

Challenges of a Traditional Medical Practitioner in the Zimbabwean Set-Up: Primary Definers and Grassroots Perspectives

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Abstract

The paper examines the challenges facing traditional medical knowledge systems among communities in Zimbabwe as a result of a complex number of factors emanating from colonial rule. While many people openly condemn traditional medical practices, when disaster strikes, there is a common predisposition to revert back to the same practices either as a last resort or as the best remedy. The paper indicates that although colonial masters did their best to destroy the traditional medical sector while promoting their own medical sciences and technologies, the formation of traditional medical associations coupled with acknowledgements from white medical practitioners was a testimony of the importance of traditional practices as a remedy to ailments experienced by Africans. Traditional medical practitioners have also suffered from bio-piracy by unscrupulous pharmaceutical companies who, in many cases, have not acknowledged obtaining that knowledge from such sources. The paper also looks at the medical/spiritual dimension of traditional medicines which in part accounts for continued reliance on them by African people. Information for the research was obtained through examination of published and unpublished material as well interviews with practitioners of traditional medicine. The work also made use of responses from those who seek help from traditional sources. Issues of policy were discussed with officials from the Ministry of Health and Child Welfare. The research concluded that traditional medical practices are very important to the day to day life of Africans hence it would be important if policy positions aimed at regularizing and mainstreaming such practices are officially enunciated by the relevant statutory bodies.

Key Words: Traditional Medical Knowledge, Bio-piracy, Remedy, Herbalist

In search of a definition

The term herbalist has to be clarified first before seriously delving into a discussion of their organization's role and how clients perceive them. According to Chavhunduka, the term is not precise because some traditional healers do not confine themselves to the use of herbs only. Rather, they make use of other ingredients such as portions of animals, insects and birds. Even calling them medicine women/men remains misleading for some healers such as spirit mediums do not handle medicine. Traditional healers are traditional practitioners who use religious, spiritual and cultural means to address health-related problems (M F C Bourdillion: 1998, 161). Herbalists are ordinary people who have acquired an

extensive knowledge of magical techniques but who do not typically possess occult powers. They are expected to diagnose and prescribe medicines for everyday ailments and illnesses to prevent and alleviate misfortune or evil, to provide protection against witchcraft and to bring prosperity and happiness (E Prestorius: 250). It is however crucial to note that there is a very thin line between herbalists, diviners and sometimes faith healers. Diviners however concentrate on the diagnosis of the unexplainable. Interestingly, they may also prescribe traditional medicine. Traditional healers are assumed to have a gift inherited from a long line of healers (R Sexton: 2009).

Modern health practitioners such as physicians and nurses are more willing to share their knowledge than traditional medical practitioners. The latter are less willing to share herbal knowledge with each other especially on the preparation of medicines- an area which requires great care and a certain amount of secrecy. The reason for that is economic- a diviner can attract more clients if he has medicines that no one else knows about. (Mandisodza, 2005). The result is that traditional healers are not able to rely on a solid stock of traditional knowledge and tend to have an individualistic approach to the preparation of their medicines. It is against this background that Dr Mandisodza laments that out of the extreme need to protect their knowledge, some traditional herbalists die with their knowledge which is a non-benefit to future generations. Even when they mix herbs in the presence of all, it is not easy to tell which one is more effective. Mixtures used by traditional healers are not always intended to eliminate the disease symptoms alone. Some are intended to suppress the toxic effects of other drugs. In short, some traditional herbalists often throw a herb or two as a decoy so that bystanders may not know which ones of the various herbs has the curative effect for the illness being treated. That way they protect their industry. Even scientists may not recognize this hoax. If only herbalists were willing to share expertise with others, then health problems being faced today would be curtailed in a great way. As the discussion unfolds, it will be realized that pharmacists and other researchers extort traditional medicine from practitioners without bothering to pay or at least acknowledge their source of knowledge.

Traditional Medical Associations

At national level, traditional medical practitioners can be co-ordinated and be administered by government if they have clear structures and a code of conduct. Interaction between herbalists generally has been hampered by the persistence of weak associations, presence of fake traditional medical practitioners, and lack of will to share expertise together with lack of support from scientists. However, more factors explain the sluggish development of indigenous medical knowledge. According to Clatokun (2010, 120), indigenous medical knowledge simply refers

to health practices and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises applied singly or in combination to prevent illness or maintain well-being. Such knowledge was affected by the coming of colonialism, rise of independent churches with their faith healing missions, legislation and acceptance of herbal medications by churches and pharmacies, bio-piracy and unhygienic practices. This essay reveals that the topic under discussion is complex in the sense that people usually cross between modern medicines and traditional medicines depending on their perception of the problem.

