

**URBAN AFRICAN TRADITIONAL
HEALERS:
THEIR UNDERSTANDING OF AND BELIEFS ABOUT
BIOMEDICAL DISEASES**

Shadrack Mazaza

University of Cape Town

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.

**URBAN AFRICAN TRADITIONAL HEALERS:
THEIR UNDERSTANDING OF AND BELIEFS ABOUT
BIOMEDICAL DISEASES**

BY

SHADRICK MAZAZA

STUDENT NUMBER: MZZSHA001

February, 2006

SUBMITTED TO THE UNIVERSITY OF CAPE TOWN

In partial fulfilment of the requirements for the degree of

Master of Philosophy (Family Medicine)

Faculty of Health Sciences

UNIVERSITY OF CAPE TOWN

Date of submission: 21st February 2006.

Supervisor: Professor Derek Hellenberg, Division of Family Medicine
University of Cape Town

DECLARATION

I, Shadrick Mazaza, hereby declare that the work on which this dissertation is based is my original work (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being, or is to be submitted for another degree in this or any other University.

I empower the university to reproduce for the purpose of research either the whole or any portion of the contents in any manner whatsoever.

Signed: 29.05.2006

Date:

Signed by candidate

ACKNOWLEDGEMENTS

I would like to give special thanks to Emille Boonzaier for his support and guidance in formulation of the protocol of this study. Without his enthusiasm, I would not have had the courage to embark on this project.

My thanks also go to Priscilla Reddy for making available to me the Medical Research Council experienced interviewers and computer software used to analyse the data.

Patience Shuping, Kholeka Gaven, Luvuyo and Elizabeth who conducted the interviews.

Professor Derek Hellenberg who supervised the write-up of the study.

My wife Maddie and daughters Shiba and Arlene for their unconditional support and providing the right home atmosphere to allow me to pursue this and many other interests.

PREFACE

Every doctor-patient interaction is a cross-cultural encounter. Doctors and their patients, even if they come from the same social and cultural backgrounds, view ill health in very different ways. Their perspectives are based on very different premises, employ a different system of proof, and assess the efficacy of treatment in a different way. Each has its strengths as well as its weaknesses. The problem is how to ensure some communication between them in the clinical encounter between doctor and patient.

- Cecil Helman

The three-stage assessment in Family Medicine – clinical, personal and contextual – enhances *communication* between physician and patient. The patient-centred consultation encourages enquiry into the patient's world view of illness. In the African setting, the frameworks of meaning and the "voice of the life world" include the voice of the African traditional healer.

TABLE OF CONTENTS

ABSTRACT.....	8
INTRODUCTION.....	10
CHAPTER 1:LITERATURE REVIEW.....	12
1.1: The consultation in Family Practice.....	12
1.2: Cross-cultural aspects of medical practice.....	13
1.3: African Traditional Healers.....	14
1.4: Professionalisation of African Medicine.....	16
1.5: African Traditional Healers in South Africa.....	21
CHAPTER 2: DEFINITION OF THE PROBLEM.....	23
2.1 Study Objectives.....	24
2.2 Research Questions.....	24
CHAPTER 3: METHODOLOGY.....	255
3.1 Study Type.....	255
3.2 Data Collection Technique.....	255
3.3 Sampling Method.....	266
3.4. Research Themes.....	266
3.5 Data Analysis:.....	27
CHAPTER 4: STUDY RESULTS.....	28
4.1 Conditions treated by traditional healers.....	28
4.2 Tuberculosis (T.B).....	30
4.3 Sexually transmitted diseases (STDs).....	34
4.4 HIV/AIDS.....	39
4.5 Hypertension.....	41
4.6 Sugar diabetes.....	47
4.7 Impotence.....	49
4.8 Cancer.....	52
4.9 Epilepsy (seizures).....	56
4.10 Asthma.....	60
4.11 Working relationship with western doctors.....	63
4.11.1: Willingness to work with doctors.....	63
4.11.2: Conditions better treated by traditional healers.....	66
4.11.3: Conditions better treated by doctors.....	67
CHAPTER 5: DISCUSSION OF FINDINGS.....	69
5.1 Integration of research findings.....	69
5.1.1 African traditional healers' beliefs of biomedical diseases:.....	71
5.1.1.1 Tuberculosis (T.B.).....	71
5.1.1.2 Sexually Transmitted Diseases.....	72
5.1.1.3 HIV/AIDS.....	73
5.1.1.4 Hypertension and Diabetes.....	73

5.1.1.5	Impotence.....	74
5.1.1.6	Cancer.....	74
5.1.1.7	Seizures (epilepsy).....	75
5.1.1.8	Asthma.....	75
5.1.2	Working relationship with western doctors.....	76
5.1.3	African traditional healers' belief of causation and treatment of disease.....	78
5.1.3.1	“Poison”.....	78
5.1.3.2	“Strength”.....	80
5.1.4	Limitations of the study and recommendations for future research.....	81
5.1.5	Professionalisation of African medicine in South Africa.....	83
GLOSSARY OF TERMS.....		86
APPENDIX.....		88
REFERENCES.....		93

University of Cape Town

ABSTRACT

BACKGROUND:

It has been stated that, when an African patient consults a biomedical doctor, a third figure is often present, albeit unseen – the African traditional healer (Abdool-Karim et al, 1994). South Africa has embarked on the process of formalizing traditional medicine. The Traditional Health Practitioners Bill of 2003 provides for the establishment of the interim Traditional Health Practitioners Council.

Urban African traditional healers are themselves “patients” in the modern bio-psycho-social health system. Their “frameworks of meaning” of biomedical diseases provides a glimpse of the “voice of the lifeworld” of the patients who interact both with them and the modern allopathic health services.

The main objective of this study was to ascertain African traditional healers’ understanding of and beliefs about the medical conditions under discussion in the doctor-patient interaction to which they silently listen. The study also sought views of such healers on their proposed ‘institutionalization’ to form part of the country’s health system and what conditions they felt they were better at treating than biomedical doctors.

METHODS:

Judgement sampling was used to select African traditional healers from townships around Cape Town. Six in-depth interviews were conducted and these were stored and ordered by means of a qualitative analysis computer programme.

RESULTS:

In the in-depth interviews conducted with the traditional healers, it was found that the traditional healers primarily believed that most biomedical conditions were caused by 'poisoning' of the body. The recommended method of management was to give the patient medication to destroy the poison, and then to remove the poison from the body in various ways. They stated that they were able to treat every medical condition, Accident victims, seriously ill patients and patients who were weak from disease were best treated by western doctors. The healers showed willingness to work together with biomedical doctors.

CONCLUSION:

The study results were in contrast to the widely held view that there were "natural" (biomedical) diseases treated by western doctors and "African" diseases (ukufa kwabantu) treated by African traditional healers (Ellis, 1996)

INTRODUCTION

The illness “discovered” in a medical consultation is “constructed”, not found. A diagnosis is a way of interpreting and organizing observations Since the discovered illness is, in this case, partly a function of the talk between a patient and a physician, the study of this talk is central to our understanding of both illness and clinical care.

- Mishler

In his analysis of the physician-patient interaction, Mishler (1985), introduces the concept of “voices” to specify the relationship between the actual language and pattern of speech and the underlying “frameworks of meaning”. Two voices are distinguished, the “voice of medicine” and the “voice of the life world”, representing, respectively, the technical-scientific assumptions of medicine and assumptions of everyday life.

This study is about this “voice of the lifeworld” in the physician-patient interaction, which is of course about the patient’s worldview. Helman (2000), has highlighted the importance of understanding the differences between physicians’ and patients’ explanatory models of disease and illness. Physicians need to be familiar with patients’ clinical models and culture-bound syndromes (Lock, 1988; Herman, 1978)

Attempts are being made to institutionalize African traditional healers so that they form part of national health systems. In the physician-patient interaction Mishler discusses, these healers form a unique group of people because of being healers and at the same time patients in the biomedical system. Their “world view” of biomedical diseases is likely to be influenced by the African traditional view of illness and healing.

In this study, in-depth interviews were conducted with urban African traditional healers, to elicit their understanding and beliefs of some common biomedical disease entities.

The main objectives of this study are the following:

1. To explore urban African traditional healers' beliefs and understanding of some common biomedical diseases.
2. To explore the African traditional healer's views regarding working together with biomedical doctors in the country's health system.

Since this is a study about the "voice of the life world" in the physician-patient interaction (with the traditional healers as patients), chapter one is a literature review looking at the doctor-patient interaction and a discussion of African traditional healers. The problem definition is discussed in chapter two and the methodology, in chapter three. The results of the study are given in chapter four and these are discussed in chapter five.

University of Cape Town

CHAPTER 1: LITERATURE REVIEW

1.1: The consultation in Family Practice

Pendleton (1984) has described the consultation between doctor and patient as the central act of medicine. Although this is true for all branches of medicine, it is even more so for the discipline of family medicine. The family practice consultation is the arena in which medicine is most frequently practiced. This, "the prototype" of modern medicine, has been extensively researched in an attempt to understand its dynamics. Pendleton (1984), for example, has identified six approaches to the study of the consultation: medical, sociological, anthropological, transactional, and social-psychological and Balint's study of the "dynamics" of the consultation.

Out of all these approaches to the consultation has evolved the current model of the family practice consultation in which the doctor is encouraged to treat the doctor-patient interaction as a meeting of two cultures. In this interaction, it is important to develop the patient's understanding of his own illness. This is only possible when the doctor puts aside his own agenda, and takes both his view and that of the patient into account in explaining the illness. The three-stage assessment that is used in family practice encourages this approach. These three stages are: Clinical, personal and contextual. The most important aspect is for the doctor to develop a habit of 'allowing' the patient to share his view of illness and what needs to be done to deal with it. In other words, the patient's agenda must also be addressed, so that the patient is more likely to feel that the consultation was productive and helpful.

1. 2: Cross-cultural aspects of medical practice

The consultation has been described as a “meeting between experts” where each participant comes with an agenda and an area of expertise. In the South African context, moreover, it is usually a meeting of experts from two different cultures and, unless some effort is made by the doctor to understand and accommodate the patient’s culture, there is very little hope of the two parties understanding each other. An understanding of the cross-cultural aspects of medical practice is very important for all doctors, but even more so for family doctors.

Helman (2000) has discussed the cultural aspect of the doctor-patient interaction. Combining the definitions of culture of Taylor and Keesing, he describes culture as:

A set of guidelines, which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in it in relation to other people, to supernatural forces or gods. Cultures can be seen as an inherited ‘lens’ through which the individual perceives and understands the world that he inhabits, and learns how to live in it (Helman, 2000: 2-3).

This definition includes people’s attitudes and beliefs towards ill health.

In the doctor-patient interaction, therefore, the doctor’s and the patient’s views of illness may be so far apart, that they may very well be speaking different languages. Helman (2000) has described disease as the doctor’s perspective and illness as the patient’s perspective and the consultation as a transaction between lay and medical explanatory models respectively. In such a situation, a consensus must be reached between the two participants about the cause, diagnostic label, prognosis and treatment of the condition.

1. 3: African Traditional Healers

The doctor-patient consultation is thus a cross-cultural transaction. This is true, however, even when both the doctor and the patient come from the same cultural group or community. In South Africa, and in fact throughout the whole of Africa, the African Traditional Healer is an integral and significant part of the patient's culture. They form part of indigenous healers worldwide who are consulted by patients either as primary healthcare givers where biomedicine is not available, or as alternative healthcare givers where allopathic facilities predominate.

The World Health Organisation (WHO) defines indigenous healers as:

“a group of persons, recognised by the community in which they live as being competent to provide health by using vegetable, animal and mineral substances and other methods based on the social, cultural and religious backgrounds as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability (WHO, 1978)

Evidence from social investigations into disease in various social contexts suggests that, in all societies, people have a range of healing options (Mishler, 1981). In that regard, Kleinman (1978) has postulated three types of therapeutic options, which are found in all societies: the popular approach, the folk approach and the professional approach

The popular arena consists of the lay, non-specified, non-professional domain where illness is first recognised and defined, and therapeutic actions are initiated. The practitioners of the popular domain are family, friends, neighbours and people who may have long personal experience with a condition such as childbirth, barrenness or a chronic illness. Elliot-Binns (1973), in a study carried out in Britain, found that 75 to 80 percent of illness is treated in the popular domain.

The folk sector generally comprises specialised healers other than the registered professional and biomedically trained health-care personnel. Kleinman (1978) distinguishes three kinds of healers in this sector: Sacred or spiritual healers are diviners and shamans; secular healers are bonesetters, herbalists and traditional midwives; and a third group combines spiritual and secular healing.

