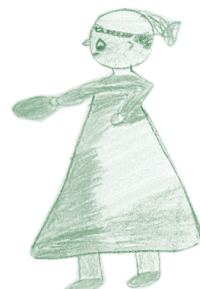




Chapter 18



Traditional Healers

There is an entrenched historical bias towards Western/allopathic health care that has a long history. The government of the new dispensation has committed itself to the involvement of traditional healers in official health care services. This includes the several types of traditional health care practitioners who can be broadly categorised as diviners, herbalists, faith healers and traditional birth attendants. These practitioners are separated by the methods that they use to diagnose and treat their patients. They also employ a number of different traditional formularies.

The process of registering traditional healers and of establishing a statutory council is complicated by the size of the potential membership. There are an estimated 150 000 to 200 000 traditional healers in South Africa but the number who are bona fide, in that they abide by a strict ethical code, is unknown. There is therefore still no single regulatory body. Traditional healers are presently licensed by about 100 organisations in terms of the Companies Act. During May and June 1997 public hearings were conducted into the legitimisation of traditional healers. This resulted in a proposal for the creation of an Interim Co-ordinating Committee (ICC) whose job it would be to establish a statutory Council for Traditional Healers. This process was due to have been completed by the end of 1999.

This chapter motivates that it is very important that traditional healers be brought into the health resource pool. The role of traditional healers in peoples' primary health care should not be under-estimated. They attend to basic needs that are met at the community level. There is an expressed willingness of Western practitioners to work together with traditional healers although their partnership is still very much in its infancy.

The chapter concludes that there has been excellent progress towards the incorporation of traditional healers into the health system but that there is still a very long road ahead. It is felt that recognition of traditional healers is long overdue but that it must be accompanied by institutionalisation of standardised training.



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Introduction

One aspect of the apartheid health care legacy was a bias towards Western/allopathic health care. The year 1994 heralded a new era in health care delivery when the Government accepted the National Health Plan (NHP).¹ One very important aspect of the new dispensation in health care was the commitment to involve traditional healing in the official health care service. According to this point of view, consumers would henceforth be allowed to choose whom to consult for their health care, and legislation was to be changed to facilitate the controlled use of traditional practitioners.

Today, five years later, it seems that the Government is indeed committed to carrying out the intention originally stipulated in the NHP and entrenched in subsequent legislation. To this end the current restraining legislation (the Health Act 1977), will be repealed in the near future, while the processes of registering healers and of instituting a statutory council for this category of health care workers are underway.

This part of the chapter provides an overview of the human resources and the services offered in the traditional medical sector, describes the regulation of this sector and the current transformation that is taking place, and goes on to describe the role of traditional healers in the district health system.

The African traditional medical sector

Traditional healers are established health care workers within their communities. It has been estimated that between 60 and 80% of the South African population currently use the traditional medical sector as their first contact for advice and/or treatment of health concerns.^{2,3,4} Their treatment is holistic, dealing with the physical as well as the psychosocial aspects of disease.

Types of African traditional medical practitioners

The traditional medical practitioner or traditional healer is defined as “[S]omeone who is recognised by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious backgrounds as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability in the community”.⁵ Traditional healers do not all perform the same functions, nor do they all fall into the same category. Although diviners are known by different names in the different SA cultures (e.g. *amagqira* in Xhosa, *ngaka* in Northern Sotho, *selaoli* in Southern Sotho and *mungome* in Venda and Tsonga) most South Africans generally refer to them as sangomas (from the Zulu word *izangoma*).

Each of them has their own field of expertise. Even the techniques employed differ considerably. They have their own methods of diagnosis and their own, particular medicine. Africans may choose between two main categories of indigenous healers, i.e. *diviners* and *herbalists*. Today, however, the distinction between these two types of healers is no longer all that clear, mostly as a result of the overlapping of roles. The distinction is thus made for analytical reasons. A third type of healer category is of more recent origin, namely the *prophet* or *faith healer* that divines and heals within the framework of the African Independent Churches. Apart from these three categories, the Interim Co-ordinating Committee of Traditional Medical Practitioners in South Africa (ICC) has proposed the following additional categories of traditional healers to be included in the proposed legislation, namely traditional surgeons (*ingcibi*), and traditional midwives/birth attendants (*ababelithisi*).⁶

Diviners

Diviners are the most important intermediaries between humans and the supernatural. Unlike herbalists, no one can become a diviner by personal choice. The ancestors call them (more usually a woman) and they regard themselves as servants of the ancestors. Diviners concentrate on diagnosing the unexplainable. They analyse the causes of specific events and interpret the messages of the ancestors. They use divination objects and they explain the unknown by means of their particular mediumistic powers. Their vocation is mainly that of divination, but they often also provide the medication for the specific case they have diagnosed.⁸

