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From Indigenous Protection to Therapeutic Science: A Pharmaceutical Reinterpretation of Odeshi

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ABSTRACT

African indigenous knowledge systems have historically contributed to medicine, healing, and therapeutic practice, yet they remain marginal within dominant biomedical discourse. Within Igbo society, Odeshi has long functioned as a protective and preservative system aimed at safeguarding life against physical and metaphysical harm. The problem addressed by this research is the persistent dismissal of Odeshi as superstition or occultism due to the dominance of Western scientific epistemology, which inadequately accounts for force-based and experiential systems of knowledge. Employing a philosophical-analytical and ethno-pharmacological method, the study examines Odeshi through Igbo epistemology, African traditional medicine, metaphysics of force, and contemporary pharmaceutical discourse. The findings reveal that Odeshi operates as a proto-pharmaceutical system grounded in preventive therapeutics, material substances, experiential validation, and procedural regulation. The study concludes that the future relevance of Odeshi lies in its scientific systematization, ethical regulation, and integration into modern healthcare frameworks, thereby affirming indigenous Igbo therapeutic knowledge as a legitimate contributor to global pharmaceutical science.

Keywords: Odeshi, Indigenous Pharmacology, African Traditional Medicine, Igbo Epistemology, Pharmaceutical Ethics.

INTRODUCTION

The legitimacy of medical knowledge in the modern world is largely determined by its conformity to Western scientific standards, particularly laboratory experimentation, biochemical isolation, and clinical trials. While this paradigm has produced significant advances in global healthcare, it has simultaneously contributed to the marginalization of indigenous medical systems whose epistemological foundations diverge from biomedical reductionism. African traditional medicine, despite serving as the primary healthcare resource for a substantial proportion of the population, continues to be framed as unscientific, unsafe, or epistemically inferior (Ezekwesili-Ofili & Okaka, 2019).

The World Health Organization (WHO) acknowledges that approximately 80 percent of populations in developing regions rely on traditional medicine for primary healthcare, particularly herbal and indigenous therapeutic systems (Mahomoodally, 2013). Yet, this reliance has not translated into epistemic recognition or structured pharmaceutical integration. Instead, indigenous practices are often tolerated as cultural artefacts rather than examined as knowledge systems with therapeutic potential. This epistemic imbalance has resulted in the underdevelopment of African-derived pharmaceuticals despite the continent's vast botanical and ethnomedical resources (Mahomoodally, 2013).

Within Igbo society of South-eastern Nigeria, *Odeshi* has historically functioned as a protective and preservative practice oriented toward safeguarding life against physical injury, violence, and metaphysical aggression. Commonly interpreted through the language of charms or metaphysical fortification, *Odeshi* has remained excluded from medical and pharmaceutical discourse. However, such exclusion reflects not empirical refutation but epistemic bias rooted in colonial and post-colonial knowledge hierarchies that privilege Western scientific rationality over indigenous experiential knowledge.

This research argues that *Odeshi* should be reinterpreted as an indigenous proto-pharmaceutical system rather than dismissed as superstition or fetishism. Drawing from Igbo epistemology, African traditional medicine, and contemporary pharmaceutical theory, the research contends that *Odeshi* employs natural substances, procedural knowledge, experiential validation, and preventive logic consistent with early stages of pharmaceutical development. Historically, many modern drugs emerged from indigenous therapeutic practices that

were later systematized through scientific research (Mahomoodally, 2013). *Odeshi* occupies a comparable epistemic position, representing therapeutic knowledge awaiting structured investigation and regulation.

Furthermore, the preventive orientation of *Odeshi* aligns closely with contemporary medical emphasis on prophylaxis, immune strengthening, and bodily fortification. Rather than promising absolute invulnerability, *Odeshi* seeks to enhance resistance to harm within specific existential contexts. When reframed through a pharmaceutical lens, its metaphysical language can be interpreted as symbolic articulation of therapeutic processes rather than as irrational belief.

By proposing a conceptual transition from ritualized protection to regulated pharmaceutical application, this study responds directly to WHO calls for the integration of African traditional medicine into national health systems through documentation, standardization, safety evaluation, and ethical oversight (Sawadogo et al., 2012). Such integration does not entail cultural erasure but epistemic translation- indigenous insight while ensuring safety, efficacy, and public accountability. Ultimately, the pharmaceutical reinterpretation of *Odeshi* affirms the capacity of Igbo indigenous knowledge to contribute meaningfully to global medicine.

Odeshi within African Traditional Medicine and Therapeutics

African traditional medicine (ATM) is best understood as a holistic therapeutic system that integrates physical, spiritual, and social dimensions of health. Healing within this framework is not limited to curative intervention after illness has occurred; it also encompasses protection, prevention, and the maintenance of balance between the individual, the community, and the wider cosmic order. Contemporary scholarship recognizes that herbalism, spiritual mediation, and ritual regulation constitute interrelated components of ATM rather than mutually exclusive domains (Ezekwesili-Ofili & Okaka, 2019). Within this therapeutic worldview, practices aimed at preserving life and preventing harm are considered legitimate medical objectives.

