

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

**Art in Ethno-Medicine: A Case Study of *Juogi*
(Mysticism Among the Luo People) in South Nyanza
District of Western Kenya**

Jack E. Odongo Ogembo

Submitted in fulfilment of the Degree of Doctor of Philosophy
In the Department of Linguistics and Southern African Languages
UNIVERSITY OF CAPE TOWN
September 2005

DECLARATION

I declare that “Art in Ethno-medicine: A Case Study of *Juogi* (Mysticism Among the Luo People) in South Nyanza District of Western Kenya” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Signed by candidate

Jack E. Odongo Ogembo

ACKNOWLEDGEMENTS

It is my pleasure to acknowledge the guidance of Prof. Sizwe Satyo, my supervisor, without whose help, I would not have accomplished the thesis. I am indebted to the Department of Linguistics and Southern African Languages for the moral support they gave me all through.

I wish to thank, most sincerely, the Lestrade Scholarships Office and Harry Oppenheimer Institute for African Studies, both of University of Cape Town, for funding my studies while in Cape Town and in the field back in Kenya. It is acknowledged here that Maseno University gave me study leave with pay and supplemented my travelling costs and research expenses from time to time. While remaining grateful to the institutions that funded my study in one way or another, it should be noted that the views, opinions or conclusions expressed in the thesis belong to the author and cannot be attributed to the funding agencies.

This study was inspired by 'The Lancet Journal', which runs a regular column entitled 'Literature and Medicine'. In fact my thesis was originally entitled, 'Literature and Medicine: A Case Study of *Juogi* in South Nyanza'. It then occurred to me that 'Literature' is a terminology more appropriate to the Western Countries and 'Medicine', could be construed to be tied to hospital-based treatment. For that reason, I changed the topic to 'Art in Ethno-medicine'. This enabled me to examine how cultural traditions interact with medicine in an African context.

Last but not least, I cannot forget to thank OSIENALA (Friends of Lake Victoria) Kisumu and the Director, Dr. Obiero Onganga himself, for allowing me free access to their internet system for the years this research was going on. That enabled me to search for information electronically without being restricted by the cost. Furthermore, it enabled me to be in touch with my supervisor while I was away doing fieldwork in Kenya.

I wish to declare that all the photographs, except those acknowledged in the text, have been taken by the author of this thesis.

Finally, I wish to thank my dear wife, Rachel Odongo, for taking huge loans to fund this research and for the moral support that I enjoyed from her and our children.

University of Cape Town

ABSTRACT

Indigenous medicine has been denied natural justice as it has been condemned without having been given a hearing by the colonial powers and Christianity. The people have been forced to deny it but they continued to practise it underground. As Western medicine has increasingly become expensive, the ordinary people have resorted to the use of traditional methods of healing that their ancestors lived by. The World Bank has imposed structural adjustment programmes, which compelled the Kenya government to withdraw free medicine, which had been in place since the nineteen sixties. For some patients even cost sharing the medical expenses with the government is way above their means. Instead of dying without attempting to get some form of treatment, the patients prefer to seek indigenous medicine. Then there is the category of illnesses that people believe cannot be cured by Western medicine. This is where '*juogi*' would be classified. The Luo people would laugh at you if they found you taking a *juogi* patient to hospital. A lot of the condemnation of ethno-medicine was based on the role symbols, artworks, rituals and myths played in African healing. The cross on top of a church was symbolising life, but *osuri* or *tach* or pot ritually put on top of a hut would be considered evil.

This ethnographic study is intended to give voice to the feeling of those who value and depend on indigenous medicine and to examine how it has worked for the Luo. In this thesis we investigate how one acquired the skills of becoming a medicine man or woman. We examine how the medicine man or woman uses art to carry out the healing practices. We also look at how the qualification was manifested on the part of the practitioner. Special emphasis is made on language as an art, used by the patient and the doctor. Such components of art and language as myths, legends, folk tales, metaphors and songs of the Luo are looked into especially with a view to evaluating their contribution towards causes of illness and healing. The analysis is done according to a linguistic theory known as 'body as a text'. To a minor extent, the speech act theory is also applied.

The survey reveals that ethno-medicine is hereditary among the Luo. All the practitioners investigated were themselves patients of *juogi* 'madness' before they

became authorities in medicine. There is evidence of so many patients who have recovered fully from this disease after using indigenous medicine. The madness could not have been cured in hospitals, according to customary belief. Indigenous medicine men and women rely on folk tales, myths and legends, together with metaphors, to make their medicine more effective. It also confirms that enhanced usage of symbolism and other forms of artworks improve the patient's confidence and yield good results in their health. For healing to take place, the cause of illness has to be dealt with. If the patient believes that he is ailing because of the speech act of a curse or a charm put against him, the medicine man has to find a way of undoing it in a ritualistic manner. The medicine man could have addressed the image of the patient to be saying, 'You are from now infected by this illness and will suffer till you die.' The utterance would have been addressed to the image as it is being torn. Preventive medicine for the Luo means complying with a given blue print of home structures that appear like syntactical forms. This is because the order in which the houses are put up in space make particular meaning. Health is associated with compliance with the correctness of the house spacing or 'grammar' of these structures. It is concluded that it is the role of the indigenous medicine man to enforce home patterns or these structures as they look after community health. Since so many people still depend on ethno-medicine, traditional healers will be with us for a long time to come, so it is important to know how they work. It is recommended that a traditional medicine man should not be feared because of the artistic forms that he relies on. He should be seen as an ally of modern medicine.

SUMMARY

It is believed that Colonialism and Christianity crushed indigenous medicine by labelling it witchcraft. Christianised people in society would not want to be associated with it. This is the reason why it was hard for me to find an entry point into the research as everybody approached pretended not to know much about it. Then I heard of a Cultural festival of the Suba at Bondo Nyironge, which I attended in the neighbourhood of Migori. It paid dividends in a way because the interviewed people, picked at random, gave me a little clue about '*juogi*' and Nyironge their ancestor.

It turned out that all the medicine men and women interviewed started out as mental patients themselves. They also confessed that there had been a medicine man in their family lineage. The clinics or huts in which they operated turned out to have diverse artistic devices, which they used in diagnosing illness and administering ethno-medicine. In this study, an attempt has been made to analyse the actual role and impacts of those particular artefacts displayed in the healing setting. Some of them are just dormant placed to create awe and the ambience necessary for healing. Others are actively manipulated to assist the medicine man in knowing what to do. Jingles and shakers are used to give rhythm to the songs that some healers find a prerequisite for dispensing medicine. All of them use drama and body symbolism to seek or impart information. Some of the dramatic episodes involved not only the patient but also the entire community. In this context, treatment was holistic and all kinsmen of the patient, and in some cases even the land where they lived were subjected to the curing procedures. The patient cannot be healed if his social and physical environment was still polluted. Such scenes were critically examined in terms of their costumes, setting, and language use.

The most important revelation in this study is the fact that ethno-medicine cannot work without consideration of the causes of the illness. The Luo, like other Africans, believe nobody can be ill without having been bewitched. A lot of what is perceived as witchcraft is nothing but signs and symbols used in one way or another. Their remedy, and therefore treatment must, of necessity, involve the use

of those very signs and symbols. Since witchcraft is a criminal offence both in traditional lore and statute law, the researcher was led into a little bit of the legal complications emanating from operations of Luo medicine men in terms of their language or the symbols that they use. What constitutes witchcraft may be nothing more than body movement or body language. Charges and defence against such cases would revolve naturally around the interpretations of those body movements. This is where it became important to use the theory of Body as a Text for analysis. Another serious cause of illness called '*chira*' for the Luo is contravention of order. Life and health are tied to order in time and space. This means the socio-economic activities of the people go by age groups that must in turn go by seasons. The order for spatial use, a fixed pattern for settlement on the land, is a blueprint graphically laid out around the home. The structural pattern is a little piece of art, which the Luo have lived with and obeyed religiously from time immemorial. While spatial order is enforced by '*oula*' (after rain water run-off), the temporal order is strictly enforced by sexual pattern within the family or clan. For example, before planting new seeds for the season, the oldest couple in the family must have sexual consummation, and then hand over to the next couple in age and order, down to the youngest family and then planting would follow in that very order. Going against this order would result in illness that only *ajuoga*, the ethno-medicine man would know how to sort out. Here an artistic pattern can give life or death to the Luo.

The last but most important finding of this study is the use of Luo myths and legends for healing purposes. There is the story of 'Nyamgondho Wuod Ombare', who was made rich by a haggard woman he had fished out from Lake Victoria. When he abused his wife, the woman fled back into the lake and all her cattle and other livestock followed her there. Nyamgondho chased after them and turned into a tree by the shore. The livestock left footmarks by the shore. Today, patients congregate there to drink the water and find life. Lwanda Magere was a Luo warrior who turned into a stone when he died. The medicine men collect herbs from where he died and believe the stuff is very potent. Simbi Nyaima is a miracle place where a whole village drowned when they threw away an old haggard woman who had sought shelter from rain in the village. The medicine men collect water from Simbi and use it for making concoctions that they give their patients. The independent religious

movements have also turned these sites to be holy shrines of prayer for healing. The people have conserved these sites despite the population pressure, which has seen every inch of land in Kenya claimed or grabbed. In a nutshell, the thesis has tried to elaborately and critically discuss how art and linguistics have made medicine out of all these things.

University of Cape Town

TABLE OF CONENTS	PAGE
DECLARATION	(ii)
ACKNOWLEDGEMENTS	(iii)
ABSTRACT	(v)
SUMMARY	(vii)
CHAPTER ONE	
1.0 Introduction	1
1.1 Background to the Study	1
1.2 Statement of the Problem	3
1.3 Objectives of the study	5
1.4 Justification of the Study	6
1.5 Scope and Limitation of the Study	10
1.6 Review of Related Literature	11
1.7 Theoretical Framework	28
1.8 Hypothesis	30
1.9 Research Methodology	31
CHAPTER TWO	
2.0 Introduction	33
2.1 How People become Medicine men and women	33
2.2 Brief History of Abasuba and the Luo People	35
2.3 Nyironge, the Medicine man	36
2.4 Tribal Body Marks	37
2.5 Dancing and <i>Juogi</i>	38
2.6 Loss of Language and Medicine	41
2.7 Art and the <i>Juogi</i> Spirit	45
2.8 Songs and Healing	47
2.9 Body Painting	48
2.10 Dr' Okoda the Herbalist or Ethno-medicine man	53
2.11 Miyogi and Galukoji as Healing Devices	56
2.12 Politics and Ethno-medicine	61
2.13 The Mad Patient	65
2.14 Conclusion	67
CHAPTER THREE	
3.0 Introduction: Medicine and Orature	68
3.1 Summary of Lwanda Magere (Migere) Story	69
3.2 Lwanda Magere (Migere) Site	70
3.3 Medicine and Healing	71
3.4 Consultation and Dreams	72
3.5 Ethno-medicine, Art and Pilgrimage	72
3.6 The Spirit of Lwanda and Ethno-medicine	73

3.7	Human Body as a Weapon	74
3.8	Summary of Simbi Nyaima Story	78
3.9	Functions of Water From Simbi Nyaima as Medicine	79
3.10	Summary of the Story of Nyamgondho Wuod Ombare	83
3.11	Comments on the Story of Nyamgondho	84
3.12	Nyamgondho's Homestead	85
3.13	Nyamgondho Turned into a Tree	86
3.14	Footprints and Hoofmarks	87
3.15	Medicinal Functions of Nyamgondho Site	88
3.16	Summary of the Story of Nganyi	91
3.17	Discussion of the Nganyi Story	92
3.18	Summary of the Story of Gor Mahia	95
3.19	Comments on Gor Mahia	95
3.20	The Summary of the Story of Obondo Mumbo and Medicine	98
3.21	Comments on the Story and Medicine	99
3.22	Conclusion	102

CHAPTER FOUR

4.0	Introduction	104
4.1	The Secular Songs	105
4.2	Ywaya Akelo by Ogwang Lelo (nyatiti instrument)	106
4.3	Translation of the Song	107
4.4	Discussion of Ethno-medicine and the Song	108
4.5	Abella Bim Nyajuola by D. O. Misiani	110
4.6	Translation of Abella Bim Nyajuola	111
4.7	The Implication of the Song in terms of Ethno-medicine	112
4.8	The Sacred Songs related to <i>Juogi</i> and medicine	114
4.9	Faith Healing and the Sacred Songs	130
4.10	Herbalism based on Religion and the Sacred Songs	132
4.11	Critical Analysis of Chapter Four	137
4.12	Conclusion	139

CHAPTER FIVE

5.0	Introduction	141
5.1	Aetiology of Illness and Litigation	142
5.2	Performance as a Healing Exercise	154
5.3	Critical Analysis of the Story	156
5.4	Death in Ritual Trial	157
5.5	Speaking and Listening as Performance	159
5.6	Conclusion	160

CHAPTER SIX

6.0	Introduction	161
6.1	The Body as a Text	161
6.2	The 'Syntactic' Patterns	178
6.3	The Grammar of Luo Homestead and Ethno-medicine	182

6.4	Temporal Order and Illness	188
6.5	Metaphor, Metonymy and Synecdoche	192
6.6	Symbolism in Death	196
6.7	Ethno-medicine and the Law	199
6.8	Conclusion	200
CHAPTER SEVEN		
7.0	General Conclusion	202
BIBLIOGRAPHY		205
APPENDIX		210
GLOSSARY		230

University of Cape Town

CHAPTER ONE

Outline of the Study

1.0 Introduction

As has been stated before, this research was first conceived as, 'Literature and Medicine'. However, since in Africa literacy came with colonialism, the word did not reflect accurately what the researcher had in mind. Art in its broadest sense was adopted because it captures what is contained in the written, painted, sung or narrated oral forms. Ethno-medicine here is more apt to the study because, rather than focus on the hospital-based treatment, this research deals with folklore and herbalism. Art is used to include the written forms of literature, orature, drama and song. In this chapter, we give the general background to the study, state the problem and cover the objectives of the study. It also contains the justification, scope and limitation of the research. Finally we have reviewed related literature, discussed the theoretical framework, hypothesis and methodology.

1.1 Background to the Study

A long time ago, before colonialism came to Africa, the Africans depended totally on their medicine to take care of all sorts of ailments. However, when the Western 'civilization' came, these ideas were labelled 'primitive' and 'superstitious'. The sophisticated Western medicine together with their propaganda and advertisement relegated the traditional ways to the background while they assumed the centre stage. Some African scholars such as Mbiti (1975), and p'Bitek (1970) have criticised this position. While p'Bitek backs his criticism with well researched evidence where the Western Missionaries were urged to deal ruthlessly with African religions because they were idolatrous and given to witchcraft and all sorts of abominable vices, Mbiti simply describes the medicine men as friends of society. The indigenous medicine did not die in the face of the onslaught. Instead, it thrived underground. For every disease, when the hospital failed, the people resorted to their long trusted ways. For some ailments, they did not even waste time going to the hospitals.

They knew right away which diseases could be treated in hospitals and which ones were to be treated using traditional medicines.

Christianity equated indigenous medicine with evil and sin and openly preached against them. The statute law in some cases criminalized these medical options. It is surprising that such a combined onslaught did not entirely annihilate ethnomedicine and traditional ways of dealing with some illnesses. Some churches condemned certain aspects of indigenous medicine but approved of others. As a result of this, the African found himself in a dilemma regarding the healthcare issues. Ngugi wa Thiongo and Chinua Achebe in *The River Between* and *Arrow of God* respectively artistically capture the crisis in their stories. Joshua, in Ngugi's fiction, cannot tolerate women circumcision, because it is evil. In *Arrow of God*, the python is imprisoned in a School box by Oduche, the son of the traditional priest, Ezeulu, because the young boy had been sent to the white man's School, where he had been taught that the serpent was evil and had to be killed by God-fearing Christians. Oduche tried to kill the snake by locking it up in his box. Despite this, it is known that some Christians condemned local and traditional ethnomedicine by the day but consulted the same practitioners at night.

To some extent, the situation changed after independence was achieved by many African states. Some of the states have tried to restore dignity to indigenous medicine. There are some aspects that have been acknowledged as good while others are rejected. This situation has been demonstrated by the fact that such governments grant licences to the practitioners to operate within the law. Some of the countries have established wings of local and indigenous medicine within the hospitals. A few governments have tried to integrate the two systems by giving clinical training to the traditional practitioners. There are cases where indigenous medicine men and women have been given recognition and covered by national insurance schemes. Where this has happened, it has enabled the traditional ethnomedicine to compete with western medicine on an equal footing. Lately in Kenya, people have been forced to see traditional consultants, partly because they cannot afford hospital bills. Indeed, it is claimed that more people in Kenya rely on indigenous medicine than they do on the Western kind. The World Bank's structural adjustment programme ('SAP'), has made hospital bills unaffordable. The hospitals have been run down and their pharmacies have no drugs at all.

A small fraction of the population can afford the private hospitals that are well staffed and equipped. The rest of the people have to make do with ethnomedicine.

1.2 Statement of the Problem

Art has played an unrecognised part in curative and healing processes in African indigenous medicine. Whereas in the Western world, the relationship between literature or art and medicine has been explored fully, (McLellan: 1997), to the best of my knowledge, this has not been done in Africa. This research attempts to fill this gap by indicating how medical experiences can be improved by being conscious of the part that could be played by art or Literature. There are those who believe so strongly in their indigenous medicine that even if they got good hospital medicine they would not recover until they resort to the traditional modes of treatment. Against this group, there is another that hates hospital medicine so much that they still rely on their ethno-medicine men for all illnesses. The awareness of what ethno-medicine entails and how it operates could be beneficial to the patient as well as the doctor. This can save those who die because they would not go to hospitals or those who die because they cannot go for indigenous medicine, no matter how good it may be. The polarised groups are so attached to their beliefs that they would not take traditional medicine even at the point of death. Such diehard beliefs are based on disinformation and propaganda pushed by the proponents of the two schools of thought. There are some government doctors who are so hostile to the indigenous medicine that if they discover that a patient had been seeing an indigenous medicine man, they would deny such a patient treatment or at best harangue him for so long before conceding to treat him. On the other hand, some traditionalists would make a patient feel guilty for having sought hospital help before resorting to indigenous medicine. In such circumstances, when the treatment does not go well, it is always attributed to the miscalculations on the part of the patient. Yet both traditional and western medicine could be allies rather than foes if both sides were well educated about each other. Not much is known about indigenous medicine because it was demonised without being given a chance to express itself.

Today, in the urban and semi-urban towns and markets in Kenya, there is increased presence of mentally disturbed patients prowling the streets, begging or simply lying about in the garbage heaps. This situation is an indicator that either some diseases are

left unattended or are simply resistant to the drugs or methods being used to deal with them. It may also be a reflection of the degree of social stress in the country. It could indicate the failure of our medical system. Whatever the case may be, it is appropriate to examine the ways we have been managing the patients of mental instability known in Luo language as *juogi*. Critically examining the content and form of the management of mental patients among the Luo people can guide the folk on how to deal with such illnesses in the future.

The ethno-medicine men in Kenya have formed a national association to vet and list the names of those whose knowledge and expertise in this discipline is recognised and recommended to the public to rely on. This has become necessary because so many con men have invaded the 'profession' and the public cannot tell who is who in the trade. Those who are not recommended by the association are barred from practising openly. There is a contrary feeling that the association is just commercialising the trade by restricting the number of people involved to cut down competition and to protect their business empires. Without doing such researches, it would be difficult to determine who between the two groups is doing good to the society at large.

There have been cases of lynching of people perceived to be witches in certain parts of South Nyanza and its environs. Some of the people have been evicted from their birth-places on the ground of witchcraft, and settled far away in other parts of the region. This has caused serious land clashes between the immigrants, in Gwassii, for example, and the indigenous people, who resent the fact that their ancestral land is being grabbed by foreigners. When those who are charged with being witches are lucky not to be killed, they are taken to court. The pieces of evidence used to convict or acquit them are the objects and paraphernalia, which such people happen to have had. Some of these things and objects exhibited in courts of law are used as signs and symbols of patients. That is how they are seen as dangerous. People do not always agree on the interpretation of such exhibits. There is need to learn the principle of interpreting objects according to traditional lore. The methods of interpreting signs and symbols fall very much within the field of art and literature in general. From time immemorial, the Luo people have used these signs and symbols to communicate information in a certain way. It is hard to change the people's perceptions. This is why the people are so terrified of certain signs and symbols that they would not hesitate to destroy these as

sources of their fear when they become threatened. The mobs that have been doing witch-hunting in Kisii and causing large migration of populations into South Nyanza, are motivated by such genuine fear.

The medicine men who are sought out to heal victims of witchcraft also depend, to a large extent, on the use of some objects and things as signs and symbols. When these things and objects remain the same for healing and witchcraft, it is the interpretation that could determine whether the signs and symbols are life saving or life threatening. It is important to study the art of interpretation according to traditions because these skills can decide whether a person is to live or die. The field of ethno-medicine is full of mysticism. This has created vagueness, which might not have been understood by many scholars. For that matter, they have built conclusions on guesswork and a lot of prejudice. Probably, it is the social prejudices that instigate the wrath of the public into burning 'witches' or exiling them. It should be noted that it might be the effects of mysticism from the symbolic activities of the medicine man or woman that also bring healing, for example, in exorcism.

This study, therefore, has attempted to address these problems by analysing the activities and practices of medicine men and women and evaluating their bearing on literature and art in general in South Nyanza District.

1.3 Objectives of the Study

This research is guided by the following objectives:

- (a) To examine the practice of ethno-medicine men and women, 'doctors' and faith healers in South Nyanza.
- (b) To assess, analyse, and determine the influence of art, literature and orature on the practice of ethno-medicine in South Nyanza District.
- (c) To examine the need and relevance of art, orature, and literature to ethno-medicine in South Nyanza District.

1.4. Justification of the Study

There are several factors that have rendered this study significant. There is the need to make medicine more efficient through literature, if this makes the people understand how it works. The University trained doctors, though produced through the established institutions, stand to benefit by learning the unique cultural demands of the people they deal with. Indigenous medicine men normally learn by apprenticeship from father to son. Sometimes people die without imparting the skills to their descendants. The study, though small, may contribute its part in filling this gap by showing how the healing skills are acquired traditionally.

Some traditional practitioners have become very versatile and thrive in both Western and traditional medicine. It is worthwhile to find out the techniques they use to ensure the survival of the traditional against the onslaught by Western technology and medicine.

The ethno-medicine men who use signs and symbols that Western civilisation found detestable and repugnant to the Christian taste, have been condemned by Whites. (Ngugi: 1981, 1993; Olumwullah: 2002). Olumwullah regrets the epistemic violence that the West carried out against African forms of therapy. To Ngugi, the interference of the West is a cultural bomb to annihilate the Africans' belief in their culture, symbols and language. It is appropriate to investigate if the condemnation was passed just because of what the symbols were perceived to stand for or not. In other words it is worthwhile to look again at the signs and symbols to evaluate their significance. Sundermeier, (1998) has delved in details into the function of symbols in African medicine. In her view, the symbols in medicine play a vital role in the healing process. She says the medicinal symbols are cumulation of condensed signification of meaning. It is the symptoms of the illness that determine the symbol to be used in healing. In turn, she argues that the symbol reflects the symptoms, which finally influence the choice of medicine. The symbols have a way of depicting reality in a manner that no other linguistic devices can manage. This way, she concludes that symbols help the medicine men express the inexpressible. They are vital in articulating delicate but important information of illness, which must be communicated to the patient. The premise of this argument is that there is a whole world around us, which remains

invisible. There is no other way to make reality comprehensible. She concludes that should the recipient not accept the symbol, it would be discarded. This is why whatever the herbalists do, their explanations based on symbols, must be intelligible and acceptable to the patient or people seeking help. If this is not the case, in other words, if the patient does not accept the meaning of the symbol, then the medicine prescribed on the basis of the symbol will not work.

No matter how technology questions indigenous medicine, it is still rampant and large populations rely on it. Therefore studying its operations is justified because of the large numbers involved.

So many people are terrorised by ethno-medicine men. Such people could not build permanent houses for example because of fear that they would be killed by witchcraft. This could inhibit development. Exposing the function of ethno-medicine through literature could free such people to involve themselves in development. It might, to a limited extent, restrain members of the society from lynching those they perceive as medicine men or witches. In Western societies studying art and medicine can be justified on many grounds.

Why Art and Ethno-medicine or Literature and Medicine?

Anne Hudson Jones, (1997), tries to answer this question by this poem:

*It is difficult
to get the news from poems
yet men die miserably everyday
for lack
of what is found there.*

She says that it is not obvious what medicine and poetry have in common but the ancient Greeks recognised and honoured the connection by placing both medicine and poetry under the dominion of Phoebus Apollo, their god of the sun. This is why to the Greeks, poetry and medicine were one and the same thing. She observes that Shelley captured that spirit in the poem below:

Hymn of Apollo

The sunbeams are my shafts, with which I kill
Deceit, that loves the night and fears the day;
All men who do or even imagine ill
Fly me; and from the glory of my ray
Good minds and open actions take new might,
Until diminished by the reign of Night.

All harmony of instrument or verse,
All prophesy, all medicine is mine,
All light of art or nature; - to my song
Victory and praise in his own right belong.
(Jones: 1997:243)

Jones observes that the physician and the poet can both be healers or ethno-medicine men. This is because they share a common goal in their efforts to maintain light and order against chaos of darkness and disease, and to create and restore the beauty and harmony of health. Here, medicine serves the body just like poetry serves the spirit. She argues that when the powers of poetry and medicine are combined in the same person, the potential for healing may be greatly enhanced. People are normally fascinated by physician – poets. The list of those gifted with both talents is long. John Keats as a poet is outstanding among them. Jones reports that Keats abandoned medicine entirely at the age of 21, after having been licensed as an apothecary and having spent several years in training to become a surgeon.

She also notes that William Carlos Williams may be the best known counter example of a physician-poet who practised medicine and poetry together throughout a long career. For him, medicine was a springboard from which his poetry came, and he repeatedly said that he could not practise one without the other. She concludes her arguments here by citing the case of Daniel Abse and John Stone, pre-eminent contemporary physician-poets, who have also combined medicine and poetry throughout their respective careers. Abse wanted to give up medicine after his first volume of poetry was accepted for publication while he was still at medical school, but his family encouraged him not to do so.

In an earlier presentation McLellan and Jones, (1996), elaborated on the relationship between literature and medicine. They observed that since the relationship between the

two disciplines was discovered, the first full-time professor of literature and medicine at a US medical school has been appointed. From that moment, literature began increasingly to be recognised as an important subject of inquiry in medical professional training. For this matter, according to the two ladies, Literature was introduced to medical students in the belief that to teach a student to read, in the fullest sense, is to help train him or her medically. They believe that literature improves empathetic understanding and development of complex interpretative skills, and a greater appreciation for the art of medicine by students and practitioners could be useful. This kind of training came to be known as the aesthetic approach and is frequently juxtaposed with the ethical approach to teaching literature in medical education – a method that focuses on content. In spite of the widespread belief in the above methods, it is reported, by the two ladies above, that psychiatrist Rober Coles has been a fierce proponent of the ethical approach as the only way. For him the sole purpose of using literature in medical schools is to teach ethical reflection. The two ladies seem to prefer that the aesthetic and ethical approaches be merged to be studied under narrative ethics.

The two writers say that there are novels that portray the history of medicine, whether sketchily or in depth, but the texts give readers a snapshot of the development of medicine and its practitioners. Themes of illness in works of literature are usual but it is not clear why this happens. Why a writer like Albert Camus in *The Plague*, for example, has been drawn to use illness as a foreground, background, or controlling motif to communicate other themes is an intriguing and complicated question and its answer may not be fully known even by the writers.

In the opinion of Jones and McLellan, the theories and tools of recent literary critical movements, including reader-response criticism, deconstructionism and feminist criticism, have raised new questions for old texts, as well as increased the number and type of works considered as fertile ground for exploration in the field. Owing, partly, to these developments, literature and medicine have also concerned itself with clinical hermeneutics and concepts such as the patient as text. In Africa, if the same ideas were to be implemented, the people involved would have to focus on ethno-medicine.

McLellan and Jones, (1996), report that literature is now taught in one-third of all US medical schools. In the same way, the range of literary scholars teaching and doing

research activities has expanded to include courses for medical and graduate students that explore in depth, topics and themes such as the physician – patient relationship, women in medicine, AIDS, ageing, death and dying. In these current courses the skills of literary interpretation of texts are integrated with the analytical work of medicine. In some courses, for example, students are asked to write about illness from the patients' point of view. The goal is to deepen the capacity of students for empathy and to remind them of the totality of the lives of patients they may meet only in limited, fragmented ways.

They conclude in the above paper that the evolution in the field of literature and medicine has been marked by a shift from descriptive work to analysis, with scholars less interested in how literature reflects medicine than in how it can be used to dissect, critique, and strengthen medical epistemology and practice.

1.5. Scope and Limitation of the Study

This study focused on the people of South Nyanza District. They are fairly diverse in ethnicity. We have Luos, Luhyas, Kurias, Subas and Kisiis. These people, though coming from different cultural heritage, have lived together and intermarried for a long time. As a result, geographical proximity could have created some common factors among them. Except for the Subas, their languages have remained distinct, but it is common to find people in this region who are fluent speakers of two or even three languages. It was interesting to find that these people sought medical attention from practitioners not of their own tribe. They responded well to the efficacy of medication administered through orature and literature not of the patient's own language. In terms of myths, legends, songs and so on, the researcher did not go strictly by the administrative boundaries because the artistic performers go beyond the borders. For such cases, it was more practicable to go by linguistic boundaries because the songs and narratives spread beyond the geographical borders.

To some extent people regard their sickness, ailment and diseases as very private matters. As a result, the researcher did experience hardship in trying to get them to speak. The doctor–patient relationship is a highly confidential matter normally guarded by Hippocratic oath in the case of Western doctors. Some traditional healers who

practise ethno-medicine were not bothered by such considerations, but in spite of that, the researcher was careful to keep the normal ethics of such research. These constraints might have impacted negatively on the research.

The area of study was the original South Nyanza that included Kisii, Kuria, Migori, HomaBay, Suba and Rachuonyo Districts. This is a region that was once administered as one unit. In terms of communication and human routine movement for trade, agriculture, fishing and so on, the people of the region seemed to be cohesive. Such economic and geographical factors could have generated some homogeneity in diversity. It was common to find one ethno-medicine man attending to patients from all the ethnic communities living in the area.

This was mainly a survey and qualitative study. Our analysis in this study will be limited to the body as a text theory. It might be possible to refer to other theories lightly, but only to the extent that they amplify what is already in the body-text theory. The sampling procedures and the techniques of data collection were done following random methods and did include the use of the existing literature on the subject of study. The research was done by oral interviews, which did comprise of specific case studies and personal or participant observations in scenes where it was possible to catch a live session.

1.6. Review of Related Literature

It is possible for some people to think that literature, being in the domain of arts, cannot have close relations with medicine, which is a science. Yet there is ample recorded evidence indicating how the two disciplines are inter-linked. In this context, literature and art would be used interchangeably.

McLellan, (1997), notes that literature is full of stories of sickness, pathographies and narratives of illness. The characteristics of these patients' stories are increasingly becoming important contribution to forms of autobiography and to clinical practice. She adds that these documents may also serve as important sources for medical education and medical ethics. She reckons that these narratives normally take autobiographical forms dealing with a wide range of illnesses like mental cases and

AIDS. Sometimes they take the form of letters and diaries. In these texts, those who have lingering, chronic illnesses that were once untreatable, such as tuberculosis could create full accounts over long periods of time. For this reason, the society could benefit from effective therapeutics that have expanded the possibilities of illness narratives by creating time for writing and reflection in the cycles of treatment, remission and recovery that do now characterise some experiences of illness.

She observes that narratives of illness have been grouped thematically on the basis of their author's intent and on their dominant metaphors and images. Among these, the most straightforward type of illness story is the testimonial one. This is a chronicle of events, thoughts and feelings by an author often motivated by a desire to help others in similar situations. The nature of some of the narratives is primarily angry and their tone usually a result of misdiagnosis or other bad experiences with medical care. The alternative medicine, as some people prefer to call ethno-medicine (herbalism, witchcraft, exorcism and faith healing), forms the basis for the third type of illness narrative. McLellan finds that these may entail familiar myths and metaphors and semiotics – that recur across stories; like rebirth and cure or illness as a battle. In ethno-medicine, the testimonies were also found in songs, for example.

She further notes that stories of sickness have also been described as narratives of restitution, chaos and quest. In such a context, the narrator of a restitution story wants his or her health back. This is a common voice being almost always heard in all types of illness narratives. The chaos story, in contrast, focuses on what is most difficult to tell about sickness: the nearly incomprehensible nature of loss and suffering, sometimes reflected through a haze of perception of alternating treatments. She describes the quest narratives differently. They depict illness as a mythical journey, in which the hero undergoes a series of trials before being granted healthy life upon his return. This is a kind of boon and the empathy, insight, a special sensitivity, or a deepened awareness of life's transience and value leads to a new beginning. What McLellan describes above is comparable to the journey motif commonly found among *juogi* ethno-medicine men, which we shall discuss later in this study..

When a patient is unable to relate his own story, someone close to him may become the narrator, either in whole or in part. McLellan observes that multiple narrators are a

hallmark of new forms of illness narrative that is being created on the Internet, in discussion groups or on the web pages. Electronic narratives are often multi-authored according to her findings and they may have an identifiable primary narrator but are often written collaboratively as dozens or perhaps hundreds of virtual strangers help create and shape the story through their own postings. The presence of multiple narrators in her view is an important feature of the electronic narrative, because these people have the power to recast the story in ways that may or may not be congruent with the author's intent. This is because the other posters can help or hinder the primary narrator or they may add their personal perspectives, details, and additional experiences that may or may not be relevant. They may provide emotional support for the author or change the subject, and sometimes may derail the narrative through a cacophony of voices. She appreciates this by saying that, more often than not, the multiple voices of the electronic narrative add richness and depth to the primary narrator's tale. It will take time before Luo ethno-medicine men interact with their patients through the internet, but the mobile phone is already commonly used. Also, in case of ethno-medicine men, one could detect multiple narrations where the patient is accompanied by many relatives taking turns in presenting the patient's case to the healer.

McLellan seems to be mixed up in this question because she says that the writer's motivations for telling stories of illness have bright and dark features. For many, the writing is cathartic and therefore serves a therapeutic purpose. She notes that the catharsis, however helpful it may be to the writer, may be the death knell for aesthetic qualities of the product, depending on the writer's abilities to reign in the emotional components of the work. When such qualities are compromised, they are probably excused because the works are frequently undertaken by novice writers. For this reason, the narratives of illness can suffer great dry stylistic unevenness, but their literary deficiencies are often overcome by the urgency of the messages they have to convey.

There are cases where McLellan found that some writers are motivated by altruism. Such writers want to help people similarly afflicted by warning them against repeating their mistakes and pointing to them sources of help. She found that such on-line narrators could assemble a support group from which they receive both information and

solace nearly instantaneously. Again, she finds contradiction in this development because some people argue that such virtual communities are a positive outgrowth of electronic communication, on the one hand; yet, on the other, some people think they are often testaments to failed relationships, especially those between doctors and patients. A third school of thought criticises the use of such intensely personal experiences as victimization of art.

It is argued that one important value of illness narratives is their capacity to bring about change that improves the lives of patients' families, and care givers. There is evidence that some doctors and hospitals, according to McLellan's research, have modified their practice and policies on the basis of the experiences patients have detailed in their electronic stories. She reports that out of reading what patients say to one another during on-line forums, doctors say, they learn things about how patients are coping with an illness that would never be disclosed during an office visit. Therefore, for physicians, care givers and ethicists, such texts are a window on the ways illness can permeate lives and relationships, and on the ways the experience affects thinking and decision making. The stories often reveal truths that sick people and their families cannot and will not otherwise tell. She concludes that narratives of illness provide eloquent proof, for patients and practitioners and that when the lights of health go down, one's own story can be illuminating enough. In comparison, among the Luo, the ethno-medicine man who can narrate the history of the patient accurately, or describe the illness afflicting the patient before the patient or his relative presents the case, enjoys great credibility.

Sharma, (1997), has reservations and cautions that such literary representations and analysis, if romantic, could have their limitations. Despite this, he agrees that when an artist paints a portrait of a suffering face as an organ, it is possible for a doctor's eye to diagnose the kind of disease afflicting the patient. He cites the case of hands of a man suffering from hyperkeratosis, which the doctors agree the artist got accurately. But as in the examination of any patient, a physician's view about a piece of art is subjective and open to further interpretation. This is also true in medical examinations of paintings. The praying Duress's hands in question could be construed to belong to an affluent person, as nails are manicured and neat. The hands could also signify that this man realised his mortality thus made a petition to God by clamping hands in humility.

Though only the hands are painted, it is construed that he must have knelt down – in keeping with tradition of showing humility.

Realising the important part played by literature in medicine, some American universities have made its study in the faculties of medicine mandatory. Jones, (1997), states that teaching literary works helps students develop the capacity for empathy and enhances their skills in interpretation, and do complement the teaching of traditional medical ethics. They have increasingly been interested in the narrative such as the short story, novels and even personal histories and so on. He observes that literature and medicine scholarship has been marked by an interest in the centrality of narrative to the work of medicine. The scholars have used tools and insights from literary theory to explore the acquisition and transmission of medical knowledge, to study the narrative nature of the physician – patient encounter. They have also used literary works to analyse the conventions of various medical genres, and to consider the relationship between a physician’s narrative skill and a patient’s willingness to accept the diagnosis and comply with the recommended treatment. Similarly, Jones finds that the scholars have begun to explore, more intensely, the relation between the narrative and medical ethics. She reports that it is now agreed that because of the inherently narrative structure of medical knowledge and practice, doctors’ intellectual skills and habits do prepare them for a kind of narrative ethics better than the analytical, principle-based ethics that has dominated medical ethics for the past 25 years.

Jones seems to question the argument that medicine is not a science but a rational, science-using, interlevel and interpretative phenomenon undertaking the care of sick people. The uncertainty inherent in medical practice comes from the unreliability of prediction in the individual case. However, reliable prediction may be in the average. Each case of illness takes its own unique pattern. But among the Luo, where ethno-medicine men operate as seers, their prediction capacity is vital for survival. Hunter says for this reason, the bridge between these two realms - individual case and general rule – narrative remains, “medicine’s principal way of applying its abstract knowledge to the care of individual patient”. (Hunter in Jones: 1997:275). This narrative bridge makes it possible to apply the interpretative method of “clinical casuistry”, which is a reasoning that always begins with individual case. Doctors travel back and forth across this bridge, taking the patient’s story of illness to be informed by medicine’s abstract

knowledge and then to be interpreted and returned to the patient as a presumptive diagnosis retold in the form of a case history. This is inferential reasoning from consequent (result) to antecedent (cause).

In approaching a bioethics case, Sharma says, a casuist would begin by identifying particular features in the case rather than appealing to universal principles, utilitarian calculations, or rights. The casuists would then attempt to identify the relevant precedents and prior experiences with other cases, attempting to determine how similar and different this case is from other cases. Because doctors use care – based analogical reasoning in the daily work of medicine, they might naturally be expected to use the same method in resolving ethical problems that arise in the care of individual patients.

Sharma discusses casuistry as the only one of several approaches that can fall under the rubric of narrative ethics. However another approach presented by him is the narrative contribution to trustworthiness of medical ethics. It is argued that narrative competence and a narrative framework for medical ethics can improve ethics' deliberations at four crucial stages: the recognition of the ethical problem, the written or the oral formulation of the problem, the interpretation of the ethical case and the validation of the chosen interpretation as the most reasonable and helpful among the many alternative interpretations available. In that view, the narrative formulation of a medical case helps shape the interpretation that ensues. The literary style of these case presentations covertly supports the philosophical orientation of their tellers. It is noted that ethicists and physicians who are narratively competent would be aware of the narrative and ethical choices that inevitably arise in formulating a case. They would also be better able to discern and analyse the unconscious biases that may be reflected in the narrative style of someone else's case formulation.

Sharma reports that when the retold medical or ethics case that is returned to the patient does not make sense to the patient, the medical or ethics intervention is likely to fail. In such a case, the patient, who does not recognise her own story of illness and suffering in the medical recasting of it, may not accept the physician's diagnosis or follow the recommended treatment. He gives an example of a case in which the crucial step of retelling the patient's story to her could easily fail where the patient with persistent cough, fears she has pneumonia, because her aunt has almost died of pneumonia

recently. Such patients may reject a diagnosis of postnatal drip unless the physician is aware of her fear and can reassure her that she does not have pneumonia. When diagnoses or ethics decisions are merely delivered to patients or others without their having been involved in validating these diagnoses or decisions, medicine and ethics fall far short of their fullest potential in Sharma's view.

He says the third approach to narrative ethics recognises the patient as the author of his or her own life-story, acknowledges the primacy of the patient's story over abstract theories or principles, and shifts power from professionals – physicians, or ethicists – back to patients and their families. This differs from a narrative that is jointly constructed and power is shared between the physician and patient where the sharing of power constitutes an important ethical safeguard within the relationship. It is emphasised that truly listening to the patient's experience of illness, in an empathetic way is a moral and therapeutic clinical act. This means the existential commitment to be with the sick person and to facilitate his or her building of an illness narrative that will make sense to him and give value to the experience. Jones notes that Arthur W. Frank has claimed that narrative ethics belong to the realm beyond clinical medical encounters and that the sphere of illness is outside patienthood. Nevertheless, the majority of doctors believe studying literature makes them become better professionals – according to this study.

This becomes clear when dealing with neurotic cases. Eve Leeman, (1998) reckons that some contemporary novels draw from confessions of patients to neurologists and psychologists. Writers like Emile Zola (1885) and Armand Dubbary (1849) are listed among those who did thorough research into erotic experiences of patients before producing literary works. These works include onanists, erotomaniacs, inverts or homosexuals and fetishists. Onanism springs from Onan, a Biblical figure, whom God condemned for spilling his seed on the ground to avoid impregnating his widowed sister-in-law, Tamar. Sigmund Freud has a long treatise on sexual fantasy. He propounded the theory of psychoanalysis in literature. The dreams, slips of the tongue, jokes of literary characters are all supposed to construe some significant meanings that are not easily noticed by everybody.

Beyond this, Dennie Abse, (1998), thinks poetry, which is a part of literature, can help alleviate symptoms of mental distress. There is so much poetry written out of, or about mental disorder. He says patients can be consoled by poetry and that he has seen volumes of poems at the bedside of the terminally ill patients. Dr. Abse says a literary workshop resembles a group therapy. He says one of his patients got cured of migraine headache in a poetry reading session. He also contends that there is value in exposing medical students to literary texts in general and poetry in particular, as happens with even greater frequency at medical schools in the U.S.A. His evidence is that those who teach literature and medicine claim, with some justification, that by reading poems and stories about people afflicted mentally or lowered by physical illness, the student, on occasion, is better able to respond to patients. The best healers are thought to be those who are sensitive but tough and who can, to a degree, empathise with their patients' predicament. The patient's point of view ventilated through an anecdote poem or a portrait poem, or through a prose narrative, can lead medical students to be more aware of parallel real-life situations such as they may encounter in the future. He says, for example, that the extract by Dr. William Carlos Williams below, is often used in medical class.

Oral assault

“Get me a smooth-handled spoon of some sort”, I told mother. “We’re going through with this”. The child’s mouth was already bleeding. Her tongue was cut and she was screaming in wild hysterical shrieks. Perhaps I should have desisted and come back in an hour or more. No doubt it would have been better. But I have seen at least two children lying in bed of neglect in such cases, and feeling that I must get a diagnosis now or never I went at it again. But the worst of it was that I too had got beyond reason. I could have torn the child apart in my own fury and enjoyed it. It was a pleasure to attack her. My face was burning with it. (Williams: 1987:59)

Such a short story by the poet – physician William Carlos Williams introduces debatable issues in terms of medical ethics according to Abse. He says that the girl being examined above is suffering from fever, possibly from diphtheria. She will not allow her throat to be examined and resolutely closes her mouth. For this reason, the attending physician is increasingly frustrated but becomes erotically aroused and finally engages in what can only be called assault. Literary texts by doctors prove to be especially useful teaching tools because of their authenticity. There is also also non-

doctoral poetry on death and how it feels. These are poems written by ordinary people who are not involved in medicine. Though the poems come from laymen, they can also give insight into the subject. The following are examples from Anna Kathryn Goodman and William Shakespeare as reported in the *Lancet* (1998: Vol. 351 p840 and 1823).

With no daughter to gentle you...
(for Corrine)

With no daughter to gentle you
into death's cool waters,
you linger by its shoreline

Deep rooted, gnarled – your endurance
of spousal blows and insults
now slows your life's unravelling.

Mute kinsmen circle mothlike
the false TV beacon:
Blind to your ebbing glow.

I join your solitary watch
weeping for your beauty
and your life, unloved.

Yet as death's tide softly rises,
you tenderly take my hand
comforting me with your grace.

(Goodman)

The Rape of Lucrece

Her hair, like golden threads, played
with her breath –
O modest wantons, wanton modesty! –
Showing life's triumph in the map of death,
And death's dim looks in life's mortality.
Each in her sleep themselves so beautify,
As if between them train there were
no strife,
But that life lived in death, and death in life

(line 400 – 06)
(William Shakespeare :1594)

The examples cited above, which compare with songs of ethno-medicine men, show how literature helps people understand what goes on in illness and in death. There are some artists who use poetry to express the subject. Others use narratives and some use the medium of painting, sculpting or carving. The production of these artefacts also reflects on the emotional and physical status of the artist. It is interesting to note that a doctor may diagnose a disease that afflicts an artist by simply looking at his drawing, painting or sculpting.

To draw, paint and sculpt in a realistic style requires the integration of a wide range of complex visuospatial and visuomotor skills according to Halligan and Marshall, (1997). They think one of the most common and disruptive impairments of visuospatial process is unilateral neglect. They find this condition is in over 80% of patients with acute right hemisphere stroke who are characterised by failure to attend or respond to objects in left space. This is associated with poor functional recovery. They report of a Swiss artist who experienced visual illusions and hallucinations and subsequently his drawings and paintings showed fluctuating left visual neglect and loss of depth. A French doctor with similar ailment reflected the same shortcoming. To back their arguments the two researchers attached one painting, one sculpting and one drawing from different artists – all indicating common defects because the artists had the same impairment. The patients could no longer tie multiple views into coherent three-dimensional wholes. Doctors could tell the nature of their illness from their drawing.

When we have medicine and doctors as seen through the lenses of artists, it makes an authentic feedback. To prove their case, they cite Virginia Stephen Woolf who was prominent in this. She was a prolific writer who became a mental patient at some stage. In her works, she revenges on doctors whom she thought mistreated her. Her doctor George Savage, opposed “useless” book learning for women. His reported prejudice made him believe that when vulnerable girls were educated at home, as Woolf was, solitary thinking could lead to insanity. Woolf, as his patient, was in a situation that was definitely dangerous because she claimed to hear birds singing in Greek, King Edward using obscene language, and voices commanding her to kill herself, which, at one point, she attempted by throwing herself from a window.

George Bernard Shaw, according to them wrote a play entitled, *The Doctor's Dilemma* at the same time Woolf was undergoing treatment by Dr. Savage. This play was a great mockery of doctors in the tradition of Moliere. There are many such literary works in which the artist is trying to make meaning out of medicine.

Nickerson and Shea, (1997), have analysed how some writers made literary fiction out of the activities and reports made by a distinguished neurologist – anthropologist called W.H.R. Rivers. This reputed doctor reported his observations on the treatment of war neurosis among British officers. The mental and physical breakdown of those who had been involved in trench warfare were given standard therapies for their nightmares, sleeplessness, panic attacks, mutism, paralysis and other symptoms. The medicine included electric shocks to affected body parts, hypnosis, and electroconvulsive therapy. Rivers took a different approach, more psychological, and his insights formed the basis for new patient management called post – traumatic stress disorders techniques. This new method was in keeping with Freudianism according to which such victims of stress try to banish from the mind distressing memories. His method worked.

Pat Barker, a novelist, later wrote a three-volume meta-novel about Rivers. The volumes are entitled *Regeneration*, *The Eye in the Door* and *The Ghost Road*. Rivers' observations were fictionalised. For example in *Regeneration*, the war poet and hero Siegfried Sasson arrives at Craiglockart War Hospital, where Rivers assumes his care. Sasson assigned the role of patient by military authorities as a political expedient and to discredit his war protest statement – entitled “A soldier's Declaration”. Sasson's arrival precipitates a series of dilemmas for Rivers. Nickerson and Shea state that the doctor wonders over who is sick and who is not? What does it mean to be a parent? What does it mean to be a doctor who treats victims of shell shock in order to return them to the front to the threat of death or mutilation? As the novel progresses, Rivers grows more confident in his treatment of repression and war neurosis, but at the same time, his involvement with his patients leads to his own mental and physical exhaustion. They observe that Rivers becomes increasingly aware of his own repressed conflicts and is haunted by Sasson's declaration that the war is “not worth it”. At the end of the book Sasson and Rivers reverse roles as Sasson “healed” by Rivers, returns to the front, choosing to abandon his protest out of feelings of loyalty to his men, while Rivers

retreats to Craiglockhart, with self-doubt, exhaustion, and loss of direction. In this book, like in the other two, a real character, Rivers, is mixed with fictitious ones.

Similarly, *The Ghost Road*, a Booker Prize winner, features the poet Wilfred Owen, returning to the front for the final offensive of the war. Rivers is in London, his visual memory temporarily restored by bouts of fever from Spanish influenza. Nickerson and Shea report that Rivers recalls his anthropological studies in Melanesia. Here he had studied a society of head-hunters whose culture was destroyed by the outlawing of ritualised warfare. Rivers reframes his memories of Melanesia, his Melanesian counterpart, the spirit doctor Njiru, and Njiru's cult of the dead in the context of World War I and thereby realises possibilities of renewal, cleansing, and redemption, and acceptance of the deaths of his patients, their suffering, and perhaps the war itself. On a personal level, Rivers overcomes at least some of his own tendencies towards repression, embraces the primitive, intuitive and emotional side of his personality, and reaches a fuller understanding of his role as a physician.

Rivers' Therapeutic Method

Rivers' treatment sometimes consisted simply of encouraging the patient to abandon his hopeless attempt to forget, and advising him instead to spend some part of everyday, remembering. Neither brooding on the experience, nor trying to pretend it had never happened...Sassoon's determination to remember might well account for his early and rapid recovery...He thought that Sasson's poetry and his protest sprang from a single source, and each could be linked to his recovery from that terrible period of nightmares and hallucinations.
(The Ghost Road)

They reckon that this comment appears early in the first novel of the trilogy, after Robert Graves gives Rivers three of Sasson's poems. Rivers reflects on the part Sasson's poetry plays in his rapid recovery from shell shock, noting that most patients initially try to forget or repress their traumatic memories, but that this strategy fails, and repressed memories intrude as nightmares and hallucinations. Sasson needs to remember in order to write, and through poetry he is able to channel and control his war memories. These reflections on the healing role of memory transformed into narrative art of recovering the past by recreating it in the form of writing (and reading), apply to the novels themselves, as well as to Sasson and Rivers' other patients. In this fiction, in

the opinion of the two writers, Dr. Rivers uses silence to help his patients remember. Silence has therapeutic effects. In the context of war, in the book, the character is given liberty to choose whether to return to the front or not. Njiru heals his patients by anthropological methods most likely using ethno-medical techniques and Dr. Rivers learns from this. Thus learning to suspend his judgements about Melanesia, Rivers frees himself from his own cultural frame of reference and expands his comprehension of suffering, death, and war, as well as enhancing his capabilities as a physician. While Europe is being devastated by World War I, Melanesia's indigenous culture is dying because of the absence of war. This is because headhunting became banned and the natives became listless and lethargic. Nickerson and Shea conclude that Rivers exemplifies much that narrative medicine gives back to physicians: the opportunity to reconcile science and emotion, the epicritic and protopathic and the masculine and feminine doctors. The doctors learn from Rivers the capacity of patients to teach them.

The view that doctors and their patients equally benefit from the healing process is also held by Nancy Dew Taylor and Ryuki Kassai, (1998). They quote Kenzaburo Oe's nobel prize acceptance speech:

“I wish as a novelist to enable both those who express themselves with words and their readers to recover from their own sufferings and the sufferings of their time, and to cure their souls of the wounds... I have been making efforts to be cured of and restored from those pains and wounds by means of literature”.
(Taylor and Kassai:1998: 642)

They note that the study of literature and medicine has usually focussed on the development of physicians' interpretative and empathetic skills and on their reflection about ethical issues. Normally less emphasis has been placed on the ways in which literature can heal those who function as healers. One cardiologist, poet, and essayist, John Stone, believes that the study of literature can both teach and heal physicians. He says that literature not only helps him untangle patients' complex stories but also offers catharsis and that writing about one's experiences as a physician is therapeutic. Taylor and Kassai state that a look through diverse writings of medical practioners shows that on occasions, physicians and other health care workers need healing as much as do their patients. The medics need healing that results from situations in which the patient is difficult, even abrasive, or in which the patient's treatment fails and leaves the

physician suffering as well. The health care workers experiences with the terminally ill or those who are chronically ill are excruciating. But the families of these patients bear the brunt of the burden. The writers fictionalise these episodes like Oe does with great humour, spicing it with violent and complex plots, and even brutal sex in the works. Oe himself had such a case in the family. He writes:

“In 1963, my son was born. This little baby was a kind of personification of my unhappiness. He looked like a baby with two heads. There was a huge growth on his head that made him look like that. This was the most important crisis of my life. The doctors made us decide whether or not to operate. Without an operation, Hikari would have died very quickly. With operation, he might live, but with terrible, terrible, difficulties. My son was born on the thirteenth of June, and I went to Hiroshima on August 1st....I was escaping from my baby. These were shameful days for me to remember. I wanted to escape to some other horizon. I'd been asked to do some reportage in Hiroshima and so I went there, fled there...”

Oe was completely devastated. He contemplated suicide many times. But at Hiroshima, he met a Dr. Fumi Shigero, who was an atomic bomb survivor. The doctor encouraged him to be of use to the helpless. He came back, organised the operation and Hikari, despite profound retardation, has become a composer with national and international recognition. In the novels entitled, *A Personal Matter* and *The Silent Cry*, Oe features fathers with brain-damaged children. The father's emotion alternates between a mixture of guilt, fear and shame. They look for a willing physician to kill the children but later, they accept the children. Thus rehabilitation theme becomes the central theme in his fiction. These books provide health-care personnel with insights into the difficult lives of patients and patients' families. Oe, in an article entitled 'Caring for the Chronically ill Can Bring Healing', says that the shock trauma of the family can be overcome with good use of the right literature:

In trying to portray my son in the literary model known as a novel, I have passed through five similar stages. In the case of a person like him, with a mental disability, it isn't the individual himself but rather his family that has to pass from the "shock phase" to the "acceptance phase". In a sense, my work on this theme has mirrored that process. I have had to learn through concrete experience to answer such questions as how a handicapped person and his family can survive the shock, denial and confusion phases and learn to live with each of those particular kinds of pain. I then

had to find out how we could move beyond this to a more positive adjustment, before finally reaching our own “acceptance phase” – in effect coming to accept ourselves as handicapped, as the family of a handicapped person. And it was only then that I felt the development of my work itself was at last complete.

(Oe: 1996:46 quoted in the *Lancet*)

Through his writings, Kenzaburo Oe speaks directly of the hard work that those in medicine do day after day. He knows firsthand the caring, the patience, the frustration, and the determination needed by caregivers and families of the chronically ill. He also speaks of the healing he has experienced, a healing that is a direct result of giving care and from his writing. At times when many health care workers despair about the state of their art, Oe encourages them in the work they do and reminds them of the consolation that literature can bring to medicine.

To this extent, even painting can express operations of medicine very well. Linking art and medicine can make understanding illness easy. A British artist Macfarlane, (1998), has created a series of paintings recording people in action to help viewers understand illness and its treatments.

Unlike African traditional medicine or ethnomedicine Western medicine is backed by a vast study of related literature as we have seen above. At the outset of colonialism, the traditional healing methods and technology was subdued, (Lalu: 1998). Lalu raises issues with the denigration of black healing practices as policy of the white colonialists. Now that many countries are independent, there is a move to legalise, recognise and even promote the traditions. South Africa for example is set to bring traditional healers into mainstream medicine. Baleta, (1998) reports that South African healers were to be elevated to their rightful place in the healthcare system by legitimising indigenous medicine. According to the report, the national HIV/AIDS programme year before enlisted the services of three traditional healers as consultants to mobilise other traditional healers around the issue of sexually transmitted diseases and HIV/AIDS. The parliamentary committee’s proposal include setting up norms and standards of traditional healers and giving them certificates so that they can claim costs from their patients medical aid scheme.

The council is to consider the registration of all qualifying healers, promoting training, research, and professionalism to create indigenous medicine database. It will also be responsible for developing an ethical code of conduct and maintaining discipline in the profession. Another role will be to facilitate co-operation among traditional healers, the orthodox medical profession, and the government.

From the literature review above, it seems that not much study has been done on African literature and the African Medicine or ethnomedicine. Now that the indigenous medicine is being revived, it is proper that its literary aspects are not forgotten.

In Kenya, for example, more and more people seek what is known as alternative medicine, according to East African Standard Supplement of September 18th, 1998. In the same paper dated September 21, it was reported that witches thrive in the Coast of Kenya. The reporter, Mr. Dzombo Mbura exhibited photographs of the paraphernalia of the diviners such as human skulls, shells, crocodile skins and python skins. Dr. Mbango Mwangombe, a psychiatrist from Coast General Hospital, is reported to have said a number of elites and prominent leaders still believe in witchcraft and have supported it in one way or another. The rampant claims of witchcraft have led to widespread murder of suspected witches in Kisii and to some extent the Coast Province. Dr. Mwangombe is reported to have said that the only hope of eradicating witchcraft is through education. He said some politicians and other highly placed leaders are known to seek magical protection from witches or wizards for miraculous powers to enhance their chances of success.

It is also known that medicine has been mythified in literature and outside it. How accurate is the representation of medicine to its consumers? Silverman, (1997) reports of several occasions when uncritical audiences have believed what they are told even when the content of the lecture had been irrelevant, conflicting and distorted. He cites a study where the experimenters hired a distinguished looking professional actor who spoke in a forcible manner. The pretender was given a fictitious name 'Doctor Myron L. Fox', and provided with a highly impressive, but spurious, curriculum vitae. He was then introduced to an audience of professionals (which included psychiatrists, psychologists and social workers), and he spoke on mathematical game theory as applied to physician education. The lecture was filled with "doubletalk, neologism,

non-sequiturs, contradictory statements, meaningless references to unrelated topics – and some good jokes. In a questionnaire filled out after the talk, Dr. Fox's presentation was given a favourable rating by the unsuspecting audience. That ruse was tested a second time at an annual conference on research in medical education. The same actor delivered a series of videotaped lectures on the biochemistry of memory: once again, the deception was successful.

Prof. Alan Sokal is reported here to have repeated the trick, in print, by sending an article salted with nonsense but which sounded good and flattered the editor's ideological preconceptions. The editors of the social studies journal accepted the bogus piece dealing with quantum physics without consulting any one knowledgeable in the subject.

In the light of the experience of Prof. Sokal and Dr. Fox, Silverman seems to state that it is appropriate to examine how literature depicts medicine and how the readership receives the images given, readily or critically. For example, what is the validity of their medical representation in literature? In other words is good artistic performance or presentation by doctors or ethnomedicine men capable of winning the minds of patients?

McLellan, (1996) explores the issue of literature as a representation of truth. She understands that a literary text can be read on several levels – literal, symbolic, metaphorical, or allegorical. Despite its multifaceted nature, major works in literature and medicine do tell us something about medical practice or epistemology, the history of medicine, or the experience of illness, patienthood, disability, or otherness. They may give insights into the character, education, daily life, or decision-making skills of medical practitioners.

She notes that the introduction of medical themes into texts-dealing as they do, with vulnerability, chance, contingency, disease, disappointment, suffering and death, adds a complicating layer onto the already complex nature of an engaging literary work.