Herbalists

Herbalists are ordinary people who have acquired an extensive knowledge of magical technique and who do not, typically, possess occult powers.⁷ They are expected to diagnose and prescribe medicines for everyday ailments and illnesses, to prevent and to alleviate misfortune or evil, to provide protection against witchcraft and misfortune, and to bring prosperity and happiness. In the healing practices of herbalists, empirical knowledge plays an important role, as they are able to diagnose certain illnesses with certainty and to prescribe healing herbs for those illnesses. In general, magical techniques also have a decisive role to play, because virtually all medicines can contain ingredients that are endowed with magical powers. The medicine often carries a strong symbolic meaning, for example, Tswana herbalists often use the skin of a water iguana or crocodile, that symbolises coolness, to “cool off” the patient.⁸

Prophets/faith healers

In their diagnosis and treatment of a patient, prophets/faith healers use either prayer, candlelight or water. Sometimes, upon cure, a patient automatically becomes a member of the church to which the faith healer who cured him/her belongs.⁹

Traditional birth attendants

Traditional birth attendants (TBAs) often serve the communities located in isolated and remote areas where they are consulted as a matter of necessity due to the unavailability of Western health care services. However, they also render their services in urban/semi-urban communities, which despite their exposure to Western health care services may still prefer TBAs. Although information on the status of TBAs in South Africa is not readily available, they are part and parcel of the very large human resource component in the traditional sector, and it can be safely deduced that this category of health provider continues to play an important role.¹⁰

Traditional health care practice

The treatment used by traditional healers in general and diviners in particular, varies greatly and depends on the healer's own knowledge and skills, as well as the nature of the patient's illness. Satisfactory healing involves not merely the recovery from bodily symptoms, but the social and psychological re-integration of the patient into his/her community.⁷

Diagnosis

Traditional diagnosis is a system that is both an art and a method of seeking to discover the origins of the disease and determining what it is. The diagnostic process not only seeks answers to the question of how the disease originated (immediate causes), but who or what caused the disease (efficient cause), and why it has affected this particular person at this point in time (ultimate cause).^{8,11}

Diagnosis comprises a combination of information, namely observation, patient self-diagnosis and divination. Observation involves noting physical symptoms, while patient self-diagnosis entails reporting by patients of their symptoms. If deemed necessary, the impressions of other family members regarding the patient's illness may also be obtained. Three methods of divination include the casting of divination objects, mediumistic ability (clairvoyance/telepathy) or dreams and visions.

Treatment

Traditional medical practitioners treat all age groups and all problems, using and administering medicines that are readily available and affordable. Their treatment is comprehensive and has curative, protective and preventive elements, and can be either natural or ritual, or both, depending on the cause of the disease. It includes among others, ritual sacrifice to appease the ancestors, ritual and magical strengthening of people and possessions, steaming, purification (e.g. ritual washing, or the use of emetics and purgatives), sniffing of substances, cuts (African mode of injection), wearing charms, and piercing (African acupuncture).^{9,11}

The scope of traditional healing is reflected in the *South African traditional healers' primary health care handbook*.¹¹ The traditional healer deals with the following categories of conditions:

- ❖ Conditions of the respiratory system: e.g. colds and flu; hay fever; pneumonia; asthma; bronchitis; emphysema; tuberculosis.
- ❖ Conditions of the gastro-intestinal system: e.g. diarrhoea; dysentery; constipation; heartburn, indigestion; ulcers; haemorrhoids, worms.
- ❖ Conditions of the cardiovascular system: e.g. angina; high blood pressure; palpitations.
- ❖ Conditions of the central nervous system: e.g. headache; migraine; stroke (traditional treatment is given after discharge from hospital).
- ❖ Conditions of the skin and hair: e.g. acne; eczema; boils; insect bites and stings; ringworm; scabies.
- ❖ Conditions of the blood: e.g. anaemia; blood cleansing (routinely given following treatment to help cleanse the body of the original cause of the disease).
- ❖ Conditions of the urogenital system: e.g. sexually transmitted diseases; cystitis; menstrual pain; vaginitis.
- ❖ Conditions of the eyes: e.g. "pink eye".
- ❖ Conditions of the musculoskeletal system: e.g. arthritis; backache; muscular pain; gout; sprains and strains; rheumatism.
- ❖ Other conditions such as cancer; HIV/AIDS (some cultural beliefs state that there is no such thing as HIV/AIDS or it is sometimes confused with *lugola* – a culture-bound syndrome that mimics HIV/AIDS); fever; pain; alcoholism.