Odeshi fits squarely within this preventive and preservative logic of African traditional medicine. Rather than functioning as an isolated metaphysical charm, it operates as a system of fortification designed to enhance resistance to injury, violence, and existential vulnerability. Igbo epistemology does not sharply separate protection from healing; both are oriented toward the same end (*ndụ)*, the preservation and continuity of life. In this sense, *Odeshi* functions analogously to prophylactic medicine in contemporary healthcare, where the goal is to strengthen bodily resilience before the onset of harm or disease.

Studies on African traditional medicine consistently emphasize the central role of natural substances (plants, minerals, and animal products) in preventive and therapeutic practices. Herbal medicine, in particular, is widely acknowledged as the cornerstone of ATM, with remedies prescribed for both treatment and prevention of illness (Mahomoodally, 2013). The preparation and administration of such remedies are guided by accumulated experiential knowledge transmitted through apprenticeship and communal validation. *Odeshi* draws from this same pharmacopeial reservoir, employing identifiable natural substances believed to possess fortifying or protective properties. While these properties are often expressed through metaphysical language, their use parallels recognized practices in herbal and preventive therapeutics.

From a therapeutic standpoint, the distinction between *Odeshi* and other forms of African herbal medicine lies primarily in conceptual framing rather than functional intent. Whereas contemporary pharmacology isolates active compounds to explain efficacy in biochemical terms, *Odeshi* employs a force-based ontology in which efficacy is understood as the outcome of properly aligned material substances, ritual processes, and moral discipline. This difference reflects divergent epistemological languages rather than divergent therapeutic aims. Both systems seek measurable outcomes: resistance to harm, survival in hostile conditions, and bodily integrity.

Importantly, *Odeshi's* preventive orientation resonates with global health trends that increasingly emphasize prophylaxis, immune modulation, and resilience-building as cost-effective strategies for healthcare delivery. The World Health Organization has repeatedly highlighted the value of traditional medicine in preventive healthcare, particularly in regions where access to biomedical infrastructure is limited. In this context, *Odeshi* may be interpreted as an indigenous preventive technology developed in response to concrete historical threats such as warfare, vigilantism, and communal insecurity.

Furthermore, African traditional medicine is not static; it has demonstrated adaptive capacity through selective integration with modern healthcare systems. Several African countries have established research centres, regulatory frameworks, and training programs aimed at documenting and standardizing traditional remedies for conditions such as malaria, hypertension, and sickle cell disease. This institutional trajectory provides a precedent for rethinking *Odeshi* beyond ritual exclusivity. When approached as a preventive therapeutic system rather than as occult practice, *Odeshi* becomes intelligible within broader discussions of indigenous pharmacology and public health.

Situating *Odeshi* within African traditional medicine therefore accomplishes two critical objectives. First, it

removes *Odeshi* from the margins of metaphysical speculation and places it within a recognized therapeutic tradition oriented toward life preservation. Second, it establishes a conceptual bridge between indigenous protective practices and contemporary pharmaceutical discourse. This bridge makes it possible to ask not whether *Odeshi* conforms to Western science in its traditional form, but how its material components, preventive logic, and experiential validation can be responsibly translated into regulated therapeutic applications.

Therapeutic Knowledge and the Logic of Healing in Igbo Epistemology

Igbo epistemology conceives knowledge not as abstract speculation detached from lived reality but as a practical and relational engagement with the conditions of life. Knowledge is validated through experience, communal testimony, and sustained effectiveness rather than through formal experimentation alone. In matters concerning health and survival, truth is measured by the capacity of a practice to preserve life, restore balance, and prevent harm. This pragmatic orientation situates healing knowledge within the domain of lived success rather than theoretical explanation.

Within this epistemic framework, healing is inseparable from protection. Illness, injury, and vulnerability are not merely biological events but disruptions in the relational network linking the individual, the community, and the environment. As a result, practices aimed at fortifying the body against harm (such as *Odeshi*) are regarded as legitimate forms of therapeutic knowledge. *Odeshi* therefore emerges not as an anomaly but as an epistemically grounded response to existential threats within Igbo society.

The transmission of therapeutic knowledge in Igbo culture follows an experiential and communal model. Knowledge is preserved and transmitted orally through apprenticeship, ritual participation, and observation. Practitioners acquire competence over time through repeated engagement with materials, procedures, and outcomes. This mode of transmission mirrors early stages of many medical traditions, including pre-modern European herbalism, where efficacy was established long before biochemical mechanisms were understood (Ezekwesili-Ofili & Okaka, 2019). The absence of laboratory documentation does not imply epistemic deficiency but reflects a different stage in the development of therapeutic science.

Contemporary studies of African traditional medicine confirm that many indigenous remedies are based on long-term empirical observation and selective refinement. Herbal preparations, for example, are often adjusted based on dosage, method of administration, and patient response (Mahomoodally, 2013). *Odeshi* operates within a similar epistemic logic. Its continued use across generations suggests sustained experiential validation, even if its explanatory language differs from modern pharmacology.

Furthermore, Igbo epistemology recognizes communal regulation as a critical mechanism of knowledge control. Practices that consistently fail or produce harmful outcomes are gradually abandoned or modified. This process of informal peer review ensures that therapeutic knowledge remains responsive to lived realities. In the case of *Odeshi*, communal narratives of success and failure function as evaluative tools that shape ongoing practice. Such regulation parallels the iterative refinement processes found in contemporary clinical research, albeit without formal institutional structures.

