

*Full Length Research Paper*

# Health and wellness in Southern Africa: Incorporating indigenous and western healing practices

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**Current healing systems in Southern Africa focus on the holistic approach to the health and wellness of patients. Biomedical approaches and traditional healing systems that incorporate spiritual healing, mental healing, physical and social healing play a crucial and significant role in health delivery systems in Southern Africa. An integrative approach has been accepted as a vital component of holistic healing. Often, biomedicine has been criticized for overlooking the relationship of the social and spiritual being to the body and the effect the former has on the latter. Medicine and healing are cultural practices; hence the process of healing and the interpretation of illness reflect and reinforce the cultural definitions of the health problem. Biomedical technology often determines what is to be taken as authoritative knowledge and, in turn, establishes a particular domain of power. Biomedicine typically extends this privileged position to economics, politics, and class relationships, while the situation of traditional medicine appears to remain weak and marginalized. Effort is being made in most African countries to integrate biomedicine and alternative healing paradigms. This paper explores the influence of traditional beliefs and practices and the use of African traditional medicine in the healing process. It further discusses the integration of indigenous healing systems and western medical approaches. The paper concludes that where both biomedical practices and traditional healing systems exist, patients should have a choice of the healing approach and process they prefer, the former or the latter, or a combination of both.**

**Key words:** Biomedicine, culture, traditional medicine, holistic approach, western medicine.

## INTRODUCTION

The integration of biomedicine, traditional healing, western medicine (integrative approach) can yield extensive results in healing the physical body and psychological illnesses if applied in a knowledgeable manner. In any part of the world, the functioning condition of the general state of the body and the degree to which it is free from both physical and psychological illness has always been a source of concern to the medical experts (Abiodun, 2005). Across the ages, a natural response to illness or injury is seeking healing. The attempt to diagnose, treat and offer suggestions on ailments and other health problems have been the professional responsibilities of medical practitioners in every socio-cultural milieu. In the African traditional culture, one of the most venerated health components is the significant

presence of traditional beliefs and the use of African traditional medicine in matters of health and wellness involving diviners, midwives, and herbalists. In most African countries, particularly in rural areas, traditional healers are widely consulted in the search for causes of distress and illness, and ritual cures are constantly performed to help the sick. Such consultations are concerned with a wide range of various ailments, illnesses, and misfortunes.

Causes of illness and death that are rooted in the belief in sorcery, witchcraft, and superhuman forces have continued to thrive in Africa (Luongo, 2008). In sub-Saharan Africa, when health problems afflict indigenous Africans, they consult either a spiritual or telepathic diviner or/and an herbalist. A diviner is generally perceived as a skilful clairvoyant who is viewed as holding a key to the secrets of lifelines, having knowledge of the underworld, and possessing an ability to see things and transmit that knowledge to others in need (Malidoma,

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1993). In order to become a clairvoyant, a candidate is usually called upon by the ancestral line's deity of the art of studying and practising clairvoyance (Chavunduka, 1978). Diviners are responsible for determining the cause of illness, which in some cases is believed to stem from spirits and other evil influences. Besides, diviners and traditional herbalists, traditional midwives make extensive use of indigenous plants to aid childbirth. Herbalists are so popular in Africa that any herb trading market in Durban is said to attract between 700,000 and 900,000 traders a year from South Africa, Zimbabwe, and Mozambique (Green, 1996). Smaller herb markets exist in virtually every community.

It is strongly believed that any illness or sickness has a cause and causer (Simwaka et al., 2007). Both the cause and causer can be identified through the consultation of spirit mediums and/or diviners. As the world continues to watch the tropical diseases, the aids epidemic continues to wreck havoc throughout the African continent. To this end we realize and acknowledge the importance of harmonizing all available traditional, spiritual and biomedical resources to stop or ameliorate the spread of these deadly diseases. In Southern Africa, a resurgence of interest in herbal medicines has resulted from the preference of many consumers for products of natural origin and the inexorable widespread of diseases, such as HIV/AIDS. The arsenal of biomedicine can no longer cope with the many different health problems and the medicines are less and less available in some African countries, such as Zimbabwe, Malawi, Zambia and Uganda. More than two decades ago, the declaration of *alma-ata* emanating from the international conference on primary health care, which took place on 12 September, 1978, came into being and declared the need for urgent action by all governments, health and development workers, as well as the world community, to protect and promote the health of all people worldwide. The declaration called for collaboration between traditional and modern medicine to respond to the health needs of communities (Summerton, 2006). Most recently, the African union declared the period 2001 to 2010 as the decade of african traditional medicine [United Nations Agency for International Developments (UNAIDS, 2000)]. Traditional medicine is also listed as an important strategy in the plan of the new partnership for Africa's development (NEPAD) (UNAIDS, 2002). Yet, official recognition of traditional medicine continues to move at a slow pace in the legislatures of African nations. Surprisingly, even though the majority of Africans utilizes traditional medicine services, in many African nations traditional medicine scientifically remains unrecognized.