Literature has the power to effect catharsis and give meaning; and appreciation of both the truth-value and the necessary fictionality of narrative, especially in self-presentation. Medicine has concerned literary artists over the ages, for example Albert.

Camus wrote *The Plague*, George Elliot, *Middlemarch*, Leo Tolstoy, *The Death of Ivan Ilyich*, Alexander Solzhenytsyn *Cancer Ward*, T. Mann, *The Magic Mountains*. Lewis, *Arrowsmith*. Most of these authors received the Nobel Prize for literature. The list of artistic works with medical themes is inexhaustible as it grows from time to time.

It is now clear that literature or art and medicine is a subject that has been the concern of many writers. Nobody as far as I know has looked at the relationship between African orature and ethno-medicine. What we have reviewed so far, is to a large extent a perspective of the Western scholarship. This study, it is hoped will make a significant contribution in filling in the gaps that exists in the study of African literature/Orature and medicine.

1.7. Theoretical Framework

The researcher worked with the conceptual perspective that before the introduction of Western technology in Africa, there was very close inter-relationship between art, orature and ethno-medicine. The medicine or ethno-medicine included herbalism, witchcraft and sorcery, which thrived despite the challenge from the West.

Like in the testimony from the West, which we have just reviewed, African medicinemen find their work reinforced or supported by art, orature and literature. This therefore amounts to the theory of mutuality or co-existence of the two disciplines. This would mean that literature supports medicine and in turn medicine supports creativity.

This study will be guided by the theory of 'body as a text.' The body as text theory implies the understanding that the human body is a bearer of cultural information imprinted on it in terms of ornaments, costumes and incisions. This is further amplified by cosmetics, mannerisms, norms, symbolism and what they signify. This theory postulates that the human body is loaded with messages printed all over it for observers to read and interpret. The information of this kind is not contained in words but in silent forms, entailing behaviour and body movements.

The audience is supposed to 'read' the messages that are not expressed in words. Faulkner (2003) adds a new dimension to this viewpoint. She perceives the human body as the object that interprets the reading. For this reason, she observes that the body that reads cannot be impartial because it is also made of particular order of drives. These drives in their own ways affect the reading. She sees the body as an organization of competing and cohabiting wills which in turn influence interpretation. The truth cannot be impartial because it depends on how the body interpreting the truth was socialized. It is the socialization, which puts order in the human perception of the environment. Cultures organize the human bodies. Without the cultural organization, they (bodies) cannot comprehend nor transmit sensible meaning out of the chaos. She seems to agree with Nietzsche that the body, as an object of observation, is inert and unseeing of things suspended in the mind-body dualism. Both of them seem to think that the relationship between body and language is ambiguous and sometimes art dwells on the interplay between body and language. The interplay is exploited to generate metaphors that conceal meaning and others that reveal meaning.

In a similar way, Martin (1994) agrees with this viewpoint that the body stands in multiple and complex relation to the limits and centres of the cultural production of meaning. According to this position, this is because the body provides the raw material in the ordering, collecting, and processing of sensory data. The body also serves as a medium of transmission of information.

"Finally, the body becomes a privileged model or model object for the definition and organization of such semiotic events as fragment, surface and depth, natural and conventional, literal and figural, the real or imagined." (Kelly and Mucke in Martin: 9)

Martin further notes that in the Eighteenth Century, the body metaphor was used to fix relationship among the author, text and the reading public. The despot's body was commonly used as a point around which culture was organized. The writer's body has taken over the role. In the past it was common to give characters special identity through their bodies. For example the eye stood for sight and the metaphor of the eye could signify vision. The artists depicted ugliness and disgust by invoking the human body. She concludes by quoting Susan Gustafson who argues that the body reads as an orthographic sign. The female body is more prominent because it is a site where significant social

antagonism plays itself out. Reading the male body is different. Culbertson (1998) describes it as a social construct. The male body as a social construct suffers a different kind of illness. Its reading is restricted and governed by taboos.

This is why the body is not simply a blank page on which words have not been written. Culbertson sees the body more aptly as a textless text, whose meaning is read by many readers, whether they are invited to read or not. In his opinion, the body is a text that is almost always read from outside (the reader introjecting meaning), but which he thinks has the potential to be read from the inside too. This is because - unlike a book - the body-bearer may at any point choose to wrest control over the text to interpret it as his or her own, making unique meanings and giving them primacy of place. While the ancient and conservative literary critics thought meanings were inherent in the text, today, we understand that meanings are created by the interaction between a text and the reader. This places as much responsibility for meaning-making upon the reader as upon the text itself. Culbertson explains how social constructionism and reader response theory, then, help us understand that we read meaning into many things other than the printed page. The same goes for the body if it is perceived as a text. For this reason, whatever we are able to see, value, and respond to in a text is socially constructed, and the meaning we draw from whatever we encounter is a 'p priori-resident' within, generated by ourselves, and shaped by the complex interaction of culture, life experience and the individual need.

1.8. Hypothesis

This study tested the hypotheses that:

- (i) Art, orature and literature influence the practice of ethno-medicine among the people of South Nyanza
- (ii) Art, orature and literature influence the medicine man's principles and practices
- (iii) Art or literature and ethno-medicine are not mutually exclusive from the point of view of consumers and producers

1.9. Research Methodology

(i) Duration and Sample Selection

This study was done over a period of more than two years through library and field research. In the study I applied ethnographic and qualitative methodologies.

The research was carried out in Kisii, Migori, Rachuonyo, Suba, and Homabay districts in Kenya. These areas were chosen because for a very long time they had existed as one administrative entity. The people have intermarried across the boundaries and intermingled in the major markets of the area for a long time. The roads criss-cross this area and people have increasingly mixed up within. Today, the people are interdependent economically because they produce different agricultural commodities and experience different weather patterns. Over the years, the region has had common administrative and academic institutions. For example Kisii High School recruited the students from the entire region. So did Kisii Hospital, prison and town serve the same area. For this reason, there is, to some extent, a common heritage and experience that were looked into.

Materials for the study were collected by random selection method from a wide variety of sources. The materials gathered included songs, narratives and ethno-medical paraphernalia from the selected area

(ii) Data Sources and Method of Collection

This study was primarily a survey and data was collected through interviews, and participant observation. Discussions together with oral interviews were conducted among the patients, ethno-medicine men and other community members. In the process, tape-recording was done. If the discussion was carried out in an indigenous language foreign to the researcher, this was translated by an assistant. Then it was transcribed and crosschecked to eliminate misunderstanding. Individual literary artists

were also interviewed. The research also focussed especially on respondents who combined the art and medicine.

Oral questions were asked to a randomly selected group of consumers and ethno-medicine men to determine the position of art, orature and literature. For example, did the language and style in which medicine was administered matter? Does the patient prefer one style in his own language to another and why? How did the patients select the medicine man to consult? From the point view of the medical practitioner, the researcher enquired whether the medicine worked better if instructions were given in particular linguistic style or physical setting. Since the people of the selected area speak several languages, there was need to engage several research assistants to act as interpreters and translators.

Personal or participant observation enabled the researcher to obtain what could not be understood through interviews. For example a number of days could be spent in a herbalist's clinic. Some patients were observed at their homes before and after treatment. The medicine practitioners were observed before, after and in the process of treatment. Where artists had recorded description of a medical scene that was also taken into consideration. Cameras, videotapes, and tape recorders and the note book were used to record data. Sketch notes were taken too. The intrusive effects of these tools of research were minimised as much as possible.

(iii) Data Analysis

Data was compiled and analysed qualitatively guided by the theory of 'body as a text' In chapters one to five, we have outlined the data and only done simple analysis that follow immediately after the outline. An in-depth critical and comprehensive analysis of the findings in chapter two to five is done in chapter six. From the findings of the research, recommendations and conclusions were made

CHAPTER TWO

How Art becomes involved in Ethno-medicine

2.0 Introduction

In the previous chapter, we looked at how literature, which is an art, relates to medicine in the West. We also outlined how we had gone about investigating art in ethnomedicine among the Luo. In this chapter, we have looked at juogi spirit and how it influences ethnomedicine in relation to experiences of particular medicine men. This will show in songs and dances, body painting and marks, and crafts that the healers use to carry out their business. Like literature in the West, the above activities are considered part of art.

It seems that most medicine men among the Luo become practitioners not out of choice but because they are compelled by circumstances. This is different from the West, where a student opts to join a medical faculty to train and become a doctor. It is debatable whether the fact that a practitioner did not choose to become one could negatively affect his performance or not. The medicine men and women studied here seemed to enjoy their work and did not have any complaints at all. On the contrary, they looked grateful that they were picked for the calling.

2.1 How People Become Medicine Men and Women

Hopkins, (2002), describes the experiences of a lady called Mabasa, whose case typifies the rest of the ethno-medicine men and women I have come across. Noria Mabasa, as a child had dreams in which her father, long dead, told her that she was to bring water to his grave in Giyani. This had to be done that very evening when the stars came out. She refused.

Later, after marrying, she regularly began to receive messages, prophecies and warnings in her dreams. Not having obeyed the voices in her dreams, she fell ill. Her mental and physical disorder became so severe that her husband abandoned her and she was forced to go back to her family. There, she repeatedly dreamt about an old woman

leper without a nose and fingers. The leper offered to teach her to work with clay. Mabasa refused this again. Though she tried to drive the leper away, the leper would not go. For nine years, the dream haunted Mabasa. Every time Mabasa turned down the offer, she experienced such severe pain that made her seek medical help only to be told that there was nothing wrong with her. One day, her father appeared to her and asked her to accept the old woman's instruction. She was told this would heal her.

Mabasa obeyed. She sent her children for clay. Her stepmother took her for a healing ritual and she became a little bit relieved. However, when she started working with clay and making little dolls, she felt the load being lifted from her shoulders. Mabasa began to get stronger and stronger. Later, the voice of the spirit suggested that she should use wood. Thereafter she went down the river for clay; she noticed some wood stuck on 'something' in the water. She brought it home and left it on the yard. As she tried to finish the clay works, the wood kept calling her, so she was forced to leave the clay and begin sculpture work according to Hopkin's account.

Mabasa's experience agrees with what Joan Halifax (1982), calls the wounded healer. By this she means that the *indigenous* medicine man or woman must first suffer before he or she is able to help others. Halifax observes that over the ages, the practice of ethno-medicine has consistently remained central to society and has adapted itself to various ways of world cultures. As a result, these days the role of an ethno-medicine man has become multifaceted. He or she would be a healer, ceremonialist, judge, sacred politician, and an artist among other things. She reckons that according to her research, medicine men across the world have common principles and orders of reality. Other than that, they all experience ecstasy and visions.

A mental problem of the kind Mabasa suffered is called *juogi* among the Luo and Suba. Though the Suba people are not related to the Luo biologically, they have been culturally assimilated into the Luo so deeply that it is not easy to tell the difference between them in Migori and other parts of South Nyanza. This is why, like the Luo, they also have a concept of *juogi*.

2.2 Brief History of the Abasuba and Luo People

The Suba are Bantu people who migrated from Uganda to South Nyanza district around 1776 according to Ogot, (1967). They got in touch with the Luo, who are Nilotics, as the latter were also settling in the area. Kembo-Sure (1999), states that the Luo overwhelmed the Suba in the middle of the 18th century because of the ever increasing waves of migrants from central Nyanza. Consequently, the Bantu gradually became bilingual and thereafter, almost lost their language in favour of the adopted Luo language. There are many theories as to why this happened. Among them are issues to do with numbers, economics, intermarriage, and so on. Ayot (1979) and Ochieng (1985) suggest that the Luo girls that married into Suba-speaking families refused to learn the Suba language and customs and thereby forced the members of their new homes to speak *dholuo* and practice Luo customs. Whatever caused the assimilation; the fact today is that a large proportion of Suba people only speak *dholuo* and Kembo-Sure fears that unless something is done sooner or later, the Suba language would join the growing list of dead languages.

The Luo, according to Ogot (1967) and Ayot (1976) originally lived in Sudan. Like other ethnic communities, the Luo have evolved in the last 300 years from original Nilotic culture. Ogot observes that the Luo have had to adapt to the environment in the course of their movements. This has made them influence their neighbours while being equally influenced. The Luo currently occupy the North Mara and Musoma districts of the Lake Province of Tanzania. The majority of the Luo live in Kenya around lake Victoria. They fall under the Nilotics that comprise of the Nuer, Dinka, and the Luo. Ayot observes that nobody knows for sure what caused the Luo to leave their original home in the Sudan. Since the Luo used to be pastoralists, it is believed that overpopulation and search for more pasture might have caused the migration of the Luo in the 15th century.

Ogot observes that the Nilotes usually refer to themselves as *jonam* that is the people of the lake or rivers. He goes on to note that it would appear that rivers, valleys and lakes played a significant role in determining their migration routes and settlements. Their original habitat in Sudan is a single rainfall area dominated by extensive annual flooding of the Nile and its tributaries. In Ogot's opinion, the chief factors that must

have regulated their way of life were the vast stretches of land, much of which was not suitable for extensive cultivation. Its climate and natural surrounding necessitated the changing of places of habitation seasonally and periodically.

Something is being done about the loss of Suba language in Migori. The Suba of Migori Division have decided to hold a cultural festival once a year by which they hope, they will revive their lost culture and language. The first festival was organised on the 24th March 2001 at Bondo Nyironge Primary School. I attended as a participant researcher.

2.3 Nyironge the Medicine Man

Bondo means a cactus tree in Luo. Bondo Nyironge therefore becomes Nyironge's cactus tree. Mzee Aliwa, 85, said the venue of the festival, currently a primary school, was named after Suba ancestor, prophet and seer. This was where *juogi* came in. Nyironge, the medicine man, led the Suba to this land, Suna in Migori District, and organised *bilo* medicine to support the military campaigns that saw them push the neighbours away. Before Nyironge acquired skills of medicine called *bilo*, he was a *juogi* patient. The medicine worked very well according to Mzee Aliwa, and they conquered the lands around and took them over. Since that time, the Suba have held the land, thanks to Nyironge, but they have lost the language and culture. On enquiring about the descendants of Nyironge to see if I could find an inheritor of Nyironge's *juogi*, I was told there was none. Mzee Aliwa regretted that *bilo* medicine was designed to protect the land but not the culture. The family lineage of Nyironge was destroyed by this *bilo* or *juogi*, probably because it was not handled well. Mzee Aliwa said sorrowfully that Nyironge's family had had to pay the price for the entire tribe to inherit the land. One would wonder whether Nyironge's descendants had rejected appeals of *juogi* voices of their ancestors like Mabasa first did. Like Mabasa, would there be room for rehabilitating them if they would learn to tune to the promptings of the underworld? Could art be holding the key to their stabilization? The testimonies of the other medicine men that will come later in the study will provide answers to these questions.

Not everything has been lost. In honour and memory of their great medicine man, Nyironge, the Suba have come to a consensus to host their festival at Bondo. This would redeem the name of the old man who pioneered their conquest. It would give the dead man a new lease of life. His fame in *bilo* and military prowess would be preserved and transmitted by the festival from generation to generation. At the festival, speakers used a mixture of Luo, Kiswahili, and a little Suba. They summed up the Suba history to every body including the school children that were present. They were told, “*Mkosa kabila ni mtumwa.*” This means one who has lost his ethnic identity is a slave. This message was repeated again and again by different speakers. It was as if the spirit of Nyironge through *juogi* was still appealing to the people and binding them together.

2.4 Tribal Body Marks

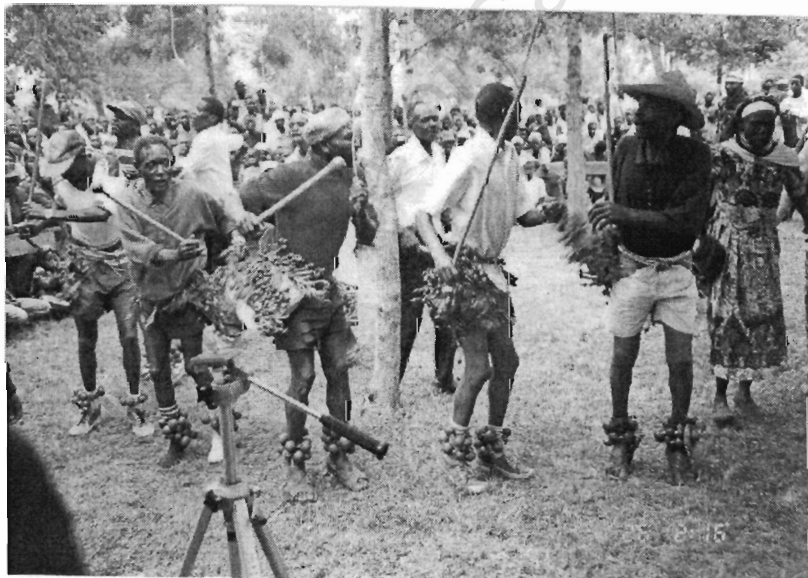
The Suba, like other communities, had their tribal marks. The marks were not put in place haphazardly by anybody. There were known artists of *juogi* type who had the blue print or the mould that would make authentic shapes and patterns. Sometimes, my informers said, the artists making these marks also doubled up as medicine men and women inspired by *juogi*. The Suna, a sub clan of Suba, filed their upper teeth to create a ‘V’ shaped gap in the middle. They looked like the teeth of the late Mwalimu Nyerere former president of Tanzania. When a young man or woman came of age, he or she went for circumcision and thereafter the decoration of teeth. After going through these rituals, the candidate underwent initiation into the secret ways of the community. The initiates were made to swear that they would remain loyal to the ways and doctrines of the tribe. By this method, the values of the society were passed on from generation to generation. The ethno-medicine man had his part to play to ensure things worked well. As circumcision was a mark hidden away from public view, it is the teeth marks that acted as modern identity cards. You could classify a dead body into a tribe by simply looking at the teeth pattern.

The Luo removed four teeth of the lower gum. Other than serving as identity marks and aesthetics, the opening between the teeth also helped in feeding a patient, who suffered from lockjaw. These functions have been overtaken by modernity as hospitals can feed patients intravenously and today people carry written identity cards or

passports. To this extent, the role and importance of medicine men or women has been eroded. No wonder, among the huge crowd that attended the festival, both Luo and Suba, very few had any teeth marks. A few Suba people had Luo teeth marks and not vice versa.

2.5 Dancing and *Juogi*

Juogi emerged a little in the dancing session. The Suba demonstrated three types of traditional dances with varied regalia and costumes. One type of dance was called *mbegethe*. This was a dance of men and women resonating to the drumbeats. There was a long drum and a short one, which could be manipulated to produce different notes and pitches. By invigorating or dragging the tempo, the drummers did control the whole performance. The *mbegethe* dance is neck centred. While jumping a little, the dancers thrust their chests forwards and backwards, and toss their heads back and forth, almost like wall geckos do. Those dancers, who have donned headgear in the form of shrubs and climbers, produce gracious patterns as they stand in rows that sway inwards and outwards.



The Sibi Dancing that Precedes *Juogi* Possession in the Suba Cultural Fete

The dance that seemed to touch the crowd like a live wire was called *sibi*. *Sibi* is a Suba word for what the Luo call *ajua*. These are fruits that look like round stone pebbles. When dry, they are stone hard. Later on a herbalist told me that they are very powerful medicine. The Suba artists or medicine men take charge of making the

dancing costumes. They refine goatskins to soft and tender levels, and cut the lower ends of the skins into strings. On these strings, they tie the *sibi* seeds. The *sibi* seeds cover the entire skin like the bees would cover the comb. This costume is tied around the dancer's waist and looks like a skirt. Down the dancer's legs and around their ankles, they tie *ngeta* seeds. The *ngeta* shells are dried then emptied to become hard shells before they are stringed together. The whole bunch of stringed *ngeta* seeds is tied around the dancer's ankles. When the dancers walk, or dance, or jump, the seeds make beautiful rattling noise. Various body movements could create different rhythms. The dancers are trained to walk silently if they so wish. Their steps and footfalls are designed to form musical patterns that match the songs they are singing and the accompanying drumbeats.

When the *sibi* dancers approached the arena in a file, marching slowly as they sang, the crowd was promptly turned on. Everybody was excited and paid attention. Life came to a stand still. Then the dance gradually built up the momentum to a crescendo. At this stage the dancers got into a trance-like mood. It looked like they were possessed. *Juogi* took over. The dancers made "meaningless" noises. They shrieked, whistled, cried, and shouted in different tunes and tones. This spiritual possession and ecstasy is called *sigunyu*. Mzee Aliwa reaffirmed to me that the seeds used in this dance are also medicinal but only herbalists knew how to use them.

Whereas the *mbegethe* dance is neck centred, the *sibi* dance is waist and hip centred. At the climax, the dancers twist and turn again and again, on and on, thereby making the *sibi* seeds knock against each other, creating musical effect. The dancers feet, tied with *ngeta*, move differently contrary to the neck and waist beats, yet by some artistic skill, they are brought into harmony. When the polyrhythm mixes with polytones, there is a sophisticated artistic production and performance. This generated greater shrieks that punctuated the dance and also alternated with sneezing-like sounds. From time to time, some dancers shook their heads violently. This was when *sigunyu* took over and the dancers produced unintelligible gibberish sounds interspersed here and there with phrases and clauses that could not be understood. Unlike the *mbegethe*, which is danced in two rows, in which men and women pair, the *sibi* turned out to be a predominantly male dance.

Once in a while, a lady would be inspired to break in and jig by the circle, but to a large extent *sibi* remained a male performance. It was further distinguished by its circular pattern as opposed to *mbegethe*, which took the form of two straight rows. The circular pattern could break a bit to take the shape of an S but soon it reverted to its O shape. An old man informed me that this dance dates back to Nyironge's time and even beyond. It was used to celebrate the end of circumcision ceremony. Each of the dancers had a stick in his hand. This was a mandatory requirement for the dance. It signified masculinity. Authority and power were bestowed on the symbolic sticks. The women would not be allowed to dance with such sticks. *Sibi* dance would not be what it is without the sticks held in hands. They add to the graceful movement by projecting the image of the human figure. For that reason, the nimbleness and flexibility are heightened by the presence of the sticks. The wriggles, twists and turns would emanate from the sky above and course through the human trunk before exiting to the earth below by the footfalls. The sticks held high above the dancers enabled this profile to become prominent. It was electrifying and enchanting.

The third dance was called the *asili* dance. *Asili* means flute. The flute dance was a hybrid of the traditional and the modern. The flute was western but the drum, and the *bu* (a pot and pipe instrument) were indigenous. Since they sang in four voices, that is bass, alto, tenor and soprano, they did not charm the crowd or petrify the people like the other dances, *sibi* and *mbegethe*, did. *Asili* was many times removed from Nyironge. Probably this is why it did not penetrate the people. Despite that, these are the only performers who had a message for the people regarding HIV/ AIDS, warning everybody to keep off the disease by abstaining or using condoms. They also gave a few tips on how to cope with the illness in case one was already infected. That aside, the team also excelled in improvisation. They used a cooking pot with a narrow mouth, into which was inserted a long plastic pipe. A man, whose cheeks were distended like football, was blowing the pipe. He needed a big air reserve in his lungs. The instrument produced a deep roaring note that caused tremors in the air. This blended well with the high flute notes and human voices. The star of the band was the man blowing the pipe in the pot, because as he played, he also danced in a squatting posture, leaping like a frog from place to place. He did this while bearing the weight and brittleness of the pot without a problem. People watched this band in amazement but

not in ecstasy or frenzy that were generated by the previous dances. It seemed that they enjoyed the *asili* performance but did not get *juogi* or *sigunyu* out of it.

2.6 Loss of Language and Medicine

As has been observed, the Suba language is threatened with extinction. The consequences of such eventuality would be very grave as all the medicine and art that have thrived in that language would die too. For this reason, I was keen to see how many people were still fluent in this language. To my surprise, among the gathering of about two thousand people, only eight old men could speak the language fluently. Another eleven old men could hardly make a sentence or two. The rest of the people looked blank and lost when the chairman of the cultural committee tried to address the meeting in Suba. Even the organising committee members, who are the core of that community, did not understand as the chairman tried to invite them to the stage in Suba language. These figures were arrived at by counting the people who responded to the questions from the chairman.

Since they did not understand, it had to be translated to them into Luo in order for them to understand. A number of people, however, still know simple formulaic linguistic expressions in Suba. After that, they are stuck. They cannot say anything beyond that. When I enquired whether they understood the songs that still survive in Suba language, most people said they did not understand anything. The identity crisis was best captured in the personality of the chairman. He was the most fluent person in Suba. He spoke without difficulty and charmed the few who could follow what he was saying. A linguist of a kind, he translated his presentation into Luo, Kiswahili, and English. Despite his fluency in Suba, the chairman had his lower four teeth removed, thereby betraying his patriotism and exposing his Nilotic orientation.

Though the festival was to some extent organised in memory of Nyironge, the great medicine man, around whom stories abound regarding the conquest and settlement of the land, the old men interviewed confessed *juogi* was hard to come by. It could not even be traced among Nyironge's clansmen. Some alleged that Christianity had eliminated the evil spirits of the primitive past. Although folk medicine is stigmatised today by the church, Kieckhefer (1989), records that in the Middle Ages, monks and

priests practised magic which they took from culture. Monks were also healers and practised magical arts. He says the rural priests were the ritual informal healers. In fact according to him, the early hospitals started or grew out of such institutions that had been meant for magic and folk healing. Later on, university trained doctors emerged and competition ensued between them and the healers. This culminated in witch hunting. The old men in this Bondo festival were happy to report to me that *juogi* had been driven away by Christianity. Elkin warns people about such negative connotations about medicine men and says:

...medicine men, so far from being rogues, charlatans or ignoramuses, are men of high degree; that is, men who have taken a degree in secret life beyond that taken by most adult males- a step which implies discipline, mental training, courage and perseverance...they are men of respect, and often of outstanding personality... they are of immense social significance, the psychological health of the group largely depending on faith on their powers...the various psychic powers attributed to them must not be readily dismissed as primitive magic and make believe, for many of them have specialised in the working of the human mind, and in the influence of mind on body and mind on mind...(Elkin:1945:96)

A few old men were of the opinion like Elkin's. They said that *juogi* had been demonised so much that it had been driven underground. There was a past when *juogi* patient would wear outfits that were culturally recognisable and marked them out in the market places as sick people. This is not so anymore. People hide the identity of any person who is a victim of the disease because it has been stigmatised by Christianity. Another meaning of the word *juogi* in Luo is evil and its derivative *juok* means witchcraft. The old men at Bondo indicated that if efforts were made to go deep into the interior, one could be lucky to find a few people of this kind. This was frustrating to me because the art in ethno-medicine to which I was committed to researching would not be manageable if *juogi* had been driven underground.

It occurred to me that there was a boy called Bathlomayo Ayo with whom I attended Primary School. He was a bright young man. However, he dropped out of Primary School because he ran mad in the literal sense. People said that he was a victim of *juogi*. We parted that way. Now after thirty years, I thought of seeking him out, to find out if he was still surviving and how he was doing. I was pleased to discover that he was still alive and was practising herbalism in some market called Oyani. I drove there,

covering almost ten kilometres with a guide only to find that his clinic was closed. He was at home that day. The guide knew his home and we went there in a few minutes. Batholomayo knew me by name at first glance. We exchanged a few niceties and reviewed our School days then the hard part came. How was I to introduce the subject? What if he was still mad and his *juogi* rejected me? Cautiously, I introduced the subject. He quickly noted my interest although I was fumbling about. He opened up and spoke freely.

It turned out that I was not the first researcher to visit him. Many researchers from the University of Nairobi had visited him. That day he was busy and could not take me to his clinic. We agreed on a given date. I was to see him in a week's time. After a week, I returned to Ayoo. He gave me some addresses of other medicine men and women that I could contact. This is how I managed to track Mama Silpah Obala and Sisilia Osiemo, both of Ringa village near Oyugis. The three medicine persons, that is, Obala, Ayoo and Osiemo agree with the experience of Noria Mabasa that they became healers through dreams and illness. In all cases, there had been a medicine man in the family. Sometimes, there had been a prophecy of what was to happen in regard to succession in this profession. The three medicine persons agree that Christianity has had some adverse effects on the business. This is why some traditional healing is done underground. In spite of that, there is evidence that very many people rely on this art for their health needs. They observed that the demand for indigenous medicine has increased as hospital costs have risen. There are those who seek this type of medicine because they cannot afford the hospital bills. There are some of their clients who are so rich as to afford anything but choose to resort to this kind of medicine because they believe in its efficacy. Some people believe that there are problems that are out of the scope of hospitals, which are better addressed by the healers.

The medicine persons interviewed here all started as mental patients before they moved on to become "doctors". Ayoo, Obala, and Osiemo had all been victims of madness. Mental illness of this kind that leads to medicine is what the Luo call *juogi* or the spirit. The three confess that they were once violent and lived in the bushes and wild places at the outset of their illness. During such self-imposed exile, they never ate but hardly felt hungry. It took the intervention of family members who sought the help of renowned practising medicine men (who themselves were also mad before) to *losa* or heal them.

Without intervention like this, the victims would have completely been destroyed by *juogi*. They also named a few examples of patients who were neglected and ended up as zombies begging in the market places or who died out of the disease. At least, because of such interventions, Ayoo, Obala, and Osiemo became family people with spouses and children.

Unlike the modern medicine, where the patient narrated the story of his illness, the Luo medicine man, if he were competent, would tell his patient how the patient was ailing. The three testified that good art of story telling made them appear credible to their clients. If a practitioner has narrated the story well, and the clients are satisfied that the doctor understands their problems, then the business of treatment and healing begins. If a doctor misses the story line, he loses the faith of his client. Such a patient may move on to seek another medicine man whose competence would be based on how accurate his narration is. For example, one of them told me that if the problem was impotence, they might use a rhino's horn. It was important for a practitioner to acquire this tool by all means for that purpose. This is just one of the various dramatic activities in which one could observe an application of art in its very imitative nature. Obala said if a client had an erection dysfunction, it was sorted out by manipulating a rhino's horn by rubbing it against the penis. One can notice that the problem would be semiotized by the 'doctor' and represented by an iconic imitation. Elam (1987), says this kind of sign functions in terms of similitude. Though illiterate, or near so, the healers are witty enough to harness the natural similarity. They say it works.

This image and metaphor could influence a patient to accept the drug prescribed thereafter as potent. Since the doctor and his patient are most likely uneducated in the scientific methods, they might not have known the chemical properties of the drug being administered in this particular case. Nevertheless, they are able to discern the indexical functions of the horn in terms of cause and effects. Thus the virility and strength of rhino would be imputed to a man.

There was also a consensus among the medicine persons interviewed about the use of shock therapy to the mental patients. Without warning, the patients would be caned along their spinal cords. This restored some measure of soberness in the patient. The shock retrieved the mental patient from the other world. To maximise the therapeutic

effects of the caning, it must be set in a dramatic scene. There would be drumming, dancing, singing and even talking in tongues. The medicine men demonstrated to me how this was done. Here they acted a little play. In the examples they gave, the 'doctor' would be found soliloquising. From monologue, they would move to dialogue. The play-let demonstrated had a cast of three characters. The medicine man played all the three parts by varying his voice and body movements. It was so credible. You could not believe it was one person asking questions and answering them. The medicine man needed some acting skills to do this sort of thing.

A lot of times, they were talking to the spirit of the departed like their ancestors. Sometimes they would talk without opening their mouths and clients believed that the voices were truly coming out of their chests. The people believed that the spirits were talking in the chest of the medicine man. This feat was beyond human nature and had to come from genuine spirits. The voices from the under world are what are known as *juogi*. The medicine man would imitate character A, for example, putting the question and then answer the very question as character B in a totally different tone and voice. In this style he could create as many characters as his medical application warranted. It appeared as genuine drama with all characters merged into one person. As a result of this skill, the people are convinced that the medicine man truly communicates with the spirits of the underworld. Diagnosis and prescription are undertaken by this theatrical method. Sometimes the patient is involved in the play in the form of dialogue or as an interlocutor. He would do this only when prompted by the medicine man.

2.7 Art and the *Juogi* Spirit

The hut for consultation exhibited varied paraphernalia like you would find in a theatre stage. In Osiemo's hut, there were bells, drums, pots, swords, spears, miniature canoes, whisks, shields, cowry shells, skins of different animals, flutes, and the costumes that the medicine lady wears before she begins a healing session. It is not possible to list all things found in her clinic. At the end of a healing session, she would remove the dress to mark the end of the business for the day. It gave her a feeling of coming back to ordinary life. The two faces of the lady were symbolically represented in this way. All the gadgets and medical instruments in her clinic are painted and colourfully decorated. She told me that she did not do the work herself but relied on other artists to assist her.

She instructed the artists on what to do according to the demands of *juogi* spirit. The medicine woman listened to the direction of the spirit and then instructed the artist on what to do and how to do it. In a way one can still argue that Osiemo is the artist whereas the other person is just a tool acting like a robot.

The instruments themselves, in spite of their colourful painting, generated a sense of awe in the clinic. Mama Osiemo said the oxtail flywhisk symbolised cattle, which stood for wealth in this culture. Many of her clients also needed wealth. The flywhisk helped in this area. There is a synecdoche relationship between the oxtail and cattle. If a client needed wealth in terms of cattle, this would be the gadget to go and use. But there were distant symbols too. The cattle and goat bells were symbols of no similitude to the objects represented. Their representation was based on metonymy. The relationship between the bells and the animals is that of contiguity. Therefore, the bells could stand for the animals in her medical discourse. Also in this clinic, there were little canoes that you could carry in your palm. She explained that it was these canoes that the spirits used to fetch her medicine from Lake Victoria. The *juogi* spirits could run errands like these. She said that certain medical concoctions needed water specifically from Lake Victoria. The patient would not see the spirits but he would witness the manipulation of the miniature canoes that would mysteriously disappear and reappear. It is such actions that would make the patient have faith. It takes this kind of mysticism to make the clients trust your powers to make things happen. If a doctor can make the impossible happen to the vessel, then he can surely manage to command the illness to disappear. People fear to disagree with a medicine man, because it is believed that even if one has healed, in the event of a dispute for example over payment, then the doctor may make the illness come back.

In her collection, Mama Osiemo had many weapons, which she explained signified the fight between illness and medicine. For certain healing rituals, she had to organise mock fights using these weapons. Such exercises would involve war cries, songs, and dances in which the weapons are used. The weapons I saw here include swords, spears, arrows, shields, clubs, knives, and so on. She did take one of these and act as if she were fighting an unseen opponent. It looked true going by the energy and concentration that went into it. The doctor struggled and strained and sweated. Out of this, a client would be convinced that the lady had been indeed at war. If she won, it

was partly because of her personal effort, the medicine aside. She made the outcome of the battle known. The spirit of illness would be expelled and you could hear them mumble as they left. In this kind of case, the doctor confirmed in advance that the patient would be healed. One would be tempted to suspect that the amount of energy that goes into such mock fights are tricks to justify the charges that are sometimes very hefty depending on how the client has been assessed.

2.8 Songs and Healing

All the healing songs I recorded from the three medicine people turned out to be narration of how the doctors themselves were afflicted and tortured by *juogi* disease before they were rescued by a reputable practising medicine man. They turned out to be tributes to the persons who healed them. The songs were partly poetic and partly narratives telling the history of the doctor as a patient up to the time he or she qualified to become a recognised practitioner. The songs also acted as the medicine man's curriculum vitae, complete with transcripts. They listed the hard tasks that the initiated medicine man had to undertake to prove himself before qualification was bestowed on them. The clients noted the rigours that the medicine person had to go through. Big names, under whose tutelage the healer learnt would be the central theme of such songs. It seemed to me to be like the licences and certificates modern doctors display in their clinics to show that they are properly qualified in their areas and therefore competent to handle patients' cases. Such documents also normally state the Universities or institutions in which the certificates were acquired. The songs were like academic transcripts. Instead of the Universities, they named some famous ancestors who were known medicine men. They also cited living mentors who healed and also initiated them into medicine. Our *juogi* doctors are what Thorpe, (1993:50), calls shaman of which he writes as follows:

Shamans are people...who, as a direct result of a disorienting illness, understand themselves to be called to occupy a position of healing mediation. In spite of initial resistance, once the calling has been accepted, they undergo a period of training, usually with a senior shaman. This often includes a time of isolation and is concluded with a symbolically rich initiation ceremony. Thereafter shamans enter into periods of purposeful, ecstatic communication with those spiritual entities accepted in their respective worldviews.

Their goal is to bring health to the others. Symbolic features of their costumes and accoutrements represent facets of their religious orientation and are thus meaningful to their audiences. Above all else, shamans as healers, seek to maintain or restore holistic unity between their group and the spiritual forces whom they recognise, as well as between individuals within the group that they serve.

While singing, they use gourds, drums and so on to inject rhythm into their songs. Part of the message of the songs would be to encourage the patient by example. This is why they narrate their case history to show that one could recover from a mental disease. Keats, according to de Almeida (1991), is reported to have used the same narrative technique in poetic form to appease his ailing friend called John Hamilton Reynolds. Keats was trying in 1818 to soothe and comfort the sick friend and to counteract actual disease with images of health. This poem started with violent images and symbols reflecting illness according to the theory of medicine of that time. Towards the end, the poem eased off and calmed down signifying the health, which was not only desired but also achieved in this literary form. The healers observed here may not have had the same amount of deliberate intention in their poetic songs. However it was observed that the singing calmed the mental patients.

2.9. Body Painting

Ayoo, Obala and Osiemo described the *loso* ceremony, which they went through before they were healed. This was a ritual which a mental patient underwent in order to restore his mind. If a patient persevered through out to the end of the ceremony, he would in turn become a doctor himself. The three were treated by different medicine men in different places and times. However, the ceremony they underwent turned out to be similar. It involved a sacrifice of a goat whose blood, half digested offal called *wen* and its flesh were mixed and eaten raw. More dramatic is the fact that the offal, though smelly was used to bathe the patient. When this had dried, *buru* or white ochre would be used to paint the patient in a spotted way like a leopard or striped way like a zebra. The painting could take many other colours and patterns reflected in different animals or snakes. All these herbalists did not seem to know why they were decorated in this manner. However, Walter (2002), suggests that such pictorial representation could not be understood without the capacity of visual experience, which he calls “seeing-in”. The painter is basically concerned with representing or depicting what can

be seen on the face-to-face sense, but the viewer would generate more meanings out of it than the surface can tell. For that reason, the spectators would enjoy looking at the pictures or paintings. So pictures and paintings are just props to start off peoples' imagination. The painting on the *juogi* patients according to this theory can serve multiple functions such as acting as a mask.

Some consultants prescribe the use of masks that they give to patients. The patients wear *bwombwe* that is made as a headgear. *Bwombwe* is a climbing plant with very long tendrils. After the dressing is over, the dancing begins. Different instruments are played but the drum takes the centre stage. Others are *ajawa* jingles or *puga* gourd. The patient is gradually brought up to frenzy. He would not be alone. This would be a social function in which some villagers and relatives are supposed to participate. They would play a supportive role but the main target of the occasion would be the patient himself.

The master medicine man would lead a kind of prayer. This would most probably turn out to be incantations in tongues that could be addressing the ancestors whose spirit *juogi* is thought to be afflicting the victim. There was one case in which a mock burial was reported. Here the patient, having been decorated was put into an open grave in which he remained to the following day. The next morning, before being released or resurrected as they call it; the relatives were asked to mourn as if the person had truly died. Then he would be allowed to bathe after a specific number of days. The ritual is an emotional affair. The healer finally cuts some parts of the body and rubs in some ashes known as *buru* in Luo. *Buru* is made from some known herbs, which are sampled and burnt into ashes. It gives stinging and burning pain to the wound. Ayoo, Osiemo and Obala agree that this medicine inflicts sharp burning pain in the wound. The pain lasts long but when it is over, the patient feels a big relief. A bit of the ashes is dished to the patient to take home and go on licking in the morning and evening until the patient stabilises. Towards the end of the ceremony, the healer draws very cold water, and mixes it with herbs in his mouth, then again the healer surprises the patient as he sprays this stuff on to his head. Some of the mixture is to be sprayed on to the earth while uttering a prayer to the departed. Obala admits she remained in the painting and other decorations for three days before she bathed thoroughly. She says it was a

new beginning. If one goes through this ritual successfully, one would become sober once again and start eating normally.

Having gone through this ritual, the *juogi* patient becomes sober once more. However, a piece of the skin of the goat that was sacrificed is cut and tied around the patient's hand like a bangle. This marks him out as *juogi* patient in the process of healing and recuperation. Sometimes, such a person may be found walking from market to market-seeking alms. *Juogi* would now lead such a person to the right herbs for different diseases. The patient would have graduated from illness to being a medical practitioner. This is how ethno-medicine is acquired. It runs in families and nobody knows where or how it started at the beginning. All the people know is that the thing is hereditary.

Next time I went to the field was on the 14th July 2001, I interviewed the following: Okoda, Owuor Ngiela, and Joseph Owuor. All the three live within the vicinity of Ringa market. Mzee Okoda stood above them all in terms of sophistication and number of clients. For that reason he will be discussed on his own later. Mzee Owuor was more of a patient than a doctor. Although he had been down with *juogi* for a long time, he had not evolved to become a practitioner or a recognised doctor. For that reason, his hut was a ramshackle rather than a house. It was set apart in an isolated field. The house was leaning at an angle. The mud wall had many cracks. One could see what was inside though some rags had been used to attempt to block some of the openings. The roof was no better.

I was told that Owuor had no wife or children. He had never married. His clan's men helped put up the structure for him. The family had tried to heal him through the ceremony of *loso*, but in his case the ritual had not worked. Depending on the solar system or position of the moon, he sometimes got better. Some other times, he broke down and ran amok. He remained a destitute for all intents and purposes unlike his counterparts who minted money through healing the sick and therefore had built very good homes. Indeed, his home contrasted remarkably with that of Mzee Okoda. He was not at home when I visited the place but he met us on our way out. He thought he was fifty but was not sure. Asked whether he practised any medicine, he said he did

not, but believed he was heading in that direction. He confessed he had tried some herbs on two patients but they seem not to have worked.

Mzee Ngiela was much better off. Like Owuor, he inherited the knowledge from his ancestors. After reaching standard eight in primary School, he fell ill of *juogi* and could not continue with learning. He left School and remained mad until he underwent healing process. He stabilised and started seeing visions and dreaming. This is how he was taught different drugs for different illnesses. Before he recovered, he was treated with some white goat, some white cock and some specific fish from Lake Victoria. The things were sacrificed and some of the leftovers were eaten. He said that way the *juogi* spirits were pacified and turned to good use.

On the walls of his residential house, which he used also as a clinic before moving into a separate clinic he had put up outside the homestead, he had many paintings and artwork. He had sketched them when he had been inspired by *juogi* spirit. Later on the images became useful in healing his patients, as *juogi* would demand. Normally, he used *gagi* cowry shells to diagnose the sickness of his patients. Once in a while *juogi* would tell him to use a different instrument. That would be when the artwork in the house would become handy. Among the healing equipment sprawling on the floor, I noticed a malformed maize cob. He explained that when he fed chicken with that maize, he could see and interpret information from the pattern of their eating. *Juogi* would tell him whether it was the right season to plant or not for example. He also had *ajawa* gourd with seeds inside. He used these to make music according to the inspiration of *juogi*. The theme of his singing would be for example his ancestors, or great medicine men who healed him or in praise of *juogi* or his country.

The patients who consulted Mzee Ngiela did not have to narrate the story of their suffering. After the doctor had played his *ajawa* gourd, he was the one who told the patient his or her ailment. The patient would only be interrogated to confirm events, issues and experiences, as the doctor would lead him. Some times a patient could deny the allegations made by the doctor. This would not mean that the medicine man was lying. It only meant that the patient did not know about that particular incident. The medicine man said there were so many things that went on around us of which we remained unaware. In case such an issue came up, the patient would be asked to check

with elderly members of his family. This would be because *juogi* does not lie. He had a horn in which he kept *bilo* ashes. The spirits lived in the ashes according to Ngiela. He kept water from Lake Victoria in a bottle. In case the spirits needed water of this kind for healing, he did not have to go to the lake as it was far. Among his other paraphernalia were jingles, pots and whisks, which he also said, contained spirits.

Instead of keeping symbolic miniature canoes like other medicine men, he only kept a piece of wood taken from a real canoe. He said it worked just as well. On the wall, I could see an elaborately decorated stick. He explained that it was a stick he had used as a prefect at Ringa High School before he fell ill. This particular medicine man, like many others, had obtained modern education before going traditional. A piece of goatskin, which had been taken from the animal that had been sacrificed to heal him, was tied around the stick. He had a sword and a smoking pipe that he said he had inherited from his ancestors. He genuinely believed these inherited items represented the ancestors. If the healing demanded the support of the ancestors, then the doctor only dealt with these items in a symbolic way. When Ngiela started his medical career, he was moved by the spirits to play *Nyatiti* which is a Luo traditional instrument having eight strings. The equipment had broken down because a rat had eaten one of the strings. The strings are made of a piece of tender skin taken from the inner organs of a cow. He said that he was planning to buy a new *nyatiti*. As far as he could remember, his family lineage had always had medicine men and musicians.

A plant called *mbohra*, looking like a rope, ran across his sitting room. Its purpose was to enhance communication between the doctor and the underworld. He explained that it worked like a telephone. The *juogi* spirits used it as a telephone and when the doctor had aligned himself well to the plant, he received loud and clear messages out of the signals. He kept cowry shells known as *gagi*, which he told me, were able to speak. Laymen could not hear what was being said but he, as a doctor, understood everything. The cowry shells communicated according to the pattern of their distribution or the way they were lying down or standing up after they had been thrown. There was *sigol* too in the sitting room. *Sigol* is a container made of straws and used for keeping quail birds that have been captured. All these things were acquired when the *juogi* spirit demanded them. The medicine man was disgusted because some naughty rat had been raiding his equipment and eating the stuff. For example his *sigol* had been nibbled a bit. He

complained about sharing a house with a woman. The medical equipment needed a separate house. I enquired why he had not moved to the new permanent clinic he had put up outside the compound or why he could not just go to the market and buy new replacements of the damaged instruments. To these questions, he said he could not just do things on his own but he had to wait for instructions from *juogi*. It was not for him to give instructions to *juogi* but contrary to this *juogi* spirits were entitled to order him over what to do, when to do it and how to do it. That was why he could not move into his new clinic. He was willing to wait for their permission even if it would take eternity. Going into a clinic without the spirits blessings would be too risky even to be contemplated.

2.10 'Dr' Okoda the Herbalist or Ethno-medicine Man

Mzee Okoda is a unique herbalist. The old man combines medical skills and music. He says that sometimes, music helps him diagnose illness. Other medicine men also use music in one-way or another. He is the most established medicine man among those that I have seen so far. Where the road branches off to his home, he has put up a big signboard reading, 'Dr Okoda'. He employs six people to maintain the three-kilometre murram stretch leading to his home for the sake of his driving clients. Everybody in the village calls him 'doctor'. He is a practising herbalist of great reputation. He lives at Ringa in Kabondo, Rachuonyo District. The doctor does not know his age because he is illiterate, but he guesses that he could be about seventy-five years. He has a well-established homestead with wards set aside to accommodate different kinds of patients. The mad ones, who are still in the very violent stage, are chained in some semi permanent structure, fifty metres away from the doctor's house. Those who are sober but too ill to be out patients are booked in a permanent ward with beds and mattresses. Here they have little cubicles that can take two beds each. Although the old man uses indigenous medicine, he serves some very affluent clients who drive posh cars. He has put up permanent structures he calls 'wards' to accommodate such patients.

Dr Okoda keeps photographs of outstanding clients who have sought his help. As a routine, he shows the clients the albums first. The pictures prove that he is consulted by the people who matter in the country. He is proud to declare that different races that

live within the country visit him and sometimes his clients come from abroad. To confirm this, he will show you pictures of Indians and white men taken in his clinic. He is very proud to show that different races consult him. He also keeps pictures he has taken in foreign countries. The inpatients are sometimes accompanied by their relatives to attend to their needs. They could live here for as long as three or sometimes six months. As usual, the outpatients outnumber inpatients by far. On an exceptional day, the doctor says he can see up to a hundred outpatients. Some days he sees only fifty or twenty. The old man is outgoing and he received us very well and warmly. He has three wives and many children. For each wife, he has put up a permanent house, which is properly furnished.

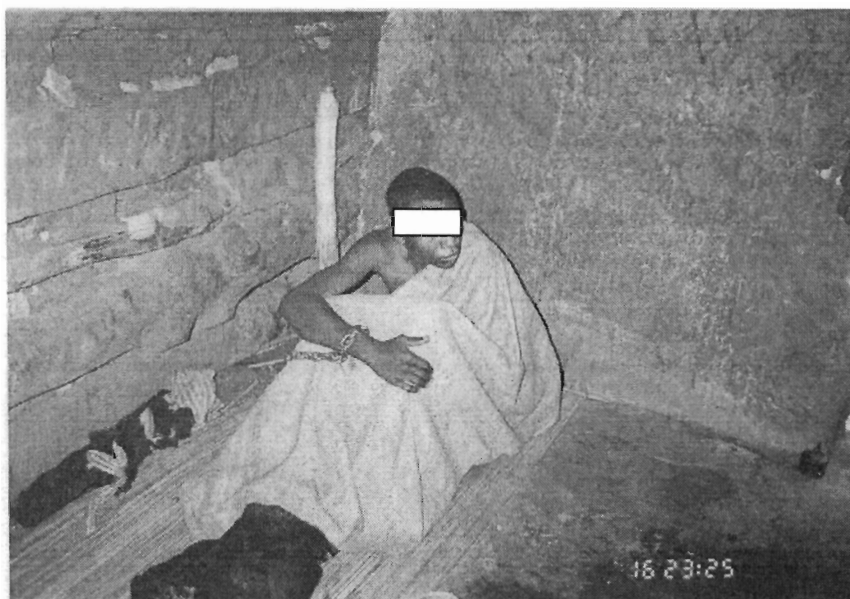
Not all people who visit the herbalist are patients. He was happy to tell us that he had been visited by researchers from all over the world. Though he is illiterate, he has been to Canada, Sweden, Norway, Japan, Korea, Italy, USA, and the UK. This has happened because often the researchers have invited him to accompany them to their home countries. His hosts have always paid fully for such trips. In return, Dr Okoda has led some of these researchers into the bush and forests to show them the herbs. They have explored such places as Masai Mara, Kakamega forests, Nandi Hills, Mt Elgon forests and the shores of Lake Victoria. They have combed such places in search of herbs, which the researchers have carefully sampled, labelled and tucked away to be taken overseas for laboratory testing. Dr Okoda tells them everything without worrying about patenting rights. He has not heard about patenting rights so he does not know what it means. With resignation, he simply says, "One day, I will die and leave the medicine behind here, so there is no reason to be mean and selfish with the knowledge." Arguing this way, he believed that he was helping humanity by being so generous with information. Like his neighbours, the doctor is also a peasant farmer. The land in this area is rich and gets good rainfall. At the time we visited, he had healthy green maize growing around his home and well-fed cattle prowling in the compound. This is how he manages to feed his patients.

When we reached the old man's home, we found him milking cows in the morning. He knew my contact man very well so he welcomed us without hesitating. I was introduced as coming from Maseno University and that I was interested in investigating folk knowledge especially regarding indigenous medicine. My research assistants were

also introduced, then he was asked whether he could spare time to answer a few of our questions. He agreed readily but wondered why we did not go there the week before as he had been informed. He said on the said day, he had waited for us all day and was disappointed when we did not turn up. I apologised for that. There had been a communication breakdown between my contact man and me. He laughed and then said he had forgiven us and we were free to go ahead with the interview. At this point we moved from the first wife's house to the clinic.

It turned out that like the rest of them, he had learnt the art of medicine from *juogi*. His father and great grandfather were medicine men. But they did not teach him directly about healing. When they had died, Mzee Okoda got visions and the spirits taught him everything. He said medicine had been their family gift for a long time. There was a black *jora kanzu* with golden embroidery hanging in his sitting room. He told us that that cloth had been owned by his grandfather who acquired it in 1931. When he had serious healing business to do, he would wear this grandfather's outfit. For light duty consultation, he had a white overcoat that he wore. Among the photographs that he showed us, I noticed that he was playing *orutu* lyre in the process of healing. He said that music also had been their family gift over the years. The particular *orutu* lyre, which he showed and played for me in his clinic, had been inherited from his grandfather. "When I play *orutu* some people think that I am only entertaining patients, but it gives me the inspiration to diagnose their illnesses."

He remembered learning both music and medicine simultaneously. His elder brother used to play the instrument and he learnt it just like that. Then he realised that when he played it, his ability to divine and diagnose illness was enhanced. On being asked if he had any patients in the wards that we could see, he replied, "Sometimes this home is crowded with patients. Now there is only one left and he is mad. For that reason, he is chained down. You may try next time in the future to time normal patients who are not mad." Upon saying this, he turned to his assistant and ordered him to go and find out if the mad patient was dressed or naked. The patient was not naked. The doctor said we would see him at the end of the interview.



This is a young mental patient who had been a banker. He is chained down because he is violent. After two months, he recovered and went back to work.

I asked him how he diagnosed patient's illnesses. "I have my men here," he replied indicating the sideboard in which some of his paraphernalia were locked away. "They are very tough," he continued as he pulled out one gadget from the locker. This instrument turned out to be an artistic creation that he made by himself. It looked like a riveting machine but it was only made of straws and strings. The head was made of a wax-like substance in the shape of a snake's head. Like a riveting machine, it could be stretched out and quashed in. This was something he did not inherit from anybody. He told us that *juogi* gave out its blueprint and he made it out by himself.

2.11 Miyogi and Galukoji as Healing Devices

Although Dr Okoda believes he invented this device, and that he is the only person who knows anything about that instrument, there is evidence of the existence of a similar thing among the Pende people of the republic of Congo. They call it *galukoji* while Okoda calls his *miyogi*. Pemberton iii J (2000), observes that *galukoji* was collected in 1928 in the north, on the frontier with the Mbuun around Kashimbanda. The researcher argues that because of competition in medicine, the practitioners in the past had tried to attract clients through fascinating, crafted objects that promised supernatural knowledge as well as new and improved techniques. There are minor differences between *galukoji* and *miyogi*. Despite this, in terms of operations, they work in more or

less the same way. In Pemberton's opinion, these objects were intended to create an atmosphere of trust and respect between the diviner and his clients.



An artistic creation made by the medicine man above. He calls it Miyogi and brags that no other medicine man can make such a device and make it work. It responds to diagnostic questions about patients and helps with medical examination.



FIGURE 7.8. Galukoji extended; h. 187½ in. (50.9 cm). On the bottom of the crossbars, note the red seeds (*azezi*, *Abrus precatorius*), a well-known anti-lightning medicine. Metropolitan Museum of Art, no. 1976.420.1. Gift of Sarah Truett.

Pemberton 111 indicates that the Pende medicine men in Central Africa had such an artistic device for diagnosing illness long time ago. They called it Galukoji. It works more or less like Miyogi. (Source Pemberton 111 (2000:10))

Dr Okoda agrees with Pemberton in some ways. He says his *miyogi* creation made Kamba medicine men take to flight when they have a medical contest. Pemberton also argues that for purposes of such competitions and to attract more clients, the greater the sophistication of the artistic creation the better it was for achieving diagnostic credibility. Just like Dr Okoda, the central Pende diviner when consulting usually laid the instrument they call *galukoji*, but which Okoda calls *miyogi*, on the diviner's knees. *Galukoji* would be set with its head upwards. But *miyogi* would be set parallel to the floor. The *galukoji* diviner need only insert a finger somewhere in the desired crossbars so that at the desired moment, when the name of an individual who was suspected of the evil spells, was pronounced, *galukoji's* head would be projected upwards. In this way, it would be construed that the oracle has designated the guilty party. *Miyogi* is a little different in this function. Whereas *galukoji* would nod in a way, *miyogi* would bend left and right or be stretched straight in order to point at the culprit. It would move according to instruction to affirm or reject a proposal. Another difference is that when a proposal is made to the patient or his representative in the case of *galukoji*, for example: "Your mother did this or that?" The patient or his representative would respond in the affirmative, upon which he would play a small drum called *mukhokho*. This would trigger off *galukoji* to jump off and corroborate. The analysis that Pemberton (2000:10) has given here below to *galukoji* could be attributed to *miyogi* too:

Note that...the little head shows a hyper male physiognomy, narrow and acutely peanut shaped, with protruding forehead, angled cheekbones, and pointy chin. There is a reference here to the dangerous knowledge of the diviner; however, the bulging forehead also accentuates the propulsive force of the outstretched accordion like apparatus.

Both *galukoji* and *miyogi* stretch out and contract like the male organ. In the case of *galukoji*, it nods up and down in the affirmative imitating the erection of the phallic organs. Both of them take up sexual overtones in their divination.

Dr Okoda said that *miyogi* had amazed his white clients who could not understand how it worked. When *miyogi* is fully stretched out, it would be about one and a half feet long but when folded, the device would be only six inches long. For mock demonstration, the doctor held it by the tail and rested his hand on his right knee while

sitting down. Then he asked *miyogi* questions and to our shock the thing responded accurately. It was like a robot. He asked the following questions for example:

Q. Where is the teacher?

A. *Miyogi* moved and pointed out one of us who was a teacher.

Q. Show me my left-hand side?

A. It turned a hundred degrees and touched Okoda's left hand side.

Q. Show me my right hand side?

A. *Miyogi* again turned almost a hundred and eighty degrees in order to touch Okoda's right hand.

Q. Show me the visitor holding a camera?

A. It correctly identified the person who was my research assistant.

Q. Will you move and stop exactly in the middle?

A. This was done.

Q. Move quickly first to my left and then to my right?

A. The thing dashed to the left then to the right.

Dr Okoda's creation may well confirm one of the four theories given by Ariel, (1997) that magic is a primitive practical science that includes technology, medicine and so on. Indeed *miyogi* and *galukoji* are good examples of technology in medicine, folklore and magic.

I enquired from the old man whether the thing would take instructions from anyone in any language. He said that *miyogi* understood commands in all languages. "The white men talk to it in their languages and it obeys, so does it to the Kisii people," he said. I was assured that even I, could use it. Once in a while, medicine men in Kenya meet in a kind of festival in which they show what they have and also organise a competition in which people judge who has the most powerful medicine. Dr Okoda said that *miyogi* had put him ahead of everybody else, as many practitioners get scared of the device. I asked what was in the head that looked to me like a snake. He explained to me that the head was where the medicine was hidden. I noticed that a cowry shell was tied around

its neck using an animal skin. I enquired whether *miyogi* was a Luo name for the instrument. He replied that the Luo have no word for it because they do not know it. He believed that he was the original inventor who was guided by *juogi* and he gave it the name by himself. He saw it in a vision and crafted it himself because nobody else would have known the exact specifications of the spirit. He could be right, because, Pemberton says the last medicine man among the Pende people to use *galukoji* died in the forties. Nobody is using the instrument these days, according to Pemberton.

Over the sideboard, there were several other handiworks and crafts. There were images of birds made of banana fibres. He explained to me that those items were very useful. The Luo believed that a bird such as *teltel* (woodpecker) was very evil. If it whistled on your way out for a journey, then you had to cancel that journey or face disaster.

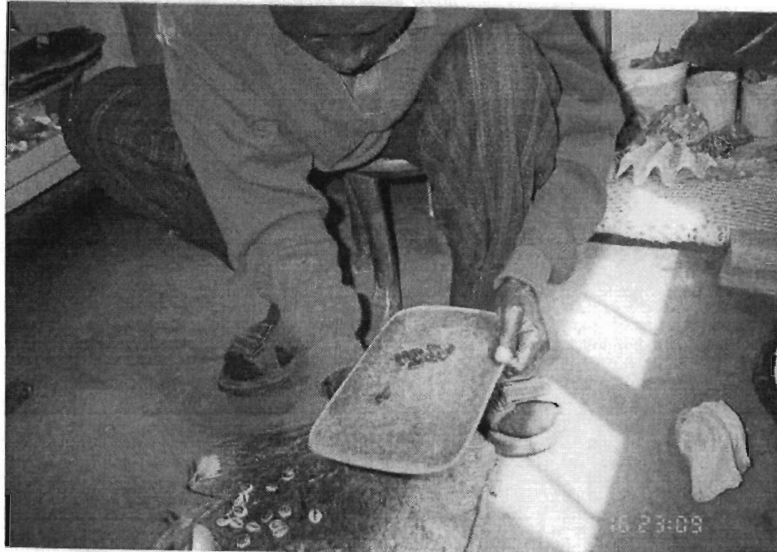
The crafted images of the doves that he had, could neutralise such evils and would not deter Okoda from travelling. The birds could also destroy any other medicine that might have been put against him. Here I think he was using medicine but meant charms for witchcraft.