That traditional medical practitioners have had weak associations from colonial days to date has meant slow development of indigenous medical knowledge. In Rhodesia the first association was formed in 1957 in Harare Township with M Gelfand steering the formation. K.G Gombera became its first president, K.G Mutopa Vice President. Other executives were C. Chakare, Makoni, Kaunda and Vhareta. Owing to tribal differences the last five split off from the original association to form splinter groups and were leading office bearers in five main associations in existence by 1976 (Gelfand:1985, 5). Further many n'angas were not willing to join associations. Gelfand points out that there were six associations in Rhodesia by 1975, but many of the rural n'angas were not part of any official association (Gelfand: 1985, 5) Put in other words, these organizations were viewed by rural practitioners as elitist. Consequently they did not see any incentive in joining them. Even after the formation of Zimbabwe Traditional Healers Association (ZINATHA) in 1980, many rural practitioners did not join. Chavhunduka points out that ZINATHA was threatened with split when the then Minister of Health, Dr H Ushewokunze almost succeeded in forming his own association after vying for ZINATHA presidency and losing it to the former. If associations had been allowed to become strong enough, this could have had been progressive by allowing the less knowledgeable to learn from those who knew better. The presence of fake traditional healers further accounts for sluggish development. Their unfair and bad practices have seen even knowledgeable healers facing the blanket blame. Such healers are less knowledgeable for they do not follow the standards set up by the World Health Organization on the conduct of natural healers as enshrined in the Alma Ata Declaration of 1978. Under the declaration, natural healers are not allowed to give injections, make tattoos, perform any form of surgery, make deep cuttings, make shallow cuts in which to place medicine, remove the so-called false teeth in children, make abortions, use any form of witchcraft, use excrement, use human flesh, use animals in any way and make female circumcision (H M Hirt: 2004, 46). These restrictions are obviously too inhibitive to the practice of a traditional healer.

To add to the above, traditional healers cannot register with the Medicine Control Authority of Zimbabwe because the organization accepts the use of medicines which have been submitted to rigorous tests in the laboratories and have met

international standards. Traditional medicines are found lacking in this area. All medicines being used in Zimbabwean health centers are regulated by the Medicines and Allied Substances Control Act, Chapter 15:3 (Matunhu, 4 November 2014). Since traditional medicines cannot meet these standards, it remains languishing outside the official medical systems and cannot be brought into hospitals. In short, much as missionaries denigrated traditional healers, the same trend seems to have continued in independent Zimbabwe. It is only at one KwaZulu-Natal University campus where a traditional healer has been allowed a room to treat spiritual related problems (Matunhu, 4 November 2014). Officially therefore, Zimbabwe continues to be dominated by Western medical knowledge systems and not much has been done to promote traditional healing systems which therefore continue to be looked down upon.

In practice however, many healers have continued to flout these guidelines. There was a notorious healer who claimed to cure AIDS in Harare. He drove in a Mercedes Benz, but when his treatments were subjected to scientific trials he withdrew to avoid unfavourable results (H Jackson: 2002, 253). In the same city, it was reported in October 2006 that there was a female *n'anga* that had two spirits that were capable of dealing with traditionalists and the so-called completely urbanized Africans. To evoke the spirit for urbanized and modern Africans, she would play the latest so-called modern rhythms. Mbira CDs were for the traditionalists and the elderly. Her clients from the diaspora could get hold of her through her cellular phone. She would then get possessed while speaking to a client on phone. This marks the emergence of a syncretised and hybridized cultural practice. She would go further to prescribe the intervention or send the charms by DHL. The client would then deposit money into her foreign account. When assisting those who regarded themselves as modern, she wore human hair, perfumes, cutex and other western oriented paraphernalia but turned to long black clothes when dealing with traditionalists. Other healers dismissed her as fake, claiming that she probably made use of goblins or "zvikwambo". This goes to elaborate how indigenous medical practices are being affected by the globalized world. It also bespeaks of the fluidity and constant dynamism of culture.