The World Health Organization's (WHO) 2001 survey of the legal status of traditional and complementary/alternative medicine revealed that, of the 44 african nations surveyed, 61% had legal statutes regarding traditional medicine (WHO, 2001). However, even with legal statutes in place, national policies have not always

been implemented.

### **The role of traditional medical practices amongst Southern African tribes**

In the African belief system, traditional medicine and its practitioners are a valuable resource that is markedly underutilized. One of the definitions given for „african traditional medicine“ by the WHO (2002) centre for health development is: The sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or societal imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing.

Western“ medicine or biomedicine is often contrasted with the approach taken by traditional medicine practitioners. The former is usually associated with diseases of the physical body only, and are based on the principles of science, technology, knowledge and clinical analysis. For a health education message to be understood and health seeking behavior to be positively modified, what is required are the right message and the right messenger (Gbdossou et al., 2005). For the millions of indigenous people in Southern Africa, the right messenger remains the traditional health care practitioner (the Sangoma, Inyanga or N“anga). for example in Malawi, Lesotho, South Africa, Swaziland , Zimbabwe, and Zambia most people associate traditional medicine with the herbs, remedies (Mishonga) and advice imparted by Sangomas or Inyangas, and with strong spiritual components. Notably, indigenous medicinal practices and healing strategies are slowly gaining momentum; challenging the monolithic view that accord western medical practices a high status.

In many Southern African countries, organizations that promote indigenous healing practices and represent indigenous healers are being recognized and promoted (for example, the Zimbabwe national traditional healers association, the Southern African traditional healers council, the association of traditional healers of Southern Africa). In addition, African governments have come to realize that traditional healers are the major health manpower resource for Africa. They are largely a major source of health services for the majority of people in rural areas. In many cases, they are the preferred source of health care (Gbdossou et al., 2005). It is estimated that between 80 and 85% of the population of sub-Saharan Africa receives its health education and health care from practitioners of traditional medicine (WHO, 2002). According to WHO traditional medicine strategy (WHOTMS) (2000 to 2005) statistics, traditional practitioners far outnumber modern health care practitioners, and are more universally located, culturally accepted and respected. Many individuals in Africa think differently from medical practitioners about the causes and cure of

diseases (Simwaka et al., 2007). Consequently, in African indigenous healing systems, emphasis is not on the disease but the cause. Illness may be caused by destructive and evil spirits including Varoyi in Shona or Abathakathi (wizards and witches) in Ndebele and Zulu. Being ill is connected not only to environmental factors but societal and spiritual influences. Hence the healing process does not target the disease, but it is applied holistically and a community responsibility. Community and social solidarity are the foundations of sustainable social networks and social support provision and coping strategies (Charema and Shizha, 2008) required in the healing process.

Dr. Erick Gbodossou, president of the NGO promotion of traditional medicine (prometra), He wrote about the difference between traditional and modern medicines. He notes that the African concept of health and disease, similar to other traditional concepts, is associated with human agents (enemies, ancestors, witches, spirits, and god) and physical agents (sun, dust, rain, and food) (Gbdossou et al., 2005). Traditional practitioners produce their own medicines and health solutions with the guidance of their ancestors. The guidance assists the healers to use metaphysical and somatic diagnostic tools to examine the physical, social, and spiritual dimensions of the patient. Most indigenous African people use holistic healing practices that are found in alternative medicine and treatments. As a result they use alternative health providers; traditional healers, traditional birth attendants and faith healers. The latter focuses on the use of prayer and holy water while most combine this with indigenous healing practices. In most Southern African countries traditional healing has been practiced for centuries well before the colonization period. There are many well organized, officially recognized traditional medicine organisations throughout Africa. For example, the Zimbabwe national traditional healers association (Zinatha) founded in 1980, with a membership of 55,000 (WHO, 2001, 2002). The Zinatha represents most of the traditional healers (herbalists, spirit mediums, faith healers, and traditional midwives) practicing in Zimbabwe.

While it is difficult to provide accurate estimates of the number of people in Southern Africa who make use of traditional healers, in Malawi about 80% out of 12 million people make use of traditional healers and traditional medicine for their health needs (Peltzer, 1988). In 2000, there were approximately 45,000 traditional healers in Zimbabwe and only 1,400 medical doctors (UNAIDS, 2000). Evidently, traditional healers are able to reach far more people than the medical doctors are able to. A comparison between numbers of traditional healers and medical doctors demonstrates the importance of this healing modality in Africa. It is estimated that as many as 90% of the Zimbabwean people utilize the services of the traditional healers. A study carried out by WHOTMS (2002 to 2005) indicates that by 1990 in Swaziland, one

in every 100 people visited traditional healers while one in every 10,000 visited medical doctors. Similarly, in Mozambique, one in every 200 visits traditional healers while one in every 50,000 visits medical doctor. In rural South Africa, over 60% of the population seeks health advice and treatment from traditional healers before visiting a medical doctor. Those that seek formal health care also continue to visit a traditional healer.

