Jumuga Journal of Education,
Oral Studies, and Human Sciences (JJEOSHS)
editor@jumugajournal.org
http://www.jumugajournal.org
Volume 5, No. 1, 2022
DOI: https://doi.org/10.35544/jjeoshs.v5i1.56

Were the African indigenous resources rendered impotent by the pandemic?
A Review of COVID-19 Impact in Kenya, March 2020 to March 2022

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Abstract
Corona Virus Disease 2019 (COVID-19), an infectious disease caused by the SARS-CoV-2 virus, became a reality in Kenya on 13 March 2020 when the first confirmed case was publicly announced. It spread across the country and had posted over 300, 000 confirmed cases and over 5, 000 deaths by March 2022. With some risk factors, for COVID-19, remaining: close contacts, coughing, sneezing by an infected person, poor air flow, and crowded places with infected people, among others, the pandemic remained a major scare. As Kenya geared towards its routine 5-year cycle that leads to a general election, on Tuesday 9 August 2022, massive crowds, in a hotly contested general election, posed a challenge, especially at the presidential levels. There were fears that the 2022 electoral contests would reverse the gains that had been made on the COVID-19 onslaughts in the previous years (2020, 2021), as the government had put up realistic containment measures. These control measures had previously banned crowded political rallies among other methods of combat. Church gatherings, and other social activities were effectively controlled. In a nutshell, the coming of COVID-19, in March 2020, brought about far-reaching effects that will continue to inform the Kenyan nation for an unforeseeable future. Were the indigenous resources rendered irrelevant by COVID-19 or confirmed as critical partners in the fight against such ailments? Did the failure to exorcise the demons of COVID-19 reduce the religious institutions to near irrelevance? (Mk. 5:4-20, Lk. 4:33-36). This article seeks to explore how these impacts, on the Kenyan society played out; and how communal-inclusive approaches were utilized to usher in an African face in the blitzkrieg against the pandemic.

Key Words: COVID-19, Containment of COVID-19, Impacts of COVID-19, African Indigenous resources, Kenya.

Introduction

Statistically, the pandemic which was first reported in Wuhan, China, on 31 December 2019, and quickly spread across the world, had infected over 600 million globally by March 2022, and over 6 million people had died. Positively, there were about 600 million recoveries as well. In Africa, there were more than 10 million confirmed cases by March 2022. South Africa led in confirmed cases with over 3 million. Others were: Morocco and Tunisia with about 1 million cases each, Egypt, Libya, and Ethiopia followed suit with about 500, 000 cases each. Reunion followed with about 400, 000 cases, while Kenya had about 300, 000 cases by the end of March 2022. Nairobi, the capital city of Kenya, got the highest number of cases with over 120, 000 confirmed COVID-19 victims. Other counties that took a cue from the former include: Kiambu with about 19, 000, Mombasa with about 17, 000, Nakuru with about 16, 000, Uasin Gishu with about 10, 000, Machakos, Kisumu, Kajiado, and Kilifi with about 7, 000 each, and Busia and Siaya counties with about 6, 000 each (Gathogo 2022a, Male 2022). This article assumes that

the actual figures will never be known, as some went unreported, and others benefitted from the African indigenous resources; hence they did not handle it 'formally.' Nevertheless, these approximations helps us to understand the situation in Kenya and the rest of the tropical Africa. Moreover, this compares well with the previous plague, the Influenza Pandemic that "killed over 100 million people" (Gathogo 2022c:127, Andayi et al., 2020).

In turn, the Influenza Pandemic (wrongly called the Spanish Flu), is the most severe endemic in modern history; and was caused by an H1N1 virus with genes of avian (flying creatures) origin. The Influenza Pandemic was a type A form of an infection, a virus for that matter, that started in a bird host (bird flu). At a certain stage, it diffused to mammals. In contrast, COVID-19 is caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2 - a member of a large family of viruses called coronaviruses) (Andayi et al., 2020). In other words, it is a strain of coronaviruses (a group of related ribonucleic acid, abbreviated as RNA viruses) that cause diseases in mammals and birds. This respiratory illness is fatal and a threat to our existence as individuals and as a community of nations. As noted in Gathogo (2022c:127-128),

> The main difference [between COVID-19 and Influenza Pandemic], however, is that COVID-19 was caused by a different virus, and there was very little likelihood that it could kill such a large number of people, as in the case of the 1918-19 influenza pandemic. The First World War (hereafter, WWI) was about to end, when the mysterious disease appeared. In order to maintain the morale of soldiers on the battlefield, Britain, Germany and France decided to hide the information. Only the neutral Spain reported about the virus. The constant reports from Spain, coupled with the illness of King Alfonso XIII (1886–1941) of Spain finally lifted the lid on the severity of the influenza. This also created the wrong perception that the disease could have originated from Spain; hence the name "Spanish Flu."

Although the COVID-19 scare did not kill, or will not kill, as many people (only less than 10 million globally) as in the case of the Influenza Pandemic (that killed over 100 million people worldwide), clear records cannot be confirmed in both cases, especially in Kenya-African context. Thus,

> Kenya had no reference national population census data; before 1948; hence it is a tall order to tell exactly what the actual figures for those who lost their lives, during the 1918 epidemic. To this end, the calculated rates were a mere aggregate population approximation that was amalgamated from scattered sources. In any case, the determination of influenza illness or death was solely based on a physician's opinion. Furthermore, the degree of under reporting of pandemic cases that did not seek health care remains virtually unknown right into the twenty-first century (Gathogo 2021:43-44, Gathogo 22c:128, Morgan 2000:54).

Critically important is to concede that these unprecedented sicknesses and ultimate deaths of 1918 and 1919, which cut across the ethnic-national divides, led Africans to doubt the superiority of the European community or any other world society for that matter. It also led them to openly question 'foreign' religions such as Islam and Christianity and their efficacy in warding off calamities of such magnitude. The contestation on whose animal sacrifices (Goat or Sheep), without blemish or bodily defect or priestly holiness, among other considerations, reached God, now informed the conversations of the day. Consequently, a 're-emergence' of indigenous religion began in earnest, or was it a mere demonstration of the resilient characteristic of African religion? (Gathogo 2009). Such encounters also strengthened political activism, and opened up the Africans to critical thinking and general curiosity.