The professional sector comprises the organised, legally sanctioned healing professions, such as modern western scientific medicine, also known as allopathic medicine. It includes not only physicians of various types and specialities, but also the recognised para-medical professions, such as nurses, midwives and physiotherapists. In most countries, scientific medicine is the basis of the professional sector but, as Kleinman (1978) notes, traditional medical systems may also become 'professionalized' to some extent; examples of this are the Ayurvedic and Unani medical colleges in India, which receive government support.

The WHO advocates the reversal of the culturally biased notion that all traditional healers are quacks and charlatans who should be eliminated or discouraged from practicing (Bannerman et al, 1983; Ojanuga, 1981). In 1977, the 30th World Health Assembly adopted a resolution to promote traditional medicine worldwide. A year later at Alma Ata, it was declared that African traditional healers should be part of the primary healthcare team. In the spirit of these resolutions, there have been numerous attempts at collaboration between traditional healers and biomedical personnel throughout the world.

Literature review on traditional healers demonstrates an interest in indigenous healers (Buhrmann, 1984; Campbell, 1998; Cheetham, 1982, Cheetham & Griffiths, 1982 and Cumes, 1999)

Attempts are being made to professionalize African traditional healers.

1.4: Professionalisation of African Medicine

Encouraged by the WHO, African researchers are taking a closer look at African traditional healing with a view to improving the collaboration between traditional healing and biomedicine, which is expected to lead to the more appropriate utilisation of various health resources. An often-cited example is that of China as one of the few countries that has fully integrated traditional medicine (acupuncture and herbalism) with biomedicine. This has apparently resulted in tremendous progress in the control of infectious diseases, the eradication of some childhood ailments and better distribution of maternal and child health services (Abdool-Karim et al, 1994). Literature on African traditional healing (Edwards, 1986; Erasmus, 1992; Farrand, 1980, 1984; Felharbar, 1997 and Green, 1988, 1992, 1994), give details of African traditional healers and their practices. Ngubane (1977, 1981) and Gumede (1987, 1991) give an account of African traditional medicine from a biomedical doctor's perspective. Other accounts of traditional healers include Hackland (1987), Heap (1989), Holland (2001), Mkhize (1981), Neumann & Lauro (1982), Wessels (1985) and West (1975).

A WHO Africa Regional Expert Panel on Traditional Medicine was set up in 1975 to coordinate study tours, undertake consultations, prepare working documents, and host and attend meetings. This panel paid special attention to the legal status of traditional healers, acting as the liaison between biomedical personnel and traditional healers, ensuring quality control, and offering licensing and training, as well as running educational programmes aimed at changing the biased attitudes of both sectors.

Collaborative initiatives at national level have been started in many African countries such as Botswana, Zimbabwe, Zambia, Malawi, Ghana and Nigeria, with Ministries of Health having the responsibility to organise these. In several countries, traditional medicine has been introduced into

the syllabi of specialist institutes or university departments. Such partnerships between traditional healers and biomedical government health services have occurred in countries such as Swaziland, Ghana, and Nigeria (Abdool-Karim et al, 1994).

Some researchers have viewed this collaboration between African traditional healers and biomedicine as a form of 'professionalisation' of African Medicine. In fact, a seminar on "The Professionalisation of African Medicine" was held at the University of Botswana, Gaborone, in September 1983. It was felt that the generally inadequate provision of western medical services in Africa contributed to the continuing vitality of traditional African medical practices whose role in modern African states continues to be a subject of lively controversy. Traditional African medical practices were examined from many different points of view, including with regard to the efficacy of the treatments provided. Special emphasis was placed on professional structure and organisation of traditional medical practitioners and on how western medical institutions affected this. The comparative studies received contributions from countries as diverse as Botswana, Zimbabwe, Tanzania, Zambia, Malawi, Benin, Ghana and Nigeria. The results of this seminar were published and edited by Last and Chavunduka (1986).

The editors did not, however, summarise or synthesise the disparate views expressed by the participants. Instead, they offered some general hypotheses about the process of professionalisation of African medicine, derived from the data presented by the contributors at the conference. They described the efforts of including traditional healers as an integral part of the field of health as a form of "husbandry" of traditional medicine:

"In some countries they are being carefully husbanded by government officials, politicians and planners; elsewhere some healers, if not actually being uprooted as socially 'dead wood', are being pruned back, while others are having new ideas grafted onto their stock of traditions" (Last and Chavunduka, 1986: 259).

Although it may be agreed that healers do indeed need to organise themselves, the question remains – for what? There is a wide range of answers to this question, and the different professional associations that exist in traditional medicine do in part reflect the different answers to these questions. A broad typology of professional associations in Africa was presented at the conference and, of these, the national associations shared some interesting general features, including a trend towards “herbalism”.

The associations were thus seen to be more strictly herbalist in background – usually their founders were drawn from the herbalist end of the healing spectrum. Consequently, the orientation of these associations is towards developing and spreading the use of herbal medicines. They furthermore tend to be interested in modernising traditional medicine, incorporating ideas from foreign pharmacology and taking on some of the styles of medical schools – issuing certificates and diplomas and membership cards, with extensive rules of association, even titles such as “doctor” being conferred on traditional healers.

Another feature is that these associations tend to be biased towards urban or suburban areas, with membership drawn from more mobile healers – in other words, immigrants from another state or from another region in the country. In the towns, the herbalists have remained the most high-profiled representatives of traditional medicine. In addition to that, several other reasons are given for the pre-eminence of herbalism in professional associations in recent times. One of these is the increase in the level of education of the population and the associated increase in familiarity with complex applied science and technology (and its need for repair). There has, it seems, been a cultural shift of idiom towards a more mechanical “rationality”. Herbalism, in its present guise as empirical (rather than symbolic) medicine, is a product of this shift, yet it necessarily also retains the symbolic and ritual overtones that add crucially to its potency as a traditional cure.

Quite apart from the “pull” exerted by the changing clientele of traditional medicines, herbalists have also been “pushed” and encouraged by university departments (specifically of pharmacology and chemistry), which seek their collaboration and local expertise. They have also been promoted by pharmaceutical companies, foreign and local, in search of “green” medicine’s wonder drugs, as well as from market-place competition against the peddlers of imported patent medicines.

In their concluding comments, Last and Chavunduka (1986) point out that the most obvious difficulty lies in the formal training and certification of healers in the future, and in particular in what the content of that training will be. There is an inherent danger that traditional medical knowledge will be defined simply in terms of its technical herbal expertise, and that this experience will in turn be recognised only for its empirical pharmacognosy, without reference to the symbolic and ritual within which it is used – still less, without reference to the social matrix in which those rituals and symbols have meaning at any particular time or place. It is argued that traditional medical knowledge is much broader and subtler than technical herbal expertise. The very nature of this knowledge may militate against its formal structuring in the way professionalisation might seemingly require, with its objective examinations and tests of efficacy. It is clear that biomedical practitioners do not understand nearly enough about the tacit, personal knowledge that lies behind so much of traditional medicine.

There is an alternative mode of knowledge underlying traditional healing, and it is suggested that the study of emotion might be an avenue for exploring this mode. From this perspective, then, traditional medicine may be taught as a theoretically informed system as well as a practice; its alternative mode of knowledge can be researched too, and the insights of its particular approach developed for wider application elsewhere. Some have argued that in medicine we can no longer afford to ignore research into parapsychology and psychic phenomena.

In summary, the attempts in professionalisation of African medicine appear to involve mainly mobile, urban traditional healers and of these, herbalists predominate.

The above initiatives took place more than two decades ago and did not involve South African traditional healers. Let us now look at the situation in South Africa.

University of Cape Town

1. 5: African Traditional Healers in South Africa

In South Africa, in line with the rest of the African continent, indigenous African healers have for many years been a subject of intense debate among biomedical doctors and academics. It is said that eighty percent of patients in South Africa consult a traditional healer before going to a professional nurse or a medical doctor (Abdool-Karim et al, 1994). In Southern Africa, it is known that indigenous or folk healers are consulted by all sectors of the population. Wilson (1980), for instance, gives examples of white farmers consulting indigenous African healers, and Gailbraith (1982) has studied white businessmen in Johannesburg who consult African sangomas. As a result of such findings, it has been argued that African traditional healers should form part of the country's health system.

Consequently, the Medical Association of South Africa (MASA) commissioned the South African Medical Research Council to investigate the current role of African traditional healers in health care delivery and to make recommendations about their potential role in South African health care system (Abdool-Karim et al, 1994). The results of the project were published in a document titled *Bridging the Gap: Potential for a health care partnership between African traditional healers and biomedical personnel in South Africa*. This project was undertaken to provide the groundwork for a more extensive empirical research project to explore firsthand the ideas held by African traditional healers and biomedical personnel with regard to potential collaboration and steps towards a partnership. Young (1983) suggests four approaches that are taken at the interface between modern and traditional medical systems: integration, complementation, rivalry, and intercalation. Young suggests that further research will be necessary to determine what form the partnership with African traditional healers will take in South Africa.

South Africa has embarked on the process of formally recognizing traditional medicine. The drafting of the Traditional Health Practitioners

Bill of 2003 provides for the establishment of the interim Traditional Health Practitioners Council, a regulatory framework to ensure safety, quality and efficacy of traditional health care services.

In summary, institutionalization of African traditional healers is underway and it is with this in mind that this research study was conceptualised – not as study of African traditional healing systems, but the contribution the understanding and beliefs of African traditional healers make about biomedical diseases. It is important for biomedical doctors to have some knowledge of this as they interact with patients who also interact with African traditional healers.

University of Cape Town

CHAPTER 2: DEFINITION OF THE PROBLEM

This study investigated the issue of the 'consultation' in family medicine, and more specifically the cross-cultural aspects of the doctor-patient interaction. Addressing the patient's beliefs, fears and concerns is one of the tasks for a family physician in his 3-stage assessment. The three stages are: Clinical, personal and contextual. In my personal capacity as a family doctor, I took a special interest in the importance of finding out the patient's understanding of the diseases and illnesses, which we discuss in our consultations. This study was furthermore motivated by a literature review on the dynamics of the consultation and its cross-cultural aspects, including Helman's extensive literature on culture-bound syndromes (Helman, 2000). It is important for biomedical doctors to take into account the patient's worldview of illness in the doctor-patient interaction.

The introduction of the document *Bridging the Gap* (Abdool-Karim et al, 1994: page 2) began with this sentence:

When an African patient consults a biomedical doctor, a third figure is often present, albeit unseen. This is the traditional healer, who has already been consulted or will subsequently be consulted by the patient in an estimated 80% of cases.

When reading this sentence, I pictured a typical medical (bio-psycho-social) consultation in which a doctor was discussing diabetes, hypertension and epilepsy with such a so-called 'African patient'. In all likelihood, the patient's understanding of the disease entities described by the doctor would be influenced by what the traditional healer had told the patient beforehand or by what the traditional healer was likely to say after the consultation. I was interested in finding out what the healer understood about such western disease entities, as he 'inconspicuously' listened in on the dialogue between doctor and patient, even if he was not physically present at the time but only heard about the details of the consultation from the patient afterwards.

If African traditional healers are to form part of the country's health system, it is necessary to know what these healers' understanding of western disease entities is. Furthermore, it is also important to ascertain the traditional healers' opinions on working together with western doctors. If some form of referral system between western doctors and such healers was to be introduced, it is imperative to know which conditions are best dealt with by traditional healers, and which are better managed by western doctors.

2.1 Study Objectives

The main objectives of this study are the following:

1. To explore urban African traditional healers' beliefs and understanding of some common biomedical diseases.
2. To explore the African traditional healer's views regarding working together with biomedical doctors in the country's health system.

2.2 Research Questions

In order to meet the objectives identified above, the following research questions were asked:

1. What are the urban African traditional healers' beliefs and understanding of some common biomedical diseases?
2. What are the African traditional healers' views on working with biomedical doctors in a health district?
3. Which illnesses do the African traditional healers feel are best treated by healers rather than by biomedical doctors?
4. Which illnesses do the African traditional healers feel are better treated by biomedical doctors and hence ought to be referred to them?

CHAPTER 3: METHODOLOGY

3.1 Study Type

This was a qualitative exploratory study. An exploratory study is defined as a small-scale study of relatively short duration, which is carried out when little is known about a situation or problem. The paucity in the literature on the subject meant that an exploratory study was the most appropriate in the circumstances. Some insight was gained regarding the traditional healers' views of biomedical diagnostic entities, as well as the healers' views on working together with biomedical doctors.

3.2 Data Collection Technique

The data was collected through in-depth interviews conducted by four well-trained interviewers. The interviewers had previously been involved in other qualitative studies using this technique and had attended training workshops on qualitative interviewing techniques.

The interviews were conducted in the preferred language of the respondents, which was Xhosa. An interview schedule, containing basic questions and topics to be covered, was used to guide the interviewers (see appendix). The original English schedule was translated into Xhosa. To ensure that consistency of meaning was retained, another person back-translated this schedule into English.