In sub-Saharan Africa, the ratio of traditional healers to the general population is approximately 1: 500, while doctors trained in „western“ medicine have a 1: 40 000 ratio (Richter, 2004). In the Venda area of South Africa, there is one traditional practitioner for every 700 to 1,200 people, compared to one physician for every 17,400 people. Swaziland has one traditional healer for every 110 people (Helwig, 2009). These figures clearly indicate that the majority of people in rural Africa approach traditional and faith healers for health needs. Traditional healers are respected members of the community functioning in multiple capacities. Their leadership and services play a major role in the areas of health, governance, family disputes, marriage/divorce, sexuality/infertility and guidance of children. They are knowledgeable of the cultural norms (often times the arbitrators of norm behaviors), the local language and traditions, making them an ideal conduit of new and positive information. As indicated by simwaka et al. (2007), traditional healers“ advice is sought, believed and acted upon by community members. In southern African countries, the numbers and geographical distribution of traditional healers provide access to health services that is not attainable by the limited scope of biomedicine providers and health dispensaries. The facts are very clear; one needs an average of seven years to train as a doctor whereas in most cases traditional and faith healers emerge naturally from society.

### **General causes of illnesses rooted in traditions and culture of the people**

There are strong spiritual aspects to traditional African medicine, with a widespread belief among practitioners that psycho-spiritual aspects must be addressed before medical aspects. Among traditional healers, the ability to diagnose an illness is considered a gift from both god and the practitioner“s ancestors. Illness is said to stem from a lack of balance between the patient and his or her social environment. It is this imbalance that determines the choice of the healing process and the herbs that are valued as much for their symbolic and spiritual significance as for their medicinal effect. For example, the colors white, black, and red are considered especially symbolic or magical (Peltzer, 1999; Ndulo et al., 2001). Seeds, leaves, and twigs bearing these colors are deemed to possess special properties. In addition to plants, traditional African healers may employ charms,

incantations, and casting of spells. In many indigenous African traditional cultures, illness or sickness is thought to be caused by psychological conflicts or disturbed social relations that create a disequilibrium expressed in the form of physical or mental problems (Kleinman et al., 1978). The illness may be caused by psychological and/or spiritual factors that relate to African cosmology and thus, threatens the health of individuals (Hewson, 1998). A major emphasis is placed on determining the cause underlying any sickness or bad luck.

As pointed out before, in Africa many people in the rural areas resort to traditional medicine when they are sick. This appears to be the most readily available source of care for many people in the rural African countries south of the Sahara. Their view in relation to illness and sickness can be attributed to three major influences on the human condition, namely: a supreme being (god), the ancestors (spirits of the dead), and witches. Any of these causes may manifest identical symptoms in a person who is ill. Symptoms may be caused by different sources and so illness is not classified, nor is it therapeutic intervention initiated according to symptomatology, but rather according to which agent is responsible for the illness (Friedson, 1996). Most ethnic groups are less likely to bring to the hospital cases of insanity or conditions in which they suspect bewitchment, vengeance of the spirits or gods and breach of taboo. They believe that purification of the offender or the patient and sacrifices, on one hand and herbal treatment on the other, are adequate. Modern medicine to them is incomplete because it does not involve placating the offended spirit (Bonsi, 1982). If an illness fails to respond to treatment, whether home remedies, western drugs, or herbal medicine, most people suspect that either witchcraft or spirits are involved (Luongo, 2008).

According to most African indigenous people witches are by far the most common cause of illness (Chavunduka, 1978; WHO, 2001). Some Africans believe that even deaths attributed to AIDS are caused by witches (Forster, 1998). Identifying the type of witchcraft and the witch is crucial for successful treatment. In this case diviners play an important role in the indigenous health care system. They call the disease and the witch and ask their spiritual healers to cure the disease and deal with the witch. During this process music is crucial to clinical efficacy, for it is music that stimulates and heats the spirits that fuels the divination trance (Friedson, 1996). Usually, the spirits of the deceased ancestors are held responsible for sending the illness because the living people have angered them or erred in one way or another. Sometimes if they are not appeased or provided with their ritual necessities they may cause illness in families. The specific causes could be; not observing certain taboos such as defying parents' orders, neglecting customs of the home or not attending family rituals. The spirits of the deceased ancestors work with the lives of the living, either for protection or discipline. It

is believed that the ancestral spirits bestow blessings on the living and withdraw them only in exceptional cases when they are angered (Chavunduka, 1978). The ancestors are believed to work together with Mwari or Unkulunkulu (god) and the healing is made possible through spiritual agents.