Certainly, it is after the WW1 and the aftermath of the Influenza Pandemic of 1918 and 1919 that the,

> African nationalists [in Kenya] also began to form political parties, otherwise called Associations. Such included, East African Association [1920], Young Kikuyu Association [1921], Young Kavirondo Association [1921], and Kikuyu Central Association [1925] among others. The formation of the Kikuyu Association is associated with Senior Chief Koinange, in late 1920. In February 1921, the East African Association held a meeting at Ndaguriti (Dagoretti, which means 'the great corner'). … [And that was also] the day when Harry Thuku [a leading African nationalist] was given the address of a senior British Government Minister and he sent a telegram to London telling of the difficulties that Africans were undergoing, including land expropriation and forced labour (Gathogo 2020b:5).

To an extent, it fuelled African nationalism and the quests for political independence "from these people who don't know how to treat their very own diseases," a people who looked helpless before "their own calamities that sprinkled to us by

default" (Njagi 07:03:2020, Karunji 20:01:2020). They would go on to wonder: "How could they fail to handle their own complications and then cry all over like the under-age, as our parents wondered then, and talked about it for more than a decade" (Njagi 07:03:2020, Karunji 20:01:2020). They could talk a lot about what they considered as "the European-rooted sicknesses versus common African diseases which could not be handled by European medical practitioners; rather African indigenous knowledge was its panacea" (Karunji 20:01:2020).[1]

Conversely, Africans who were 'deeply' committed to the new religion (Christianity) envisioned the pandemic as a hand of God punishing humanity for its rebelliousness, evil and/or sinful behaviours. To punish the Europeans for their unwarranted inter-clan wars, in the name of First World War (WW1, 1914-18), some evangelicals felt, it was enough justification for God's wrath (Gathogo 2021, Njagi 07:03:2020). For how could they shed blood in their unnecessary battles for supremacy even when Jesus had reconciled humanity sacrificially with his own blood? Such theo-religio-spiritual articulations failed to resolve the African plight in totality, and weren't convincing enough. For why didn't the 'bad' ethnic-national group suffer alone? Were the Africans made to undertake a 'punishment' collectively with the rest of the world irrespective of their 'innocence,' as the Europeans spoiled for war, prior to 1914? (Njagi 07:03:2020, Karunji 20:01:2020).

This reminisces some 'prophecies' and downright heretical teachings that emerged after March 2020, to the extent that COVID-19 was no longer a medical problem, as it was reduced to a mere spiritual matter by some members of the New Religious Movements (NRMs) who were beholden to the Christian faith. In these 'prophetic' schools of thought, COVID-19 was seen as "God's way of punishing sinners … as a punishment for unrepentant Kenyans …as the moment to quarantine from every kind of sin against God …and as the warning signal that we must reform our ways and our actions so that God could allow us to live in this place (Jeremiah 7:3)…" (Gathogo 22c:135) and so on. This global calamity was unfortunately reduced to a Kenyan affair by such untrained theologians who were active members or even leaders of the emerging religious outfits in the twenty-first century Kenya. Consequently,

> This however turned problematic in that, Kenya claims to be an 80% Christian [country]. With very committed Christians in Kenya's territorial space bearing the brunt as their businesses were closed down, as they obeyed the government imposed curfew and the lockdown that went hand-in-hand, one wondered why they too were under punishment from God. Or was it part of persecutions, martyrdom, and/or trials and temptations that every believer undergoes? Why [specifically did it have to be] the Churches, bars, public gatherings, and schools [which] were classed together by the government and were collectively closed down in mid-March 2020? Such happenings did not resonate well with prophet Jeremiah's call for a reformation of ways, as the Holy shrines were not spared as well [or was it the case of the two thieves who were ironically crucified with the Saviour in Luke 23:32-55?] (Gathogo 2022c:135).

[1]As the researcher and his brother Karuru Kathogo, an Environmentalist of note, interviewed him, they were surprised to learn that the elderly Mzee Simon Murani wa Karunji, born 1918, then 102 years old, was able to lead them into a hearty conversation that was spiced with measured humour. This was on 20 January 2020 when the researcher, his brother Karuru, Karunji's daughter Emily Murani, bumped on him without notice, as they knew that his travels were limited by his advancing age. They noted that he had a sharp memory that was baffling. They were surprised to learn that he died a few months later, exactly on 19 April 2020, during the high pick of COVID-19 lockdown when Kenyans were restricted from one area to another via a presidential decree. Due to the national COVID-19 lockdown thus, the researcher could not attend the burial of this age mate and close friend of his father Josphat, as he was in the coastal city of Mombasa, a road distance of 669.9 kilometres away from Karunji's Kiambagathi home, near Kabonge junction, Kirinyaga County of Kenya. In particular, the researcher and his brother were moved, sometimes to tears, as Mzee Murani wa Karunji narrated, from A to Z, about their father who was like a Siamese brother to him - as they grew up in rural Njumbi-Mutira village of Kirinyaga County. Clearly, it was like watching a movie when they were hearing blow-by-blow account about their father, an ex-Mau-Mau detainees, from boy-hood, teenagehood, young adult-hood, and full-adulthood stages. That is, wa Kamoni (aka *Siboti wa Wanduma,* the sports inspired son of Madam Wanduma), the pioneer and the de-facto King of western-oriented artistry during their youthful days, and as the foremost Piano Accordion player (*Kinanda kia Mugeto*) who frolicked it spiritedly as others danced fervidly, and as he led celebratory events; and indeed a trainee of the then Native Industrial Training Depot (popularly called NITD-Kabete, now Kabete National Polytechnic) of the late 1930s. They could hear Karunji's view on his major failures, regrets, highest moments, shattered dreams, and triumphs. They were tearfully made to understand themselves better through these lenses. They could now understand where their energies and passions stems from, especially when carrying out their duties. They could also understand their limitations. As COVID-19 lockdowns came shortly (March-April 2020), it was easy to reconnect it in light of Mzee Simon Murani wa Karunji's bare-knuckled comments of January 2020. Born the year Influenza Pandemic had caused havoc, 1918-1919, Mzee Murani wa Karunji was able to explain how his parents and the rest of society wrestled with it, and how it triggered political activism among Kenya-Africans who saw Europeans as weak in handling 'their own diseases' yet African indigenous medicine was handling African rooted ailments. In a sense, he also helped them to understand COVID-19, as it emerged. Undoubtedly, being foretold is being forearmed against unpleasant possibilities and/or another undesirable future event.