Using this interview schedule, the interviewer was able to keep the interview on track, while allowing respondents to talk freely and spontaneously in response to the interviewer's questions. As new topics related to the outline emerged, the interviewer probed further to gain useful insights.

All interviews were audiotaped to ensure that as much information as possible was preserved. The Xhosa interviews were then transcribed and

translated into English by the interviewers. All the interviews were conducted and tape-recorded with the consent of the respondents.

As a pilot study, one interview was conducted, transcribed and translated to test the methodology before commencing the study.

3.3 Sampling Method

This study was conducted among healers practicing in townships around Cape Town. Judgement sampling (which is also known as purposive sampling) was used to select seven African traditional healers for in-depth interviews. The interviewers visited the relevant townships and enquired about known traditional healers in the area. This study was done at a time (during 1997 and 1998) when the African traditional healers were involved in negotiations with the South African government towards achieving recognition of such healers as part of the health system. As the news media at the time were disseminating concerns of the public and the medical fraternity regarding the involvement of traditional healers in the health system, some healers were reluctant to talk to researchers for fear that the information obtained would prejudice their cause.

Six in-depth interviews were conducted between October 1997 and November 1998.

3.4. Research Themes

The research themes were:

- Conditions treated by traditional healers
- Knowledge and beliefs of traditional healers regarding the following:
 - Pulmonary tuberculosis (TB)
 - Sexually transmitted diseases
 - HIV/AIDS
 - Hypertension

- Diabetes mellitus
- Impotence
- Cancer (including breast cancer)
- Seizures (epilepsy)
- Asthma
- Working relationship with biomedical doctors
- Diseases treated better by traditional healers
- Diseases treated better by biomedical doctors

The above themes were used to give a focus to the interviews.

3.5 Data Analysis

The study interviews were stored and ordered by means of the qualitative analysis computer programme Q.S.R NUD.IST (Qualitative Solutions and Research Pty Ltd, 1994). This programme facilitates indexing, searching and theorising of non-numerical and unstructured data. This computer programme is based on the principles of grounded theory, which enables an interpretive analysis of the data. I obtained the NUD.IST programme from the Medical Research Council in Parow. After going through the “tutorial” section of the programme to familiarise myself with the software, I loaded the interviews into the programme and analysed the data. The results are presented in the next chapter.

CHAPTER 4: STUDY RESULTS

4.1 CONDITIONS TREATED BY TRADITIONAL HEALERS

What conditions do African traditional healers treat? The answers to this question are summarised below:

Table 4.1 Conditions treated by Traditional Healers

	CONDITIONS
HEALER 1	Arthritis, high blood pressure, bad luck, poisoning, asthma, baby's air (wind), infertility.
HEALER 2	AIDS, cancer, tuberculosis, infertility, "drop" (urethral discharge), asthma.
HEALER 3	
HEALER 4	"Everything", especially sexually transmitted diseases, hypertension, epilepsy.
HEALER 5	"Everything", except contraception.
HEALER 6	Collapsing adults and children, manhood sickness (impotence), pig lice, convulsions, spasm (<i>amafufunyana</i>).

If African traditional healers are to be incorporated into the South African healthcare system, one of the questions to ask is what condition traditional healers actually 'claim' to treat. When this question was put to the six healers in this study, two of them answered: "everything":

Traditional Healer 4:

"I can heal everything but I master sexually transmitted diseases and hypertension, epilepsy (seizures) and others. For instance, I can heal youngsters for STDs the most."

Traditional Healer 5:

"I can heal everything that doctors can heal. Each and every disease I can treat unless contraceptives, I cannot stop you from having babies, it is against my tradition."

Table 4.1 shows other conditions mentioned by the healers. They showed familiarity with western medicine disease entities and an ability to treat them.

In the following sections, the findings in respect of these specific conditions are summarised.

University of Cape Town

4.2 TUBERCULOSIS

Tuberculosis (TB) is a very common medical condition in the Western Cape, and thus it is not surprising that the traditional healers were familiar with the disease. Furthermore, community TB clinics have been disseminating information and providing supervised treatment for TB for a long time. What was surprising, however, was that the healers claimed to treat the disease themselves.

A summary of the healers' views on causation, features and management of TB are shown in Table 4.2 below.

Table 4.2 Traditional Healers' Beliefs about and Understanding of Tuberculosis

	CAUSES	FEATURES	MANAGEMENT
HEALER 1	Food poisoning Poverty Unhealthy foods Alcohol	Anorexia Night sweats Abnormal eyelashes	Refer to clinic (natural TB) Treat (food poisoning)
HEALER 2	Poison	Anorexia Weakness Shaking Fever Vomiting blood	Medicine to drink Laxative Avoid "ejection" in weak patients (to induce vomiting)
HEALER 3	Poison	Coughing blood	Medicine to drink Spating (bowel cleansing by enema)
HEALER 4	Poison	Cough Coughing up blood Vomiting blood	Medicine to drink Spate Steam "Cutting" – for strength
HEALER 5	Poison – food	Pallor Deep cough Coughing up blood	Medicine to drink Induce vomiting "Cutting" for strength
HEALER 6	Poison Staying in dirty places Problems in life		

All healers gave “poison” as a cause of TB, with two of them qualifying it as a type of “food poisoning”.

Traditional Healer 4:

“There is a certain medicine they use – I mean people that can harm you – this thing is either they put in your food or they let you eat it when you are asleep.”

Traditional Healer 5:

“Oh my dear, TB is just the name people that are jealous of you make you eat poison and that becomes like TB as doctors are saying.”

In addition, the healers mentioned the well-known immune system compromisers: diet (“unhealthy foods”), poverty, stress (“problems in life”) and alcohol.

All healers seemed to have a sound knowledge of the features of TB: anorexia, weight loss, sweats, cough and haemoptysis.

Traditional Healer 1:

“A TB infected person sweats too much when sleeping and he does not want to eat food anymore he loses weight.”

Traditional Healer 2:

“When the person arrives, he would be weak, shaking, the body would be burning. Sometimes, the person would vomit blood, and that is another symptom of TB.”

Although the healers did not seem to make a distinction between “vomiting” blood and “coughing up” blood as a sign of TB, it could be argued that many first year medical students would not be able to make

this distinction either. Coughing or vomiting blood is considered as a sign of a serious form of TB:

Traditional Healer 2:

“Vomiting blood is very serious, and when I finish examining him/her, and I see that he/she is vomiting blood, I don’t treat the person, I send him/her to the doctors at hospital, before getting the herbs.”

Traditional Healer 3:

“And when you cough a lot and coughing out blood it means you are really sick and there is nothing we can do with that case. “

Traditional Healer 5:

“Sometimes you are pale, you cough a lot, and sometimes you cough out blood. When you cough out blood it means that poison has been in your body for a long time and is eating up your lungs so that blood is coming right down there. “

One healer mentioned that people with TB had abnormal eyelashes.

Traditional Healer 1:

“Even in his eyelashes, when you take a close look at him, they are not the same as other people’s eyelashes.”

Management of TB was very much in keeping with the healers’ understanding of “poison” as a cause of the condition: Medicine would thus be taken to kill (or destroy”) the poison inside the body, and other measures would be used to remove it from the body by inducing vomiting, laxatives, spating (bowel enemas), and steaming. No mention was made of “rubbing” being employed in management of TB (which is employed in other cases of “poison”)

Traditional Healer 2:

“I give them a medicine to drink in order to collect and make what is inside rotten; I also give him/her a laxative which takes it out immediately.”

Traditional Healer 3:

“We give patients something to drink and is either that thing will die inside the body so you will pass it out at the back or sometimes by mouth when you are lucky you drink and vomit or spate to take it out at the back.”

Traditional healer 1 made a distinction between “natural” TB, in which case the patient would be sent to a hospital or clinic for treatment, and that caused by “poison”, which would be treated by the healer.

The “weakness” that usually accompanies TB is addressed by the healers by “cutting” the patient:

Traditional Healer 4:

“I cut you with a blade; I start with the head, the middle part of it, on your chest, under the breast, the waist, on top of your granny (genitals), on your knees. The cutting is to give you strength, because TB patient is very weak especially when he starts vomiting or coughing blood.”

Traditional Healer 5:

“I cut you with a blade first to make you strong, outside hands, chest, under your breasts, on your waist, legs, and above heels, so that whatever you have you can be able to resist and be strong.”

In summary, the traditional healers believed tuberculosis was caused by poison, they were capable of treating it but serious cases required hospital (biomedical) treatment.

4.3 SEXUALLY TRANSMITTED DISEASES

Like tuberculosis, there are special clinics in the Western Cape for management of sexually transmitted diseases including HIV Aids. Patient information about these conditions provided at the clinics and the beliefs about STDs the African traditional healers hold is very different.

A summary of the healers' views on causation, features and management of STDs are shown in Table 4.3 below.

Table 4.3 Traditional Healers' Beliefs about and Understanding of Sexually Transmitted Diseases

	CAUSES	FEATURES	MANAGEMENT
HEALER 1	Poison/ <i>ibekelo</i> (bewitched)	Itchy penis Pimples Closed bladder – difficult to urinate Stomach swells	Medicine to drink Herbs applied
HEALER 2		Swelling Unable to pass urine Urethral discharge	Medicine to drink Application to genitals
HEALER 3	Not poison Sleeping around Menstruating partner Contracted from a sick partner	Cyst in bladder Difficulty passing urine Painful micturition	Induce vomiting Genital application Steaming the genitals Spating
HEALER 4	Not witchcraft Transmitted from women to men Menstruating women Sleeping around "Women biting men"	Urethral discharge Smelly discharge Painful urination Swollen genitals	Medicine mixed with urine to drink Induce vomiting Spating
HEALER 5	Sleeping around Witches make you sleep with tokoloshi (witch)	Pimples Smelly discharge Infertility	Induce vomiting Laxative Spating Vaginal application Penile application
HEALER 6	Dirty blood	Burning urine	Medicine to drink

		Blood in urine Urethral discharge	Spating
--	--	--------------------------------------	---------

As can be seen from Table 4.3 above, three of the healers mentioned that “sleeping around” was a cause of STDs. One healer stated that poison was not a cause, and another that witchcraft was not a cause of STDs.

Traditional Healer 3 said:

“This is not poison, it is from sleeping around with somebody (a girl) who is sick, menstruating or sleeping around so that dirt gets into the man and develop the cyst”

Traditional Healer 4 stated:

“Gonorrhoea is not something that you get from someone deliberately (with intention). I mean from witchcraft. Gonorrhoea, the one that we call drop, this usually comes from men. And they get it from women as a disease Let me explain to you this, Patience. When a man sleeps with a woman who is on her period, (menstruating) he can get that dirt and it is going to get stuck in the bladder and it turns to be a sore

Traditional Healer 4 mentioned another reason why one may get STDs by sleeping around:

“The other reason they can get that is when they can sleep around with different girls. Sometimes it happens when a woman does not want to sleep with a man. Sometimes women close up when the penis is still inside and we say that the woman bite the man and it is very painful and after having sex the man’s penis will look like it is swollen and the testicles also start to swell

According to Healer 5, one could contract STD while “asleep”:

“Sometimes it is not just because you slept with men or women, is because the witches let you sleep with a tokoloshi and that will leave dirt in you and destroys your inner parts

Healer 6 mentioned, “dirty blood” as a cause of STDs:

“There are diseases like syphilis, AIDS and gonorrhoea, diseases like gonorrhoea I would say they are caused by dirty blood.”

“Drop” (urethral discharge) was given as a feature of STDs by four healers and five of them mentioned dysuria as well.

Traditional Healer 5:

“So, the person who is suffering from gonorrhoea, he experiences burning urine, and you will find the way he walks is different. When he wants to pass urine, it is burning and bloody. Sometimes when he is passing urine, you will notice that its colour is white like ...”

Other features mentioned, such as swollen genitals, swollen abdomen, blood in urine and infertility, perhaps reflect the healers’ inability to distinguish the features of a condition from the complications that arise as a result of it.

Management of STDs thus seemed to be based on the understanding that there was dirt or poison inside the patient that needed to be “destroyed” by medicine taken orally, and by other measures to ensure that it is removed from the body, such as inducing vomiting, using laxatives, spating, or steaming.

Traditional Healer 1:

“We use certain herbs that will collect all of the dirt inside the person, then after using these herbs, I give him another special.....” “Sometimes I give him medicine to drink so that they can clean him inside and when the poison is coming out through the urine or toilet its painful and sometimes they cry.”

Traditional Healer 5:

“I give you spate it is quicker and give you medicine that you can drink that can make your stomach loose and that will help the thing to come down, the medicine we give you is very strong so it pushes whatever you have down and we also give you something to put on the mouth of the vagina.” The healer went on to say: “For men you put the medicine on your penis for the whole night and you will see it coming out in the morning.”