Traditional African therapeutic practices may be understood as proto-pharmaceutical systems characterized by reliance on natural substances, experiential validation, contextual standardization, and pragmatic concern for efficacy, a pattern implicitly reflected in empirical studies of TCAM (Traditional, complementary and alternative medicine use in Sub-Saharan Africa: a systematic review) use in Sub-Saharan Africa (James et al., 2018). From a pharmaceutical perspective, this epistemic structure supports the classification of *Odeshi* as *proto-pharmaceutical knowledge*. *Odeshi* satisfies these criteria by grounding its practice in identifiable materials, repeatable procedures, and observable outcomes related to bodily fortification and survival.

Importantly, Igbo epistemology does not deny the fallibility of therapeutic practices. Failure is interpreted not as proof of falsehood but as an invitation to reassess moral conditions, material composition, or procedural alignment. This openness to revision underscores the rational character of indigenous healing knowledge. It aligns with contemporary scientific understanding that medical knowledge evolves through trial, error, and refinement rather than through infallible certainty.

By situating *Odeshi* within Igbo epistemology, it becomes clear that the practice embodies a coherent logic of healing rooted in lived experience, communal validation, and preventive orientation. This epistemic foundation provides the necessary bridge for translating *Odeshi* from ritualized protection into regulated pharmaceutical inquiry. Rather than opposing science, Igbo therapeutic knowledge offers an alternative rationality that can inform and enrich modern pharmaceutical development when approached with methodological sensitivity and ethical respect.

***Nommo* and the Activation of Therapeutic Efficacy**

A central challenge in reinterpreting *Odeshi* through a pharmaceutical lens lies in explaining how efficacy is

understood and activated within Igbo epistemology. Unlike modern pharmacology, which explains efficacy primarily through biochemical mechanisms, Igbo thought locates therapeutic activation within a broader ontological framework that integrates material substances, speech, ritual order, and moral alignment. At the heart of this framework is the concept often described in African philosophy as *nommo*- the performative power of the spoken word.

Within indigenous African epistemologies, words are not neutral descriptors of reality but forces capable of shaping, directing, and activating it. Speech, when ritually articulated, is believed to awaken latent powers inherent in natural substances. In the context of *Odeshi, nommo* functions as a principle of activation that directs protective efficacy toward the body. The substances employed- plants, animal materials, minerals, and liquids- are understood to possess potential force, but this potential becomes effective only through proper verbal and procedural mediation.

From a pharmaceutical perspective, *nommo* may be interpreted symbolically as an indigenous analogue to *process control and intentional formulation*. In modern drug development, efficacy does not depend solely on the presence of an active compound; it also depends on correct formulation, dosage, timing, and mode of administration. A pharmacologically active substance administered incorrectly may lose its effectiveness or become harmful. Similarly, in *Odeshi* practice, improper articulation, ritual disorder, or moral breach is believed to compromise therapeutic efficacy.

This parallel suggests that *nommo* operates not as irrational incantation but as a culturally encoded mechanism for ensuring procedural precision. Ritual speech functions to regulate when, how, and for whom substances are activated. In this sense, *nommo* embodies an indigenous epistemic strategy for quality control, ensuring that therapeutic force is neither indiscriminately released nor detached from ethical oversight. Such regulation is particularly significant in the absence of written protocols or laboratory instrumentation.

Furthermore, the emphasis on verbal activation underscores the *intentionality of healing* within Igbo epistemology. Healing is not conceived as an automatic mechanical process but as a purposive act involving conscious alignment between practitioner, substance, and recipient. Contemporary pharmaceutical ethics similarly emphasizes intentionality, informed consent, and contextual sensitivity in therapeutic intervention. The difference lies not in ethical concern but in symbolic articulation.

This research affirms that ritual speech often accompanies the preparation and administration of herbal remedies, serving to situate therapeutic action within a moral and cosmological order. Such speech is believed to orient healing toward life preservation rather than destructive ends. In the case of *Odeshi*, *nommo* reinforces the preventive objective of fortification rather than invulnerability, aligning therapeutic practice with realistic expectations of bodily resilience.

Interpreting *nommo* through a pharmaceutical lens therefore enables a conceptual translation without epistemic reduction. Rather than dismissing ritual speech as non-scientific, it can be understood as an indigenous framework for procedural discipline, intentional formulation, and ethical regulation. This translation preserves cultural meaning while opening space for systematic investigation of material efficacy.

Ultimately, the role of *nommo* in *Odeshi* highlights the inseparability of ontology, epistemology, and therapeutics in Igbo thought. Efficacy is not reduced to chemistry alone but emerges from the coordinated interaction of substance, speech, timing, and moral order. Recognizing this integrated logic is essential for any responsible attempt to transition *Odeshi* from ritualized protection to regulated pharmaceutical application.

Odeshi as a Proto-Pharmaceutical System

To conceptualize *Odeshi* as a proto-pharmaceutical system requires moving beyond a ritual-centric interpretation towards a therapeutic rationalization grounded in material practice, experiential validation, and procedural consistency. In pharmaceutical history, proto-pharmaceutical systems refer to early stages of medicine in which natural substances were employed for therapeutic purposes before the emergence of laboratory isolation, chemical synthesis, and clinical standardization. *Odeshi* conforms closely to this characterization.