## **CONSULTATION AND HEALING PRACTICES**

It is apparent that the involvement of traditional healers and traditional medicine organizations is imperative in the African strategy for the identification, prevention and treatment of different diseases. Biomedical practices are being constantly interrogated for their effectiveness in promoting health individual and health communities in sub-Saharan Africa. Western medicine alone cannot detect, prevent, solve or treat the multiple aspects of spiritual, psychosocial and psychological illnesses. African traditional medicine is a major part of an African solution for diseases that cannot be identified by the medical fraternity. In the African tradition it is strongly believed that traditional medicine practice is hinged on the five cosmological rituals; fire, water, earth, mineral and nature (Chaudhury, 2001; Forster, 1998). According to Some (1999), in the indigenous mind, fire kindles and sustains an animating and pervasive energy in all that lives; it is in the water that runs, it is in the trees, the rocks, the earth, and in us. It mediates between worlds since it is very close to the purest form of energy. Fire is seen as a most potent connection to the realm of spirits and puts us humans back on our spiritual track by consuming that which stands between us and purpose (Forster, 1998). The fire ritual also provides an opportunity to reiterate our commitment to walking our spiritual path. Herbal treatment involves burning some roots and leaves in the fire and the patient inhaling the smoke to chase away evil spirits.

Water is considered the medicine which brings cleansing, reconciliation, purification, and peace-making. It provides an opportunity to be cleansed of energies that are detrimental to health and a water ritual can also open our psyches to healing and living as peaceful beings (Some, 1999). Most herbal treatments involve mixing herbs in water and the patient drinks the herbal liquid for treatment. Earth is where we go to and where we come from. The nourishment and support of the earth mother grants us the feeling of belonging that allows us to expand and grow because we feel strong. Hence the Shona people in Zimbabwe call themselves „Vana Vevhu“ meaning „children of the soil“. According to Some (1999), human beings are most of the time unaware of the extent and intimacy of their connection with nature, especially the world of plants and animals. However, this cannot be said to be true about indigenous Africans who see themselves as part of the natural environment. It is western medicinal practices and western biomedical

scientists who introduced ways that act in ways that are rather careless and devastating to nature in Africa. Indeed, trees live in harmony, and we create dissonance yet we want to live in a world where everyone and everything is harmoniously linked to everyone and everything; this was the essence of life among indigenous African people.

Traditional medicine is a system of health care based upon social and cultural concepts of health and disease (Morris, 2001) and remains the major source of health care for more than two thirds of the world's population (WHO, 2002). The sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or societal imbalance relies exclusively on practical experience and observation handed down from generation to generation. Techniques of healing vary according to the style and practice of the healer in relation to the type of affliction. Different people with the same illness may get different treatments. Healing focuses on the person, not the illness. In indigenous African societies, healing traditions are passed from one generation to the next through visions, stories, and dreams. Healing does not follow written guidelines. Healers work differently with each person they help. They use their herbs, ceremony and power in the best way for each individual. Healing might involve sweat lodges, talking circles, ceremonial smoking of tobacco, shamans, herbalism, animal spirits, or „vision quests“ (AIDS Infonet, 2008). Each tribe uses its own techniques. The techniques by themselves are not traditional healing but steps towards becoming whole, balanced and connected. as pointed out by Kirmayer (2004), all systems of healing share some theory of affliction, defined roles for patients, specified place and time for healing rituals and expectations for recovery. Where illness is understood to be as a result of mechanical or physical injury, healing may include the use of herbal, animal and mineral origin. Those who experience psychosocial disorders resulting from problems of unemployment, not finding a spouse, infertility, bad luck and many others, have resorted to faith healing and prayer. to choose this type of treatment one is likely to believe that there are situations when unexplained sufferings, are brought about by god, through agent-like spirits or magic workers as punishment for ignoring certain customs or traditions. Where illness is attributed to spirit attack or possession, rituals involving dancing, incantations and prayer, induction of trances and exorcism are performed.

### Challenges of modern science and medicine

Historically, traditional healing practices were regarded and misinterpreted as not in synchronization with modernity. Indigenous people, all over the world have been severely marginalized and their world view has been

vilified as „backward“, „uncivilized“ and „irrational“ (Charema and Shizha, 2008). After the settlement of Europeans in Africa, the missionary influence, as well as repressive political ideologies of colonial administrators outlawed african medical practices by castigating them as „heathen“, „primitive“, „barbaric“ „uncivilized“ and „ignorant knowledge“ (Pretorius, 2004; Shizha, 2008a). This colonial view of traditional healing as part of a barbaric civilization was widely held. It was perceived as out of tune with the enlightenment philosophy and the ideas on modernity and civilization (Shizha, 2005). Traditional healing was associated with illiteracy, irrationality and the chaos of traditional societies. As Shizha (2008a) observes, „the use of traditional herbal medicines (Mishonga) and traditional healing systems, consultation of traditional healers (N'anga), and ancestral spirits (Vadzimu) were viewed as superstitious and unscientific.“ The philosophical thinking aligned with modernity was part of the hegemonic constructions that did not reflect the essence of pre-modernity (Bauman and Briggs, 2003). According to the enlightenment philosophy, science was the cornerstone of modernity. Robert Merton, a functionalist sociologist, addressed science „as a social institution marked by an ethos“ (Merton, 1973). he defined the „ethos of science“ as that affectively toned complex of values and norms held to be bindings (on scientists) expressed in the form of prescriptions, prohibitions, preferences, and permissions. They are legitimized in terms of institutional values transmitted by precept and example and reinforced by sanctions (and) in varying degrees internalized by scientists“ (Merton, 1996).