Other than the images of doves, he had another artwork in a skin with a red bead at its tip. This bead looked like an electric doorbell and was able to move in and out in the same manner. At first, I was misled to think that it was a mouse, because it had a hairy fur that to my mind reminded me of an animal like that. A closer look revealed the differences. The device was also used for diagnosis according to the doctor. The doctor's grandfather who used it in the same way originally owned it. His ancestors like Abonyo, Mosi, and Obondo were great medicine men. They also used this instrument in turn. The old man paid tribute to the thing claiming it had helped him win cases in courts against learned lawyers. "How can an illiterate person like me beat a university trained advocate in court?" he asked. He showed us some other healing equipment that he had inherited from his ancestors. There was a big buffalo horn. It looked very old indeed. Inside it there was *bilo* medicine, which the doctor explained to us was used to conquer and hold the land. Currently it was used for healing purposes. He showed us a picture of a mad patient who was undergoing treatment while holding this horn. Some of the things the old man had were inherited from his ancestors while others he had discovered through his dreams.

2.12 Politics and Ethno-medicine

Many politicians believe that power can be obtained by the use of ethno-medicine. For this reason, the ethno-medicine men and women greatly influence State matters. These issues could include wars, political appointments and demotions, elections and development programmes.

He showed us another self-made artwork, which he used to help clients seeking elective posts. First he set a goatskin on the floor. Then on the goatskin he put a piece of cardboard measuring one and a half feet square. On the cardboard, he put some little pebbles looking like wax and shining like gemstones. They could be fifty all together. Okoda explained that when politicians sought his help to divine whether they would win an election or not, that equipment would be the right one to use. I asked him to demonstrate how the thing worked. He explained that the fifty pebbles on the cardboard represented the voters in a constituency. When he moved a little horn beneath the board, which he lifted above the skin, the stones moved left and right and sorted themselves out into two groups. While this was going on the medicine man would say, "Those who would like to vote for X, will you move to the right and those who would like to vote against him move to the left." Some of the pebbles would dance along the board to the right, others would move to the left while the rest stay put. The doctor did explain that the voters who would back the candidate in question would be the ones on the right and those against him would be on the left. The ones who stay put are the undecided voters. The client himself could count the pebbles and see whether he was going to win or not.



In the picture above, a medicine man demonstrates how he helps politicians know potential outcome of an impending election. He claims that he can change the outcome in order to make a potential loser win. He charges a fee for such a service.

It was amazing to see some pebbles move as if going to the right, hang in the middle and go back where they had come from because they had changed their minds as the medicine man explained. If the client paid the fee that *juogi* would name, then the medicine man could manage to reverse the order and thereby make the loser to be, the winner and the winner lose an election. For this reason, during election season, the medicine man said he was very busy. Most such clients would visit him at night so that nobody knows about it, but they would have sent an emissary to warn him to expect such a visit. In this regard, medicine meddles in politics and vice versa. This is what Ciekawy, Diane (1998) describes as “witchcraft in statecraft.” By this she means the eternal interplay between ethno-medicine and politics in Kenya. She had done her research in the coast of Kenya and noted how politicians and civil servants had tried to control witchcraft through licensing, legislation, or outright suppression and how ethnomedicine influenced politics. In the case of Dr Okoda, the would-be legislators owe their success to the medicine man. One can guess the weight and bearing the herbalist’s word would have on the said Members of Parliament. Given that the old man boasts of being a consultant to so many people of this calibre and civil servants who seek promotions, it would be interesting to investigate the extent to which the operations of the government are dictated by ethno-medicine.

Next, the medicine man showed us five little horns. He set them on a skin. Each horn was about three inches long. They looked stuffed and blocked. He explained that they contained medicine called *bilo*. The medicine man picked one of the horns by his right hand side, leaving the rest on the skin. Then he picked another gadget, which looked like a magnifying glass, by the left hand. When he aligned the left hand and the right hand in a given pattern and angle, the rest of the horns, which were one foot away, started dancing on the skin. They swung round and round, turning this way and that way, jumping a little here and there. When the old man's hand left the alignment, the horns did not move. He explained that the movement of the horns helped him diagnose the illness of patients. The structure was also useful in prescribing a course of medication appropriate to a particular disease. He observed that some critics had claimed that the horns had some magnets in them but that was not true. He asserted that that was the work of *bilo* medicine. It was a very useful instrument to his trade.



The picture above shows three doves two little horns and the pebble stones on a piece of cardboard. When the medicine man aligns some glasslike substance to the third horn held in his hand, the other two on the floor rotate in response to questions. The devices are used to diagnose diseases and determine the right medicine to prescribe

All the bits of equipment described above are objects but because of the way in which they are used, they also qualify as works of art. Pemberton's definition of art would support that argument. He defines art thus:

That an object is also an instrument does not make it any less work of art; indeed in the case of ritual artefacts the artistry, the skill and imagination,

with which an object has been created may enhance its power to express an idea, convey meaning within a ritual context.

In contrast to post-Kantian aesthetic discourse in Western culture, among the African peoples, there is an essential relationship and interplay between aesthetics and value. Aesthetics is not limited to the idea of “fine art” or, as Mack observes with respect to “art and instrumentality.” Some understanding of the place of objects in an often-complex ritual sequence or context of performance is never an impediment to aesthetic perception.

In the consultation room, there were many things. There were pots, sticks, spears, swords cowry shells, baskets, jingles, canoe symbols and so on. What was remarkable was their colourful painting. Dr Okoda explained that he did the painting and decoration himself while listening to the voice of *juogi* spirit. The walls had some painting of images too. Some looked like snakes. He had a well-painted stick, which he said used to belong to his grandmother. It represented the grandmother. He said, “When we speak to it, touch it or look at it, it is as if we are in touch with the old lady.” Around the granny’s walking stick, he had tied pieces of goatskin, which he said were sampled from sacrificed goats over the years. “The pots contain my men,” he explained. The use of men in this way connotated fighters. They were the spirits that fought against illness or evils. With a sense of pride he repeated, “the boys dwell there,” indicating the pots. The little pieces of skins tied around the stick are called *del* in Luo. He also had very many bottles, which he told us contained ready-made herbs that had been processed. When his patients came for treatment, he did not have to go to the bush for the medicine.

The doctor had two orutu lyres on the shelf. They used to belong to his ancestors and were handed down from generation to generation. I asked him to demonstrate how they worked in a healing process. He picked the two and tried each before he decided on which one to use. Then he played two songs, which came out very well. He remarked that his white clients could not understand how one string would produce so many different notes. At this point, I asked if we could go out to see his mad patient. He agreed, observing that, we had missed a number of out-and in-patients. Then he enquired whether we had met a man and a woman on a bicycle riding towards the

tarmac road. We confirmed that we had met the two, and then he said, “That lady is very rich. She owns several lorries and buses but she opted to come here at dawn by bicycle. She had come all the way from Kisii and taken the bike at the junction. Some other client of mine referred her here. I know her problem will be solved. There are a few others that you missed. You may come now and see the mad patient.”

He led us out. I noticed extensive painting on the outer wall of the clinic. I asked whose work it was. He said he had done the work on the wall. There was a representation of the rhino horn we had seen inside. There were also the little horns, the cowry shells and so on. He explained that those sketches prepared the patients on what to expect before they entered the clinic. The paintings were telling a story like their counterparts on rocks and caves all over the world do. Leff, (1956) argues that the primitive people expressed their beliefs concerning the supernatural through ritual and artistic practice. The cave painting for example would be telling a story or some folk tale. Where literary fiction would run pages and pages, the drawing or artistic painting would consolidate everything in a few sketches. Leff goes on to reason that the primitive mind believed that he could conjure up spirits by painting on the walls of his home. This would be the same reason for performing his symbolic songs and dances. It was the same spirit that motivated his carving and sculpting. He concludes that all ‘primitive’ societies, ancient or modern, showed the same trends of expression, whether it was in the art and skill of medicine, or in the traditions of their folklore. I have reservations about the way “primitive” is used here. However, I observed that the painting in Dr Okoda’s hut and other medicine men and women’s homes were telling stories to their patients or clients.

2.13 The Mad Patient

We found the mad patient chained to the floor of a semi-permanent house. He looked dirty and unkempt and wore some rags for shorts. Otherwise he remained bare-chested. His hands and legs were chained. He looked at us but remained silent. It was as if he did not see anybody walk in there. The doctor asked him three times whether he had bathed or not and he never replied. He remained on the mat on which he was lying looking absent-minded. The medicine man told us that when the mental patient had come first, he was very violent. He observed that he could now see signs indicating he

was healing. After the quiet phase when he looked withdrawn, he would regain his reasoning capacity. At that stage, he could be unchained and allowed to walk about in the compound. If he proved consistent, then he would be discharged and given herbs to continue using as an outpatient until the doctor decided that he could do without the medicine. The only time the patient appeared conscious of our presence around him was when I took his photograph. As the house was dark, the camera flash shocked him and he moved his hands as if to block his eyes from the harmful effects of the light. We had been allowed by his wife who was looking after him to take his photograph.

We came out to the yard where I noticed a lot of trees and shrubs. I asked if any of the trees would be for medicinal use. The medicine man explained that he had planted many herbs and trees at home but children and cattle had destroyed a good fraction of them. He said that he had intended to have such herbs within the compound to be his back up, so that in the event that he ran short of the bottled drugs, they would help. He then showed me a few of the plants that survived. There was a tree he had brought all the way from South Korea. He said it was a very powerful medicine but nobody knew about it in Kenya. Then he said he had tried to plant *ajua* but the children ruined it. "Do you know that *ajua* is a very powerful *manyasi* medicine?" he asked me. I told him that I was not aware of that. He explained that *manyasi* was a herb used to *loso* or rehabilitate a patient who is afflicted because he had contravened a taboo. For example, if a twenty-year-old lady, defying customs, goes to the parents' bedroom, and sits or lies on their bed, she would suffer from *chira*. *Chira* is a disease that wears off one's weight gradually until one becomes nothing but a skeleton. Then one dies. *Manyasi* can be used to counter it. The Luo, like the Jews, believed that one does not just get ill unless he has sinned by commission or omission. Subscribing to this view, Ghalioungui, (1968) cites the case of Uzziah who was stricken with leprosy (11 Chron. 26, 16-21) because he had violated the moral and ritual Law of Moses. In such a case, the therapeutic needs of the patient would go beyond concrete medicine.

Other than what he had on his compound, the medicine man told me he had a big medical bank by the riverside, down the valley. He explained that he kept the most dangerous medicinal trees at the valley. It was not possible for me to visit the bank at that time when the sun was overhead as there were bees in the forest and they are fierce when it is hot. At such a time, they were very aggressive. The right time would be

very early in the morning or late in the evening. After this, his wives invited us for tea, which we took and then left. But before that, I asked the doctor whether he could allow me next time to observe a live healing session. He agreed.

2.14 Conclusion

The herbalist called Okoda is the most successful of all the medicine men and women I investigated. He was also the most artistic. The pictures of the arts and crafts he uses can testify to this argument. He had a collection of pictures drawn by hand and crafts that he said were useful tools for medical examination. Miyogi is the most outstanding of the lot. I was not surprised to learn that he was also a musician who plays *orutu*. The music helped him diagnose different illnesses. Since the other medicine men and women were artistic in their own ways, it would be legitimate to conclude that ethno-medicine was intertwined here with art and in the form of music.

Medicine Made Out of Stories: Luo Oral Narratives

3.0 Introduction: Medicine and Orature

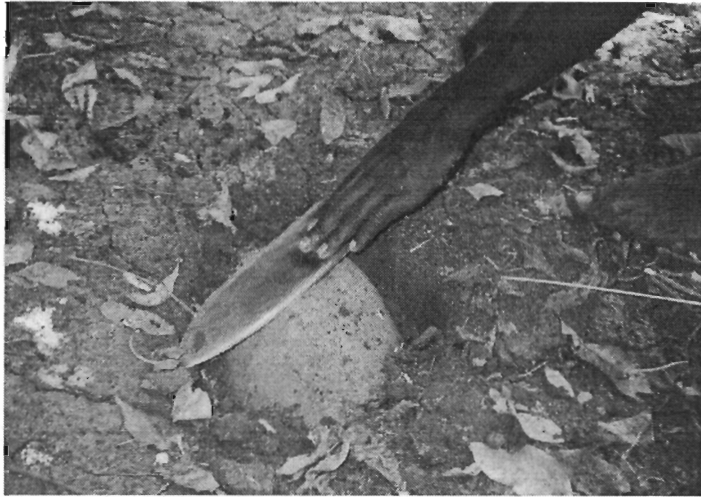
In chapter two, we considered how the juogi spirit gets involved in selecting and training medicine men and women. We looked at some songs and healing, the body marks and painting together with the arts and crafts that some healers use to enhance their business. In this chapter, six stories that deal with ethno-medicine in terms of acquisition, administration and practice have been investigated, discussed and analysed. Though this has been done on individual narratives, an attempt has been made to focus on the common features of their medicinal importance and functions. Each story has been summarised then discussed generally before being critically analysed. The stories have been given in full as an appendix (a) to (f) in English and Luo. It would be important for the reader to refer to this section if he or she does not find the summary comprehensive enough. Each story is seen here as a piece of art. They all revolve around some mythical ethnomedicine man or woman. The investigated medicine men or women use herbs or soil from the sites of the narratives for healing. On this basis, the chapter shows that art influences ethnomedicine and vice versa.

In the course of this study, it came to my attention that some ethno-medicine men collect their herbal materials from sites of literary importance. These are the places where the Luo set their myths, legends and folktales in general. The narratives generally reflect miraculous phenomena or some geo-physical peculiarity. It became necessary to establish whether it was the art that preceded and therefore gave rise to the healing practices or vice versa. The Luo believe these stories to be true. To some extent this is right because in every story there are some elements of truth. However, since the stories have lasted a long period, some distortions must have taken place, as the narrators depended on word of mouth. Over the years, the narrators could have exaggerated some aspects of the stories. In spite of this, if the Luo public opinion was anything to go by, then the stories are absolutely true.

The following prominent Luo narratives are included in the research: *Lwanda Magere*, *Simbi nyaima*, *Nyamgondho Wuod Ombare*, *Ngany*, *Gor Mahia* and *Obondo Mumbo*. To put the reader in the picture, before the research findings are presented, the story lines would have been given. This would enable the reader to see the contexts in which the medical practices are based. It should be noted that there are several versions of the stories, according to different narrators or locations of the Luo community. In spite of this, the main features of the stories remain the same. When these stories were written down, they became rigid and lost the normal versatility that typify orature.

3.1 Summary of Lwanda Magere Story

Lwanda Magere was a Luo hero who had a body as strong as stone. He led war against the Nandi or Lango cattle raiders. Whenever the enemy shot him with a spear or an arrow, the weapon bounced back without hurting him. This way, he killed very many Nandi cattle rustlers and they lost all battles. One day, the Nandi tricked him by sending a very beautiful girl whom he could not resist. This woman detected his secret power that was hidden in his shadow. For this secret power, Lwanda was known for speed. Songs of praise were composed for him stating that he was as fast as a bicycle. During that time, at the outset of Colonialism, the speed of a bicycle was fascinating to the Africans. After spying the secret source of Lwanda's power, the woman took back the message to her people. She told her people that Lwanda could only be killed by attacking his shadow. They immediately started another battle by launching a night raid. Lwanda was restrained by his eldest wife, but he would not hear her pleas. The woman had warned him about the guiles of this young girl. Lwanda went to the battlefield where his shadow was speared and he died. When he died, he turned into a stone, which exists there to date. The Lwanda Magere site is taken as a sacred ground where people congregate to pray. It is also a source of indigenous medicine for Luo ethno-medicine men and women. *See appendix (a) for full story.*



The Lwanda stone is still used today as a whetstone for weapons. The community here believes that the stone brings good luck for hunters and warriors.

3.2 Lwanda Magere (Migere) Site

The site where Lwanda died is about sixty kilometres East of Kisumu City in Kenya. It is near Awasi District headquarters and lies next to Migere Primary School in Nyando Division. Everybody around the place is familiar with the story. All the children, women, and old men interviewed indicated they knew the site and had visited the place for one reason or another.

The outstanding personalities interviewed included Mzee Petro Obondo, 68 years old, Sylvester Oduor Ogutu, 37 years old, Eunice Ochieng, 40 years and Onyango Kevin of standard six who is 15 years. Mzee Obondo is the guardian of the site, which is adjacent to his land. He testifies that many people come to the place to pray, consult the spirit of Lwanda Magere, and take medicine. Sylvester Oduor Ogutu is a traditional doctor who is healing *juogi* victims out of their madness. When I visited his homestead, there were several mad patients who were chained and a few more who had partly recovered, and therefore were moving freely in the compound. Some of the patients were having their lunch when I arrived. The doctor was interviewed as an expert on ethno-medicine. Eunice Ochieng who is married here from Kabondo gave the women's perspectives to the matter. The fifteen-year-old Kevin Onyango, who attends Migere Primary School nearby, represented the children's attitude towards

Lwanda Magere. That School is named after the Luo hero in order to remember him forever.

3.3 Medicine and Healing

All the people interviewed said that whenever there was a big drought, the elders collected materials from the people and offered sacrifices at the site. They said that as soon as that had been done, the rains would come down in torrents. Sometimes it would start raining before the people left the holy ground. Since the weather has increasingly become fickle these days, the practice of sacrificing has become very common. The site is therefore valued and protected for food production. Even though the neighbourhood is cleared for farming, the Lwanda Magere site is still left intact and has a forest of very big trees. The story also serves as a tool for soil conservation.

Patients and medicine men come from all over Kenya to seek healing here. There are cases from South Nyanza involving *juogi* or *bilo*, which are treated here by bathing the patients as they sit or lie on the stone of Lwanda Magere. The stone enhances the efficacy of the herbs. The herbalists say there are some shrubs growing around the stone that are very good for healing mental patients. Sometimes the patients or doctors collect soil next to the stone and mix it with medicine before being administered to the sick. It is believed that if one takes a little soil out of the site and uses it to plant seeds in his farm, he would have an abundant harvest. This is a sugarcane growing area and farmers often have problems with their crops overstaying in their farms because of lack of tractors for transport and so on. If a person with that kind of problem visits the stone and prays there, his farming problems would be sorted out.

The hunters also sharpen their spears and arrows on the stone. When this is done, they would not miss their targets and would bring home a lot of meat. However, the owners of the weapons must be very careful with their tools. This is because the implements sharpened on the rock become dangerously sharp and could hurt even the owner if he is careless.

Lwanda Magere (Migere) brings good luck to people. Believing this, many Schools come to the stone to pray before they sit for their national examinations. According to

Mzee Obondo, those who have prayed to the rock have achieved outstanding results. Some African independent churches like Legio Maria also come to the site for prayers. They have faith healers who use the setting as a hallowed ground in which they get inspired to diagnose illnesses and prescribe medicine that could remedy the problems. There are also individuals looking for good fortune in business and so on. They also come to talk to the 'old man' as the people fondly refer to the stone.

3.4 Consultation and Dreams

When Lwanda Magere is to be consulted, the medicine men cast their cowry shells to determine what the old man would like to be given. Every case is handled in its own way. The spirit of the old man would give instruction on what is to be done in each case. An illness may be cured by the use of a particular herb, soil or charm administered according to specific instructions. Many times, the old man is said to have appeared to his 'worshippers' in dreams. In such occasions, he is said to have made certain demands that had to be fulfilled before he answered people's questions. For example, it may turn out that the old man wants a brown bull, or a black ram or a white cock. Whatever it is, the people would collect money to buy the item. The ladies would collect maize or millet to be ground into flour for cooking *ugali*. Then on the day of sacrifice, people of acceptable age and sex would be invited to come and pray, sing, dance, sacrifice and cook before eating the foodstuff. It was up to the *ajuoga* medicine man to *koro* or determine what must be done to remedy a situation, which is undesirable. He did this, using magical methods. There is no standard practice, as Lwanda would respond to each case in its own peculiar way.

3.5 Ethno-medicine, Art and Pilgrimage

Many people visit the site simply to quench their cultural or academic curiosity or for purposes of tourism. This is the category where Europeans and researchers fall. Some of these people are local while others are foreign. Such people are instructed to leave gifts on the stone as offerings to the old man. It started as a voluntary practice, but now the habit is being reinforced by a story of a big black mamba that would block one's way out if one did not leave such offerings on the rock. Not knowing this, I did not leave any such gifts and I was told that I was lucky to have come out without meeting

the snake. According to the people's folklore, the snake is the spirit of Lwanda Magere guarding the shrine. There was evidence that people frequented the place and left a number of things on the ground. On asking what happens to the offerings, I was told that the caretaker uses what is usable if Lwanda Magere allows him to do so. The rest of the community would not touch the things for fear that they might run mad if they did it without express permission of their hero's spirit. People travel from long distances to visit the site to pray over their problems, as they believe such problems would be solved. A man told me that he had had sugarcane rotting on his farm because of complications at the factory. He came to Lwanda Magere, prayed over the matter and left offerings. When he returned home, he found tractors on his farm picking the stuff!

The story of Lwanda Magere is an artistic construction. It was plotted around Lwanda as a magical medicine man, who specialised in war. The medicine, therefore, influenced art, because it provided artists with a story to tell. Eventually, it is the story that is the basis upon which the current ethnomedicine men and women ground their reasons for harvesting treatment herbs or materials from the sites.

3.6 The Spirit of Lwanda and Ethno-medicine

Though tribal wars stopped when the colonialists came to Kenya, there was a revival of such skirmishes during the 1992 elections. The Kalenjin once again fought the Luo around this area. Mzee Obondo said that a Luo politician, who is to remain anonymous, came to Lwanda Magere site and picked a twig. He then carried this green twig to the front line and confronted the Kalenjin warriors. The Kalenjin fled. That day, the war ended. In the mind of the Luo people, the power of Lwanda Magere over war and peace is still a reality. They do attribute the peace that was attained on that particular occasion to the Lwanda twig. It did the trick.

In a similar way, when a woman is reluctant to accept a man in marriage, the man could go to Lwanda and "*kore*" or pray, then take a stick, which he would use playfully to stroke the lady in question. That day the woman would go voluntarily for the marriage.

When Lwanda does not approve of you (*“ok oyiei”*), then you cannot see the rock when you visit the place. It would simply disappear. It is reported that many visitors have been disappointed in this manner. But when he likes you, the stone would swell and come out of the ground up to knee height. At first when I went there on my own, I did not see any stone except some small cooking stones nearby, on which people who camp here make their food and sacrifices. I nearly believed the myth that the old man might not have liked me and therefore had disappeared. I walked back to a home within the vicinity and got the assistance of Onyango, who led me back to the site. It turned out that certain leaves put by the caretaker had covered the stone. “The old man must not be exposed to the sun,” the caretaker told me at the end. He believed that Lwanda liked me and that is why I saw a bit of him, just a little bit above the ground. Otherwise he would have disappeared completely.

3.7 Human Body as a Weapon

Lwanda Magere, though set in a different culture and era, fits very well into what Saltman (2003) describes as ‘the body as a weapon’. This is where the human body is treated and prepared as an instrument of war. In the modern period, bodybuilding similar to what Lwanda had done, is practised to make it strong. Saltman argues that the body is these days fortified by drugs, exercise, and nutrition and so on in order to make it ready to defend capitalistic investments. For Lwanda, the capitalistic investment was in the form of cattle. If a community was weak, they could not protect their livestock against cattle rustlers. The hardened masculine body was also expected to signify gender role. It is the male chauvinistic role to defend the weak people and their property. The females are supposed to draw water, look for firewood, and cook. We see women in the story assigned such tasks. For that reason the hard body of Lwanda is symbolically representing the function of men in society. It is indicative of the male dominance in this community. Boys growing up in this world are inspired by the story to struggle to imitate the militarised body of Lwanda.

The body is designed this way, as hard as stone, by constant training. The stone is a metaphor for strength. It is supposed to be alert in case of an attack. This kind of body image reflects the attitude that the world out there is very dangerous. To survive in this kind of world, one must carry a dreadful image that is so intimidating that nobody

could dare confront it. Saltman describes this body as self-sacrifice in the interest of maintaining social order. This sacrifice is undertaken in the name of nation, clan or family. There is evidence that in the case of Lwanda Magere's myth, the social order was to be maintained by his power even after he had died. Long after he physically intervened in order to sort out Luo affairs, he still continues even in death to shape things up medically. His whole being has been transformed into an ethno-medical weapon.

Saltman argues that such militarised bodies are supposed to ensure social freedom. As the saying goes, if you want peace you prepare for war. The society that is armed with such bodies in its arsenal can hope to achieve a kind of utopia of peace. It can control the world around it with this kind of power and strength at its disposal. However, Saltman observes that militarising human bodies turns them into things or objects. They become dehumanised and take the form of commodities. He thinks that such militarised bodies threaten democratic ideals. This is because they stand for dictatorship and tyranny. The continuous growth of the body symbolically represents the continuous growth of capital, which it is intended to protect according to Saltman. This body signifies perfect health but it also inhibits some inherent seeds of illness, which could lead to physical breakdown. Lwanda's role is comparable to the one taken by soldiers in modern states. The soldiers form a human fortress as a defence to keep the enemy at bay. There is a struggle in the body to keep it continuously fit for war. This is done by subjecting the body to almost punitive training to self-destructive level. Saltman quotes the experience of a body builder thus:

The art of war. We are driven by madness. By our compulsion for deep cuts, muscle separation and razor-sharp striations. And we are obsessed with counting carbs to get there. This reduction in carbs primes our metabolism to use body fat for energy. Unfortunately, this also puts our bodies in survival mode-prompting them to go after our own muscle tissue for energy needs. The war begins. In constant struggle, the body does everything in its power to maintain carbohydrate balance. The battle rages and when the dust settles, to the victor goes the spoils- a rock hard shredded physique. (Saltman: 2003:52)

The extract above indicates there is war within the body, setting one tissue or organ against another; and outside it, pitting one fighter against another. This strange image

gives a false sense of security for self and its dependants. Beneath all the physical enemies to be fought, lies the subtle enemy in the form of illness. The image of the intimidating visual look may be a deterrent to physical conflict but not medical assault. This is what Lwanda Magere suffered as he was bed ridden by malaria and as a result was forced to divulge his secret weapon. Once this was done, the façade of his invincibility crumbled. He became vulnerable and died in the next battle. Saltman argues that it is the human consciousness of death that generates existential anxiety, which leads to demand for security. For this society is depicted as so delicate and dangerous that only the strongest can survive. He says that the body builder, like Lwanda, can be killed but cannot die, because the body it is transmuted and is replaceable. In the case of Lwanda Magere, he is preserved to infinity by folklore. He cannot die. He is a superhero who continues to fight diseases even in death. He could not save himself and succumbed to death, but he can save the others. That is ironical. In the story, Lwanda is a monstrosity that defies the laws of nature in order to enforce the laws of men. He is reincarnated in the form of a stone. This stone is imbued with supernatural power. The man lives in a body that is no longer human. It is the mystery that gives him the capacity to heal the sick. The narrative glorifies institutionalised violence.

If Lwanda signifies an authoritarian image in a dictatorial regime, the women characters here represent the democratic image by antithesis. The first wife of Lwanda Magere was such a character. She gave good counsel but would not be heard simply because she was a woman. This was a society in which the feminine voices could not be heard. The women were there for exploitation and manipulation. This is the role played by the beautiful girl from Lango. She was sent by men to undertake a potentially dangerous mission that could even kill her for the sake of her people. She is a figure standing for peace because ultimately, her errand produced long-lasting peace. Her body did not bear the marks of strength, but beauty. She overcame the machismo and rocky image of Lwanda by beauty, intelligence and guile. Where Lwanda stood for death and destruction in war, the two women stood for peace and rebirth.

Lwanda dies here in the battle as a martyr as depicted by Tierney (1999). He knows that he is going to die but he accepts it as a matter of destiny. There is a choice for him to take for self-preservation, in which case, he would listen to his wife and avoid going

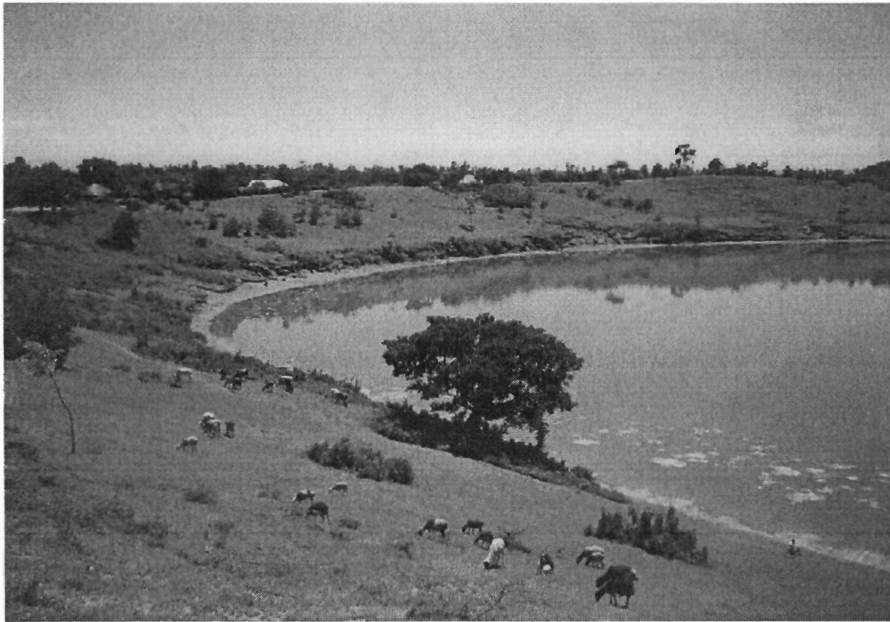
to war, but he refused to take it. He takes the alternative route, which leads him to his death almost like a person committing suicide. Therefore, he can be listed among the right-to-die movement people. Tierney describes them as people who would give up their life in order to preserve their virtue. The opposite of self-preservation is self-destruction. Lwanda thinks he owns his body and he can choose to respond positively to self-destructive promptings that had been inbuilt within his body. He does not seem to fear death and appears to be at peace with the inevitable end. If the body is regarded as property, which he owns, he is entitled to dispose of it as and when he wants. Malpas and Solomon (2003) describe two schools of thought about death. One view scorns death and fights against it to the end. The other accepts death almost as a friend. For the latter school of thought, to which Lwanda can be categorised, death is part of life. It gives meaning to life for without death, life would be meaningless. Life, like a good narrative, must come to an end. The end gives life a narrative perspective in the Aristotelian sense. Life is like a narrative that we read with anxiety to find out how it ends, and the suspense only serves to motivate us to read or move on more aggressively with the desire to reach the end. Death rounds off a life story that has had a beginning and middle. Lwanda Magere lived true to his calling and remained faithful to his mission to the end. It is at the end of his life that we can judge him with a sense of finality. It would be difficult to know what to do with his image if he was labelled a hero in his lifetime and then he changed before dying. Knowing this, Seschylus is reported by Malpas to have said, "Call no man happy until he is dead." The death of Lwanda Magere seals his history for it cannot be changed. His heroism is carried into medicine to infinity. For this reason, his life cannot be described to be a tale told by an idiot signifying nothing.

Canetti (2003) would abhor the attitude of Lwanda towards death. He thinks death is an insult to humanity. For that reason he says, "If I accept death, I would be a murderer" (2003:17). It is not honourable to capitulate to death because that would legitimise it. This is why he observes that it is pathetic to submit to one's mortality. On the other hand, Parkes opposes Canetti by quoting Nietzsche as saying that we are all born with the seed of death in our nature. That is why we have death drive and the will to die. He calls this death drive 'thanatonic contemplation'. It is the will to die that makes life interesting. He says, "The certain prospect of death could infuse every life with a delicious and fragrant drop of light heartedness-and your wonderful

apothecary-souls have turned it into a bad-tasting drop of poison which makes the whole life repugnant” (Parkes: 2003:89). However Lwanda Magere seemed have enjoyed his life to the end because he did not seem to fear death. As a result of his life policy, he was immortalised in the folklore. In the mind of the people, Lwanda has been preserved in a kind of archive or museum. He continues to live here even in death in the form of a metaphor of a stone to be gazed at, Bolla (1994). It is the act of looking at the stone that triggers off the memories. Even where the stone is not at hand to be seen, it is recreated in the mind. Freud (1992) is reported to have observed that there is the negative therapeutic action in which the better the patient gets, the worse he feels. The patient then becomes aggressive because of death drive. Death instinct is inborn in all people. This Thanatos turns to aggression when love is thwarted. Lwanda’s illness and the scorn that the beautiful Lango woman poured on him could have made him become suicidal. He manifests symptoms of self-mutilation and murderous interaction with outsiders. Freud argues that this kind of action is motivated by a desire for nirvana as represented in death.

3.8 Summary of Simbi Nyaima Story

An old woman who was travelling in Karachuonyo was threatened by rain. She sought shelter in a big village called Simbi. The men of the village were busy drinking and feasting at that time. One of the women in the village took her to the house of *mikayi* where the celebration was going on, and pleaded on her behalf to be allowed to shelter there for a while. But the men would have none of it, so they threw the poor old woman away. The old woman asked the kind-hearted hostess to accompany her out of the village for it was about to be destroyed by rain. The woman went to the beer party house to try to save her husband, but they only laughed at her. As soon as the two women left the village, it started pouring down in a storm that had never been witnessed before. All people who were in this village drowned in the lake that also swallowed the whole of it. Everything in this village including livestock perished in the deluge. The old woman had some medicine, which she said she could use to make the villagers rich, but they would have none of it. These days, medicine men and women use the water from Simbi Nyaima to treat their patients. *See appendix (b) for full story.*



The above picture shows Lake Simbi Nyaima that drowned a big village after its residents refused to give shelter to a poor old woman who was passing by. She cursed it before this 'City' Village sank under a heavy storm. The lake serves as a water source for limited domestic use, particularly for watering livestock

3.9 Functions of Water from Simbi Nyaima as Medicine

There is a great demand for water from Simbi Nyaima by patients and medicine men and women. Though the water is salty or full of *bala* and therefore is unusable for domestic purposes, it is very good for "*dilo*". *Dilo* is a Luo word for exorcism or healing a person who sees ghosts. The common reason to cause haunting is most likely that the patient had killed an innocent blood. It is the act of shedding innocent blood that brings ghosts to haunt the victim. Given that a hot dispute arose among my contacts, some supporting the idea of collecting the water and others rejecting it, I became curious and launched an investigation about the man, who had been insisting on collecting the water, later on. I learnt that the man who had wanted water from Simbi was alleged to have been involved in the murder of a political activist at the dawn of independence. As a result, he had perpetual conflict with the ghost of the deceased. He had moved from one "*ajuoga*" (medicine man) to another but could not get a complete remedy. That is why the rest of the contacts objected firmly. They feared that the ghost could be transferred to one of them if they became involved in the business of fetching the water with ulterior motive. This was confided in me quietly without letting the man in question hear it. In the end, water from Simbi was not

collected in this instance. Ochola- Ayayo describes *jadil* who is healing ghosts as follows:

This is a medicine man who can be regarded as being only an expert to calm bad spirits and ghosts who came soon after the death of a person to cause trouble to his or her close relatives, or friends, or other persons who might have wronged his physical being. *Jadil* is an expert in ghosts' and demons' affairs (Ayayo: 1976:164)

It appeared that *jadil* had asked this man to fetch water from Simbi for ritualistic healing. At this time, the man did not succeed because his companions did not entertain the idea. He might have gone for it later on.

I visited Simbi twice to investigate whether this belief in the healing powers of its water is common or not. My informants confirmed that there was great demand for the water. Luo people come for it from as far away as Tanzania. Such distant travellers do collect it in big quantities using pick-ups or lorries. Such people do act as suppliers and retail it to the others who find it hard to travel to Simbi by themselves. The wholesalers dish the water in small bottles. The water was used to “*loso jotuo*” or heal the sick.

Legio Maria sect also use the water for prayer. It is regarded as holy water. The sect broke away from the Catholic Church. They observe Luo traditions and believe in an African Messiah called Simeo Ondetto. A portrait of Simeo Ondetto is pinned on a tree next to Lwanda Magere stone. The demand for Simbi Nyaima water is widespread among the Luo. Some people collect it openly, but others take it under the cover of darkness. Some would rather use agents to deliver it. Such contracts are normally paid for. This arrangement enables the consumer to remain hidden from the public.

Everybody interviewed said the water was useful for healing the sick. But nobody on site had the details of how the water is used specifically. Mzee Hezron Opiyo, who lives next to the lake, said that people from Ugenya, Homa Bay, Migori, Kisumu, Siaya and so on came for the water. Yusuf Osaho Japolo, of Yala Primary School, who lives also next to Simbi, confirmed what Opiyo said about the water. Yusuf Osaho, 60, is a practicing medicine man. He lives thirty metres away from the edge of Simbi Nyaima. He does not use the water himself but says that he has often seen other people come for

it. Yusuf says for sure that the water is very good for healing scabies. The children from the village who are afflicted by scabies are normally told to go and swim in Simbi. After a day or two, the scabies would be gone. Many people around the water admitted that they had dipped their children into this water to remedy skin wounds and scabies in general. It was reported that the ghost victims or *juogi* patients use the water in a different way.

Simbi Nyaima has attracted researchers from all over the world. Different scientists have experimented with the water to find out what can live in it but no good results have been achieved. They have put in fish, crocodiles, snakes, alligators, and these have all died. The chemicals in the water can heal *aluny*, which is a skin disease that makes dogs lose their hair, and the villagers commonly use it in this way. The water has a corrosive chemical that would dissolve tissues and bones in a short time. For this reason, people dispose of dead bodies such as dogs, cats, in the lake.

The woman who had pleaded for shelter at Simbi and who was most spitefully turned away, was a *juogi* patient. *Sometimes juogi* patients wander from place to place and could travel long distances for they do not know what they are doing. Being mentally ill, they can be very shabby as they do not remember to bathe. The woman in question fits the *juogi* patient image as they commonly appear. Ochola-Ayayo describes mumbo *juogi* as the spirit of the lake. He says its victims like to wander along the water shore especially along the lakeshore. The medicine for healing the illness is also harvested around the lakeshore or in islands. The woman who made Simbi Nyaima happen is reported to have been one such *juogi* patients who were left untreated. After leaving Simbi, the woman according to some oral versions went back into lake Victoria only to be caught by Nyamgondho Wuod Ombare in his net.

Mzee Obondo Odongo Agola of Kanyamwa says in a compact cassette entitled “*Sigand Luo*” that because of the miracle that happened in Simbi, it has become a holy shrine for sacrifices. He says that in Luo such a place is called “*hembho*”. When the Luo community is threatened by famine, epidemics of a disease or war, the old people should go to Simbi Nyaima for *lamo* (praying to the ancestors to intervene). Mzee Agola says that apart from Simbi, the other holy shrines include the place where Nyamgondho Wuod Ombare turned into a dry tree and Kit Mikayi in Kisumu District.

The old man urges people who may have contravened customary laws, and therefore become impure to cleanse themselves by sacrificing in such shrines. Once the people have been cleansed, whatever was threatening to destroy the community would pass away.

In this situation, it is the ethnomedicinal powers of the old woman of Simbi that produces a story that in turn influences healing practices of current healers. This way, ethnomedicine influences art in the form of narrative motif, then that motif is used to persuade patients to accept certain forms of treatment.

Critical Analysis of the story

The artistic representation of death in Simbi is terrifying in the African context. To die without leaving descendants is very bad because there are no heirs left to carry on the family name and the lineage would be cut off completely at that point. Good death is where there are people left to bear children to be named after the dead. This way, the dead would not be dead but would be reincarnated in their offspring. In this incident, all people were wiped out, so there was none to keep the names running. The lake that survives there up to date functions as a 'tomb stone' in the memory of the people, Mucke (1994). This is because it signifies the mass destruction of life that had taken place. It concretises the warning to the people that human beings are mortal and ought not to be arrogant because of abundance of materials in their possession. The story and the lake preserve the mass destruction. They are both symbolic reminders of history. There is no ritual of burial for the dead here. This way the dead are further punished in death because their souls will never know peace. Against this background, the mysterious woman represents life through magical medicine. She generously offered to give this medicine to the beer party men but they declined. In a way, one can say that, they chose death over life. This is the beginning of the binary structure that weaves its way through out the story. In this structure, men appear evil, and women good. There is always the image of drought and famine pitted against storms and abundance of food. Then there is life and death contrast. In this sense, Simbi is founded on death but yields life to this day through ethno-medicine. The bodies of the dead could not be recovered to be put to rest by way of burial. For this reason, it is as if they continue to suffer for the sins they committed while they were still alive. This is similar to what O'Neill

(1999) calls disciplining the dead. But out of their suffering, the *juogi* patients find life through the water that medicine men use. It is as though the absence of the dead bodies generates presence of life. The story entails dualistic nature of water symbolism as life giving as well as being an agent of death. Life thrives best when there is a balance in the supply of water and drought. In terms of medicine, Simbi water continues to give life to patients who exploit its symbolic past.

3.10 Summary of the Story of Nyamgondho Wuod Ombare

Nyamgondho was a poor fisherman. He did not catch any fish for a long time and when he was threatened with hunger unto death, he begged god for help. As a result he fished out an old haggard looking woman in his net and took her home. The woman made him very rich in terms of livestock. Then he became arrogant and proud. From time to time, he would drink and come home late to bother his wives to open the gate for him.

One day, he returned late and the women did not open the gate for him quickly enough. He abused them and named the old woman in particular as a slave he rescued from water. The following day the woman walked back to the lake and drowned in it. All the animals that she had brought to Nyamgondho followed her into the water. Nyamgondho chased them to the lakeshore where he turned into a tree out of grief and disbelief when he saw all his wealth swallowed by the lake. This tree, looking like a human figure leaning on a stick, is still there at Gwassi up to date. The footprints of animals that were made on the rocks at the shore are also still there up to now. *See appendix (c) for full story.*



The Legio Maria sect church built next to the shrine of Nyamgondho. This is where many patients camp for faith healing. The patients drink the healing waters drawn from the point where Nyamgondho disappeared into the lake.

3.11 Comments on the Story of Nyamgondho

There are many versions of the story because in oral narration, every time a story is told, it is revised by the narrator. This is why a second version of the story states that the woman character that was a *juogi* patient first appeared to Nyamgondho who caught her in a net. After the conflict with her husband, she went back into the lake Victoria before emerging in Simbi years later. Whether the haggard woman appeared in Simbi village first before going to Gwasssi, miles away does not matter. The Luo people seem to agree that she was the same character, with the description of poverty and outlook of withered shape. In Mzee Obondo's rendition, when the woman left Simbi with the kind woman who had given her shelter, they both went into the lake. Later they went to Nganyi family next to Maseno University. This time around, the mysterious woman did not accept to be married to her host, Nganyi. Instead, she offered the young woman she had saved from Simbi to the man to marry. This way, she gave the Nganyi clan the power to make rain and to stop it, whenever they wanted to.

The people believed in this so much that when drought occurred, they would send gifts to the family and plead with them to offer sacrifices to the gods in order to make rain.

The family was feared and respected. They were not to be offended lest they withheld rains in order to punish the culprits. The Luo have a saying, “*Ok tali in joka Nganyi?*” This means, “You think nobody can dare confront you, do you think you are as untouchable as the Nganyi family?” In other words the people would be asking who do you think you are? The only people who matter to the people and therefore remain sacred are the Nganyis. So long as you cannot make the rain, you cannot hold society to ransom and therefore, you can easily be told off or reprimanded.

3.12 Nyamgondho’s Homestead

About 120 kilometres from Simbi Nyaima at Kendu Bay, in Gwassi near Nyawita market, is Nyamgondho’s homestead. The last two kilometres to the place must be made by foot because it is very hilly and rocky. The home was built on a kind of promontory jutting into the lake with a sharp gradient into the water. Nyamgondho had built a complex of a homestead near the lakeshore. It was a fortress made of stonewalls enclosing about a half a kilometre square. The space was in turn divided into chambers that the people claim today to have been set aside for the use of different animals. There was room for cattle, sheep, goats, and chicken. Probably the cattle were divided into age groups for safety. I visited the place and observed the ruins that have defied the centuries and refused to completely collapse. Indeed it was a big achievement to put up a structure of that magnitude in that era. When the oral storyteller describes Nyamgondho as a rich man in that period, it is credible because of the evidence on sight to this day.

The place appears to me a valuable cultural site that is neglected and that could contain great archaeological materials. The guide called Maurice Opiyo Ayego, who conducted me around the site, is a fisherman from Nyakach. He migrated and settled here in Nyawita many years back and has been dealing in fish over the decades. This place is known as Kanyamgondho meaning the home of Nyamgondho. People from as far away as one hundred miles know it by that name. The guide warned me that there were huge snakes that inhabit the place and that if Nyamgondho’s spirit did not like me, they would come up to threaten us. Since the place is abandoned, stony, and bushy, it looks a perfect habitat for the reptiles like snakes. Nevertheless, I did not come across any snake as we walked over the walls that were a meter and a half thick. The walls were

not put in place by any mortar. Instead, the stones were simply piled up by geometrically fixing one stone on top of another. It seems to have risen as high as eight feet but now time has taken toll on the structure and has reduced it to about six feet high. Some parts have completely collapsed.

3.13 Nyamgondho Turned into a Tree

As the story line indicates, the old man chased his animals and wives (wife) as they receded into the water. He leaned on his long walking stick, typifying how Luo old men of that time marvelled then he turned into a dry tree. The remains of that tree can be seen in the photograph here below:



This is what remains of Nyamgondho tree after being torched by a Legio Maria sect fanatic who believed that burning the tree would transfer the mythical powers to him. It is said that the man died in a mysterious house fire shortly after. Note that the main stump represents the body while the piece jutting out above is believed to be the walking stick on which he was leaning. People claim the structure looked like a human being before it was burnt.

It has lost a bit of likeness of Nyamgondho because a man, who was made to believe that if he came and set it on fire, he would inherit a bit of the magical powers from the

story, did actually burn it. He actually hoped to become a medicine man. This was not to happen. The day this man burned the tree, his house caught fire at night and he was burnt to ashes. If you look at the picture carefully, you might still discern the human angle of inclination. There is a representation of the walking stick, which the old man was leaning on. The reader could still make his own judgment after carefully examining the photograph, which was taken recently.

3.14 Footprints and Hoof marks

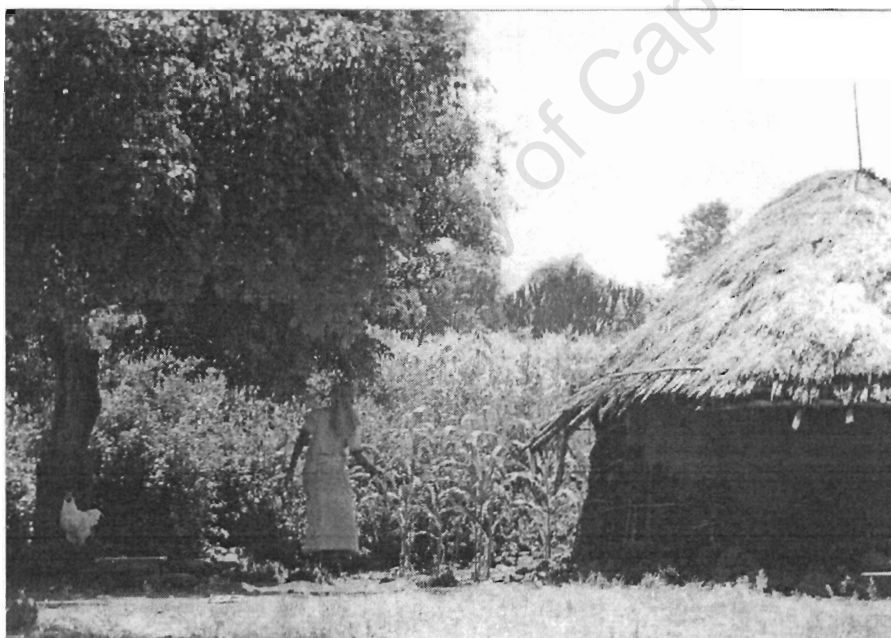
My informant told me that I visited the place at a bad time when the footprints left on the stones at the beach could not be seen. This was a rainy season when the water was high. During Nyamgondho's time, the shoreline was farther than it is today. After Egypt built Aswan Dam, the water of lake Victoria rose and submerged a lot of land. The Nyamgondho site suffered in this way. However, I was told that, if one visited the place in a dry season, when water had gone down a bit, one could still see some of the footprints and hoof marks and so on, on the beach rocks. The picture below was taken later in a dry season.



The above picture shows footmarks of cattle on a stone at the shore of Lake Victoria at Nyandiwa Beach in Gwassi. Many footprints of other animals are buried under the water after the water level rose. They are still visible when the water is clear. For one to see them one must go about two hundred metres by canoe into the lake.

3.15 Medicinal Function of Nyamgondho Site

This is an important place for medicine men and Legio Maria sect. The church is taught that the woman who was caught in the water in this story was Maria Matakafifu (Virgin Mary). The mother of Jesus appeared here as a poor woman to test the faith of mankind. As a result, the Nyamgondho site became a holy place. The church holds a fasting festival once a year on the sacred ground. The camping lasts a month or more. When this happens, the faithful travel from all over Luo land and beyond to congregate here. It is true that some Legio Maria followers double up as medicine men. The priests, seers, and church elders collect the water and store it in the church that they have built nearby. The believers kneel before the stump representing Nyamgondho, as they pray. For this reason, the immediate space around the tree is almost bare whereas the other parts are under tall grass. I learnt that the water here is collected and transported even up to three hundred miles to help people deal with different types of illness.



This lady, a stroke patient, has camped at the Legio Maria sect centre where she has been receiving only prayers and healing water from the lake. She believes that she has improved a great deal since coming to the centre.

The patients, who feel convicted, do not wait for the water to reach them in their places of residence or worship. Instead, they come and camp by the site in the church compound established next to Nyamgondho's homestead. I found two such patients on

the compound and I interviewed them. One woman was paralysed on half of her body to the right side. Although I have no medical training, I could risk stating that she might have been suffering from stroke. She was around 25 years old. She told me that she had lived there for months, drinking water from Nyamgondho point that had been blessed. I asked if she supplemented this with any other herbs. She said the water from Virgin Mary was sufficient medicine. She said she did not need anything else. What amazed me was the improvement she claimed to have realized since she came there! People in the neighbourhood confirmed that she had indeed improved a lot since they first saw her.

The next patient was a little girl of about fifteen years. She seemed to me to be mentally ill. She could be a *juogi* patient. She also depended entirely on the water for healing. It was reported that sometimes, the church is packed with such patients who come to seek healing from the holy waters of Nyamgondho. The treatment seems to work for some patients.

Dr. Balinda who is a University trained doctor holding a masters degree in medicine from the University of Nairobi, and also a strong member of Legio Maria Sect, believes that healing is an act of the body of the patient. It depends on what this patient believes. That is why different patients with the same medical conditions, having received the same medicine will recover at different rates. She says the aspect of healing, whether one takes herbs or conventional drugs or goes for prayers only, depends entirely on the sick person and his body. In her opinion, of all the three types of treatments, what matters is what the patient believes. If the sick person wants to get well, he will get well. If he does not want to recover, it will not happen. The will power here has a great role to play. She explained that the lady in question could have suffered from a stroke brought about by bleeding blood vessels in the brain. If the bleeding turned into a clot, then the body has a mechanism of healing by absorbing that clot over a long time. This way the damage done to the brain will be sorted out. The patient might recover fully or remain paralysed or may die depending on the degree of damage upon the broken blood vessel. The case in point could just be natural healing enhanced by faith.

The artist tells a story whose chief protagonist is a medicine man or woman. For this to happen, the actual medicine man or woman must precede the story in existence. This is as if ethnomedicine influences art, because without it, there would be no story. Finally future generations of medicine men and women justify their prescriptions on the basis of past narratives.

Analysis of the Story of Nyamgondho

Nyamgondho is represented by a tree standing on the lakeshore. This tree is personified. It is clear evidence of body transformation to signify a given meaning in the narrative. It becomes a semiotic event to be decoded according to Kelly and Mucke (1994). What it represents is subject to multiple interpretations. It is a body that operates as a site for contradictory readings. It is also a symbol of a body as a site of death and decay. At first, this body was disfigured by transformation then it became a living symbol of what vice could come to. We know that death is inevitable for all mortal human beings. Nyamgondho had courted his death to some extent, but we also understand that death is a matter of destiny that could have been only delayed but not avoided. The body in the form of a tree is a permanent reminder of a failed family. Society must avoid factors that undermined this family. Nyamgondho could be compared to Swift as analysed by Kelly (1994). She argues that in such bodies we see the present, the past and the future. Nyamgondho comes to untimely death and is not even buried. Burial is the last honour for the departed, but he misses it.

He stands between water and land, life and death, wealth and poverty, so Nyamgondho's body signifies important transition. In this image, we see the everlasting instability in life and the environment. This also signifies that the story cannot have one meaning or interpretation. It is the presence of Nyamgondho's body that reminds us of the absent body of the old woman who had drowned. Although the man is the hero of the story, the woman overshadows him and emerges as the main protagonist because she has the power to make things happen one way or another. She triggers off events and the man only reacts to them. Without her there would be no story. She comes into the story as an underdog but leaves as a force to be reckoned with. It is the man who comes out finally as impotent and weak. The dichotomy can be imputed to the two genders. Although the men pretend to have power, it is the

women who control this power by subtle means. No wonder, the healing power of the lake is attributed to the woman and not the man. The man is treacherous and there is no way vice can yield virtue in terms of health. It is the unseen body of the woman that has life-giving force. Although Nyamgondho set out to catch fish for food, he ended up catching a woman who in turn provided an abundant supply of food. It is as if the woman herself becomes food for life sustenance. Before she came up, the man's life was in danger of death by starvation. During her presence, life became vibrant for the man, but on her departure, there was death. She continues to provide life posthumously in the form of ethno-medicine.

The old woman describes herself as the mother of Nyamgondho, yet we also know that she was the wife to the man. On this ground one could argue that there were incestuous relations between the two. It turns out to be a kind of Oedipus complex. This is what Leclaire (1998) describes as aesthetically permissible but socially intolerable. Such family love triangle could lead to parricide. This end could be motivated by the desire to kill parents and even eat them up in the Freudian sense. Given that Nyamgondho caught the woman as he was looking for food, and she promptly sorted out his hunger, it could be construed that there were cannibalistic insinuations underlying the event. We were not told anything about Nyamgondho's father, which could have completed the triangle. Nevertheless, we see the criminal marriage turning to disarray. We do not know if children were born out of this set up. It seems a sterile marriage. Nyamgondho drives the woman to death by drowning and the woman in turn magically destroys him by way of transformation.

3.16 Summary of the Story of Nganyi Family

Long time, there was famine in the land and an old woman travelled eastwards to look for food. She had medicine for making rain. She was turned away from a big home where old men were drinking. This woman saved one kind-hearted woman from the village but caused a storm that drowned the rest of the people. The poor woman moved to Gem then to Basikwe near Lwanda market. Here she was well received and gave the rain making medicine to the Nganyi family. Gradually the rainmakers started collecting taxes and tributes from the entire area. When he was not well rewarded, he withheld rain to punish the people. This often caused wars between the Luo and

Basikwe. One time, the Luo accused Nganyi to the white Colonial government for causing famine by withholding rain. Nganyi was arrested and detained. He died in prison in Kisumu. He was buried in a pot according to his tradition. *See appendix (d) for full story.*

3.17 Discussion of The Nganyi Story

Several stories revolve around this woman who was mentally ill and had a shabby outlook. Although she was poor, old and withered, she had some secret knowledge of very useful medicine. She appeared to Nyamgondho Wuod Ombare and made him rich. When the man became arrogant, she fled back into the lake only to emerge later at Simbi Nyaima as a poor wanderer, seeking shelter. Here she was turned away on account of being unfit, looking too haggard, to sit among the beer drinking revellers. She caused a disaster to this village then she walked away into the unknown. When she was heard of next, she had crossed the lake and sought accommodation at Gem. She taught the Nganyi family how to make rain. The story of the woman is full of blessings and curses. She had some kind of medicine and in a way she sorted out people's problems with regard to their well-being. However, over the years, the medicinal functions of the stories have evolved and taken new turns. That is why patients now drink lake Victoria water collected at the Nyamgondho point and medicine men use Simbi Nyaima water for healing purposes. The lake has taken a central position in relation to spirit possession and healing. Almost all *indigenous* medicine men I have interviewed have indicated that their prescriptions to *juogi* patients have some required items from the lake. For this reason, art in the form of a story influences ethnomedicine.

The family of Nganyi that I interviewed say that the conflict between Nganyi and the white man was based not on whether the old man could make rain or not, for Nganyi had demonstrated his capability on this; but on why the old man refused to teach the colonialists how to make rain. The District Commissioner had ordered Nganyi to show him how he made rain and Nganyi had told him that if he wanted to know the skill, the white man had first to teach Nganyi how to make money. Other than the complaints against him by the farmers, Nganyi also faced the wrath of the District Commissioner because he would not let him know how he made rain. The white man said, "I will detain you until you comply with the order." But Nganyi never relented. He replied, "I

am willing to die in prison rather give my knowledge to a stranger.” This is why he died in prison although he had made the rain on the spot to prove his case. The colonial government did not find it appropriate to release him.

An Analysis of the Nganyi Story

Nganyi, like many other medicine men and women, is still considered living after his death. One can find evidence for this in the manner Nganyi’s body was treated in death. This brings the question of whether corpses are persons or not. The Epicurean School of thought (Soll: 2003) argue that in death, the person in question ceases to be. To this extent, death seems to entail not only a loss of all further consciousness and experiences, but it is also the annihilation of one’s self. The other kind of thinking recognizes that death causes loss of consciousness but not complete annihilation of the person in question. For the Africans, the latter view would be more appropriate for they believe that there is life in death and death in life. Parkes argues that the two ideas are fused into one thing. *Juogi* medicine is based on the strong belief that the dead continue to live in the form of spirits. This is why consultation of the ancestral spirits is practiced among the Luo. Belief in life and death cuts across most African communities.

Jenje (2004), in an article entitled ‘Stealing from the Ancestors’ decries the theft of wooden carvings planted on the graves of the Gohu. It is reported that the carvings are beautifully decorated with abstract designs. Such carvings known as *vigango* are believed by the Mjikenda to possess magical and spiritual powers and do serve as channels of communication between the living and the dead. Many of the *vigango* have been removed from the graves to the museums in Europe and Africa. After such displacements, the artworks cannot play their medical or curative roles in the lives of the Mjikenda, who originally created and owned them. The concept of *vigango* is a testimony to the belief of life after death in the spirit form. It shows that the capacity to heal is expressed through artistic carvings. We are informed that the images are sophisticated because they are abstract. Maybe the abstractness is intended to reflect the difficulty of representing the dead by definite and concrete images or symbols. The gap between life, death and art is very clear. For this reason, artistic attempts to

represent death may result in misrepresentation in spite of the good intention Elliot (1999).

It is also the vocal silence of the sepulchral body that continues to transmit some kind of consciousness to the people through the artwork. O'Neill (1999) describes a cemetery as an analog of a home or a site of life and as a monument gestured towards a reaffirmation of the immortality of the dead. This kind of understanding underlies the Africans policy of giving their medicine men very exceptional burial.