Certainly, the 'gains' of the rapid tempo of COVID-19, which threatened people's survival, were reversed in March 2021 when Kenya started her vaccination campaign against it, with doses that were received through the COVID-19 Vaccine Global Access Facility, also referred to as COVAX initiative (Male 2022). Further, COVAX initiative, the ground-breaking initiative, had been launched by the World Health Organization (WHO) and her sister associations such as the Vaccine Alliance, and the Coalition for Epidemic Preparedness (CEPI). COVAX's aims were to ram up vaccine manufacturing and eventually see to it that there was a fair distribution globally (Gharib 2021). As Sarah El Gharib (2021:1) has noted, COVAX's initial aim was "to deliver 2 billion vaccine doses by the end of 2021" so as to end the worst level of the epidemic, and ultimately help the world to "recover from the economic crisis" that it had brought forth. Gharib (2021:1) goes on to explain that more than fifteen countries "had received AstraZeneca vaccine doses [which were] manufactured by the Serum Institute of India (SII) and delivered as part of a first round of COVAX allocations for frontline and health care workers" by 8 March 2021. And this included Kenya, which is the main concern in this research article. Other countries included: Cote d'Ivoire, Rwanda, Ghana, and Nigeria.

Methodology

This article on the impact of COVID-19 in Kenya, from March 2020 to March 2022, employs a mixed-methods approach that combines a socio-historical analysis of both qualitative and quantitative data. In employing a socio-ecclesial design, the article obtained its data from the oral sources, the Kenya health information system (from March 2020 to March 2022), a review of relevant literature, and a qualitative inquiry where a few individual views were sought. It analyses its qualitative data by using an interrupted time series analysis that historically stems from 13 March 2020 when the first case was reported in Kenya up to 30 March 2022, and which drives us to make a broad comparative analysis beyond the above stated scope, and as situation demands. In analysing qualitative data, thematic approach was employed to understand the socio-ecclesial reading of the impact of COVID-19 in the Kenya-African context.

Impacts of COVID-19

Besides economic crisis, other challenges that were brought about by COVID-19 were religio-ecclesiastical, social, political and anthropological concerns. These impacts were largely negative to the socio-fabric of the Kenyan nation, just as it was to the rest of the tropical Africa. In the second quarter of 2020, Kenya's quarterly Gross Domestic Product (GDP) decreased by 5.5% **(**Kamer 2022). In the third quarter of 2021, Kenya was able to register an improved economic performance. She had an impressive quarterly GDP growth rate of 9.9%, with the education sector leading in this after-shock of COVID-19 **(**Kamer 2022). Quarrying and mining, and food services followed suit, and equally posted a positive performance. Certainly, the coming of COVID-19 vaccination campaign in March 2021 boosted this turn of events. The use of indigenous resources to combat the pandemic also has its place in Kenya's medical history, especially in regard to the above GDP figures. As noted in Julius Gathogo (2022b:3),

> This is clearly seen as African-Christians make concoctions that seeks to treat (COVID-19). Clearly, the use of ginger, a natural antioxidant, lemon and honey as *Dawa* (medicine) has gained a momentum …. in the [Kenyan context], and is seen as one which provides COVID-19 healing properties amongst other creative ways rooted in African indigenous society. Whilst ginger is found to be critical in boosting people's health as it protects against colorectal cancer, lemon is, on the other hand, seen as rich in vitamin C and critically important for detoxification. Other herbal methods of treating COVID-19 in [the Kenyan context] … include steam therapy or steam inhalation to fight respiratory tract infections, use of hot steam mistily wafts from a pan, use of culinary herbs and Neem trees [*Azadirachta indica*], amongst other medicinal plants.

Besides ginger, culinary herbs and Neem trees among other medicinal plants, that came as a COVID-19 response,

> *Wanjiru-wa-rurii* [*Ajuga remota*] a plant in central Kenya [recommended by 66% of Kenyan herbalists in the treatment of Malaria] that is best known for treating diseases such as Malaria and Typhoid, also came in as a cure for COVID-19 as well. From time immemorial, the plant has been known to treat the above ailments, as well as the sexually transmitted diseases. It also treats livestock and chicken alike. Unlike when it is used with animals and birds, this plant is never boiled. Rather, it is crushed and mixed with water, the juice is taken at intervals of several hours and the results are promising… Today the plant continues to be precious especially for people living in the rural setup. It is the plant used in Madagascar to prepare Malagasy organic [medicine] which came to limelight during this Corona [virus] pandemic [season]. A larger population relies on it for treatment and cure of different complications (Kenyahub 2020:1).

Additionally, as COVID-19 was causing havoc in the Kenyan society, in mid-2020, some Kenyan environmentalists expressed their confidence in the indigenous resources. In particular, Peter Wamui Munyaka, expressed his strong belief in the efficacy of "Cloton megalocarpus (Mukinduri), Pistacia aethiopica (Muheheti), Cordia Africana (Muringa), Prunus Africana (Muiri), and Aloe vera (*Mugwa nugu*) and Anjuga rimota (*Wanjiru wa rurii*) herbs," Pawpaw leaves, and Custard apple (the heart fruit) among others, as capable of unearthing "the cure for Covid-19 that had already claimed about 500, 000 lives worldwide as at 28 June 2020 (KNA 2020:1). Such indigenous plants have been used across the centuries in treating various ailments, including kidney problems and pneumonia. Equally, *Erytherina Tormentosa* (*Muhuti tree*) has been viewed as another power bank of medicines. It is believed to cure several ailments including liver and kidney problems, which are some of the organs that are highly damaged by COVID-19. The 'rediscovery' of African indigenous resources demonstrates the huge impact of the pandemic, as it forced the society to employ every trick in the game as a counter reaction.

Further, as noted by Alex Asakitikpi (2018:101), researches into African medical knowledge and healing systems suggest that the "African healer operates within cognitive framework that believes in both an objective and subjective reality that exists over and above the human mind and a world and experience that are socially constructed." Perhaps, this explains why certain aspects of African healing system in the twenty-first century is double-edged in terms of appealing to both the western rationality and to the metaphysical world of the African worldview. It is Peter Sarpong (2012) who has further noted that the "worldview shapes consciousness and forms the theoretical framework within which knowledge is sought, critiqued and/or understood." This is logically true for both the Western and African perspectives, as there are many ways of appreciating medicine and other forms of science. In view of this, did appealing to African indigenous knowledge (hereafter, AIK), especially with regard to treating COVID-19, play any role, prior and after the introduction of vaccines in March 2021? And wasn't the African indigenous medicines complimented by the coming of COVID-19 vaccines in March 2021, rather than found themselves under an outright conflict with the latter? And didn't the GDP growth nosedive during the second quarter of 2020, by 5.5% **(**Kamer 2022), due to the shock that came with COVID-19, and indeed the panic that greeted the country? Didn't it recoup after both forms of treatments became evident and/or active in exploring ways of combat?