The “coming out “ referred to here is presumably a urethral discharge, which implies that, whereas western doctors take urethral discharge as a symptom of disease, the healers take it as a sign of a curative process – i.e. as the “poison” coming out.

Traditional Healer 4 described a special medicine mixture for STDs:

“We give them medicine, mixing it with their urine to drink; this medicine will clean their systems and bladder because it is very strong and very sour in taste.”

Some complementary medical practices in fact recommend drinking one's urine not only as a cure of disease, but also for daily consumption to maintain good health (from a lecture in complementary medicine at a South African Complementary Medicine Association Congress on Robben Island during October 1998).

In summary, poison was the cause of STDs contracted in a number of ways – promiscuity, sleeping with a menstruating woman, sleeping with a witch. Various treatment modalities to destroy the poison inside and remove it from the body via the body orifices.

University of Cape Town

4.4 HIV/AIDS

The traditionally healers were asked for their beliefs of HIV/AIDS specifically although this is an STD and the healers' views on causation, features and management of HIV/AIDS are shown in Table 4.4 below.

Table 4.4 Traditional Healers' Beliefs about and Understanding of HIV/AIDS

	CAUSES	FEATURES	MANAGEMENT
HEALER 1			
HEALER 2	Sexual relationships		Use condoms
HEALER 3	Sleeping around Not poison		
HEALER 4			
HEALER 5	No idea		No treatment – terminal Medicine for strength For doctors
HEALER 6	Never seen AIDS patient		For doctors

As Table 4.4 above shows, this group of healers had very little to say about HIV/AIDS. Two healers mentioned that it was a sexually transmitted disease. The most effective form of management, according to them, was to send the patients to western doctors. The little they did know was basically consistent with the biomedical view.

Healer 2 said:

“Diseases like AIDS, HIV one gets infected when men and women have sex. We as traditional healers we usually tell people to use condoms. We usually ask condoms from the clinics and they give us.”

Traditional Healer 5 admitted to knowing very little about the disease but stated that he could offer patients treatment to increase their strength:

“AIDS” – I don’t want to lie I cannot heal AIDS, that one I leave for the doctors to deal with because you are a terminal patient..... No, AIDS is too complicated but anyway I can

also moderate it, in other words to give you medicine that can make you strong and not die fast

In summary, this is one condition the healers admitted to knowing very little of and best left to biomedical practitioners.

University of Cape Town

4.5 HYPERTENSION

Hypertension is a common chronic condition in the community where it is also called “high blood”. Its technical-scientific explanation sometimes pose a challenge to communicate to patients.

The healers in this study were familiar with the condition and their views on causation, features and management of hypertension are shown in Table 4.5 below.

Table 4.5 Traditional Healers’ Beliefs about and Understanding of Hypertension

	CAUSES	FEATURES	MANAGEMENT
HEALER 1	Loss of culture Spirit to become Healer not managed Wrong foods Poison	Water in lungs Fast heart beat Body swelling Dizziness	Medicine to urinate To drain the water
HEALER 2	Fatty food, meat and milk diet	Sweating Breathlessness Coma	Medicine to clean the chest Medicine to drain the wrong diet that collects inside
HEALER 3	Fat, salt and sugar diet Drinking coffee	Fever Sweating Weight gain Palpitations Fast heart beat Relation to diabetes	Restrict salt, fat and sugar diet Medicine to break up the fat Spating Induce vomiting Steaming
HEALER 4	Natural disease Stress Fatty food	Night sweats Asthma related Weight gain Fever	Medicine to melt fat inside Spating
HEALER 5	Too much salt and fatty food in diet Strong coffee	Feeling warm Shivering Fast heart beat Body swelling Breathlessness Diabetes and Asthma related	Restrict salt, coffee and fat in diet Cutting Induce vomiting Spating Medicine to drink to unblock pipes A “smoke” to open blocked pipes
HEALER 6	Thinking too	Sweating a lot	Refer to doctors

	much	Thirst	
--	------	--------	--

Although it is perhaps not surprising that these urban traditional healers knew about hypertension, it was surprising that they claimed to treat it. All healers called hypertension a “natural disease”, and not one caused by witchcraft or poison. They thought that the cause of hypertension was a “loss of culture” and the adoption of “wrong” (western) diets. They seemed to have some knowledge of the link between hypertension and diabetes, but some linked it to asthma as well.

Traditional Healer 1:

“You know before, we never had things like high blood pressure and diabetes, it is because we lost our identity, our values and our culture. So that is why we have high blood pressure and diabetes and it’s because we eat everything that we never had to eat before. A traditional healer does not eat mutton, chicken and goat meat even beef, but today’s traditional healers eat almost everything and these things affect him inside.”

Traditional Healer 5:

“We believe that high blood pressure is caused by too much salt, strong coffee and fatty foods.”

Traditional Healer 1 spoke of another reason, i.e. “loss of culture”, causing hypertension:

“Some of our generations, others in their families they had white sickness (i.e. the need to become a traditional healer) and he will have the spirit, the spirit of the white sickness and this spirit will fill his veins and do this and that to him because they are not treating the person well. Long before, during the time of our forefathers when something like this happens the old men will take their sticks and go to the Great

House and pray to their ancestors to show us the right way. Today, there is no such thing, if a person has got the spirit of becoming a traditional healer, there is nobody who will take care of the person because things are not done according to the law, so that is why we have high blood pressure and diabetes.”

Traditional Healer 4:

“Hypertension is caused by worries. When you worry a lot especially women.”

Traditional Healer 6 gave “thinking too much” as a cause of hypertension:

“A person with high blood thinks too much, well they look like a person who thinks too much, who would be ok living by themselves. You can see that they are just a person who is unhappy, and uses the mind a lot”

The healers’ description of the features of the disease included what were clearly signs and symptoms of cardiac failure, a complication of hypertension. Some of the healers also made a link between hypertension and diabetes and asthma.

Traditional Healer 1:

“First, his lungs are floating in water then I have to drain that water before doing anything and because of that water his heart is beating very fast and he will tell you that sometimes he becomes dizzy. All that dizziness and that fast heart beating is caused by those floods in his lungs so I must give him the medicine to urinate”

And he continues:

“You see that person has still got that water in his lungs, his heart beats very fast, and once that get used to his body, his face, his hands and feet become swollen and sometimes he

dies, but sometimes this fast heart beating can be caused by poison.”

Traditional Healer 2 put it this way:

“A person with high blood pressure is also getting blocked; sweats to such an extent that a pillow becomes wet, and once the pillow becomes wet it would be difficult for a person to breathe, a person would turn the eyes”

Here the shortness of breath appears to be attributed to the presence of the wet pillow, and severe sweating is regarded as a feature of hypertension.

Traditional Healer 3:

“When we see hypertension we see sugar diabetes, they go hand in hand and also with asthma. Also associated with heat (when you feel hot in a cold weather).”

Management of hypertension was tied up with the healers' perceived causation and features of the condition. Correcting consequences of “wrong” diets was paramount in their management of this disease:

Traditional Healer 2 stated:

“I ask a person not to eat fatty food. A person with high blood pressure is not supposed to eat meat, use milk and sugar. I give a person some medicine to drink and after that I eject him to take it out, it means I drain him because that disease is collected now, and then it has to come out.”

Thus the wrong diet is thought to lead to collection of “something” inside the person, which first needs to be broken down, before steps are then taken to ensure that it “comes out”.

Traditional Healer 3:

“About high blood – is when you have high blood and we restrict you from eating some of the things –

Salt – it makes your body to have more water just like sugar.

Fatty meat – makes your (*mohlenro*) to be thick and you start to raise the whole body and you start to feel heat because of that fat you ate and you start to sweat.

Sugar – increases high blood.

That is why I say these are not good for your body, that is why you see people with big stomach or gain weight that is too much for them because of salt, sugar and fatty foods.”

Thus the salt, fat and sugar lead to weight gain, which presumably causes increased temperature and sweating, and in turn results in raised blood pressure. This healer (Traditional Healer 3) described his treatment as follows:

“There is a certain medicine we use to heal that, the medicine breaks up the fat and you also get spate, vomit and steam.”

In terms of this belief, the fat “collects inside” and needs to be broken down and eliminated.

Traditional Healer 4 put it this way:

“We stop patients from eating a lot of fatty food because these fatty foods make them fat and warm and you will find out that they gain weight unnecessarily and that gained weight is very harmful to a person because the more you become fat the more you become covered by fat and this lead to asthma and hypertension. That is why you find out that you feel hot in cold weather and this raises your blood pressure.

But this one is easy to cure because of the medicine that we give you to drink and we give you a spate, the spate will help you with the fat in your stomach, it is some kind of melting and come out at the back.”

Traditional Healer 5 discussed it this way:

“Salt for instance, when is too much in your body makes your blood salty and this is not good.

Strong coffee, you shiver most of the time after drinking it and your blood pressure goes up because your heart is beating up. When it is cold, you feel warm because of too much fat you eat and your blood pressure goes up.

This is the same as eating too much sugar and get sugar diabetes you start to swell the whole body, you know yourself that when you take sugar and put in water it dissolves, same applies to body when you eat a lot of sugar because your body has got water it dissolves sugar and become diabetic and we cut you, spate and make you vomit to drain water out.

When you have hypertension it is likely to have asthma because always you have short breath you cannot breathe properly

In summary, the healers believed hypertension was caused by lifestyle factors such as wrong dietary habits, their understanding of “pathogenesis” remained accumulation of poison in the body that needed eliminating by vomiting, enemas and use of laxatives. They identified common lifestyle causation of hypertension and diabetes which is discussed next.

4.6 SUGAR DIABETES

Hypertension and diabetes were discussed together by the healers as they felt they were caused by the same lifestyle factors. Healers 1, 3 and 5 discussed diabetes together with hypertension and healer 6 did not know the condition.

The views of healers 2 and 4 on causation, features and management of diabetes are shown in Table 4.6 below.

Table 4.6 Traditional Healers' Beliefs about and Understanding of Sugar Diabetes

	CAUSES	FEATURES	MANAGEMENT
HEALER 1			
HEALER 2	Poison added to sugar	Body itching Skin pimples Burning urine Itchy vagina Vaginal discharge	Medicine to drink "Draining" to remove it Refer to hospital if weak
HEALER 3			
HEALER 4	Natural Too much sugar in the diet	Water filled body	Draining the body Induce diarrhoea
HEALER 5			
HEALER 6	No idea		

Most of the healers had already touched on diabetes during their discussion of hypertension.

Traditional Healer 2, however, had this to say about diabetes:

"According to us traditional healers, we usually say diabetes is caused by poison, which is poured in the sugar, and then the doctors would say a person has diabetes and we know that it's a poison poured in the sugar."

Thus for this healer, it was not the sugar that is a problem, but the poisons deliberately added to it. The healer's description of features of diabetes

appears to be what western doctors would regard as possible complications of the disease:

“The symptoms of diabetes are that the body of the person becomes itchy, and it is like a person has the web of a spider on the face or the person would have big pimples, externally sometimes a person would have a burning urine and it would be a small amount of urine that would come out when a person urinates, and it would be itchy in the vagina of a woman”

Management is discussed thus:

“I have a special medicine for diabetes. I make a bottle of medicine meant for diabetes to drink, and then even that one needs to be drained because that thing is burning him inside. Yes, I drain the person quickly but immediately after draining him, I see this person is weak, I phone the ambulance to take him to the hospital.”

Diabetes and hypertension has the same causation – wrong diet. This wrong diet, however, led to accumulation of “substances” in the body that required destroying and eliminating from the body.

4.7 IMPOTENCE

Erectile dysfunction is one condition the healers felt they were best suited to manage and for which western doctors had no cure.

A summary of the healers' views on causation, features and management of impotence is given in Table 4.7 below.

Table 4.7 Traditional Healers' Beliefs about and Understanding of Impotence

	CAUSES	FEATURES	MANAGEMENT
HEALER 1			
HEALER 2	Gonorrhoea Sleeping around Not using condoms	Blocked vessels Sterility "Dog not barking"	Medicine to drink Eject him
HEALER 3	Sleeping with woman who is on traditional medicine Women put medicine in vagina	Weak veins No erections	Traditional medicine Doctors no use
HEALER 4	Woman putting <i>muti</i> in vagina	Relaxed " <i>fata</i> " (penis)	Traditional not biomedical
HEALER 5	Wife puts medicine in vagina	Weak veins	
HEALER 6	Too much alcohol	Weak muscles	Medicine to drink

In discussing impotence, three of the healers attributed the problem to something women used to stop their men from having sexual relations with other women.