Another problem hindering the progress of indigenous medical knowledge is the failure to distinguish between genuine practitioners and the less knowledgeable. Chavhunduka (1997, 23) notes that after registration, the individual is supplied with a certificate, membership card and badge but it is still possible for someone with very little knowledge of traditional medicine to complete the required application form to the satisfaction of the officers of the association and become a member. Because of this, it is difficult to exclude completely all fake healers from joining the association. A number of measures have been put in place though these are not full-proof. These include the availability of a register which is saleable

to members of the public, reports from traditional healers in the same area and reports from local Chairperson of the local branch of healers in the area (Chavhunduka: 1997, 25). All these imply that malpractices are somehow minimized.

The flouting of regulations is a concern for those who care about being de-registered. Others do not care about registration at all. These contribute to create more dilemmas for their colleagues. For example, one respondent from Guruve, Makoshore (August 2010) explained how he would spread illnesses among children in his community whenever he becomes financially broke. Through that act, many clients would come for healing at his home since he was renowned in the area around St Philips Magwenya. When I questioned him concerning his sources of power, he indicated that he is guided by ancestors, but at times by the holy spirit if he is at his church which accepts traditional healing. This is yet another case of hybridization or syncretism. Again, this indicates that a n'anga can also be a faith healer thereby attracting all sorts of criticism especially by practitioners of modern medicine.

Unhygienic practices have further contributed to the slow development of indigenous medical knowledge. Research in Malawi supported by UMFPFA and the Ministry of Gender, Youth and Community Services in 2001, found that some healers could treat cancrroids and genital ulcers by cutting them, squeezing out pass and rubbing -in herbs a practice that often led to septic infection and occasionally death (Jackson: 2002, 253). The same research found out that some healers would suck patients in a spiral of rising costs with early treatment on credit. If patients fail to pay or meet new demands by the healer they are threatened with witchcraft or vengeful spirits. The Malawi research found that women were being made to stay with healers and perform sexual and domestic functions in lieu for payment. It is believed that genuine healers do not hold their patients at ransom but would do their work so perfectly that one would hope to come again. Such data should not be used to discredit the practice altogether. Clients are not necessarily ignorant of genuine and fake healers. The latter has been in existence since time immemorial. Bourdillon (1997, 99) points out that from the seventeenth century in the big cities of Europe there were problems with large numbers of "charlatans" who claimed to be healers and demanded astronomical charges for their practice. Consequently it became necessary to control the practice of medicine through the formation of formal medical associations which would vouch for the reliability and professionalism of their members.

Colonial Encounters

Having highlighted how interaction between knowledgeable and less knowledgeable herbalists has betrayed the development of indigenous medical knowledge, it would be prudent to then focus on how colonial encounters destroyed

indigenous medical knowledge systems. For any form of medication to be called indigenous, it has to be a localized African system developed over long periods and whose patterns are based on local knowledge systems and expressed in local languages (Matowanyika: 1994, 20-22). Indigenous medical systems would thus be generally viewed to be in balance with local environment. Such systems were highly prevalent in pre-colonial Africa and were used to treat a number of health problems. The coming of colonialism in a great way slowed down the development of indigenous medical knowledge. The case of Zimbabwe best illustrates such a proposition. Colonial governments and early Christian missionaries condemned and castigated and therefore attempted for many years to discourage the use of African traditional medicine. They believed that a traditional healer was a rogue and deceiver who prevented many patients who would otherwise be treated effectively with modern Western drugs and surgery from reaching the government or mission hospitals. Such views were not completely misplaced in light of the activities of some mine and urban healers. They had a poor reputation among their clients of swindling them of hard-earned cash without providing solutions to problems brought before them. Gelfand (1964, 117) points out that there is a definite, if unwritten code in African medical practice that no healer may advertise or promote his own competence as these healers did. Further such healers swindled their patients demanded full fees for the herbs which they prescribed instead of waiting to collect the fees after one has recovered.

There were more reasons for colonial governments to disbelieve herbalists. Early missionaries and colonial government officials felt that traditional healers encouraged belief in witchcraft – a belief that was regarded as a stumbling block to the spread of Christianity. It was felt that such traditional healers encouraged people to worship ancestors not God. Worshipping one's ancestors was regarded as a sin. Thus traditional healers were seen as worshippers of the devil (Chavhunduka: 1997, 5). Most importantly however, traditional healers were suppressed for economic reasons. Complete dependence on Western medicines would of course benefit the Government, Western countries and their pharmaceutical companies.