At the material level, *Odeshi* employs identifiable natural substances, including medicinal plants, animal-derived materials, minerals, and liquids, many of which overlap with substances documented in African traditional medicine. These materials are selected based on long-standing experiential knowledge and symbolic association rather than arbitrary choice. Studies on African pharmacopeia confirm that such selections often correlate with pharmacologically active properties, even when explained through metaphysical language (Mahomoodally, 2013).

Beyond material composition, proto-pharmaceutical systems are distinguished by *informal standardization.* Although *Odeshi* lacks written formularies or laboratory protocols, its preparation and application follow recognizable patterns transmitted through apprenticeship and communal regulation. Practitioners adhere to established sequences, timing, and restrictions that ensure repeatability across contexts. This consistency suggests an implicit form of standardization comparable to early herbal medicine traditions in Europe and Asia (Sawadogo et al., 2012).

Experiential validation constitutes another defining

feature of proto-pharmaceutical knowledge. *Odeshi's* persistence across generations reflects sustained communal recognition of its protective efficacy. In Igbo epistemology, practices that consistently fail are gradually abandoned or re-evaluated. This adaptive process mirrors contemporary pharmaceutical development, where compounds undergo iterative testing and modification based on observed outcomes. The epistemic difference lies not in the presence or absence of evaluation but in the mode through which evaluation is conducted.

Furthermore, *Odeshi's* preventive orientation aligns it with an emerging pharmaceutical emphasis on *prophylaxis and resilience-building*. Rather than functioning as a curative intervention after harm has occurred, *Odeshi* seeks to strengthen bodily resistance in anticipation of potential threats. This logic parallels modern preventive medicine, where vaccines, supplements, and prophylactic therapies aim to enhance the body's defensive capacity. Interpreted within this framework, it represents an indigenous articulation of preventive pharmacology.

Importantly, recognizing it as proto-pharmaceutical does not require acceptance of all its metaphysical explanations. Pharmaceutical science routinely reinterprets indigenous knowledge by isolating active components, determining dosage, and assessing safety while retaining the original therapeutic insight. Many modern drugs, including anti-malarials and analgesics, originated from traditional remedies later subjected to scientific refinement. It occupies a comparable epistemic position, representing therapeutic knowledge awaiting systematic investigation rather than irrational belief awaiting dismissal.

Conceptualizing it in this way also resolves a persistent epistemic tension. Rather than forcing *Odeshi* to conform prematurely to biomedical standards or rejecting it outright, the proto-pharmaceutical framework acknowledges its developmental stage. It affirms indigenous rationality while recognizing the necessity of scientific systematization for broader application.

In sum, it qualifies as a proto-pharmaceutical system by virtue of its material basis, informal standardization, experiential validation, preventive orientation, and adaptive capacity. This conceptualization provides a coherent bridge between indigenous Igbo therapeutic knowledge and contemporary pharmaceutical science, laying the groundwork for responsible integration, regulation, and innovation.

Pharmacological Potentials of Natural Substances in *Odeshi*

A central justification for reinterpreting *Odeshi* through a pharmaceutical lens lies in the pharmacological potential of the natural substances traditionally employed in its preparation. African traditional medicine is widely recognized as being grounded in extensive ethno-botanical knowledge accumulated through centuries of observation, experimentation, and refinement. Contemporary scientific studies increasingly confirm that many African medicinal plants contain bioactive compounds with demonstrable therapeutic effects (Mahomoodally, 2013). *Odeshi* draws from this same reservoir of indigenous material knowledge, even though its efficacy is traditionally explained through metaphysical rather than biochemical language.

Studies of African herbal medicine reveal that plant materials commonly used in indigenous therapeutic systems possess properties such as anti-inflammatory, antimicrobial, antioxidant, analgesic, and immunomodulatory effects (Ezekwesili-Ofili & Okaka, 2019). These properties are directly relevant to bodily fortification and resistance to harm, which constitute the primary therapeutic objectives of *Odeshi*. When interpreted pharmacologically, the protective outcomes attributed to it may plausibly correspond to physiological processes such as enhanced immune response, improved tissue resilience, or neuro-physiological modulation.

In addition to plant-based substances, African traditional medicine also employs animal-derived materials and minerals, not as arbitrary inclusions but as components selected through symbolic reasoning and experiential efficacy. While modern pharmacology tends to prioritize plant-derived compounds, research increasingly acknowledges that animal products and mineral elements have historically contributed to drug development, particularly in traditional systems of medicine. The symbolic association of strength, hardness, and resistance with certain animal and mineral materials used in *Odeshi* may therefore conceal empirically grounded insights awaiting scientific investigation.

Ethno-pharmacological research emphasizes that indigenous explanations of efficacy often operate at a different epistemic level from scientific explanation. Metaphysical descriptions do not negate pharmacological action; rather, they reflect culturally appropriate interpretive frameworks. From this perspective, the metaphysical language surrounding *Odeshi* can be understood as a narrative articulation of observed physiological outcomes rather than as a rejection of material causality.

Importantly, the pharmaceutical value of *Odeshi* does not depend on accepting claims of absolute invulnerability. Contemporary pharmacology recognizes that therapeutic agents function probabilistically rather than deterministically. Vaccines, supplements, and prophylactic drugs reduce risk but do not guarantee immunity. Similarly, *Odeshi* seeks to enhance resistance to harm rather than to abolish vulnerability altogether. This

functional equivalence strengthens the case for interpreting *Odeshi* as a preventive therapeutic system rather than as a mystical anomaly.