Perhaps, it is worthwhile to recall that Africa has contributed to the world history, especially in regard to scientific knowledge. This includes the ancient Egyptian education (where pupils began at the age of 7, and which taught hieroglyphs, history, geometry, geography, cartography, ceremonial dance and music, symbols, astronomy, medicine, writing, reading, morals, religious instructions, and mathematics to boys, and home management, household responsibilities, cooking, sewing, taking care of family businesses for girls), architecture, and medicine (Bargblor 2003), and library science (Zulu 2008). Hence, Africa has always remained active in rigorous scientific activities, which have remained critical in promoting socio-economic well-being of the people across the various generations. In this way, Africa's socio-spiritual contentment is seen from a holistic perspective.

Besides this, African indigenous knowledge is certainly based on relational culture and worldview. This is characteristically communal and humane (Ubuntu). The main goal is to affirm our respective personhood; and also the humanity of others (Sarpong 2002). In light of this, it is geared towards collective humanity for all, and in restoring the broken humanity where need arises. To some Africans, ill health occurs when relationships are hurt or broken altogether (Sarpong 2012). The emergency of COVID-19 in African context was nothing but a poor attempt at hurting and/or breaking African relationships, as sick people are socio-spiritually needy and cannot therefore be expected to normally engage in their economic activities that are also part of their spiritual contentment (see Kenyatta 1938, where he says that land provides spiritual contentment to the indigenous peoples). Indeed, African indigenous knowledge can be distinguished from the western knowledge systems, as it is not overshadowed by cognitive academic pursuits that are common with the latter.

As noted above, indigenous knowledge is characteristically relational, practical-pragmatic, largely and proudly oral, not easily measurable, and is cosmological-anthropocentric. It can be expressed through myths, poetry, sport, music, dance, drama, story-telling, and field demonstrations among others (Sarpong 2002, 2012). Clearly, there are weak and strong areas in any human endeavour, hence the reason for 'welcoming' COVID-19 vaccines as a partner in these onslaughts. In any case, even the COVID-19 vaccines displayed some weaknesses through some troubling side-effects – which was a serious miscarriage on western science and technology that goes hand-in-hand. The weaknesses with the indigenous knowledge can be found in the lack of openness, especially if they are viewed from the perspective of the western worldview. The western democratic models would certainly want to impose their own ways into the African worldviews without inviting any shade of dialogue. Further, oral education, at times, cannot be transmitted uniformly, hence it can be a challenge. Fear of the memory loss is always a major test. Equally, the

lopsided tendency to ape the West in all ways, among some Africans – as imprints of colonial legacy and/or hangover, has always provided a challenge to any form of African indigenous knowledge. To assume that the canons of the West are the only ways in judging African philosophy, religion, education and the general knowledge has always hurt Africa, as contextual needs and common decencies are arbitrarily thrown outside the window. The COVID-19 era was such a moment where Africa has been viewed, from some quarters, as one which was a faithful spectator in the arena of the global drama, a phenomenon which the former resisted and went on to demonstrate the resilience of the African knowledge systems. As noted in Rumbi Chakama (2021: 2, cited in Gathogo 2022b:3),

> ….a tea containing traditional Malagasy plants including Artemisia has been used in attempting to contain COVID-19 and other related ailments in Madagascar. Although these indigenous medicinal practices, rooted in African religiosity and spirituality, have largely failed to gain traction globally, the World Health Organization (WHO) estimates that more than eighty percent of Africans rely on traditional medicine for their health care needs.

Ecclesiological Impact

With the government of Kenya announcing a raft of measures, on 22 March 2020, to contain the pandemic, the Church became a major casualty. According to this March 22 directive, all Bars were to remain closed, Restaurants allowed only for take-away services, all public vehicles were to adhere to passenger-distancing guidelines, all public gatherings in Churches, Mosques, funerals, political rallies, and wedding gatherings of more than 15 people were banned forthwith (Kenyatta, 2020). In a nutshell, instant poverty visited the country and pushed an otherwise hardworking nation to the periphery. There were reports that a family feasted on its own pet, after losing out their economic livelihoods. Equally, travel restrictions reduced Kenya's hotel, tourism, and flower industries to nothing (Menya, 2020). Some Kenyans were however able to switch from their urban jobs to rural labour, so as to feed their families. All these lockdowns and economic meltdowns affected the religious institutions greatly. This made the religious leaders to employ science and technology in order to maintain and encourage their respective congregants who were under panic. Although the Kenyan society had not recovered fully from the COVID-19 effects by the end of March 2022, as both the micro and macro businesses suffered alike, the ecclesiastical impact took a unique dimension. In the author's Emmanuel Anglican Church, Changamwe, Mombasa County, Venerable Geoffrey Guyo Dida employed a creative method of sustaining the Church through online services. A Church pay-bill account was also instituted, as weekly reminders to submit membership fees, love offerings, tithes and other things, was set up by the end of March 2020. A message on: "Stay Safe" - would always conclude the reminder. Certainly, various ecclesiastical outfits employed diverse creative methods to mitigate the effects of COVID-19 onslaught.

In their research article, "Sabbath Observance in the Context of COVID-19 Pandemic," Geoffrey Kinyua Njeru and John Michael Kiboi (2021) have observed how Sabbath observances, for the Seventh Day Adventist (hereafter, SDA) Church, became a mirage after the physical gatherings were banned down by the government. They could not understand how a complete worship could be made when adherents weren't meeting physically. How could they offer one another a Sign of Peace? How could the Holy Sabbath Day (Saturday) be observed via online services and be a real worship? This compares with the Hebrews in their Babylonian captivity who lamented of being dispossessed thus: "How could we sing the Lord's song in a strange land?" (Psalm 137:4). Can the Church that was described by Church Fathers as One, Holy, Catholic, and Apostolic, be true to these marks, when the physical attendances of her membership isn't there at all? Outside her cherished traditions, does SDA Church exist? How can the Adventists stay at home and observe the Sabbath in spirit and truthfully? Can a Presidential order rule the Church of God? Does the Church live by decrees from political leaderships? Should they say like St Peter and the Apostles who resisted decrees from the authorities who had instructed them to stop teaching in God's name, and rather say, "We must obey God rather than a human being"? (Acts 5:28-29). Can't closing the Adventist Church, as in the case of other churches, for a cool six months, not too much of a 'punishment,' especially after taking into account that politicians were still holding their own rallies, albeit as 'consultations'? Without the Holy Sacrament, that is taken to commemorate the blood and body of Christ, isn't this a subtle form of destroying the Church in totality? Njeru and Kiboi (2021:3) laments further, thus:

> The church switched to online worship on internet platforms. By doing this, the SDA went on ministering to her members in teaching the word and in prayers. Although the SDA nurtured her members through preaching and prayers, the administration of Eucharist and baptism became a challenge. The sacraments are kinds that require one's presence; they do

> not get administered in any other form. The sacrament can never be administered through online platform. The practical question still remains, how can the bread and wine in a televised service make the Eucharist [real]?