Colonial governments adopted a number of measures to weaken traditional medical beliefs. Provision of Christian education across the continent was thought as a sure way of eventually forcing people to abandon their traditional religious ideas and their faith in traditional healers. The mission educated normally avoided having to deal with herbs. More mission and government hospitals were built. Missionaries were used through teaching and books to discourage the use of traditional medicine (G L Chavunduka: 2001 and G Waite: 2000, 238). In Zimbabwe, the Witchcraft Suppression Act of 1899 in part was used to suppress the activities of traditional healers. The Medical Council of modern medicine did not recognize traditional healers as medical practitioners. To date, modern medical doctors are technically not

allowed to refer patients to traditional healers or work with them openly. Further, Chavunduka highlights that patients who went to hospitals after being attended to by traditional healers were insulted by modern doctor and nurses. In commerce and industry, some lost their jobs if they absented themselves from work while being attended to by a traditional healer instead of a modern doctor. Terms used to describe traditional healers further undermined their bargaining power. These included names such as witch doctor, herbalist, medicine men, sorcerer, diviner and magician. The traditional midwife was known as a birth attendant (Chavunduka, 1997)

Herbalists have lost part of their ground to independent Christian churches which are mushrooming all over Africa. They claim to heal all kinds of diseases through faith. Surprisingly, diagnosis by a prophet follows closely the patterns of diagnosis by traditional diviners although the insight of a prophet is supposed to come from a different source to that of a traditional diviner (Bourdillion: 1998, 304) At least in theory, prophets do not provide medicinal treatment. They do however use symbolic instructions which find parallels in the traditional treatment of diseases. Both are similar in the exorcism of a possessing spirit. It would seem that the position of faith healers is suspect. According to Chavunduka (1997, 25), some of the acclaimed faith healers have since joined ZINATHA. Christians would rather get first attention from faith healers before proceeding to herbalists if the problem persists yet the role of the traditionally healer is not legally recognized. However, the same accusations against traditional healers such as swindling patients, rape etc, are also labeled against Christian faith healers. Some also mix herbalism and faith-healing. Dr V Matunhu commented that through herbal treatments, some patients who were formerly HIV positive returned negative. She was however quick to point out that these herbs may boost immunity but do not cure HIV and AIDS. As such the viral load may not be detected because it is too low. As far as she was concerned, there is no cure for HIV/AIDS as yet.

Bio-piracy and Traditional Medical Practices

Indigenous developments have been overtaken by the use and acceptance of herbal medication by churches. A classic example is the Catholic Health Care Commission in the Diocese of Chinhoyi which has established herbal clinics all over the diocese. These herbs are very popular for they are relatively cheap and have fewer side-effects. This church uses a variety of herbs, some from outside the country. Zimbabwean pharmacies too are turning to the use of herbal medications as evidenced by the opening of many herbal spurs in towns. Such moves acknowledge the effectiveness of medical knowledge by herbalists.

Bio-piracy has further threatened the development of indigenous medical knowledge. For purposes of this paper, bio-piracy is the theft of indigenous medical knowledge from herbalists especially by scientists and also those who run herbal

clinics. As a result, most knowledgeable traditional healers are not willing to be interviewed and give correct information. Some traditional healers have refused to be interviewed by strange scientists. Their fear is that such research might amount to a subtle way of robbing them of their knowledge. They fear that such research might be passed on and be used by established pharmaceutical companies. They also fear that such results might be published without acknowledging the source of information, i.e. the traditional healer. Maclean (1985, 49-58) argues that traditional healers are right; their fears are not without foundation. Many traditional healers have been exploited and are still being exploited by modern scientists. Theft of such knowledge and need for co-ordination saw in 1981 the enactment of an Act of Parliament in Zimbabwe known as the Traditional Medical Practitioners Act. The purpose was to establish a Traditional Medical Practitioners Council and give a legal standing to ZINATHA (Lan: 1985, 219) The function of the council was to supervise and control the practice of traditional medical practitioner and to foster research into and develop knowledge of such practice.

Closely allied to the above is the fact that traditional healers are in western sense not scientists. They would be willing to expose their expertise if there were guarantees that they will be accredited with treatments they have documented and they will themselves benefit. However, traditional healers are afraid that drug companies will usurp their treatments based on generations of accumulated knowledge. Scientists who study traditional herbs sometimes fail to make much headway for they do not appreciate the spiritual side of traditional medicines. Chavunduka lamented that there is an inherent danger that traditional medical knowledge will be defined in terms of its technical herbal expertise, that this experience will in turn be recognized only for its empirical pharmacology without reference to the symbolic and ritual matrix within which it is used- still to the social matrix in which those rituals and symbols have meaning at any particular time and place (1986, 257). Scientists who attempted to study traditional healers failed to understand why sometimes plants may be cooked with various portions of animals, birds, fish, snakes and insects. Above all, modern medical scientists ignore the traditional healer's other concern i.e. their rituals, social techniques of healing, usually because they find it difficult to study them (Karbgo, 110).