The modern pharmaceutical industry has repeatedly demonstrated that indigenous knowledge systems are invaluable sources of drug discovery. Many widely used medications originated from traditional remedies that guided scientific inquiry toward bioactive compounds (Abdullahi, 2011). African traditional medicine, however, remains underrepresented in global pharmaceutical development due to inadequate documentation, limited funding, and epistemic marginalization. *Odeshi* exemplifies this untapped potential, representing a body of indigenous therapeutic knowledge that has not yet undergone systematic pharmacological exploration.

Recognizing the pharmacological potential of *Odeshi's* material components therefore serves two purposes. First, it provides a scientific rationale for further investigation into indigenous protective practices. Second, it challenges the assumption that metaphysical framing precludes material efficacy. When approached with methodological rigor and ethical sensitivity, it offers a promising entry point for expanding African contributions to pharmaceutical science.

Preventive Medicine and the Logic of Fortification

A defining feature of *Odeshi* is its orientation towards prevention rather than cure. Unlike therapeutic interventions that respond to illness or injury after onset, *Odeshi* operates within a logic of fortification- the intentional strengthening of the body to resist harm before it occurs. This orientation aligns closely with contemporary preventive medicine, which increasingly emphasizes prophylaxis, immune modulation, and resilience-building as central pillars of effective healthcare.

Preventive medicine is widely recognized as one of the most cost-effective and socially sustainable approaches to healthcare delivery, particularly in contexts where access to advanced biomedical infrastructure is limited. Global health frameworks emphasize vaccination, supplementation, lifestyle modification, and early intervention as means of reducing morbidity and mortality. Within African traditional medicine, similar preventive strategies have long existed in the form of protective remedies, dietary regulation, ritual observance, and bodily fortification. *Odeshi* represents a specific indigenous articulation of this preventive logic within the Igbo context.

The logic of fortification underlying *Odeshi* is grounded in the belief that vulnerability is not merely a biological condition but an existential state shaped by bodily strength, moral discipline, and environmental alignment. Protection, therefore, involves enhancing the body's capacity to withstand external threats rather than eliminating risk entirely. From a pharmaceutical standpoint, this approach corresponds to interventions that improve baseline physiological resilience, such as immune-enhancing agents, adaptogens, and prophylactic therapies.

Contemporary studies of African traditional medicine confirm that many indigenous remedies are employed not solely for curative purposes but for long-term health maintenance and resistance to disease. Herbal tonics, protective infusions, and strengthening formulations are often administered regularly rather than episodically (Ezekwesili-Ofili & Okaka, 2019). When interpreted pharmacologically, such practices resemble modern preventive regimens aimed at sustaining bodily equilibrium and reducing susceptibility to illness or injury. Importantly, the preventive orientation of *Odeshi* challenges popular misconceptions that portray it as a claim to absolute invulnerability. Indigenous accounts emphasize that *Odeshi* does not abolish human fragility but enhances resistance within certain limits. This probabilistic understanding of efficacy mirrors contemporary medical realism, which recognizes that preventive interventions reduce risk rather than guarantee immunity. Vaccines, for example, significantly lower the probability of disease but do not eliminate it entirely.

The logic of fortification also carries ethical implications. Preventive interventions prioritize communal well-being by reducing the overall burden of injury and disease. In traditional Igbo society, *Odeshi* was often associated with communal protection in contexts of warfare, vigilantism, or social insecurity. This communal dimension aligns with public health principles that emphasize collective benefit over individual entitlement.

Reframing *Odeshi* within preventive medicine therefore accomplishes an important conceptual shift. It removes the practice from sensational narratives of mystical invulnerability and situates it within rational health discourse concerned with resilience, risk reduction, and bodily preparedness. This reframing allows *Odeshi* to be evaluated according to realistic therapeutic criteria rather than exaggerated expectations.

In sum, the logic of fortification central to *Odeshi* resonates strongly with contemporary preventive medicine. By seeking to enhance resistance to harm rather than to suspend natural vulnerability, *Odeshi* exemplifies an indigenous preventive strategy that can inform modern pharmaceutical approaches when subjected to systematic research and ethical regulation. This alignment further strengthens the case for reinterpreting *Odeshi* as a proto-pharmaceutical system oriented toward preventive healthcare.

World Health Organization and Global Health Policy

Any serious pharmaceutical interpretation or reinterpretation of *Odeshi* must be situated within existing global health policy frameworks. Over the past two decades, the World Health Organization (WHO) has consistently acknowledged the central role of African traditional medicine in primary healthcare delivery, particularly in low- income and middle-income contexts. WHO reports indicate that a significant proportion of populations in Sub-Saharan Africa depend on traditional medicine for everyday healthcare needs, especially preventive and primary care (James et al., 2018). This reliance is not merely cultural but structural, reflecting gaps in biomedical infrastructure, affordability, and accessibility.

