

rationing. It can presumably be acceptable to show the flaws in an argument without having to suggest what to put in its place.

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South Africa's Health

Traditional healers in South Africa: a parallel health care system

Rajendra Kale



This is the second in a series of five articles reporting on health care in South Africa

"Traditional healers are a very caring people, and extraordinarily skilled in psychotherapy and counselling. Some of them do a damn good job. Of course there are certain horrible ones who poison their patients at every turn," said Professor Ralph Kirsch of the Department of Medicine in the University of Cape Town Medical School. Traditional healers existed in South Africa before its colonisation by the Dutch in the 17th century. They have flourished in the face of competition from modern medicine. About 200 000 traditional healers practise in South Africa, compared with 25 000 doctors of modern medicine; 80% of the black population use the services of traditional healers.¹ Traditional healers are enshrined in the minds of the people and respected in their community, and they are often its opinion leaders.

Traditional medicine

The theory underlying traditional medicine in the several black ethnic groups of South Africa is essentially similar.² Disease is a supernatural phenomenon governed by a hierarchy of vital powers beginning with a most powerful deity followed by lesser spiritual entities, ancestral spirits, living persons, animals, plants, and other objects. These powers can interact, and they can reduce or enhance the power of a person. Disharmony in these vital powers can cause illness. Thus, ancestral spirits can make a person ill. Ingredients obtained from animals, plants, and other objects can restore the decreased power in a sick person and therefore have medicinal properties.

Types of healers

Inyangas are herbalists and possess extensive knowledge about curative herbs and medicines of animal origin (table I). Ninety per cent of inyangas are male.

Isangomas are diviners; they determine the cause of illness by using ancestral spirits, and 90% of them are female. A person cannot choose to become a diviner. Only a person "called" by the ancestors can become one. An individual who has been summoned behaves like a person with mental illness, and only a skilled diviner can differentiate this behaviour. The duration of training for a traditional healer varies from a few weeks to up to 10 years and depends on the ability of the apprentice. The fee for training is not fixed.

Umthandazi are faith healers who are professed Christians. They belong to one of the independent African churches and heal by prayer, by using holy water or ash, or by touching a patient.

Traditional birth attendants are usually elderly women and are respected in society for their skills. The conditions for becoming a traditional birth attendant include having had at least two babies of your own and an apprenticeship lasting up to 15-20 years. Birth attendants do not charge for their services but may accept gifts. If a complication occurs, the birth attendant seeks the advice of an *inyanga*. There are no data on the number of deliveries in South Africa that take place under the supervision of the birth attendants, but presumably they carry out most deliveries in rural areas.

Patients visit traditional healers for treatment of various illnesses including sexually transmitted

TABLE I—Traditional healing agencies in South Africa¹

Agent	Skills	Method of service	Nature of service	Accessibility
Isangoma:				
High grade	1 Lower and middle grade qualifications a prerequisite 2 "Call" by spirits 3 Apprenticed to an expert 4 Medical skills acquired as in inyanga	1 Essentially diagnostic 2 Contact with patient not needed for diagnosis 3 History, symptoms, and nature of problem not revealed by patients	1 Conflict resolution 2 Revelation of misfortune and illness 3 Recommends solution 4 Provides expertise and leadership	Access given to relatively few
Middle grade	1 Lower grade qualification a prerequisite 2, 3, and 4 as above	1 As above 2 Throws and reads "bones" 3 As above	1, 2, 3, and 4 as above	Relatively accessible compared with above
Lower grade	1 First entry point to divination 2, 3, and 4 as above	1 As above 2 Divination through trance 3 As above 4 Cooperation of clients sought	Confirms patient's beliefs	Much more accessible
Inyanga	1 Individual choice to become one 2 Apprenticed to an expert	1 Knowledge of symptoms and patient's history necessary 2 Contact with patient necessary	Comprehensive, curative, prophylactic, ritualistic, and symbolic	Freely accessible
Specialist	Usual family prerogative	Essentially curative	Consultant, special skills	Fewer in number
Spiritual healer	Trances and contact with spirits	Essentially diagnostic	Lays on hands, prays, provides holy water and other symbols	Freely accessible