Njeru and Kiboi (2021:3) further explains the complications created by COVID-19 in their SDA Church, thus:

> In administering the Eucharist, the Pastor or the clergy is required to lay hands upon the bread and wine hence it is not possible to consecrate the Eucharist through the internet. As a result, the SDA church has been forced to suspend the celebration of Holy Communion until the lift of the ban by the government is made. In addition to this, the SDA Church has encountered the challenge of conducting open baptism in times when there is an order against public gatherings. How can the Holy Eucharist and Baptism be conducted in the absence of [a] physical congregation?

Undoubtedly, Njeru and Kiboi's (2021) lamentations speaks largely for the Kenyan Church that was badly affected by the COVID-19 scare. In a country where over 80% of the population are professing Christians, and are concurrently consuming African indigenous resources, the lockdown was undoubtedly a major interruption of afro-socio-ecclesial flow of things.

African indigenous response

Considering that nature, in African indigenous perspective, does not abhor a vacuum, it is worthwhile to take a renowned African scholar's, Wole Soyinka (1999), passionate appeal in support of embracing African indigenous resources, even in the Christianized Africa of the twenty-first century. In his dalliance with indigenous resources, Soyinka (1999:23-24) takes the value of Africa's knowledge systems a notch higher when he underlines the power of ancestral pantheons in addressing serious matters regarding reconciliation and restoration of a society, where COVID-19 is also implied. In this, African gods come down to the mortals to oversee the atonement festival and/or heal the troubled nature – that may emanate from calamities. He says, thus:

> Most African traditional societies have established modalities that guarantee the restoration of harmony after serious infractions – see, for instance, the banishment of Okonkwo after involuntary homicide in Chinua Achebe's *Things Fall Apart*. And, if we may be somewhat whimsical, Emperor Bokassa's bizarre return to Central African Republic, in full knowledge of what fate awaited him, argues strongly for some kind of supernatural intervention – the vengeful souls of the violated children dragging him back from the security of his French asylum? Certainly, a singularly atrocious act appeared to be denied closure until the perpetrator returned to expiate on the scene of the crime. Maybe, in the sphere of abominations, (African) nature does abhor a vacuum. Are we then perhaps moving too far ahead of our violators in adopting a structure of response that tasks us with a collective generosity of spirit, especially in the face of *ongoing* violations of body and spirit? (Soyinka 1999:13-14, see also Gathogo 2012:79).

In this understanding, viewing COVID-19 as a serious infraction, and an assault on the African peoples, points to the fact that an indigenous solution has to play out as well, as vaccines from the West remains one good way of handling the pandemic, but not the only way out. In ancient times, as in modern day Africa, there were indigenous knowledge systems that handled disasters such as floods, drought, famine, and earthquakes among other misfortunes and/or calamities. Sometimes, there were warning indicators, and indeed there were structures through which the creativity of the community was applied so as to get the community out of danger. In view of this, key players in mitigating disasters facing the community would include: the Medicine practitioners, the Rulers, the Counsellors and healers, the Diviners, the Mediums, the Rain-makers, the Priests, and the Seers who would foretell the events that would take place (Mbiti 1969). At times, the work of the Council of Elders was critical in addressing serious infractions facing the society.

African medicine practitioners who faced COVID-19 head-on, since 13 March 2020 to 8 March 2021 when vaccines came in to complement their work, are sometimes called Herbalists, or Indigenous Doctors (Adediran & Afolabi 1966). Besides normal treatment, medical practitioners also ward off misfortunes, which brings out their role in magic. In turn, magic refers to the manipulation and use of impersonal powers so as to control the cosmos (Tylor 1963). Gyekye (1996) sees magic as the art of generating effects by chancing, ritual, and spell, as a measure of governing or controlling the supernatural forces. This simply translates to controlling nature by employing impersonal forces so as to yield benefits from the world resources. In magic, thus, a practitioner tries to control and manipulate the laws of nature and supernatural resources of the universe by tapping designated areas for human benefits (Olupona 1986). In light of this, magic merges with religion, as the former recognizes

community's spiritual worldview, hence there is a thin line between the two. Although religion is a public acknowledgement of people's spirituality, magic, which is a bit private, is worship-oriented. Although this research article has not established a case or cases where COVID-19 has been handled through magic since 13 March 2020, this cannot be ruled out, especially in the neighbouring Tanzania where the late president John Pombe Magufuli (1959-2021) encouraged African indigenous resources in handling the pandemic. Further, a distinction has to be drawn between black and white magic; and where black magic (also called sorcery or witchcraft) is used to harm the society; while the white magic is utilized for compassionate purposes (Olupona 1986).

Both white magic and African medicine are critical in combating or warding off and/or beating off black magic (sorcery and witchcraft) and other forms of social evils and evil spirits. Sometimes, indigenous medicine includes, establishing the reason behind the sickness, misfortune, the calamity, and/or the pandemic. What causes the problem can therefore be treated as a medical challenge that may need to encounter the African indigenous knowledge and practice in solving cosmological threats. If COVID-19 is not a by-product of natural causes, African indigenous medicine has to diagnose and apply the right treatment as in the attempted case in Madagascar and Kenya, noted above. African Diviners have always taken over the duty of preventing the ailment from recurring, as their 'professionalism' is said to give them access to the natural forces and other unknown forms of knowledge. They treat bareness and other forms of ailments; and ensure an all-rounded success of humanity (Horton 1971). In some cases, medicines are prepared in the form of liquid, expectorants and syrups, powder, and other forms of drugs. In this scheme of things, the medicine practitioners become the medium through which the spirit kills (Wilson 1971).