Why do People Continue to Rely on Traditional Medicines?

Despite the challenges bedeviling the works of traditional healers, a number of factors explain continued dependence on indigenous medicines. Firstly, traditional healers are successful in treating a large number of illnesses and many people know that. Secondly, many people who consult traditional healers do not do so for medical reasons alone - many have social, psychological and spiritual problems which also need attention (Chavunduka: 1997, 8). Thirdly, failures of modern

medicines are a factor in the continued prevalence of herbalists. This is illustrated by A. Barker (1959, 104) who worked as a medical doctor in Zululand. He noted that:

Where we failed in hopeless cancers or in chronic ailments the spirit world would again be invoked, but often in despair... Yet I fancy that the return to the magician owed more to love than to fear, more to desire to help in an extremity than to the persistence of superstition. To some extent, their continued existence, like that of the tribal medicine man, must be laid at our door, we do not know enough...

Further in some rural areas, people still routinely go to traditional healers and trek to a clinic or hospital as a last resort. In towns people now go first to a clinic or hospital and go for traditional medicine only when doctors and nurses are no longer seen to be useful (Bourdillion: 1997, 9). Others go for both types of medicines depending on the circumstances. This is why Chavhunduka (1978, 62-68) chronicled the motivation of a patient and his family on which type of a practitioner to consult. Choice was guided by the cause attributed to the illness by the patient and his social group, whether the illness is normal or abnormal and failure by doctors to explain the cause. Even though allegedly on the decline, many people across Zimbabwe continue to rely on traditional medical remedies.

Moreover, herbalists continue to thrive as they provide medicines in a variety of areas where modern science cannot. These include medicines for success in a variety of enterprises such as love-making, also for good crops, for success in finding employment, for good relations with employers, for success in gambling and so on (Bourdillion, 1998, 304). Such aspects are a component of people's culture. For researchers of modern trends to appreciate these, they ought to delve into the study of a culture under which certain herbs are used.

While it is time that for the treatment of most physical ailments, Western medicine has surpassed traditional practices; the latter continues to prevail instead of dissipating because it is difficult to separate religion from medicine in the faith of Africans for they are closely linked to each other. Among the Shona, the *n'anga* is not only a minister of religion, but also diagnostician and healer. He is able to contact the spiritual world and so learn which of the ancestral spirits in a family is responsible for the illness or death or should it be an evil person, who caused it, what measures should be taken to remove the influence (Gelfand: 1985, 3). Most if not all modern doctors are not spiritually endowed so they may not understand the complexities of dealing with some of these problems.

Survival of herbalism has persisted partly because the establishment of associations has provided herbalists with an avenue for upward mobility. Moreover, herbalists

tend to have more formal education than say spirit mediums. However, in the case of Zimbabwe where the Witchcraft Suppression Act is still in force, the act is more suppressive to spirit mediums than herbalists. The latter deal with abstract issues that many see them either exorcising the spirit of witchcraft or accusing someone of being involved in the practice. More importantly, however, is the push exerted by university departments such as pharmacy, clinical pharmacology, chemistry and medicine and by pharmaceutical companies towards the study of herbal medicines. Their approach largely ignores the spiritual side of traditional medicines, thus it has tended to strengthen the position of herbalists. Moreover, developments within ZINATHA itself such as manufacture of tablets, pills and capsules from herbal powders which started in 1986 though on a small scale explain the continued survival of herbalism (Chavunduka: 1997, 29).

Conclusion

This paper has demonstrated that the full development of indigenous medical knowledge has in part been disturbed by the failure of both the colonial and post-colonial government to officially assist traditional medical practitioners. To date, associations of traditional healers remain loosely coordinated. The denigrations by many sections of society during the colonial era and after has left traditional medical practitioners in a precarious position. Despite odds against traditional medicine, the paper has noted that African people in Zimbabwe continue to rely on the traditional healer because of his/her spiritual powers. The realization that in their raw form, herbs can cure a number of ailments has seen a revolution in the medical field. It has been revealed in this write-up that far from the assertion, a lot more factors explain the slow development and survival of indigenous knowledge.

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