When Nganyi died in prison, the white administration tried to bury him but his family protested. According to oral sources they feared that the man would not get his burial rites as a medicine man under the whites. This was contesting the right to undertake sepulchral inscriptions on the grave of Nganyi. The fight shows the consideration that is put on the representation of death and depicting the grave as a home. Today, the grieved families write texts on the caskets or tombstones to express their vision or philosophy about life and death. The Cross, for example, planted on the grave, depicts a teleological belief in the rupture and resurrection. An observer can read the faith of the dead and his survivors in the images and architectural designs of the grave. In this respect, even the dressing and posture of the corpse transmits a lot of information according to O'Neill. We are informed that Nganyi was disposed of as a great medicine man in his culture. He was buried in a pot sitting down. This was a representation of power and ripeness of age in death. It would have been contemptuous to bury his corpse in any other posture and his spirit would have haunted his descendants forever. There is also the issue of aesthetics. The pot must have been designed to his size with normal or special decorations befitting the body it would contain. These days people embalm the dead bodies as they arrange for burials. O'Neill says:

There is a subtext... professionals who would supply specially made coffins and caskets, grave clothes, carriages and pall bearers...a concerted effort by the funeral professionals to promote a new aesthetic of death, one that privileged 'beautiful' corpses and equally beautiful surroundings. O'Neill:1999:126)

He covers a survey of the development of death representation over the years. First families, like the Nganyi family, did dress their own dead and organised the burials.

Gradually people have shifted this responsibility to professionals with commercial interests. This has increasingly focused people's attention on aesthetics. Sometimes the coffins are designed to display the body and render it more beautiful by providing it with a beautiful setting. They also use different materials, like wood, glass of wide range of colours. All these efforts are meant to wipe out the barriers or difference between the living and the dead. These cosmetics of death distort its true image. Corpses are made to pose as if just sleeping in relaxed and almost happy mood. Symbolically the representations describe the dead as if they were still alive. O'Neill says death is being denied by being hidden from view. The dead person is hidden behind makeup and artistic creations to make the dead person imitate the living as far as possible. Nganyi was imitating the living by sitting down on a stool in the pot. This way, his nobility and medicinal prowess were aesthetically re-enacted for the last time before he moved on to the next world.

3.18 Summary of the Story of Gor Mahia

Gor Mahia was a great medicine man who learnt this trade from other medicine men. He performed many miracles in Kanyamwa. He made a young boy turn into an old man. He also turned himself into an old woman or another man or an animal when he was attacked by enemies. Some people claim that it was his medicine that made people think that he had changed into a different personality when he actually remained the same. *See appendix (e) for full story*

3.19 Comments on Gor Mahia

Gor Mahia was a great medicine man and later on was made a paramount chief by the colonialists. A number of his sons also became chiefs after he died. When I visited the family, I learnt that Gor was a *juogi* patient for some time before he was treated and made mentally stable. Some of his children and grandchildren also inherited the disease and together with the skill of healing. One of the grand children became a practitioner but the illness got the better side of him and he got lost under the influence of *juogi*. The people believe that the *juogi* spirit that turned him into a magician and a medicine man has since been passed on or inherited by a number of people in his family lineage. One of his sons called Chieng became almost as great as his father in

terms of medicine. But *juogi* set him to wander about far from home from time to time and ultimately, he got lost. His home and family are still there up to date.

There is a Luo football club named after Gor Mahia. This team became formidable and won the prestigious East and Central Africa club championship Cup some years back. It is believed that when they were to go for a hot contest, some of the players would come to visit Gor Mahia's graveyard and conduct rituals there. My informant said, the day such a thing happened, there would be mysterious explosions and ramblings at night on the hill next to the grave. Then Gor Mahia team would surely win the impending match. One prominent Luo politician has visited the sight to identify with the dead medicine man whose powers are still believed to be active. It was reported that one of the sons of Gor Mahia, who has inherited his medicine would give the football club some medicine from the grave and this would ensure the team wins. I also learnt that once in a while, when there is long drought or big crisis in the neighborhood, Gor Mahia would appear to one of the family members in a dream and make some demands. Normally, this would turn out to be a requirement of some kind of sacrifice. As soon as the request has been granted, and *msango* ceremony is conducted, there would be a lot of rain. Sometimes the rain would come before the ceremony is over. People remember Gor Mahia's era as very rich because he provided abundant rains and there was no food shortage.

Misango ritual was conducted at the graveyard by a special old man who had to be clean (*ler*). He would have to be sanctified and dedicated for the task. He would not have slept with a woman for at least a month. He must not have shed any human blood or been wicked in any way. If a sacrifice is offered by a man who is not clean (*mogak*), the objectives would not be met. The only way to know if everything is in order is to test whether the animal to be sacrificed is acceptable to the *juogi* spirit. The bull to be sacrificed would be set in the middle of an open space surrounded by elders. One special elder, who had been cleansed for the job would conduct the *lamo dhiang ritual* in which he would pray or worship the ancestral spirits with the animal as the subject until the bull trembles, urinates and falls down by itself. These were signs to prove that the ancestors' spirits (*juogi*) had accepted the sacrifice.

Once this signal is received from the underworld, the elders would go ahead and slaughter the animal. Then they would sample the parts (*sango lemo*) according to traditional customs. They would have parts for the devil and for god. Different members of the community would be entitled to different parts. They would leave the organs due to the ancestral spirits next to the grave of Gor. Gor's home was a big compound surrounded by a stonewall looking like a fortress. This is the site where such rites would be conducted. Among the stones lives some big black snake, which is said to be the old man's spirit. When this snake eats the parts left on the graveyard overnight, by the following day they would know that their sacrifice was accepted *by juogi* of the old man. It would confirm that their prayers would be granted. They would be very happy. If the opposite happened, they would see a medicine man to find out what was wrong and sort it out before making another effort to sacrifice. There is a great influence of *juogi* on art and ethnomedicine as the story of Gor Mahia indicates.

An Analysis of the Story of Gor Mahia

The story of Gor Mahia underlines the importance of our beings as human. The functions of society are only possible when we are tied together by common attributes. It means that average people living together ought to have more or less similar abilities and limitations. This is when the people can be tied by the same cultural norms and traditions that are enforceable in customarily law. When a character is a changeling, like Gor Mahia, it is not possible to subject him to the laws enacted for people with constant personality. In the same way, it is not reasonable to expect him to observe normal legal obligations. Gor Mahia finds himself in this category and enjoys the mischief he can bring about in his community. One is relieved to note that he does not go beyond the little pranks although he has the capacity to cause devastating havoc by this medical secret. This kind of gift could turn an individual to be a total dictator. The case shows how helpless a society could be before a person like Gor. The price he had to pay for being 'supernatural' was to be isolated by his community. People dread medicine men of Gor's kind, although they would consult them if there was need. There is a mixed sense of awe and admiration. The medicine man would earn respect of the society, but they would at the same time hate him for his capacity to cause harm to anybody who crosses his way. It is this reason that would make society stigmatise the medicine man. No wonder, there were all sorts of stories woven around him.

In a way, Gor could be perceived to own a distorted body image that has multiple personalities. This can vary in many ways up to infinity. The bodies, which are ordered normally remain the same all the time. However the disordered bodies can change characteristics from time to time according to Kelly and Mucke (1994). They state that human bodies have been represented in many forms in history, but since the body resists all forms of closure, it changes according to the epoch in question. In the case of Gor, the multiple body forms and images occur simultaneously. It could be compared with the body of Dionysios of Greek times. The image and body symbol become a kind of fantasy. This could mean that it is the observer who brings meaning into the text. Gor remains the constant object or subject or text, but he is being watched by different people at the same time or different people at different times. In all these cases, they see multiple images. For some he is a dog, for others an old woman and yet for others he remains the true Gor. This way, he defies a stable reading because he remains an immutable visual sign (Gustafson 1994). She cites the case of 'Clavigo' where the body becomes undecipherable because of the mutilation of the face or disfiguration of it. Gor is different because the entire body and sometimes even gender is changed. Gor moves between the animal and human territories and defies the distinctions by which we order our lives: such as domestication and slavery, hunting and homicide and carnivore and cannibalism (Ingold: 1994). That brings into question that Midgley (1994) raises on how people who behave or look like animals should be treated. In the light of regular criss crossing of animality and humanity boundaries, Gor Mahia should demand no legal protection against a hungry hunter. To some extent he can be classified among what Hutcheon (1988) calls the hyperreal because he breaks the rules of realism. He is a surrealistic or hyperealistic creation. Many ethno-medicine men have a reputation of such super ordinary capabilities. They need the aura and ambience of mysticism to discharge their healing effectively.

3.20 The Summary of the Story of Obondo Mumbo and Medicine

Obondo came from Sakwa at Ajigo village. When he was about thirty, he saw a vision of a rainbow and became very ill as a result. After he regained his consciousness, he became mad and ran into lake Victoria and jumped into the water. People feared that he had drowned but he did not. He floated for several weeks and dived under water

where he later claimed he found many animals like goats, chickens, and cattle. The fierce animals like crocodiles did not harm him because he was protected by *juogi* illness. Mumbo (*juogi*) taught him medicine under and around the lake. A fisherman found him in the lake and brought him back home. Before he entered his father's home several white goats and cocks were sacrificed for *juogi*. He never dressed up except a bit of goatskins. He kept long beards and never sat on chairs. He slept on bare earth.

He caught thieves by ordeal trial using the hot tail of a hoe that never burnt the hands of innocent people. The thieves would have their hands burnt unlike the innocent people. Obondo became very rich from the proceeds of his medicinal clients. It is suspected that his brother poisoned him at a beer party. He died without showing his family where he had buried his money. He appeared to somebody in a dream and directed him where to find the money. This man was instructed to give the money to Obondo's family. After doing as he was told, he inherited the medicine of Obondo. (See appendix (f) for full story).

3.21 Comments on the Story and Medicine

This is a typical story of how the Luo indigenous medicine men acquired their knowledge about healing. The story would help advertise the greatness of the person in question. Where the Western medicine would use the media to market and advertise the drugs or medical institutions, the Africans would reach the market through stories. For this reason, as the story moves from person to person, the people would get to know that so and so of this and that place has the knowledge to sort out this or that illness.

It is also noticeable that the *juogi* illness that Obondo suffered from revolves around the lake. From the beginning of affliction to the process of medication there is symbolism of the lake. Different medicine men interviewed admitted that they had similar experiences like Obondo's. Not many people become practitioners by choice. They are not given any option. Many are driven into this by illness. The condition of their getting normal again is that they accept to become healers.

An Analysis of the Story

This is a long story which is included here because it gives a critical reflection of the making of a Luo medicine man. While the other stories might have indicated a point here and there, Obondo's case is detailed and it agrees with what was found in the field as the experience of almost all other medicine men and women. This is why it is fixed at the end of the narrative chapter so that it can give an overview of the mix up of ethno-medicine, orature and culture.

The first question, which arises here and that emerges in the cases of several other *juogi* ethno-medicine men, is the issue of autonomy. Lindley emphasizes the importance of autonomy while quoting Berlin thus:

I wish my life and decisions to depend on myself, not on external forces of whatever kind. I wish to be the instrument of my own, not of other men's, acts of will. I wish to be a subject, not an object; to be moved by reasons, by conscious purposes, which are my own, not by causes which affect me, as it were, from outside. I wish to be somebody, not nobody; a doer deciding, not being decided for, self-directed and not acted on by external nature or by other men as if I were a thing, or an animal, or a slave incapable of playing a human role, that is, of conceiving goals and policies of my own and realizing them...I wish, above all, to be conscious of myself as a thinking, willing, active being, bearing responsibility for my choices and able to explain them by reference to one's own goals and purposes (Lindley: 1986:6)

There is widespread evidence of the medicine men and women of *juogi* type being involuntarily recruited into the trade. If they do not comply with the calling, they risk death and long chronic illness before it. In many cases, good results come out of their practices, but we have isolated cases where the ethno-medicine men and women are accused of recklessness that could be detrimental to their clients. A typical example comes in the form of trial by ordeal. If the medicine man or woman who is in charge of the whole trial is not autonomous, how is he to be held responsible or accountable for his or her deed? Looking at the issue from the perspective of patient, one would wish to see a medicine man that one could hold accountable for whatever prescription he gives. Obondo could be considered unqualified to practise at the time he was still a patient of mental disorder type. He could not be competent to make certain grave decisions. This

is a tricky question because once the society has labelled a person or patient incompetent, subnormal or abnormal, the society finds justification for imposing self-serving restrictions on them. If the mental patient might be wearing dreadlocks like Obondo Mumbo, the society would use the image to classify them. Most often the classification would make it proper in the conscience of the public to mistreat them because of difference. The patients are sometimes stigmatised. Many are chained against their will and have lost personal liberty as they undergo ethno-medicine for mental illness. Lindley argues that mental illness is a myth invented to justify patient oppression. He gives examples where dissidents or rebels were labelled or tagged mad. So many times, medical evidence or diagnosis was used to legitimise endless incarceration of political or cultural dissidents. This happens because what causes or amounts to mental illness is a matter of opinion. This opinion could be based on interpretation of given signs and symbols. For this reason, the criteria for being labelled mentally ill are purely arbitrary. Deviancy from the norm could be considered an illness. Such deviancy could be interpreted as witchcraft. Upon this interpretation, one could be forced to confess or to lose his liberty and be put in chains and subjected to certain ethno-medical conditions against his will. Given that what constitutes mental disorder is disputable, Lindley quotes Duboss' illustration as such:

A South American tribe in which a disfiguring disease, dyschromic spirochaetosis, characterised by multicoloured spots on the skin, was so common that those who did not have it were regarded as abnormal and excluded from marriage. Dyschromic spirochaetosis is a serious disease, recognisable at once to any expert, but only those who had it were considered healthy (Lindley:1986:148)

Obondo was fortunate that he was not overpowered and chained for his own 'safety'. He had jumped into the deep lake, where normal people swimming or sailing have sometimes drowned, and survived. During my fieldwork, I saw so many mental patients detained under chains in the care of ethno-medicine men and women. These people or 'patients' are compelled to lose their autonomy. It would be appropriate to find out how many of these people are unjustifiably detained, just because they might have had different opinions or they are deviant looking or hold views that are considered socio-religiously incorrect. Detention of such people could amount to tyranny of the majority upon a minority in an attempt to make them conform to mainstream thinking. In fact, the patients who improved and got cleared as healed

might have been just conforming and reforming in order to retrieve their lost autonomy and freedom. Obondo, like many others, was just lucky to have been allowed to develop and practise his skills without any hindrance. Mental patients and their ethno-medicine men straddle a delicate ground that needs careful consideration. The medicine men are needed, but their excesses deserve some form of control. The patients need medicine, but they also need their liberty and freedom to choose and move about.

Many mental patients, like Obondo, are scarcely dressed or go completely naked. This might be one criterion for diagnosing them as suffering from mental illness or disorder. Cover (2003) says that cultural scholars have long debated the signification of clothes-as they relate to ethics and morality. The clothed body is coded differently from the naked body. In the case of Obondo and other mental patients, nakedness is indicative of mental sickness. It is immoral. It is evil. It is indecent. Since it is shameful to be naked, society has a lot of contempt for those who are naked in public places. A patient who is naked suffers from the illness and must bear public contempt on top of it. Where and when one exposes his nakedness matters. It is different if he is bathing, or being medically examined, or having sex. In sexual matters, nakedness is used euphemistically to refer to sexual intercourse. For example, "The nakedness of thy father's wife thou shalt not uncover: it is thy father's nakedness" (Leviticus 18:8). Cover sees nakedness in this text as a thing of shame and privacy. He says that in Judeo-Christian philosophy to be naked in a wrong context is to be insane. That judgement alone could warrant maltreatment or restriction of personal liberty or autonomy. There are some patients in the care of ethno-medicine men who seem to be victims of this kind of prejudice.

3.22 Conclusion

In this chapter, we have seen how narratives influence indigenous medicine. The stories begin a medical practice, sustain it and spread it across the country and from generation to generation. If you take away the Nyamgondho story from the scene, for example, all the patients who crowd here at Nyawita would have no reason to be there. The water for healing would lose its medicinal significance. Even a little twist to the story could bring about a significant impact on the health of the people. By naming the

woman character in the story, *Maria Matakatifu*, or Virgin Mary, the narrative has been given a new dimension and capacity to heal and to attract a new set of clientele. The so-called Christian patients are brought here by nothing but by the Maria symbolism. All the stories examined here, have something in common with Nyamgondho. Whether it is Gor Mahia, Simbi Nyaima, Nganyi, or Lwanda Magere, it is its literary character that gives the narrative its medicinal efficacy. This in turn is so crucial to its functions and becomes indispensable in treating the people. For this matter, art influences ethno-medicine and ethno-medicine influences art. According to Dr Okoda, the renowned herbalist discussed earlier, indigenous medicine men take medical samples from such scenes because *juok piny notimo hono kuonde go* (the spirit of the world performed miracles in these sites). They believed that the power of *juogi* that brought about the miracles could still be harnessed for healing purposes. That is why they take medicine from the sites of Lwanda Magere, Simbi Nyaima, Gor Mahia, Nyamgondho Wuod Ombare and so on. Since folk stories cannot be attributed to an individual composer because they remain anonymous, the plot, characterization, symbolism must meet the norms of cultural heritage of the whole community. That is when the stories become credible. And when they are credible, they become very effective in terms of the medical functions.

4.2 Ywaya Akelo by Ogwang Lelo (Nyatiti instrument)

An Ajeyo Kakelo Kaywa Nyadiend Kawaka, Obila ochayo da Akelo nyar Osiemo, Ogunyo kandere kasidi, dhako okia muhia moyomno makata odhero ma min onyuolo gi shida to ni nginago.

Ogara, awere wuod ndereeeee ya Achayo Ywaya kangoooo ja kowich ma Goya, jabuog nyiri ni dongo, Ochot Orek wuon Odero, Achayo ochot nyar Odongo karangi, ohingo jobilo mathiethoo, kamgado ma ngato olil thieth. Ngato wiye mol amola to jamba moruako bende olil. Jayadha yiengo poko to tai to odeyo dingii.

Silwal anwango onjo gagi, Silwal onjo gagi to sude berne. Malaya wuokne Pumwani, Pumwani Majengo, kabiro dwaro Ywaya. To Malaya lemone niwuod Ngolo wuon Ywaya, tinde chuo oringo oda, kata sabun bende onge, to kata mogo bende otama, misukari bende onge. Jayadha kawo buru moro emaomiyo nyar Majengo- aye ohwaro nyarni. Jalni to twang, idhi itwang ris enungoni, mi Malaya odhi otwango. Kendo okawo moro, kendo ofwaro nyar majengo, jalni to ananga, emaidhi inango sirawende aye ikudh ewang chieng, modong to iwir godo wiyi yawa kidwaro moso ngato. Mi Malaya odhi otimo kamano

Kendo okawo buru moro ma aye to ofwaro nyar Majengo," jabber jalni to awira, idhi idwal kod mo, jalni to awira idhi iwiro kar tich,, idhi iwiro kar tich, iwiro sa ma idwaro chako tich.. Mi Malaya odhi owiro. Eh! Ochopo mwisio dwe, sama jotich onwango pesa, koda jolam oyudo pesa. Hodi hodi ojonyo ohodho. Hodi hodi obaro ohodho to karibu ojonyo ohodho, mi Malaya ochoko pesa pod pwoyo Achayo jakagwa.

Kanyabola wuod Obongo, kod Ooro ma Kobongo, godemba rameny mar dhiang. Agoni thum Ywaya, koth joka Akumu man got, Obadha go Owich ywor Ariwo gi Olwande gi Wadunga, jayadha yoreee, jabuog ji nidongo, to yawuot Achayo ni gi mon, to nyi Achayo osetedo. Obudha kod chiege, Okida nyar Oloo Dida kod Akoth Othuone, Akoko lur ochiedh nade.

Sama lur ochido ni lurni olil nade, mhia modhodho bende onge. To sama lur orieny, sama lur orudo dende, koro ikwodho lur, lurni bayabaya nyathi mathage bende onge. Mhia ma thage bende onge, mano yuor Achayo Ywaya kod Ogungo Okok jawelo, kod Aoko nyar Ngiya, nyar joka Aluga man Ngiya. Mayie Achaya ka Wadenya, wuod Molo maka Ywaya godemba Kamenya man Siaya. Jayadha wuod Okeyo Eheee, yawa yoweee.

Mano Adiro Kokode Konyango, ngat mogo e thum, kipenje towachoni kacha igoye mana ji, thum to onge ngat ma goyo. Ogungo dhako mor gi ngat ma nyuol kode. Wahia oluongo ninyiguogagi ema omaka, thagruok to oroma. Eh yawa nindi wuod Odoyo Ehee, ber jakalwande, aweyi wuod Goya, wuod Gombe wuod Oduol oriti okegi Wamanga gi Wareta, wuodgi Opot Were, Adoyo Ehee, wuod Omwombo wuon Agola. Omuombo Kagola kod Tufena bawo jatur, Agone thum eod waya, mayie Achayo jakalwande.

Eee nindi wuod Gombe eh Achayo jakalwande. Eee nindi wuod Dere Kobadha, go Oweggi jakalwande. Aweyi wuod Goya Eh yowe joge Achayo Ywaya. Nindi wuod Gombe Kodemba Kamenya man Siaya.

CHAPTER FOUR

Songs about *Juogi* and Healing

4.0 Introduction

In chapter three, we covered how art in form of narratives impacted on Luo ethnomedicine. We saw how the stories of Lwanda Magere, Nyamgondho Wuod Ombare, Gor Mahia, Simbi Nyaima, Nganyi and Obondo Mumbo narratives are being exploited positively by ethnomedicine men and women. This chapter, like the one before it, deals with the functions of orature in diagnosing, prescribing and administering ethno-medicine in relation to songs. We shall see here how traditional religion based on Luo myths and legends do contribute to healing. This will be reflected through the interplay between traditional and modern artists on one hand and the ethnomedicinemen or women and their patients on the other. Songs in this chapter are used by the medicine men and women sometimes in healing sessions, and the beneficiaries more commonly use these songs to appreciate the services of great healers. In this chapter, the secular and spiritual songs have been discussed.

The sacred songs examined here come from a religious sect known as Yie kuom Chier. To underscore the meaning of the songs, a background study was conducted over their beliefs and history. They rebelled from the main Christian churches and now teach doctrines that go contrary to the beliefs of the Church. This section deals with common historical or religious events, which everybody is familiar with. However, they are significant to the study because of the distortions, misinterpretations and manipulation that the sect has given the events in order to support their healing practices. The sect leader is also a medicine woman and her patients have to learn the doctrines outlined here. They form the bulk of her congregation. If they learn anything from the Bible or history, it is simply to challenge it or use it to support ethnomedicine. The beliefs of the sect are based to some extent on Luo myths and legends. A comprehensive analysis of this chapter comes in chapter six.

Among the Luo, *juogi* is very prominent in life. This is evident in the types of songs that are common among the people. This chapter has covered the different types of songs whose subject remains *juogi* but composed by artists with diverse backgrounds.

For example the first section covering secular songs deal with traditional musicians using customary instruments like *nyatiti* (eight stringed harp), *orutu* (one stringed lyre) and drums. Towards the end of this section, there would be songs by guitarists. The guitar, being a modern instrument, captures the current worldview of the people. The second section of this chapter deal with what I would like to call sacred songs. These are songs based on African religion outlining how healing is brought about. The songs also serve as a form of advertisement of the magical prowess of the medicine men or women in question. It is through the songs that the belief system is inculcated and perpetuated in the minds of the people. This becomes clear after the examples of the songs have been read. It is true that the rhythm and sound patterns would be lost when the songs are presented in written form but what could be garnered from the texts as they would be could still do for our purposes. The songs are not confined to one geographical area. Like the narratives, the songs cover the entire Luo speaking region.

4.1 The Secular Songs

Among the Luo, songs are used for many cultural functions. These include during ceremonial rites, while people are working the fields or just for entertainment. One can almost read the entire Luo History in their songs. A few songs will be examined here as examples of what are widespread in this community. They have been selected because they deal with ethno-medicine in one way or another.

The number I wish to start with is entitled ‘Ywaya Akelo’ by Ogwang Lelo. This is an old harpist who is popular in the entire Luo land. He is deft and witty in his language use. Probably that is why he is liked by people across generations. It is unfortunate that because of translation, it will not be possible for the reader to get all the humour in the song. The artist is praising a man called Ywaya who is an indigenous medicine man on account of his talent in the discipline. This praise song was recorded in a disc for commercial sale but now is also available in a cassette form. It will be first presented in Luo to capture the original flavour then it will be given in English translation.

4.3. Translation of the Song

Ywaya Akelo by Ogwang Lelo (Nyatiti) harp instrument

I am Ajeyo Kakelo Kaywa Nyadiend Kawaka; a policeman does not fear witchcraft, grandmother of Akelo, daughter of Osiemo. Ogunyo Kandere Kasidi, a woman does not discriminate children such that even if she has had a thin baby born prematurely because of illness, she would not hesitate to ask you to mind the baby while she is away.

Ogara, may I praise the son of Ndereee, I am Achayo Ywaya Kangogoo from Kowich near Goya, a man who confuses women that he is still young. A prostitute, daughter of Orek son of Odero, Achayo the prostitute, daughter of Odongo Karangi who beats all medicine men in practice because they are very dirty. Some are so dirty that their heads are stinking and the clothes they wear are equally dirty. My very affectionate friend who casts cowrie shells but also wears a tie.

I found my brown friend casting cowrie shells; my smart friend was casting cowrie shells while wearing a suit. A prostitute came to consult him from Pumwani, she came all the way from Pumwani Majengo to seek Ywaya for consultation. The prostitute pleaded her case saying, "Son of Ngolo whose father is Ywaya, these days men have deserted my house. For that matter, I do not have a piece of soap, nor can I afford cooking flour. There is no sugar in my house because of that reason, please help!" My intimate friend took some ash and gave it to this woman from Majengo, then he slept with her. He told her to go and sew hirsu (charm) around her waist. The prostitute went back to Nairobi and did as she had been instructed. Later the medicine man took a different kind of medicine and while showing it to the woman, he slept with her again. He told her, "This type is for licking, you go and lick it in the morning and blow what remains in your hand towards the sun. Rub what is left in your hand on your head when you want to greet somebody you wish to trap." The prostitute went and did as she was told. Next, the medicine man took some ash and as he slept with the woman he told her, "My beautiful one, this one is for smearing, you go and mix it with some cream. This is for smearing; you go and smear it around your organ for work. You do that just before you get ready to start the job." The prostitute followed those instructions. Eh! At the end of the month when workers received their pay, when even job seekers had some little money in their pockets, there were endless knocks on the door of the harlot. She got tired of telling people, "welcome". The men filed outside her door and took their turns as she collected money from them. The harlot made so much money that she is still praising Achayo Jakagwa for it up to now.

Kanyabola son of Obongo and Ooro of Kobongo, and Odemba, the seer of the annals of cattle. May I play this harp in your praise, you the seed of Akumu who dwell on the mountain. We celebrated with Obadha and Owich Gwari. Ariwo and Olwande and Wadunga my affectionate friend whom people mistake for a child yet Achayo's sons have wives and his daughters are married. We enjoyed the party together with his wife Okida daughter of Oloo Dida and Akoko Othuone. Akoko what can a barren woman do to please people? When a barren woman is dirty people would complain, "Why is the barren woman dirty yet she has no child to mother and that could justify her being dirty?" But when a barren woman is clean, when she has groomed herself, people begin

to gossip about her saying, “This childless woman is loitering and idling about because she lacks the responsibility of being a parent. She has no child to bother about.” That is an in-law of Achayo Ywaya and Okok Jawelo and Aoko daughter of Ngiya, daughter of Aluga who lives at Ngiya and Ogunyo Okok lover of visitors. Ah Achayo son of Wadenya son of Molo who comes from Ywaya’s clan who hail from Kamenya of Siaya, my most intimate friend (medicine man) son of Okeyo Ehee, yawa yoweec.

That is Adiro Kokode Konyango, a person who has been beaten at a dancing party, when asked about the dance would respond as follows: “Only people are being beaten there but nobody is beating (playing) the musical instrument.” Ogunyo a woman is happy with a man who begets children with her. Such a woman refers to the children this way, “The things that hold me to this home are nothing but these my dogs (children). I am fed up with suffering in this home and I would have left if it were not for these dogs (children).”Eh sleep my friend son of Odoyo Ehee good man from Kalwande. I leave you like that son of Goya, son of Gombe son of Oduol goodbye, a man whose maternal uncles are Wamanga and Wareta, son of Opot Were, Adoyo Ehee son of Omwombo son of Agola, Omwombo Kagola and Turfena timber is prone to breaking. Let me play this instrument in his praise in the studio Ah Achayo Jakalwande.

Eh, sleep son of Gombe Eh Achayo Jakalwande
Eh sleep son of Dere Kobadha and Oweggi Jakalwande
I have left you like that son of Goya Eh Yowe joge Achayo Ywaya
Sleep son of Gombe and Odemba Kamenya who hails from Siaya.

4.4. Discussion of Ethno-medicine and the Song

The harpist is singing a praise song according to Luo traditions. He praises the medicine man over his medical prowess. The narration is half poetry half dramatic. He is one player taking turns as different characters. To make this credible, he adopts different attributes, costumes, and mannerisms that would bring out the diversity in the cast. This is skilfully done so that at one time the musician acts as the medicine man or woman and at another time, he acts as the patient then the artist reverts to his position as a musician. A listener would pick the different voices in the play. The differences are indicated by the tones, idiolects, and lexical choices made. Sometimes the characterization is labelled by spacing and geographical shifts in the setting. It is thus the setting that would make the listener discern that the character coming on the stage is new.

The translation loses the actual meaning that only Luo people who have grown in the culture can appreciate. In this context one finds the self praise names. All self respecting Luo would have different types of names for different purposes. There is

baptism name these days. Before the advent of colonialism, the Luo had the *juok* name. This is the name which one would be given by one's mother upon her dreaming that a departed ancestor has appeared to her after she has given birth or thereabouts. It should be noted that *juok* is derived from *juogi*. In Luo culture, it is the *juogi* name that is regarded to be authentic. It stands for your true identity. When being introduced to a stranger, he may insist that you should state your *nying juok* meaning name for juok.

While the praise names could be changed from time to time and place to place, the juok name remains constant and unchangeable. This is because to undo what *juogi* had done in naming one through the spirit of ancestors, one would need to get them to nullify their previous decision. The third name is a praise name people get in their teens when they begin romancing and partying. Sometimes one's friends could coin the praise names for him. Whatever the case, such names were meant to be humorous and to make some pithy truth based on people's wisdom and observations about you. The culture of self-praise was used to inculcate positive behaviour amongst the youth. The names would make a laughing stock of a weakling whose mother, for example, was going hungry or naked while the son was doing nothing about it. As a result, the youths would strive to produce enough food to boast about. If one achieved this status of being self-sufficient, his peers would promptly find a name for him.

Ogwang Lelo, the harpist, does this kind of thing over and over again for his friend Ywaya Akelo, the medicine man. You may have noticed one area in which he was appreciated regarding his neatness. He is not dirty like his counterparts. He is in a suit while casting the cowrie shells. He has integrated western values with his traditional heritage. According to the artist, this is very commendable. The artist shapes the personality of potential ethnomedicine men and women in this way. Like renowned literary writers, he has urged his audience to take the white man's virtues but not his vices. This could be construed to include medicine, where it would mean that good medical skills of the foreigners should be learnt, but bad aspects should be left out. Similarly, the good aspects of ethno-medicine should not be discarded.

The man who is the subject of praise is given precise description so that one cannot mistake him with anybody else. This is done by placing him in a social context. His village is named and a number of his relatives are also put in place. To some extent,

the harpist is advertising for the medicine man. The medicine is potent, but beneath it, the listener hears a bit of mischief. It seems the medicine man sleeps with his clients not as part of the prescription but just to have fun. In any case the client in question does not seem to have a problem with going to bed with men. In fact her complaint is that not enough men attend to her. The medical man meets her need in both ways. Nevertheless, the artist is portrayed as a mischievous man who would exploit the ignorance or desperation of his patients to his own ends. What is amazing is the fact that this crude thing works. We are told that the woman in question made so much money upon her return to Nairobi and after faithfully carrying out the instruction of the medicine man.

To be competitive, the other women in the industry are likely to consult medicine men such as Ywaya Akelo. Prostitution is dishonoured by calling her such derogatory names like *Ohodho*. The artist seems to be sensitive to public decency and that is why he has managed to remain allusive about sexual matters. He asks the woman to smear the cream around the 'organ of work' before she plunges into the job. The craft of medical practice is promoted in two ways. It is depicted to the potential recruits as a very enjoyable trade, which is rewarding in cash and kind. The consumers are reassured of the effectiveness of the indigenous medicine. Among the Luo, there are so many songs on the same themes and subjects. The traditional practitioners sing to their patients too. In some occasions music and medicine go hand in hand. One person could be a specialist in the two disciplines. The case of Ywaya Akelo has been taken for illustration only in the category of *nyatiti*. The next song will be different in the sense that it is backed by guitar and stands for a fairly modern generation. It would be possible to see the common factors between the first generation and the next one regarding their belief in indigenous medicine.

4.5. Abella Bim Nyajuola by D.O. Misiani

"Yawa ma joshirati unto uyie gi nga kuom jothieth masanigi?"

"Wan wayie gi Isabella Muga ma nyar Kanyada."

"Eh, Issabellani ento uyie kode nikech ango?"

"Wayie kode nikech nokonyonwa Jashirati."

Janawi madhako Isabella ma nyar Asego kiti otamo ji ngeyo; Issabella nego to chiero gigo nene Ruoth ochano chon. Mama Abellawapako to kendo Abella wasungo sani Abella wanyiso kendo Abella wawero kiti otamo ji ngeyo. Janawi madhako Isabella

ma nyar Asego kiti otamo ji ngeyo, Issabella nego to chiero gino nene Ruoth ochano chon. Mama Abella wasungo to kendo Abella wanyiso sani Abella wawero kendo Abella waluongo kiti otamo ji ngeyo. Janawi madhako Isabella manyar Asego kiti otamo ji ngeyo, Isabella nego to chiero gino nene Ruoth ochano chon.

Ngato okinga gi bilo yo Buore to Philly nene achiko yo Suna, ji oyuaga ni Owino waiko, gita wakano ei dero Belly nene okonyo jangoma. Janawi madhako Isabella ma nyar Asego kiti otamo ji ngeyo, Isabella nego to chiero gino nene Ruoth ochano chon. Ngato okinga gi bilo yo Buore to Philly nene achiko yo Suna, ji oyuaga ni Owino waiko, gita wakano ei dero, Belly nene okonyo jangoma. Janawi madhako Isabella ma nyar Asego kiti otamo ji ngeyo, Isabella nego to chiero gino nene Ruoth ochano chon.

Kiti Abella kowuotho, to romi pimo nothietho, thieth nene ochako yo Congo, sani odonjo go thurwaka, kiti bim nyajuola. Janawi madhako Isabella ma nyar Asego kiti otamo ji ngeyo, Isabella nego to chiero, gino nene Ruoth ochano chon. Kiti Abella kowuotho to romi pimo nothietho, thieth nene ochako yo Congo sani odonjogo thurwa, kiti bim nyajuola. Janawi madhako Isabella ma nyar Asego kiti otamo ji ngeyo, Isabella nego to chiero, gino nene Ruoth ochano chon. Sani wasungu be othiedho to kendo waindi be othiedho, kabilate githieth moyiedhi Rosy ma nyar Kanyada Isabella bim nyajuola. Janawi ma dhako Isabella ma nyar Asego kiti otamo ji ngeyo, janawi ma dhako Isabella ma nyar Asego kiti otamo ji ngeyo, Isabella nego to chiero, gino nene Ruoth ochano chon. Par Belly kigik yo Suna to penji kata ngato ma wuothoonyisi kichopo tineno, pari wapimo gi Buore, Isabella bim nyajuola. Janawi madhako Isabella ma nyar Asego, kiti otamo ji ngeyo, Isabella nego to chiero, gino nene Ruoth ochano chon.

4.6. Translation of Abella Bim Nyajuola

“My people from Shirati, whom do you believe in among the current medicine men?” asks the soloist.

“ We believe in Isabella Muga daughter of Kanyada,” reply the rest of the band.

“Eh! This Isabella why do you believe in her?” continues the soloist.

“We believe in her because she healed for us, Owino from Shirati,” they reply.

The witchdoctor that is female, Isabella daughter of Asego, people cannot understand your nature; Isabella that kills and resurrects this was a gift given to you by god long time ago. We praise mama Abella and lift her up as a showcase and now we display her for all to see and we sing about her because people cannot understand her nature. The witchdoctor that is female Isabella daughter of Asego, you are unknowable to many people, Isabella that kills and resurrects for this was a god given gift to you that was planned very early. Mama Abella we are proud of you and we would like to show your prowess and now we sing her praises, calling her name because she is unknowable to many people. The witchdoctor that is female, Isabella the daughter of Asego, your nature remains unknowable to people; Isabella who can kill and can resurrect, for this was god’s gift given her long ago.

Someone had bewitched me with *bilo* in Nairobi and Philly we set off for Suna, People mourned for me saying, “We are going to bury Owino, his guitar, we shall keep in the granary,” but Belly saved the artist. The witchdoctor that is female, daughter of Asego, you are unknowable, Isabella who kills and resurrects, for this is her god given gift.

Someone bewitched me with *bilo* in Nairobi, Philly I set off for Suna and people mourned for me saying, “We are going to bury Owino and his guitar, we shall keep in the granary”, but Belly saved the artist. The witchdoctor who is a woman, Isabella the daughter Asego, your nature is impossible for people to know, Isabella who can kill and resurrect, this is your god given gift which was awarded to you long time ago.

Your nature when you are walking is enough to tell an observer that you are a medicine woman, for you are seasoned in the trade, having started it in the Republic of Congo but now you are practising in your home country, and you baffle people by your baboon-like outlook. The witchdoctor who is a medicine woman Isabella daughter of Asego, you who is unknowable, Isabella who can kill and resurrect, that is a god given power, which she had from long ago. The posture of Abella as she walks is enough to indicate to an observer that she is a seasoned medicine woman who started the work in Congo now she is practising in our home country, Oh your baboon like nature! A witchdoctor who is a woman, Isabella daughter of Asego, your nature is impossible to comprehend, Isabella who can kill and resurrect. That was a god given power from child hood.

These days she treats white men and she also treats Indians, she deals with all races, treating them with special medicine, Rossy daughter of Kanyada Isabella *Bim Nyajuola*. The witchdoctor Isabella daughter of Asego, your nature is difficult to understand, Isabella who kills and resurrects, that was god’s plan from the beginning. Now she heals Indians and she heals white men and she heals all races with special medicine, Rossy daughter of Kanyada Isabella *Bim Nyajuola*. A witchdoctor who is a woman, Isabella daughter of Asego your nature is incomprehensible to people, Isabella who can kill and resurrect, that was God’s gift to you.

When you want to reach the home of Isabella, then travel to Suna, and ask anybody walking by the roadside. You will be led to the home and when you reach there, you will see for yourself because the home is as big as Nairobi, Isabella who swells like a baboon. The witchdoctor, Isabella daughter of Asego, you are unknowable; Isabella who can kill and resurrect for the gift was given to you long time ago by God.

4.7 The Implication of the Song in terms of Ethno-medicine

Misiani is a reputable guitarist who has been in the music industry for the last forty years. He has travelled all over the world entertaining his fans in Europe and America apart from Kenya where he lives. He has composed political songs encouraging liberation in the African continent and in Kenya. This has endeared him to some politicians and put him in trouble with those in charge of the status quo. He has been detained several times in connection with the politics of his songs, but he has always escaped because of the skilful way in which he has used his language. He has always used allusive language hiding his message in proverbs, metaphors, and symbolism. Although the Luo people who form the bulk of his audience would get the message, it

would be difficult to nail him down in terms of the law because of the multiplicity of the interpretations of his songs. For his capacity to pull crowds, he has always come in handy to politicians during electoral campaigns. He took an active part in the NARC campaigns in the last elections that saw this party take over power from KANU in Kenya. Since he has been in the trade for a long time, he has made a good fortune and invested well enough out of the windfalls that he has managed to get from political connections. Other than that, he gets good royalties from the sales of his records worldwide. That has earned him jealousy and envy from colleague guitarists culminating in the use of witchcraft and medicine for protection and aggression.

The Luo do not die out of normal diseases. They always see someone's hand in causing that death. So many young Luo artists have died lately because of reckless lifestyle, and as would be expected, they have attributed such deaths to the nearest surviving rival whom they think would benefit from the tragedy. This kind of belief has triggered off the use of charms and witchcraft for and against one another. "Abella Bim Nyajuola" reflects such a scenario in which Mr Misiani believes he had been bewitched and fell critically ill until everybody believed he could not survive. He had tried all medical practitioners but failed to get better. He went to Isabella as a last resort. This *ajuoga* indigenous medicine woman restored the health of Misiani. The record, therefore, is a tribute by the artist to the medicine woman.

She is described as having powers over life and death. This means those who want to eliminate their enemies can consult her as well as those who are bedridden in illness and would like to recover. A different reading is that she is construed to have powers over life and death simply because she can restore life to a half dead patient. Isabella is described as *bim* meaning baboon in an attempt to show how she can change her nature. Now she may be in human form then she may turn into an animal like a monkey or Sebastian. This is why the artist says she is unknowable, *otamo ji ngeyo*.

The last paragraph of the song is the most important for it gives one the physical address of the medicine woman and how the clients could reach there. At this point, one feels the advertisement is over, for all that is to be said has been said. The rest of the story is left for the patient to find out by himself. The home of the medicine woman is hyperbolically described as comparable to Nairobi City in terms of beauty, grandeur

and quantity of buildings. All that is intended to be understood is that the home is very well-built. It is also possible to read this story as fiction, which has nothing to do with the truth. According to this view, Misiani never fell ill but as an artist using his imagination, he created a story befitting the needs of his client who happened to be an *ajuoga* medicine woman.

The songs here revolve around women characters. In most cases, the women are ridiculed by the men artists. It is in that light that Lelo ridicules the prostitute. She is a victim of society trying to cope with the hurdles put on her way by men. While seeking help from the medicine man, he sexually exploits her further. The artist seems to praise the medicine man for that cruel action. The other woman's image represents those who are abused physically by their husbands. The artist again here seems to laugh at the excuses given by the woman for not leaving the husband. In short, this is a patriarchal society in which men have an upper hand almost in everything. The only exception here is Abella, the medicine woman. She is depicted as a liberated woman who can stand on her own. It is her skill in ethnomedicine that makes her feared by men.

4.8 The Sacred Songs related to *Juogi* and Medicine

a) Background

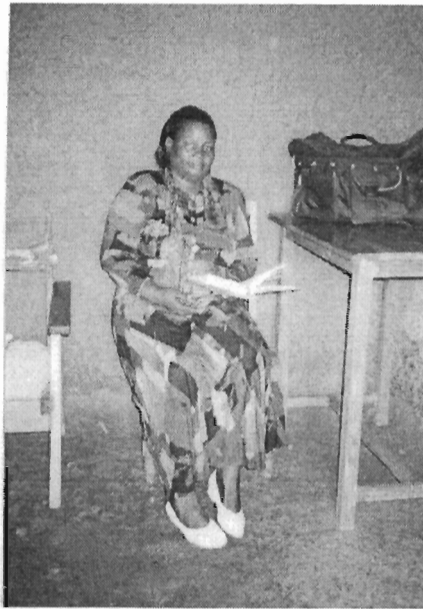
In order to understand the issues raised in this section, it is important for the background information to be given. The sacred songs to be studied here are taken from a religious sect calling it self, *Yie Kuom Chier*, which means, belief in resurrection. This is a religious movement that broke away from Legio Maria, which in turn broke away from the Catholic Church. Legio Maria started in 1962 as a Luo response to colonial Christianity. It was a rebellion from the oppression of the Church and the imposition of Western values. They believed in the control of the world of spirits through possession, exorcism, healing and the actual use of mediums who are mainly laymen. The forerunner to Legio Maria was *Nomiya Luo Church* which was founded by Joanes Owalo in 1921. Owalo rejected the whole missionary presence although he accepted the Christian message. The people say that the white men burnt his house at night and were shocked to find him dead and intact. No part of his body was touched by the flames although the whole grass thatched house was reduced to

ashes. The white men took the body and nobody knows what they did with it for the family members never saw it again. He was perceived to be agitating for liberation of Africans and this did not go down very well with the colonialists.

By 1930s, Miss Edel Quinn introduced the Roman Catholic lay movement known as Legio Maria to Western Kenya. There was discontent as only priests could give instructions to members of the groups and take active part in the ministry. This led to Gaudencia Aoko and Simeo Ondetto, founder members of the Legio Maria, invoking the authority given to them by God in personal visions, to heal, to preach, to pray for the sick and to baptize those who did not have money to pay baptism fees, and those who could not pass the examination that required knowing the catechism by heart together with the women who were in irregular unions meaning those who were married to polygamists. As expected, the whites excommunicated both of them from the church and the rebels drew a big crowd of disgruntled Catholics from the church. This group of rebels became known as Legio Maria sect. They believed in the normal Christian symbols like the crucifix, the icons and images, holy water, large rosaries, and cassocks. They claim to be over two million in Kenya but people think this is exaggerated.

b) Soko Mar Yie Kuom Chier

Akoth Waguma, the founder of the above named religious movement, was a member of Legio Maria for a short time as will be seen below. Gradually, she Africanised the movement departing from the European things and doctrines. Notice that she does not call her sect a church but *soko*, which means a water spring or a well in Luo. She does not believe in the cross and rosary, nor does she believe in the Bible and Christ. If Ondetto turned the teaching of the Catholic Church upside down, Akoth Waguma has surpassed him by revolutionizing the whole thing denouncing the chief doctrines and dogmas of the Christian faith and making Ondetto the equivalent of Jesus Christ Son of God. He is the Black Messiah. As you read further, you will begin to see many other areas in which Akoth's teachings differ from or remain the same with Christian ones. It will be possible to see the context of the songs that follow towards the end of the chapter.



Mrs. Akoth Waguma, the founder of Yie Kuom Chier sect

c) Sulwe (The Star)

Juogi gave Waguma a sacred text to publish for the Africans. It is a Luo 'Bible' known to the adherents of the faith as 'Sulwe', the star. This is a 377 paged book authored by an illiterate lady who testifies that she received its content through a vision when she was possessed by *juogi* spirit. *Juogi* gave Akoth Waguma a new writing skill, which she claims, was originally meant for Africans. The whole book was given to her in this hieroglyphic writing in which she is an authority up to now. She later on read out this text in the God given form and had it transcribed in the form which anybody can read. Waguma contends that Africans must not depend on foreign ideas only. She is aggressively teaching the new writing to her followers. To give the readers a taste of the original graphology, she has left the first page in the original graphology as she received it in her *juogi* dream.

Akoth Waguma, the author, has established her 'church' *Yie Kuom Chier*, meaning belief in resurrection, at Nyalenda Estate within suburbs of Kisumu City. This is where they worship Ondetto, Son of God, who came to save the Africans. You remember that Ondetto was the founder of Legio Maria church, which broke away from the Catholic Church in the early sixties. *Yie Kuom Chier* is a splinter group from the Legio Maria. To reach the church, you need to drop off at the Kachok junction on the Kisumu

Nairobi road, and then walk three hundred metres along the Nyalenda Ring road and turn left into the slums.

This 'Bible' [*Sulwe*], is divided into three books known as *Chakruok*, *Injili* and *Oboke*. The first part is further divided into books entitled *Chak* and *Gund. Injili*. It consists of books such as *Akoth*, *Ongombe*, and *Orudi*. Thirteen books constitute the third and last section. These are: 1 *Atilla*, 2 *Atilla*, *Gebre*, *Sirai*, *Anywak*, *Mutekamano*, *Njogu*, *Korido*, *Okuku*, *Sikumbili*, *Thinyruok*, *Chike aand Dolo*.

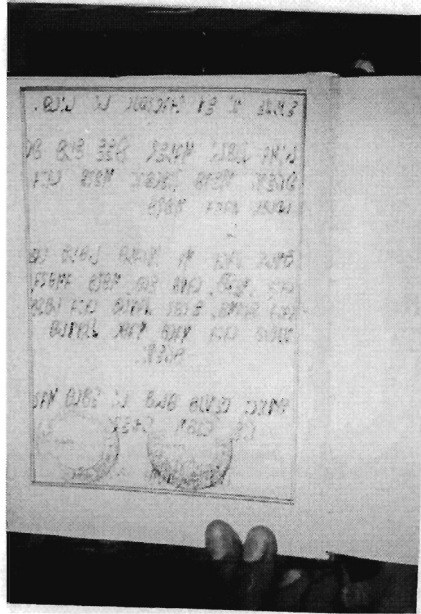
Like the Bible, these books are meticulously marked into chapters and verses. In the Sunday or even funeral service, you might hear the preacher direct the congregation this way for instance, "Let us read *Orudi* chapter thirty six verse 1-4." The text in question reads:

Eka Ondetto nodhi Tanganyika e dala Nyironge ma bende wuod Kano Kenya. 2 Ne onwango wuoyi moro maratego kendo jadwar ma ji noluoro ahinya, 3 nikech ne en giteko kaka mar Goliath.. 4 Jali bende nodhiero ji kuom teko mane en go e dende kata e ngwech.

In English, it would translate like, ' Then Ondetto went to Tanganyika in the home of Nyironge who originally came from Kano Kenya. He found a young man who was feared for his strength, which compared with that of Goliath. This man was respected for his body strength and capacity to run.' The sermon would be an elaboration, analysis, or illustration of the text.



Sign Board. The top line is scribbled in the African writing given by God through *juogi* to the leader of the sect



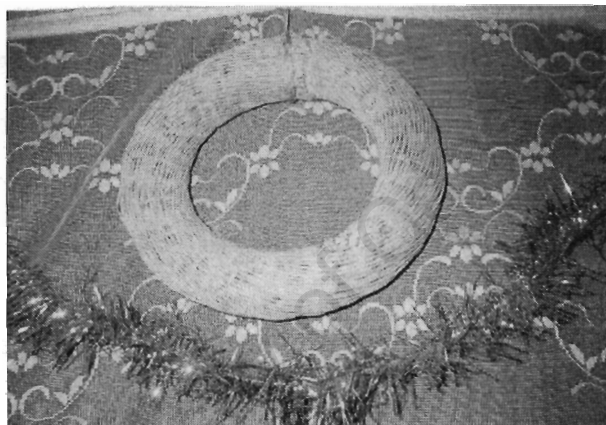
Specimen of African writing given by *juogi* as written in their "Bible"

d) 'Baptism'

They teach that it annoys our ancestors when they see Africans take foreign names in Baptism. *Juogi* has instructed the sect neither to baptize people in the name of Christ nor to do it by immersion or by the cross but by putting a *tach* watermark on the forehead of the converttee. *Tach* is a round ring made of grass, traditionally used by Luo women to stabilize water pots on their heads as they go or come from the river. "No African can be saved by the blood of Jesus Christ," asserts Akoth. "The Cross and the blood were meant for the white men. The black man was not there when the white men were crucifying Christ, therefore, they cannot be a party to the sin." She argues that *juogi* taught her that our ancestors feel very sad when they see us imposing somebody else's sins on us. The Africans cannot intercede through the God of Abraham for he was not our ancestor. *Yie Kuom Chier* believers end their prayers not in the name of Christ but in the holy name of Ondetto. *Msalaba ok en tora jarateng*, meaning the cross is not black man's *tora* Akoth teaches. *Tora* is a symbol of cleansing given to a murderer who has repented and whose offence has been forgiven by society among the Luo people. Such a person wanders from market place to market place, seeking gifts from the public. Through the act of gift giving and receiving, the sin of

killing is shared among the people and the conscience of the wrongdoer becomes clear. Waguma argues that when we take the cross, we wrongfully load the sins of white men upon us. After rejecting their Lord and killing him, the white people came to Africa to trick the black people to help them cry for their sins.

The same way, the followers of Waguma do not want Africans to take foreign names. *Juogi* should declare a new child's name in a dream. This name must be one recognized in the family lineage. They cite Lk. 1: 59_66, where even the Jewish traditions did not allow them to take names from strangers. The Africans must not take European names on baptism but must instead perpetuate ancestral names. This is what is acceptable to *Juogi*, which used to bring names to new borns in a dream to the parents. Thus all Luo people have a name for *juok* originally introduced by *juogi* spirit.



“Tach” symbol standing in the “church”. It marks the highest position in the religious hierarchy. This is a feminine symbol because it is an implement basically used by women. Here it connotes holiness and authority to women.

e) Why are we so poor?

The hypothesis of the sect is that God blesses his children through their grandfathers. When God has apportioned blessings for every race to their ancestors, the ancestors in turn distribute the gifts to the diverse ethnic communities. It works this way: the whites get their blessings through Jesus Christ, the Indians through Hare Krishna, Arabs through Mohammed and the Africans are supposed to get their blessings through holy Ondetto. However, because the Africans desert their great grandfather Oloo and trespass to the quarters of Europeans expecting to be blessed, they can only get third

class materials as refugees. Meanwhile Oloo our grandfather is loaded with our portion of the blessings and he grieves to see his counterparts enjoy warmth from their descendants when Oloo's homestead is lifeless. Even if the Africans are advised to return to their place where they can find their legitimate inheritance awaiting them, they do not listen. Chiel and Oloo our grandparents are overloaded with our share of blessings but do not know what to do with the stuff because we have repudiated our rights to it. "That is why Africans will beg forever until they mend their ways," concludes Akoth. In his kindness, God had sent holy Ondetto to plead with black people to claim their entitlements through the ancestors but they refuse to obey. Ondetto was rejected and not recognized as Messiah. Instead he was persecuted and ridiculed. The people refused to believe that Ondetto, the Messiah, had resurrected.

The sect members are taught that Jesus confirmed the principle that every ethnic community is to be served through a particular channel. This is when he rejected the Canaanite woman's plight for help, in Math. 15: 21-28, saying he could not give the children's food to the dogs. African states going to the World Bank or IMF are just asking to be given what is not their right. Like the Canaanite woman in the Bible, they agree to be given the crumbs that have fallen under the table, while Ondetto and Oloo have abundant food on the table just waiting to be asked for it.

f) Abraham our brother-in-law

The African Christians are misled, by their white masters, to consider Abraham as our grandfather and to worship the god of Abraham. This is very wrong. The Bible story clearly indicates that Abraham was our brother-in-law. "If someone marries your sister like we kindly gave Haggar, Gen. 16.1-5, a daughter of the soil of Africa to Abraham, do you turn around and call him your grandfather or your brother-in-law?" asked one preacher in *Yie Kuom Chier* sect during a Sunday service. Those who worship the god of Abraham are fooled. Abraham can only be our brother-in-law or son-in-law. He is not your ancestor. He will never bless you, nor give the black people things meant for his white children. We gave him a girl in the name of Haggar, but the man could not manage his polygamous family well, because he was henpecked by his first wife, Sarah. How can you declare him holy and pray through him when he was even a

criminal who wanted to offer his son, Isaac, as human sacrifice? The white man is teaching you to adore a criminal and call him your grand father.

g) Let his blood be upon us and our children

The white man has abundant blessings because he did not abandon Abraham his ancestor. Vasco da Gama remained Vasco da Gama and did not become Peter even if he became a Christian. The Jews agreed that the curse of the blood of Jesus whom they crucified, should remain on their heads and their children's heads to eternity (Math. 27: 25). Why do Africans impose the sin of killing Jesus on themselves when it does not concern them? When Jesus met the Canaanite woman, in Mathew 15: 21, he said to the woman who sought his help that children's food could not be given to the dogs. But the woman said that even dogs get the crumbs of bread under the table. Jesus meant that the blessings that he had were only meant for the Jews and not gentiles. The woman, not knowing that her share was with Oloo offered to eat under Jewish table. The Africans have not overcome the 'crumbs-under-the-table syndrome'. This is why, not knowing that her share of blessings were with her grandfather Oloo, she pleaded for the left-over-under-the -table. So long as this situation persists, the Africans will always remain poor. The only way to change the situation is to come back to worship holy Ondetto Son of God.

h) Ondetto as Son of God and the Miracles

The book talks of very many miracles that Ondetto did while he was alive and even after resurrection. It is believed that miracles like Simbi Nyaima, Lwanda Magere, Nyamgondho Wuod Ombare and so on were performed by Ondetto incognito. These stories have since been turned into myths , legends and assets for healing purposes for the sect's followers. They believe that it is Ondettos mother, Aoko, who turned the home of Chien, which used to be Ramogi's homestead into the lake of Simbi Nyaima. They say that when Ondetto was a boy of eight, he used to look after cattle with other boys of his age. The boys would make earthen bulls and play that these bulls were fighting. Ondetto's toy would turn into a real one, then fight living bulls. This is when people began to know that he was not an ordinary human being. His coming is in keeping with the promise of Isaiah 19:20 saying when the Egyptians "representing"

Africans will cry against colonial oppression, God would send them a deliverer. Ondetto as a Son of God was the promised saviour.

Elijah Masinde was a forerunner of Ondetto. Akorino sect was founded by him. Sakawa, Koitalel, Odongo Mango, Nyamchorara and other prophets were all empowered by Ondetto, the Son of God. The Messiah Ondetto raised the dead among the Dorobo, Turkana and others in Uganda.

i) 'Holy Communion'

The Sulwe book states that the holy shrine where the sacred things are kept must be circular. This round building is where their holy communion is made and kept. *Juogi* prescribes in detail how the communion is to be made, handled and kept. Instead of taking wine as Holy Communion, the sect uses the sweat of holy Ondetto. The liquid is made by distillation process but the product is not alcoholic at all. From the distillation, water vapour is collected into a container. When the vapour has condensed back into liquid form, it is poured into a little plastic bottle with a nozzle top. To receive Holy Communion, the faithful kneel before the priest and his assistant, who holds some small metal plate under the chin of the person kneeling down. The priest then sprays a drop or two on to the protruding tongue of the believer saying: *Madh ma luch Ruodhwa maler Ondetto ma ne otuchne ka isande malit nikech wan*. This means, 'Drink this sweat of our holy Lord Ondetto which he perspired when he was painfully persecuted because of us. The person receiving the 'sacrament' mumbles something like 'obed kamano' meaning let it be so. Having said this, the person stands up and goes back to the congregation giving room to the next person.

Juogi maler [holy spirit] also lays out the administrative structure of the 'church'. In ascending order of power they are listed as follows: *Nanga, Ndiga, Ogayi, Ngas, Nyange, Chiw, Osuri*. The highest office is *Osuri* whose obligation should be to pray full time and intercede for others. Problems should be first tackled by *Nanga* and if he cannot solve them then he should refer them upwards step by step until they reach the top at *Osuri* level. In very exceptional circumstances do issues reach the top. The titles are awarded to people in recognition of their achievement in spreading the news of Ondetto.

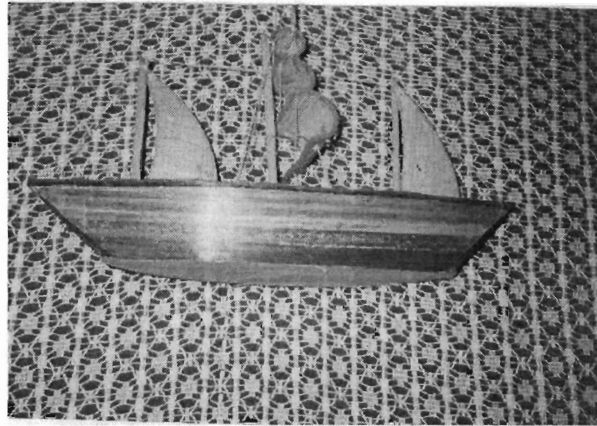


Members of the congregation taking and giving “sawo” Holy Communion. It is the sweat of Ondetto, Son of God. They believe that taking sawo could have medicinal effects.

j) The Life History of Akoth Waguma

The founder of the sect, Nanga Akoth Waguma, a self confessed ex-criminal, does not know her age but looks sixty. A warm personality with inherent leadership quality, Akoth has travelled by foot to many African countries under *juogi* possession. That is the ordeal she had to undergo before she received the holy book, the skill to read the special graphology, and the knowledge of medicine. Her odyssey took her to the Democratic Republic of Congo, Uganda, Tanzania, Sudan, Ethiopia, Egypt and so on. She believes that if it were not for the protection of Ondetto, she would have died on the way. She did not have money or the language, which she could use, in these distant lands. Sometimes, *juogi* took her into safe hands and sometimes into very hostile communities. These people, though hostile could not harm her for Ondetto protected her. It was in such a mission when she got her dream, in which she was taught new writing, which she calls uniquely African, and she was also taught herbal medicine. She has contempt for Africans who practice Western medicine because she believes that they are not fully initiated into the art of medicine. The whites keep the core of medicine to themselves and only teach our doctors shallowly. In her case she says *juogi* taught her everything about medicine. She remains in touch with the spirit of ancestors and if there is a new thing to be investigated, the spirits will reveal the answers from time to time. HIV/AIDS is ravaging Africa because the western drug manufacturing firms would not let the African practitioners know the white man’s secrets or even to use the so-called secrets. I thought here she was talking about

patenting of invention rights. The followers believe that Waguma's prayers and herbal medicine do cure HIV/AIDS.