In treating COVID-19 and all forms of ailments, their medicines include: the soil, herbs, grass, weeds, roots, and the tree leaves. By August 2020, ten medicinal plants had gained popularity among Kenyans for their general healing properties. This included the following plants: Ajuga Remota (*Wanjiru wa Rurii*) whose efficacy in slowing down the effects of Covid-19 was clearly evident (Kareru 2007, Gathogo 2013). The second one was the Blackjack, whose botanical name is *Bidens pilosa*, and also called *Muceege* among the Kikuyu, *Munzee* among the Kamba, *Ologohe* among the Luhya, *Nyanyiego* among the Luo, *Oloreperep* among the Maasai, and *Kipkoloit* among the Kipsigis. It has been used for alleviating several health conditions, including sexually transmitted diseases, anti-cancer powers, malaria, and urinary tract infections – and for reducing the risk of heart disease, cholesterol abnormalities, diabetes, high blood pressure, and many other ailments. A third medicinal plant is Aloe vera, which covers some of the risks. It contains healthful plant compounds, antioxidant and antibacterial properties, seen to accelerates wound healing, reduces dental plaque, treats cancer sores, reduces constipation, improves skin and prevents wrinkles, and lowers blood sugar levels among other properties.

A fourth plant is Senna Singuena tree, whose leaves are used to treat fever and cure wounds caused by leprosy and syphilis, and was traditionally used to treat Malaria. The fifth medicinal tree is Terminalia Brownii which is a leafy tree found in warm areas of Mbeereland, and whose extractions (from the bark of the tree) are used to treat, hepatitis, colds, pneumonia, jaundice, malaria, epilepsy and tuberculosis. The sixth popular medicinal plant in Kenya is *Prunus Africana* (*Muiri*), an evergreen tree that grows in the mountain regions, whose bark enhances sexual vitality especially among men, treats Malaria, Fever, Chest pain, Stomach upset, Kidney disease and enlargement of the prostrate. Additionally, it helps in improving appetite as well as treating genital infections. A seventh popular medicinal plant in Kenya is *Warbugia Ugandensis*, referred to as *Mugeta* in Embu, and *Muthiga* or *Muthaiga* among the Kikuyu, and is used in the management of Asthma. Its roots and leaves are used to treat common cold, constipation, malaria, fever, diarrhea and stomachache (Kareru 2007, Gathogo 2013).

An eighth popular medicinal plant in Kenya is the Moringa oleifera. Its other names include: *Muzungwi* among the Chonyi, *Hocholoch* among the Daasanach (of Kenya, Ethiopia, and South Sudan), Drumstick tree in English, *Muzungi* or *Muzungwi* among the Giriama, *Muzungwi* among the Kambe, *Muzungwa* among the Sanya, *Mrongo* or *Mzunze* among the Swahili, and *Muguunda* among the Tharaka. *Moringa oleifera* is a medicinal plant which has insulin-like proteins and helps in lowering blood sugar. It also slows the growth of pancreatic cancer cells. Its leaves, bark, and roots have anti-cancer effects. The ninth medicinal plant is Sodom apple fruit, whose other names include**:** Bitter apple, Poison apple, Snake apple, or Thorn apple is also known as *Mutongu* among the Kikuyu, and *Mtunguja mwitu* among other names**.** Its squeezed juice helps in stopping bleeding. It also relieves pain in wounds and treat toothaches, while its stems, which has antibacterial properties, is used in tooth brushing. The tenth medicinal plant is the Stinging nettle whose roots are utilized in treating various urinary problems. Such problems may be caused by an enlarged prostate, which may include: nighttime urination, painful urination, frequent urination, inability to urinate and irritable bladder (Kareru 2007, Gathogo 2013). Certainly the list is longer than this.

In the case of serious conflicts that were potentially disastrous to the people's harmony, there were arbitrating elders who would attempt to restore the wholeness of the community (Kenyatta 1938, Gathogo 2021). Among the people of central Kenya, Sugarcane was brewed by the person who brought the case and taken to the defendant as a sign of peace. In other words, elders were called upon to hear the case as judges, though only in limited cases do elders play these roles in the twenty-first century Kenya. In the African indigenous society, everyone is expected to obey customs and laws of the community. Minor cases could, or can, be decided by local elders who headed (or head) their respective families. In this setting, both the plaintiff and the defendant would present their evidence and witnesses as two elders held twigs of branches. Each of the twigs represented evidence as it was given. When a verdict was given, curses were pronounced upon those who refused to abide by the court decision (Kenyatta 1938, Gathogo 2021). In some cases, some elders were appointed to see to it that a court decision was implemented. No other police force existed. Elders paid for their services in the form of beer or animals, though it depended on the size or the magnitude of the case. Animals could be slaughtered and eaten during the court case before the verdict was announced. Sometimes, oaths or ordeals were used. Whoever lied was expected to die after going through certain rituals; and due to the patriarchal nature of the society, women were not required to swear oaths (Kenyatta 1938). Of course, both post-colonial and post missionary Kenya has undergone a major paradigm shift where 'dialogue,' hybridity and/or cross pollination of ideas, among the various schools of thought, has become the vogue. As implied earlier, battling COVID-19 pandemic would best be handled along these communal-inclusive lines.

Communal approach

As a participant observer, the researcher noted that the retired Kenyan President (Uhuru Kenyatta 1961-) largely employed a communal-inclusive approach in battling the pandemic. First, he assembled the Kenyan scientists who dealt with pandemics (virologists, molecular epidemiologists, cardiologists, etiologists, diagnostic pathologists, public health scholars and practitioners, clinical scientists, and statisticians alike), religious leaders, loyalists and critics of his government, and other relevant leaderships. From there, he challenged them to explore ways and means of combating the pandemic. This idea of engaging diverse groups in addressing the test was crucial in the fight against Corona Virus Disease 2019 (COVID-19). Though he did not proclaim it, President Uhuru was playing the role of a *Muthamaki* (indigenous leader) who must necessarily seek a consensus when issues of 'national' importance needed to be threshed out. In such a scenario, no voting was required, as postponement, after a divisive meeting, was always seen as the better option so as to give room for consensus-building (Gathogo 2001). Such consultations would occur in the indigenous society when a misfortune, abrupt attack (camisado), or generally a bad enemy attack, was collectively confronted by all: including in-laws who ordinarily avoided one another so as to ensure that they upheld respect, and rival clans and disagreeing family members who had to temporarily abandon their little differences and confront their collective challenge. Hence the common saying, *Ngari ingatagwo ni mundu na muthoniwe,* meaning that an attacking Leopard is collectively chased by all, including working with the in-laws (Gathogo 2007).