Merton's idea of science which is closely related to western biomedicine is deeply rooted in empiricism, scientific evidence that require the verification and legitimization of medical practices and the healing process. Science, which is viewed as the wheel that drives modernity is viewed as a systematic field of study or body of knowledge. The same, through experimentation, observation and deduction aims at producing a reliable explanation of phenomena with reference to the material and physical world (Bauman and Briggs, 2003). According to followers of enlightenment and empirical theorists, traditional medical practices have no scientific basis as they are not corroborated by evidence of empirical scientific hegemony (Shizha, 2008b). In that sense, indigenous explanations of illness, disease and the associated healing practices are „scientifically“ ignored and not acknowledged. It is important to note that Merton's approach had been overtaken by a social constructivist interpretation of scientific work which does not align science and biomedicine as embodied in western political and cultural sphere. The use of traditional and/or western medicinal worldviews regarding the etiology of illnesses and disorders, and the persons who are likely to be consulted to restore health and well-being, are often influenced by differences in socio-cultural

experiences, ethnic histories, and family backgrounds (Pretorius, 2004). Rejecting and not acknowledging indigenous sciences because they exist outside the so-called scientific community (Shizha, 2007) is a disservice to millions of indigenous people around the world.

Medical practices and beliefs about health and wellness in any society are intensely social. Biomedicine which involves "the application of standard principles and practices of western scientific disciplines, particularly biology, in the diagnosis and treatment of symptoms of illness and disease" (Steckley and Letts, 2007) cannot go uncontested. From an indigenous perspective, there are many causes of ill-health and these cannot be explained and treated from a reductionist and absolutist perspectives. There are cultures of medicine that are found in many communities whether indigenous or non-indigenous. Medicine and healing are cultural practices; hence the process of healing and the interpretation of illness reflect and reinforce the cultural definitions of the problem. Biomedical technology often determines what is to be taken as authoritative knowledge and, in turn, establishes a particular domain of power (Krippner, 2002). Biomedicine typically extends this privileged position to economics, politics, and class relationships. Legislation, medical schools, licensing, and medicinal terminology all interact to conscientiously guard the power of biomedicine. It is no wonder that ordinary people frequently view biomedicine as serving powerful groups in their country while they struggle for a vestige of power over their own lives (Bastien, 1992).

The contrast of ethnomedicine with that of allopathic biomedicine enters what has been called the postmodern dialogue (Krippner, 2002). From a postmodern perspective, "official" medicine (that is, biomedicine) can be contrasted with "traditional" medicine (that is, ethnomedicine), observing that the latter has had to struggle for legitimacy against powerful forces. The binary that exists between biomedicine and indigenous alternative healing practices has disadvantaged patients who can benefit from both forms. Remarkable parallels exist between "Western" and African traditional medicine in such alternative categories as herbalism, holistic medicine, naturopathy and faith healing (Charema and Shizha, 2008). Traditional medicine is more holistic in its approach than allopathic medicine, which has been accused of emphasizing the cure of symptoms rather than the underlying causes, and of dividing illness too rigorously into "physical" and "mental" categories. Although many of the principles and methods of traditional African medicine are quite foreign to orthodox medical thinking, there is nonetheless considerable interest in exploiting Africa's ethno-botanical knowledge for drug-development purposes (Helwig, 2009). However, the exploitation of indigenous ecological systems and medicinal plants for the development of biomedicines should be challenged. The practice tends to marginalize and perpetuate the negative stereotypical attitudes

toward the relevance of traditional healing practices. Ethno-medicines should be acknowledged and recognized as vital components of indigenous healing systems. It is encouraging, however, that the holistic approach adopted by traditional medicine is one being increasingly followed by scientific medicine. Modern lifestyles require even greater attention to the psycho-social aspects of healing, which has been a fundamental tenet of traditional medicine. It is due to total faith in modern medicine that modern society regards traditional healers in Africa as primitive witch doctors.

### **Integrating traditional medicine and western medicine**

According to Shizha (2008b), the globalization of production systems and the growing international movement of people, goods and services is increasingly acknowledged as having complex, geographically uneven and socially differentiated effects, rather than being seen in terms of an inevitable process of cultural homogenization, flattening out the distinctiveness of "local cultures". Boundaries between societies or cultures are in certain important respects dissolving in a very visible way. This is apparently due to the mutual changes in values and ideas among societies and cultures. Harmonizing traditional medicine and modern medicine is more than utilizing modern research design or scientific technology to assess traditional medicine; it should include assessment of the intrinsic value of traditional medicine in society. The political, economic and social factors play as equally an important role as research and education in the eventual blending of the two healing traditions.

Traditional healers have been using herbal remedies to treat Africa's people for generations (WHO, 2001).