Traditional healers also deal with traditional ailments. These culture-bound syndromes usually do not respond to western medicine and must be treated by traditional healers (Zulu: *ukufa kwabantu*). There are five such culture-bound syndromes: spirit possession, sorcery, ancestral wrath (*esinyanya*), neglect of cultural rites or practices (*amaseko*), and defilement.⁸

Traditional medical remedies

Traditional medicine formulas are prepared from various natural substances (animal, mineral and vegetable). Traditional healers have extensive knowledge on the use of plants and herbs for medicinal and nutritional purposes. Some drugs are used as placebos, others for sympathetic magic, but many have definite medicinal value.^{10,12}

Regulation of African traditional health care

It is estimated that there are between 150 000 and 200 000 traditional healers in this country,³ with the healer: population ratio estimated at 1:200.¹³ This apparently favourable ratio could, however, be deceptive, if the type and quality of care in the traditional sector is not taken into account.⁴ In the current economic climate and amid the concomitant unemployment, there is a marked increase in the ranks of traditional healers, among whom there are, unfortunately, quite a number of charlatans. It is calculated that of the 80 000 persons practising traditional healing in Gauteng, only about 10% are *bona fide* healers, i.e. healers who abide by the strict ethical code of this vocation.¹⁴ The effect of these charlatans is illustrated by the finding that of the patients with poisonous intoxication admitted to a hospital near Pretoria, 15% were ascribed to traditional “medicines”.¹⁵

As yet, a single governing body does not regulate all these traditional healers. They are organised and “licensed” by approximately 100 organisations (whose membership is a closely guarded secret) that are officially registered under the Companies Act and not as health providers. Although their members subscribe to a certain code of ethics, these associations do not have the mechanisms to enforce this code, thus leaving the door wide open for quacks and charlatans.^{3,4}

Progress towards legitimisation

The South African Government took the initiative for legitimising African traditional medicine during November 1995, when the National Health Minister and the provincial MECs for Health called upon provincial governments to conduct public hearings on the viability of traditional health care. These hearings, subsequently held during May and June 1997, resulted in a report at the end of that year, compiled by the National Council of Provinces and presented to the National Assembly’s Portfolio Committee on Health. According to the report all the provinces were in favour of a statutory council for traditional healers consisting of local representatives rather than persons appointed by the MECs for Health. Other recommendations made were that traditional medical practices should be standardised; that healers must be registered; and that they must be recognised by and have access to medical aid schemes.^a

Subsequently, during February 1998, the Portfolio Committee conducted public hearings on the issues that were raised by the report of the National Council of Provinces, namely a council for traditional healers, their training, ethics and a code of conduct. Numerous national role-players submitted proposals, e.g. the National Health Committee of the ANC, several traditional healers’ associations, the Inkatha Freedom Party, NEHAWU, the National Progressive Primary Health Care Network (NPPHCN) and Doctors for Life. Except for the latter, all the parties were in favour of the incorporation of traditional healers into the formal health care system.

a Portfolio Committee on Health. 24 June 1998. Personal communication.

In the months that followed, the Portfolio Committee compiled a report on the future status of African traditional health care which was presented to the Minister of Health in July 1998. It was envisaged that legislation would be passed in 1999.^b The main recommendations contained in the report were that traditional healers be legally recognised, and that they should be registered within three years. In the meantime an Interim Co-ordinating Committee (ICC), nominated by the provinces has been established to look into a Statutory Council for Traditional Healers.

The ICC has proposed a Council consisting of 34 members, constituted as follows: two traditional healers from each province, one legal representative (not a healer), one representative from the Department of Health, one community member for each province (not a healer), one representative each from any of the other councils for medical and allied professions, and three from the current ICC. They have also set in motion a process whereby the provinces are conducting elections for the provincial structures. These will then make nominations for the Interim Traditional Medical Practitioners' Council to be inaugurated in November 1999. It is envisaged that the Interim Statutory Council will pave the way for a fully-fledged Council within three years. The whole process is being executed in close collaboration with the Department of Health.^{6,c}

At this point it needs to be mentioned that this process constitutes a major breakthrough. In the past, disunity in the ranks of traditional healers was entrenched to such an extent that all previous attempts to unite the various traditional healers' associations into a single governing body for purposes of registration – and thus control of the profession – failed dismally.