Traditional Healer 3 explained:

"Yes, I know impotence is when the partner does not want to erect (wake up). The cause of that is when you (a man) sleep with a woman who is using traditional medicine. What the girls are doing is, they put a kind of a medicine like a pill in their vaginas, they normally get that from *sangomas* that can harm and this is to help them when their boyfriends sleep with them they do not get erection when they sleep with other women Their veins become weak and unable

to perform and this will happen to you until you die because of the poison you got from the girl, and that poison can also make a girl to taste very nice and when you meet another girl you think about your girl and ultimately you can't perform. It is all about poison. Do you go to western doctors? Not at all."

Traditional Healer 4 said:

"Impotence – I don't really understand how could somebody be so cruel to make somebody that way. Because you know how this happens. When I am in love with somebody and I am too jealous of him I use some kind of pill that when I put in my "sisi" (vagina) it melts and when I meet with my man I become so tasteful and it also makes my man not to sleep around. That pill makes "tata" (penis) to relax when he sees another sisi and this happens always until my man go to see somebody (a sangoma) his penis cannot erect at all because I did that."

The same healer also described what needed to be done to reverse the situation:

"What we do to treat that we let you go to sleep with your girl friend again and bring along the towel that you used and we use that dirt to help the man."

Only Healer 2 mentioned gonorrhoea (discharge), and STD, as possible causes of erectile dysfunction and that this could be avoided by using condoms:

"It happens that a man would just not perform sexually. We as traditional healers we say his dog is not barking. Eh That happens that person has a germ in his genital parts. It is meant for him to have gonorrhoea, so that he does not have sexual intercourse with a woman, it is also meant for him not to have children. We give him a bottle of medicine to

drink and also eject him, in order to open the tubes so that his dog could bark again.

The reason for the dog not to bark, it's because these people are not disciplined and they are not using condoms."

Traditional Healer 6 identifies alcohol as a cause:

"I seem to notice that they are people who drink strong alcohol. Like brandy and so forth, you tend to see them weak to perform duties as a man."

The view commonly held by traditional healers is that management of impotence is best done by means of traditional medicine and that western doctors can do nothing about this condition.

University of Cape Town

4.8 CANCER

There is a general perception in the community that cancer in general and breast cancer in particular, are not cured by western doctors. The healers' views on this condition were sought and their views on causation, features and management are summarised in Table 4.8 below.

Table 4.8 Traditional Healers' Beliefs about and Understanding of Cancer

	CAUSES	FEATURES	MANAGEMENT
HEALER 1			
HEALER 2	Poison Virus	Virus bores inside	Eject Apply herbs Avoid meat, milk, sugar, tea and coffee Avoid surgery Avoid "burning"
HEALER 3	Poison		Rub, steam, wash and varnish Vomit Spate Hospital for strength
HEALER 4			
HEALER 5	Poison		Medicine to drink Steam, rub Induce vomiting Spate Cutting for strength No surgery Inhibit sweating
HEALER 6			Rub, wash Medicine to drink Hospital to confirm cure

Table 4.8 sums up the healers' beliefs about cancer: It is caused by poison, they have very little to say about its "features" and management is in keeping with the perceived cause of the disease.

Traditional Healer 2 explained the disease:

"Cancer is also like poison. As I have already said, the doctors say you have diabetes, it's true because a poison is

poured in the sugar, even cancer is like that, but these diseases have a virus which we fight as traditional healers, that virus should come out, because it bores inside, that is why we eject a person, we want to take that virus out.”

The healer’s management regimen is thus as follows:

“There is only one way to take out a virus, we as traditional healers we give that person a bottle of medicine and if it’s breast cancer, we put herbs on it, herbs that would make it rotten and when it is rotten the virus dies inside. After I have done that I tell the person not to eat meat, use milk and sugar.”

The healer continues to explain the “dietary restriction”:

“Even a person with cancer should not eat meat, use milk and sugar. The person should not drink tea or coffee, in order for the virus to become hungry, and now the doctors would be needed to fill that person with water and blood because that virus has finished that blood, and traditional healers do not have blood.”

This healer’s concept of “starving” the virus is similar to the view expressed in a study by Cecil Helman (1978) in respect of patients in a London suburb regarding common ailments – “chills”, “colds” and “fevers”. The often heard aphorism at the time, “Feed a cold, starve a fever”, was based on the belief that fevers were caused by “bugs” and that one way to kill them was for the patient to restrict food intake so the “viruses” would have nothing to feed on and die. Colds, on the other hand, were thought to be caused by “environmental factors” and people were permitted to eat and drink freely (Helman, 1978).

According to this healer (Traditional Healer 2), surgery was one procedure to be avoided in cancer management:

“The only thing that does not work is an operation. According to the law of traditional healer, a person with cancer should not be operated.”

Besides surgery, this healer also stated that “burning” in cancer (cauterization of cancerous lesions) did not help and in fact made the patient resistant to the healer’s treatment:

“Burning does not help. Burning was the reason for my medicine not to function. The medicine was not strong enough

There is a widely held view in the communities that patients with epilepsy must avoid being burnt during a seizure. The reason given is that once an epilepsy patient is burnt, the seizure would be impossible to control from then on. This is the reason for the concept that “burning” renders a condition resistant, whether it is epilepsy or cancer.

The general view of the healers is that they can in fact cure cancer. Traditional Healer 3 summed up the management regime as follows:

“You drink; you vomit – to clean your inside. You steam – when you sweat the poison from your blood comes out bit by bit. We rub you – to let the medicine penetrate. You get spate – to clean your blood.”

The same healer went on to say:

“We can heal cancer but sometimes when you are weak we take you to the hospital for you to get strength”

Traditional Healer 5 discussed the issue of surgery by doctors by juxtaposing it to the technique of “cutting” by the healer to increase the strength of the patient:

“When it comes to cancer I become so angry and my heart breaks because doctors like to cut. Cancer is something that we can easily take out because it is a poison that built up in

your body either in your leg, breast or what. And what they do they run to the cutting, they are not even sure whether the cancer has spread or what

This healer stated that, in addition to treatment by inducing vomiting, steaming, rubbing and spating, the healer also uses "cutting":

"By cutting you will be made strong because sometimes you are weak."

In terms of this view, then, "cutting" by doctors is bad for cancer, whereas cutting by healers will make the patient strong.

In summary, the healers believed cancer was caused by poison and they were capable of curing it. Interventions by biomedical doctors were inappropriate and may even be detrimental to the patients.

4.9 EPILEPSY (SEIZURES)

The African traditional healers were asked to discuss their views of faints and fits (seizures) although the term “epilepsy” is used, not all of these fit the biomedical diagnosis of epilepsy.

A summary of the healers’ views on causation, features and management of epilepsy are summarised in Table 4.9 below.

Table 4.9 Traditional Healers’ Beliefs about and Understanding of Epilepsy

	CAUSES	FEATURES	MANAGEMENT
HEALER 1	Poison Food poison		Induce vomiting Laxative
HEALER 2	Virus – <i>Mafufunyana</i> <i>Impumbulu</i>	Restless and scared Running mad Neck turning Beating people up Hearing and seeing things Eyes turning Blushing Salivating Sudden fall – <i>impumbulu</i> Pulse, no brain function	Hospital first and then herbs Induce vomiting
HEALER 3	Poison	Act crazy	Snuff – sneeze out poison
HEALER 4	Poison (bewitched)	Act crazy Shaking and running mad	Avoid sedating injections Medicine to drink Spate Induce vomiting Steam and rub
HEALER 5	“Ancestral call” (<i>Thwasa</i>)		“Heed the call”
HEALER 6	“Traditional ways” Sight of something forbidden, funny, strange		

As can be seen from Table 4.9 above, all the healers attributed epileptic fits to poison or “traditional ways”

Traditional Healer 2 discussed it thus:

“When we look at epilepsy when we examine, we usually find out that epilepsy is also caused by virus that is inside, we call it *mafufunyana*, and I don't know how they call it in English.”

It does appear that the concepts of poison, virus, dirt, and “thing” mean the same thing, and were usually brought about by someone or something through witchcraft.

The healer continues with some description of the pathogenesis of epilepsy:

“We found out that this thing starts from the brain. *Mafufunyana* were sent into it. Those are the viruses that are in the veins, sometimes they could be even in the stomach, and we have to fight these viruses until they come out These *mafufunyana* are moving inside. As they are viruses, they are moving, they bite, sometimes. A person becomes restless and scared, he would want to run because he can hear and see this thing.”

The healer goes on to discuss the symptoms and signs of *mafufunyana*:

“The symptoms that we see are: The person would turn the eyes, the face would blush, when this thing is going to happen, and after that he would have fits, and he would look on the side, releasing saliva through the mouth, a person would do this for almost an hour. When we touch his stomach, we can feel that something is moving in the stomach, when we feel the pulse, we can feel that it does beat but it works with the brain which is not functioning.”

This is a fair description of a seizure and clearly shows an ability to distinguish between a cardiovascular cause and one resulting from cerebro-vascular causes.

When Traditional Healer 2 was asked whether *mafufunyana* was the only cause of seizures, he described a different form of epilepsy and how it could be distinguished from *mafufunyana*:

“Yes there are people who become epileptic without having *mafufunyana*. We usually say that is caused by *impumbulu*, that person is followed by *impumbulu*. Eh ...this thing has two sides, so it's better for a traditional healer to look at it first, in order to see if the person is followed by *impumbulu*. That one does not show any signs when the fits are about to start, the person would just fall down. The one with *mafufunyana* starts by running mad, she would look at the back, the neck would turn, sometimes a person would run, she would be powerful and beat people.”

From the above description, it appears that *impumbulu* is more in keeping with the western concept of epileptic seizures, whereas *mafufunyana* is a more complex neuro-psychosomatic syndrome, of which “fits” may be but one of the features.

Schweitzer (1977), in his study “Categories of experience among the Xhosa: A Psychological Study”, discusses *amafufunyana* and *Thwasa* and identifies the differences between these two. In *amafufunyana*, the poison in the body changes into small animals or persons who speak to the individual and cause him to speak in different and unintelligible languages. In other words, the person will hear voices but these are not the voices of the ancestors. *Amafufunyana* is thought to be linked to inter-personal conflicts and sorcery. *Thwasa*, on the other hand, is associated with the ancestors calling on an individual to train as a *sangoma*. The voice heard in *Thwasa* would thus be a clear voice of the “shades” (ancestors).

Traditional Healer 5, in discussing seizures, calls them *ifufunyane* and proceeds to discuss what is clearly *Thwasa* and not *mafufunyana*:

“Oh I see you are talking about *ifufunyane*. Doctors cannot heal epilepsy because it is more of ancestor's thing. When

ancestors want you to become a *sangoma* they make you suffer and especially when you had a dream being sent somewhere to get your qualification and you deny or you don't tell parents about that until you go to that place where you must go you will never come right."

Seizures are one condition the healers felt strongly about being able to treat themselves. They also felt strongly that western doctors are unable to treat them because it is a "traditional thing".

Traditional Healer 4 discussed the management of this disease:

"We let you drink a certain medicine and that will cool the severity of what you ate. After cooling off we give you strong spate and you vomit, you steam and we rub you to protect you against evil."

"Rubbing" appears to be both curative and preventive against further "poisons".

In summary, although the term "epilepsy" was used in the discussion with the healers, the faints and fits so described have different causations and not the biomedical diagnostic label of epilepsy. These are a group of conditions the healers believed were curable and that only they (as opposed to biomedical doctors) were capable of curing. Poison was the cause and this had to be eliminated from the body.

4.10 ASTHMA

Asthma was believed to be related to hypertension in its causation and was, therefore, discussed together with hypertension by the healers.

A summary of the healers' views on causation, features and management of asthma are shown in Table 4.10 below.

Table 4.10 Traditional Healers' Beliefs about and Understanding of Asthma

	CAUSES	FEATURES	MANAGEMENT
HEALER 1	Many causes		
HEALER 2	Poison	Cloudy insides Misty X-ray Blocked pipes Breathlessness and collapse	Hospital for oxygen Laxative – to open blocked pipes Medicine to drink to clean blood
HEALER 3			
HEALER 4			
HEALER 5	Related to hypertension Poison	Blocked pipes Unable to breathe	Medicine to drink to unblock pipes Something to smoke to unblock pipes
HEALER 6	Poison Alcohol	Squashed lungs Hard to breathe Sweating Cold Painful cough	Medicine to drink Induce vomiting

The healers' belief was that asthma was caused by poison. Some linked it to hypertension, presumably because of the shortness of breath of cardiac failure, which is a complication of hypertension.

Traditional Healer 1:

“According to our understanding as traditional healers, it is also caused by poison. The reason why we say it is caused by a poison, it is because we believe in dreams. A person would have a dream like she is eating, and it's when a person would start getting sick, and when she goes to traditional doctors, to hear what is going on, a traditional healer would say what she dreamt about. Now we would

have a belief that really that person ate something while sleeping, that thing has entered in her while she was sleeping, and she did not see it.”