Canoe craft made of banana fibres. It is pinned on the alter. This is a memento of how Waguma travelled on Lake Victoria under influence of *Juogi*. All Luo medicine men and women studied here used this canoe symbol in one way or another.

Three quarters of the sect of *Yie Kuom chier* are ex-patients of Akoth Waguma. One member, formerly known as Meresa, but now going by the name of Lasu A. O., testifies that she had been a confirmed victim of HIV/AIDS. She was examined in Marie Stopes Hospital twice and confirmed that she had the virus. She was recommended for home based care programme and her father was told that the disease was incurable. She lost weight and became extremely thin. Her private part (vagina) was rotten and like the butt, started stinking and discharging pus. Some one suggested to the mother to take her to consult Waguma. Waguma examined her and prescribed to her some medicine that Waguma had been given in a vision by *juogi*. The medicine was injected into her rectum and the private parts, and then she was given a bit to drink. She had continuous diarrhoea thereafter and discharged very smelly substances. After eight hours, the diarrhoea was stopped by another drug. The treatment went on for a week, and then she became better. Her appetite was restored and soon her weight increased. She gradually felt better and better. When she felt well enough, she went back to Marie Stopes Hospital and asked for examination again. The entire hospital staff were surprised to find that the laboratory tests confirmed that the patient was no longer positive. Waguma detained her at the centre until her husband also came for

treatment. She now looks healthy and is pregnant. For this reason, Lasu is a fanatic disciple of Waguma and believes in Ondetto as Son of God.

Lasu comes from an affluent family. She had her primary School education in the USA and came back to Kenya to do her Secondary part. Now she is waiting to go to University. The parents are professionals with good income and their home is a five bed roomed house with a large compound around it. Despite this, Lasu and her mother travel a long distance to the slums where the Sulwe 'Church' has its headquarters. Different members of the sect have had different medical experiences with Waguma. The case of Lasu is serving as a typical example of the believers' background. The *Yie Kuom Chier* compound is full of signs and symbols associated with healing. Some of the artefacts are relics of myths, legends and stories of the Luo people as has been explained below every photograph.

k) Bhang Trade

Nanga Akoth Waguma, being illiterate, had a burning desire to ensure that her children had good education. This strong wish drove her into trading in bhang, buying the stuff from Tanzania and selling it in Mombasa. She made good money and kept her children in School until one unfortunate day, she was arrested in Nairobi, because she missed her normal connection. Though this trade gave her a lot of money Waguma did not let her husband know actually what she was doing. For this reason when she was netted, the husband, a poor man from Bondo Nyironge in Migori, did not know that she was in prison. He could not even think of searching for her in such places as prisons or hospitals. During this time Akoth had not even known Ondetto. Like other people in Migori, she had heard of Legio people camping in Got Kwer and laughed at their beliefs that she thought were ridiculous. Those days she was a nominal Christian, going to church on Sunday, but remaining undogmatic and not fanatical at all. Thus when she was put in, knowing that she had no strong person to follow her at Langata women's prison, she resigned and waited for fate to lead her in any direction. She denied the charge of being a drug dealer and the trial lasted six months. Tired of endless shuttles between Langatta and Kibira court, she one day decided to plead guilty and get through with it. She accepted that the four bags of bhang were her own. The lady magistrate was furious that she had wasted the time of the court for over half a

year while she had all along known the truth, which she denied. She was ordered to appear in court the following day for sentencing.

l) The dream before release

That night she was very depressed, seeing that she had no strong relation to intercede for her or to bribe the system to secure her release. She dreamt that an old man appeared to her in her sleep. The old man had a long *kanzu* and looked like the pictures of Ondetto she had seen Legio people wear. This Mzee asked her why she looked disturbed. The apparition assured her that things would go well for her.

The next day, the magistrate found her guilty of dealing in bhang unlawfully and sentenced her to three years imprisonment without a fine option. Before the magistrate signed the paper, the same old man that had appeared to Waguma in her dream, emerged in court from nowhere. He stood up in court and raised his hands up but remained silent. This kind of action was contrary to known procedures. Strangers were not allowed to talk in court or to interrupt its proceedings. People expected the harsh magistrate to lock him up, for contempt of court, or at best to order his removal from court, forcefully if need be. This was not to be. To everyone's surprise, the magistrate asked this old man, "What is the matter with you?" He replied, "Can the court allow me to appeal on behalf of this poor woman?" The magistrate looked shocked by the request, its timing and the kind of person putting it up. She remained silent for almost fifteen minutes, which looked long indeed. The entire court was dead. The prosecutor moved as if he were to grab the old man and this action prompted the magistrate to wake up from what looked like a reverie. She restrained the prosecutor and allowed the old man to speak.

"The poor woman is my daughter. She has committed an offence for which she has pleaded guilty. Heaven has forgiven her for the sin, and so has the earth. If both heaven and earth do not condemn her, could the court also forgive her?" the old man asked to conclude his brief court address. Upon this statement, the magistrate adjourned the hearing for lunch and asked Waguma to be returned in the afternoon for her final verdict. At that juncture, the figure disappeared.

When the court reconvened in the afternoon, the magistrate set Wagoma free with a warning that she had to be of good conduct for at least six months during which time if she were caught in any unlawful act, she would be given an aggravated sentence. The whole court was shocked and Wagoma could not believe it. She walked out reluctantly thinking that this was a gimmick and an askari would pounce on her again. That did not happen. Thus Wagoma walked into freedom not knowing whom to thank for it. Later that night, she saw a vision in which this old man, who revealed himself as Ondetto, asked her to go up to *Got Kwero Richo* in Suna Migori and tell Ondetto's followers that he had resurrected. This incident took place long after Ondetto had died and been buried.

m) Akoth University, Main Campus

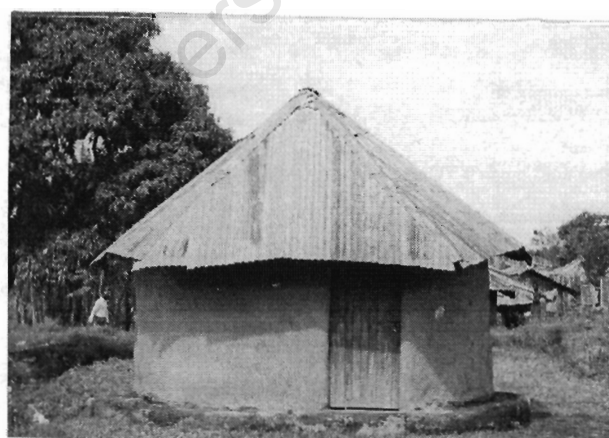
Wagoma is many things to many people. She is a priestess, a doctor, a professor and so on. She feels compelled to teach the new way of writing and African medicine to her followers. For this reason her 10ft by 10ft earth walled office, has its door marked, University of Akoth, Main Campus. This is where she is imparting the knowledge that *juogi* has given her in medicine to her students. She hopes to give them 'degrees' in medicine. Akoth Wagoma feels this is an urgent calling to restore intellectual rights of Africans to its place. She laughs at what we do in our modern Universities because they train people who cannot get jobs. "The white men will always give you books that contain useless knowledge," she argues. "The African pharmacy is in the bush and not in the City streets." She claims to have been told by *juogi* how to process steel and manufacture machines using authentic African technology. She is very anxious to impart this knowledge to the followers willing to listen. It is her mission to disseminate this knowledge to all Africans, but she wonders why people run to Western Universities without first grasping what is truly African.

Yie Kuom Chier congregation is a balanced mixture of people. There are mature men and women. Boys and girls in their early teens make a good proportion of the worshippers. Akoth has trained her preachers and when you visit their Sunday service, you may not notice her unless somebody points her out for you. She doesn't have to lead the service herself.. There is good discipline and order in the '*kanisa*'. They drum and dance as they sing. The Sunday service starts at 9.00 am and ends at about 2.00

pm. On Thursdays, they hold an overnight worship. They have a good grasp of the Bible and quote it extensively in their service, but the intention of using it is to back *Yie Kuom Chier* doctrines and ridicule Christian faith. She decries the amount of money that we send to the West in terms of tithes and offerings. She also teaches that when God first made the earth, he separated black people's continent from the others, but the white man was naughty enough to build Suez Canal for his mischief. The other mischief listed for condemnation includes computers, mobile phones, and cloning of animals. These are the technological blunders that will destroy man and this earth. The climax of Western mischief is the idea of cloning.



The Door label reading AKU, Akoth University, Main Campus. (Mbalariany mar Akoth) This is where teacher 'Prof' Akoth Waguma imparts knowledge received from *juogi* to her followers.



The hut that houses Akoth University Main Campus.(Mbalariany mar Akoth) This is where Luo ethno-medicine and religion is taught to chosen few. The curriculum includes learning to write and read African scripts. Patients are also treated here.

n) Cain, Abel and War

Yie Kuom Chier movement teaches that the first human blood was shed by Cain, the ancestor of white people, therefore the white people have remained bloody to date. They can kill with impunity and with very clear conscience. An African cannot take human life and remain undisturbed by his ghost unless he consults *ajuoga* medicine man to *lose* meaning to stabilize him psychologically. A white man can kill people in Iraq and Afghanistan and sleep thereafter very soundly without seeing a ‘witchdoctor’, something that an African cannot do. The white man was responsible for the two World wars, the Jewish holocaust, African slave trade and the Hiroshima atomic bomb. It is amazing that they remain with clear conscience over such matters to date. God cursed them and said they would have bloody hands to the end of time. This is what Cain was told. If a black man had as much as shed one person’s life he would run mad unless he had seen a very powerful ‘witchdoctor’ to stabilize him. It is therefore very difficult for a black man to kill without his conscience nagging him. To a white man, taking human life is very easy because he had been cursed. When the whites celebrate Easter holiday, they are simply celebrating how they massacred black people of Egypt. The absurdity is that the brainwashed black Christians join them in the celebration. The Africans have been responsible for limited human deaths, but even these few cases keep haunting them and they can never be the same again without having seen a medicine man.

o) The Serpent’s Seed and Eve

They teach that when the serpent seduced Eve in the Garden of Eden, he actually slept with her and that is how Cain the ancestor of white men was conceived. Later, Abel was born of Adam and the same woman. However the seed of the serpent in the form of Cain always remained evil-minded like Satan his father. It is Satan that appeared to Eve in the form of a snake. The white men are descendants of the serpent for they are the offspring of Cain who was fathered by the serpent in the Garden of Eden. This is why Jesus calls them vipers (Math. 3:7 and John 8: 37-47). The snake, it was explained, represents symbolically the penis and the fruits stand for the ovules of women. Thus the myth of Eve having eaten the forbidden fruit simply meant that she had sex with Satan.

p) The testimonies in Soko

During Sunday service, a quarter of the time is spared for testimonies. Here the worshippers narrate long tales about the healing powers of Waguma through Ondetto. They are breath-taking stories about patients who had died or nearly died, who were resurrected after Akoth Waguma's prayer or medication or both. Some of these stories sound credible while others appear to be exaggerated. The common factor is that they all portray the capacity of the sect to deal with some illness that the hospitals had failed to manage. They also indicate that the other indigenous medicine men had failed to contain such diseases. Listening to the testimonies, one can get the impression that the worshippers are trying to justify their membership of the sect. To some extent, they would appear to be captive to the sect out of the fear that if they moved out, they would be affected by the diseases that had afflicted them before and having spited the sect by abandoning it, they would not know where to find treatment. This feeling, subtle as it is, binds the people together and makes them very faithful to the doctrines they have been taught. They are also very obedient to the leadership of the movement, yet when you see how Akoth Waguma handles the people, you get the feeling that the people are very free indeed. In their freedom, they extol the healing powers of Waguma and Ondetto. This is what attracts new converts some of whom are patients expecting healing if they join the faith.

4.9 Faith Healing and the Sacred Songs

The songs are sung in Luo but are presented here in English translation. Once in a while the songs come in Kiswahili version. Most of the congregation are Luo though from time to time, there are members from as far away as Kampala, Uganda. The few Bantu members of the sect are acculturated into Luo ways. They remove the six lower teeth like the Luo. When they are baptized, they take Luo names, and generally believe that the Luo are the chosen people through whom God wanted to save the world. That is why God sent His son to take the form of a Luo. The entire black race is to be saved through the Luo. The naming in the sect would be like, Onyango Wafula or Onudi Kiwanuka.

a) *Ondetto and Healing*

Ondetto does big miracles.
I cannot tell it all
Ondetto does impossible things
I cannot tell it all
Ondetto heals the sick
I cannot tell it all
Ondetto heals the sick
I cannot tell it all

This is a song that goes on and on for almost ten minutes or more. The soloist decides when to stop. She leads the way and the rest of the congregation respond in the same phrase in a chorus-like manner. It is the soloist who improvises new words so long as they do not go contrary to the perception of the gathering about Ondetto. They drum, clap and use shakers and gongs as they dance. One gets the feeling that they truly enjoy the dancing because some become tantalized and dazed in the frenzy. When one soloist is tired but the people would like to continue dancing, she is replaced by another without losing a beat in the rhythm. Though in the text the song looks short, in practice, it is very long indeed!

b) *My Ondetto*

This is the time I have found my Ondetto
This is the time I have found my Ondetto
My lamb, this is the time I have found him
This is the time I have found my Ondetto
Leave me alone to go and worship my Ondetto
This is the time I have found my Ondetto

c) *I Love Ondetto*

All my debts have been paid by Ondetto
I will not be asked to pay anymore
All my debts have been paid by Ondetto
I will not be asked to pay anymore

d) *The Flag of Ondetto*

The flag of Ondetto is flying
The flag of Ondetto is flying up
The flag of Ondetto is flying
The flag of Ondetto is flying up

e) *Let us Worship Ondetto*

Come let us worship Ondetto
And go to heaven
Come let us worship Ondetto
And go to heaven

f) *Ondetto, One Road*

I have only one road
That road is Ondetto
I have only one road
That road is Ondetto

g) *Thank You Ondetto*

Thank you Ondetto for coming back
For the world would have been destroyed
Thank you Ondetto for coming back
For the world would have been destroyed
Halleluya Ondetto, the one who saved me
Halleluya Ondetto, the one who saved me

h) *Hold My Hands*

Hold my hands Saviour Ondetto
Hold my hands Ondetto, the kind one
Hold my hands, there are many tragedies
Hold my hands, this world is full of diseases
Hold my hands, this world is full of problems
Hold my hands, this world is full of diseases

4.10 **Herbalism based on Religion and the Sacred Songs**

The above songs express mysticism of Ondetto in many ways. They indicate the limitation of language in terms of expressing ethno-medical functions of Ondetto. Human language is too restrictive and limited to express or capture the miracles of Ondetto. Then comes the image and symbol of a lamb in the next song. This signifies innocence. A *juogi* patient cannot stand the meat of a lamb for it ignites the patient's spirit to violent fits. This is the animal that is often sacrificed like the goat to cleanse the evil spirit or appease the patient. The songs also express the image of poverty associated with indebtedness and bankruptcy. A man with huge debts is powerless, and has no honour or respect. Society has contempt for him. In modern times, a bankrupt character loses his franchise and voting rights. Among the Luo, such a person loses

authority in public matters. The intervention of Ondetto restores the positive image of the debtor. This is more vivid in the case of illness where debt relief leads literally to restoration of health and strength.

The power of Ondetto is compared with that of a flag, which is a symbol of nationhood and territorial integrity. He therefore comes out as a person with authority and autonomy. He needs the two in order to exercise his protective role towards his people. The people are secure within his sovereignty where they have rights and privileges. If Ondetto is compared to a road, he takes the symbol of continuity that the road signifies. There is the element of change as the traveller is moving from one end of the road to a given destination. Ondetto is depicted as the underlying force under the human transformation towards goodness. The entangled road network makes it hard for any traveller to pick the right path without given road signs that Ondetto provides.

The road signs lead to salvation in contradistinction from death and destruction. Illness stands for destruction and Ondetto is diametrically opposed to it, therefore, he symbolises life. However, for the people to enjoy this life, the songs exhort them to submission. They must surrender to be led by the hands. This is how they can avoid illness and enjoy the health that is fortified by ethno-medicine as prescribed by Ondetto.

The Yie Kuom Chier sacred songs reflect some kind of ambivalence in their faith. They think of Christianity as a white man's religion and they do not recognize Jesus as the saviour for black people. However, if you study the songs carefully, you may discern the Christian overtones or connotations. Take the case of Ondetto coming back to save the people. This is a Christian doctrine implicating the second coming of Christ. The dilemma between loyalty to the African philosophy and the perpetuation of the Western heritage is reflected in the entire movement. That conflict is very sharp in the songs.

Behind the Ondetto figure is Waguma herself who has had a kind of training in medicine and healing through *juogi*. She is the one being alluded to in a way when the ex-patients praise Ondetto for healing them. This is because the person who they get in touch with in the physical sense is Waguma instead of Ondetto. She is responsible for

treating them and sorting out all their family problems. The people are psyched to despise European medicine and to extol indigenous medicine. Some of the converts come first as clients and get held up thereafter witnessing the near magical powers of the lady in charge. Other people from the slums are attracted to *Yie Kuom Chier* by the dancing and singing. At the climax of singing and drumming, *juogi* spirit comes to some chosen few and gives instructions on what should be done generally about the issues they had been praying about. This may take the form of counselling the clients on what is causing them trouble or illness. It is a session of social psychotherapy.

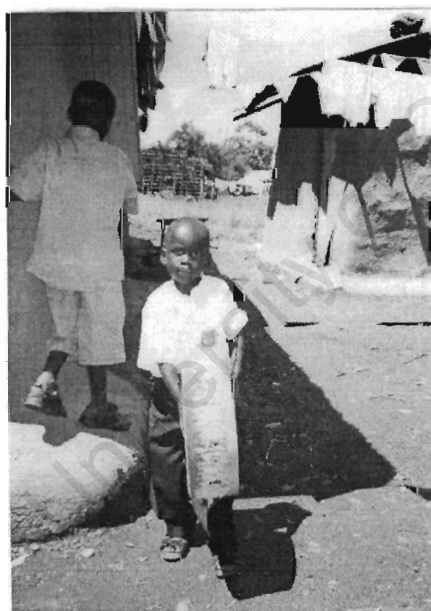
The medium of *juogi* looks genuine. She starts by dancing so vigorously that you would think that she is getting mad. Then she starts breathing heavily and very fast. This gradually builds to a prayer (*lemo*), which also gradually becomes incomprehensible. At the climax this becomes a total frenzy when she begins to roar like a lion. Her voice becomes as deep as the bass surpasses that of ordinary men. She tosses herself violently and you would fear that she could hurt herself. At this point, the fellow worshippers would move in to support her. The rest of the congregation would go down on their knees to pray to calm the *juogi* spirit and harness the message out of the medium. It is important to note that the six elders sitting at the altar, in front of the building, would at this point turn around, giving their back to the congregation and facing the wall on which *tach* is safely fixed in the position normally occupied by the cross. While in this kneeling position, they would start praying and pleading with Ondetto's spirit to calm down the lady and talk to the congregation. Meanwhile the lady would now be producing different voices as if different characters were talking through her. A small shrill voice would put interrogating questions to the other who would reply in a deep bass. The one being questioned turned out to be Ondetto. The lady did prophesy in this state. It turned out that the spirit would identify areas where it was happy with the sect and others in which it was not happy. *Juogi* through the lady pointed out that it was not happy with the elders because they spent more time sleeping in their houses than praying and fasting in the house of God. They were urged to hold overnight vigil in God's house praying for a fortnight. This was the will of God. Then she turned to medical intervention. In this state she gave instructions about how some patients in the crowd should conduct themselves if they wanted full recovery. The spirit of *juogi* intervened in two ways. At one point, Waguma gets revelations about medicine and how to manufacture it. Then there is the worship element in it when the

patients may be given further instructions on how to improve the efficacy of the drug that had been administered. The congregation in the process would talk in tongues. This would gradually fizzle out. One elder then would say the final prayer before ending it in the name of Ondetto their saviour to which everybody replies, *obed kamano*, meaning let it be so.

Sawo, (Holy Communion), is also taken in the belief that it has some curative and healing powers. The people are encouraged to go and taste *luch Ondetto*, meaning the sweat of Ondetto. The sweat is declared sweet like honey. They are also told that the sweat is powerful in cleansing the body and thereby curing it of all diseases. It is not easy to tell those who take the communion simply as a religious ritual and those who take it as a medication. The songs emphasized both and it is up to the people to find out where they belong. At the end of the Holy Communion, otherwise known as *sawo*, the people are led to sing *Adok ler, Adok ler, Sulwe ler mapile*. In translation this means, Adok is holy, Adok is holy everyday. Adok is the mother of Ondetto so she is equivalent to Mary the mother of Jesus.

Among the elders of the sect who sit in front of the congregation, behind the altar, is a four and a half year old boy known as Pastor Amolo. The boy leads some of the songs in the service using a microphone like adults. He sings as a soloist. You would not know that he is just a child because of his voice that sounds so mature and so confident. He commands the entire congregation and they respond to his leads. It was necessary to find out who the boy was and why he was given such a prominent part to play unlike children of his age. It was revealed to us that the boy is unique because he composed most of the songs that the sect relies on. First, the boy acted as if he was becoming insane. He commonly had nightmares in which he was shaken and woken up crying. Then he started talking to himself in the dreams. The mother who is a member of the sect became very worried, thinking that her son was being haunted. This went on for some time until the boy became three and a half years old. Between three and a half and four, the boy now started singing in his dreams and that is when he composed the songs like some of the numbers listed above. Akoth Waguma listened to the boy and concluded that the boy was not seeing ghosts as the mother feared but was possessed by *juogi*. It was *juogi* that led him to compose the sacred songs in praise of Ondetto. The sect learnt the tunes from the boy and soon these became the sacred songs of the

congregation. Before this, the sect was not drumming. They just sang hymns like Legio Maria. When the young pastor started using empty tins as drums and bottle tops as shakers, the sect thought that *juogi* was instructing them to drum and use shakers and jingles in their worship. This added flavour in the Sunday service and injected sharp rhythm in the songs that made them more danceable. The original worshippers remember that period as marking a turning point in their worship practice. Among other songs, he composed a song about the incident when a storm attacked a worship house for the sect in Uganda and uprooted all the crosses in the building and disappeared with them. From that incident, Waguma learnt that the voice that had been calling upon her to discard the use of the cross in their worship was authentic. As has been stated above, the sect does not believe in the cross for they say the cross is a symbol of evil. The songs edify Ondetto. Behind him there is the figure of the lady priestess, who is doubling up as a medicine person. For this reason the healing skills of Waguma, via Ondetto is emphasized and publicized through the songs.



“Pastor” The boy who has composed most of the songs under *juogi* inspiration. Some of the tunes came to him in his sleep. He indeed shows signs of becoming an ethno-medicine man in the future.

The week, in which Ondetto died, that is 14th February, is celebrated by week long camping at the centre. This camping draws people from all the branches of the sect in Kenya and Uganda. I watched about three hundred people gathered for this function. It

is marked by song, dance and revelry. A lot of the singing and preaching revolve around the healing power of Ondetto passing through Akoth Waguma.

4.11. Critical Analysis of Chapter Four

This chapter deals with what we already know to some extent in the Bible. It is important to see the subversion and distortion of the known stories in order to make them suitable for the use of Luo ethno-medicine men and women. For example baptism is a Christian concept, but under (d) above, it is subverted because of the use of *tach* symbol that gives it an African twist. It takes an artistic mind to invent the symbol and kind of impose its interpretation and significance in order to make it acceptable to the patients. Many Biblical materials are used in a similar way to undermine the Western meaning and reinforce new meanings that support ethno-medicine. This is the same spirit in which Abraham and the Canaanite woman are quoted. They are negated and questioned in order to make the traditional mode of healing acceptable to the users. Given that the medicine man or woman is operating in an environment in which he has been declared evil and the traditional mode of treatment considered repugnant to human decency, it is understandable why the ethno-medicine man or woman has to fight back using propaganda. Here Ondetto replaces Jesus in (h) and the 'holy communion' is completely revolutionised. Waguma operates here as an artist who is rewriting the Bible while injecting to it radical Luo doctrines that would be friendly to traditional medicine. This is the reason the symbol of a canoe, that is universally found in possession of juogi patients and their medicine men or women, has found its way into the "altar" of this medicine woman's 'church'. Many of the worshippers are patients under Waguma's treatment. It is important for them to find a fresh meaning to what the Luo generally accept to be a juogi symbol.

The account of Waguma in (j), (k), and (l) are historically true. They indicate how ordinary sites could be made 'holy' through dreams. Once the dreams have been widely circulated, they become accepted. This is when the sites become vital healing places. God Kwer, covered here, has become a converging site for worshippers and patients who seek healing. The ethnomedicine woman has to contend with the University in (m) as a citadel of knowledge. This is the venue where sometimes the African's contribution to knowledge is ridiculed. She disabuses the followers of this

bias from the West by inventing one of her own where juogi is the chief instructor instead of the lecturers. The same spirit could be noticed in the story Cain and Abel in (n) and the serpent in (o) where the followers are trained to see the distorted interpretations which are useful for traditional healing. She instills the feeling that white is evil and black is good to the followers. To give the followers some sense of realism, she asks her believers to worship on Sunday. Though the day is Christian, what goes on in the worship is completely unChristian. What we all know is given new symbolic significance. In this context, it is possible to see Waguma as artist who recrafts known stories to take fresh meanings. Then she simultaneously operates as a medicine woman basing her practice entirely on the claims of her version of the stories. Finally we remember that Waguma herself was once a patient of juogi before she qualified to become a practitioner. We find a combination of a narrator, critic, patient and medicine woman in one character known as Waguma. There are many cases like Waguma's as we have seen in the previous chapters.

These are extremely powerful texts. In them, Waguma, her sect and her medicine stand for a discourse that is anti-Christian, anti-European, anti-Western and anti-British. The whole concept of Judeo-Christian doctrine and its place in globalization and capitalism is opposed. In these texts, is a discussion and allusion to the whole question of black and African history and identity, and a rejection of assimilation and accommodation principles that have perpetuated the enslavement of Africans to the West. Waguma's healing practices constitute a firm stand in the African/Black aesthetics and as one reads her texts, one cannot fail to ask why she makes such a strong stand despite her literacy and material limitations.

In the texts here, we see a discussion of the question of postcoloniality and the dilemma it has posed to the African people. The solution provided on healing by the medicine woman is based on simple logic. Why do we make Abraham our 'father' when he is our 'brother-in-law'? The medicine woman is raising the liberating possibility of traditional healing because it indoctrinates the patient to reject the slave position.

Ondetto who rejects the oppressive doctrines of colonial practice stands for the healer as the messianic base of the liberation of the African. He performed all the miracles that we have read about like Simbi, Luanda Magere, Nyamgondho and so on. As our

Messiah, Ondetto has undergone literary transformations. He is no longer the breakaway leader of Legio Maria sect but becomes the backbone of the attainment of the aims and objectives of Akoths's medical, artistic and political vision. In this discourse then Akoth is the 'Mary Magdalene', given her past. She proclaims the resurrection of the African messiah in Ondetto. Ondetto's mother is the blessed mother 'Mary'.

The texts and discourse in this chapter therefore clearly stand against exploitation of the African problems through neo-colonialism and globalization, here symbolized by the computers and mobile phones. The medicine woman is advocating a separation from the western science, culture and technology if the African is to survive the current threats and predicament. In Waguma's philosophy, resisting the western or American expansionism can save the world so much murder, pillage and destruction as seen in the holocaust, the war in Iraq and so on. If the chapter is seen through the eyes of Black aesthetics, only the White West can commit such crimes. Such people can only be the result of a mutant seed, 'the serpent's seed' also characterised as the children of great Satan who deceived Eve. This is similar to what we find in the teachings of the 'Nation of Islam' as reflected in the Autobiography of Malcom X (1964).

Behind the Ondetto songs, one can discern the feminist power of Adok. Ondetto as the messianic figure is re-emphasized. He is the hope and salvation of the black man. That is the argument that can be synthesised from the songs. Adok, as we mentioned earlier also emerges as the 'great mother' who gives people a saviour. This salvation is being implemented by a 'daughter' who is also a medicine woman. She gives her patients both physical and spiritual healing. Even though at the outset we pointed out the subversion and distortion in this chapter, if they are delineated, they could generate fresh meanings that go beyond the healing purposes as indicated in the above analysis.

4.12 Conclusion

This chapter has indicated how the art of medicine is threaded together and perpetuated by songs. Whether in secular world or sacred functions, Luo *indigenous* medicine is promoted countrywide and perpetuated in history through singing. The credibility of the medicine man is confirmed by the artists. This happens without promptings from

the said practitioners. However, when a doctor is self-seeking or motivated by greed, he can bribe or contract an artist to advertise his prowess. This was appropriate because the population was illiterate. If a patient needed to find a good doctor, he would have no library to fall back on. Instead, he would go by oral narratives and songs putting the curriculum vitae in public domain. The people learnt about the different doctors and their specialization. The artists also served to give a kind of critique of these people handling human life. In some cases, they condemned quacks and conemen presenting themselves as doctors. This heritage has been extended to include religious movements where some people go for their health needs. In this chapter, we have seen *juogi* as a subject and object of such songs. The soloist is flexible in her own ways and therefore, the songs are not fixed like written ones. From time to time she would mention Waguma as a healer under Ondetto or she could mention the technology of writing, medicine making or iron smelting. The congregation would simply respond by repeating the same phrase given by the soloist. This kind of improvisation is typical of oral societies. A good soloist is the one who is creative and who can use imagination to inject religious doctrines in the songs without strains. The soloist must be able to think on her feet. The worshippers seemed to appreciate this gift reflected in language use. We have examined cases of traditional and modern artists and the interplay between them and the doctors on one hand and the patients on the other. It takes art of some kind to cement the different entities in this business together in one way or another.

Art, Ethno-medicine and Customary Law among the Luo

5.0. Introduction

In the last chapter, we discussed how artists like guitarists and harpists have persistent interplay with ethnomedicine men and women and their patients. Later we see artists in religious sects also contribute towards shaping the doctrines of faith healing and traditional medicine. The current chapter examines how the customary law impinges on ethno-medicine in terms of those who are its practitioners or patients that depend on it. This covers cause of illness, witchcraft and the customary laws relating to it, and disputed deaths attributed to ethno-medicine. In order to give the emotional strains that go with ethno-medicine among the Luo, general consideration has been given to their belief in witchcraft and illness. Death is commonly a contested phenomenon that ends in trial of one kind or another. All cultural issues that govern death for the Luo that are explained here have something to do with art. The detailed analysis of the contents of this chapter will come in chapter six.

The Luo believe that illness is caused by witchcraft, just like many other African communities, (Mbiti: 1969, Ochola Ayayo: 1976). Nobody just falls ill without an enemy who is jealous having employed charms to cause it. For this reason, in the African mind, when one falls ill, the first thing to be done is to find out who could have caused it. If this is found out, the healing process must entail the elements of nullifying the actions of the witch. This leads to further use of ethno-medicine, sometimes contrary to statute law, though in line with traditions. It is, therefore, not easy to consider ethnomedicine without looking at witchcraft, because they are intertwined. For any medical practitioner to prescribe medicine he must diagnose the disease and for him to identify the illness, he must know its cause. In ethno-medicine, aetiology of this nature is as important as it is in Western world. Knowing the cause of an illness is part of solving the problem. To understand the worldview of the Luo, it becomes imperative to look at their folklore, proverbs, and sayings. It will be seen for example that what constitutes medicine in the eyes of one group amounts to witchcraft in the eyes of another group. Even where illness might have been caused by geological

factors in the environment, the Luo will look for the witch who could be held responsible for it. There are many mysterious diseases caused by geochemical factors such as toxic organic compounds leached into the ground water, which have remained hidden for a long time, (Orem:2003). Such hidden causes of illness could easily become attributed to witchcraft. The mystery would suit the believers very well.

It is not easy to define witchcraft. The Oxford Dictionary simply describes it as use of evil powers especially evil ones like sorcery. It goes on to describe a witchdoctor as a medicine man in Africa with supposed magic powers. Hansen (1969) finds the same difficulty. Acknowledging this problem, he describes witchcraft as a loosely grouped body of magical lore- charms, spells and so forth dealing with health and sickness. As will be noticed in the findings of this research, it is a matter of conjecture what constitutes charms or spells. For this reason the application of the statute law has been made very tricky. To a large extent, it is left to skills and orientation of artistic interpretation on the part of the person evaluating whether a substance is a charm or not. This can be a very subjective exercise depending on the observer's attitude. However, the customary law is not ambiguous on the matter. This is why the chief's council of elders makes one of the best forums of litigation and arbitration over issues related to ethnomedicine and witchcraft. At least they have a common worldview and basis for interpreting signs, symbols or any other object that may be subject of a dispute.

5.1 Aetiology of illness and Litigation

According to the Luo, nobody falls sick or comes into misfortune without a reason. As has been stated above, it is always thought that some enemy has caused the illness by way of witchcraft known as *juok*. Ochola-Ayayo has listed different types of witchdoctors like *Jandagla*, *Janawi*, *Jabilo*, *Jamkingo*, *Jasasia*, *Jajuok*, and *Jasihoho*. The details of these categories will not be discussed here, but it should suffice to know that most of these employ *nawi* which is destructive. But *Bilo* is a medico-charm normally used for the good of the individual, the family or the community as a whole (Ochola-Ayayo 1976). The witchdoctor known as *Jandagla* may bring his magico-medicine with a dead snake, wildcat, or rotten eggs and so on. Such items are normally planted at night at strategic places, like doorsteps or gates, to ambush the victim to

cause evil to him. When the victims discover such objects of witchcraft, they get shocked and fall ill. *Jandagla* will have performed some rites over these objects to make them effective in causing disease. Such materials might have been hidden in the walls or roofs of the houses of the intended victims. In some cases, the witchdoctor might have used an item taken from the victim like a piece of his clothing or his nails or his hair or some soil on which he has stepped. The items would then be subjected to some kind of rites before being sent out to cause havoc. These objects used in this manner are seen as works of art. It is interesting to note that there are cases where the victims' pictures or images were sought to be used to bring harm to them. This could be an example of modernization of indigenous medicine because the technology of making photographs is alien to the cultural heritage of the people of Africa. When the witchdoctor has treated the charms known as *ndagla* in the form of dead creature or rotten eggs, he does not have to set them up in the premises or person of the victim himself. Far from that, he often instructs an agent, close enough to the victim as not to be suspected, to go and put the stuff in a particular position. The placing of the charms could involve some dramatic performance prescribed by the medicine man. In some cases, the victim is attacked by illness as soon as he has set eyes on the charms, but in some other cases, the charms work quietly even though the victim may not have been aware of their presence.

Ochola-Ayayo says that medicine men were believed to be able to divert misfortune of war by sending *ndagla* to the enemy frontline. In this context, the *ndagla* could be used for the good of the whole community. In most cases, the witchdoctor has nothing against the victim. An aggrieved person could hire the services of a medicine man to destroy the life of the enemy. The person seeking help from the medicine man must pay for consulting him. Then the client is given the body of a dead animal, often the type feared and not eaten, with instruction to place it by the roadside or near the house where the victim would definitely see it and get frightened. Normally this would lead into illness of the person himself or a member of his family. The afflicted family would try to figure out who could be after their life. Naturally, they would suspect anybody with whom they have had some disagreement or dispute of any kind. The most common object of dispute amongst families was land. There were endless wrangles on boundaries that neighbours kept changing and then contesting. In such quarrels people were known to curse one another or swear at one another. For example, one would tell

another; *ichamie lopni mondo anee*, meaning I will see if you would live to own this land. In one case, the medicine man said *ngat mkwalo gigi osetho* meaning whoever stole these things is declared dead. Any illness afflicting such a threatened family would be construed to emanate from the person who had issued the threat. Even though they would be sure of the suspect, they would still need a confirmation from *ajuoga* or medicine man.

A medicine man known as *ajuoga* would be invited privately or publicly to determine who was responsible for the illness and to find a remedy for it. Sometimes the problem was far from human health. It could be theft or robbery or abduction of a woman or dismissal from employment or even impotence. Whatever the case may be, the people would let *ajuoga* sort it out. The nature of consultation is normally private as people would not want it known that they deal in witchcraft because it has been given a very bad name. Sometimes the remedial action could involve turning the force of charms against the suspect. Most of the time, it would involve some dramatic episode. This could lead to his suffering. When this happens, the person responsible would not want it to be public knowledge that he is the one destroying the other.

One such consultation I witnessed worked this way. The aggrieved party visited the medicine man in his consultation hut. They had a bit of ordinary conversation following Luo etiquette. This revolved around greetings, knowing one another's name and where they came from. Then the aggrieved person declared that he had a problem for which he was seeking help. He went on to state the nature of his problem upon which the medicine man took over. He brought out his paraphernalia for divining. In this particular case, he had a goat skin which he spread before him as he sat on a traditional stool. The stool was round and decorated with beads of various colours making different patterns and shapes. He produced about five little cowry shells from a tin container. He examined them then returned them into the tin container before thoroughly shaking them as he sang and mumbled some things I was not able to follow. After this little drama, he poured the cowry shells on the goat skin mat and studied their pattern on the skin. Then as he shook his head and sneezed, he stated:

“This one, this one that has fled to the left.” He collected the shells at this juncture and repeated the action. Again he saw a shell which was a little

separated from the rest. He pointed at it while saying, “You see this one? He has run away from the others. He is the one causing you the trouble.”

“Mhm”, the client replied, not knowing how to react to the allegation, especially since he had not heard enough to believe it or reject it.

“He is a black man, very dark indeed!” The medicine man said as he looked at the face of his client. There was a little pause and probably to fill the void the client said, “Yes.” As if this was the signal the medicine man was expecting and waiting for, he went full blast to describe the man further. “He is tall and lives to the left of your home.” Here the client went silent, closed his eyes a bit and looked as if he was searching for a character to fit the description. After a short spell, he sighed. The doctor meanwhile examined his cowry shells and the face of his client continuously. He punctuated the interlude with shrieks, sneezing, and shaking of the head. “You have had some land dispute?” the medicine man enquired.

“No,” the client replied.

“It could have taken place long time ago and now you have forgotten. Think hard.”

“Yes, I remember in the distant past, my father disputed land boundary against the man.”

“Well, you may think that he has forgotten like you have, but the man has not.”

The client kept quiet, not knowing what to say further. He meditated upon this finding. He involuntarily said, “The man has bewitched so many people.” The medicine man now seemed to be more than sure. He said, “I can see that in these cowries.”

The discussion now took a different turn on the way forward. It was up to the client to decide what he wanted to be done to the suspect. There was out right death to be meted against him by charms. This is the most serious step one could take against an enemy. However, because the repercussions are grave even upon the aggrieved person, it is not a popular option. The next choice one could take is to turn the charms against the enemy so as to make him undergo the same suffering he had wished to inflict on the complainant. This option is considered appropriate because the complainant would have just turned the charms against the person who had originally acquired them. It is called *loko yath* meaning returning the medicine. Here, whatever happens to the suspect will not be held against the complainant. He would not be morally liable for

the action. According to Luo customary law, he would have been entitled to self-defence in the face of such surreptitious attacks.

The two agreed that *loko yath* or returning the medicine was the most appropriate action in this case. The medicine man instructed the client to look for *lop tiende* meaning soil taken from the foot-print of the suspect. Together with this, the man was to get a piece of the suspect's clothing even if it were a rag that he had stopped wearing. If it were possible the 'doctor' also needed some of the suspect's hair. It was left to the complainant to find clever ways of obtaining these items without the knowledge of the person in question. For the time being the medicine man supplied his client with some herbal concoction to drink to manage his persistent stomach-ache and weight loss. However, he told the client that the relief he might find would only be temporary, until the items named above had been provided and dealt with. On receiving the required items, the medicine man would perform some rite over them and then give them to the complainant to go secretly and plant them in the premises of the suspect. "That is the only way to sort out this problem permanently," the medicine man assured his client.

It should be noted that there is no fixed formula for handling such a case and that if this particular case were to be presented to a different medicine man, he would probably come out with a totally different way of handling it. There are other medicine men who use *nyakalondo*, or *pi* (water), or *sutru*, to divine apart from *gagi* cowry shells. By and large, *gagi* is the most common material for this kind of business. All these instruments are artistic materials or they are used artistically. There are also reports of medicine men who will tell the client's predicament without a prior brief like the one we have just discussed above. Such medicine men enjoy a greater popularity and receive more clients than the others. This is because they are considered most competent. There are cases where the client cannot hold himself in the face of such provocation. As soon as they have been informed of the person likely to be inflicting pain to them through witchcraft, they would go to the suspect and confront them with the allegation. A dispute would therefore arise over such a matter. One of the parties would show up in the chief's court accusing the other of defamation of character or outright practising of witchcraft. So many disputes like this lead to family fights that could be fatal and as a result become chronic. They can go on from generation to another for a long time.

There could be lulls in-between when there is a transition from one generation to another, but after some short break the family feuds erupt again.

In this particular study, the man suffering from stomach-ache and loss of weight resorted to delivering the counter charms secretly and thereafter started showing remarkable improvement in his health. Whether this would obtain for a long time only the future could tell. In the event that he decided to confront the enemy with the allegation or to send the allegation around by way of rumour, the suspect might challenge him for a traditional test to prove whether or not the accused is the one who is making him ill. This is a kind of trial by ordeal. It is done before a number of family members and elders. The suspect is invited to the home of the patient, who probably would be bed-ridden. The host family prepares *nyuka* or *chiemo* meaning porridge or food, which is set before them. If it is porridge, they are asked to drink it in turns from one *agwata* (container). For a fully fledged meal, they are to eat from one *tawo* dish or plate. There is a kind of script, which they are to follow, as they drink or eat. Normally the accusation is focused on one who is very close in terms of geographical proximity or blood relations. For that reason, the accused may utter such a phrase as, “Onyango, son of my brother, if it is true that I am the one who is killing you, then may you recover fully from now that we have eaten from one dish.” This is said in-between the sipping of *nyuka* or eating of food. Upon pronouncing this statement, the rest of the people and the patient would affirm saying, “*Obed kamano*,” meaning let it be so.

This is known within the customs as *oso*. It literally means neutralizing the poisonous substances within the body of the patient. There is no medicine or herb administered to the patient in this context, apart from the fact that they drink or eat the same stuff served in a common container. The Luo believe that someone with whom you drink or eat together cannot harm you by way of witchcraft, even if he wanted to do so. For this reason, if the accused knew that he was responsible for the illness of the patient, he would avoid the eating ritual. He would be sure to be exposed by the outcome of the ritual unless he dodges it by finding an excuse every time such a function is organized. In some cases, the family of the patient may not put up with such procrastination and resort to use of force to compel the suspect to eat or drink with the patient. The people would then wait for the outcome of the test by watching and studying the body of the patient for any signs or symbols of improvement. The accused would hold his breath

hoping that the patient dies or deteriorates further, because if he recovers, there would be no way for him to deny that he was responsible for the illness. If the patient dies after the ordeal having been conducted before witnesses, the accused would be acquitted completely of the charge. The body of the patient, in death, would have spoken.

This is the basis upon which the Luo say, *ngane jasik ngane ma ok gi modhre pi* meaning so and so are at such great loggerheads that they cannot drink water together. It is believed that if you are sending charms against another person, known in this language as *himo*, you dare not eat with him or else the medicine turns against you. This belief also covers cattle theft and rustling. A person who drinks milk from a homestead risks being speared to death if he dares go into the kraal to steal cattle. The Luo believe that such a person becomes *magwa* meaning vulnerable when in the compound of theft. He is thought to attract weapons almost like a magnet, making him vulnerable to any attackers. Following this thought pattern, it is very easy for the Luo to guess who would be his genuine friends and those who harbour negative thoughts against him. That is why they say that *iwachowa maber*, meaning you are speaking well of us, if you catch us at table, in order to share the eating with us. If you harbour malice against another, you are likely to reach his homestead just to find him swallowing the last morsel from his meal. This concept of food is talked about lightly these days but behind it, there is very grave connotation. They talk of *iwacho wa marach*, meaning you are talking ill of us, if you always come to our place when we are finishing our meal. The food is seen as a symbol of life, peace, and harmony. It signifies health and prosperity.

They also talk of *ngane gi ngane ok winjre ma piergi ok rom*, meaning so and so do not see eye to eye so that their buttocks cannot meet. This is a light translation. A deeper one would be, so and so are so much logger heads that their private parts cannot meet. There are so many illnesses that emanate from private parts, according to the Luo, depending on use and misuse or underuse of the organs. These are taboo diseases known as *kwer*. The illness would only attack if the couple goes against their oath.

If a woman quarrels with her husband she swears, *kichako inindo e ema to anee*, meaning if you lie again between my thighs, I will see or if the man swears too in a

similar manner saying he will never go to bed with his wife again, both cases would cause an illness called *chira*, which may lead to death. *Chira* manifests itself in symptoms that look like HIV/AIDS. This is why the people confused the two when HIV/AIDS first appeared. If the family is affected by this disease, the customary way of sorting it out is to invite *ajuoga* medicine man to administer *manyasi* medicine. *Manyasi* is the standard prescription for this kind of problem. It is administered in a ritualistic manner involving play acting or performing a little skit and covers a wide range of diseases arising from misuse of sexual organs. For example if a suckling woman is unfaithful to her husband and after having an affair outside the home comes back to hold her baby, the child will fall ill on the spot. It is *manyasi* which can save the child from imminent death. But the woman must confess to having had an affair. *Manyasi* is administered in a dramatic manner in which the medicine man and the patient would act their part.

Although one could see the nakedness of his mother or father by accident or in illness when the latter needed nursing, it was a dreaded thing to have one's parent show his or her private part swearing: *kama ok eduong na ma ne anyuoli godo to nanee* meaning if this is not the private part out of which you were born, then I will see you prosper. A woman would show her breast and shake it towards the child saying, for example, *ma e thunda ma ne idhodho, ananee ane ka inibedie*, meaning, this is the breast that you suckled, I will see if you will make it. That is a terrible curse and the person so addressed would start suffering from *chira*, which is a disease that will make you waste away gradually, till you die unless an *ajuoga* intervenes and administers *manyasi*. *Chira* symptoms are identical to the ones reflected in HIV/AIDS patient. The only difference is that one could not pass on *chira* to his or her spouse sexually. The individual addressed in the swearing would suffer as an individual and could not pass it on to his or her sexual partner. There are some curses that could afflict an entire family or clan. It all depended on the exact wording of the curse. Some of the curses are so strong that they cannot be reversed. This normally is the case if the intervention measures are taken long after the person who uttered the words has died.

In that kind of situation, *manyasi* remedy cannot be effective because the drug is always drunk jointly between the two parties involved in the dispute. Where one party is unavailable, the remedy might prove null and void. The whole cast of the play must be

on stage for the medicine to work. It should be noted that a relatively young person cannot use his or her private parts to inflict illness upon his senior. It is unthinkable that any young person would contemplate that kind of action. If he tried, people would just laugh at him knowing that he is not well schooled in the ways of the people. This is why it is to be noted that age mattered a lot in the Luo worldview. It bestowed authority on people. The younger you were the more voiceless you were. For important legal questions, the old people's opinions were regarded to be authoritative. In the event that one needed to appeal against a decision, one was expected to consult an older person than the one whose decision is being contested. It never worked the other way round.

Sexual relations are believed to cause illness if the accepted Luo social and geophysical structure is not followed. It is an elaborate system in which sex punctuates life in a given pattern. If one person in the chain does not cooperate, it would result in the illness of innocent parties who have a right to seek legal redress. Such redress cannot be obtained without the medicine man who will probably supply *manyasi* to correct what might have gone wrong. For that reason, a Luo lives a life whose plot is fixed before birth.

When a child is born, the father will take a given period before he goes to bed with his wife. This is called *ngado imbo nyathi*. There are some things that the woman cannot do before this ritual is carried out. If the mother engages in some forbidden activities before the ritual is observed, it may lead to illness. A newly married young man will not go to bed with his wife before his father has done so with his mother and signalled to them that they could go ahead. Normally, the man would come out at night and make some noise such as coughing and the newly married couple would know that they have been given green light to go ahead. To defy this order would be to invite sickness. If for some reason a man brought home a bride in the absence of one of the parents, the elders would make sure that the woman does not share a room with the husband, until arrangements are made to bring the parents together to perform the ceremony in order to set the young people free. The night before the first ploughing of the season called *golo pur* is done, the oldest couple in the village or home will have sex then have their *shamba* ploughed. That is when the younger couples follow in order of age. One would not cultivate his garden ahead of his elder brother. The harvest naturally follows

the same pattern and is preceded by sexual relations that must be started by a father or grandfather, then sons and grandsons respectively. If out of ignorance or defiance, a person decides to eat fresh maize ahead of his father, this would make him suffer from a disease called *chira*.

The chiefs interviewed say they handle so many disputes where litigants complain that a person has neglected to fulfil their sexual obligation, therefore caused the complainant to be afflicted by a disease that cannot be treated by modern medicine. Lately, this has taken the form of the so called wife inheritance. When a Luo man dies, his wife is supposed to be remarried by his brother or cousin. The man would then replace the dead person himself and would have sex with the widow to mark the socio-economic transitions. Since the emergence of HIV/AIDS, people have been discouraged from doing this. This has caused a social havoc, with young people attributing their illness to the behaviour of the surviving parent. Without wife inheritance known as *ter*, the surviving spouse may not fulfil their sexual role in order to release their descendants to carry on. As a result of that, there is disorder. This may lead to grave illness, to the young couple that may be forced to go ahead and plough, plant and harvest without the sexual ritual initiated by their parents. The surviving parent may decline from such remarriage because of Christian beliefs or because of age or because of HIV/AIDS awareness.

There are cases where this has led to bitter family dispute, as the young couple would not sit back and watch their family members die one by one on account of *chira* on account of one spouse refusing to remarry after losing a partner. Since remarriage called *ter* was mandatory, no matter the age of the widow, sometimes a person was compelled to look for a man to inherit his mother, for things to work smoothly. Where a woman was so old, there were symbolic sexual arrangements that could be adopted. As the westernised women or Christianised ones would not stand even these symbolic rites, thinking that they are repugnant to civilization and human decency, many families are locked in family dispute that are chronic. A young man may file a case against the mother claiming that *mama ketho kara*, meaning my mother is ruining my future. This would mean that she is refusing to play her part in this sexual relay, where the button is to be passed from the eldest couple to the youngest if the health of the people is to be guaranteed. The public opinion is still very much for observation of these rituals

though we can say that the Luo are at crossroads. For this reason those who go against them would be condemned. Whatever the case, in the process of arbitration, *ajuoga* medicine man must be involved if the matter is to be solved amicably according to traditional customs. These are some of the illnesses that would never go to hospitals. Everybody knows that they are better taken care of by ethnomedicine men and women.

The same regulations apply to a polygamist family. A man must conduct his sexual life following an acceptable pattern. On significant occasions, he must sleep in his first wife's house, and then go round in the order in which he married them. The first ploughing *puro*, planting *komo*, and harvesting *keyo*, must be celebrated sexually in the first wife's house. In the case of marriage, the man would sleep with the actual mother of the son to be married. All this is associated with health, life and death of a family. Any breach of this structure can only be restored by a medicine man. The illnesses that could come out of these errors are known as *tuoché mag dala*, diseases brought about by home problems. They cannot be treated by western medicine. A patient suffering from such diseases is advised not to waste time going to the hospitals. In fact if he does not take the early opportunity to deal with it the traditional way, he is sure to die. There are grave cases where the interventions of the medicine men do not work. These are the type of errors done with impunity and where the person in question is not even sorry for what he has done. The medicine man, *ajuoga*, would also give stiffer conditions in such cases, to be complied with, before the healing can take place.

The architectural design of a Luo homestead may also cause illness if the rules and construction patterns are not complied with. Chief among the characteristics of Luo homestead is that the gate and door must face the lower elevation of the landscape. In effect, this means that the homes must face a river or a lake generally because water will always find its own level. This orientation of homes is so universal that nobody generally would go against it. It is taken for granted but when there is a case where the compliance is not perfect; one may hear any disease in the family being attributed to the gate's position. So is the door. The first wife or the only wife must have her house perched at the top of the landscape, its door facing the gate directly. To the right of the first wife's house as you face the gate, the second wife's house is built. She is known as *nyachira*. At exactly the same position, to the left, is the third wife's house. The third wife is known as *reru*. If the man were to marry more wives, he could keep

alternating their houses according to that pattern. Again the houses would be descending gradually as they move away from the first wife's house. The son's huts, known as *simba*, would be built near the gate with their door facing upward towards their parents doors. The eldest one would have his hut next to the gate to the right hand side as you face the gate. The next son would be guided to put up his hut to the left of the gate. They also would alternate in that order, to the left and right up to infinity. When they grow up and are ready to inherit the land, they would go according to the pattern already described above.

Many patients that consult the medicine men I investigated are afflicted by illness arising from badly designed homes. The altitude may not have been right leading to storm water known as *oula* flowing from the junior person to the senior person's house or hut which is a taboo. People have died from building in the wrong way in relations to *oula*. It is a taboo for *oula ngama tin mondo oluoki*, meaning being washed by rain water flowing from a younger person's dwelling. The settlement pattern is traditionally designed to protect every body by ensuring all people adhere to this rule. The medicine man is to examine the homes of the afflicted and see if there is any mistake in terms of its design in space or in time. It may have occurred that a man bypassed his eldest brother in marriage or building. That may lead to troubled health. This may call for a complete restructuring of the homestead to fit the traditionally acceptable pattern. Although this pattern is publicly known, once you have contravened it, you cannot restore it on your own. You would need the help of a medicine man to correct things. The medicine man would probably give *manyasi* to accompany the restructuring. When a brother has married ahead of his elder one, they cannot eat together for it is a taboo. Later on when both are married, a medicine man would restore relations by making them share a meal together with *manyasi*. After a young man has matured in his father's homestead, he is to move out to make a home on his own. This time as an indication of independence, he will have to make his own door and gate face the river or lake, or valley in the absence of both. He must not set up his home above his parent's.

The house must have a stick on the highest part of the roof. This stick which is called *osuri* serves to hold the grass together and also reflects manhood. It thrusts outward into the sky jutting out on top of every living man's house or hut. When a man dies,

this *osuri* must be removed in a ceremony called *turo osuri*. Then when the widow has got *jater*(inheritor) to remarry or inherit her, a new *osuri* is planted back into position. This is a symbolic representation of the man of the house. People attribute some illness to failure to follow the ritual properly. The house is architecturally designed to take a particular pattern. The bedroom must traditionally be to your left as you enter the house. In the sitting room, every body knows where customs give you the freedom to sit and where you are forbidden to do so. The same rules govern who can enter the bedroom and who cannot. In the event of death, the men are buried lying on their left hand side and the women lie on their right. These positions have sexual significance and connotation. A mature woman who is unmarried and who dies in her father's homestead is buried outside the fence. If she is buried within the compound, she becomes a ghost that would require the services of a medicine man to exorcise. In burial, the orientation of the body must take a specific position.

A man, who has built his own home, must be buried with his head towards *rangach* gate. It is believed that this way, his spirit would continue to guard the family by watching what comes in or goes out of the gate. This is one point which causes conflict in burials between the Christians and the traditionalists. In a family which is split between the two faiths, this has formed a basis of quarrels over whether the dead would haunt them or not. The body position of the dead would speak and cause ill health. The grave position is predetermined culturally. It promotes community health to adhere to these rules and regulations. Despite this when people fail to observe them, for some reasons and whenever that happens generally speaking, the medicine man is looked upon to help people find their way back to the correct position. From time to time, people do not quite agree on what should be done and how it should be done and the council of elders deliberate and come to a consensus on what is traditionally acceptable. There are issues that run around people who do not share one customary viewpoint. For that reason, a lot of disputes end up before state courts to be tried according to statutes.

5.2 Performance as a Healing Exercise

There are times when disputes arise between neighbours who accuse one another of causing illness to the others. When this happens, it takes an ethno-medicine man or

woman to intervene to restore health and peace in the community. The example below illustrates how a medicine man or woman can go about this business using communal drama.

There was an incident that happened at Got Jope market in Suna location in the early sixties, which I would like to examine as a case study. A family had been afflicted by chronic illness and some of them died. They strongly believed that some of the neighbours were responsible for their suffering because they had also had long-standing land dispute between them. The victims had learnt from some medicine men that their neighbour had made their effigies and cut them using charmed tools. They had been informed that they would die because their images had been destroyed. Illness here was caused through representation. The healing would take another form of representation. The family sought the help of a powerful medicine man called Ogada, who was the grandson of Gor Mahia. For the medicine man to administer his medicine, he needed the local chief's permission.

The chief called a compulsory public meeting in which a medicine man was to sort out the dispute. A reasonable crowd of about a hundred and fifty adults could have been there. At about 3.00 pm, the medicine man stepped into the open space in front of the crowd. He put on special business dress. These included some shrubs around his head, a flywhisk, and some animal skin around his waist. A big black pot was set before him. In this pot we came to realize there was the medical concoction that he was soon going to administer to the people. He chanted something in an unintelligible language. In-between the chanting of something poetic, he danced around the pot. He praised himself extolling his reputation in catching witches. Then he addressed the people. He gave the people the option of the witch owning up and not going through the ritual. "Do not take the medicine if you know that you are the one we are looking for," he pleaded with the people. Since nobody owned up, he conducted the ritual. He produced a middle-sized cup, which he used to draw the medicine that he drank himself. After that he lined up men, starting with the aggrieved person and his immediate family members. They drank the medicine from the same cup, one at a time. As soon as five or so had taken the stuff, they were asked to run across the field of about fifty metres.

What happened is that almost all people, but three old men, ran across successfully and came back to the base. The three old men could not even make three steps. They became heavy legged and could not lift up their feet. They fell down and became drowsy and started foaming in their mouths. Then they started talking to themselves. A miracle happened as they started eating grass and their testicles became swollen like a little football. A swarm of grasshoppers appeared from nowhere and settled on nobody else but the three. As they ate grass, the grasshoppers appeared to be eating the three men. The three people started confessing that they were the ones killing the ailing old man who was the complainant. They confessed that they had killed so many others whom they named. The list was long and it tallied with what the people had all long suspected.

This was a clear proof and verdict of guilt according to the people's customs and court system, where you have no advocate or judge. Ogada, the medicine man, demanded two bulls from each of the patients so that he could give them medicine to save them from imminent death. This is called in Luo, *oso ngato*. The families of the affected people produced the required bulls and the medicine man managed to *oso* them, then they recovered. The complainant was also treated by Ogada and he recovered fully. After this, however, he migrated away from the community and moved from Migori to Karachuonyo, a distance of about a hundred kilometres away. The people became so hostile to the families that were now acknowledged as witches that they could not stay in their midst. They were forced to go into exile somewhere in Olambwe valley. The trial was swift and open. The punishment was the payment in terms of the cattle. This was further intensified by the public rebuke and ridicule directed to the entire families, although only three people may have been guilty. The rest of their family members might have not been aware of what had been done by the three. And maybe even if they were aware, some of them as children or young women simply married into the families, had no authority to stop it. Yet when the verdict was brought down, it was assumed that the entire families were guilty by association.