Because of the delays in official recognition of traditional health care, several private sector companies have recognised the need for involving the traditional sector, because of the preferences of their employees. For instance, Medscheme, South Africa's largest medical aid administrator, has introduced limited traditional healer benefits, while Eskom has since 1994 allowed employees to claim a limited number of visits to traditional healers on the company's medical plan. Another example is the Medical and Burial Savings Scheme that has screened and recognised more than 40 healers that clients may consult should they so wish. The Chamber of Mines and the National Union of Mineworkers have also allowed a panel of traditional healers at mines and have granted their employees three days' leave to consult such healers.^{4,16,17}

The role of African traditional healers in primary health care

The role of healers in the district health system

The new health care system in this country is based on the primary health care (PHC) approach. The district health system (DHS) is the essence of the PHC approach. It has been argued that the interface of traditional and modern health care systems could most likely come about within PHC and the DHS. People's basic health needs are met at the district level where the community can participate in the planning and provision of services. With the support of the formal health system, indigenous practitioners can become important allies in organising efforts to improve the health of the community. Given this structure of the National Health Service at the district level, the most feasible point of entry for traditional healers is the Community Health Committee. However, this category of health care provider has, as yet, not been incorporated into the DHS in any real sense.

b Portfolio Committee on Health. 25 February 1999. Personal communication.

c Dlamini N. Traditional Medical Practitioners' Association, Soweto. 22 September 1999. Personal communication.

This state of affairs cannot be attributed to official opposition from the Western medical sector, as the Medical Association of South Africa as early as June 1995 formulated guidelines for co-operation between modern and African traditional medical practitioners, especially in the case of referrals. However, it seems that referral is still only a one-way procedure: from the traditional sector to the Western sector.⁶

The fact that traditional healers have not really been incorporated into the DHS is also not attributable to a lack of acceptance by the public health service sector. For several years now provincial Departments of Health have been actively involved in providing traditional healers and TBAs with PHC training, among others in respect of HIV/AIDS/STDs and TB. However, since the inception of the DHS, traditional healers' involvement with the clinics in respect of service delivery has not improved, despite the fact that patients are not discouraged from consulting the traditional sector. On an institutional level, despite endeavours by provincial departments to involve the traditional healer section, the contact has been minimal. For instance, in the Free State they are represented in the District Facilitating Committee, but it seems that their involvement is often not sustained, despite repeated invitations.^d When confronted, one response from traditional healers was that while some of them have been involved with clinics, others are not in favour of collaboration, at least not until the Statutory Council has been established in order that they can conduct discussions on an equal footing.¹⁸

Initiatives outside the public health sector

Because it is recognised that traditional healers are part of the available human resources, there have been quite a number of non-governmental initiatives to involve traditional medical practitioners. One such an initiative is the Traditional Medicines Programme (TRAMED). During 1997 the Medical Research Council, the department of Pharmacology at the University of Cape Town, the school of Pharmacy at the University of the Western Cape and several traditional healers, entered into a collaboration agreement. TRAMED liaises at the national level with traditional healers, companies and researchers to obtain medical and botanical information on plants with healing properties, with a view to setting safety standards for herbal remedies. It has also compiled a comprehensive manual on primary health care.^{18,19}

Another example is USAID's AIDSCAP project. Over the past few years this organisation has funded several training programmes in respect of HIV/AIDS/STDs for traditional healers in South Africa and it has come to the conclusion that these healers are a vital force in the fight against HIV/AIDS/STDs. There is a dramatic multiplier effect when this training reaches those traditional healers who regularly teach initiates.²⁰



d Free State Department of Health. 21 September 1999. Personal communication.

Conclusions

In a sense much more has transpired in view of the traditional medical sector in the past five years than in the rest of this century. The Government has made good its promise to incorporate this sector into the national health system and they have set the necessary procedures in motion. Despite this major breakthrough, very little has changed on the ground. Because traditional healers as yet have no statutory position, Government does not financially support their services.

A note of caution also needs to be sounded: there is still a long, difficult road ahead. The complexities involved in implementing a policy on traditional health care are elaborate and multifaceted. The first problem relates to the implementation of government policy. Thus a policy calling for involvement of traditional medical practitioners may be adopted on paper, but unless persons with conviction and clout remain in a position to see the policy through, and see to the actual changes in budgetary, personnel, and time allocations at the central and regional levels, little will change on the ground. In addition, the testing and certifying of traditional remedies, as well as the licensing and monitoring of traditional healers could prove to be costly and difficult to implement. The most important constraint could prove to be a lack of funds to monitor registered traditional healers, to measure their knowledge and to evaluate any modification in their practices according to desired standards.

Admittedly, recognition of traditional health care is long overdue. But, when it does come, it must be characterised by the institutionalisation of more standardised training of traditional healers, and the authority and mechanisms to oust quacks and charlatans who tarnish the image of this kind of health care. Only then could it contribute to a multifaceted model of health care in line with the varied needs of the diverse peoples of this country. The fact remains that, should there be any further delay in legalising these healers, a rich source of health care will remain largely untapped.