“It makes the chest dark, misty and blocks the pipes, to such an extent that a person wouldn’t be able to breathe and a person would collapse and die.”

Treatment is by dealing with the presumed poison, although this healer would send serious cases to hospital:

“Yes, I deal with asthma patients a lot, as a result, if asthma is very high, I don’t touch a person, I take him to the hospital to get oxygen, then when the person comes back I would give him a bottle of medicine which is a laxative because the chest pipes are blocked, they need to be opened, then I give him a bottle of medicine that would clean the blood

Traditional Healer 5 described two possible causes of asthma: hypertension and poison:

“When you have hypertension it is likely to have asthma because always you have short breath you cannot breathe properly but asthma sometimes can be caused by poison that people send to you and they want you to die, that poison blocks your pipes and you are unable to breathe properly”.

To treat the disease, the patient would be given “medicine to drink to unblock the pipes and something to smoke which also helps to unblock the pipes.”

Traditional Healer 6 discusses asthma this way:

“Asthma is the disease of the lungs, it squashes them and you find that it is hard to breathe, then they sweat and they get cold. You find that it is very sore for them to cough. We also have a medicine to drink, luke warm and not really hot. We also give them medicine so that they can throw up.”

In summary, the healers linked asthma to hypertension and poison was the cause of symptoms which had to be eliminated from the body.

University of Cape Town

4.11 WORKING RELATIONSHIP WITH WESTERN DOCTORS

The healers were asked to discuss their views on a working relationship with biomedical doctors and what conditions they felt were better managed by western doctors.

A summary of the healers' views on western medicine and their willingness to work with biomedical doctors are shown in Table 4.11 below.

Table 4.11: Traditional Healers' views on working relationships with western doctors

	WILLING TO WORK WITH DOCTORS	BETTER TREATED BY HEALERS	BETTER TREATED BY DOCTORS
HEALER 1	No	Poison - cleaning inside	Weakness – injections Accidents
HEALER 2	Yes	Cancer Cleaning inside Cleaning blood Patients damaged inside	Weakness – water and blood X-rays to look inside Seriously ill and dying patients
HEALER 3	Yes	<i>Mafufunyana</i> (Fits) Poison – taken out	Weakness - injections
HEALER 4	Yes	TB Epilepsy Witchcraft poison	Sinusitis
HEALER 5	No	Cancer Epilepsy	
HEALER 6	Yes		X-rays – to look inside

4.11.1: Willingness to work with doctors

When the six Traditional Healers who participated in this study were asked whether they were willing to work together with western doctors, four of

them said that they were indeed willing to do so. Different reasons were given for their willingness to associate with doctors.

Traditional Healer 2 said:

“There are so many things that western doctors are more advanced with than us, which they use to help people. It’s just African diseases that are more powerful which confuse doctors, but they can detect viruses with their machines, they do not take them out.”

Traditional Healer 3 put it this way:

“I don’t want them to undermine us. There are some illnesses that they cannot heal. They must take us seriously, transfer patients to us, we are so much willing to work with them to show them our capability.”

Traditional Healer 4:

“Doctors cannot heal fits and TB because this is witchcraft. I would like to work with any doctor for these type illness so that to help. Doctors cannot heal somebody who ate witchcraft poison, because they don’t know anything about that.”

Traditional Healer 6 specifically discussed “referrals” to western doctors:

“With sickness that I am not capable of curing them, I refer them to a medical practitioner and explain that the kind of sickness that she has is not to be cured by traditional healers, it is for the medical practitioners although I would not recommend the doctors that she should see. So the easiest way we feel is that we work and communicate with the doctors, so that when we see that a person has a problem we cannot handle, we can send them to the doctors. Even if its just a little one you know, a person can say that this part is so, but do not know how it is inside, because the

lungs inside might have another problem, so that is why we like the people to have a doctor, which they see or visit. the doctors will also have something they cannot handle, things to do with culture

Two traditional healers did not, however, want to associate with doctors.

Traditional Healer 1 said:

“No, I don’t have any connection with doctors. I really don’t, I will be punished by my ancestors if I do such a thing I am not allowed.”

Traditional Healer 5 had previously worked for a western doctor to see patients with “culture illnesses”. This healer felt that he had not been paid enough by the doctor:

“I don’t want any relationship with them because they don’t want to pay. I was working with another doctor in Bellville, we were working very nice. For example, epilepsy patient, instead of giving a patient a pill to sleep, I give him medicine of the ancestors and speak to the ancestors to cool down on that person, and the patient starts to cool down. The problem was I was working very hard to help him but what he could give me was R500 every month which was a little money compared to the number of patients I saw. Unless something comes out and we have where we register and the government know that we are here and we can help doctors then I think I can go for it because then we will be paid from the government as them.”

4.11.2: Conditions better treated by traditional healers

All the healers interviewed in this study felt that they were better at treating cancer, seizures, witchcraft, poison and “cleaning inside.” Traditional Healer 1 specifically mentioned TB as one of those conditions that they were better able to treat than western doctors: “There are many conditions that are treated better by traditional healers than western doctors because they take a very close eye for each patient they are treating before they could be sure what the person is sick from. Sometimes a person comes to you for something else, only to find that there is something else hiding inside him and you treat that also while the doctor on this side he will give lots of tablets that will never clean you inside, while as a person’s system needs to be cleaned by vomiting and drinking herbs that will clean your stomach.”

With regard to cancer and seizures, Traditional Healer 3 said:

“There are some illnesses that they cannot heal such as epilepsy – sometimes this happens to you when you are to become a healer (*thwasa*), you are running because you are looking for a place where you were told by the ancestors to go and western doctors cannot see that. And another one, breast cancer they cut your breast whereas they can refer the patients to us so that we can help patients. They cannot heal it when it is all over the body (spread), they cannot steam people, they cannot spate people or make them vomit They cannot take out poison because they don’t know about that and how you can find it. They only give out pills, injections or operation which if you spate, vomit or steam you can get help without being cut.”

4.11.3: Conditions better treated by doctors

The traditional healers felt that the types of patients, who primarily required the expertise of western doctors, were seriously ill and dying patients, accident victims and weak patients.

Traditional Healer 1 felt that doctors were no good at treating anything other than accident victims:

“As far as accidents are concerned, they are really good on that, but in diseases they are not good.”

Traditional Healer 2 said that western doctors were better at treating weakness, particularly when blood and water was needed to treat an illness:

“We tend to have a shortage of things like water, blood and weakness after we have treated a person ...”

The implication of this is that a patient who is weak requires blood and water to regain his or her strength. The healer furthermore stated that, when a patient was very weak, she would send him or her to the doctor first to improve their strength, before giving them her own treatment:

“Because I could see that this person is very weak, so she needs to see the doctors first, in order to get water and blood.”

With regard to seriously ill patients, she went on to say:

“The western doctors are very helpful in making things faster to save a person from dying, they give a person strength.”

Traditional Healer 3 mentioned the use of “injections” in the management of weakness:

“We send you to a doctor to get injection because you are weak.”

Even in the case of cancer patients, which traditional healers claimed they were better able to treat, it was felt that doctors could help to make the patients strong:

“We can heal cancer but sometimes when you are weak we take you to the hospital for you to get strength.”

It is interesting, that none of the healers mentioned any of the so-called western diseases, such as diabetes and hypertension, as being better managed by doctors. They believed these are caused by western lifestyle but poison was still believed to play a major role when discussing management of these conditions. The healers believed only they and not biomedical doctors were capable of destroying and eliminating this poison.

In summary, the healers showed willingness to work with western doctors who were useful in dealing with weakness (giving blood, water and injections) and for seriously ill patients (including those with HIV/AIDS).

Integration and discussion of the results of this study is presented in the next section.

CHAPTER 5: DISCUSSION OF FINDINGS

This final chapter integrates the research findings presented in the previous chapter and responds to the research questions posed at the beginning of this study. The chapter also provides specific recommendations for future research, and, lastly, discusses the limitations of the study.

5.1 Integration of Research Findings

This qualitative study started out with the following objectives:

1. To explore urban African traditional healers' beliefs about and understanding of some common biomedical diseases
2. To explore the African traditional healers' views regarding working together with biomedical doctors in the country's health system.

The literature review preceding the study established the importance of the consultation in medicine and particularly the doctor-patient interaction in family practice. It was found that this interaction is always a cross-cultural one, hence the need for a patient-centred approach to be recommended in family medicine where the doctor is encouraged to elicit the patient's understanding of the disease or illness at each encounter. In the African setting, the perception of the patient is bound to be influenced by the cultural understanding of disease and illness in the community from which the patient comes. African traditional healers are an important part of that community and culture, and it could be expected that such healers' understanding of disease, including of western medical diagnostic entities, would contribute to the patient's understanding of disease.

In addition, African traditional healers are currently being organised to form part of the health system of South Africa. As a result, it is important to discuss and research the various options of collaboration between western medicine and African traditional healing practices. Whereas vigorous

debates are already going on among academics and western medical doctors with regard to the involvement of African traditional healers in the South African health system, it is just as important to elicit and take into account the views of the traditional healers themselves on this relationship. It was with this in mind that the following research questions were formulated:

1. What are the urban traditional healers' beliefs about and understanding of some common biomedical diseases?
2. What are the African traditional healers' views on working together with biomedical doctors in a health district?
3. Which illnesses do the African traditional healers feel are best treated by them and not by biomedical doctors?
4. Which illnesses do the African traditional healers feel are best treated by biomedical doctors?

The answers to these four questions are summarised below.

5.1.1 African traditional healers' beliefs about biomedical diseases

Before discussing the answers to the research questions, it ought to be emphasised that this study was rooted in the consultation and the doctor-patient interaction. The traditional healers' beliefs and understanding of the medical conditions they were asked about were thus regarded as useful in so much as they would need to be addressed and taken into account by the doctor during the consultation. This approach is different from other studies done on African traditional healers, which approached the topic from the perspective of public health and health education (Reddy, 1995; Sibon, 1996). Those studies had been conducted with the involvement of traditional healers in health education programmes in mind, where their beliefs about and understanding of the medical conditions were pitted against the 'conventional' knowledge of western medical doctors. Their aim was to correct the so-called 'deficiencies' in the traditional healers' knowledge to enable them to become involved in health education programmes. In this study, no relationship of this nature is assumed. Knowledge of the healers' views of biomedical disease entities is important as it forms part of the "voice of the life world" in the physician-patient interaction.

5.1.1.1 Tuberculosis (TB)

The traditional healers were familiar with tuberculosis and its features, such as anorexia, weight loss, sweats, cough and haemoptysis. The well-known immune system compromisers of poor nutrition, poverty, stress and alcohol were also mentioned by the healers as contributing factors. Tuberculosis is a very common condition in the Western Cape and the fact that the traditional healers were familiar with it was thus not surprising. Furthermore, Community TB clinics have been disseminating information and providing supervised treatment for the condition for many years.

Whereas western doctors believe that TB is an infection caused by tubercle bacilli, traditional healers believe it is caused by "poisoning". In

other words, malicious people cause the condition by putting poison in one's food or letting one eat the poison in one's sleep.

The healers viewed haemoptysis as indicative of a more serious form of the disease and thus necessitating referral to hospital. This is in keeping with a view in many societies that blood coming out of any orifice requires urgent attention.

Treatment of the condition is thus in keeping with the healers' understanding of "poison" as a cause of the condition: Medicine will thus be taken to firstly kill (or destroy) the poison inside the body, and thereafter measures to remove it from the body by inducing vomiting, using laxatives, spating and steaming. Weakness caused by the disease is managed by "cutting" (incisions made in the skin and medicines rubbed into them).

5.1.1.2 Sexually Transmitted Diseases

Sexual contact was identified as a cause of these conditions by the traditional healers. Although only one of them mentioned poison as the primary cause, the others identified the transmission of "dirt" from a 'dirty' partner (including a menstruating woman). Malicious causes included women "biting the man" and people making one sleep with a tokoloshi. Healers were familiar with features of STDs, and this finding was consistent with those of Sibon (1996) and Green (1992, 1994).

Interestingly, although "dirt" rather than "poison" was considered a cause of STDs by the healers, management was consistent with that for "poison that had collected inside the body": medication would be given to destroy the poison, and thereafter various methods would be employed to take the "products" out. One healer believed that a urethral discharge was evidence of this "dirt" coming out.

5.1.1.3 HIV/AIDS

The traditional healers identified this condition as sexually transmitted, but confessed that they knew very little about it. They felt this disease should be dealt with by biomedical doctors. This was in contrast to previous studies by Sibon (1996) and Green (1992, 1994), in which traditional healers classified STDs and AIDS as either “old” and thus treatable by the traditional healers, or “new” (HIV), having no cure and thus better “managed” by biomedical doctors.