5.3. Critical Analysis of the Story

This type of healing could be seen to fit in the realms of social therapy as illustrated by Newman, (1998). Like Newman points out, here performance took place both on the

stage in the arena and outside amongst the observers. He argues that this enables the participating individuals to go beyond themselves. This is how performance becomes a developmental activity allowing the transformation of the characters in question. In this setting, the villagers are sorted out into good and bad ones. It is close to what Newman calls social therapy. A person who came to the meeting as an ordinary and innocent man changes in perception into a witch. The medicine man 'writes' the script of the play and provides the interpretation of the performance. In this performance, there are multiple perspectives, but the medicine man provides the dominant interpretation that carries the day. Though Newman as a social therapist provides no clear-cut resolution to the problems, in this context, the medicine man provided a solution. The characters are captured in the process of becoming. We see them in the process of change. Ogada, the medicine man acted as a catalyst. Newman argues that the performance of this nature is therapeutic. It is the exposure of the alleged witch and his humiliation that psychologically relieves the pain of the patient. The patient who had watched the drama from the sidelines, becomes convinced that the source of threat to his life has been neutralised. This may be the basis of his ultimate healing.

5.4 Death in a Ritual Trial

Not all of Ogada's ritual trials worked that smoothly. He had a case at Kendu Bay in 1975 involving theft. A family had lost what they believed was a lot of money then. They invited Ogada, with the chief's permission. A big rally was organized and again the Chief's Act was invoked to convene the meeting. The money was stolen from their house. They suspected one of their visitors who had come from one of the towns. The young man was an age mate of one of their sons. Ogada, the medicine man, gave a long lecture on the futility of taking the drug, hoping that it would not work. He promised that the medicine was very effective and if one knew he was the thief, he ought to own up rather than risk drinking the concoction. He pleaded with the thief to confess rather than wait for the ritual to expose him. Nobody took advantage of this easy way out. Therefore, Ogada led the way by drinking a cupful that he scooped from the pot. Before he did this he danced around the pot as usual singing and chanting some poetic themes revolving around the virtues of his medicine. He wore his official outfit for performing such rituals.

When he was through with his antics, he asked the complainant himself to drink from the pot. The man took the cup and scooped a cupful of the concoction and drank it. After the man, members of his family who lived with him in the same house followed. Then those living in the same homestead followed. This was extended gradually to the entire village. The medicine man supervised the entire exercise to ensure nobody cheated in terms of quantity of the medicine swallowed.

A young man was 'caught' by the medicine, as the Luo would put it. He was unable to run when the running session came. Instead, he crawled on the ground as he ate grass and frothed in the mouth. He became drowsy and started talking to himself first mumbling things one could not understand. Then he owned up and confessed that he had stolen the money. At this time, the medicine man wanted to be paid his normal fee as ransom so as to give the young man *yath mar oso*, the medicine to save him. There was nobody to redeem him. The only people who knew him were the family he had come to visit and who were also the complainants. The doctor begged them to even make a promise that they would pay later, so as to enable him to administer the crucial drug to save the young man. Nobody took the challenge. The complainant believed in restitution and retributive justice. He argued that if it was true that the young man stole his money, he deserved to die. At that juncture, the patient himself could not offer the required animals even if he had a very big herd himself. This was because he appeared to be out of his mind and was unaware of the threat to his life. Even if he were aware, he was rendered useless and unable to save himself. It would have been better if he had taken the first opportunity that was given to the entire congregation that if the thief were there, he ought to have confessed before taking the drink. Since he had not taken the option, people thought he was to blame because he knew that he had stolen the money and avoided the easy way out.

Nobody doubted the credibility of this kind of ritualistic trial. Ogada had had great reputation on this kind of practice. People believed him without asking questions. You remember the awe that his grandfather, Gor Mahia, enjoyed across the entire Luo land. Probably people also feared to help the "thief" just in case the Good Samaritan would be lumped together with the young man and also be regarded as a thief. Nobody wanted to be considered a collaborator in theft nor did one wish to be seen as someone

who abets crime in society. This way, the young man ate grass, talked to himself and increasingly became drowsy until he died!

The medicine man, Ogada, was arrested but he did not go through a full trial as the family involved decided not to press charges. They had an out of court settlement probably in which they claimed nothing. The medicine men of Ogada's calibre are so dreaded that not many people would wish to be in confrontation with them, lest they become victims of the medicine. To some extent, the chief, the police and probably the magistrate listening to the cases would be afraid of becoming casualties of the charms. In this particular case, the son of the complainant owned up after the death of his friend. He admitted that it was him and not the deceased who had stolen the money. It was too late to reverse the verdict. Some people also chose to believe the medicine more than the boy's confession. They reasoned that the medicine would not have singled out the man from the entire congregation that had drunk the stuff. It was drawn from the same pot using the same cup and each person served himself personally. Since they could not explain it in any other way, they believed that the young man must have stolen the money and his friend was simply trying to cover up for him now that he had died. Perhaps the young man confessed because he was just overwhelmed by emotions.

5.5 Speaking and Listening as Performance

The healing that seems to have taken place above is difficult to categorise because life was lost in the process. In the mind of the Luo, this is still some kind of healing because it eliminated the cause of social stress. Here the function of listening and speaking are seen as therapeutic in line with findings of Newman (1994). The villagers were encouraged to speak and perform some drama together. To encourage active listening, the medicine man invited the participants to act out a play. The 'innocent' people were cleared by their manner of speech and the offender isolated by his own actions and speech. We hear the culprits mumbling things. They are unable to articulate words like the innocent people. The spectators listen as the actors on the stage speak. Both the listeners and speakers are performers. In Newman's philosophy, this is called social therapy. Though the traditional medicine men and women do not have the knowledge in theoretical form as described by Newman, one can see that the net effect of what Ogada, the medicine man, was doing amounted to social therapy.

5.6 Conclusion

There are many conflicts arising from the use of art in ethnomedicine. This is where illness is supposed to be caused by certain symbolic charms or artistic creations. They are solved using customarily practices that also rely on art forms of the same kind. Sometimes this is done through performance of an artistic script. Some other times, it is just done by speaking and listening to one another. It is like a duel between artistic creations, where one form threatens life while the other saves it. In this regard social psychotherapy based on art can be of vital importance to ethnomedicine men and women.

University of Cape Town

CHAPTER SIX

Critical Evaluation and Analysis of the Research Findings in Chapter 2 to 5

6.0 Introduction

The orature that has been investigated in this research include the narratives, myths, folktales, and songs in relations to ethno-medicine. For the Luo, almost all ethno-medicine revolve around *Juogi* spirit. In this chapter, an attempt has been made to see how *juogi* has inspired creativity in healing processes. This has been based on the theory of the body as a text. It would also examine the likeness between the medicinal artistic patterns and syntactical linguistic patterns. The intention here would be to see how meaning of sickness, illness and health is generated amongst the Luo people. In order to see how the ideas were not only generated but also communicated, it would be important to analyse signs and symbols related to traditional examinations, diagnosis, prescription and administration of medicine. One could not discuss healing of disease without considering the causation of sickness. This is because the two are naturally intertwined.

When factors leading to causation of illness, according to Luo worldview, are eliminated, then good health is restored. Sometimes the causative factors are nothing more than an omission of an artistic pattern or an error by deviating from the traditional blueprint handed down by ancestors. Apart from artistic considerations in ethno-medicine, the Luo medicine men use herbs almost all the time. When this happens, the administration of the herbs is done following what Peirce and Halliday call performative procedures. The dramatic script is prescribed by the medicine man in question and in the event that the patient misses a line in the text, failure to heal can be attributed to the error.

6.1 The Body as a Text

The theory of the body as a text assumes that the human body acts as a piece of paper on which people write messages which are then read by the public which will in turn absorb that information. At the beginning of this study, we saw that the Luo and the

Suba in South Nyanza mark themselves by removing or altering their natural teeth patterns. Some of the Suba community file their teeth to create a V shape and the Luo remove six lower teeth. Allan says that creating scarring body patterns is an ancient African custom. He notes that such body marks featured on breasts, bellies, thighs, shoulders and calves. In his opinion, such “scarification was undertaken willingly for a variety of reasons for example: to provide permanent beautification; to offer a visible sign of collective affiliation or individual identity; to indicate social status; to eroticise the body and signal sexual attractions or assertiveness; to produce sensual pleasure; to mark a rite of passage; or to undergo enhancing sensations which enabled communion with ancestral spirits and emphasized spiritual and cosmological relationship in the process”(Allan:1999:50).

For the Luo of South Nyanza, the teeth marks can be construed to convey their Luoness to the world out there. The identity presupposes an acknowledgement of acceptance of a given worldview. The Luo worldview by which the symbol is identified includes their belief system for example regarding causation of illness and its traditional treatment. It is not correct to overlook the role the teeth gap played in administering medicine and food to a patient who suffered lockjaw illness. The gap enabled life to be sustained where, otherwise, the patient would have died, not only of the illness in question but also of starvation. In terms of aesthetics, the Luo believe that a person whose teeth have not been removed in this manner, is ugly. They say contemptuously, “*ngane lake opongo dhoge*”, meaning so and so has his mouth jammed by teeth. Therefore, to have teeth gap created adds beauty to the character and gives room for medical intervention in case of lockjaw attacks. The herbalist can save life using this artistic and cultural provision. Many Luo musical artists praising the beauty of their girl friends describe them as “*rambanya*”. This means having a natural gap between the teeth, an aspect that is considered very beautiful amongst the people. The artist who removes the teeth of his clients does not enjoy original creativity because he has to comply with the given blueprint from the ancestors. Were such artists to deviate from the given format, they would not produce an image or likeness of a Luo as collectively recognized. To this extent, the artist does not have full autonomy and freedom to pursue diversity. Here art must conform to the “canons” of the original inventors of the patterns.

Parker, (1999:6) would consider this ethnic unit as a family. He would then take the Luo family as a text to be read and written. The people here would then be considered to reproduce images of pathology and treatment that present their worldview. These images would be held in place by patterns of meaning that are interlaced with patterns of power. In the case of the Luo and Suba, the observer should note the binding authority of the ancestors. They are the original inventors of the artistic canon of teeth making. The doctor, or medicine man in this context, or psychiatrist, handling a patient from such a background, must read the culture from the body of the patient. This reading would tell him the identity of the patient, the economic class and religious orientation he may belong to. It is the silent reading that would guide some directions the medicine man is likely to take. Although the power of the ancestors would be invoked, it should be noted that according to Parker, patients always resist being read by the medicine man for where there is power, there is always resistance. Even though the patient would be genuinely seeking medical help, he could be unconsciously withholding information, thereby keeping in line with the theory that resistance of power is instinctive. This is where the medicine man would leave some therapeutic questions unasked because their answers can be read. The teeth marks do give away the identity of the patient and his orientation in terms of culture. These are useful clues. Here, even if the *ajuoga* medicine man is uneducated in the western sense, he would be using some basic psychology. Madigan, (1999:152) would argue that the body of the subject is viewed as the passive tablet on which disorders are inscribed. Deciphering the body patterns or inscriptions usually takes the form of determining a 'cause' of the disorder. This is where the symptoms would be interpreted. As will be seen later, for the Luo, the patterns are not confined to the body only but also extend to the environment.

We also noted the *juogi* cleansing ceremonies involving mock burials and painting of the patient body with offal and blood of the sacrificed goat. Douglas, (1970 : vii) notes that such natural symbols derived from the blood, excretions, and exhalations of the body, generate a lot of meaning. For example, orientation is only meaningful in relation to the body. She compares the forces of evil and forces of good with the outside and inside of the body respectively. The inside is good and the outside is evil. When evil like illness afflicts one, it can be eradicated by purging evil from within the body. This is what the *juogi* patient, painted with offal of a sacrificed goat, is going

through. The attack is external and defence is internal. For this reason, injustice can only be rectified merely by purging the system of internal traitors allied to the external enemies. In the case of Luo medicinal practices, the internal-external phenomenon is captured symbolically by the goat, which is sacrificed. Its internal organs like blood and offal are used to cleanse the patient. Thomson, (1990: 173) captures the interplay of these body extremes under orality and anality of symbolic functions. He argues that excretion here is purifying and cleansing. It is as relieving as it feels after visiting the toilet, especially when one has had a stomach-ache. This concept is adopted and employed for curative purposes of *juogi* by the Luo. This is why the body parts such as the mouth, the genital organs, the breasts, the phallus, the pot belly and the nose are important symbols of communication according to Bakhtin, (1984:26). All these parts are involved in the body painting by the Luo to indicate their cleansing. The body functions like eating, drinking, copulation, and defecation are seen in terms of their regenerative and life giving capabilities. Probably this is why medicine men or *ajuoge* exploit these images for healing purposes. Though ethno-medicine men do not have laboratories for examining the body specimen for diagnosis, they depend on oral interviews to figure out what could be going on in the body. They take oral evidence on the state of the stool, urine, and spittle for example to 'read' what could be happening to the patient's body.

This is the context in which the Luo patient is made to undergo mock burial. Bakhtin argues that life and death are always intertwined in an oppositional way. Death negates life of the body. In spite of this, death leads to rebirth and new life. It is the dramatic performance of life as re-enacted in the mock burial of a *juogi* patient that heals him. For Bakhtin, death is included in life, and together with birth determines its eternal movement. In this structure ensues a struggle of life and death in the individual body, eternally opposing one another. Probably the traditional healer, inadvertently, exploits this universal realism. He makes his *juogi* patient imitate life, death and rebirth as a therapy. The nature cycle confirms this philosophy. So Bakhtin thinks that when we dance death, we are simply trying to contain its monstrosity. The Luo ritual of healing entails a lot of dancing. Since *juogi* illness is aggravated by the cycle of the moon and seasons of the year, its celebrating dance would be a celebration of death that we know is surely being ushered in by ever-changing seasons. Every time we await the new spring or the new year with joyful impatience, we are eagerly awaiting our own death,

according to da Vinci as reflected by Bakhtin (Bakhtin: date :page). In the case of this patient, we celebrate his rebirth, but we know that it is only a temporary relief. The ultimate death is inevitable for all. We laugh at death because we are helpless. This way, we contain the unavoidable tragedy.

Healing may be based on comedy as a folklore creating laughter to overcome fear. The mock burial is a tragic event, but to a distant observer, it is a laughable affair knowing that death in this context is not literal. The humour in this kind of burial is derived from the multiplicity of meaning of laughter as an act. Bakhtin says that this is because laughter has a complex relationship to the body object. It may function as mockery, praise or irony. As the burial is a social act, different participants are affected differently by the event. It purges different emotions. In a way, life, death, birth, excrement and food are tied together in a grotesque image of bodily topography according to Bakhtin's analysis of a similar event. The said *juogi* ritual ends in a feasting stage in which the flesh of the goat is eaten. The social nature of the ritual gives it a holistic curative effect.

In the study, there are two bodies that matter in communicating messages on ethno-medicine. There is the body of the medicine man and that of his patient. Between the two, there is silent exchange of information based on the outlook of the body. The patient relies to some extent on information derived from the 'readings' of the medicine man's body. In fact, this might have preceded their decision on which medicine man to see. The song about Abella Bim Nyajuola discussed earlier, tells it all. Her body is compared to a baboon's or a Sebastian's. She is perceived to swell like those primates. It is that ability to behave like those animals that gives her the supernatural power of healing. Gor Mahia, Simeo Ondetto, Akoth Waguma and others are attributed with the power to transform their bodies from one thing to another. Gor Mahia, according to the story, changed into different animals from time to time at will. Lwanda Magere had a body that could not be cut. It was a stone. The woman, who caused the Simbi Nyaima tragedy, was not welcome into the mikayi's house where the beer drinking was going on, because of her ragged bodily look. The body of Nyamgondho Wuod Ombare that turned into a tree by the lake side at Gwassi is still a text being read by the Luo up to today. All these characters had healing capabilities. People still believe that relics collected from these sites do cure diseases. We have seen how the modern indigenous

medicine men rely heavily on such materials collected from scenes where the above ancestors performed such miracles as to change the bodies. The healing potentiality of the specimens is vested in the contiguity between the items and the long departed medicine man. One can argue that the healing capacity of the characters above is expressed through the mysteriousness of their bodies. The folklore running around these people are common household themes explored in the Luo songs, narratives, or proverbs. They are used to teach the people especially the children the cultural ethics of the people. The general etiquettes of the Luo emanate from such myths and legends.

The tree into which Nyamgondho turned near Nyandiwa in Gwassi is a textual representation which could be read in many ways. Madu, (1992) observes the role played by trees in African myths. He notes that unlike most zoological symbols that remain terrestrial, or subterranean, or celestial in orientation, the tree symbol captures surprisingly subterranean, celestial and terrestrial at the same time. In agreement with him, I could state that the Nyamgondho tree coordinated the three levels of cosmos. Indeed the tree is 'souterrain' by its roots, terrestrial by its trunk and first branches and celestial by its highest branches. While in the mind of Madu this tree stands for life and death, the story of Nyamgondho seems to signify death and melancholy. Since the water taken from the site is believed to heal, it could also be seen to be life giving in later days. Yet the tree as a symbol of immortality as a form of endless regeneration could be captured by the life of the tree. In Madu's opinion, vegetable life displays a series of births and deaths, which becomes perpetual regeneration. Only in this regard could one see Nyamgondho as typifying life and deathlessness. The effect of continuity could be read in the story of the tree especially if one considers that the woman, who disappeared into the water, kept re-merging from the lake at different times and going back into it. In Madu's argument, the tree could signify femininity because of the fruits that are associated with trees. However, the trunk of the tree that shoots up towards heaven could be taken to signify erection, which is a masculine attribute. The Nyamgondho tree could therefore symbolise both feminine and masculine qualities. The structure of the tree body also reflects binarism. This is where up is good and down bad. Heaven could be construed to stand for life and down stands for death. It can be seen that by transforming the body of Nyamgondho into a tree, the interpretation of the body has been enriched into multiple possibilities. What has come up in tune with arguments of Madu is that the tree or things that grow around it are

given magical and curative powers. The myth makers have also created a story about a snake or monster that guards the place. In all the places of myths including Lwanda Magere, Gor Mahia, and so on, I was cautioned that I should watch out for big black snakes that stand for the spirit of the departed that would bar me from reaching the places. Beliefs such as this have infused mysticism into these areas and made them appropriate for medicinal purposes. To some extent, probably this is why such sites are conserved. The trees and herbs are well protected because people fear to meddle in such places that are regarded holy. Madu therefore correctly concludes that the serpent figure is one of the world's best-known symbols of the healing art. In many African societies, the serpent is regarded as a goddess. The body of Nyamgondho is now interpreted as a text together with all other things that surround the place. The snakes that guard the sites are perceived as the reincarnation of the departed mystical medicine man. There is the mythical transformation of the body and additional characters that the myth-maker creates as time goes on. Nyamgondho does not go into rebirth or reincarnation, but the woman's recurrent appearance of this character could be taken to symbolise rebirth. Probably it is the rebirth that is at the root of healing experience that is attached to these bodies.

The medicine men examined in this study wear special costumes to make their bodies announce to all who care to know that they are qualified practitioners or that they are on duty. It is easy to pick a medicine man by simply looking at his body, if you have grown up in the same culture. There are some common signs and symbols for medicine men and witchdoctors. In fact, some people use these terms interchangeably. It is ironical to observe that the body signs and symbols that make a medicine man to be identified as such are also the same marks that signify that the doctor or medicine man has some secret knowledge or power that common people cannot get access to. This is called the concealment-revelation syndrome. The public is 'mised' to think that they know the attributes of *ajuoga* medicine man, but that very knowledge simultaneously confirms that, indeed they are ignorant mortals, who cannot unravel the mystery that surrounds *juogi* medicine. The clients need to know enough about the attributes of a competent medicine man, in order to decide who to consult. Yet the more these attributes are manifested, the more the same signify that what the traditional healer is capable of understanding is beyond the grasp of the clients. The medicine man whose body signs and symbols are read to mean that he or she knows nothing, the ordinary

men do not know, will be thought to be incompetent. What he knows is the same as what everybody else knows. This judgment will seal the destiny of the healer. He will perish professionally if the people do not have awe for him or think that he conceals some hidden knowledge. The common outfit is the monkey skin, cowrie shells, feathers and bones of unknown animals. These items are appended to the body of the medicine men as they go about their duties. They may also carry a walking stick or any artistic works carved in an awesome way. Thus, the body of the doctor reveals and conceals at the same time. The hidden factors are coded and can only be revealed to those who can decode. Mama Osiemo, Mzee Okoda, Ayoo Bathlomayo, Owuor and many others said they were driven by *juogi* into the bush, for a period of time, before they were initiated into the practice. Here, they were trained in medicine while they were in the process of madness. When they had recovered after going through stabilization ceremony, they wore *bwombwe* and their bodies were painted with white ochre. Some became spotted like a leopard and others were given stripes that made them look like zebras. Yet others looked like apes in their facial masks. The mask reveals and conceals what the body contains. Nooter, (1993:43) observes, "In many African Societies, such entries or transformations are made in the bush, itself a space imbued with impenetrability and concealment, with a secrecy that can yield its own gifts of medicine, nourishment, and powerful knowledge if it is approached properly."

Nooter goes on to observe that the medicine man could conceal through the process of coding, obscurity, accumulation and containment. The masks they wear codify secrets like family histories, myths and the moral lessons that the initiate must learn. Containment allows the secrets to be hidden in an artwork in ways only known to the maker or user. Nooter sees the artistic devices like coding, obscurity, accumulation and containment as having a common denominator and that is their capacity to create ambiguity. Accumulation principle works by yoking multiple signs and symbols together in a manner that is undecipherable. For example, a person watching a person wearing *bwombwe* or white ochre painted on the face and body would not know whether that person was grieving or undergoing *juogi* treatment among the Luo. However, the text here, unlike writing, is not subject to standardized interpretation. Obscurity is achieved by adding items attached to the body or costume, which remain vulgar, and aesthetically uninterpretable. All the medicine men studied here employed accumulative objects laden with clothes, feathers, tortoise shells, snake skins and so on.

These signs reflect secrecy or if you like specialized knowledge of medicine. The artwork like *miyogi* of Mzee Okoda contains hidden secrets. Dr. Okoda carries many signs and symbols on his body or around him while on healing duty. It is not possible for one to figure out the meaning of all these things. All these factors, according to Nooter, constitute a visual language of secrecy working to create ambiguity, blurring the value of the sign, and ensuring that the message being imparted is not evident.

Nobody acts like a text more than the patient himself. The medicine man examines him in a manner similar to reading his body. For example, *ajuoga* would make meaning out of the dress the patient wears. He would also consider the outlook of the patient's eyes and his temperament and other such-like factors to make a decision. From the perspectives of the patient's relatives, it is the state of the body of the patient that tells them that the man is unwell and needs medical help. The state of the body can also show the degree to which the patient is ill. This may be especially true if the person is suffering from mental disorders that render him unable to know and state that he is unwell. Most *juogi* patients undergo a mental phase before the lucky ones get stabilized after consulting a medicine man, as we have seen. Knowing that a person is ill is something every normal person can manage. It is simple. However, knowing why and how the body became afflicted and what to do in order to relieve it is a secret only known to the *juogi* medicine man. He is assisted by the *juogi* spirits of the ancestors. There are cases where the medicine man did engrave some artwork on the patient's body and informed him that the artwork would not only heal him but also protect him from further harm from his enemies. This is where amulets, figurines, and tattoos fit in. Sometimes *buru* is buried deep in the artistic body cutting or tattoos construed to give protection against illness. This is called preventive medicine. Those who have reason to fear for their life resort to this kind of medicine. Normally such people include the prosperous ones who think that evil men would envy their material acquisition. For the healthy looking babies, artistic rings are tied around their waists or hands or legs. This meant to keep out witchcraft.

As we have seen, the Luo believe that most illnesses are caused by witchcraft. The theory of causation will help us know how to deal with the practice of healing. According to this view, illness can be caused by witchcraft dealing with body parts like the hair, nail, footprints, or image of the victims in the form of pictures or statues. If

witchcraft is applied to these items, then the people artistically represented by these objects will fall sick. In order to heal such patients, again the body part or its image must be worked on. In this case, the body as a text is written on by remote control. Disease can be caused and healed by this method. A medicine man called Okoda keeps a walking stick, well painted and decorated, representing his grandmother, who used it in her lifetime. This is a symbolic representation of the body of the grandmother. There is no likeness between the stick and the woman. Its symbolism works on the basis of association. Okoda says that when 'wagogni' or daughters of the family who are married away are afflicted by ancestral *juogi*, which is hereditary, the stick is used to cure them. They may talk to the stick as if they were addressing the woman in flesh and blood. Such representations take different forms. For example, they may be in the form of amulets, skins or clothing that the people imitated used. These items work metaphorically to represent the past that cannot be seen.

Sometimes the physical deformity of the body of the person presented as the medicine man is indicative of his healing ingenuity. This is where Isabella Muga, shaped like a hunchback, is described as *bim nyajuola*, meaning baboon like. The metaphorical deformity of her body is perceived to give her an advanced medical acumen. Such physical shortcoming may be attributed to the medicine man in the real sense or it may be attributed to her effigy, or painted or curved representation of the person. This includes the oral representation like one might expect to find in songs or poetry. Deformity or oddity of a kind reflects abnormality, which commensurate with the abnormality of knowing the unknowable. Factors that cause life and death remain a mystery to ordinary man. Only gods are believed to understand such things. However, there are a few super ordinary men like *ajuoga*, who are given a little gift to share this knowledge with the gods. Even where a medicine man is perfectly normal, the people would mythify the character in songs or folktales or gossip, thereby reading deformity in the body, which may be quite alright. The deformity may act as body markers for the medicine man to advertise his prowess in that trade. While the deformity may reveal that the body contains peculiar and secret powers, it also confirms simultaneously that the powers remain hidden from the rest of humanity. We have seen how the Luo society remains helplessly in awe before such medicine men like Ogada Nyangire, Gor Mahia and Obondo Mumbo. Other indicators of medicine include *gagi* (cowrie shell), *orengo* (flywhisk), *law kima* (colobus monkey skin), and so on. These

items hanging on the body of a person are likely to be interpreted to mean that the person is an *ajuoga* or medicine man. Such body attachments as above are known as extra-ornaments. They can contradict or reinforce the authentic textual meaning of the natural body. Nature is the original author of the body as a text. It fixed signs and symbols on the body to reveal gender, age and ethnic origin like race. Then culture takes over to write more details on the body, for example defining it in terms of religion, profession (medicine) or in terms of those who are noble against those who are servants. The adornments of the body may antagonize its natural meaning. Take the case where a man wears a woman's dress or a woman carries masculine war gadgets. The adornments would contradict the natural meaning of these bodies as texts. *Juogi* medicine men like defeating the expectation of the people this way. Some medicine men do wear outfits meant for the opposite genders. Whether in art or in real terms, such twisted concepts, in terms of gender, may serve to underline the super-naturalness of the bodies in question and to foreground such persons. The weirdness of the figures would be read to mean that they have the capacity to perform weird feats. It was noticed that the clinics, huts or '*abilni*' of most medicine men had such strange artworks. Therefore, the venue where the healers practiced was 'written' all over the place with such artwork. Some of these artworks were made by the medicine men themselves, but others were made by contracted artists under the instruction of the healers.

The *juogi* patients are initiated by body painting among other things. As stated before, this is done using white ochre. It was observed that in this artistic creation, there is an effort to strike a symmetrical balance in the body. This achieves an aesthetic effect. It goes beyond that to mark the bodies as those of *juogi* patients. The decoration is reinforced further by pieces of goatskin tied on the body. If the relatives of the patient do not intervene, the *juogi* illness develops to maturity in terms of madness. For the patient to heal, often he must accept to be dressed in costumes that all observers would read as indicative of his illness. Public manifestation of illness is a prerequisite for its healing. The body as a text can signify that the patient is a murderer, an adulterer or an offender of one kind or another. Ogada would subject the bodies of the culprits of witchcraft to drowsiness. Their testicles would swell like football. Finally, their mouths would froth and they would start eating grass. At the same time, the grasshopper in the story of Ogada would begin to eat the culprit. The crowd witnessing

the performance would 'read' these body signs to signify that the person in question is a witch. Upon these premises, the people would mete punishment out as provided in their cultural tradition.

The narrative about Nyamgondho Wuod Ombare ends by the lakeside, where the man leans at an angle upon his walking stick and turns into a tree. This stick is supposed to be the one that he was given, as an *okebe*, when he became a respectable elder. The title of *okebe* was bestowed upon him when he became rich enough to earn the title. It should be remembered that it is the woman whom he is pursuing who made him this rich. Before this, Nyamgondho was a poor man despised by the entire clan. The body language of this statue, which lasts to date, is understood to signify melancholy and sadness. When the Luo look at the tree figure at Nyandiwa, they read sadness from the body structure and posture of the tree. For the Luo, holding of or leaning on a chin is interpreted as a reflection of sadness. In this respect, the body of the tree perfectly fits the description of a person in sorrow. The sadness reveals to some extent, the history of the figure. It prompts every observer to ask questions about how this character came to end the way he did. This is in keeping with the theory that a disease afflicting a person reveals his history. Syphilis in the body may tell the medicine man what kind of life style the patient lived. Under-nourishment may reflect the patient's socio-economic status. *Juogi* is known to be hereditary, and hence when a patient seeks help, the body symptoms would reveal something about the patient's ancestry. The illness might be an unmistakable sign or indicator that the patient is being called by his forefathers to become a medicine man. If he defies the voice of his ancestors, he cannot be healed no matter how good the treatment might be.

The body as a text works in multiple ways in a healing situation. The example above shows how the doctor depends on the patient's body to infer meaning and how the patient and his kinsmen also use the medicine man's body as a text with which they can communicate. Ober says that while the doctor examines the body of the patient to diagnose what could be the problem, the patient also reads the body of the doctor, to determine the seriousness of the condition. He describes a typical doctor- patient interaction according to a particular patient's experience as follows:

I observe the physician, with the same diligence, as hee the disease; I see hee feares, and I feare with him: I overtake him, I overrun him in his feare, and I go the faster, because he makes his pace slow; I feare the more, because he disguises his feare, and I see it with more sharpnesse, because hee would not have me see it. He knows that his feare shall not disorder the practice, and exercise of his Art, but he knows that my feare may disorder the effect, and working of his practice. (Ober: 1990: 28-33)

Though this describes what goes on in a different culture and setting, the principle remains the same as far as the body language goes between a patient and his physician in indigenous medicine.

There is no place where the body works as a text like in a post mortem situation. Contrary to what people believe, doing post mortem is not a preserve of the pathologists. Ordinary people including relatives of the deceased try to 'read' the corpse to figure out what might have caused the death. This is more evident in a case of abrupt or mysterious death. Even after making their own conclusion in such a case, the Luo would most likely consult a diviner to confirm what they already believe. The state of the dead body would make a family suspect that the person had been bewitched. To reach a conclusion on the nature of illness that might have caused the death by merely looking at the dead body is equivalent to doing mortuary studies. It is important for a practitioner to know how to read the signs on a dead body as much as he can tell the signs on a living human being, who is ill. A medicine man could better his art of healing if he developed a sharp sense of observation and retention of what he has noted. If a medicine man misses a sign here and a symbol there in the body being examined, he is likely to misdiagnose the illness, and prescribe the wrong medicine. Long before the body is presented to the doctor or medicine man for 'reading', the patient himself would have done some kind of self-diagnosis. He would have tried to interpret the meaning of what is newly happening to his body. The songs discussed earlier have many examples where the patients tried to figure out what was happening to them before resorting to consulting the healers. Lwanda Magere read his body like that and did self-diagnosis. From time to time, the doctor and the patient misread the signs and symbols generated by the body. Since causation of most Luo illnesses is thought to be witchcraft, the error may lead to false accusation of an innocent person as being the witch who brought the illness on a patient. When this happens, it can be fatal because the wrong remedy would be applied. Whatever the case may be the body of a

patient who has suffered for long acts as a talebearer. This can be confirmed out of the case history that they carry from one medicine man to another.

The Luo, like other Africans, believe to a large extent that illness is caused by witchcraft. For this reason, treatment of disease must involve either elimination of the charms perceived to be causing the trouble, or elimination of the actual witch. Destruction of the witch has grave consequences and is resorted to only when nothing else can work. It entails physical elimination of the person threatening society or a mitigated sentence of exiling the witch with his entire family. The problem that has dogged this form of ethno-medicine is how to determine what constitutes witchcraft or how to identify a witch. The Europeans, according to Parrinder, (1958:69-74) also faced the same problem. They solved it by examining the bodies of the accused for evidence. The inquisitors critically analysed the bodies as texts. They looked for marks, patches and growths on the body because these were considered signs of witchcraft. It was also believed, as myths, that bloodless bodies, or those that were deformed, indicated that the people in question were witches. Parrinder goes on to describe how the suspects were subjected to the floating test. Here the hands and legs of the accused were tied, then, they were thrown into deep water. If the body floated, then it was rejected by water (baptism), so the man was proved a witch. It is important to notice the function of body signs and symbols in proving one guilty or innocent. The water test case is a good example of trial by ordeal.

The Luo and their Kisii neighbours have their own traditional ways of picking out people who are suspected to be witches in society out of a crowd. Just like their European counterparts, they believe that the witches are old women who are ugly, withered, spent and decrepit. The relatives of such a suspect are also thought to be witches. This is being guilty by association. The physical body signs and symbols of one are imputed to every body else in that bracket. The society at large genuinely dreads the people who manifest these signs. No wonder, medical murders have persisted in Kisii. From time to time, there are reports of mass murders of 'witches' whose homes are burnt out. Among the Luo, direct murders are rare, but sending such people into exile is a common practice. Among the Abagusii community, there is a widespread belief that witches kill people in order to eat them. Graves are guarded for so long because people fear that the witches would dig out the corpses and take the

bodies for food and for making charms. Pieces of flesh may be cut from such parts of the body as head, eyes, ears, lips, tongues, or private parts and used to make medicine. It is believed that the younger the body the more innocent it is and therefore, the more potent it is. Parrinder observes that if the body is mutilated alive, it makes stronger charm. The Luo also believe in using body parts to make charms. However, they do not practise cannibalism. Life, health, and illness in a community will be affected by these beliefs. For example, the disease, which has killed an individual would determine the way it is buried. The manner of disposal of a dead person varies according to whether he has committed suicide, or was a victim of leprosy or was engaged in witchcraft, as the case may be. The Luo do not dig a grave for a victim of leprosy. They believe that the first person to strike the earth would inherit the disease. The people collectively destroy the victim's house so that it collapses on the body. After this they all flee from the site and let the body decompose in the rubble. How people dispose of their dead or adorn them is important because they write messages on these bodies. This is because the dressing signals nonverbal communication to the outside world if you consider things like clothing, jewellery, hair style, body painting and body piercing. The interplay between the body and culture matter a lot in such instances as naming, initiation, adolescence, betrothal and death.

Dead or alive, the body could be taken as an object. In this way, it is perceived as a thing. There is a way in which things speak to us. This is the view of Harries (1978:88) and Pels et al (2002:1). According to this school of thought, the gadgets and paraphernalia which are displayed prominently in and on the *juogi* medicine men's huts for consultations make statements. Sometimes, these are representations of human bodies. To understand the messages being conveyed by these bodies as texts, they must be 'read'. The reading skills are given by the culture in which one is brought up. The presence or absence of things signifies something according to the hereditary training of a community. In this study, the patients and their relatives 'read' meaning in the fly whisks, cowrie shells, canoes, pots, and so on that decorate the medicine men's consultation huts. These objects are there as real things or as their images. The images, in a way, can capture and convey meanings that ordinary languages cannot. For this reason, when a traditional healer wears ceremonial attire in public, he is making a virtual statement according to Meade (1993). Pels et al expand the arguments that things are not mute but active. Objects and things strike back at people. They are

dynamic and performative in nature. For that reason, things are portrayed as actants. Their social life is expressive and interactive. In this way, when Ogada Nyangire, Obondo, Gor Mahia Nyamgondho Wuod Ombare are acting out healing scripts. Their adornments and things they carry for this purpose may reinforce the text or undermine it.

The healers studied here seem to depend on physiognomy to some extent. This is an art of judging a person's character from the features of his face. What we have seen in the narratives, songs, and myths that relate to Luo ethno-medicine confirms this. Barton, (1994) is understood to be arguing that medicine men and witchdoctors base their diagnosis and prognosis on their mastery of physiognomy. For this reason, the use of cowrie shells to divine, might only be to complement what has been garnered from the psychological study of the face. The doctor or medicine man is perceived as a diviner and a detective. He is expected to forecast the likely course of disaster or illness, or forecast the probable development of something or outlook according to the Oxford Dictionary. Barton concludes that, while astrology and physiognomic interpret signs in order to tell the past, present, and future, prognosis in medicine interprets signs in the body, to tell the past, present, and future of the patients. This is why he sees a medicine man as a detective. The traditional healers use obscure or remote clues in a speculative manner to build an epistemological module. In this way, ethno-medicine and other forms of healing are considered as a semiotic art. The diviner, therefore, works like a detective, getting from a particular event to a particular cause. The medicine man acts like an artist by constructing a whole thing out of the bits of signs he can pick here and there from the body. As has been argued earlier, to this extent, the illness of a person tells a tale of the patient's history. It says something about his life-style, habitat, diet and even profession. A specialist reads this history from the body. Whereas the western doctors study the pulse, urine, stool, or sputum, the ethno-medicine man (*ajuoga*) examines more than the body. He looks at the homestead and the environment in general. The items and objects in the environment act like texts. They help reveal what has caused the illness in question.

Whenever a mysterious death occurs among the Luo (and for the Luo almost all deaths are mysterious because they are not natural), the kinsmen of the diseased are expected to launch an investigation through a medicine man or diviner. Often, the diviner does

not get to see the actual corpse, but he gets to hear the description of the body, in its dying moments. Through the mind's eye, to borrow a literary concept, the medicine man gets to see the corpse. Then he gets to the nitty gritty, using his *gagi* cowrie shells or *sutru* or *miyogi*, or for that matter, any instruments to discern the cause of this death. This is comparable to a post-mortem. It is also equivalent to what Rautman (2000:23) calls 'reading' the body from mortuary remains. In rare occasions, the medicine man may have been able to see the body and examine it. Along the Kisii and Luo borders, there are frequent reports of plundering of graves and corpses. The grave digging, therefore, in terms of architecture, shape, size and depth are designed to subvert this. If you analyse the details of the state of the body of the diseased and the nature of its burial, you may discover the preventive measures taken to ensure that the tragedy does not befall the relatives. At this point, when the medicine man is guiding in the construction of the grave, the '*ajuoga*' would be practising preventive medicine. The medicine man would apply this kind of treatment to cases of suicide and deaths caused by lightning, in which the people fear that recurrence of the tragedies might decimate the entire society. Adults who die without marrying or who marry but fail to get children also fall in this category. For example, a medicine man must plant a thorn into the heels of a barren woman who dies without having children. This ritual will prevent other relatives from meeting the same fate. The thorn acts as a marker in a coded language. It is linguistic as much as it is artistic. It indicates the state in which the body died. This message can be read much later in a post-mortem or mortuary study. In this context, the body operates as a bearer of meaning and linguistic agent for that reason according to Enterline (1970:7).

The Luo are still doing a post-mortem or mortuary studies in the bodies of Lwanda Magere, and Nyamgondho Wuod Ombare, as they narrate the myths and legends. It should be noted that these bodies did not die in the literal sense but were transformed from one state to another. Magere turned into a stone while Nyamgondho turned into a tree. Simbi Nyaima, though it has no symbolic body, could still signify the number of people who drowned in it. Such sites are still regarded sacred as a tribute to the bodies of the dead. The Magere story is useful for conservation. The forest around the spot is left as virgin land. Nyamgondho's environment is also conserved to some extent. Here the Luo differ with Veronica (1994:85) in her view that burial of a body is an honourable thing. We see two bodies that are unburied and one is honoured while the

other is hated. Lwanda is the people's hero to be emulated, but Nyamgondho is a villain. Both are unburied. The two bodies make a common text, but the reading and interpretation of the same are different. The two bodies stand out as good examples of mortuary record keeping. Nyamgondho's transformation into a tree is regarded with contempt, but Lwanda's case is lifted up for all the youths to copy as a good example. All these ideas are imparted to the posterity of the Luo by the state of the bodies as texts. The texts are being read to date. Mortuary studies like the ones above will be looked at later in relation to order and causation of illness.

6.2 The 'Syntactic' Patterns

The *juogi* medicine men rely on patterns similar to the syntactic types in linguistics, to divine, diagnose and prescribe medicine. This is where *gagi* (cowrie shells), which are very commonly used across Africa play a role. *Ajuoga* medicine man reads meaning out of the patterns according to how *gagi* are distributed on the skin or board. If you look at the patterns, they form artistic structures that may also be valued for their aesthetics, even to the untrained eye. It is the skilled eye of the medicine man that can read meaning out of the interrelations among the *gagi* (cowrie shells). The Ifa of West Africa cast nuts instead of cowries but read their meaning just like the Luo according to Allan (1999). The nuts or *gagi* are comparable to lexical items. It is the order and spacing of their spread on the surface that communicate to the reader, who is the medicine man. From the patterns, *ajuoga* can see what cannot be seen by an ordinary eye. This is the text from which *ajuoga* will read the secrets and divine for his patients or clients.

'Dr' Okoda demonstrated to me how he divines for politicians during elections. He put some little stones on a piece of cardboard, and then moved an item underneath that board. This was done as several questions were asked. The stones in this particular incident parted into three groups. To his right were those who would vote for the clients, to his left were those who would vote against them and the abstaining voters would remain in between. The *ajuoga* can intervene medically and turn the minds of the voters for or against the clients. It is important to see how patterns speak in this context. If in doubt, the medicine man can repeat the casting of *gagi* again to see if the resultant pattern is constant. The medicine man is the one to interpret the significance

of each *gagi* or lexical item in relation to the rest and how they can network to generate meaning. Pemberton iii J. (2000:10-11), states that the Dogon people indicate the network by studying a fox track that had been cut across the pattern of squares. Such squares would have been previously inscribed in the field outside their village for indication of the future events. In this case, some meat bait is put at the end of the inscription patterns on the ground to attract the fox at night. The following day, the medicine man reads the 'footprints' as they are patterned on the ground. The marks would have been superimposed on the chalk drawing or inscription on the earth.

Similarly, the Luba read movement patterns of what they call *kashekesheke*. This is comparable to the way the Luo read patterns of movement of *miyogi*, which is similar to *galukoji*, in response to questions. Pemberton emphasizes the West African patterns on page 11 stating: "Here, the signs are not the result of human actions but are formed through the random movements of a mouse or spider, the mouse scampering over bats or bird's bones or sticks that the diviner has laid out parallel to one another, and the spider emerging from its nest in a hole in the ground and dislodging small, distinctively shaped cards that have been cut out of the rigid leaves of the 'African plum' tree and neatly placed around the hole- in each case creating new configurations. These signs and configurations too must be interpreted by a diviner, one capable of 'reading' the patterns of bones and leaves." The medicine man plays a role of a critic interpreting artistic patterns of images and symbols. Many other ethnic communities, like the Luo, use such patterns to divine. Among the Luo, the rhythmic patterns of 'ajawa' or 'puga' gourd tell the *juogi* patient or medicine man some message. The vibrations in songs can be used for diagnosis. It may be compared with rhythm and rhyme in poetry, which help to bring out meaning. *Sutru* is an instrument that is rubbed and asked questions by Luo medicine men. Its rhythm and pattern of movement helps the diviner know what the patient is suffering from and what medicine is to be prescribed.

The common point being stressed here is that during consultation, the diviner petitions the cowries, stones, bones or sticks, to give truthful answers to the questions. They, in turn, give their answers to the questions by taking artistic patterns that could be compared to linguistic syntax. However, the reading of these textual patterns is not open to the uninitiated and unskilled. Homberger (2000:165) writes that you learn to read what the bones say just like you learn to read at School. He quotes a medicine

man who says, "I learnt it from my father. The mice never tell a lie. If a diviner does not say what the mice tell him, he will die. That is why very few men can interpret mouse oracles." Upon the emerging patterns, diagnosis, prescription and administration of medicine is based. Meek (2000:26) states that most if not all of the very special communication of divination is artistic and we must understand that aspect well. This is where silent movements of mice, foxes, and spiders produce patterns which diviners as physicians do base their therapeutic prescription. In the case of the Luo, it is *ajuoga* who is the master of these semiotics and semantics.

There are different types of medicine men among the Luo. Some are known as '*jongwech*' meaning those who can divine by smelling or sniffing the environment. Such medicine men identify where the therapeutic problem may be lying. This form of ethno-medicine has been adopted by many African independent religious movements or churches. Yie Kuom Chier sect discussed earlier falls into this category. The sect, like Legio Maria, can smell or sniff out *yath* or medicine causing illness wherever such things may be hidden or buried. It is known that some West African communities read such hidden information out of chicken movement at death point. The neck of such a fowl is slit halfway, then, it is thrown down to escape if it can. It will jump about, up and down, left and right. The medicine man will watch the movements carefully. Whether it dies on its left or right side, or on its back, will signify one meaning or another to the medicine man. The information will be inferred from the patterns. Parrinder G. (1958:163) described what he witnessed thus: "When the supplicant indicated that there was no more to be said, the fetish priest took a small fowl, slit its throat with a neat movement, and threw it out on to the sand in front of the shrine. It fluttered and jerked, perhaps for half a minute, then lay still. If it finally died on its back with its feet in the air, that was a sign that the fetish accepted the confession." In a comparable situation, the Luo would set aside a cow for sacrifice, and pray to the ancestral spirits to find out if this sacrifice was acceptable to them. This is called '*lamo dhiang*'. They will pray until the cow urinates and defecates. That is known as '*layo*' and '*losruok*' respectively. Before the climax is reached in the form of such discharges, the animal would start to tremble and shudder gradually until it almost becomes violent. The patterns of movement of the cow would signal one message or another. Defecation and passing urine would signify acceptance. In the same way, the configurations of

cowrie shells that are cast on the skin, after a question has been put to them, respond to the questions.

The patterns that emerge out of the medicine man's room make pictorial representations as described by Kulvicki (2003) to be comparable to linguistic representation. The objects relate to one another in a way that could be compared syntactically and semantically. Perceived in a linear order and manner, the objects form structures of meaning that could be seen to be similar to syntactical patterns. However, Sutton (2003) takes a different view. He argues that Museums do things with artworks nonverbally. This is what he calls the act of meaning. It is where the object is put in place to communicate some information, which is not written down or verbalized in any way. It is possible to argue that the artwork and objects in the medicine man's hut play the same role. They bear what Sutton calls binary relationship to the medicine man that is their author. What he calls museum therapeutics is equally applicable to the working environment in which the healer has planted so many artworks. In terms of how arrangements of objects pass certain messages, both Sutton and Kulvicki agree. The artwork is perceived in relation to the others and that arrangement orientates the observers understanding of the whole scene. Sutton calls this doing things without words and categorises it under Austin's Speech act theory. The arrangement of things can take a narrative style to tell a story. Whether such objectives are achieved by the museum -director or medicine man is subject to the debate of the theory of intentional fallacy on the part of the artist. Whatever the case, Carrier (2003) confirms the view that juxtaposition of works of art generates particular meanings. The sequence of arrangement of things or artwork articulates certain feelings. He goes further to state that the spaces in between objects also speak. They act like punctuation marks between the objects. In this way, walking through a museum or a medicine mans set up would be comparable to reading through a novel. It is like walking through a narrative. There are resting points like commas, full stops and paragraphs. In case of the large spaces between objects, they mark out what could be compared to chapters in the narrative. All the critics above agree that the museum artistic set up has some public therapeutic effects. That is why after the bombing of the twin towers, more and more people, probably because they were traumatized visited, American Museum. It is arguable that the arrangement of artwork in the medicine

man's hut plays the same role. The patient is supposed to read the personality of his medicine man from the artistic and pictorial representation of the environment.

6.3 The 'Grammar' of Luo Homestead and Ethno-medicine

As we have seen in the study, so many medical themes revolve around the homestead. It is one setting around which ethno-medicine in terms of causation of illness and restoration of good health is played out strictly according to given rules and regulations, as we have seen before. Here we want to attempt an analysis of the perception of this space called the home. We shall also attempt to examine the interplay between the space in the home- stead and time. These things may seem light to an outsider, but they are of life and death importance to the Luo. Blunt and Varley (2004) note the significance of the home. They observe that the home is a space of belonging and alienation, intimacy and violence, desire and fear. Looked at according to the Luo, the home is a place in which witchcraft politics is also played in symbolic terms. Dohmen, (2004) describes such activities as performing the home. He uses this term in reference to the home drawing and design in India. If the Luo home is examined closely, enriched artistic performance would be observed. It is not surprising to note that for Blunt and Varley, the home is a cultural space, which expresses relations between material architecture, the people and the world. For this reason the geographies of the home do influence and are influenced by social relations within and beyond the family. This description of the home is aptly befitting the Luo experience.

It can be argued that the structure of a Luo homestead is very similar to the "grammatical", if it fits the laid down format or blueprint. The given format or blueprint can only be contravened at the risk of death. As has been discussed earlier, a minor deviation from the approved blueprint can cause grave illness. To correct such an error, it would take the skills of a medicine man to examine the patient in question, talk to the aggrieved spirits who are angry at this act of defiance in the use of space, and then prescribe the medicine. After this, a remedial action will be taken to restore the homestead pattern. The Luo homestead can be read like a book. It speaks through space symbolism. Looking at a homestead, a schooled eye can pick the house of the first wife known as *mikayi*, second wife known as *nyachira*, and the third wife called

reru. Then the sons' huts, known as *simbni*, will be identified also by their positions in space.



A typical Luo homestead pattern. This is a representation photographed at Kisumu Museum. It shows house of Mikayi (first wife), Nyachira (second wife), and Reru (third wife). The first wife takes the centre position between the other wives.

The stories of Simbi Nyaima, Lwanda Magere, Nyamgondho Wuod Ombare and Obondo Mumbo are all set in the backdrop of a homestead. The gate of the home must face a lake, a river, or a valley so that storm water known as *oula* can flow from the back of the home towards the gate and not vice versa. It would be 'ungrammatical' for a Luo to go against this given format and build his home facing uphill. Even if the deviation is done for aesthetical or pragmatic reasons, the guaranteed illness called *chira* that will result from this kind of act is dreaded. The patient or his relatives will need a medicine man (*ajuoga*) to fix it if the design of the home has gone wrong. It may call for a complete destruction of the structure in order to make a new one that will fit the cultural blueprint. The homestead described above is replicated in a dendritic pattern from father to son and to grandchildren. Disorder in time and space do cause disorder in health. No patient can recover fully without restoring the spatio-temporal order. It is the *ajuoga*, in collaboration with the spirits, who know the way to correct the errors. If the pattern is projected, it is possible to see the linearization of the order, both in terms of time and space. For good health everything must fall in line. There is no room for randomness, unless it is done deliberately to cause chaos in life.

The gravity of space to the Luo can be understood in the arguments of Thornton (1980: xiii) that space and spatial order pervade every aspect of human lives and thought. Like the Iraqw of Tanzania that he describes, the Luo find space and spatial order central to

their political process, ritual, oral and historical well being. Thornton observes that though space and time are cultural constructs that may be biologically programmed; they are culturally conditioned and are contextually relative. The Luo homestead could be regarded as space that is a cultural construct. Upon this space, according to this school of thought, things and people must be put in appropriate places. Conforming to the spatial order is healthy and is life sustaining. The opposite is inviting sickness and death. For this reason, the home territory is carefully marked out into parts. Some of these parts are no-go areas for particular people of given ages, genders or relationships. Around the home, there are all sorts of boundaries, the most important or prominent of which is the fence. It is the marker of the space called the home. For this reason, it demarcates the point at which you can tell the inside from the outside. It binds the family together. Those inside must adhere to certain cultural norms if they want to stay alive and healthy. The outsiders do not have to go by the rules that govern those inside. If one falls ill, *ajuoga* (medicine man) might have to look around the space in the homestead to find out who has contravened the rules of space and time. Those who die outside the home must not pass through the normal gate, but must be brought into the homestead through a newly made passage made in the fence. This opening is called 'rot'. To bring such dead bodies through the normal entrance would be tantamount to courting multiple diseases to afflict the surviving members of the family. There are also many other imaginary or unseen boundaries, designating where houses are to be built and where graves can be dug. It should be noted that among the boundaries, there are some spots that are considered more deadly or potent for life. These are the transitory points like the gate, the door and the windows. We shall see later on how this information is used in witchcraft and healing.

The boundary dichotomy in the home space indicates the inside-outside principle. In this principle, the inside is perceived as good and non-life-threatening and the outside is thought of as dangerous and could be possible agents of death. This is the principle under which the inside of a goat that has been sacrificed is used to cleanse a *juogi* patient. The half digested stomach contents known as *wen*, smelly as it is, is perceived to be capable of cleansing the patient. Though there is ambivalence regarding these things, Bakhtin (1984:151) writes of them that they are difficult images to contain for faeces, urine and all other images that are ascribed to the material bodily lower stratum, are debasing, destroying, or regenerating, and life renewing at the same time. They are

blessing and humiliating at the same time. Of course, one can understand how discharging these things from the body is refreshing. In contradistinction, containing them in the body for longer than necessary could be life-threatening, because they would become poisonous to the body. This issue will be dealt with later. The part which is significant for now is simply that the boundaries that are real and unreal signify the inside and the outside in the homestead. This is the context in which Lwanda Magere goes out of the territory and dies. His beautiful wife who betrays him is an outsider, an alien, a foreigner from the Nandi tribe. The Nandi have been depicted in the story as running protracted battles with the Luo. They are a threat from outside. Nyamgondho chases his wife and ventures out of the boundary to die and become a tree. His homestead remains a fortress or landmark that plays a historical and spatial symbol of that cultural era to this date. However, when it comes to Simbi Nyaima, the characters that ventured out of the home boundaries survived. In this case, the principle was inverted and the outside became safer than the inside. That was very abnormal indeed.

The most dangerous point in the boundary is the frontier out of a territory, for example, where Lwanda met his death. In this context, the territory is conceived as a shared and defended area. There are many other frontiers close to the home, some of which may be subtle and not palpable, but which are equally dangerous. Such frontiers include the gate, the door, and bedroom partitions for example. These spots mark inside-outside structures. They are important because they reaffirm the theory of meaningful space. They signify space differentiation, which marks relationship among men. This is what Thornton calls topological differentiation, which he says, is a prerequisite for cultural function. He quotes Durkheim thus:

Space is not the vague and indeterminate medium, which Kant imagined; if purely and absolutely homogenous, it would be of no use, and could not be grasped by the mind. Spatial representations consist essentially in a primary coordination of the data of sensuous experience. But this coordination would be impossible if the parts of space were qualitatively equivalent and if they were really interchangeable. To dispose things spatially, there must be a possibility of placing them differently, of putting some at the right, others at the left, those above, those below, at the north of or at the south of, east or west, etc, etc, just as to dispose of states of consciousness temporarily, there must be a possibility of localizing them

at determinable dates. This is to say that space could not be what it is if it were not, like time, divided and differentiated. (Thornton: 1980: 14)

It is important according to Thornton that before space can represent anything at all, there must be imposed upon it a structure of differentiation, or topology, which allows other relationships to be expressed in its terms. This is the role Luo home structure plays in terms of ethno-medicine. As has been seen, the vital points for disease causation are such places as the doors and gates. These are the transition points between inside and outside, where the witch would be expected to plant his charms. To undo these charms, the medicine man would have to conduct a ritual on the same spots. It is the topological designs that create such sacred spots for ritualistic healing purposes.

The storm water called *oula* is a phenomenon that enforces the topological structure of the Luo homestead very strictly. According to this structure, it is a taboo to put up a home at lower altitude to your younger brother's homestead so that the *oula* water washes your younger brother's home first, before reaching your homestead. This error could cause a disease called *chira*. *Chira* kills. It is not a disease that is easy to cure. The first home structure is made freely, following a given ancestral blueprint. However, if an error is made in the process, later on, the correction must involve a medicine man. The medicine man or *ajuoga* would administer some herb called *manyasi* in a ritual to restore good health to the afflicted. In many cases, the misplaced home must be demolished in order to put up a new one that is conforming to the traditional blueprint. The blueprint has a way of containing knowledge. There is a way in which human knowledge is tied to space. This is what Turnbull (2002:127) calls narratological nature of knowledge and space. It means that as we renarrate the stories, we reconstruct spaces that mean something. He argues that as a result of this, there are proper places to locate the ways we perform differing spatialities in our narratives reconstructed of material artefacts, human agents, place, space, time, and knowledge. The material culture of the people in question will reflect the items listed above. For the Luo, the homestead, as a material cultural product, reflects their knowledge about life. The homestead known as *dala* or *pacho* is a performing space. It is here in the homestead that one can see spatiality interact with orientation to generate meaning. The shape, place and architectural designs of houses are comparable to linguistic

components that are spatially communicating a message. It is also in this script of the homestead known as *dala*, where you can read the Luo ethno-medicine. This is because life and death depend on the outlay of the homestead. In this context, the argument that space constructs matter is understandable. Turnbull qualifies this further. In his view, space is as popular trope for humanity. He argues that people perform objects like buildings by moving around them, but the buildings also perform people by constraining their movements. The residents of the homestead criss-cross left and right, acting on the home as a theatre, yet even as they think mistakenly that they are at liberty in their movements, they ironically find that the houses restrict or define their movements. Out of the definition, the paths cut themselves into shape and place. Some spaces are more trodden than others.

Apart from spacing buildings according to elevation and gradient on land surface, consideration is also given to serial order. The middle position symbolizes preference and importance. This is why the Luo have a saying: '*inind tung inind diere*', meaning, sometimes you sleep in the middle but some other time you sleep on the outer edge. In the homestead socio-politics, the middle position of the homestead is always spared for the first wife known as *mikayi*. Similarly, the bridegroom in a marriage visit to his in-laws must sit between two men who accompany him. This must remain so for as long as this function is still going on. Not only do they sit in this pattern, but they must walk in this order for days if need be until they depart. The suitor is identified by the position he takes. You can imagine the muddle that can ensue if the order is mixed up for some reason, and a very old man, who would only have been good as a companion, takes the centre stage. The kinsmen of the lady to be engaged do not need to ask who the suitor is. They only need to see (read) the order to know. There is also the left – right order. Here, the first-born son will put up his small hut known as *simba* to the right hand side of his mother's house as it faces the gate. The next son, according the order of birth, must build to the left and they alternate like that to the end. In this way, the text of the home is determined by the gradient, serial order, and spacing of houses. This is what any visitor or stranger can and should read. When chronic illness afflicts a family, it may call for examining the home structure to see if the acceptable design has been breached. The land is shared out similarly following the same pattern befitting the 'grammar'. The surface is a shared territory and it must be defended in artistic format. All the characters involved in the movements about the home would be performing

space according to Thornton. In the stories, songs, myths and so on, something goes wrong in the home and it develops consequences on the health of the people. There are some cases where medical intervention is artistically applied, and the threat to life is eliminated. We have also seen examples where the threats were neglected and the episodes ended tragically. Such strange events like Nyamgondho's or Lwanda's should have been referred to *ajuoga* according to typical Luo way of thinking. The journey motif commonly found in Luo folktales, myths and legends, are mere re-enactments of the spatial history of the people. The case of Lwanda Magere was a tragedy of self medication. No seer was consulted. The same case applies to Simbi Nyaima and Nyamgondho. Had the people concerned followed the Luo traditions, they would not have handled such delicate and peculiar events by themselves without the benefit of a 'reading' by a medicine man. The medicine men would have detected mischief in the patterns of events and might have prescribed some deterrent action to be taken to contain the impending dangers.