The WHO does not approach traditional medicine as an irrational or obsolete system. Rather, its policy documents emphasize the need for documentation, regulation, standardization, safety evaluation, and integration of indigenous medical practices into national health systems (Sawadogo et al., 2012). This policy stance provides an institutional foundation for rethinking *Odeshi* beyond ritualized protection. When reframed as an indigenous preventive therapeutic system, *Odeshi* falls squarely within the scope of WHO's strategic objectives for traditional and complementary medicine.

The WHO Traditional Medicine Strategy underscores the importance of transforming experiential indigenous knowledge into regulated therapeutic resources through scientific research and ethical oversight (Abdullahi, 2011). This transformation does not require the abandonment of cultural identity; instead, it promotes epistemic translation whereby indigenous practices are rendered intelligible within modern healthcare frameworks. *Odeshi's* material basis, preventive orientation, and experiential validation align with this policy direction, making it a viable candidate for pharmaceutical investigation rather than outright exclusion.

Furthermore, WHO-aligned scholarship emphasizes that African traditional medicine has historically contributed to drug discovery and continues to offer untapped potential for pharmaceutical innovation. Despite this potential, many indigenous practices remain marginalized due to the absence of formal research infrastructure and regulatory mechanisms. *Odeshi* exemplifies this paradox: widely recognized within local contexts for its protective efficacy, yet excluded from structured scientific inquiry due to its metaphysical framing and association with secrecy.

Global health policy also highlights the risks associated with unregulated traditional medicine, including issues of safety, dosage inconsistency, and misuse (James et al., 2018). These concerns reinforce the need for regulation rather than eradication. A pharmaceutical approach to *Odeshi* directly addresses such concerns by advocating systematic documentation, toxicological assessment, dosage calibration, and ethical governance. In this sense, pharmaceutical reinterpretation responds to WHO policy faithfully.

Several African countries have begun implementing WHO recommendations by establishing traditional medicine research institutes, national pharmacopeias, and regulatory councils. These initiatives demonstrate that indigenous medical systems can coexist with biomedical institutions when supported by appropriate policy frameworks. *Odeshi's* integration into such structures would require similar institutional commitment, including collaboration between traditional practitioners, pharmacologists, ethicists, and public health authorities.

Situating *Odeshi* within WHO global health policy therefore achieves a crucial reframing. It shifts the discourse from cultural defensiveness to public health relevance, from metaphysical controversy to regulatory responsibility. By aligning *Odeshi* with WHO's strategic vision for traditional medicine, the practice is repositioned not as an obstacle to modern healthcare but as a potential contributor to preventive medicine, pharmaceutical innovation, and culturally responsive health systems.

De-Occultization and the Rationalization of *Odeshi*

One of the most significant obstacles to the scientific and pharmaceutical engagement with *Odeshi* is its persistent association with secrecy, ritual exclusivity, and occult symbolism. While these features are historically intelligible within indigenous knowledge transmission, they pose serious challenges to transparency, reproducibility, and public accountability. In contemporary health discourse, practices perceived as occult are routinely excluded from research agendas, regardless of their experiential efficacy.

De-occultization, does not imply the rejection or erasure of Igbo cultural and metaphysical foundations. Rather, it refers to a *methodological and epistemic shift* from esoteric presentation to publicly intelligible frameworks. This shift involves translating ritualized knowledge into documented procedures, substituting absolute metaphysical claims with probabilistic therapeutic expectations, and relocating authority from individual charisma to institutional oversight. Such a process is essential for any indigenous practice seeking integration into modern pharmaceutical systems.

The continued marginalization of indigenous therapies is often less about lack of efficacy and more about lack of documentation and regulatory engagement. Practices that remain embedded exclusively within ritual secrecy are difficult to evaluate scientifically, regulate ethically, or scale safely. *Odeshi's* association with invulnerability narratives further complicates this challenge by inviting sensationalism and skepticism rather than measured inquiry.

A rationalized approach to *Odeshi* requires disentangling

therapeutic substance from ritual absolutism. The material components employed in *Odeshi* (plants, animal products, minerals, and liquids) can be subjected to pharmacological investigation without endorsing metaphysical claims of total imperviousness. Pharmaceutical science routinely examines traditional remedies by isolating active constituents, testing toxicity, and establishing dosage rangesn (Ezekwesili-Ofili & Okaka, 2019). De-occultization thus creates the conditions under which *Odeshi* can be studied responsibly rather than dismissed categorically.

From a philosophical perspective, de-occultization represents a movement from private epistemology to public rationality. Knowledge that remains inaccessible to public scrutiny cannot be ethically deployed as a healthcare resource. WHO policy frameworks emphasize that traditional medicine must be integrated through evidence-based evaluation, safety assessment, and standardized practice. By aligning *Odeshi* with these principles, de-occultization serves as a bridge between indigenous insight and global health governance.

Importantly, rationalization does not deny the symbolic and ethical dimensions of *Odeshi*. Instead, it re-positions them as contextual frameworks rather than explanatory endpoints. Ritual speech, moral discipline, and communal authorization can be understood as cultural mechanisms of quality control rather than as substitutes for material efficacy. This reinterpretation preserves cultural meaning while allowing scientific investigation to proceed.

In effect, de-occultization transforms *Odeshi* from an epistemically isolated practice into a candidate for interdisciplinary inquiry. It enables pharmacologists, ethno-botanists, philosophers, and public health experts to engage *Odeshi* without cultural reductionism or scientific arrogance. Without this transformation, *Odeshi* remains vulnerable to misrepresentation, abuse, and wholesale dismissal.

