A maze was the word when Jobelyn was formally launched before eminent scientists agronomists and pharmacognosists into the international market at the Second International Agribusiness in Sustainable Natural African Plant Products (ASNAPP) conference held just in Accra-Ghana.

It was Nigeria’s finest moment when the DSTV CD-ROM began to roll and detail scientific and clinical studies conducted so far in two Nigerian universities on the Nigerian herbal preparation.

In a conference hall filled to the brim with more than 170 delegates from 20 countries, (From Europe- Italy, Spain; East Africa- Kenya, Uganda; West Africa- Senegal, Nigeria, The Gambia; Cote d’Ivoire; Southern Africa-South Africa, Zambia; North America- United States of America, Canada; South America-Brazil etc) with also, the Ghanaian Deputy Minister of Trade and industry, Honourable Boniface Abubakar Sadiq in attendance, the Jobelyn presentation held the audience spellbound.

The CD-ROM, which ran for about 15 minutes, detailed succinctly the positive effects of JOBElyn on the blood, particularly in anaemic conditions. To Okubena, the first rubicon, which is the Ghana launch, has been crossed. When will the Nigerian launch be? ADETUTU FOLASADE-KOYI who was at the Accra launch reports.

In 20 minutes, it was all over. And the stage was set for the marketing of Nigeria’s Jobelyn, a herbal, in Ghana. The platform was at the Second International Roundtable Conference on Natural African Plant Products, the theme of which was: African Natural Plant Products: From Research and Development to Commercialization.

It was glaring, even to the most sceptical cynic, and there were many of them, that the day belonged to Jobelyn, the Nigerian herbal remedy indicated in anaemic-related conditions. Backed by scientific and clinical studies carried out in two Nigerian universities, Lagos and Benin, eminent scientists from the United States, South Africa, Kenya and Ghana were agreed on the singular fact that JOBelyn is a wholly indigenous herbal remedy that has promise. There was no doubt anywhere that, for an herbal remedy, much more scientific work had been done than was required to place the product in the shelves.

Two other products from Ghana, Sheaba (sourced from Shea butter which is produced by Haymour Natural Cosmetics, Ghana) and Phyto-Laria, an anti-malarial produced and marketed by Phyto-Riker, also in Ghana had expatriates, either as the motivating factor or in the form of technical input.

Jobelyn, on the other hand, from the raw materials to product packaging came from the stable of Health Forever Products Limited, under the arrow head of Mr.Olajuwon Okubena.

It would appear that because the international phytomedicine community had known Nigeria was an underdog in this business, they had given the stakes to Ghana before the launch. But, unknown to even many Nigerians at the launch, Okubena had done his home-work.

It is good if you do not encounter this man. But if you do, you will quickly observe that, for this 1969 Chartered Accountant, his major passion is Jobelyn. He sleeps, eats, breathes and discusses this herbal preparation of which he never tires of discussing.

The postponement of the conference from September 22 last year following the attack on America gave him more leg room. He put the scientific testimonial of Jobelyn at Benin and Lagos universities on voice-over CD-ROM with colour visuals. And when he was not pleased with the Nigerian production, he sent the package to DSTV in South Africa which produced the master stroke presentation shown in Accra, Ghana. Even then, Okubena would have been denied a hard-hit. For the CD-ROM runs for 15 minutes and he was to be allowed only 10 minutes on the launch slot. Defly, he asked for 15 minutes, but his needs were 20 minutes. For he needed at least two minutes to personally introduce the product, otherwise a human face would be missing and the audience may be faced with a robot, where, for the other two products, the producers had lined up their research professors to do the talking.

Okubena was at his eloquent best as evidenced in his testament speech at the launch:

“I am Olajuwon Okubena, Chief Executive Officer of Health Forever Products Limited, producers of Jobelyn which was packaged as a proprietary product about five years ago.

“We have carried out two major laboratory investigations on Jobelyn in two Nigerian universities. The first was at the College of Medicine of the University of Lagos. The other was at the pharmacology department of the University of Benin, Edo State of Nigeria.