6.4 Temporal Order and illness

Throughout the study, we have seen narratives, songs, and incidents where ethno-medicine men try to restore spatio-temporal order. They seem to confirm that disorder in time and space causes illness. Whereas the spatial order is enforced by the use of storm water known as *oula*, the temporal order is marked and sustained by the timing and spacing of sexual consummation. Nyamgondho's plight is created by the solar system, which has over-extended the dry season. Different seasons are created by the movements of the solar system. You could kill or heal Lwanda Magere only by dealing with his shadow. The shadow was a creation of the sun or the moon. It was something you had to time and wait for. You could not bring it about on your own in the battlefield. But it was also a sure phenomenon that was repetitive. If one bided his time, there would be a shadow indeed! Simbi Nyaima is the antithesis of Nyamgondho. This is because while in the former incident there was drought, the latter case was an event of deluge because of a storm. The two cases respond to celestial rhythms that greatly affect life. Both cases had a direct impact on the ethics and morality of society. Both ended up in death as punishment for the characters who are headstrong, arrogant and who refuse to conform to the etiquette of the Luo. In these stories, we see how break up of social order causes, not only individual suffering but also, collective illness.

The function of rituals, as we have seen, is to keep order by marking time and space through symbolic action. The Luo make sex the recurrent and repetitive ritual that plays the role of symbolic action. Since the ritual is tuned up with cosmological cycles, it enforces a kind of meta-order.

The seasons proceed in order jointly created by heaven and earth. It is the seasons that create rivers and running water called *oula*, which dictate to the Luo how to orientate their homes in the landscape. It helps in physical planning of the environment. The silent force of gravity is involved in constructing a home that will generate a healthy family. But as we have seen, there are medical provisions for sorting out inadvertent or deliberate deviations. For the Luo, activities that go with seasons like cultivating, planting and harvesting are marked by ordered sexual consummation. It must start with the eldest couple to the youngest. We have discussed before how deviating from this temporal pattern causes illness that would demand the attention of *ajuoga*. One cannot plant before one's parents have done so and celebrated it by the ritual of sexual consummation. New marriage is also marked in the same way. So is death. The significance of this is that the Luo find a common factor in planting, marrying and dying. These events mark transformations without which life would not be tenable. There are sexual rituals that must follow in a given order. This imposes a constant rhythm on society that is predictable. Marja-Liisa (1986: 255) argues that rhythm of life is attuned to the rhythm of nature. She thinks that there is an obvious sense of biological unity with nature. For this reason, she concludes that it becomes mystic as the correlation of the human organism with other organic forms of life does not derive from a 'thought out' process but is an intuitive and existential expression. Nature is an ordered entity. Whenever that order is breached, for the Luo, the relevant people must become ill and *ajuoga* must attend to them through a ritual. Grimes (1990: 145) says that there are two senses in which rituals create and maintain order. They mark times and spaces to symbolize realities and in this way, rituals represent a structured world. He goes on to argue that rituals are obligatory rituals, if given structures are to be maintained. For this reason, if one was going to heal a certain disease, one had to do it in a prescribed way. The right way is fixed and any other way divergent from the character of ritual order leads to disaster. In this way, the Luo community encourages adherence to sexual patterns for the sake of stability of things even if it may be repugnant to human decency. The question of wife inheritance and the crisis of

HIV/AIDS pandemic fall into this category. The Luo rhythm of life in a sexually ordered pattern must be observed, but there is a catch in the disease. Without observing the sexual rituals, the families of the dead face imminent destruction. There is no known remedy against it in the culture. This is why long time ago, if a woman died without being inherited and sexual obligations fulfilled, the people had to look for a mad man or a mentally challenged person to perform the rite to the corpse, in order to save the family. It is a catch 22 situation because keeping the practice of wife inheritance would wipe out the people through the incurable disease and ignoring the sexual rituals demanded of the surviving spouse could equally destroy all parties concerned. It is not surprising therefore that the people are divided on this matter. People do not seem to know how to live without observing the rhythm of life as given by their ancestors. This is detrimental to evolution and change which the changed environment calls for. Undertaking these tasks like inheritance or sexual rituals is equivalent to doing a performative assignment. The *juogi* patient is normally made to go through a series of performative acts, like the mock burial and rebirth or self-masking by *bwombwe* and body or face painting. Nyamgondho's prayer in the Lake Victoria; "Please help me," addressed to the sun god accompanied with spitting, is considered also a performative act. Ogada's witch-finding ceremonies rely heavily on performative force as described by Peirce. Trial by ordeal cannot be anything else because it has a lot of performance. Justice restored by a traditional healer by performative acts, heals the entire society. This is because the medicine man is in touch with the spirit of the people in terms of their cultural expectations.

Grime would find the Luo sexual ritual creating meta-order, for it ties human activities to solar changes, which are transcendental. This way, it ties social order to cosmic order, to some extent. Some of the patients covered in this study, were found seeking help of *ajuoge* because they had contravened the temporal order or meta-order as described above. Healing of patients is so intertwined to their belief in the causation of illness that the two cannot be separated in a study of this kind. For this reason, the theory of causation of illness is relevant here. The Luo traditionally believe that illness is caused by witchcraft, except when one has committed one of the taboos described above with regard to rhythm of life. Witchcraft belief is very rich in symbolism. In fact charms meant to bewitch an enemy are commonly put in the way of the enemy in such places as doors, gates or walls in a symbolic manner. In the same way, protective

medicine provided by *ajuoge* are artistic things like talisman, bracelets, figurines, and amulets to fortify the clients, are put in the same points. These things may be hidden in the same spots as described above. Some people believe that the more beautiful the protective charm is, the more powerful it is in defending the owner. Where such a feeling prevails, the medicine men try to outdo one another in terms of making their charms artistically satisfying to the patients. For the same reason, the medicine men try to prescribe such sophisticated artworks for protection. Alongside this feeling; there is also the belief that the more difficult it is to secure the item needed for protection or medication, the more potent it is. You can see that beautiful artwork is more demanding in terms of time and skill put into making them. Probably this is why they are deemed to have greater efficacy. In a way, they are just like the items that are hard to secure. It could be the strain or striving on the part of the patient or the medicine man that constitutes the active components in the artwork and healing.

Where the medicine man wants to challenge his patients, he may ask them to find things that are very difficult to find, like the claw of an ant-bear. Ant-bears are very hard to see because they only hunt at night. In fact, the Luo believe it is a curse to see one in broad daylight. Only medicine men can see it without adverse repercussions. Ordinary people must be cleansed through '*Ioso*' ceremony if they came across an ant-bear in daytime. In this context, you can see how being directed to get a body part of an ant-bear is challenging indeed. On one hand you are forbidden from seeing it let alone killing it and on the other, the medicine man demands that you get its body part. Another hard requirement is that anybody who is unfortunate enough to see an ant-bear in daytime has the obligation to see that it is killed by many people, even if it runs into its hole. Normally alarms are raised to get more people to help dig it out. The practice of this animal is that, once inside its hole, and being aware that people are after its life, the ant-bear will not sit in the hole and wait for its enemies. Instead, it would go to work immediately and dig farther and farther. For this reason, reaching it is very difficult. I witnessed a protracted hunt like this, which was mounted by over thirty strong men who worked for almost twelve hours to dig out an ant-bear and kill it. Some protective charms are used for short-term purposes. However, there are some people who keep charms to ward off danger on a permanent basis. Such life-long protection may be buried in body marks and cuts. The cuts and marks may be not only there for aesthetic purposes but also for protective ones. Heidi (2001), advances the

theory of limited good in people, because of that evil like witchcraft is recurrent. Whenever witchcraft is suspected to have taken place, and someone is dying, or illness befalls another, the community harmony is disturbed and must be restored. In this school of thought, it is believed that natural resources are limited; therefore, one person's success is thought to be at the expense of another person's. This way, ordinary people risk being bewitched if they become more prosperous than their neighbours. For this reason, prosperity and poverty are intertwined. Envy and jealousy is all over the place. Owino Misiani, the guitarist, and many others like him in the songs, are bewitched because they are perceived to be more prosperous than their peers in entertainment industry. His success must have been perceived to have been brought about by witchcraft that might have enabled him to rob his peers of their luck. Isabella Bim Nyajuola, Simbi Nyaima, Nyamgondho Wuod Ombare and other songs together with narratives and folklore, talk about characters who are victims of witchcraft. The power of water for healing as seen in many cases above, depend on ancient lore. Diagnosis might be based on water reading but healing is most often involving bathing. Without such lore, the items given for healing could not work. They also show how such people escaped from the traps by the help of medicine men. This way, the dialectical alternative forces are contained. Heidi says that traditional healers can only be understood when considered together with beliefs in witchcraft just as policemen can only be understood in relation to crime.

6.5. Metaphor, Metonymy and Synecdoche

The most common artistic feature in ethno-medicine among the Luo is the use of a journey motif to depict medical quest. It is a metaphor for transition from good health to illness back to health. In the case of Nyamgondho, the quest begins from poverty which afflicts the man, and climaxes in extreme wealth on the part of the fisherman, but dramatically ends again back in poverty and death. It is a cycle. Simbi Nyaima begins with a wealthy village, where people were feasting and revelling in excessive drinking, but similarly ends in death and destruction. The rubbles might have been eliminated by time. However, in the mental set up or collective memory, the people still see the relics of destruction and pictorial changes in the site of the lake or narratives. Lwanda Magere also changes from military majesty to a dead stone. In all the stories we have covered, there are characters moving from point A to B in search of life or medicine.

All the *juogi* patients whose songs I had the privilege of listening to narrated how they travelled to distant lands or jungles and overcame hardships and difficulties because they were assisted by the *juogi* spirit. The leader of *Yie Kuom Chier* sect, Akoth Waguma, has a long story of travelling to many countries, before she was initiated into medicine. In all these narratives and songs, the common factor was covering life cycles that emphasize life, death and regeneration. The life-giving water from Simbi and Nyamgondho sites have the hidden aspect of their destructive past. It is the tragic sites that have life saving potentials! The same rule applies to Lwanda Magere and Gor Mahia. What this seems to signify is that life, for the Luo, is intertwined with death. It is not easy to separate them. To find life, you must deal with death and vice versa.

A metaphor is defined as a figure of speech in which one entity or state of affairs is spoken of in terms which are seen as being appropriate to another, according to Martin and Harre (1982 :96). The tree, the stone, and Simbi are still perceived to represent Nyamgondho, Lwanda, and the mysterious woman respectively. Ethno-medicine based on these stories find their healing power in the metaphors. The supernatural power that was associated with such sites is assumed to reside there to date. It is the function of the metaphor to keep the understanding constant. Miall (1982: xviii) states that metaphors are creative aspects of thought and indicate how meaning is born. The multiplicity of meanings of metaphors is appropriate for ethno-medicine because the diagnosis, prescription, and healing become shrouded in vagueness and mysticism. This is what Moore (1982: 2) explains when he says that metaphorical deviations show inconstancy of signification, thereby lending themselves to deceit and insult. The trait of equivocation is vital for medicine men for their jargon can always be changed to suit the occasion. This can amount to language use and abuse, where meaning is shifted from time to time in order to deceive. It can be argued that the meaning of the pieces of divination items like the bones, cowrie shells, sticks, and so on can be changed from time to time according to the wish of the medicine man. He monopolises the creation of metaphors and their interpretation to his patients. This arbitrary nature of language is probably why Apter (1982 : 55) thinks a metaphor is one aspect of the way in which the people give meaning to the world and the people's place in it through cultural phenomena of various types. In the case of Luo ethno-medicine, the *ajuoga* man would explain how the patient fits in the environment using metaphors. That is why the traditional healing is holistic. It deals with the patient and the things and objects around

the patient. It is in this context that the entire space of the homestead matters in healing and illness for the Luo. Treatment may involve the entire family of the patient and his neighbours even if they themselves are not sick. We have seen how Ogada Nyangire mobilised the whole sub-location to take medicine because he wanted to heal one patient

The healing is holistic in a metaphorical manner because medical language is incapable of expressing some things directly. Martin and Harre (1982: 95) argue, “we need metaphor because in some cases, it is the only way to say what we mean since the existing semantic fields of the current terminology referentially related to the subject in question are inadequate to our own thought.” The *ajuoga* medicine man may not be aware of the technical functions of metaphors, but he can observe the effects of metaphors on his audience. They give pleasure to the user and listener. They also add power to the meaning of language. *Ajuoga* may represent illness or medicine by artwork that may be in opposition to or collision with the concept of the disease. He may also use images that do support the idea of that particular sickness. Harries (1978 :71) distinguishes the two types of metaphors that rely on dissimilar images as opposing and therefore they work in collision. The other types of metaphors that work on the basis of similarity are described as collusion group. The patients may to some extent interpret the collusion metaphors, because they look like the objects that they represent, but it is a little bit more difficult to give meaning to the collision types. This is because the collision type of metaphors does not look like the things they are supposed to stand for. He goes on to say that metaphors speak of what remains absent. They cover what transcends language. In his opinion, metaphors prove the lack and deficiency of language. Thus metaphor implies lack. A good number of paraphernalia in the medicine man’s clinic are metaphorical representation of ideas and history. In this context, metaphors cover a wide space of meanings. There could be some contradictory metaphorical representations juxtaposed in the same space and setting. This causes ambiguity. It is the metaphor that enables the medicine man as an artist to go to the frontier of ideas and express what would almost remain inexpressible. In their divination, they craft their metaphors very skilfully, sometimes invoking lexical deviance to impart multiple meaning to the patients.

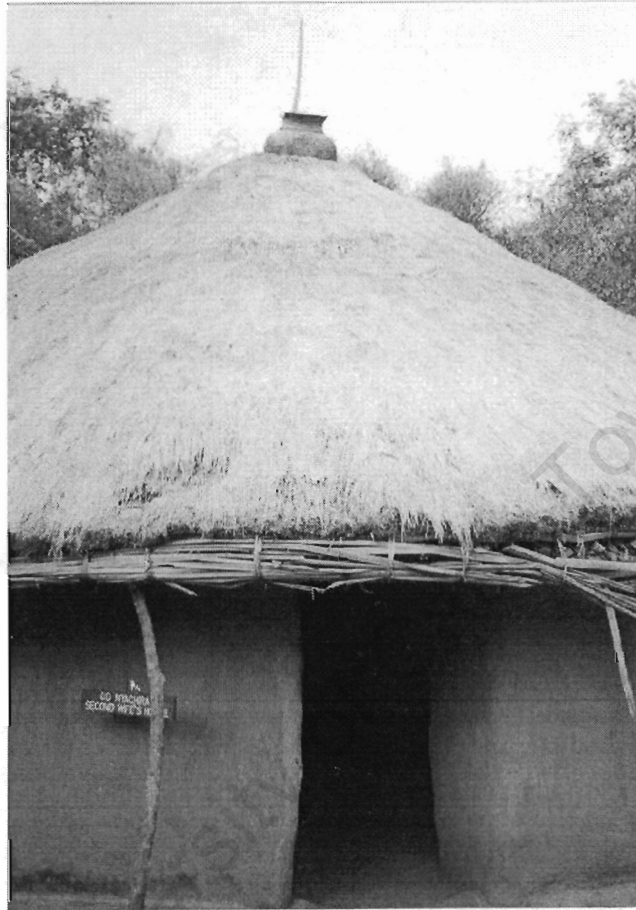
Illness is given artistic representation by many medicine men. The signs or symbols may be destroyed by the medicine man (*ajuoga*) to demonstrate to the patient and convince him that the illness has been vanquished. Since *juogi* is a hereditary mental illness, the afflicted patient, who gradually stabilises to become a medicine man himself, keeps material representation of the ancestors, believed to have handed down the gift to him. We have seen such representation of the ancestors in terms of walking sticks, skins, clothes and so on. These items work in a metonymic way. They are substitutes, but they are revered and honoured. In fact, it is believed that these objects have magical capabilities like the men they stand for. *Yie Kuom Chier* sect put *tach* instead of the cross at the altar. It stands for Adok, the mother of holy Ondetto. The figure not only works as a metonym for the dead woman, but also pushes issues of gender. The symbol is feminine for it is the women who use *tach* to balance pots on their heads. It signifies the traditional division of labour, but in this context, it depicts feminism as holy. *Tach* is also used to hold the roof thatch together. The substitute for *tach* is *agulu* pot. The *agulu* pot, like *tach*, is an object associated with women. In terms of architecture, the two symbols signify something very radical. It revolutionises the Luo worldview in which the women are always seen as inferior. The stone of Lwanda Magere and the Ngou tree that stand for Nyamgondho also function as metonyms. Almost all such metonyms including Bondo Nyironge are associated with medicinal capabilities. People converge in these places to recuperate or collect items close to the metonyms to use for healing. There were cases where an item belonging to an *ajuoga*, like a walking stick or hat could be given to a victim of snakebite to hold while the actual medicine man was still unavailable. Here the metonyms have the power to stop poison from spreading in the body of the patient, until the medicine man arrives. It is the artistic representation and faith in it that do achieve such miracles. There are other cases where the items used for medicine take the function of synecdoche relying on part of something to represent the whole of it. Causation of illness works in that way. A medicine man may work on a person's hair, or piece of clothe or fingernails to inflict illness on him. To heal a patient of this sort, another medicine man might have to work on the same items representing body parts. The shadow of Lwanda Magere represented the man. Killing the man or healing him revolved around the representation. It is the shadow that was cut and rubbed with ashes to relieve him of headache and it is the same shadow that was speared in order to kill him. The shadow is guarded by those who believe that it could be a source of medical

danger if it is exposed to an adversary. Mzee Okoda told me that when he sets out to go for trips to treat his patients in the morning, he must not let women be the first to cross his shadow. He would not continue with the journey if, in spite of his efforts to stop it, a woman became the first person to cross his shadow. Should he ignore the bad omen and go on with his trip despite the bad omen, his medicine would be null and void.

6.6. Symbolism in Death

The Luo homestead has a lot of symbolic architectural structures that tie life with death. When the medicine men examine their patients, they told me that sometimes, it may be necessary to examine the homestead also to see if the right structures are in place. There is a stick that is known as *osuri* in Luo. It is pitched through the bottom of an upturned-pot, on top of the pyramid-like grass thatched roofs, of all houses. Women are forbidden from building houses, so they cannot put up houses on their own. For this reason, they are condemned to live only in shelters put up by men. *Osuri* is like a flag. It stands for maleness. This is because when a man owning the house dies, it is removed in a ceremony called *turo osuri*. Its absence signifies that the man of the house is no more. The observer ought to take note of the similarity between *osuri* and the phallic organ, thrusting out into the sky. One can argue that *osuri* is phallic symbolism, indicating that virility is present or absent. Interpreted against the fact that time and seasons are marked sexually amongst the people, the imagery becomes real and apt. After the widow has secured *jater*, meaning a man to inherit her or in other words, to remarry her, another ceremony involving a medicine man called *manyasi* is organised. The medicine administration precedes the mounting up of another *osuri* to replace the one that had been removed. When a new *osuri* is in place, it announces to the whole world that a man has entered the house and normal sexual life resumed. It should be remembered that in this community, good health depends to some extent on ordered sexual practices. A subsidiary role of this stick called *osuri* is to hold the grass used to thatch the roof together, but that cannot overshadow the phallic connotations. The language depicting *osuri* is coded. It is not open to the youth or children. When they grow up, however, they gradually grasp the significance of the symbol. The pot through which the *osuri* stick is erected signifies the woman. Like *tach* which we referred to in relation to *Yie Kuom Chier* Sect, *agulu* pot at the roof stands for the

feminine character. It is easy to see the sexual connotation when the stick is analysed together with the pot. Their phallic symbolism cannot be over emphasized. Together, they influence medicine in the home. Charms are often hidden away in *osuri* and when remedy is sought, they are removed from there.



The picture above show a typical Luo house. Note the architectural position of *osuri* planted into a pot on top of the roof. When the husband dies, the *osuri* stick is removed until the widow finds another man, then *Osuri* is replanted following certain rituals. (Source, Kisumu Museum.)

When the boys are born, they stay in the houses for four days before they are brought out to see the sun. The girls take only three days. At death, they also take different postures. The men lie on their left hand side, while the women are buried as they lie on their right hand side. The left-right symbolism in death signifies sexuality as perceived traditionally. The medicine men interviewed explained that when ritualistic sex discussed earlier take place, the women do lie on their right, while their male counterparts lie on their left. It is as if these are the ordained positions. In what other scholars

call mortuary studies, if one investigator were to exhume the graves of ancient Luo, one would easily determine the gender of the corpses, simply analysing how they lie in their grave. To dispose of a body in a very deep grave would mean that the person being buried is not loved. A loved person is buried in a shallow enough grave to allow the dead to communicate with the living through dreams. The depth of the grave, therefore, would symbolise something. It is a common experience, according to *ajuoge* or medicine men, to find clients complaining that they are being disturbed by the ghosts of their departed relatives. The most common complaints of the spirits are that they had been disposed of in displeasing manner. Often, this means that the traditionally correct procedures or patterns were not observed. The medicine man would appease the spirits by different methods. He may dig out the body and rebury it in conformity with traditions. This only happens as a last resort. Normally, ritualistic poetic utterances, accompanied with some medicine would suffice. This would be addressed to the stubborn ghosts. Here language would be operating following language-as-action theory basis, Searl (1969) and Austin (1962). Other than the depth of the grave, the other consideration for the burial is space. The position must be right.

The fences and walls, where we normally find the gates and doors are symbols of transition. They mark the in-between points which are neither inside nor outside. At the face value, people only see their protective functions. Ironically, it is this protective attributes of the symbols that attract danger in form of witchcraft. For this reason, they do not signify the security of the inside or the danger of the outside. It is their nature as frontiers that lend themselves to witchcraft and healing. In many cases, the symbols of witchcraft are hidden away on these spots. The healer normally becomes credible if he can dig out the hidden charm and destroy it by burning to make the patient believe that the source of his illness has been removed. It is alleged that some quack doctors or their agents plant fake charms in such spots and then remove them publicly in order to convince their clients that effective healing has been done. The fences and walls can be compared with the human skin or fruit cover or rind that keeps off bacterial or viral infection. In order to play this role effectively, the cover must be intact. If the cover is bruised or broken in a way, the body becomes vulnerable to disease. In the Luo worldview, it is the charms that are planted there that kind of 'wound' the fences or walls. This is an artistic concept. The doctor mends the fences and walls while using artistic instruments. It is the aesthetically carved instrument or device that helps the

medicine man identify the charm and where it is hidden. For this reason, it is said that traditional healing is holistic. It deals with the patient and the relatives or people around him and even the environment.

6.7. Ethno-medicine and the Traditional Law

Justice in Africa is traditionally based on what Konemann (1999) calls common law. The common law sets what is allowed in society and what cannot be acceptable. Konemann argues and explains that the common law determined the relationship between ancestors, spirits and deities and to provide solutions to conflicts originating in transgressions. The first control measure is negative public opinion. Hostile comments about an individual would make the first corrective step. If this does not work, then the people can resort to public reprimand. Here, the artists could employ mockery, ridicule, satirical songs and ex-communication. We have seen the songs, narratives, or playlets where such artistic methods are used to inject discipline in society. For persistent problems where a culprit is unable or unwilling to reform out of such light measures, the elders and chiefs may have to convene a council and pass a sentence against the wrong doer. The climax of litigation rests with gods and ancestors. It is the role of a medicine man to present the cases to the underworld. He is the specialist who can read the signs and symbols by which the gods and ancestors speak back. We have seen the example of Ogada Nyangire who conducts trial by ordeal. Konemann observes that the crimes whose perpetrators remain unknown get punished collectively through disease, epidemic, famine, lightning and so on. Justice from the ancestors and gods were so accurate that it was not possible to commit an error. The crime rates were therefore very low in the traditional society. The ethno-medicine men enforced the law which was applied by conscience and self-control. Everybody believed that the spirits and gods were watching people all the time, so it was not possible to cheat, and get away with it. The setting in which people lived was defined by rules and taboos, which regulated how people behaved. Only one person could set things right, in case they had gone wrong, and that was a medicine man. He is the only authority on ethno-hermeneutics.

6.8. Conclusion

In this chapter, we have tried to analyse the basic principles that appear to run across a number of topics which relate to ethno-medicine of the Luo. We have seen how the medicine men use their own bodies and the patients' bodies as texts. They read the bodies as scripts. Their prescriptions also involve textual interpretations. We also saw the physical planning patterns that we compared with sentence patterns because they involve signs and symbols that are patterned in linearised order and which are read for meaning. We covered spatial order and temporal order and saw how they generate meaning in terms of causation of illness or its cure. It was noted that disorder in space and time reflected disorder in health and therefore illness. Spatio-temporal order reflected good health and life. There was no room for randomness in Luo culture. Healing a patient often meant not only just examining the patient, but also looking into his environment to see where the canonical order had been interfered with. This is because it is believed that ill-health emanates from personal and environmental disorder. The medicine man, following the voice of *juogi*, prescribes the corrective measures if the order is thought to have been defiled. This is done in a language that is rich in terms of artistic creativity. It was found that the more successful medicine men are those who use creative art to support their work.

On the basis of the above findings, it is possible to see how Luo ethno-medicine is intertwined with art. It is art which is a vehicle that carries medicine. Sometimes, art operates like a catalyst that speeds up healing. The irony is that when a bad person wants to inflict sickness upon another, according to the Luo worldview, he also resorts to the use of art. Here art is used in broad terms to mean signs, symbols, painting, and performance of a dramatic act or reciting of a poetic treatise. The meaning could be expanded to include carving, crafting and folk narratives. *Juogi*, which is the root cause of Luo healing, permeates all aspects of their *indigenous* medicine. It is also the *juogi* muses that inspire creativity in illness. If the patient, however, does not heed the promptings of the muses of *juogi*, which order him to conform to the artistic canons of the people, he would surely die. It is as if it stands for the general order in life, patterns that obtain in human environment, and the plan and design of all things that exist. The most common disease cited here is *chira*. In order to keep *chira* away, it is important to observe order in space and time. When a good medicine man diagnoses some kind of

illness, he is expected to show a symbolic proof of the disease. Later, when he has prescribed his medicine and claims that the threat is no more, he would be expected again to show that he has eliminated the disease symbolically. Therefore without art, one can conclude that Luo ethno-medicine could be gravely affected. This would be the position if art were to be divorced from it. This is not to underrate the role the herbs and ashes, which the medicine men also administer to the patients, play. Even where it is the herbs that constitute the most active ingredient of the medicine, it is the artistic base that makes it work. Without the base, the medicine would lose its efficacy. *Juogi* is a disease. However, it is a common prerequisite for acquisition of medical skills. When a *juogi* patient becomes mature, he graduates and becomes *ajuoga*, meaning a medicine man. For that to happen, he must receive treatment first. Then he becomes a medical practitioner. To a large extent, *juogi* is inherited, so in turn, healing too is an inherited art. But there are a few people who learn the trade by apprenticeship. Even in such cases, the operations of ethno-medicine still depend on artistic creativity. The learner would pick the herbal skills along with artistic ones. This is how he would learn to read *gagi* (cowrie shells) cast on the skin. He would observe his master at work and accompany him into the bush when he goes to collect the herbs. The artistic base makes it easy to put patients into psychotherapeutic programmes. Since a good fraction of illnesses are psychological, art constitutes an invaluable component of healing of the patients.

CHAPTER SEVEN

General Conclusion

The research set out to study the practice of ethnomedicine men and women together with faith healers in the South Nyanza District of Kenya. It assessed, analysed and determined the influence of art, literature and orature in the area. Finally, it examined the need and relevance of art, orature and literature to ethnomedicine in the District.

This study found out that art heavily influences ethnomedicine in many ways. The people use tribal body marks for identity. The marks are artistically made. They also determine who the patient is and in turn what treatment course he or she is to undergo. The skin of the patient, for example speaks to the medicine man telling the medicine man the story of what has gone wrong with the body. It also tells the medicine man what the body is already doing to remedy the illness. Finally, it states what kind of help it seeks from the medicine man in order to complete the healing process it has already started. The speech of the skin, for example, will not be picked by unskilled ears. It needs *juogi* training to tune and listen to the skin. The same happens to all other parts of the body. We saw that when a *juogi* patient is being treated, there are songs to instill rhythm and many times, they wear masks in the form of body painting or *bwombwe* herbs. Some of the medicine men and women studied, like Mzee Okoda, use self-made artistic crafts such as *miyogi* to examine their patients, prescribe medicine, and administer it. Some of the clientele include the mentally deranged and politicians.

We later saw how the folk narratives, myths and legends composed by anonymous artists have been adopted by ethnomedicine men and women together with faith healers to psyche their patients to be positive toward the treatment procedures. Here we learnt the role the stories such as 'Lwanda Magere', 'Simbi Nyaima', 'Gor Mahia', 'Nyamgondho Wuod Ombare', 'Obondo Mumbo and Nganyi', have played in maintaining community health.

The artists turned out to be the custodians of folk knowledge about ethnomedicine. They composed songs in praise of powerful medicine men and women. This way the interplay between art and ethnomedicine resulted in wide publicity. It seemed that art in form of songs promoted ethnomedicine while the latter promoted art in terms of

healing the artists. Misiani and Ogwang Lelo were outstanding with their record of 'Abella Bim Nyajuola' and 'Ywaya Akelo' respectively. We noticed here that faith healers, who also use herbs, like Waguma depend on songs as art form. In her case, it is a mixture of religion, folktales and singing. She finds her composers among the congregation. The artists here mix the Biblical doctrines with Luo customarily beliefs. In fact, the Luo legends, some of which are cited above, are yoked together with Jewish myths and the faith healer exploits the distortion to the advantage of her patients. The patients believe that *juogi* of their ancestors is responsible for revealing the medicine needed by each patient and how to use it.

Finally, ethno-medicine cannot be discussed in isolation from the people's belief about how illness is brought about. This is where witchcraft comes into place. Since they believe that people do not just fall ill. Witchcraft is caused artistically as we have seen. It is also sorted out by medicine men and women using artforms. In this context, the Luo home structure and architecture is very important. There is a pattern that is life and health sustaining. If this format is contravened, then a medicine man or woman must come in to sort out the illness that would automatically follow. We learnt that there is a given social order that the medicine men enforce in families. Traditional customs ensured the observance of such orders through sexual taboos and timing. This was tied through *juogi* to the rhythm of nature and seasons. There was art in form of space and time. *Juogi* spirit ensured everything worked according to plan. We noticed how it worked as a physical planner of the environment.

Since the Luo people believe in witchcraft, disputes were to be expected. We saw how Ogada Nyangire used community theatre and performance to catch the witch and heal the patient so as to settle disputes. In the performance, there was narration and construction together with action. The therapy was holistic. We saw how ritual trial was used to catch the witch. Again here was a case of using the body as a text to reveal the wrong-doer and the innocent people.

The last chapter was a kind of overview analysis, which covered all the study. In it one could see an in-depth critique of the whole research. It indicated how the ethnomedicine men and women use the body as a text. The meaning of Luo homestead and order in life was compared with grammatical structures. This analogy was arrived

at because the meaning of these home symbols was generated out of pattern and spacing. The ethnomedicine man or woman is the specialized reader of these patterns and in case of uncertainties the people resorted to his wisdom to find out what may have gone wrong.

On the basis of the findings above, we observe that art is reinforcing ethnomedicine in South Nyanza District even though it is dreaded because of misunderstanding. There are some bad sides of relying on art for healing, for example where the patients are encouraged to resist Western medicine even if it is most appropriate. However, there are cases where art in ethnomedicine works very well and should be encouraged. It is very relevant to mental illness and seemed to be very effective. We recommend that further studies be done on environmental conservation and ethnomedicine because it appeared that the sites of myths and legends were better conserved compared to the environments nearby. We recommend that the ethnomedicine men and women be given proper legal recognition and acceptance because of the amount of people who depend on them.

The study found out that art, orature and literature have influenced ethnomedicine heavily in South Nyanza District. They do not go against or antagonise principles of traditional medicine. Art and ethnomedicine are mutually reciprocal in terms of producers and consumers. We recommend that the government emphasize the importance of the narratives, myths and legends through sponsoring folk media. They should also fence off the sites to protect them for posterity. This is important because there are some herbs that the medicine men confessed that could only be found in such sites. They are available in such sites probably because of the mystical stories associated with the sites.

BIBLIOGRAPHY

- Abse, D. *More Than a Green Placebo* in **The Lancet** Vol. 351, 1. London: The Lancet, 1998.
- Akoth Waguma, **Sulwe Yie Kuom Chier**. Kampala: *Yie Kuom Chier*, 2002.
- Allan, T. **African Myth and Mankind**. London: Duncan Baird Publishers, 1990.
- Apter, M. J. *Metaphor as Synergy* in **Metaphor: problems and Perspectives**. Sussex: Harvester Press, 1982.
- Ariel, M. **The End of Magic**. London: Oxford, Univesity Press, 1997.
- Austin, J. **How to do Things with Words**. London: Oxford University Press, 1962.
- Ayot, H. O. **History of Luo Abasuba of Western Kenya**. Nairobi: Kenya Literature. 1979.
- Ayot, H. O. **Topics in East African History**. Nairobi: Kenya Lit. Bureau, 1976
- Bakhtim, M. **Reblais and his World**. Indiana: Indiana University Press, 1984.
- Baleta, A., *South Africa to Bring Traditional Healers into Mainstream Medicine* in **The Lancet** Vol. 352. London: The Lancet, 1998.
- Banks, J. *Mrs Wolf in Harley Street* in **The Lancet** Vol. 351, London: The Lancet. 1998.
- Barton, T. S. **Power and Knowledge**, Michigan: University of Michigan Press. 1994.
- Bhugra, D. et al. *Linking Art and Medicine: Understanding Illness* in **The Lancet** Vol. 351. London: The Lancet, 1998.
- Blunt, A. and Varley, A. (2004) *Geographies of the Home*, in **Cultural Geographies**. London: Arnold, Hodder Headline Group, 2004.
- Bolla, P.D. *The charmed Eye* in **Body and Text**. California: Stanford University Press, 1994.
- Bruinsma, R. **Living Water**. Abidjan: Africa Herald House, 1989.
- Calman, C. K. *Literature in the Education of the Doctor*, in **The Lancet** Vol.350. London: The Lancet, 1997.
- Carrier, D. *Remembering the Past: Art Museums as Memory Theaters*, in **The Journal of Aesthetics and Art Criticism**. Winter 2003.
- Ciekawy, D. *Witchcraft in Statecraft* in **African Review** Vol. 141 New Jersey, 1998.
- Court of Appeal (1941, 1947 & 1967) **Eastern Africa Law Reports**. Nairobi: Government Printer for Eastern Africa.
- Cover, R. *The Naked Subject: Nudity, Context and Sexualization in Contemporary Culture*, in **Body and Society** Journal Vol.9 No 3. London: 2003.
- De Almeida, H. **Romantic Medicine and John Keats**. New York: Oxford University Press, 1991.
- Dohmen R. *The Home in the World*, in **Cultural Geographies**. London: Arnold, Hodder Headline Group, 2004.
- Douglas, M. **Natural Symbols**. London: Barrie and Rockliff, 1970.
- Dubbary, A. **Banditry**. Paris: Giovanni Manzoni, 1849
- Elam, K. **The Semiotics of the Theatre of Drama**. London: Methuen Press, 1987.
- Elkin, A. P. **The Way of the Shaman**. San Franscisco: Harper San Francisco, 1980.
- Elliot, C. (1999) **A Philosophical Disease: Bioethics, Culture and Identity** London: Routledge, 1999.
- Enterline, L. **The Rhetoric of Body from Ovid to Shakespeare**. Cambridge: Cambridge University Press, 1970.
- Freud, S. *The Vissitudes of Narcissism*, in **Theories of Self** Ed. J. D. Levin. Washinton DC: Taylor and Francis, 1992.
- Ghalioungi, P. **Magical and Medical Science in Ancient Egypt**. UK: Hodder and Houghton Press, 1963.
- Goodman, A. **The Lancet** Vol 351, 1998
- Grimes, R. L. **Ritual Criticism**. Carolina: University of South Carolina Press, 1990.
- Gustafson, S. *Goethes 'Clavigo'* in **Body and Text**. Standford: Stanford University Press, 1994.
- Halifax, J. (1982) **Shaman the Wounded Healer**. New York: Thames and Huson, 1982.
- Halligan, P. W. and Marshall, J. C *The Art of Visual Neglect*, in **The Lancet** Vol. 350, 1997.
- Hansen C. (1969) **Witchcraft in Salem**. London: Hutchingson & Co. 1969.

- Harries, K. (1978:88) Ed. Sheldon Sacks *Metaphor and Transcendence*, in **On Metaphors**. Chicago: University of Chicago Press, 1988.
- Heidi, H. **African Magic**. London: Penguin Press, 2001.
- Hird, M. J. (2003) *Vacant Wombs: Feminist Challenges to Psychoanalytic Theories in Childless Women*, in **Feminist Review Journal**. UK: Macmillan, U.K.
- Homburger, L. *Where the Mouse is Omniscient* in **Insight and Artistry in African Divination**. Ed. Pemberton III. Washington: J.Smithsonian Institute Press, 2000.
- Hopkins, P. **Eccentric South African**. Cape Town: Zebra Press, 2001
- Ingold, T. **What is an Animal?** New York: Routledge Press, 1994.
- Jones, A. H. *Narrative Ethics* in **The Lancet** Vol.349. London: The Lancet, 1997.
- _____. *Physician-Poets* in **The Lancet** Vol.349. London: The Lancet, 1997.
- Kelly, V. *Locke's Eyes, Swifts Spectacles* in **Body and Text**. Stanford: Stanford University Press, 1994.
- Kelly, V. and Mucke, D. V. *Introduction: Body and Text in the Eighteenth Century* in **Body and Text**. Stanford: Stanford University Press, 1994.
- Kembo-Sure, E. **SUBA Ethnolinguistic Validity and Ethnnc Revival**. Maseno: Maseno University Press, 1999.
- The Native Authority Ordinance (The Chief's Act)**. Nairobi: Kenya Government Press, 1962.
- Laws of Kenya**. Nairobi: Kenya Government Press, 1962.
- Kieckhefer, R. (1989) **Magic in the Middle Ages**. UK: Cambridge Univ. Press, 1989.
- Klassen, P. E. *The Robes of Womanhood: Dress and Authenticity among African-American Methodist Women in the Eighteenth Century*, in **Religion and American Culture: A Journal of Interpretation**. University of California Press, 2004.
- Konemann, V. **Soul Of Africa**. Cologne: Konemann, 1999.
- Kulvicki, J. (2003) *Image Structure*, in **The Journal of Aesthetics and Art Criticism**. Fall 2003.
- Lalu, P. *Medical Anthropology, Subaltern Traces and the making of Meaning of Western Medicine in South Africa 1895-1899*, in **History in Africa Journal** Ed. By David Henige. New Jersey: State University of New Jersey, 1998.
- Leeman, E. *Pre-Freudian thoughts on Sex*, in **The Lancet** Vol.352. London: The Lancet, 1998.
- Leclair, S. **A Child is Being Killed**. Stanford: Stanford University Press, 1998.
- Leff, S. **From Witchcraft to World Health**. City: Lawrence & Wishark Press LON, 1956.
- Lindley, R. **Autonomy**. London: Macmillan, 1986.
- Madigan, S. *Inscription, Description, and Deciphering Chronic Identities* in **Deconstructing and Psychotherapy**. London: Sage Press, 1999.
- Madu, R. O. **African Symbols, Proverbs and Myths: The Hermeneutics of Destiny**. Peter Lang Press, New York 1992:254
- Malcom X and Haley A. **The Autobiography of Malcom X**. Random House Press, 1964
- Malpas, J. and Solomon, R. C. **Death in Philosophy**. London: Routledge, 2003.
- Marja-Liisa Swantz, **Ritual and Symbol in Transitional Zaramo Society**. Uppsala: Scandinavian Institute of African Studies, 1986.
- Martin, J. and Harre, R. *Metaphor in Science* in **Metaphor, Problems and Perspectives** Ed. Miall, D. S. Sussex: Harvester Press, 1985.
- Mayor, A. W. **Thuond Luo (Luo Heroes)**. Kisumu: Anyange Press, 1938.
- Mbiti J. S. **African Religions and Philosophy**. London: Heinemann, 1969.
- Mbiti, J. S. **An Introduction to African Religion**. London: Heinemann, 1975.
- Mboya P. **Luo Kitgi gi Timbegi**. Kisumu: Ramogi Press, 1938.
- McLellan, M. F. *Literature and Medicine: Some Major Works* in **The Lancet** Vol. 348. London: The Lancet, 1996.
- _____. *Why Literature and Medicine* in **The Lancet** Vol.348. London: The Lancet, 1996.
- _____. Article: Narratives of Physical Illness in **The Lancet** Vol. 349. London: The Lancet, 1997.

- Meade, M. **Ritual: Power, Healing and Community**, Oregon: Swan Aven and Co. Oregon, 1993.
- Meek, P. M. (2000:26), *Recasting Divination Research*, in **Insight and Artistry in African Divination** Ed. Pemberton III. New York: Smithsonian Institution, 2000.
- Miall, D. S. **Metaphors: Problems and Perspectives**. Sussex: Harvester Press, 1982.
- Midley, M. *Beasts, Brutes and Monsters*, in **What is an Animal?** New York: Routledge Press, 1994.
- Moore, F. C. T. *On taking Metaphors Literally*, in **Metaphor: Problems and Perspectives**, Sussex: Harvester Press, 1982.
- Morss, J. and Nichterlein, M. *The Therapist as Client and Expert: Externalizing Narrative Therapy in Deconstruction and Psychotherapy*. London: Sage Press, 1999.
- Motem, F. **In the Break: The Aesthetics of the Black Radical Tradition** Amazon Press New York, 2003
- Mucke, D. *How the Ancients Represented Death*, in **Body and Text in the Eighteenth Century**. Stanford: Stanford University Press California, 1994.
- Newman, F. **Let's Develop**. NY: Castillo International, 1994
- Newman, F. **Still on the Corner**, NY: Castillo International 1998
- Ngugi, T. **Decolonising the Mind**. London: James Currey, 1981.
- Ngugi, T. **Moving the Centre**. Nairobi: East African Educational Publishers, 1993.
- Nickerson, K. G. and Shea, S. W. *H. R. Rivers: Portrait of a Great Physician*, in **The Lancet** Vol 350. London: The Lancet, 1997.
- Nooter, M. H. **African Art that Conceals and Reveals**. New York: The Museum for African Art, 1993.
- Ober, W. B. *John Donne as a Patient in Literature and Medicine*. Baltimore: The John Hopkins University Press, 1990.
- Ochieng, W.R. **History of Kenya**. London: Macmillan, 1985.
- Ochola-Ayayo A.B.C. **Traditional Ideology and Ethics Among the Southern Luo**. Uppsala: Uppsala Offset Centre, 1976.
- _____. **The Traditional Ideology and Ethics Among the Southern Luo**. Uppsalla: Scandinavian Institute African Studies, 1976.
- Ogot, B. A. (1967) **History of the Southern Luo**. Nairobi: East African Publishing House, 1967.
- Ogot, G. **The Other Wife**. Nairobi: East Africa Publishing House, Nairobi, 1992.
- Olumwullah, O. A. **Dis-Ease in the Colonial State**. London: Greenwood Press, 2002.
- O'Neill, K. *Disciplining the Dead in Perspectives on Embodiment*. Ed. G. Weiss and H.F. Haber. London: Routledge Press, 1999.
- Onyango-Ogutuu and Roscoe, A. **Keep my Words**. Nairobi: Heinemann , 1974.
- Orem, O. H. **Medical Geology**, New Medical International Medical Geology Association Academic Press, 2003.
- Pankaj, S. *Medicine, Duress and the Praying Hands*, in **The Lancet** Vol. 349. London: The Lancet, 1997.
- Parker, I. **Deconstruction and Psychotherapy**. London: Sage Press, 1999.
- Parkes, G. *Death and Detachment*, in **Death and Philosophy**. London: Routledge, 2003.
- Parrinder, G. **Witchcraft: European and African**. London: Faber and Faber, 1958.
- p'Bitek, O. **African Religions in Western Scholarship**. Nairobi: East Africa Literature Bureau, Nairobi, 1970.
- Peirce, C. S. **The Collected Papers of C. S. Peirce, Vol 1-6**, Ed. Charles Hartshorne and Paul Weiss, Vol. 7-8 Ed. A. W. Burks. Cambridge 1931
- Pels, D. et al *The Statue of the Object*, in **Theory, Culture and Society** Ed. Vikki Bell. London: Sage Publications, 2002.
- Pemberton III, J. **Insight and Artistry in African Divination**. Washington DC: Smithsonian Institute Press, 2000.

- Pemberton III, J. *Divination in Subsaharan Africa*, in **Art and Oracle**. Ed. Alisan Dagama. New York: The Metropolitan Museum of Art, 2000.
- Rautman, A. E. **Reading the Body**. Philadelphia: University of Philadelphia Press, 2000.
- Saltman, K. J. *The Strong Arm of the Law* in **Body and Society Journal**. London: Sage Publishers, 2003.
- Searl, J. R. **Speech Acts: An Essay in the Philosophy of Language**. Cambridge: Cambridge University Press, 1969.
- Silverman, W. A. *Literature and Medicine: The Crap-trapping* in **The Lancet** Vol.349. London: The Lancet, 1997.
- Soll, I. *On the Perpetual Insignification of Death* in **Death and Philosophy** Ed. Malpas, J. and Solomon R. C. London: Routledge, 2003.
- Sundermeier, T. **The Individual and Community in African Traditional Religions**. Place of publication? Transactions Publishers, 1998.
- Sutton, T. *Symposium: How Musiums Do Things with Artworks* in **The Journal of Aesthetics and Art Criticism**. Winter 2003.
- Taylor, N. D. and Ryuki, K. *Article: The Healer and the Healed: Works and Life of Kenzaburo Oe* in **The Lancet** Vol. 352. London: The Lancet, 1998.
- Thomson, C. B. *Article: Reblais and Obscenity*, in **The Body and the Text**. London: Harvester Wheatshe Press, 1990.
- Thornton, R. J. **Space, Time and Culture amongst the Iraqw of Tanzania**. New York: Academic Press, 1980.
- Thorpe, S. A. **Shamans, Medicine men and Traditional Healers**. Pretoria: University of South Africa, 1993.
- Tierney, T. F. *The Preservation and Ownership of the Body*, in **Perspectives on Embodiment**. London: Routledge, 1999.
- Turnbull, D. *Performance and Narrative, Bodies and Movement in the Construction of Places and objects, Spaces and Knowledge*, in **Theory, Culture and Society** Ed. Mike Featherstone. London: Sage Publication, 2002.
- Veronica, K. **Body and Text in the Eighteenth Century**. California: Stanford University Press, 1994.
- Walton, K. *Depiction, Perception and Imagination: Response to Richard Wollheim* in **The Journal of Aesthetics and Art Criticism** Vol. 60.1, 2002.
- Weiss, G. *The Abject Borders of the Body Image*, in **Perspectives on Embodiment** Ed. G. Weiss and H. F. Haber. London: Routledge, 1999.
- William, C. W. **The Use of Force; Doctor Stories**. Faber and Faber Press 1987
- Zola, E. **Germinal**. Penguin, London: 1885

Internet Articles

- Culbertson, P. (1998): 'Designing Men: Reading the Male Body as a Text', in The Journal Of the Society for the Textual Reasoning Vol. 7 1978, internet <http://etext.lib.virginia.edu/journals/archivee/volume7/cubertson1.html>
- Onyango, M., (1998), 'The Only African Pope Dies,' **African News Internet**.
- Shaw Eliot, (1963), 'Legio Maria Movement, **Overview of World Religion ,Internet**
- Faulkner, J. (2003), 'The Body as Text in the Writings of Nietzsche and Freud', in Journal of Philosophy Vol 7, internet <http://www.u/ie/-philos/vol 7 body.html>
- Martin, E., (1994), '**Body and the Text in the Eighteenth Century**', Ed. Veronica Kelly and Dorothea E. Mucke, C.A Stanford University Press, Reviewed by D. Elaine Martinemartin@woodsquad.as.ua.edu>internet:<http://bama.ua.edu/>

<http://bama.ua.edu/-publications/bookreview/kellyvonmucke.htmln/publications/bookreview/kellyvonmucke.html>

Harries, J. (2002) Jim Harries Journal, **Internet**

Newspaper Articles

Jenje, B. *Stealing From the Ancestors*, in **The Daily Nation Newspaper, April 16**. Nairobi: The Nation Media Group Limited, 2004.

University of Cape Town

Appendix (a): Lwanda Magere Story

Lwanda Magere came from the Sidho clan of Kano. His home was at Ngeny near the River Chialo, which empties its waters into the Nyando River, which as you know, takes its rise in the oozing springs of the Nandi Hills. Finally, as every eye has seen, the Nyando vomits its brown boiling waters (that carry like a train corpses and carcasses, trees and branches, big snakes and small snakes) into Nam Lolwe, that is, Lake Nyanza.

Magere was like a mystery, for he was immensely strong and in armed combat quite invincible. Thus he was a hero among his people. Often under cover of night the Lang'o made cattle raids into Luo territory, but whenever Magere appeared, they suffered heavy losses and those able to escape alive soon showed a clean pair of heels.

Then, after Magere had won countless battles against them, the Lang'o elders assembled to discuss ways of ending the glorious career of this all-conquering hero. "How best can we destroy him?" they asked themselves. "How is it that Magere seems to have a body of stone when, like the rest of us, he has a wife and children? Surely he has blood somewhere." They debated the problem at length, until they decided to give Magere a Lang'o girl who might discover the secret of his strength. And so word went out that the most beautiful girl known among the Lang'o should be found and sent to the elders' assembly. A girl was found, a lovely maiden as brown as a ripe *osaye* fruit; no other girl could match her for grace and beauty. They sent her to Magere and he fell in love with her at once.

When Magere's *mikayi*, or first wife, saw that he was about to marry a stranger, she upbraided him. "Husband," she said, "I don't like you marrying this daughter of the Lang'o. Why don't you find a beautiful Luo girl instead of this *jamboree* who has been sent to spy on you?" Magere refused to listen. Women, he thought, are the same the world over: spiteful and full of jealousy.

Magere lived happily with this new woman who had come to cook for him. Time went by and though she went to report to her people moon after moon, she had no news for them. One day, however, Magere fell ill while his first wife was out working in her garden. It was customary then for the first wife to do the farming, or at least to sow the seeds for the harvest. Thus the junior wife nursed Magere. Next day his illness was worse and in the late morning, when the sun reached its height and people in the gardens had to leave their work to shelter from its heat, Magere told his young wife to bring a blade, cut his body with it, and then rub some potent ash into the wounds. The medicine was made from burnt herbs, which he had stuffed into dried sealed reeds. He had stored it in a skin bag in his own *duol* away from the eyes of his wives. Magere asked his young wife to make the incisions. She replied, "Husband, why do you demand the impossible? A thin blade cannot cut through rock! And you're all rock." Then Magere pointed to his shadow. "Cut there," he ordered. Now, she went half-heartedly to Magere's shadow and with the blade cut the part cast by his forehead. In the same way, she made another three cuts on the cheeks and then, applied the medicine. As she watched the blade sink into the shadow it seemed to her that it was sinking into the earth. She was astonished, therefore, to look up and see blood trickling from the "rock". The deeper the blade sank, the more torrentially the blood flowed. She knew now that Magere's strength lay in his shadow and not in his body. Her treacherous heart was warned by it all.

Besides nursing Magere, she had to fetch vegetables from the fields and water from the river. So shortly after her discovery, she told Magere to sit in the shadow of his *duol* while she went to perform these tasks. Meanwhile, of course, she went to her house, packed her belongings, and fled to her people.

When *mikayi* arrived from the fields, she asked how Magere was feeling. He said his illness had advanced so far that he had asked his Lang'o wife to cut him and apply some medicine.

"Oh, my husband," she cried, "you've stepped on hot ash! You've stepped on hot ash with both feet! Where is this girl?" She searched everywhere but without success. Aware of what the discovery meant, she now begged her husband not to go to war again. But Magere replied, "I was born a hero and I'll die a hero! I'll never hesitate to defend my people!"

The young wife soon arrived in the Lang'o heartland. Word quickly spread to all parts of the country that she had returned with exciting news from Luoland. The leaders gathered at once. Some, who had doubted the wisdom of the plan, asked, "Has she really come back?" And the reply, "Yes!" was given so firmly that it pierced to the innermost depths of their ears. People poured in from the countryside. Question and answer were constantly repeated among the swelling crowds. Soon, with the home tightly packed, the girl rose to speak, and told the story of Magere's sickness. "If you want to, kill him," she announced, "look for his shadow and aim at it with whatever weapon you're carrying. Shoot, nowhere else for the upright parts of his body are solid rock that will blunt, curl, or break all your spears and arrows."

Her words sank into their ears. They rose and returned to their homes. The elders, however, now planned a series of battles against the Luo, battles that would begin at night and last until well after dawn on the morrow.

A few days later, therefore, they launched a fierce night attack on the Luo and the battle continued until well into the following day with many lives lost on either side. Seeing that the struggle was dragging on unnecessarily, the sick Magere, who normally entered the field only when his junior warriors seemed especially hard pressed, now calmly handed his tobacco pipe to his *misumba*. "Prepare my arms!" he ordered. Nor would he listen to his wife, who begged him ceaselessly not to join the battle. "No!" he insisted, "I'm going to defend my people. One dead hero does not prevent the world from bearing more." So he rushed into the field, and all afternoon victory hung in the balance. With his clubs and spears, with his bows, arrows, and shield, Magere hurled himself into the foe, taking them unawares and slaughtering countless numbers of them. The lightly injured fled; the gravely wounded lay bleeding beneath the sun. Still clinging to life they sweated in the heat without water to quench their thirst. They saw death approaching like an arrow shot from the bow, winging its way to hit the eye of its target.

The Lang'o resisted stubbornly. They strove to stem Magere's attack but he dispersed the hard core of their troops and drove them into the hills. Racing along in pursuit, he slaughtered everyone within reach. Then, feeling weary, he decided to break off a battle that was won already. He asked his people to let the Lang'o escape.

Cowards, they say, are heroes once a war is over, perpetually boasting of their scars. The Lang'o who escaped no doubt boasted of their wounds, and the Luo, victorious, would retell a hundred times the story of their brilliant strategy. All would share the glory due to a single hero.

And now, returning from battle, the Luo chanted war-songs. Warriors praised their fellows, slain or living and the air was filled with the blaring of horns, the booming of drums, and the clanging of spears and *gara*.

After his hard fight Magere was weak and he came down slowly from the mountains where he had driven the Lang'o. It was late evening when the long shadows announce that soon the sun must fall behind the mountain. Magere, unable to run, was picking his way along the homeward path. And at this time, too, a Lang'o warrior remembered the advice of the girl. He upbraided his comrades. "Are we going to let this man escape," he asked, "after killing so many of our brothers and sons? Come, let's find him. Today he must die."

With all the cunning for which his people are famous, the Lang'o warrior set off to search for Magere. Like a snake, he slid from bush to bush, carefully concealed from the eyes of the

returning Luo. When, finally, he caught up with Magere, he dodged about, this way and that; and then, with a mighty thrust, he drove his spear deep into Magere's shadow. The last great hero of the Luo crashed dead to the earth. Lang'o warriors who saw him fall shrieked at the top of their voices, A great *sigalagala* went up. "Their hero is dead! Their hero is dead! "

But, wonder of wonders, when Magere, fell before the Lang'o, he became a mighty rock and, awe-struck by his mysterious disappearance, the Lang'o trembled with fear, thinking that the Luo hero had assumed another body and was about to rise again and slay them.

Now, unlike the Lang'o, who were as happy as swallows catching worms, or flies blown for, the Kano people went weeping homewards. For those who knew that mighty warrior, this was the saddest day of their lives. This and many days that followed were gray and gloomy. To make matters worse, the Lang'o, still doubtful whether they had killed Magere, launched three more heavy attacks on the Luo to make sure. They swept through the Luo villages, wreaking slaughter on every side. But no man like Magere appeared and they went home convinced he was dead.

From that day to this, all who sharpen their weapons on Magere's rock before setting off to go hunting, never fail to kill or capture their quarry. Even when their spear only lightly scratches the beast, it sinks to the ground in its death throes. To honour Magere as a great defender of his people, his memory enshrined is forever in one of our most popular sayings. When one man exceeds another in cruelty, he is asked, proverbially, "Are you Lwanda Magere that you can't be trifled with?"

Though Magere has now long been dead, the Luo have never forgotten him: he is part and parcel of their history. When they love someone dearly, the Luo compose songs of praise about him, and this they have done for Lwanda Magere. *Tinda*. Onyango-Ogutu, (1974) p143.

LUANDA MAGERE – LUO TRANSLATION

Lwanda Magere nonyuol kama iluongo ni Sidho ei Kano. Dalane ne chiegni gi Aora Chialo, mariworegi aora Nyando, maingeyo ni ochakre e thidhya moa e gode mag Nandi. Mogik to kaka wang ka wang oseneno, aora Nyando n'gogo pige ma rabuor mayienyo (motingo dendji mosetho, chiaye motho, yien mopudhore kod bedegi kod thuonde madongo dongo) mapukore e nam Lolwe majomoko luongoni nam Nyanza.

Magere ne en ngat magalagala kendo hono nikech ne en ngat matek ahinya kendo kane odhi kedo e lweny to ne ok nyal loye. Mani omiyo ne en thvon ekind ogandane. Nyadimangeny e seche mag otieno, Lango ne temo biro kwalo dhok mag Joluo ei pinygi; to katakamano ka Lwanda Magere ne odonjo e pap, ne inegogi mangeny kendo joma ne otony e kindgi ne otoyoe mana ngwech.

Kane Lwanda oseloyogi e lwenje mathoth, ne jodong Lango oluongo bura mondo ging'adie rieko kaka ginyalo tieko thvon ni. "Di wanege nade?" ne gipenjore kendgi. "Ere kaka Magere chalo gima dende olosgi kidi to en mana kaka wan, nikech en gidhako gi nyithindo? Adieri nyaka obedie gi remo e dende." Ne gipuodo wachni mar saa mabor, nyaka ne giwinjore ne onego gimi Magere nyar Lang'o manenyalo fwenyonegi maling ling mar tekone. No oor milome ni idwaro nyako majaber molojo mondo oter enyim chokruok mar jodongogi.

Ne onwang' nyako majaber ma lando mana kaka olemo mar osaye. Onge nyako mane nyalo romo kode gi ber kod nyasi. Ekane giore ir Magere kendo magere ne ohere dichiel. Kane mikayi mar Magere onenoni chwore ne dwaro kendo ngat maok Jaluo, ne otemo kwere. Ne owachoni, "Wuon pacho, ok ahero mondo inyuom nyar Lang'oni. Ang'o matami kawo nyar Luo ma jaber kar

*Jambetre moseorni mondo ong'e maling ling mari?" Magere ne ok dwar winjo wach mikache .
Ne oparoni mon chalre e piny ngima: gichayoji kendo gin jo nyiego.*

Magere nodak maber kendo gi mor kod nyako manyien ni mane obiro tedone. Kaka ndalo ne kadho, nyakoni ne tero wach thurgi tone onge wach ma ne nyalo miyogi mor nikech pok ne oyudo kar teko mar Magere. Chieng moro, kata kamano, Magere ne obedo matuo, sama mikache ne odhi puodho. E ndalono ne en kit luo ni mikayi ema golo puro kata komo kodhi mokuongo mar ndalo keyo. Mani omiyo chiege matin emane tuoye. Kinyne twone ne omedo bedo marach, kendo kar odiechieng, kane chieng nie dier wich kendo jomanie puothe ne koro duogo yueyo etipo, Magere ne okone chiege matin ni mondo omany mirich, osargo dende kendo oruchie buru. Yadhni ne olos kod yiende mowang mane okano e odundu modin. Ekane okane e ndai mar pien e duol mare mabor kod kuma wenge monde ne nyalonenee. Magere ne onyiso chiege matin ni mondo osare.