Thus, de-occultization is not a threat to Igbo indigenous knowledge but a necessary condition for its survival and relevance in contemporary healthcare discourse. By rationalizing *Odeshi* within transparent and ethical frameworks, indigenous protection is repositioned as therapeutic science capable of contributing to preventive medicine and pharmaceutical innovation.

Ethical Regulation and Risk Management

Any attempt to translate *Odeshi* from indigenous protective practice into pharmaceutical science must confront ethical concerns related to safety, regulation, and public accountability. Ethical regulation is a defining feature of modern pharmaceutical practice, ensuring that therapeutic interventions promote human well-being while minimizing harm. In its traditional context, Odeshi operates within moral and communal constraints; however, these informal safeguards are insufficient for broader public health application without systematic oversight.

One of the primary ethical challenges associated with it concerns dosage control and toxicity. Indigenous therapeutic knowledge often relies on experiential judgment rather than quantified measurement. While such judgment may be effective within localized contexts, pharmaceutical integration demands precise dosage determination to prevent adverse reactions and ensure reproducibility. Studies on African traditional medicine repeatedly emphasize the need for toxicological assessment and dosage standardization to enhance safety and credibility (Ezekwesili-Ofili & Okaka, 2019).

Another ethical concern involves informed consent and practitioner accountability. In traditional settings, authority is vested in ritual specialists whose legitimacy derives from lineage, reputation, and communal trust. However, contemporary medical ethics requires transparency regarding potential risks, benefits, and limitations of therapeutic interventions. Pharmaceutical reinterpretation relocates authority from individual charisma to institutional responsibility, thereby protecting users from exploitation, misinformation, or coercion.

Risk management also necessitates addressing the potential misuse of *Odeshi*-derived substances. Without regulation, protective remedies can be exaggerated, abused, or commercialized irresponsibly. WHO and other health authorities emphasize that the safe integration of traditional medicine depends on proper evaluation, regulation, and standardization, particularly in relation to efficacy, safety, and professional practice (Sawadogo et al., 2012). Regulation, therefore, functions as a protective mechanism for both patients and practitioners.

Ethical pharmaceutical development further requires adherence to core bioethical principles: beneficence, non-maleficence, autonomy, and justice. These principles are not foreign to Igbo moral philosophy, which places strong emphasis on life preservation, communal responsibility, and moral restraint. Pharmaceutical regulation thus represents continuity rather than rupture, translating indigenous ethical concerns into formalized standards suitable for public health systems.

Safety evaluation is particularly critical in the case of preventive therapies, where long-term exposure may produce cumulative effects. Rigorous pharmaco-vigilance (including monitoring adverse reactions and interactions) is essential to ensure that *Odeshi*-derived formulations do not undermine the very goal of life preservation they seek to promote.

Ultimately, ethical regulation transforms *Odeshi* from a personalized protective practice into a public health resource governed by professional standards. This transformation enhances credibility, protects cultural

integrity, and enables responsible innovation. Without ethical regulation, pharmaceutical interest in *Odeshi* risks replicating patterns of exploitation. With regulation, *Odeshi* becomes a candidate for safe, effective, and culturally grounded therapeutic contribution.

Scientific Challenges and Methodological Pathways for Pharmaceutical Integration

Despite its conceptual and material potential, the integration of *Odeshi* into pharmaceutical science presents a range of scientific and methodological challenges. The first and most fundamental challenge is *epistemic translation*- the task of moving from a force-based and metaphysical explanatory framework to biochemical and physiological models without dismissing indigenous insight. Indigenous therapeutic knowledge is often encoded in symbolic language that resists direct scientific equivalence, yet this does not preclude empirical relevance. The challenge lies in translating meaning without epistemic violence.

A second challenge concerns *methodological standardization*. Pharmaceutical science depends on reproducibility, controlled experimentation, and quantifiable outcomes, whereas indigenous practices such as *Odeshi* are often context-specific and personalized. Studies on African traditional medicine emphasize that lack of standardized preparation methods and dosage ranges has been a major obstacle to scientific validation (Ezekwesili-Ofili & Okaka, 2019). Addressing this challenge requires careful documentation of preparation patterns, administration modes, and observed effects across multiple contexts, thereby identifying common variables suitable for laboratory investigation.

Another significant challenge involves *material complexity. Odeshi* preparations typically employ multiple substances whose combined effects may be synergistic rather than attributable to a single active compound. Contemporary pharmacology increasingly recognizes the therapeutic value of multi-component formulations, particularly in herbal medicine (Mahomoodally, 2013). However, isolating and testing synergistic effects requires advanced experimental design and interdisciplinary expertise. This complexity should not be interpreted as a deficiency but as an invitation to methodological innovation.

Skepticism rooted in *colonial epistemic hierarchies* also constitutes a major barrier. Indigenous-derived therapies are frequently regarded as inferior or unreliable until validated by Western institutions, even when empirical outcomes suggest efficacy (Abdullahi, 2011). This bias limits funding, institutional support, and scholarly engagement. Overcoming it requires the strengthening of African research institutions and the affirmation of indigenous intellectual ownership in pharmaceutical development.