5.1.1.4 Hypertension and Diabetes

These two conditions are discussed together here because the traditional healers linked and discussed them together too. These conditions were identified as “natural” conditions caused by lifestyle and dietary factors. Their knowledge of the link between salt and sugar intake with obesity, hypertension, diabetes and features of cardiac failure is indeed impressive. They showed knowledge of the features of these two conditions, although this did also include features of cardiac failure, which is a complication of the two conditions.

One feature of hypertension that was mentioned by the healers was “fever”, and thus sweating. The traditional healers seemed to link being overweight (leading to an accumulation of fat in the body) with sweating and hypertension. It is common in practice to have urban “African” patients complaining of fever and demanding their blood pressure to be checked because they are concerned of the possibility of “high blood”. There is a general perception among urban “African” and “coloured” patients that sweating necessitates a blood pressure check. If western doctors were aware of this, they would be more likely to address the issue appropriately with their patients instead of assuming that their patients’ expectation was for treatment for an infection.

Management of both hypertension and diabetes included lifestyle changes, but their treatment remained consistent with a theory of “something” having accumulated in the body that needed to be broken down by first taking medication and then removing it from the body.

5.1.1.5 Impotence

Although “sleeping around” and alcohol were mentioned as possible causes of impotence, erectile dysfunction in men is also often attributed to deliberate practices by their sexual partners. Women are believed to put some form of “medication” in their vagina to make their sexual partners “dysfunctional” with other women. One of the healers was convinced that this condition could only be corrected by “traditional” methods and not by biomedical treatment. Again, management would include medication to break down the “dirt” and thereafter letting the dirt drain out of the body.

5.1.1.6 Cancer

The traditional healers confidently stated that cancer was caused by a poison or a virus and that they were indeed capable of curing it. This was in keeping with a widely held view among traditional healers that they are capable of curing cancer. This cure involves methods of destroying the “virus” in the body and eliminating it. As discussed earlier, one healer’s belief of destroying the “virus” in the body was to restrict the patient’s food intake, thereby starving the virus to death. This view of starving the virus echoes that reported by Helman (1978) in a study on London patients’ view of colds and fevers.

The healers condemned the western doctor’s practices of using surgical procedures on cancer patients, which they viewed as endangering patient’s lives. “Burning” of cancers (cauterization of cancer lesions) was thought to be equally harmful. “Cutting” by traditional healers, on the other hand, was considered to be effective in strengthening weak cancer patients. Injections, the use of intravenous fluids and blood transfusion by

western doctors were also considered methods of strengthening the patient.

5.1.1.7 Seizures (epilepsy)

The traditional healers believed seizures to be “traditional” in origin and caused by a “virus”. This is consistent with a widely held view by traditional healers that seizure is one of the conditions described by Ellis (1996) as the Zulu “*ukufa kwabantu*” (African or Bantu disease) or the Xhosa “*ukufa kwamaXhosa*” (Illness of the Xhosa people). These are “culture-bound syndromes”, which Africans believe are unique or peculiar to their people, in the sense that their aetiology, diagnosis and treatment are all inextricably bound up with traditional African world views of sickness and health (Edwards et al, 1982). Western doctors are not expected to have a cure for these.

Treatment is again discussed on the basis of the presence of a poison, virus, dirt or ‘thing’ in the body, which must be ‘killed’ and eliminated.

5.1.1.8 Asthma

“Poison” was considered to be the cause of asthma. Treatment is by eliminating the poison and “unblocking the tubes” by inducing vomiting, laxatives and spating (enemas).

In summary, the healers believed they were capable of managing these biomedical disease entities; management approach was based on the understanding that poison accumulated in the body. Management of the conditions involving destroying the poison and eliminating it from the body.

5.1.2 Working relationship with western doctors

The point of this part of the study was to find out whether the traditional healers were willing to collaborate with modern health workers and what they felt the nature of the collaboration would be. Four out of the 6 healers showed willingness to work together with western doctors. Their views on the nature of the relationship were, however, not clearly articulated in this study. Nonetheless, the healers' willingness in this regard is consistent with a study conducted in Tanzania by Semali (1982), in which 94% of healers interviewed were willing to collaborate with modern health workers.

Asking the traditional healers which conditions they felt were best treated by them and which they felt modern medicine dealt with better was really an attempt to conduct a "task analysis" in preparation for such collaboration. Primary health care planners would, after all, need to have a clear idea of what they would like traditional practitioners to do in the health service. One very important factor that emerged out of this study is that the traditional healers claimed that they were able to treat all the "western disease entities" they were given. It is widely known that traditional healers believe that modern medicine has no cure for cancer and epilepsy, for which traditional healers do have a cure. This view was reinforced by this study. The healers also felt that there were African "ancestral" conditions that modern doctors could not heal. These diseases were thought to be caused by poisons, viruses or 'things', which traditional healers were able to destroy and eliminate from the body.

All the healers nonetheless felt that modern health care had a major role to play in helping accident victims and seriously ill patients, and in restoring the "strength" of ill and weak patients by giving them water, blood and injections.

In summary, the traditional healers showed willingness to work with western doctors but the nature of the relationship (integration, incorporation) were not clearly explored in the discussion with the healers.

University of Cape Town

5.1.3 African traditional healers' belief of causation and treatment of disease

I would like to conclude this chapter by discussing some of the themes that emerged in this study and how these "cultural" beliefs impact on the consultation and the doctor-patient interaction. This study arose from a deep interest in the study of the consultation in family medicine and the importance of taking into consideration the patient's beliefs of illness. In the South African situation, these beliefs are bound to be influenced by the beliefs of African traditional healers, specifically in the case of those patients who come from the same cultural group as the healers, as well as those who consult them.

5.1.3.1 "Poison"

The African traditional healers who participated in this study identified 'poison' as a cause of disease and ill health. The definition of this word appears different from the usual (western) understanding of the word. The healers described the "thing" that causes disease as a "virus" or "dirt". One could get this poison from food, if it had been maliciously added to it. One could also be given poison in one's sleep by entities such as tokoloshes, and one could also get the poison by walking along a path where the "poison" had been placed specifically to harm an individual.

It has been said that the African traditional theory of disease causation can be divided into two groups. The first concerns the "natural causes" of sickness or disease, comprising common or ordinary sicknesses. The second refers to "unnatural" or supernatural iatrogenic anthropomorphic or magical causes of disease, giving rise to what may be described as extraordinary sickness (Gumede, 1991). The assumption here is that the first group would include western disease entities, whereas the second would comprise of the cultural or "Bantu diseases". In this study, however, this did not seem to be the case, as the healers attributed to poisoning a whole range of "western" diseases. It is noteworthy here that even when

the healers recognised conditions such as diabetes and hypertension as “natural” and were familiar with the lifestyle factors, in their discussion of treatment of the conditions, they still approached it from their theory that the condition had been caused by poison.

They believed that the main shortcoming of western medicine was that their therapies did not include the destruction and elimination of poison from the body. This is somewhat similar to the traditional eastern healing system of ayurveda. In ayurveda (the science of self healing), it is believed that, without first eliminating the “toxins” in the system that are responsible for the disease, any therapy will only push these poisons deeper into the tissues (Lad, 1993). Symptomatic relief of the disease process may result from superficial treatment, but the fundamental cause will manifest again in the same or another form. Elimination of the toxins is accomplished by the use of therapeutic vomiting (*vaman*), purgation therapy (*virechan*) and enema therapy (*basti*). Elimination of toxins in the blood stream is achieved by blood-letting (*rakta moksha*), a process similar to the scarification, blood letting and cupping employed by African traditional healers. In African healing practice, an example of the belief of accumulation of toxins in the body is a condition called “*inyongo*”. The word *inyongo* means “bile”, but the syndrome consists of indigestion type symptoms, which may or may not be accompanied by a whole spectrum of symptoms unrelated to the gastro-intestinal tract such as dizziness, fatigue, headaches and back pain (Ellis, 2004). It is believed by African healers that diets consisting of “rich foods” lead to an accumulation of toxins in the body, giving rise to the syndrome of *inyongo*. Management of the condition includes the use laxatives and emetics to remove the toxins. Doctors unfamiliar with the syndrome may not address this expectation of African patients in the consultation.

5.1.3.2 “Strength”

The traditional healers interviewed in this study believed that western health care is particularly effective in restoring strength that has been lost due to a variety of causes. Intramuscular injections are believed to give strength. Lack of strength is a common presenting complaint in family practice, and the common expectation of patients is that they will receive an injection to restore their strength. This is in fact the reason why traditional African patients expect (and even demand) an injection when they visit a western doctor. It is thus important for doctors to be aware of the possibility of this expectation so that it is properly addressed in the consultation. It should be mentioned here that patients may also complain of a “lack of strength” when they mean erectile dysfunction (for which an injection is also expected to help).

In summary, management of disease is based on the understanding that these are caused by “poison” in the body which needs to be broken down and eliminated from the body. Lack of body strength may require treatment by western doctors.

5.1.4 Limitations of the study and recommendations for future research

This was a small-scale study of relatively short duration and involving a small number of study subjects. The study had, therefore, the expected limitations of a qualitative exploratory study. No generalisations can be made from the findings presented herein about the beliefs of African traditional healers. That said, the validity of the findings of the study was enhanced by cross-checking with evidence from the research of Sibon (1996) and Green (1992, 1994), and from studies edited by Last and Chavunduka (1986). This validity could have been further improved by using a multi-method approach in which data collected from interviews was cross-checked with data from observation, and focus group discussion.

Another limitation of the study was related to the large number of medical conditions the healers were asked to discuss. This was done intentionally to ascertain their views and beliefs on a broad range of medical conditions. Although this was certainly achieved, it meant that the interviewees were unable to probe further and deeper on many of the themes that emerged. For example, the traditional healers' beliefs about "poisons" and their therapeutic approach to these could have been probed further to gain a deeper understanding of the phenomena emerging during the interviews.

Strauss (1987) has examined the issue of the validity of qualitative research findings. Qualitative analysis, he argues, occurs at various levels of explicitness, abstraction and systematisation. Depending on the purposes of the investigator, the final conclusions drawn in the course of the research can vary greatly by level of abstraction. At the lowest levels, they can be "descriptive", whereas at the highest levels, the researcher may aim for the most general theory. But the description itself can be "low level" – perhaps only reproducing the informants' own words or recording their actions – or can be reported at a much more complex, systematic

and interpretive level. This study probably lies somewhere in the middle of the extremes of abstraction.

Future studies on the cross-cultural aspects of the doctor-patient interaction are greatly needed in the South African family practice. I would suggest that only one condition should be investigated at a time, such as "*inyongo*" for example. In-depth discussions with healers would be important to ascertain the deeper meaning that the healers attach to the culture-bound syndrome. Similar studies on patients who are not traditional healers themselves would be useful to ascertain how much of the traditional healers' views on biomedical diseases are reflected in the communities at large.

The current trend in South Africa towards the institutionalization of African medicine has opened up a wide scope for research, ranging from studies on herbal medicines to the interaction of traditional healers with other health care givers (biomedical as well as complementary).

We will now look at the process of institutionalization of African medicine in South Africa.

5.1.5 Professionalisation of African medicine in South Africa

Since this study was conducted in 1997 and 1998, a number of initiatives have focused on African medicines. A brief summary of these is included here as a form of 'epilogue'. A document titled "*National Reference Centre for African Traditional Medicines: A South African Model*", produced by the National Department of Health (2004) discusses the direction the department is taking regarding traditional medicine. It deals with the potential role and benefits of available remedies of African Traditional Medicines in National Health Systems. It investigates the use of effective and safe traditional medicines at a primary level. It further stipulates the following:

1. The investigation of traditional medicines for efficacy, safety and quality with the aim of incorporating their use into the national health care delivery system;
2. The registration and control of marketed traditional medicines; and
3. The establishment of a National Reference Centre for African Traditional Medicines for the purposes of gathering, harnessing and synthesizing information to promote, regulate and register African traditional medicines of plant origin.

As for African traditional medicines per se, a need has been identified by the Medicines Control Council to separate them from complementary medicines and regulate them as a category of their own. The aim was apparently to accord African Traditional Medicines special priority and identity to enable their speedy development. The Medicines Control Council accordingly established an expert committee on African Traditional Medicines.

The drafting of the Traditional Health Practitioners bill of 2003 provides for the establishment of the interim Traditional Health Practitioners Council, a regulatory framework to ensure safety, quality and efficacy of traditional health care services. The Council is expected to have control over the registration, training and practice of traditional health practitioners.

Attempts have been made to facilitate collaboration between traditional healing and biomedicine. Several institutions have already held professional meetings and exchanges between traditional healers and biomedical personnel. A number of institutions continue to pursue research into traditional medicines. Different institutions have designed programmes to promote the use of safe, effective and good quality essential traditional medicines; to promote the documentation and scientific validation of traditional medicines; to contribute to primary health care by providing appropriate information to traditional health practitioners and other health professionals; to support industrial development in this sector; and to contribute to the training of traditional health practitioners.

