

Natura non facit saltus: Nigerian variant is subjugated by macerates of autochthonal herbs: Awogba, Abamoda and Patamno

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Sir,

In Nigeria prominent researchers of diverse Universities have been beginning to isolate and identify the notorious (hélas) Nigerian variant, that is very contagious and manifests similar attitudes like common covid with no vomit and/or diarrhea (as the english one) already since 2020 december [1].

It is characterised by severe fever, headache and a sort of strange conjunctivitis (as Lanxing-Czyz's one).

The new variants have emerged as COVID-19 infections and are on the rise in 47 African countries, nearly reaching the peak the continent. In the past 28 days, 10 countries—Algeria, Botswana, Burkina Faso, Congo, Ethiopia, Kenya, Namibia, Nigeria, South Africa and Uganda—have reported the highest number of new cases, accounting for 90% of all the infections in Africa.

The Scientists analyzed 27 plants native to Soth Nigeria in order to combat or prevent many viruses and bacterial diseases that invade their country, and most of them could be specific against covid.

Twenty-seven different morphological parts from 27 plants, in fact, selected based on their ethnobotanical use in the treatment of infectious diseases, were collected from various locations in Ibadan, South-west Nigeria, identified and authenticated at Forestry Herbarium Ibadan (FHI). Plant parts used were air-dried, pulverized and

extracted by maceration in methanol for 72 h at room temperature (26–33 °C). The resulting extracts were filtered and concentrated in vacuo using the rotary evaporator.

It must be stressed that the use of traditional medicine is popular in Africa, with almost three-quarter of the populace of this continent consulting traditional medical practitioners (TMPs), mainly traditional doctors, when faced with a medical problem. This is mainly because traditional healthcare system is easily accessible, culturally acceptable and comparatively cheaper to the costly orthodox medicine. In Nigeria and most developing countries, medicinal plants are traditionally used to treat a variety of ailments, especially infectious diseases [2].

Although medicinal plants have been widely regarded as a constant source of safe and effective medicines with potential to yield newer drugs, this potential is under threat due to the alarming biodiversity loss, with recent estimates indicating that every fifth plant species on earth is threatened with extinction [3]. Hence, scientists in drug discovery are making urgent effort to document and research into bioactivity of medicinal plants used in various ethnobotany, in order to establish correlation between the ethnomedical usage of medicinal plants and drug discovery in modern medicines [4].

Among all these 26 plants, one may number: Isu-meri (*Crinum jagus* Dandy: fam. Amaryllidaceae) useful to defeat tuberculosis, epilepsy and asthma,

How to cite this article: Martini L. *Natura non facit saltus*: Nigerian variant is subjugated by macerates of autochthonal herbs: Awogba, Abamoda and Patamno. Our Dermatol Online. 2021;12(e):e66.

Submission: 08.04.2021; **Acceptance:** 02.06.2021

DOI: 10.7241/ourd.2021e.66

Iyeye (*Spondias mombin*; Fam. Anacardiaceae) apt to combat diabetes and hemorrhoids,

Afra-dudu (*Terminalia ivorensis* Chev. Fam. Combretaceae) apt to cure siphylis and arthritis,

but the most interesting are the following three, that can be found even in the Old and New Continent, in shape of their fresh seeds:

Awogba (*Petiveria alliacea* L. Fam. Phytolaccaceae) used against all types of flu

Abamoda (*Bryophyllum pinnatum* (Lam.) Oken. Fam. Crassulaceae) useful to treat viral pneumonia and cold Patamno (*Mimosa pudica* L. Fam. Mimosaceae): useful for abating all kinds of odd fevers.

All these one may buy seeds and cultivate in greenhouses and obtain the macerates or tinctures, according to the aforesaid method.

The most picturesque is *Mimosa pudica*, that in Nigeria and Burkina Faso is employed for developing solar cells thanks to the fact that *Mimosa pudica* L. (Mimosaceae) also referred to as touch me not, live and die, shame plant and humble plant shows the capacity of the compound leaves to fold inward and droop when touched or shaken, defending themselves from harm, and re-open a few minutes later.

Mimosa is a prostrate or semi-erect subshrub of tropical America and Australia, also found in India. The species is native to South and Central America, but is now a pantropical weed, and can now be found in the Southern United States, South Asia, East Asia and South Nigeria as well. It is not shade tolerant, and is primarily found on soils with low nutrient concentrations heavily armed with recurved thorns and having sensitive soft grey green leaflets that fold and droop at night or when touched and cooled. These unique bending movements have earned it a status of 'curiosity plant'. It appears to be a promising herbal candidate to undergo further exploration as evident from its pharmacological profile. It majorly possesses antibacterial, antivenom, antifertility, anticonvulsant, antidepressant, aphrodisiac, and various other pharmacological activities. The herb has been used traditionally for ages, in the treatment of urogenital

disorders, piles, dysentery, sinus, and also applied on wounds [4,5].

The AA have recruited 4 people (2 males: the former 33 y. old, the latter 61 y. old and two females, each of everyone 55 y. old).

They showed evident symptoms of cold, fever, generic flu, cough and pneumonia.

The AA mixed 60 drops of Awogba, Abamoda and Patamno macerates (totally CLXXX gtt) and administered three times/day to every volunteer.

After the third day almost all the symptoms disappeared and at the 4th day all the individuals were safe and completely sane.

Ethnobotanics is an art and science to be strenuously evaluated, especially during viruses or syndromes that have not been cured after 14 months (e.g. covid) or 5 months (eg: Nigerian variant).

In Europe, Russia and US researchers have been capable only to create a vaccine, that has began the bone of contention throughout the entire world!

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Source of Support: Nil, Conflict of Interest: None declared.