“As the CD-ROM will show, these investigations reveal and agree that this wholly natural herbal product can raise the haematocrit by as high as 14 per cent within 24 hours and more within one week”.

“Demonstrations, sometimes at the clinical level, caught the attention of the Nigerian media, which have dubbed Jobelyn ‘an alternative to blood transfusion.’ “In Nigeria, Jobelyn is popular, even among western-trained doctors, in the management of anaemia, whether in cancer, sickle-cell, HIV/AIDS or malaria. Our organization has filed application for registration with our local regulating authority, which is the National Agency for Food Drug and Administration and is hopeful that Jobelyn will be the first indigenous herbal drug to be registered probably as an ethical product in Nigeria.

“We do not know how Jobelyn works. For the universities or research centres all over the world that are interested in further research work to determine how it works or any other matter of interest, we offer through the medium of this conference to submit the detailed research reports on work done so far.

“Perhaps, this will be a challenge to scientists from countries like USA, UK, Germany etc. Their assistance and collaboration will be highly appreciated.”

Midway into the presentation, which almost exceeded the allotted time, Mr.Dan Aquaye, West African A-SNAPP Regional Co-ordinator rose and moved towards the microphone, ostensibly to stop it. But when the CD-ROM got to the part where Jobelyn reportedly helped Prof. (Mrs.) Elsie Verraga’s husband to live a few weeks more, after his doctors had given up and told him to go home to die, he paused, and listened. He was to resume his seat...and listened.

But many people did not know the presentation just managed to scrape through. For the organizers had not made provision for a CD-ROM presentation. Perhaps that was considered too sophisticated for an African conference.

Every-one had been using slides. On a
hunch, Okubena spent part of lunch time checking preparations for Jobelyn’s presentation only to discover that the machine in use had no voice-over or audio gadgets. So, he suggested that a microphone be connected to the CD-ROM. And Voila!

The moment the CD-ROM stopped, an appreciative audience clapped and clapped. They needed no prompting.

Two other products were verbally presented. The Jobelyn presentation was unarguably the best that was yet to come out of Nigeria.

It was a moment to be proud of being Nigerian. It would have been sweeter still had the Nigerian High Commissioner been at the launch, or at best sent a representative. None was around and no explanations were offered, although their attendance had been promised by the organizers. More work still needs to be done but, as the scientists themselves acknowledged about Jobelyn, “So far, fine work has been done.”

And at exactly 8.05pm on Thursday, February 7, the Trade Minister formally launched Jobelyn alongside Sheaba and Phyto-Laria. The Nigerian contingent who were at the roundtable talks to showcase their products rallied round Okubena when it was time for the launch. They were: Mrs. Comfort Oteh Obayuwana; Ts. Titi Odude; Dr. Baba Davies; Dr. Bunnin Omoseyindemi; Dr. Bade Adewale and Quincy Sumbo Ayodele.

Jobelyn was discovered by divine inspiration some 27 years ago as a unique formulation and is exclusively produced from tropical plants.

Pre-clinical studies of the herbal preparation reveal that it has:
• An LD50 value of 215.06 mg/kg and a very wide margin of safety;
• Its potent ability to elevate Hb and PCV levels within a short time. and
• It does not significantly alter the blood chemistry but has a positive effect on cholesterol.

Clinical reports strongly support the efficacy of Jobelyn in alleviating symptoms of anaemia of diverse origin. It restores haematocrit at a remarkably very fast rate. Last year, pre-clinical evaluations of the toxicological profile of Jobelyn were conducted by Prof. J. F. Eniojukan at the College of Medicine of the University of Lagos. He discovered that: “acute toxicity studies revealed that the LD50 values for oral and intraperitoneal routes were 215.06 mg/kg and 193.37 mg/kg respectively. The confidence limits were 147.30 313.99 mg/kg and 131.54 284.25 mg/kg respectively.