However, the pervasive nature of globalization tends to expose indigenous healing and medicinal plants to threats of continued marginalization, while global scientific researchers plunder indigenous resources at the same time. Nevertheless, despite global interference, this ancient system of healing continues to thrive in Africa and traditional practitioners can be found in many other parts of the world (Hewson, 1998). Under colonial rule, traditional diviner-healers were stereotyped as practitioners of witchcraft and outlawed for that reason. In some countries, attempts were also made to control the sale of traditional herbal medicines. Opposition to traditional medicine has been particularly vehement during times of conflict, when people were more likely to call on the supernatural realm.

More recently, interest has been expressed in integrating traditional African medicine with the continent's national health care systems (NEPAD, 2001; WHO, 2001). In Kwa-mhlanga, South Africa, a 48-bed hospital, which combines traditional African medicine with

homeopathy and other western healing methods, as well as traditional Asian medicine (Morris, 2001) was established. Founded by a traditional African healer, the hospital is said to be the first of its kind in the country. Most rural African people who suffer from psychosocial disorders usually seek help from traditional faith healers first, it is only later that they visit a modern health facility if the disorder persists. The healing method employed in treating psychosocial disorders, for example, (Watts, 1989) revealed that rural African people with epilepsy considered treatment of seizures to be the domain of traditional healers and attend hospital only when they require treatment for burns which they suffer during fits. Recently, there have been serious claims made for the cures of certain diseases (Mnama, 2006), such as AIDS, blood pressure, diabetes, and impotence by practitioners of traditional medicine. Some scientists suggest that due to the wide spread use of plants that are locally available, it is important that herbal medicine should be scientifically assessed because some of them may be toxic (Krippner, 2002).

More than 70% of people, mostly rural, in African countries south of the Sahara rely on traditional medicine as a primary source of health care (Bonsi, 1982). There is a growing debate which is gradually gaining ground and scope with a view to recognize traditional medicine and consider it practiced officially to complement the shortage of medical personnel (Peltzer et al., 2006). Several reasons have been advanced in support of integrating traditional healers into the modern system. Such reasons include the fact that it is easier to train traditional healers than medical doctors.

Traditional medicine is said to be superior in the treatment of psychic and psychosomatic disease because of the knowledge that healers possess the social and ethnic backgrounds of their patients. In addition there is also the possibility of finding "effective" substances used in traditional medicine which are claimed to be unknown to modern medicine (Steinglass, 2002). Another factor is that traditional healers conserve part of the African culture. Integration of traditional and modern medicine will depend first on official recognition of traditional medicine as a form and type of medical system. This can only be based on structured cooperation and formal referral in both directions. Peltzer et al. (2006) have shown that fewer patients are referred to traditional healers from the biomedical health system, even where traditional medicine has an advantage such as in psychosomatic disease.

## **CONCERNS AND SHORTCOMINGS OF THE USE OF HERBAL MEDICINE**

Concerns and shortcomings of traditional healing using herbal medicine have been noted. It is purported that for safety reasons all cases of serious illness need to be

examined by a medical doctor first. Both traditional and western medicines can have negative or dangerous effects. However calls have been made that further research is needed to ascertain the efficacy and safety of several of the practices and medicinal plants used by traditional medicine systems (WHO, 2003). Serious side effects, even death, can result from incorrect identification of healing plants. For example, species of the aloe plant are extensively used in traditional African medicine, but some forms, such as *Aloe globuligemma*, are toxic and can result in death if misidentified. Concern has been expressed that increased demand for wild plants used in traditional African medicine is endangering local plant populations. For example, the Washington-based group future harvest says that a \$220 million annual market for *Prunus africana* as a prostrate remedy could lead to extinction of the slow-maturing evergreen tree in the African wilds (Cappuccio, 2001). The externalization and appropriation of *Hoodia gordinii* and its international marketing as an appetite-suppressant is a disservice to the san people of Botswana, South Africa and Namibia who have been disowned of their right to their material knowledge through patents and intellectual property rights that have excluded the san themselves.

It is imperative that scientific research be conducted into the efficacy of African traditional medicine therapies. Such research should use decolonized methods which will involve the indigenous people themselves (Smith, 1999) to validate identified traditional medicines. As a legacy of the long history and remnants of European colonization, indigenous healing systems are still prejudiced and undervalued. Pressure from organized western medicine also discourages traditional medicine, keeping it out of the policy discussions and specifically out of national health care strategic plans and official systems. WHO (2001) highly recommends the identification of safest and most effective traditional medicine therapies and products; more research into safe and effective indigenous treatment for diseases that represent the greatest burden, particularly for poorer populations; recognition of the role of indigenous practitioners in providing health care in developing countries; optimized and upgraded skills of indigenous practitioners in developing countries; the protection and preservation of indigenous medicinal knowledge and the sustainable cultivation of medicinal plants mostly in african countries. Registration and training of indigenous medical practitioners through the ministries of health providing them with home-based care kits such as gloves, disinfectant, bandages, and bleach could lead to better health practices. Training will raise awareness among traditional healers in terms of hygiene and sanitation so that they use gloves to examine clients, make single use of razors and needles, and distribute condoms to those with sexually transmitted infections. At the same time, it is vitally important that human rights principles and a human rights framework are strictly applied to all aspects

of traditional healing. Patients should be treated with respect and their health status should not be divulged without their consent. In view of this it is important to note that all people have the right to medicines and treatment that are safe and efficacious.