Metaphorically, the Leopard could refer to any 'enemy' of the people (disease, calamity, drought, famine, rival clan, cattle rustlers, foreign invasion and so on, including Influenza Pandemic, and the COVID-19 which is now a reality). From the local Kenyan oral narratives, the Leopard is always viewed as a fierce animal and opportunistic; and as one of the apex predators (in league with Lions and Hyenas) who survive even during the times of drought or other challenging moments. It can prey on both wild and domestic animals, and on human beings – in the worst case scenario. As a peculiar and dangerous animal, it is known to pluck Owls from trees and pillage muddy riverbeds for exposed catfish, among other ingenious escapades. With such an opportunistic animal (Leopard) which could strike at night and cause havoc, in a fraction of an hour, to both livestock and human beings, an all-inclusive approach was always seen as the panacea to such camisades (Gathogo 2001). In such occasions, the joy of one remained the joy to all; and an injury to one was seen as an injury to all; hence consultation was simply a counter-attack that sought to secure the community from danger. By implication thus, African indigenous knowledge were visible in this critical matter, a phenomenon where an all-inclusive community approach was utilized.

In defence of African indigenous knowledge systems, especially in medicine practice, the neighbouring Tanzanian President, John Magufuli (1961-2021), went a notch higher, and shut off dialogue with the western science, as prescribed by the World Health Organization (WHO). Though a trained Chemist, Magufuli, in the researcher's view, took an idiosyncratic response to COVID-19. First, he outlined COVID-19 as a war, and not as a mere health-calamity that needed any scientific consultation. This contrasted Amartya Sen (the 1998 Economics Nobel Laureate) who responded to India's handling of the

pandemic by saying, thus: "Tackling a social calamity is not like fighting a war, which works best when a leader can use top-down power to order everyone to do what the leader wants – with no need for consultation" (Sen 2022:1).

Second, Magufuli openly expressed his doubts on the professional dexterities of his country's national referral laboratory and its technicians. From there (May 2020), no more COVID-19 updates were made to the public in Tanzania, as long as Magufuli was the President of the Republic. Third, Magufuli's top-down approach did not appear to engage diverse stakeholders, as public records shows. Or was his style a quiet diplomacy where consultations were done without the full glare of the media, as was the case in ancient Africa? The impression that he did not take up an open and transparent governing style, especially in handling the pandemic, seems to override the former. In other words, although he preferred African indigenous knowledge in tackling the pandemic, there is no clear evidence, so far, to suggest that he invited both critics and loyalists to strategize the onslaught of COVID-19, as a serious calamity would always warrant a person and his or her in-laws to team up for action! Further, his 6 years' rule, from 2015 to 2021, showed a robust leader who had strong and decisive views on diverse matters of national and international concern, including his foreign policy.

Third, Magufuli downplayed COVID-19 threat to Tanzania, as well as the tropical Africa and beyond, and sadly died of heart-related ailments on 17 March 2021 – as COVID-19 vaccines were entering the East African market. A populist President, Magufuli, who was nicknamed "Bulldozer" for his strong positions on national issues, "had been missing from public view for almost three weeks, fuelling wild rumours of his ill health, with opposition leaders claiming he had contracted the [COVID-19] virus" (AFP 2021). In a nutshell, Magufuli encouraged the use of indigenous resources, as in the case of ginger, lemon tea, steam therapy among others. He went on to collect Madagascar's indigenous dose [from Artemisia plant] for COVID-19 (Kahongeh 2020), a fact that attests to his great faith in local African indigenous knowledge systems for holistic growth and nurture. In his televised address in early May 2020, he went on to say, "I have communicated with Madagascar and they already have written a letter saying they have COVID-19 treatment. We will send a plane to bring the drugs so that Tanzanians can also benefit. I am working day and night to save the lives of Tanzanians" (Kahongeh 2020:1).

As a show of confidence in African indigenous medicine, Magufuli dismissed the whole philosophy behind lockdowns, curfews, and some other measures to contain the pandemic, as his neighbouring countries (Rwanda, Kenya, Uganda and others) were doing. In this regard, he said, thus: "Do not be scared by the whims of short-sighted people. Our enemies' want us to do such foolish things (close the markets). The situation is even worse in developed countries, who closed their markets. … some rich countries, in spite of all their financial muscle, have lost more than 50,000 people to COVID-19….the closure of businesses isn't the solution to the virus" that had claimed nearly 250,000 lives globally (Kahongeh 2020:1). While this appeared to work well, at the initial stages, the coming of more variants and more waves complicated Magufuli's insistence on indigenous knowledge as the panacea, hence greater dialogue was needed so as to tackle this global calamity. As noted in Kimita (2022:1),

> ….. SARS-CoV-2 lineages associated with the five waves … included 237 non-variants of concern and 797 variants of concern (VOC) that had increased transmissibility, disease severity or vaccine resistance….The early European lineages (B.1 and B.1.1) were the first to be seeded. The B.1 lineage continued to expand and remained dominant, accounting for 60% (72/120) and 57% (45/79) in waves 1 and 2 respectively. Waves three, four and five respectively were dominated by VOCs that were distributed as follows: Alpha 58.5% (166/285), Delta 92.4% (327/354), Omicron 95.4% (188/197) and Beta at 4.2% (12/284) during wave 3 and 0.3% (1/354) during wave 4. Phylogenetic analysis suggests multiple introductions of variants from outside Kenya, more so during the first, third, fourth and fifth waves, as well as subsequent lineage diversification.

In view of this, "Kenya's COVID-19 epidemic was seeded early in March 2020 and did not peak until early August 2020 (wave 1), late-November 2020 (wave 2), mid-April 2021 (wave 3), late August 2021 (wave 4), and mid-January 2022 (wave 5)" (Kimita 2022:1). Nevertheless, the Tanzania case, just as in the Kenyan one, was hurt by the diverse variants that complicated the use of local resources. Seen in this way, African Christians who were ideo-morally bent towards 'dialogue' between the western and the indigenous resources, in Kenya and the rest of tropical Africa, had a mixed fortune, as they used both ways amidst new variants that kept on complicating the pandemic. Nonetheless, the Tanzanian or the Kenyan case cannot be used to draw a hasty conclusion that the African indigenous knowledge and its practice of medicine as medically impotent. Rather, a global calamity cannot be naively reduced to a mere African phenomenon. In any case, COVID-19 did not originate from Africa. Further, the efficacy of African indigenous medicine is well documented, thus:

> Historically, one of the most celebrated recipients of African medicine, in modern scholarship, is Cecil John Rhodes (1853-1902). Rhodes, a British mining magnate, and politician in Southern Africa served as the Prime Minister of the Cape Colony, from 1890 to 1896. At barely 17, Rhodes, the son of an Anglican priest, was sent to South Africa in 1870, as he was reportedly dying of cancer. The decision was arrived at after the western medicine failed to heal him. In the course of trying to save this youthful son, it was felt that adverse weather conditions in Europe were worsening his condition. It was eventually concluded that he had to be sent to Africa due to its warm habitable climate. Upon his arrival, he was administered by the uniquely hospitable Africans with their traditional medicine and healed quickly. Sadly, for Africans who remained hospitable to this "returning ancestor," Rhodes became ruthless to them, almost immediately after he got healed. He started grabbing land from the local population with abandon. He also entered the diamond trade at Kimberley in 1871, at barely 18, and in 20 years' time, he had almost gained full domination of the diamond market globally. Other European contemporaries who enjoyed the power of African medicine included: Henry Stanley, David Livingstone, Samuel Baker, and Frederick Lugard among others, even though some were not appreciative after recovering. It is through dialogue that the significance of such indigenous resources can be explored and vice versa (Gathogo 2020a:12).