“The recommended dosage is as much as 500mg per dose (2 capsules) and 1.5g per day (6 capsules). For an average adult weighing 70kg, this translates to a dosage of about 7.14mg/kg per dose and 21.42 mg/kg/day. Even though the extrapolation of data from animals to humans is anticipated and not definitive, the recommended dosage regimen in man can be said to be comparatively very safe. For the oral route, the product has a tolerance limit of 99.70mg/kg. This gives a large room for dosage manipulation, which may be applicable to man.

“The major behavioral changes noticed were reduced motility and sedation. These effects may not be mutually exclusive; that is, one could be responsible for the other. These effects may also have been responsible for the seeming loss of appetite that was observed at high doses in this study. The surviving animals recovered full motility 48hours after administration.” Histological examination of the liver, lungs, heart, kidneys and spleen showed no adverse tissue/organ damage. At high doses, however, there was some degree of congestion in the lung, liver, splenic and kidney tissues.” Short-term chronic studies using sub-lethal doses did not reveal any serious behavioral abnormalities over the 14 days of administration.

There were normal behavioral repertoire, mild piloerection, and mild sedation, and reduced motility particularly at moderately high dosage. Histopathological examination also did not reveal serious pathological changes in the lungs, heart, liver, spleen and kidneys. Haematological and biochemical studies were based on the fact that:

“Various studies have been conducted to reveal the effects of Jobelyn on haematological and biochemical indices (Erah et al, 2001, Okochi et al, 1999).

The summary results as presented by Prof. Eniojukan are that: Jobelyn remarkably and significantly increased the haematocrit of rats infected with T. brucei. It was shown that the rats infected and treated reached the hematocrit level of control animals within a period of 4 days. The PCV of the rats infected dropped to 25 per cent after 4 days of infection and with the treatment for 4 days, the PCV increased to about 48 per cent, the level of the control - similar results for Hb, that is, Jobelyn relieves anaemia within 4 days; Jobelyn lowered the level of total protein in treated animals when compared to the untreated ones.

The level of blood sugar in treated animals was higher than the untreated animals. The prolonged use of Jobelyn will not create abnormality in blood parameters (WBC differentials, Hb, RBC count, PCV, Phosphorus, total protein, uric acid, Blood glucose, Albumin, and Bilirubin levels). However, creatinine and cholesterol levels were significantly reduced. This indicates a positive effect on cholesterol. Jobelyn restored the PCV and Hb levels of anaemic rabbits to normal levels. In addition, it progressively improved the associated problems with the infection (sore noses, inflamed scrotum and whitish discharge from the eyes). Also the uninfected animals given the formula showed no signs of any observable ill health throughout the 49 days of the study (Erah et al, 2001).”

Clinical experiences

“Jobelyn has been the subject of independent clinical trials at various centres and by diverse health practitioners both in Nigeria and abroad. To date, innumerable number of independent clinical experience reports (verbal and written) have been received from orthodox medical practitioners, pharmacists and others. These reports strongly support the efficacy of Jobelyn in alleviating symptoms of anaemia of diverse origin. Notable among these are malaria, sickle cell disease, leukaemia, stroke, arthritis, pregnancy, enteric fever, helminthiasis, multiple myeloma, and tuberculosis.

A medical report indicated that Jobelyn is widely prescribed in a number of private and government hospitals in Asaba, Delta state, and that the Sickle Cell Club chapter in that state now has Jobelyn on its essential drugs list. To date, there are many requests for Jobelyn from within and outside Nigeria.

Some reports indicate the elevation of packed cell volume (PCV) from 21 per cent to 32 per cent in pregnant women within eight days of ectopic pregnancy operation following the use of Jobelyn. An unpublished report showed that preliminary report from a consultant medical practitioner in Benin City, Edo-State indicates the immense benefit of Jobelyn in sickle cell anemia as shown by laboratory report of improved haemoglobin levels in sickle cell anemia patients.