Methodologically, a phased integration pathway offers the most responsible approach. The first phase involves *ethno-pharmacological documentation*, where indigenous knowledge is recorded systematically without ritual sensationalism. The second phase entails *phytochemical and biochemical screening* to identify active compounds and assess pharmaco-dynamic and pharmaco-kinetic properties. The third phase focuses on *formulation and dosage standardization*, translating traditional administration into safe and accessible pharmaceutical forms (Sawadogo et al., 2012). Finally, *clinical evaluation* must be conducted to assess efficacy, safety, and long-term effects under controlled conditions.

Interdisciplinary collaboration is essential throughout this process. Philosophers, pharmacologists, ethno-botanists, medical scientists, and traditional practitioners must work together to ensure methodological rigor and cultural sensitivity. WHO-aligned scholarship repeatedly emphasizes that successful integration of traditional medicine depends on such collaborative frameworks (James et al., 2018). Without them, pharmaceutical interest risks either reductionism or romanticization.

In sum, the scientific challenges facing the pharmaceutical integration of *Odeshi* are substantial but not insurmountable. When approached through careful epistemic translation, methodological innovation, and institutional support, these challenges become opportunities for expanding the scope of pharmaceutical science.

CONCLUSION

This controversial research has argued for a systematic pharmaceutical reinterpretation of *Odeshi* grounded in Igbo epistemology and ontology, African traditional medicine, and contemporary global health discourse. Rather than dismissing it as superstition, fetishism, or occult practice, the research has demonstrated that it constitutes a coherent proto-pharmaceutical system oriented towards life preservation, preventive therapeutics, and bodily fortification. When examined within its indigenous epistemic context, it emerges as an experiential and pragmatic response to existential vulnerability rather than as an irrational deviation from medical reasoning.

By situating it within African traditional medicine, the study has shown that protection and prevention are legitimate therapeutic objectives in indigenous healthcare systems. It's reliance on natural substances, ritualized process control, and experiential validation aligns it with early stages of pharmaceutical development observed in other medical traditions. Its preventive orientation resonates strongly with contemporary healthcare

emphasis on prophylaxis, resilience, and risk reduction, thereby challenging narratives that portray indigenous protection as antithetical to scientific medicine.

The analysis of Igbo epistemology further revealed that therapeutic knowledge is validated through communal experience, sustained effectiveness, and adaptive refinement. This epistemic structure parallels modern scientific practice more closely than is often acknowledged, differing primarily in explanatory language rather than rational intent. The concept of *nommo* was reinterpreted not as mystical incantation but as a culturally encoded mechanism of process control, intentional formulation, and ethical regulation-functions analogous to standardized protocols in pharmaceutical science.

Crucially, the study emphasized that the future relevance of *Odeshi* depends on de-*occultization, ethical regulation, and scientific systematization*. Without transparency, documentation, and safety evaluation, indigenous practices remain vulnerable to misrepresentation, abuse, and epistemic exclusion. Conversely, responsible pharmaceutical integration offers a pathway for transforming experiential indigenous knowledge into regulated therapeutic resources without erasing cultural identity.

The research also highlighted significant scientific and methodological challenges, including epistemic translation, standardization, and institutional bias. These challenges, however, are not grounds for rejection but opportunities for interdisciplinary collaboration and methodological innovation. African research institutions, supported by appropriate policy frameworks, are well positioned to lead this transformation, ensuring intellectual ownership, ethical governance, and sustainable development of indigenous pharmaceuticals.

Ultimately, the pharmaceutical reinterpretation of *Odeshi* carries implications beyond medicine. It represents an act of epistemic restoration, affirming the legitimacy of Igbo indigenous knowledge as a contributor to global science. By moving from indigenous protection to therapeutic science, *Odeshi* exemplifies how metaphysical insight, experiential knowledge, and modern pharmaceutical methodology can converge in the shared pursuit of human well-being. In reclaiming *Odeshi* as therapeutic science, Igbo epistemology asserts not only its medical relevance but its enduring philosophical contribution to the future of global healthcare.

REFERENCES

1. Abdullahi, A. A. (2011). Trends and challenges of traditional medicine in Africa. African Journal of Traditional, Complementary and Alternative Medicines, 8(Suppl.), 115-120.
2. Ezekwesili-Ofili, J. O., & Okaka, A. N. C. (2019). Herbal medicines in African traditional medicine. In Herbal medicine (Chap. 10, pp. 191-207). IntechOpen. https://doi.org/10.5772/intechopen.80348
3. James, P. B., Wardle, J., Steel, A., & Adams, J. (2018). Traditional, complementary and alternative medicine use in sub-Saharan Africa: A systematic review. BMJ Global Health, 3(4), e000895, 1-11. https://doi.org/10.1136/bmjgh-2018-000895
4. Mahomoodally, M. F. (2013). Traditional medicines in Africa: An appraisal of ten potent African medicinal plants. Evidence-Based Complementary and Alternative Medicine, 2013, Article 617459, 1-14. https://doi.org/10.1155/2013/617459
5. Sawadogo, W. R., Schumacher, M., Teiten, M.-H., Dicato, M., & Diederich, M. (2012). Traditional West African pharmacopeia, plants and derived compounds for cancer therapy. Biochemical Pharmacology, 84(10), 1225-1240. https://doi.org/10.1016/j.bcp.2012.07.002