During the 2022 general elections, the leading Presidential candidates (Hon. William Ruto of Kenya Kwanza Alliance and who was sworn in as the President after August 2022 elections, and Hon. Raila Odinga of Azimio One Kenya Alliance) were accused of holding huge rallies where the enthusiastic and emotional populace spread COVID-19 with abandon (Elias 2022). To an extent, there were cases where figures of infected voters moved upfront. Such cases included July 2020, November 2020, March 2021, July 2021, and February 2022. From March to May 2022, the country posted very low figures of infected people (Worldometer 2022). However, in both June 2022, and November 2022, there were some infections that were reported in the mainstream media, whose figures remained low. Hence, fears that there could be astronomical figures of infected Kenyans, during that electioneering period, remained a mere red herring fallacy. Can this be attributed to the power of prayers from the religio-ecclesial sectors, or was it an indication of the success for both the indigenous knowledge and the western science and/or the western medicine? Or is it the case of God intervening at the right time (Ps. 37:40)? The question on 'God's right' time is another puzzle, as the COVID-19 victims and/or casualties, like everyone else, also matter to the God of love and compassion. Indeed, it is the Psalmist (51:1-19) who says:

> Have mercy on me, O God, according to your unfailing love; according to your great compassion blot out my transgressions. Wash away all my iniquity and cleanse me from my wickedness. For I know my transgressions, and my debauchery is always before me.

Conclusion

This article sought to address the impact of COVID-19 impact, from 13 March 2020 to 30 March 2022, and sought to unveil the problem statement, thus: "Were the African indigenous resources rendered impotent by the pandemic?" It has established that all sectors of society were badly affected, some nearly lost their 'souls' – as there were wrong perceptions that they were not effective enough. The closure of Churches also put the religious sectors in a quagmire, as the inability to exorcise the demons of COVID-19 and ward it off (Mk. 5:4-20, Lk. 4:33-36), was something that was missing in action. Nevertheless, none, in the religious sector, can be underrated in this venture. Was the coming of COVID-19 vaccines a by-product of the religious prayers offered across the religio-ecclesial divides? Did Magufuli-Kenyatta employ a communal-inclusive approaches in both Kenya and Tanzania albeit in disguised ways? As it turned out, the August 2022 general elections in Kenya, with the resultant crowding of voters in major rallies, which were led by the major presidential candidates (Hon. William Ruto the current president, and Hon. Raila Odinga), did not raise infection figures astronomically, as was feared. This shows that all stakeholders in the onslaught against COVID-19 had admirably and effectively played their role; hence impotence on both sides of the medical divides (western and African systems) did not arise – as their complimenting role comes out clearly.

The article has established that more than 80% of Africans rely on African indigenous knowledge and its practice in medicine, in addressing their physical well-being. Further, there are documented historical data regarding indigenous medicine that African Christians, and Africans in general, rely on – right into the twenty-first century. The positive effect of the holistic nature of African medicine was however put into a litmus test by this novel calamity that trampled on the global scene, and Kenya in particular - from March 2020 onwards, as its key gains could not be quantified. The coming of the various COVID-19 variants, from time to time, complicated the entire medical profession and the general spirituality of the people. Nevertheless,

this has clearly communicated a clear message that both forms of knowledge (the western knowledge and the indigenous knowledge) systems needs to be appreciated as critical partners in addressing the human well-being. Further researches on the duo ought to be conducted without unnecessary biases, prejudices, and downright dismissals, as human welfare is the ultimate concern in all the major and conventional world religions. Certainly, even the established governments, in the political arena, exists with the sole aim of promoting human well-being, and eventually please God almighty.

Contrary to the wrong perception thus, COVID-19 scare did not render African indigenous knowledge, and its practice in medicine, impotent. Rather, it promoted hybridity (dalliance of indigenous versus western sciences) as the better way in effective promotion of human well-being in Kenya and the rest of tropical Africa. With some COVID-19 cases going unreported and/or treated via indigenous resources 'silently' in the rural Africa, and Kenya in particular, the actual figures of COVID-19 will remain virtually unknown. The contribution of indigenous knowledge and its practice in medicine will however remain relevant for an unforeseeable future. The World Health Organization will need to reassess its efficacy and build an alliance of purpose that will promote hybridity in the practice and dispensation of medicine. Of interest to note is that the researcher was privileged to hear oral testimonies and physically encountered some Kenyan leaders and ordinary citizens who got infected by the pandemic, but relied totally on indigenous herbs; and eventually recovered fully. Without other forms of medical verification however, the researcher could not tell whether some of these COVID-19 survivors had recovered fully. Or was it merely suppressed within the bodies and had the potential of re-emerging in future and cause more havoc? Seeing individuals in their mid-40s displaying full confidence in African indigenous resources became a strong pointer, to the researcher, that the latter was not rendered medically impotent by COVID-19. The COVID-19 impact in Kenya, from March 2020 to March 2022 however remains a critical moment of reflection in regard to this global scare. The Kenyan sampling has something for the world to draw some lessons from, especially in regard to rethinking the value of hybridity in medical practice in the tropical Africa and across the Oceans.

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Acknowledgements:
The researcher wishes to confirm that he followed full ethical considerations and acknowledged his sources appropriately without plagiarizing or duplicating other people's works unprofessionally.

Competing Interests:
The author declares that he has no financial or personal relationships or undue interests that may have inappropriately influenced him in writing this article.

Author(s) contributions:
The researcher concedes that he is the sole author of this article that creatively contributes to the world of academia.

Funding information:
The author acknowledges that the Research Institute of Religion and Theology (UNISA) for its research output of 2022 that made it possible for him to complete this task.

Disclaimer:
The views and opinions expressed in this article are those of the author and do not necessarily reflect the official policy or position of any affiliated agency of the author.

Ethical considerations statement:
This article followed all ethical standards for research without direct contact with human or animal subjects. No ethical clearance was needed and/or required for this article.