for the preparation of their herbal medication. As a matter of fact, it has been stated that;

If we destroy nature, we also destroy ourselves. If we preserve nature, we also preserve our lives. Human destiny cannot be separated from the destiny of the cosmos (The Herbal Doctor Vol. 3, No. 2, 2008, 10).

In order to ensure the continuous existence of these threatened species, the planting of more medicinal trees and gardens to meet the demands of the population using these remedies is required. Commendably the monks at Ewu have a large farm and garden where herbs are cultivated. Unfortunately, in Nigeria only few practitioners are involved in this endeavour. In addition, producers of herbal medications are advised to verify the plants and other ingredients used in producing their remedies. Ndung and Pennap (2007, 473) suggest a corroborative research with science institutes aimed at embarking on toxicity studies, improving on the quality and practice of output and prevention of contamination of raw material. Ayodele has further re-iterated the need for herbal manufacturers to register their products with the National Agency for Food and Drug Administration (NAFDAC) <http://www.siu.edu/~ebl/leaflets/ayodele.htm>).

Laudably, the Benedictine monks have excelled in some of these areas, resulting in the approval of over twenty of their herbal supplements (<http://www.paxherbalsnet/index.php?>). In view of this, the author of this paper hopes that other indigenous herbal manufacturers take the path charted by Pax Centre.

The Challenges of Marketing

The challenges of marketing Pax Herbal products are posed by the distance between the area of production and the distribution points. The distance between the Pax Herbal Centre at Ewu near Benin to Abuja, Calabar or Makurdi for instance creates a problem of delay in the local distribution of products within Nigeria. Distribution is done with Pax Herbal trucks and this is inhibited by the deplorable conditions of the road networks linking some of these distribution centres within Nigeria. The challenges posed by bad road networks, unusual delays and traffic, highway armed bandits leave much to be desired. In addition, certain drugs may not be readily available to its users at the required time.

In order to achieve greater success in the marketing of their herbal remedies, it is the author's opinion that, the Benedictine monks need to ensure the constant availability of their products and also embark on an increased market promotion. Although emphasis has been concentrated on workshops, training programmes, enlightenment through the Pax Herbal magazines, conferences, and road shows, these are not sufficient. More efforts should be channeled towards the electronic media i.e. National television and radio. Enlightenment of the rural dwellers will also aid expansion

of the herbal market. There should also be attempts to ensure faster distribution to the centres and create more outlets. Incidentally, distributors, marketers and retailers stand to gain from this trade.

There are over 600 Pax Herbal care providers in Nigeria, all trained and making their daily living from this market. This is indicative that the market for African herbal products is very fertile. It is this author's suggestion that, the Benedictine monks, initiators of the Pax Herbal range of products be encouraged to introduce multi level network marketing (MLM) as obtained in the FLP and GNLD products. This would encourage wealth creation and the empowerment of many job seekers.

Conclusion

Through its range of natural remedies, testimonies abound as to the contribution of Pax Herbal drugs in the treatment of many disorders, thus illuminating the dynamism of Traditional African Medicine. This research is to urge entrepreneurs, researchers, health agencies, the Nigerian government, public and private organizations, as well as local and foreign investors to support the initiative of the Benedictine monks in developing Pax Herbal beyond its present level.

There is also a greater need for a revolutionary approach towards demystifying the practice of Indigenous African Medicine either by establishing colleges for this purpose or incorporating the discipline in institutions of higher learning the way orthodox medicine is being studied. The establishment of the Federal College of Complementary and Alternative Medicine of Nigeria is a good step in this direction.

Finally, in spite of colonialism, Asian countries did not allow their indigenous scientific and technological knowledge to be eroded by Westernization. Rather, both orthodox and unorthodox systems were fully exploited, and the result is the success story countries like China, India and Korea are witnessing today. According to Gladys Onojobi, "The herbal revolution has become a phenomenon. The world is moving in the direction of the Green Revolution: going back to the land and using plants that are not toxic" (PHM, Vol.4 No. 2, 2009, 32-33). Onojobi, a cancer specialist based in the United States worked closely with Pax Herbal on the treatment of cancer patients. Nigeria and Africa in general should learn from these experiences. Modern medical science cannot function alone or provide effective health care for everyone. It needs to be supported by Traditional Medicine, and commendably, the Benedictine monks have provided the forum for this synergy to take place.

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