## Conclusion

As conventional medical care co-exists with traditional medicine systems in many regions of Africa and elsewhere, people may use medicine from one system exclusively or they may acquire medicine from each health system and use it simultaneously or sequentially. The decision to use western healing systems or indigenous is influenced by culture, history, personal attitudes and philosophy; and practice may vary from country to country and from region to region. However, the extent to which people have access to affordable medical treatments will determine health practices and healing processes that people will utilize despite the availability of several pharmaceutical drugs, the majority of indigenous Africans lack the financial means to afford them on a consistent and/or sustainable basis. Consequently, many of them make use of traditional healing practices that include visiting traditional healers and using herbal medicines for their health problems. Through traditional epistemology, indigenous Africans can identify the cause of their illness and can decide on the holistic methods comprising physical, spiritual, mental and social treatment of their illness. In most African societies traditional practitioners do not share equal status with Western practitioners. The former are generally granted an inferior status relative to the latter due to the absence of professionalization of the traditional health care system. This bigotry is long standing and has been to the detriment of the traditional health care system, which, as a result, has been frowned upon as ineffective and primitive. African traditional medicine has a lot to offer the rest of the world if it is given its recognition and importance. The type of medicine has survived for centuries despite the constant pressure by westerners to abandon it in favour of biomedicine. If it had no merit, it would not have lasted through the burdens of time and prejudice against it. It is time for the western public to open their minds to a new type of healing.

## REFERENCES

- Abiodun BA (2005). Medicinal Practice in Western science and African Traditional Thought: A Comparative Analysis. *African Identities*, 3(2): pp. 211- 225.
- AIDS InfoNet (2008). Native American Traditional Healing: Fact Sheet 708. Retrieved January 28, 2009 from [http://www.aidsinfonet.org/fact\\_sheets/view/708#WHAT\\_IS\\_NATIVE\\_AMERICAN\\_TRADITIONAL\\_HEALING\\_\\_](http://www.aidsinfonet.org/fact_sheets/view/708#WHAT_IS_NATIVE_AMERICAN_TRADITIONAL_HEALING__)
- Bastien JW (1992). *Drum and Stethoscope: Integrating Ethnomedicine and Biomedicine in Bolivia*. Salt Lake City: University of Utah Press.
- Bauman R, Briggs CL (2003). *Voices of Modernity: Language Ideologies and the Politics of Inequality*. London: Cambridge University Press.
- Bonsi SK (1982). Traditional African Ideas and Medical Practices. *Contact*, 66: 18-25.
- Cappuccio FP (2001). Use of Alternative Medicines in Multi-Ethnic Population. *Ethnicity and Disease*, 11: 11-18.
- Charema J, Shizha E (2008). Counselling Indigenous Shona People in Zimbabwe: Traditional Practices versus Western Eurocentric Perspectives. *ALTERNATIVE*, 4(2): 124-141.
- Chaudhury RR (2001). A Clinical Protocol for the Study of Traditional Medicine and Human Immunodeficiency Virus-related Illness. *The J. Altern. Complement. Med.*, Vol. 7, No. 5, pp. 553-566.
- Chavunduka GL (1978) *Traditional Healers and the Shona Patient*. Gweru: Mambo Press.
- Forster PG (1998). Religion, Magic, Witchcraft and AIDS in Malawi. *Anthropos*, 93(4/6): 537-545.
- Friedson SM (1996). *Dancing Prophets: Musical Experience in Tumbuka Healing*. Chicago, IL: University of Chicago Press.
- Gbdossou EVA, Floyd VD, Katy CI (2005). The Role of Traditional Medicine in Africa's Fight against HIV/AIDS. Conference Proceedings on Knowledge, Attitudes and Practices (KAP) Studies, Dakar, Senegal 1996 – 2000.
- Green E (1996). *Indigenous Healers and the African State: Policy Issues Concerning African Indigenous Healers in Mozambique and Southern Africa*. New York: Pact Publications.
- Helwig D (2009). Traditional African medicine. *Encyclopedia of Alternative Medicine*. Retrieved January 6, 2009 from [http://findarticles.com/p/articles/mi\\_g2603/is\\_0007/ai\\_2603000708](http://findarticles.com/p/articles/mi_g2603/is_0007/ai_2603000708)
- Hewson MG (1998). Traditional healers in Southern Africa. *Ann. Intern. Med.*, 128(12): 1029-1034.
- Kirmayer LJ (2004). The Cultural Diversity of Healing: Meaning, Metaphor and Mechanism. *Br. Med. Bull.*, 69: 33-48.
- Kleinman A, Eisenberg L, Good B (1978). Culture, Illness and Care: Clinical Lessons in Anthropology and Cross-cultural Research. *Ann. Intern. Med.*, 88: 51-258.
- Krippner S (2002). Spirituality and Healing. In D. Moss, A. McGrady, T.C. Davis, & I. Wickramasekera (eds.). *Handbook of Mind-body Medicine for Primary Care*. London: Sage.
- Luongo K (2008). Witches, Westerners, and HIV: AIDS and cultures of blame in Africa (review). *Magic, Ritual, and Witchcraft*, 3(1): 101-104.
- Malidoma PS (1993). *Ritual: Power, Healing and Community*. Oregon: Swan Raven & Company.
- Mnama D (2006). Traditional Healers Risk Prosecution. *Malawi News*, April 1-7, p3.
- Morris K (2001). Policy and People. Treating HIV in South Africa—A Tale of two Systems. *The Lancet*, 357(9263): 1190-1190.
- Ndulo J, Faxelid E, Krantz I (2001). Traditional Healers in Zambia and Their Care for Patients with Urethral/Virginal Discharge. *The J. Altern. Complement. Med.*, 7(5): 529-536.
- NEPAD (2001). *New Partnership for Africa's Development*. Abuja, Nigeria.
- Peltzer K (1988). The Role of Traditional and Faith Healers in Primary Mental Health Care: A Southern African Perspective. *Curare*, 11: 207-210.
- Peltzer K (1999). Faith Healing for Mental and Social Disorders in the Northern Province (South Africa). *J. Relig. Afr.*, 29: 387- 402.
- Peltzer K, Mngqundaniso N, Petros H (2006). A Controlled Study of an HIV/AIDS STI/TB Intervention with Traditional Healers in Kwazulu-Natal, South Africa. *AIDS Behav.*, 10(6): 683-690.
- Pretorius E (2004). Complementary/Alternative and Traditional Health Care in South Africa. In H.C.J. Rensburg (ed.). *Health and Health Care in South Africa*. Paarl: Van Schaik.
- Richter ML (2004). Post-exposure prophylaxis for rape survivors in South Africa – Reflecting on the process to get to government policy. International Conference on AIDS: 15 April, Bangkok, Thailand.
- Shizha E (2005). Reclaiming our Memories: The Education Dilemma in Postcolonial African School Curricula. In A. Abdi & A. Cleghorn (eds.). *Issues in African Education: Sociological Perspectives*. New York: Palgrave Macmillan.