Ne oduoko niya, "chwora, ango momiyo idwaro gima ok nyal timore" Mirich mayomyomni ok nyal saro kidi. To ingeyoni in kidi" Ekane Magere osiemo tipo mare owuon "sar kacha" ne onyise. Ekane nyakono odhitimo kakane onyise gi chuny mapek kendo ne osaro tipo kar lela wange. Kendone ne osaro kwonde adek elembe ekane oruchoe buru. Kane oneno mirich ngado tipo, ne nenorene ni mirichni donjo mana elo. Ne obuok kane otin'go wiye malo kendo oneno ka remo chwer koa kuom "Lwanda." Kane osaro tipo matut to remo nomedo chirore mangeny. Ne ofwenyo nikare malingling mar teko Magere opndo mana e tipone to ok e dende. Mani ne omiye mor kod ilo e chunye.

Kanyakla kod tich mar tuoyo Magere, nyakoni ne onego dhi ngweto e puothe kendo umbo e aora. Mani omiyo ne owuondo Magere mondo oywe e tipo mar duol mare kane odhi timo tije magegi. Ekane odhi malingling eode ma otweyo gige duto moringo odok thurgi.

Kane mikayi oduogo koa e puodho ne openjo kaka Magere koro dhi. Magere ne owachone ni tuone nomedore marach mane ochune mokwayo jjaode matin manyar Lango mondo osare kendo oketne buru. "Oh chuora" ne owacho "inyono lot!" Inyono lot gitiendi ariyo! Ere nyakono? Eka nene omany kamoro amora to nene ok oyude. Nikech mikayi ne ong'eyo tiend fwenyo malingling mar teko Magere, ne okwayo jaode mondo kik odhi kendo e lweny. To Magere ne oduoke, "Ne onyuola thuo kendo abiro tho kaka thuo! Ok anyal dok chien ma ok akedo ne oganda mara!"

Nyar Lango nene ochopo thurgi. Wach ne olandore mapiyo ei Langote malando wach maber ni moa ei Luo. Jodongo ne ochokore mapiyo. Jomoko mane nigi kiawa kuom oro nyakoni ei Joluo nopenjo, " Bende en adieri ni nyarwa ni oduogo?" Kendo duoko ne en "Eeh!" Mani ne ewach kod duol motegno makata momo ne nyalo winjo. Ji ne ochokore koa e piny mar Lango te. Ji ne penjore penj mopogore opogore kendo ne giyudo duoko mopogore opogore ei oganda maneni ei chokruok. Eka nyakoni ne owachone ne oganda maduonng mane ochokore wach mat tuo mar Luanda Magere. "Ka udwaro nege," nene owacho, "dwaruru tipone kendo ugoye kata uchuyoye gi gimoro amora mar lweny ma utingo. Kik uchandru chuoyo kamoro amora kendo ma ok tipone, nikech dende mochung tir to en mana kidi-manyalo dolo kata turo tongue kod asecheu.

Wechene nene odonjo ei itgi. Ne gichungo kendo gidok e miechgi. Jodongo nene ochano lwenje moluore oluore kod Joluo mane gichano mondo okedi Otieno nyaka piny oru.

Bang' ndalo moko matin nene gimonjo Joluo gotieno kendo lweny nene okedi nyaka kinyne kendo ji ne otho Mathoth koa koni gi kocha. Kane Magere onenoni tho ma kama ne ok ochunore, nene odonjo e paw lweny kata ne pod otuo kamano. Nene ongiyo donjo e lweny mana ka jokedo matindo e buoye nene lweny onyoro. Sani ne omiyo misumbane kwesi mane omadho. "Kel giga mag kedo!" ne owachone jatich ne. Ne ok ochiko ite ne mikache mane osiko ka ywakne ni kik odhi e lweny. "ooyo!" ne okwer, "Adhi kedo ne ogandana. Thuo achiel ka otho ok nyal tamo piny nyuolo thuondi moko" Ekane oringo modonjo epaw lweny kendo mani omiyo jotuo koro ne rito mana locho kaka pile. Magere nene odonjo e lweny kotingo gige mag kedo kaka arunge, tonge, kod atung, asere kod okumba. Magere nene onyorore gi wasugu apoya nono monego ji mathoth

ahinya. Jomane ohinyore matin ne otoyoy mana ngwech – to jomane nigi adhola ne chwero remo obwo liet mar chieng. Negitemo bedo mangima katane gigolo luya mathoth kendo riyo nene oloyogi – nikech onge mar pi manyalo negogi riyo. Ekane gineno tho kabiro ratiro kaka asere moa e atung mafuyo kochiko tong wang' gi.

Jolango ne otemo kedo matek. Ne gitemo gengo monj mar Magere, to ne okeyo yawuotgi matektek mokeyogi kagichomo wigot. Ne olawogi konego ngato angata mane oromogo. Kane ool, ne onenoni owe lweny nikech ne onge ngat ma ne nyalo chung kode. Ne onyiso Joluo ni giwe Lango modong thuolo mondo giring gidogi thurgi.

Iwachoni ngoche lokore thuondi ka lweny oserumo. Gisungo adhonde. Jolango mane otony nodok thurgi kagisungo adhondegi, to joluo no odok kalando sigendni mar kaka ne gikedo kendo locho. Negipimo wechegi nyadi mangeny kagilando riekogi mar chano lweny. Kama, nyasi mar thuo achiel ipogo ekind ji mathoth.

Jokedo mag Luo ne oduogo dala kagigoyo agoro. Jolwenygi ne pako jowadgi mane onegi kata ma ne ngima kendo oporo kod tunge ne opongo muya kagigoyo bunde kendo gituomo tonge kod gara.

Bang kedo matek kama, Magere ne ool kendo no olor koa ewi god Lang'o. Ne en saa mar odhiambo, mane tipo mabocho nyironi chieng chiengni podho etok gode. Magere koro ne ok nyal ringo kendo ne owuotho mos kochomo dalagi. E sechego Jolango nen oparo malingling mane nyargi cha osenyisogi kuom Magere. Eka achiel kuomgi ne odhawa kama, :Wabiro weyo ngatni tony" nopenjo, "bang kosenego owetewa gi yawuotewa mangey kama? Biuru mondo wamanye. Kawuono nyaka otho".

Negichako manyo Magere wuod Luo ma rahumani, ka gitiyo kod riekgi duto mane ong'egi godo. Kaka thuol negimol mos e bunguni kod bungucha, kagitang kendo gibuto ne Joluo manewiro thurgi. Kane ochopo but Magere ne olengore koni gi kucha ekane ochwoyo tipo Magere gitekone dutote. Thuon Luo ni ne ogore piny motho ewi lowo. Jolango mane onene kogore piny ne ochako goyo sigalagala maduong "Thuongi otho! Thuongi otho!"

Kata kamano, hono mar homni kane Magere ogore piny enyim jolang'ogi, ne olokore kidi kendo mani ne obuogo Jolango'go, mogoyogi gi luoro nikech ne olal dichiel e wang'gi. Ne giluur kagiparoni thuo Joluo ni nyalo chier nikech nene okawo mana kido mar ringruok mogore matin to obiro doko dhano kendo, kae to oa malo kendo onyalo negogi gi mirima mager molojo.

Kata obedoni Jolango to ne goyo siboyi ka gi il kaka opija mobago kute modhuro kata lwang'ni mokuodhnegi, Jokano to ne odok pachokagiywak malit. Jomane ongeyo thuo ni ne nigi kuyo maduong ahinya chiengni molojo ndalo dutote e ngimagi. Chiengni kod ndalo moko maoluwe ne ji nigi kuyo kendo piny ne otimo rondo. Joluo ne omedo sandore ahinya nikech Jolango ne omonjogi nya didek kagitemo ane kabe Magere ne ochier kendo entie kata ooyo. Negiywero miech Luo mathoth, kaginego ji koni gi koni. To nikech ne ok gineno Magere ne gidok thurgi kagimor nimar Magere kare ne otho adieri.

Chakre chiengno, Joma opako tongegi e kit Magere kapok gidhi dwar pod koduogo nono maok ginego le. Kata obedoni tongegi ogwaro mana le matin, to leno gore piny motho mana kanyo kanyo. Lwanda omi luor maduong ahinya nikech sigande kod timbene osiko e ngeche mag Luo. Ka ngato ger kata kwiny ahinya to ipenjeni, "In Lwanda magere ma ok tali?"

Kata obedoni Magere koro osetho kuom kinde mabor, Joluo pod wigi ok owil kode: en achiel kodgi kuom sigand Luo. Joluo ka ohero ngato ahinya to giloso wer ma ipake godo. Joluo oseloso wende mathoth mar pako Lwanda Magere.

Thutinda!

Onyango Ogutu and A.A. Rosco, (1974:143) Translated by J. O. Ogembo

Appendix (b): Simbi Nyaima

Long ago, when her clan had been smitten by drought and famine, an old woman journeyed into distant parts seeking a new home. She had been walking for many days when a storm forced her to take shelter in a nearby homestead, where people were celebrating a feast. There was merry music, song and dance, and since the flow of beer was endless, it was clear that the festivities would swirl on through the night.

The old woman approached the house where the noise was loudest -frogs, as we say, croak most near water- but she was rudely driven away, retreating as fast as her weary legs would carry her. She was on the point of setting out once more on her journey when a kind woman, sober and sympathetic, took her into her home, let her rest and warm herself by the fire. Later, the same good woman took her back to the festive house and pleaded with the occupants to offer at least a calabash of beer. They refused. Whereupon the old woman tried hard to persuade them. "I've got some magic here," she said, "which could make you all into rich important people." But they were in no mood for magic. "Away with it!" they swore. "We don't need it."

Both ladies left and the stranger now suggested that her hostess should gather her belongings and set out to find a new home. "Go and call your husband," she said. "I've something important to tell him. You're all in danger here." But the husband would not come: tipsy and violent, he swore he would not leave the party for any reason whatever. Three times the hostess went for her husband; three times he refused to come.

It was then that the old woman spelled out her warning. "Take all your children away from here," she urged, "for this place will soon be flooded." The hostess complied at once. She left the home with her children and all her belongings, while the carousing still continued in the homestead. When they were some distance away they looked back and saw a huge black rain cloud gathering over the home. With a flash and a mighty roar, they saw it burst, and, like some vast holed water pot, pour its contents down in torrents. The home, alas, was quickly submerged; only the fringe of the euphorbia hedge remained visible. A lake formed which we now call Simbi Nyaima. Furthermore, of the animals left behind, the cattle became hippos and the barn-door fowl egrets and other water birds.

Tinda. Onyango-Ogutu, (1974:138)

SIMBI NYAIMA – LUO TRANSLATION

Koronene dhako moro moti ne wuotho koa mabor kodwaro dak manyien. Mani ne otimore nikech oro ne okelo kech maduong, e piny mane oae. Ne osewuotho mar ndalo mang'eny eka koth nochune mondo obuogi e dala moro maduon'g maneni machiegni. E dalani ne ji nigi nyasi mar chiemo togi metho. Ne nitie thum mamit, werto gi miel nikech kon'go ne thoth ahinya. Ne nenore ni mer makakamane biro dhi nyime otieno mangima.

Eka dhako motini ne odhi eot mane koko mar mer duong'e molojo. Joluo wachoni ogwal yuak matek molojo but pi. Katakamano mamani ne oriemb ka guok kendo ne owiro koduogo chien mapiyo piyo kata ne ool kamano. Kane otemo wuok oko mar rangach, dhako moro ma nguon nokeche moruake ei ode. Ekane omiye yweyo kendo omiye mach mondo oo. Bange dhako mang'uon ni ne otere kar math mar kongo kendo osayo jogo maneni kanyo ni mondo omiye wendoni kong'o agwata achiel. Ne gitamore. Eka dhako moti mawendoni ne otemo hoyogi. "An kod yath mar honni," nowacho, "ma nyalo miyo ubed jomoko kend joma oluor." Mani ne ok obadhogi. "Dhikucha gi yadhigo!" ne githiarone wach. "Ok wadware".

Mon ariyogi neowuok oko kendo mama ma wendoni nowachone dhako manguonni ni mondo okawgige duto mondo gitony kwom dar dalano kendo dware kar dak manyien. "Dhi mondo iluong chwori." Nowachone. "Dhi inyiseni an gi wach maduong ma adware wachone. Chandruok maduong mar masira dwa timore e dalani." Katakamano ngatni no odagi winjo wach jaode nikech ne osemmer marach ahinya. Ne okuon'gore ni ok onyal wuok oko mar kar budho kod mer no kata da an'go ematimore. Dhako ni ne otemo sayo jaode mondo owuogi nyadidek to kuom ndalo adekgi, n'gatni ne otamore winjo wach.

Bang mano dhako motinine osiemo mamani. "Kaw nyithindi te mondo igolgi oko," nowacho," nikech dalani biro lokore ataro." Ne dhako matinni owinjo wach kendo otimo kakane okwaye. Ne otony kod nyithinde kod gige e thuolo mane mer ne pod dhi nyime eod budho. Kane giseloko n'gegi ne dakini, negi rango chien ekane gineno bor polo moro kachakore elwasi ewi dalano. Eka ban'ge matin to ne gineno polo kamil kendo koth ne ochako chwe kagima polo obarore ka agulu kendo pige pukore oko kagima omwomo ohinga. Dalani ne omwonyore ei pi dichiel. Ojuok mane ochiel godo dalani emane odong ka limbo ewipi. Nam mane olosore ka ne omi nying ni Simbi Nyaima. Kwom chiaye mane opidh ei dalani, dhok ne olokore rawoto gwen ne olokore atudo. Thu tinda.

Ogutu and Roscoe

(1974:138) Translated. By J. O. Ogembo

University of Cape Town

Appendix (c): Nyamgondho son of Ombare

At Gwassi in Luoland there lived a poor bachelor called Nyamgondho, son of Ombare. He was a fisherman. But because he had inherited nothing from his father, he was a fisherman of no repute. Each evening, unable to sell any part of his catch, he ate it all himself, in this way staving off hunger until the next day when once more he would go down to the lake and set his traps.

One afternoon, he went down to the lake and found all his traps empty. They had not caught a single fish. Nyamgondho, was sad: empty traps meant an empty stomach. He reflected on his poverty, despair creeping slowly into his heart.

Then he prayed to God. "Chief of creation, child of water," he cried, "You know I'm a poor man. Help me to catch some fish. God, you never spurn your children. Look on me with kindness. I set my traps last night but caught nothing. Please help me!" Standing on the shore he prayed earnestly, his eyes fixed on the sun.

When he came to inspect his traps next day, he was disgusted to find, not a rich harvest of fish, but a shrivelled old hag. The very sight of her revolted him and he turned to run. But the woman stopped him saying in a quiet voice, "Please don't leave me. I'm human just like yourself." These gentle words moved Nyamgondho and set him wondering. He decided at last to free the hag and take her home. There he built a hut for her, and this ugly guest from the lake soon became his wife.

On the morning after his marriage, Nyamgondho awoke to an astonishing sight. The poor fisherman found his house astir with vast numbers of cattle, sheep, goats, ducks, and barndoor-fowl. This was the woman's wealth, mysteriously treasured up in the unknown depths of the lake. Nyamgondho was now a rich man at whose house crowds flocked to eat an *okebe* of rare succulence; a man whose cows one person could not milk in a whole day. So great was his wealth that as time went by he married many more wives.

Now in those days the elders and the rich used to meet for beer parties. Since Nyamgondho, as the Luo say, had swollen his poverty and burst forth a rich man, he was eligible now to sit and drink with the elders. He was invited one day to a feast where *hwachra* the new harvest beer would be drunk. This being a festive occasion for the people, the elders drank so heavily that it seemed they would never go home -as old people are required to do after an important feast. But since a man should not dry himself where he has bathed, they eventually left and went staggering off into the night.

When Nyamgondho arrived home tired and tipsy, he found his gate securely locked. He called loudly, but no one replied. The woman of the lake and his younger wives were fast asleep. He called them each in turn; but none heard his voice. Nyamgondho called and his home kept silent. His cattle moved silently about swinging their tails and huffing and puffing in the dark. "People of my home open this gate!" he roared. But no one heard. He shouted again, calling and calling till his throat was dry and his voice hoarse. Only the chirring beetles seemed to listen. It was a cold night. A thousand stars and fireflies lit the sky. The world was still. And now, his patience exhausted, Nyamgondho grew angry. He began heaping abuse on his elderly wife. "Since when have slaves refused to obey their masters? Even a hag I pulled from the lake won't hear me!" he cried. "Me, the son of Ombare, a kind fellow."

Alas. the woman of the lake now awoke and heard his insults clearly. She came to the gate in an angry mood, saying bitterly, "Rail at your younger wives, not at me. I am your mother. I am the eyes you see with." These were harrowing words for Nyamgondho. "What? you my mother!" he retorted. "A helpless wretch I fished from the lake! A slave! A helpless slave!" His taunts pierced the old lady's heart like thorns. "Nyamgondho son of Ombare," she said, "I

see you are proud and ungrateful. Our marriage is now at an end. Today I am leaving you. Again you will be poor, rolling about the world like a stone. You will cry after me, but in vain. "How can my wealth disappear?" Nyamgondho asked. "What did you bring, you picked-up-thing that I bred in my home?" And he stormed off to his *duol*.

At dawn the old woman arose. She prepared to return to the depths of the lake where once she had dwelt in wealth and glory. When she left, all the domestic animal left too. Those tied to pegs broke ropes and followed her; the goats, the hens, the cocks and pullets, the short ducks and the silly sheep--they all thronged after her. She led the way and her wealth followed behind.

Soon, waking from his drunken sleep, Nyamgondho, also followed. But it was too late. With her animals faithfully mowing, the old woman walked down the shore into the depths of the lake. Even the granaries and their contents rolled after her and soon the smooth waters of the lake had covered them all. There was nothing left.

On the shore Nyamgondho, gazed on the lake, speechless, his chin resting on his walking staff. So profound was his grief that he died there alone by the shore and turned into a dry tree.

Even to this day you can see the telltale footprints of the cattle and birds this man once owned. What is more, when Nyamgondho died he turned into a tree, which can still be seen on the shore at Gwasssi.

Tinda. Onyango-Ogutu, (1974:139)

NYAMGONDHO WUOD OMBARE – LUO TRANSLATION

E gweng mar Gwasssi ei piny Luo, ne nitie musumba moro mane iluongoni Nyamgodho wuod Ombare. Ne en jalupo. Nikech ne ok oyudo mwandu mag gikeni mar wuon mare, ne en ng'ato mane jachan. Pile pile godhiambo ne ochamo rech matin mane omako nikech ok onyal n'giewogi gi n'gato machielo. Kama ne osiro kech mar odiochien'gno nyaka chien'g machielo – mane odok e nam kendo otemo mako rech.

Chieng moro godhiambo ne odhi oyudoka gogone ne ok omako kata rech achiel. Ma nomiyo nyamgondh kuyo ahinya nikech kagogo ne onindo kech to en bende nyaka ne onind kech. Nene ohum nono koparo wachni e chunye. Ekane otimo lamo Nyasaye. "Nyasach chwech, Nyasach nam," no ywak, "ing'eyoni an jachan. Konya mondo amak rech. In Nyasaye maok ochayo nyithinde. Ngiya gi wan'g ma n'guon. Ne achiko gogo gotieno manyoro to onge gima ne amako. Kwom nguono mari konya!" Nolemo gichunye duto te kochungo edho nam kendo ochiko wan'ge e wan'g chien'g.

Kane oduogo limo gogone kinyne, to ne obuok ka kar mako rech to ne omako mana dhako moro moti e i gogone. Dhani ne olewo chunye motemoni mondo oringi. Katakamano dhani nochunge kowacho giduol mamuol, "Yie kik iringa. An mana dhano kaka in." Weche mamuolgi ne oyomo chunye Nyamgondho kendo ne ogoye gi parruok. Ne on'gado bura mar gonyo dhakoni e gogo kendo tere pacho. Eka ne ogero ne ot adalane kendo ban'ge ne oloke chiege.

Odiochieng mar oriyo bang kende, Nyamgodho ne obuok nikech gimane oneno kochiewo. Noyudo ka dala ne opon'g gi dhok, rombe, diek, gwen kod atudo. Magi ne mwandu mag dhako motini. Nene okano mwandugi gi yomar hono e bwo nam lolwe. Nyamgondho koro ne olokore jamoko madalane ji pon'go kendo ji chieme. Ne omiye nying mar okebe. Mani nying manyiso ni ne n'gat ma migosi ma piny omiyo luor kendo duon'g. N'gato achiel ne ok nyal nyiendho dho Nyamgondho kende kata otem timo mano odiochieng thole. Nikech koro ne en jamoko ne omedo mon moko kendo obedo jadoho.

Jadongo ma jomoko ne oero timo nyasi mar math kon'go. Nikech Nyamgondho ne osebedo jamwandu joluo wachoni osekuot makalo chan, koro ne oromo agwela e budho ma kamagi mondo omethi kendo ochiem gi jodongo wetene ma ramokegi. Chieng moro ne ogwele e budho mar math mar hwachra. Hwachra en kongo mar cham manyien – bang keyo. Nikech mani ne enkindie mar yweyo, jodongo ne ometho ominga man'gato ne nyalo paroni ok gibidoke miechgi. Kaka chik dwaroni nyaka tim ban'g budho ma kama. To nikech n'gato ok onego otwo kama oluokore, ne gichako wuok achiel ka chiel kagitangni ei mudho.

Kane nyamgondho ochopo e dalane ka omer sidan'g, ne oyudo kadho rangaye olor ndi. Ekane oluongo matek to onge n'gato mane oduoke. Nyar nam ni kod monde nyamgondho matindo ne nindo tero sidan'g. Ne omedoluongogi achiel kachiel ginyingegi to ne ok giduoko. Nomedo luongo to dalane ne oling thi. Dhoge emane oneno kachapni e kul kagigoyo tiendgi piny kendo gifwadho iwgi mos e dipo. "jodalana, yawuru rangajni!" no mor matek. Onge n'gat mane owinjo. Ne ogoyo koko dimatek nyadiman'geny maduonde odinore to dalane ne olin'g alin'ga. Onjiri maywak emane chalo gima winjo duonde. Otienono ne piny ngich ahinya. Sulwe man'geny ne riech epolo kendo lero piny. Piny ne olin'g thi. Eka nyamgondho iye ne omedo wang ka horuok mare oumo. Nochako yanyo chiege maduon'g. "Chakre karan'go ma jotich kata wasumbini otamore winjoe duond jatendgi? Kata mana otiya moro manyocha areso kagolo e namni ok nyal winja!" ne okok. "An wuod ombare man'guon".

Ho, eka nyar nam nochiewo nowinjo ayenjegi maler. Ne obiro e dhorangach kaiye owing kowacho gi mirima, "Dhawne mondeni matindo, to ok an. An an meru. An wan'gi minenogodo." Wehegi ne ochwoyo chuny Nyamgondho. "An'go? In minwa!" ne odwoko matek. "Gima odhier mane amako e namni! Musumba! Musumba modhier!" Ayengegi ne ochwoyo chuny mama motini kaka kudho. "Nyamgondho wuod ombare," no oduoko, "Anenoka ijasunga kendo ionge erokamano. Kendhwa orumo. Kawuono awayi. Ibiro bedo jachan kendo mabayo abaya kaka chon. Ibiro ywak, banga kilawa to ok ininyal. Ywakni no bed kayiem nono. "Eve kaka mwanduna nyalo rumo?" Nyamgondho no penje. "In nikelo an'go dlani, in gimane akwanyo akwanyo kae to aketo apidho edalanani? Ekane owitoe kodhie duonde.

Kogwen dhakoni no ochiewo. Noikore mar dok ebuonam kumane odakie gi mwandu kod duong makende. Kane owuok, chiaye te ne oluwe. Chiaye mane otwe ne ochodo tondegi moluwe. Gigi ne gin diek, gwen thondi, atudo, rombe kod gwen masiche. Notelo ekagi luwo ban'ge.

Mapiyo nono, Nyamgondho nochiewo koa e nindo matutu mar mer. En bende noluwo ban'g chiege to ne osedeko. Chiaye ne oluwo ban'g otiyani kod adieri nyakane gichopo edho nam kae to ginimo epi magitho ebwo nam piny. Katra mana deche gicham man eigi noluwe monyumore ei nam molal nono.

Nyamgondho nochung edho nam korango nam kendo ohum nono. Dhoge ne omoko ka oyiengo tike e odunga mane osirore godo. Kuyo ne omake ma otho kanyo kochungo edho nam.

Kata kawuono inyalo neno tie dhok kod gwen ma ne opidho e kidi mane ginyono kagidonjo e nam. Gimalich to ni Nyamgondho ne olokore yien mapod ineno edho nam Gwasi nyaka kawuono. Thu Tinda .

Ogutu and Rocoe (1974:139). Translated by J. O. Ogembo

Appendix (d) The Story of Nganyi Family

Long time ago there was famine in this land. There was a poor old woman who was hungry, and she started to travel eastwards, thinking she would find food in that direction, because she had medicine for making rain. She reached a big home where people were drinking beer. She first went to one of the women who was not in the house, where the beer party was being held. When that woman saw her, she took her to the place where the men were feasting. But when the drunkards saw her, they drove her away - drunkards are people who after imbibing too much cannot listen to anybody's advice. However, the poor woman told them, "Let me stay, I have something so precious that if I give it to anyone of you, that person will be very great."

The people did not care for her words of advice. So they replied, "We do not want medicine. Go away with your medicine."

When the poor old woman heard their reply, she left with the kind woman who had tried to intercede for her, instructing her, "Take all you children and anything else that you think might be helpful to you, for I have seen that water will destroy everybody who is in this home."

The woman obeyed these instructions. When they had walked for about one mile from the home, they paused and looked behind. They saw a big black cloud covering that village and thereafter that village turned into a lake. Everybody who was merry making in the beer party drowned in the lake. That is the story of Simbi Nyaima that we hear about to this day.

After parting with the kind woman, the poor woman embarked on her journey eastwards. She found a man from Gem who agreed to marry her. She told this man the secrets of rainmaking. But when this man from Gem realized the implications of being a rainmaker, he said, "I cannot manage this task, therefore you may proceed to one of our Bantu neighbours, because they are bold and can bear all the risks entailed."

She departed happily and left a little medicine for attracting rain to the man from Gem. When she reached the home of a man from Umuri called Nganyi, this man took her and offered her accommodation in his house so that she could stay there overnight. She told the man that she had medicine for making rain during prolonged drought in the land. The first night she stayed in this place, there was a big stormy rain. The following day, a bull was slaughtered for her. After eating the meat to her fill, she agreed to show Nganyi's brothers the trick for making rain. The man who learnt this skill and technology had a lot of trouble because when it was going to rain, he would hear thunder blasting in his head and see flashes of lightning in his eyes. He also saw many snakes of different types entangled in his mind's eye but he was not scared. After the old woman died, the man took rainmaking business as a full time job and did it until he died.

When this man was about to die, he left the medicine to the father of Nganyi. This old man did not have the flare and acumen for rainmaking so he did not have a great reputation in this profession. Despite this, he tried to make his people prosper by providing rain at the right time. Nganyi was this old man's first born son so when the old man died Nganyi was old enough to sit on his father's stool and be shaved. That was the tradition of the Luo.

When Nganyi was born, he was a very strong person. His strength increased as he grew up until he was old enough to lead his people in war. Nevertheless, he preferred his rainmaking career to anything else. Because of his commitment to his people, he became the chief of his clan called the Basiekwe. He was a wise man whose counsel was valued among his people. The clan respected his opinion and did not hesitate to seek his advice whenever there was a problem.

When Nganyi wanted to make rain, he would go into the forest to look for relevant herbs. After picking the leaves of *manyasi* herbs, he would put the stuff in the pot for making rain. Many snakes inhabit the place set aside for rainmaking and it has a lot of thunder. Sometimes he could cause hailstorm to punish those who defaulted in offering tributes to him. He trained other people how to make rain and to create storms. The people thought that he was doing a useful job for the community and thought that he deserved some kind of reward for his efforts to bring good harvest to the clan. For this reason, some people decided to donate fish, cattle and even land where he could settle some of his children. As a result, he became famous in the entire region of Nyanza Province. In the dry season called *opon*, he received a lot of gifts in the form of cattle from Uyoma, Sakwa and Alego.

Many people those days were hunters. When hunting, the people chase wild animals in order to kill and eat them. Meat was a great delicacy to the people then. The Bantus like hunting the animals like rabbits, antelopes, gazelles, and so on. In order to kill such animals, the Bantus use fierce dogs that can catch them in a twinkling of an eye. To keep abreast with the dogs, the Bantu hunters had to run equally fast. For this reason, they would trample over the Luo gardens and destroy their crops. The crops like beans, cow peas, green grams and such climbers cannot withstand people and animals stampeding in their midst. Such hunting expeditions caused endless conflicts between the rain-making Basiekwe and the Luo. When such quarrels arose, the rainmakers withheld the rain from the gardens of the Luo. The punishments would be timed appropriately when the crops were in critical stage in need of rain.

When there was this kind of dispute, Nganyi withheld rain from the land. This created animosity and bitterness among the elders who preferred their crops to cattle. This is why they paid tributes to Nganyi in form of cattle, sheep and goats to ensure there is rain for their crops. Sometimes, Nganyi created long droughts in order to exact greater tributes from the people.

The Luo would go to war against the Bantus when they wanted to force the Basiekwe to make rain. If the Luo won such wars, there would be a lot of rain. Sometimes Nganyi made rain when he saw his people suffer great losses in war. He would make the rain to alleviate the military losses of his people. Sometimes Nganyi would make too much rain that would ultimately destroy the crops.

After some years, Nganyi was imprisoned for creating famine by withholding rain. People complained to the white men that Nganyi held the rainmaking portfolio, but had refused to discharge his duty. Nganyi was arrested by the Colonial Government and detained in Kisumu to be tried for refusing to make rain and thereby creating famine in the land. In the course of his trial, Nganyi said he would make rain that very day to prove to the white men that he had the capacity and know-how to make rain. That night as Nganyi slept in the prison house, there was a big downpour of rain that flooded the whole of Kisumu. In spite of this, the white men could not believe that man had rainmaking capability. To them, only God could make it rain.

Nganyi was detained for a long time. When he was hungry himself, some people brought to him poisoned food which killed him in prison. The Basiekwe people came and carried the body back to his home. He was given something like state funeral because he was a hero among his people.

Nganyi's heir could not be anointed before his burial because his death was not anticipated so nobody had been appointed. For this reason, they kept the body for six days, as they tried to look around for his replacement. That was also in keeping with their traditions for they could not bury such a famous man in a hurry. They needed six days or so to undertake funeral rites and festivities. Nganyi was a rich man, which is why they buried him sitting down in a pot. After that, they got his replacement to take over his chair. This man turned out to be very good at his work. He almost became more popular than Nganyi himself. Mayor, (1938). *Translated by J. O. Ogembo*

NGANYI- – LUO TRANSLATION

Chon gilala ne nitie kech e pinyini. Dhako moro modhier ne kech ohingo, eka nene ochako wuoth kochiko Ugwe, koparo ni nonwang' chiemo kuma odhiye, ni kech ne en gi yath mar koth. Nochopo e dala moro ma ne ji madhoe kong'o. To nodhi ir dhako moro ma ne ok nie od kong'o. Ka dhano nonene, nokawe, notere e od kong'o. To ka ne jokong'o onene, ne giriembe – jokong'o gin ji ma, ka koro osemer, to ok nyal winjo wach jowetegi. To dhako modhierno nowachonigi niya, "Weauru, an gi gimoro maduong, ahinya ma, ka ng'ato kuomu nigo, jalo dobed ng'ato maduong' ahinya.

Jogo ne ok odewo wechene ma ne owanchonigi. Ne giduoko niya, "Wan ok wadwar yath. Dhi kucha gi yadhino."

To ka ne dhakono owinjo kamano, nowuok gi dhako ma nene okele chande, kowachone niya, "Kau nyithindi duto kod gik ma dikonyi, ni kech aneno ka koro pi biro yimo jiduto manie dalani."

Dhakono notimo kaka kene ochike. Eka ka ne gisewuotho moromo mailo achiel, ne gigoyo machiemo, negineno ka koth otimo ong'weng'o e dalano; bang'e mos dalano notimo ataro. Eka jiduto ma ne madho kong'o e dalano ne pi oyimo. Mano e Simbi Nyayima, ma wawinjo nyaka chil kawuono.

To ka ne osewere gi dhakono, nochako wuodhe madhi Ugwe. To noyudo Ja-Gem moro ma ne oyie ni mondo obed kode. Nonyiso jali kaka iloso yadh koth. To ka ne Ja-Gemni oneno kamano, nowachone niya, "An ok anyal mani, e momiyo inyalo dhi kuom Ja-Bantu moro, ni kech jogo e jochir manyalo timo mago duto."

Nodhiyo komor; moweyo ni Ja-Gemno yath matin mar yuayo koth. To ka ne ochopo ir Ja-Umuri moro, ma nyinge Nganyi, jali nokawe, eka notere e ode ni mondo onindie. Nonyiso jalo kaka en gi yath mar loso koth mondo ochwe kaka oro nie piny. Chieng' ma ne onindo e odno, koth nochwe maduong' ahinya gotieno. Eka kinyne ne oyang' ne dhiang'. Bang'e ka ne osechamo ring'o, noyienyiso jowetegi Nganyi. Ng'a ma nonyis koth noyudo chandruok ahinya, ni kech ka ne koth dwaro chwe to polo mil e wang'e, kendo noneno thuonde mang'eny ma ne gajore e wang'e, to ok ne luoro omake. Bank' tho dhano, jalo nojimbo koth nyaka ne ool gi jimbo nyaka notho.

To ka ne jalo osetho noweyo koth ni wuon Nganyi. Wuon Nganyi ne ok en ng'ato mariek ahinya kuom loso koth, e momiyo ne ok ji ong'eye ahinya: kata kamano notemo mondo omi jogi dongo e yo mar jimbo koth. Nganyi nene en wuode makayo, e momiyo ka ne wuon otho ne en e ng'ato maduong' ma inyalo lielo e kom wuon, ni kech kamano e kaka jo-Luo bende timonga.

Ka ne onyuole ne en ng'ato matek ahinya. Nodongogi teko duto nyaka nobedo ng'ato manyalo telo ni jogi kadhi e lueny moro. To moloyo nohero tichne mar koth ahinya moloyo gik moko duto. Kuom duong' mare kod teko mare nobedo ruoth mar Basiekwe. Ka ne wach nitie maduong' ne en ng'ato manyalo loso bura mar ogandagi; kuom wachno jogweng'gi noluore ahinya.

Ka ne odwaro jimbo koth, nodhinga e bungu mondo odwar yath mar loso koth. To ka ne oseng'wedo manyasi mar koth, to oketo e agulu mar yadh koth. Kar loso koth nitie gik mang'eny kaka thuonde gi mil polo bende. Kamoro ka ne ohero, onyalo kelo pe kod yamo ka ne ji ok ogalo puothegi. Kuom loso pe kod yamo, nopuonjo jomoko bende ni mondo ging'e kaka iloso mago bende. Kuom wach mar jimbo koth jopinje mang'eny noluore, kendo ne ginene ni onego obed gi pok mare. E momiyo jomoko ne kelone rech kod dhok, kendo kamoro jomoko ne kelone rech kod dhok, kendo kamoro jomoko ne miye lowo ka ma onyalo dakie gi nyithinde. To mano nomiye bedo

ng'ato mong'ere ahinya e pinje duto mag Nyanza. E ndalo ma ne koth onge kaka endalo mar opon, ne oyudo dhok moloyo e Gem kod pinje moko kaka Uyoma, Sakwa, kod Alego.

Ji mang'eny ohero dhi dwar, kendo ka dwar kuro giriembo le ni mondo gineggi, ni mondo giyud chiemo mamit. Jo-Bantu hero dwar moloyo ni mondo gineg le machalo kaka Mwanda, abur kata ogila. Jo-Bantu ka ne dwaro dhi dwar, ne gin gi guogi mager ahinya manyalo mako le piyo e wi ng'wech; e momiyo ka ne le dwaro yombogi, ne giringo matek ni mondo gineg le. To mano nomiyo ginyono puothe mag Luo ka giringomatek kamoro ne ginyalo ketho oganda kod ng'or, ni kech oganda ka ogawore ok dwar ng'ato mondo owuoth e kindgi. Mano nomiyo weg puothe yanyo jokoth machalo kaka Jo-Basiekwe marach ahinya. Kuom mano nomiyo jokoth, ka nitie cham madwaro koth ahinya, sindo kodhgi chwe e puothegei.

To ka ne Nganyi oneno kamano, nomako koth ni mondo kik ochwe. Mano ne miyo jodong piny mirima ahinya, ni kech ne gineno ka piny dwaro tho; to rachnigi moloyo bedo gi dhok mang'eny. E momiyo ne gichulo dhok, diek kod rombe ni Nganyi, ni mondo ka Nganyi oyie owe koth ochwe. To kamoro ne oro nyalo biro ni kech Nganyi ne dwaro mwandu mang'eny.

To ka ne ok odwar koth ni mondo ochwe, Jo-Luo mang'eny ne temo kedo kod Jo-Bantu ni mondo giwe koth ochwe. To ka ne lueny oserumo, koth ne nyalo chwe ka Jo-Luo oloyo Jo-Bantu. Kamoro ka Nganyi noneno ni jogi yudo chandruok e lueny kamano, nonyalo jimbo koth. Bang'e koth ne nyalo chwe mang'eny ahinya manyalo ketho cham, kendo ne gik moko ok nyal dongo maber, to bang'e cham lokore makwar kendo githo nimba.

Bang' higinini moko nomak Nganyi eka notere e od twech, ni kech nosindo koth ni mondo kik ochwe. Ji mang'eny nowacho ni Jo-Sungu ni en e ma ojimbonga koth, to koro otamore, kendo en e ma osekelo kech e piny. To ka ne Jo-Serikali owinjo kamano, ne gimake eka gitere e od twech Kisumo, ni mondo oyale, mondo ong'e gi momiyo ne ok onyal jimbo koth ndalogo. To ka ne oseyale, nowacho ni onyalo jimbo koth gi kanyono ni mondo Jo-Sungu oyie ka en jajimbo adier. To ka ne onindo e od twech, koth nochwe ahinya gotienono. Kata kamano Jo-Sungu ne ok nyal yie ni ng'ato nyalo jimbo koth, mak mana Nyasaye.

Nobet e od twech ndalo mang'eny. To ka ne koro kech ohinge, jomoko nokelone chiemo. Mokwongo ne girego mogo eka gikiko mogo kod kwoyo, eka gitedo kuon. To ka ne ochamo chiemoni, nomiye tuwo. Iye nokuot ni kech nochamo kuon marach mokik kod kwoyo; eka notho e od twech. Jo-Basiekwe nobiro e od twech kama ne entie, eka ne giting'e nyaka ne gitere e dalane. Jogi mang'eny noyuage ahinya, ni kech ne en ng'ato maduong' kuom ogandagi.

To ka ne gidwaro yike, ne ok giyiko ng'ato manyalo bet kare ni kech wach thone nobuogogi. E momiyo nonindo ndalo auchiel ka pod giloso wach mar ng'ato maduong', kare. To bende mano ne en chikgi – ng'atgi maduong' ok nyal yiki kuom ndalo manok kende, onego otiek ndalo adek ka pod guiche kendo kimor e liende, eka hang'e ginyalo yike. Nganyi ne en ng'ato ma jamoko: e momiyo noyike e egulu mar tago maduong' kokete ei agulu, kobedo. Ban'g mago duto ne giyudo ng'ato manyalo bet e kome. Jali bende nene otiyo maber moloyo kaka Nganyi notimo.

Appendix (e) The Story of Gor Mahia

Long time ago people feared *bilo* medicine men very much, and they thought such medicine men had the power to do things that could hurt people or make them mental patients. Many people spent their wealth trying to buy this *bilo* from the greatest medicine men.

I wish to take the story of Gor because in those days, he was regarded the greatest medicine man. When Gor was still a young man, who was not mature enough to handle medicine, he used to visit various medicine men trying to learn from them. However, he did not succeed because the medicine men thought the boy was still too young to be entrusted with this kind of power. But when he was mature enough, he learnt the trade from different practitioners.

After this, people recognized him as a medicine man and he started doing magical things. As a result of this, people feared him so much because he could turn a human being into an animal or stone or tree so that even the relatives of such a person could not recognize him. He became so famous in those days in this region called Kanyamwa. Many people wanted him dead because they feared that he could kill many people if he was left alone in the community.

In those days he had turned some young boy into a moron because the boy had left the cattle he was grazing to eat the crops from Gor's garden. When this boy went to his home his parents could not know him because he was a grown up. Then the young man told his father, "I am just your son, father, but it is Gor son of Ogalo who has done this to me."

When the father of the boy heard this, he marshaled a large group of people to help him go and kill Gor Mahia. As they approached Gor's place, they saw him run ahead of them, then they made a chase. Gor ran very fast and disappeared from their sight. Gor turned into a different person, traveling towards the opposite direction with a goat. He went back and this way met the adversaries who were chasing him. When these people met him, they asked him, "Omera, might you have met a man ahead of us running away?" He replied, "I met that man far ahead running very fast." Those people hunted for Gor Mahia but they could not find him. Then somebody told the hunters, "I have left Gor whom you are looking for at home." When they heard this they ran towards Gor's home very fast. On the way they met an old woman but they did not know that the old woman was actually Gor himself. They searched all over the place but they could not find him.

That is how Gor became known as Mahia, which means somebody who can perform miracles. He was actually doing very many miracles. Many people thought that he was actually turning himself into different things but that was not true. He remained the same Gor the people knew but his medicine cheated the people and they could not identify him. The Luo say, "*Yath ogenko wang jogo mondo kik ginene*." This means, "Medicine has blindfolded the people so that they cannot recognize Gor even if they saw him." Mayor, (1938) Translated by J. O. Ogembo

GOR MAHIA – LUO TRANSLATION

E ndalo machon ji ne oluoro jobilo ahinya, bende ne giparo kaka gin kod teko mar timo gik moko manyalo kata hinyo ji, kata miyogi bedo raurni. Ji mathoth ne ketho gigi ka gimiyu jobilo mondo omigi bilo.

Kuom jobilogogo wanyalo kawo Gor, ni kech ndalogogo ne en kaka min jobilo duto. Ka Gor ne pod en ng'at matin ma ne pok oromo bet kod bilo, nohero limo jobilo madongo mondo ongi'eu kodgi bilo, to kata kamano ne ok giyiene, ni kech ne pok oromo bet gi bilo. Ban'g ndalo moko ka koro ne en ng'at motegno moromo bet kod bilo, eka koro nochako ng'iewo bilo kuom ji mopogore.

Bang'e ka jiduto nong'eyo ni koro en jabilo matek bende koro nochako timo tim mahia, ji noluore mokadho, ni kech nonyalo loko nga'ato e kido ma yore nono, ma ok inyal ng'eye. E ndalogo humbe nochako landore e pinygi miluongo ni Kanyamwa, bende e ndalogo ji mang'eny ne dwaro nege nikech ne giparo ni obiro nego ji mang'eny.

E ndalonogo noyudo osekouro nyathi moro ma ne oweyo jamini ochamo puothe. Eka bang'e ka nyathino nodhiyo dalagi, jodalagi ne ok ong'eye ngang', ni kech ne en mana ng'at maduong. Eka nyathino nowacho ni wuon ni, "An mana nyathini, wuora, to Gor Kogalo e ma osekotima kamani."

Ka ne wuon nyathino owinjo kamano, nochoko lange duto mondo odhi oneg Gor. To ka noyudo gidhiyo, ne gineno Gor ka ringo nyingi: eka ne gichako lawe. Gor noringo matek, mi ne olalnigi nono. E kindeno mochako lokore kata jawuoth man kod diel dhiyogo wuoth, eka nochako dok room kod jogogo. Ka jogo romo kode, ne gipenje ni, "Omera, kara kikromnwaee kod ng'at moro maringo nyime kanyo" To en nowachonigi ni, "Aromo kode kucha koringo matek ahinya." Jogo nodware to ne ok oyude. Eka bang'e ng'ato moro nowachonigi ni, "Gor ma udwaro to aweyo mana dala" Ka ne giwinjo kamano, ne giringo dala kendo, to e wang' yo ne giromo kod dhako moro moti ahinya, to dhakonogono kara ne en mana Gornogo. Jogo nodware to en ok oyude.

To ndalonogo e ma noyudoe nying' mar Gor Mahia, ni kech notimo timbe mag mahia. Ji mathoth paro ni ne olokore adier: to kata kamano ok en adier, ni kech ne en mana kaka en, to yath e ma ne taro wang' jogo mondo kik ng'eye.

Appendix (f) The Story of Obondo Mumbo

Obondo Mumbo was the son of Adenyo, from Sakwa clan that lived at a place known as Ajigo. His father was a famous man in Sakwa and was fairly known in that country because he was a medicine man. He was well off but could not be called a rich man.

Obondo was a normal human being. Before the white man came to this land, he was a normal young man like any other in the village. When he was about thirty years old, he learnt that his first cousin had died at Seme. In those days, the Luo had the tradition of inviting friends of the same age group, to accompany one to the funeral of one's relative. Obondo invited his age mates from Nyabenge village, and then proceeded to Ajigo village to do the same. When he had finished doing this, he went back home, and then something strange happened to him. Something like a rainbow appeared to him and fell before him. He stopped walking and remained spell bound for a while, but when he regained his consciousness, he looked around him and did not see anything odd. He walked homewards and became very ill and in the illness he was having hallucinations in which he was seeing a continuous rainbow. After some time this thing drove him mad and he was talking in tongues because he was possessed. He ran as he talked in tongues until he reached Ugambe beach on the shore of lake Victoria.

Although he appeared beside himself as he ran, nobody dared stop him because he was very strong indeed! When he reached the lakeshore, he jumped into the water and many people feared that he had drowned. This was not the case. He floated on water for a number of days without eating anything.

His family mounted a search for him but did not find him although the campaign lasted about a month. After the search was called off, a man from Sakwa, who was a fisherman, found him in the middle of the lake (in those days, the white colonialists had settled here as this story occurred in 1919 after the war had ended.) This man brought Obondo home, then Obondo said he knew a lot of things because so many things had been revealed to him in the lake. There, he had seen a big snake that the Luo call the mother of fish. He also saw some white things that live under water. Here he saw goats, chickens, and cattle too. He narrated how he lived in water with fierce animals like hippos, crocodiles, and so on but they did not try to harm or eat him because of *lango* disease, which had infected him. This illness was also known as *mumbo*. *Mumbo* is another name of *juogi*. That is how Obondo acquired his second name. He said that the illness protected him from these fierce animals and rendered them harmless and powerless against him. He swam across the lake from one side to another.

The lake was like school, because mumbo spirit taught him what he did not know before. *Mumbo* helped him swim for many days like fish, and taught him medicine, foreseeing the future, detecting thieves and general prophecy about what is going to happen.

All his medicine, known in Luo as *manyasi*, are not harvested from the forest but from the lake because this is the environment where he was trained. The diverse drugs he was introduced to were all sourced from the lake and the islands. We do not know what he was eating in the lake for the number of weeks that he stayed there. It is possible that he was eating wild fruits, the Luo call *ochuoga*, that grow along the lakeshore. It is also possible that he was roasting fish over the fires left behind by fishermen along the beaches. When he was tired, he used to sleep on the rocks on the beaches. This is where a fisherman from Sakwa found him one day. When he was found, he was still so weak that he could not walk properly. He was also still mentally unstable so when he walked, he thought that he was flying.

Before he was taken to his home, members of his family built a small hut at the beach. This is where a big white he-goat was sacrificed for him before he was led home. They worshipped the *mumbo* spirit with all their might and threw several parts of the animal to the lake pleading that the spirit of the lake may enjoy and relish eating the sacrifice. They also pleaded with the

spirit to make Obondo rich, because the spirit chose him on its own, and to show him many more *manyasi* herbs before any other medicine man knew them.

When they reached home, another sacrifice was offered at the gate in order to welcome Obondo home. This was a bigger celebration than the one that was held at the beach. Here they slaughtered a white he-goat and a white cock. The greatest sacrifice of all was held right inside the home.

Obondo never put on anything else except the goatskins and *dende* (skin strings) that he heaped on himself. The skin strings were tied in a heap around his arms, legs, neck, head, and wrists. From that time he never shaved his head or beards. He used to slap his head and chin when talking. He never sat on a chair nor did he sleep on a mat. He sat and slept on bare earth.

Everything that Obondo prophesied turned out to be true. If he said that thunder would hit someone or some animal or someone's house or a given tree, it would truly happen. When some property was stolen, the owner would choose to invite Obondo to sort out the matter. He would heat the tail of a hoe until it became red hot, and parade the community then burn their hands using the hoe. The hoe would only burn the hand of the thief in question. The rest of the villagers would not feel the heat at all. To them the red-hot hoe would just be cold.

Many people from Karateng, Ugenya, Seme, Gem, Uyoma, Imbo, Alego, and Sakwa knew Obondo, and he used to cure all their illnesses for men, women and children.

When he was due to marry, there is no woman that he approached who turned him down. He married eight women using wealth he had made from his practice as a medicine man. He became very rich in terms of cattle, sheep, and cash. He accumulated a lot of money because he never bought clothes. Instead, he only bought blankets. He did not know how to use the money so he buried it under the soil in the forest and nobody knew exactly where this was.

Even though Obondo was a wise man regarding the earthly things, he did not know the day of his death. One day his brother called Ajuang invited him to a beer party. After this party, he fell sick. He had been suspicious of the beer before he drank it but he took it all the same. One day after the party, he died. People say it is Ajuang, his brother who killed him. All his money remained in the earth where he had buried it because nobody knew where it was. After a year, Obondo appeared to somebody in a dream and showed him where the money was lying under the soil. This man dug out the money and gave it to the wives of Obondo according to his instructions. The man who discharged this duty was known as Elkana Madindo. He inherited *juogi* from Obondo.

Obondo son of Adenyo from Kowak helped Sakwa and neighboring clans by sorting their quarrels about theft. Many people respected him for this. He was the greatest medicine man the country had seen in those days. He did not commercialize his medicine but tried to help his people. He did not exploit his clients by overcharging them. He loved people, he was kind, and he was a man of great honor. There is no medicine man that would ever compare with Obondo in Central Nyanza. Mayor, (1938) Translated by J. O. Ogembo

OBONDO MUMBO – LUO TRANSLATION

Ondondo Mumbo ne en wuod Adenyo, Ja-Sakwa, ma ne odak e gweng' moro miluongo ni Ajigo. Wuon mare ne en ng'ato maduong' e piny Sakwa, ma ji ne ong'eyo moromo ni kech ne en jabilo. Ne ojapith, to ok ahinyaruok.

Obondo ne en mana kaka ji. Ka ne pok Jo-Sungu obiro e pinyini, ne en mana ng'at ma wuowi makare. Ka ne otegnomo moromo kata higinipiero adek, nowinjo ni wuod way ware otho Seme. To ndalo duto Jo-Luo machon, ka ng'ato otho, gisolo yawuowi wetegi mondo otergi kaliel. En bendi nosolo ji moromo, lokagi Nyabenge, kendo nodhi mondo osol jogi moko Ajigo. Koro ka ne osesolo ji ni koro odok lokagi, gimoro nobirone machalo gi lihudu e wang'e moluar piny nyime. Nochung', mobuok, to achien ka ne otemo ng'icho, ne ok oneno gimoro ngang'. Nodhiyo dala to tuwo nogoye matek mi noneno mana lihuduno saa duto. Achien koro ne gino oloke kaka janeko, kendo ne odhum koringo matek, nyaka nochopo e wath moro ma nyinge Ugambe, e nam Lolwe.

Kata noringo kamano, onge ng'ato ma ne ohedhore mondo omake, ni kech ne otek sidang'. Ka ne ochopo ne odonjo e i pi kendo ji ne galo ni dotho e pi. Nokwang' e wi pi kuom ndalo mogwarore, ka ne ok ocham gimoro.

Jodalagi ne gidware ahinya to ne ok giyude nyaka kata jumbe adek kata ang'wen. Ng'ato moro ma Ja Sakwa e ma noyude e dier nam (ndalogo noyudo ka Jo-Sungu nosebiro: notimore kata 1919, bang'e ka lueny oserumo.) Ka ne osekele dala, nowacho kaka ong'eyo gik moko duto, oseneno thuol maduon' ma waluongo ni Min rech, kendo gik moko modak e nam madiboye – diek, gwen, dhok. Nonyiso kaka rewe, nyenge kod gik mager manie nam ne budho kode, to ne ok gitimo hinye kata chame, ni kech lang'o ma ne omake miluongo ni Mumbo. Mumbono nomono gigo hinye. Nong'ado nam Lolwe gi kwang'.

E nam kanyo ne chalo kaka skul, ni kech mumbo nopusenje weche ka ma ne ok engo chon. Mumbo nomiyo okwang' kuom ndalo mang'eny kaka rech, bende nopusenje thieth, koro wach, fwenyo jokuoye kod neno gik mabiro timore.

Manyesini mage duto ok ng'wedi e bungu to inwang'o mana e nam, ni mar e ma ne odhi nyise e nam kuro. Ok wang'eyo maber gik ma ne ochamo e i pi kuom jumbe ma ne otieko kuro, to moloyo nochamo olemo gi ochuoga manie dho nam. Nonyalo bulo rech gi mach ma ne jolupo kudho e wi kite e nam machiegini gi dho wath. Nonindo e wi kite machiegini gi dho wath: e kama nonwang'ee chieng' achiel. Ne pod oyomno ngang' ma onyal wuotho maber. To iwacho ni kata owuotho to ok onyal ng'eyo, oparo mana ni ohuyo.

Ka ne pok otere dala, nojerne kiru moro matin ma ne jodalagi obiroe notimne sawo maduon' gi nyuok marachar e kiruno mondo ogole otere dalagi. Ne gilamo ni Mumbono ahinya, kibolone lemo moko nam mondo ocham gi mor, to mondo omak ji mathoth okelni Obondo mwandu; ni kech en e ma ne Mumbo odiere, mondo onyise manyesini gi yien mathoth ka pok omako ji.

Ka ne gisechopo dala, notim misango e dhorangach mondo oruakego e dala. Mano koro ne mor moloyo ma ne ni e dho nam. Nonegi nyuok rachar kod thuon gweno rachar bende. Koro e dala bende ne otim sawo moro mamor moloyo mago duto.

Koro Obondo ne ok orwako lewini moko to mana lep diek gi dende e ma nobiwo kuome, - moko e bade koni gi koni, agwandene, ng'ute, wiye, gi ng'ut luetene. Nyaka a kanyo ok noliel wiye kata tike, to saa duto kowuoyo opamo tike gi wiye. Ok nobedi e kom, kata nindo e gimoro, to lowo kende.

Gik ma ne owacho ne nenore adier chutho. Ka ne awacho ni polo biro goyo ng'ato moro, kata chiayo, kata ot mar ng'ato, kata mana yath monyiso, ne timore kamano. Ka ne gimoro olal mi iomo Obondo. Nochwako mana iu kwer, milokore makwar ha! Koro eka ichoko ji duto kendo ochako wang'o luate ji gi iu kwen. Ng'ato ma ne okwelo, much kweno e ma ne wang'o; to ng'ato ma ne ok okwelo, iu kwer ne ng'ichne kaka pe.

Ji mathoth man Karateng', Ugenya, Seme, Gem, Uyoma, Imbo, Alego gi Sakwa ong'eyo Obondo, kendo nothiedhogi e tuwoche ma yoreyore, kata chuo kata mon kod wahia matindo.

Ka nochako dware kend, onge nyako ma ne odware motame. Nokendo mon aboro gi mwandu mage moa kuom jo ma Mumbo omako. Ngatni ne omeu ahinya gi dhok, rombe, to molooyo shillings ne othothgo ahinya ni kech ne ok ong'ieu kata nanga to mana barangede. Ne ok ong'eyo kaka onyalo konyore gi pesago maber: e momiyoyoyikogi e lowo e i bungu kama ji kia.

Kata ne ong'eyo gik mang'eny mag piny, ne ok ong'eyo kar thone. Chieng' moro Ajuang', owadgi, noluonge kong'o kendo ka ne osemadho kong'ono, tuwo nogoye. Notang' gi kong'ono ka pok omadhe. Bank' ndalo kata achiel notho. Ji ne wacho ni Ajuang' ema nonege. Rupia duto nodong' e lowo kama noyikogie, ni kech onge ng'ato ma ne nyalo ng'eyo kama gintie. Ban'g higa achiel nobiro ni ng'ato kaka lek kendo nonyise kama rupiango nitie. Nodhiyo kendo nokunyo rupiango momiyoyoyond Obondo. Ng'atno nyinge Elkana Madindo ma Mumo Obondo nomako bende.

Obondo wuod Adenyo Ja-Kowak nokunyo Sakwa kod pinje machiegini kod Sakwa kuom thego jo madhau kuom kuo, kendo jiduto noluore ahinya. E kinde mago ne en ajuoga molooyo ajuoke duto man Sakwa. Ne ok odwar loko ohala mondo ji omiye pesa, to ne odware kunyo ji kende. Nohero ji, nomeu, nong'won, kendo ne en Migosi ahinya. Onge jathieth ma ne rom kode e Central Nyanza.

University of Cape Town

Appendix (g)

GLOSSARY

Abilni	Huts
Agwata	Calabash
Ajawa	Jingles
Ajua	Kind of fruit seed
Ajuoga	Medicineman
Ajuoge	Medicinemen
Aluny	Kind of livestock disease that removes their hair
Asili	Flute
Bala	Kind of salt
Bilo	Kind of medicine mae of ashes
Bim	Baboon
Bu	Traditional trumpet
Buru	Ashes
Bwombwe	A kind of climbing shrub
Chiemo	Food or eating
Chira	A kind of taboo illness that makes the victim waste away until he dies
Dala	Home
Del	A piece of animal skin
Dilo	Exorcism
Gagi	Cowrie shell
Golo pur	First farm cultivation of the season
Hembho	Sacred site
Himo	Targetting someone in order to harm him
Ichamie lopni mondo ane	Kind of curse implying that the person addressed would not live to enjoy the land in dispute
Inind tung inind diere	Life is full of ups and downs
Iwachowa maber	You bear no grudge against us
Jadil	Exorcist
Jandagla	Witchdoctor
Jater	One who inherits the wife of a dead person
Jongwech	Medicine man who specializes in sniffing out hidden charms or thieves
Jora-Kanzu	A flowing Islamic gown
Juogi	Spirit possession
Juogi maler	Good spirit
Juok	Name one acquires from juogi instruction
Juok piny otimo hono kwondego	The spirit of the earth performed miracles in those places
Kama ok duongna mane anyuoli godo to nane	A curse meaning, 'If this is not my private part out of which you were born, then you will live'.
Ketho kara	Destroying my family lineage
Keyo	Harvesting
Kichako inindo e ema to nane	Swearing meaning 'If you lie again on my thies, I will see'.
Kore/Koro	Targetting one using charms in order to harm him
Komo	Planting
Lamo Dhiang	Worship the cow
Law kima	Monkey skin worn in ceremonies
Layo	Urinating

Ler	Light
Loko yath	Returning the charm to some body else so that he/she becomes ill instead of the patient in question
Loso jatuo	Taking the patient through a ritual that will heal him
Ma ethunda ma ne indhodho ananeane ka inibedie	This is my breast that you suckled, I will see if you will survive
Madh ma eluch Ruodhwa maler ondetto mane otuchne ka isande malit nikech wan	Drink this sweat of Holy Ondetto that he produced when he was persecuted painfully for our sins
Magwa	Vulnerable
Manyasi	Kind of herbs for healing
Mbohra	Kind of climbing shrub
Misango	Sacrifice
Mogak	Unclean
Msalaba ok en tora jarateng	The cross is not a black man's burden
Nawi	Charm for witchcraft
Ndagla	Charm for witchcraft
Ngeta	Fruit seed for children to play with
Nyakalondo	Kind of instrument used to diagnose illness
Nyatiti	Harp instrument with 8 strings for making music
Nying juok	Name given under instruction of spirit possession
Nyuka	Porridge
Okebe	A respectable elder
Orengo	Flywhisk
Orutu	Lyre
Oula	Storm water
Vigango	Figurines
Wagogni	Matur women who have moved to their marital homes
Yath	Medicine