Thus the global political debate on African traditional healing has taken centre stage in South Africa. The South African Medical Association is currently reviewing its policy on traditional healers, which it first drafted in 1994. The National Department of Health view appears to be that traditional medicine should be a discipline on its own and should not be adapted to western medicine. Traditional medicine should work hand in hand with western medicine.

South Africa has reached the stage of professionalisation of African medicine that several African countries reached in the 1980s. It has the advantage of being able to access and learn from the failures and successes of these other African countries' ventures, in order to inform it in its drive towards institutionalization of African traditional healers.

In conclusion, the traditional healers in this study believed they are capable of treating all biomedical conditions. Western medicine's usefulness lay in managing accident victims, providing strengthening measures to weak patients and to treat seriously ill patients. Management of most of these conditions was based on "poison" as the common pathogenetic process requiring destruction of the poison in the body and

measures taken to eliminate the poison from the body. They showed willingness to work with western doctors.

University of Cape Town

GLOSSARY OF TERMS

Ukufa kwaBantu:

Literal translation is 'African or Bantu disease'. It usually implies that these are "culture-bound syndromes" which the African people themselves believe are unique or peculiar to their people in the sense that their aetiology, diagnosis and treatment are all inextricably bound up with traditional African world views of sickness and health (Edwards et al, 1982).

Amafufunyana:

A behavioural disturbance or "madness" which may or may not be associated with "seizures". It is attributed to sorcery resulting in spirit possession. The symptoms range from hysteria and agitation to weeping, attempted suicide or aggression and delirium.

Impumbulu:

"The lightning bird". A disturbance in consciousness or seizures not normally associated with abnormal behaviour. Impumbulu is one of the many creatures wizards and witches use ("familiar"). It is said to have magical ability to create thunder and lightning. The resulting misfortunes include miscarriages, blindness and death.

Thwasa:

Literally means to become visible or clear. It refers to a person who has been "called" by ancestors to become a Traditional Healer. He exhibits behaviour, which is out of the ordinary and hears voices of the ancestors, giving him clear instructions.

To "eject":

To induce vomiting in order to get rid of impurities from the body (cleansing).

To "spate":

To cleanse lower bowel by using "herbal" enemas.

Steaming:

Topical application of herbal medicine through skin pores to penetrate, stimulate, invigorate or relax (sedate) and to heal the body. The herbs are put in a pot of boiling water and the person, covered in a blanket from head to feet leans over the pot to capture the steam.

Cutting:

Incisions are made in the skin and herbs rubbed over the area to introduce the medicine directly into the blood stream (“African” mode of injection)

Tokoloshe:

One of the “familiar” used by witches and wizards. It is a dwarf with a large head and disproportionately muscular arms and legs. He is said to have only one buttock and an extraordinarily long penis, which he slings over his shoulder.

Ibhekelo:

Anything that enters the body through stepping on or over it. It is believed to have been purposely placed in one’s path by wizards and witches. When the ibhekelo enters the body, it may move about at random or it may settle in one particular organ or other place in the body. It then turns into what is often called “black poison”.

Mohlehlo:

Literally means “omentum”. In this context, the traditional healers mean “a large stomach” in an obese individual.

APPENDIX

INTERVIEW SCHEDULE

This interview schedule is prepared for in-depth interviews with urban African traditional healers in Cape Town metropole.

- Name
- Clan name
- Age
- Gender
- Residence; how long have you lived in Cape Town?

1. Profile of healer

Can you please tell me about the healing/work you do?; probe

- Type of healer
- Specialty, type of diseases treated
- General methods

2. Profile of patients

Can you please tell me about the patients who come to visit you?;
probe

- Number of clients
- Gender of clients
- Type of diseases
- Age profile of patients
- Beliefs of the patients
- When do the patients visit, before or after visiting modern health care services?

- Educational level of patients
- Why do they visit the traditional healer as well as biomedical healthcare facilities?

3. Knowledge and beliefs of tuberculosis (TB)

Can you please tell me about patients who come to see you with TB?;
probe

- Causation/aetiology
- Symptomatology
- Treatment/cure

4. Sexually transmitted diseases (STDs)

Can you tell me about diseases one can get through sex?; probe

- Causation(direct cause)
- Aetiology (explanations of patients, reaction of traditional healer to that)
- Symptomatology
- Treatment/cure

5. HIV and AIDS

Can you please tell me about patients who come to see you with HIV and AIDS?; probe

- Causation
- Aetiology
- Symptomatology
- Diagnostic procedure
- Treatment/cure

6. Hypertension

Can you please tell me what you know about hypertension (high blood)?;
probe

- Causation
- Treatment/cure
- Complications

7. Sugar diabetes

Can you please tell me what you know about sugar diabetes?; probe

- Causation
- Symptomatology
- Complications
- Treatment/cure

8. Impotence

Can you please tell me what you know about impotence?; probe

- Causation
- Treatment

9. Cancer

Can you please tell me what you know about cancer?; probe

- Causation
- Treatment/cure

10. Seizures (epilepsy)

Can you please tell me what you know about seizures?; probe

- Causation
- Treatment/cure

11. Bronchial asthma

Can you please tell me what you know about asthma?; probe

- Causation
- Treatment/cure

12. Working relationship with western doctors

Can you please tell me about your views on some kind of working relationship with western doctors?; probe

- Interaction in a health district
- Referrals between traditional healers and western doctors
- Legislation of traditional healers
- Service fees
- Medical aid schemes
- Issuing of medical certificates
- Conditions they feel are best treated by traditional healers
- Conditions they feel are best treated by western doctors

13 Source of knowledge

Can you please tell me where you get your knowledge from?; probe

- Have you ever spoken to a researcher before?
- Have you ever been involved in a health education program?
- Have you ever received any western-based training?

14. Traditional healer's personal experience with western doctors

Can you please tell me if you have been treated by a western doctor?;

probe

- Type of illness
- Reasons for consulting a western doctor

University of Cape Town

REFERENCES

- Abdool-Karim, S.S., Ziqubu-Page, T. and Arendse, R. 1994. Bridging the gap: Potential for health care partnership between traditional healers and biomedical personnel in South Africa. *South African Medical Journal*, 84(12): Insert.
- Bannerman, R.H., Burton, J. and Wen-Chieh, C. 1983. *Traditional medicine and health care coverage: A reader for health administrators and practitioners*. Geneva: World Health Organisation.
- Buhrmann, M.V. 1984. *Living in two worlds*. Cape Town and Pretoria: Human & Rousseau.
- Campbell, S.S. 1998. *Called to heal*. Johannesburg: Zebra Press.
- Cheetham, R.W.S. 1982. The traditional healer/diviner as psychotherapist. *South African Medical Journal*, 62: 957-958.
- Cheetham, R.W.S. and Griffiths, J.A. 1982. Sickness and medicine: An African paradigm. *South African Medical Journal*, 62: 954-956.
- Cumes, D. 1999. *The spirit of healing*. St Paul: Llewellyn Publications.
- Edwards, S.D., Cheetham, R.W.S., Majozi, E. and Lasich, A.J. 1982. Zulu culture-bound psychiatric syndromes. *South African Journal of Hospital Medicine*, 82-86.
- Edwards, S.D. 1986. Traditional and modern medicine in South Africa: A research study. *Social Science and Medicine*, 22: 1273-1276.

- Elliot-Binns, C.P. 1973. An analysis of lay medicine. *Journal of the Royal College of General Practitioners*, 23: 255-264.
- Ellis, C. 1996. Ukufa kwabantu. *SA Family Practice.*, 17: 125-151.
- Ellis, C. 2004. *Communicating with the African patient*. Scottsville: University of Kwazulu Natal Press.
- Erasmus, P.C. 1992. Traditional Healing. *CME/VMO* 10: 105-106.
- Farrand, D. 1980. *An analysis of indigenous healing in suburban Johannesburg*. Unpublished Masters thesis. Johannesburg: University of Witwatersrand.
- Farrand, D. 1984. Is a combined Western and traditional health service for black patients desirable? *South African Medical Journal*, 66: 779-780.
- Felhaber, T. 1997. *The South African Traditional Healers' primary health care handbook*. Cape Town: Kagiso Publishers.
- Green, E.C. 1988. Can collaborative programs between biomedical and African indigenous health practitioners succeed? *Social Science and Medicine*. 27(11): 1125-1130.
- Green, E.C. 1992. Sexually transmitted disease, ethnomedicine and health policy in Africa. *Social Science and Medicine*. 35(2): 121-130.
- Green, E.C. 1994. *AIDS and STDs in Africa: Bridging the gap between traditional healing and modern medicine*. Boulder, Colorado: Westview Press.

- Gumede, M.V. 1987. Healers, modern and traditional. *South African Family Practice*. Sept: 368-371.
- Gumede, M.V. 1991. *Traditional healers: A medical doctor's perspective*. Johannesburg: Skotaville Publishers.
- Hackland, D. 1987. The traditional healer in modern society. *South African Family Practice*. Sept: 372-373.
- Heap, M. 1989. *Health and disease in South Eastern Lesotho*. Cape Town: University of Cape Town.
- Helman, C. G. 1978. Feed a cold, starve a fever. *Culture, Medicine and Psychiatry*. 2: 107-137.
- Helman, C.G. 2000. *Culture, health and illness*. 4th ed. Oxford: Butterworth-Heinemann.
- Helman, C. G. 2004. *Suburban shaman*. Cape Town: Double Storey.
- Holland, H. 2001. *African Magic*. Johannesburg: Penguin.
- Kleinman, A. 1978. Concepts and a model for the comparison of medical systems as cultural systems. *Social Science and Medicine*. 12B: 856-893.
- Lad, V. 1993. *Ayurveda: The science of self-healing*. Delhi, India: Motilal Banarsidass Publishers.
- Last, M. and Chavunduka, G.L. 1986. *The Professionalisation of African Medicine*. Manchester: Manchester University Press.
- McWhinney, I.R. 1997. *A Textbook of Family medicine*. 2nd edition. New York: Oxford University Press.

- Mishler, E.G. 1981. Viewpoint: Critical perspective on the biomedical model. In: E.G. Mishler, L.R.A. Singh, S.T. Hauser, R. Liem, S.D. Osherson and N.E. Walker, eds. *Social contexts of health, illness and patient care*. Cambridge: Cambridge University Press.
- Mishler, E.C. 1985. The discourse of medicine. *Dialectics of Medical Interviews*. Norwood, NJ: Ablex Publishing Corporation.
- Mkhize, H.B. 1981. Indigenous healing systems and western psychotherapies. Unpublished Masters thesis. Durban: University of Natal.
- National Reference Centre for African Traditional Medicines: A South African Model*. A National Department of Health publication.
- Neumann, A.K. and Lauro, P. 1982. Ethnomedicine and biomedicine linking. *Social Science and Medicine*, 16: 1817-1824.
- Ngubane, H. 1977. *Body and mind in Zulu medicine*. London: Academic Press.
- Ngubane, H. 1981. Aspects of clinical practice and organisation of indigenous healers in South Africa. *Social Science Medicine*, 15: 361-365.
- Ojanuga, D.N. 1981. What doctors think of traditional healers and vice versa. *World Health Forum*. 2(3): 407-410.
- Pendleton, D., Schofield, T., Tate, P. and Havelock, P. 1984. *The consultation: An approach to learning and teaching*. Oxford University Press.

- Schweitzer, R.D. 1977. *Categories of experience amongst the Xhosa: A psychological study*. Unpublished Masters thesis. Grahamstown, Rhodes University.
- Sibon, J. 1996. *South African traditional healers: Discussing AIDS and STDs*. Unpublished Masters thesis. Cape Town: Medical Research Council.
- Strauss, L.S. 1987. *Qualitative analysis for social scientists*. Cambridge: Cambridge University Press.
- Swartz, L. 1998. *Culture and mental health: A Southern African view*. Cape Town: Oxford University Press.
- Wessels, W.H. 1985. Understanding culture- specific syndromes in South Africa: the Western dilemma. *Modern Medicine*. 10(9): 51-63.
- West, M. 1975. *Bishops and prophets in a black city*. David Phillip and Rex Collings.
- WHO. 1978. The Promotion and Development of Traditional Medicine. WHO Technical Report Series 622). Geneva: WHO.
- Wilson, M. 1980. Can traditional diviners and herbalists and modern healers contribute to community health? In F. Wilson and G. Wescott, eds. *Economics of Health in South Africa Vol. II, Hunger, Work and Health*. Johannesburg: Ravan Press.
- Young, A. 1983. The relevance of traditional medical cultures to modern primary health care. *Social Science and Medicine*, 17: 1205-1211.