- Shizha E (2007). Critical Analysis of Problems Encountered in Incorporating Indigenous Knowledge in Science Teaching by Primary School Teachers in Zimbabwe. *Alberta J. Educ. Res.*, 53(3): 302-319.
- Shizha E (2008a). Indigenous? What indigenous knowledge? Beliefs and attitudes of rural primary school teachers towards indigenous knowledge in the science curriculum in Zimbabwe. *Aust. J. Indigenous Educ.*, 37, 80-90.
- Shizha, E. (2008b). Globalization and Indigenous Knowledge: An African Postcolonial Theoretical Analysis. In S. Guo & A.A. Abdi (eds.). *Education and Social Development: Global Issues and Analysis*. Rotterdam: Sense Publishers.
- Simwaka A, Peltzer K, Maluwa-Banda D (2007). Indigenous healing practices in Malawi. *J. Psychol. Afr.*, 17(1): 155-162.
- Smith LT (1999). *Decolonizing Methodologies: Research and Indigenous Peoples*. London: Zed Books Ltd.
- Some MP (1999). *The Healing Wisdom in Africa: Finding Life Purpose through Mature, Ritual, and Community*. New York: Tarcher/Putnam.
- Steckley J, Letts GK (2007). *Elements of Sociology: A Critical Canadian Introduction*. Toronto: Oxford University Press.
- Steinglass M (2002). It takes a Village Healer – Anthropologists believe Traditional Medicines can Remedy Africa's AIDS Crisis. Are they Right? *Lincua Franca* April 2002, p. 32.
- Summerton JV (2006). The Organisation and Infrastructure of the African Traditional Healing System: Reflections from a Sub-District of South Africa. *African Stud.*, 65(2): 297-319.
- Sztompka P (1996). *Robert K. Merton on Social Structure and Science*. Chicago: University of Chicago Press.
- UNAIDS (2000). *Report of the Inter-regional Workshop on Intellectual Property Rights in the Context of Traditional Medicine*, Bangkok, Thailand.
- UNAIDS (2002). *Ancient Remedies, New Diseases: Involving Traditional Healers in increasing Access to AIDS Care and Prevention in East Africa*. UNAIDS Best Practice Collection.
- Watts AE (1989). A Model for Managing Epilepsy in a Rural Community in Africa. *Br. Med. J.*, 298: 805-807.
- World Health Organization (2001). *Indigenous Knowledge Initiatives in Sub-Saharan Africa, IK Notes, "Indigenous Knowledge and HIV/AIDS, Ghana and Zambia*.
- World Health Organization (2002). *Traditional Medicine Strategy 2002-2005*. World Health Organization, Geneva.
- World Health Organization (2003). *Traditional Medicine. Report by the Secretariat*, EB111/9.