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Rajendra Kale, editorial registrar

Correspondence to:
Laxmi-Kunj, 37 Shanwar,
Pune 411 030, India

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Traditional healers have flourished in the face of competition from modern medicine

NANCY DURELL MCKENNA/FANOS

diseases, divulgence of secrets, immunisation against witchcraft, prophecies of future events, and annual check ups.²

Lessons for modern medicine

Three principles followed by practitioners of traditional medicine would benefit Western medicine. Firstly, patients must be completely satisfied that they and their symptoms are taken seriously, and that they are given enough time to express their fears. Secondly, the healer studies the patient as a whole and deserves credit for not splitting the body and mind into two entirely separate entities. Thirdly, the healer never considers the patient as an isolated individual but as an integral component of a family and a community. Members of the patient's family participate in the treatment process.

Traditional healers are an integral part of their people and society. They know the way of the people. They are expected to use their magical powers for the good of the people—unlike the magician, who is not.

Efficacy of traditional remedies

Unfortunately, there have been no studies on the efficacy of traditional remedies. They are believed to be effective in diarrhoea, headaches and other pains, and in sedating patients. Success in treating psychological problems is well known and often recognised. I heard several anecdotes of patients being cured. Professor Kirsch told of one such incident: "I had a patient with a psychological problem in my ward, which did not respond to modern treatment. At the same time I had a patient who was a traditional healer. I took the healer aside, and asked him if he would like to have a go at him. In one session the patient improved."

Traditional healers in a modern health care system

Traditional healers are banned in South Africa by the Health Act of 1974. But this is a classic example of a law existing only in the statute books: there are many organisations that register traditional healers. These include the Southern African Traditional Healers Council, the Association of Traditional Healers of Southern Africa, the Congress of Traditional Healers of South Africa, the African Dingaka Association, and the African Skilled Herbalists Association.³

A VIEW FROM THE MEDICAL SCHOOLS

What do academics think of the role of traditional

healers in health care? JP deV van Niekerk, dean of the University of Cape Town Medical School, said: "Traditional healers in South Africa greatly outnumber those who practise modern medicine. In neighbouring Mozambique, I believe, there are 80 000 such healers and about 350 doctors. Of course, the traditional healers are all in private practice.

"There are primarily two types of traditional healers. The ones who deal with the psychological aspects are, I understand, somewhat like Jungian psychiatrists. The others are those who dispense medicines, which are roots of some sort or the other."

According to Dr van Niekerk, traditional healers are less dogmatic in their views than some others who practise alternative medicine. "In many respects traditional healers are where medieval medicine was; you try one remedy and if it doesn't work you try another. If someone comes up with a better proposal you adopt that. In this respect they are better than homoeopathy and chiropractic and so on. Traditional healers are willing to review the situation to improve upon it. For example, in the treatment of diarrhoea some of them have changed to appropriate regimens rather than giving dangerous roots. They wish for greater recognition. They could refer problems, which they can't respond to. This is an optimistic picture. But there is scope for mutual benefit from each other."

A VIEW FROM THE GOVERNMENT

Dr J H O Pretorius, deputy director general of health services, said that the government realised that traditional healers cannot be ignored. "I think we have to start working together in an acceptable way. But this is very difficult, and I will give you one example to illustrate why. I had meetings with traditional healers because they wanted to get formal approval from the government to operate. In one meeting I asked them, 'How do I distinguish a person who has gone through the whole training process from one who sits on the corner of the street or sidewalk with a cardboard and a couple of red bottles of medicine who also calls himself

A healer's initiation

Rae Graham was born in Bristol, England, and became a nurse in wartime England. She later became a traditional healer in South Africa after training for ten years. Her experiences have been gathered as White Woman Witchdoctor.⁵

After a while they told me they must dress me and put me in my beads, so they put on my regalia and we went to the big hut, where I began to dance. All this time, my husband and children were right with me. Soon I was told it was time to leave, and we were led outside to where Petros kept his goats and they were sharpening my knife on a stone. He gave the knife to me. "What have I got to do now?" I asked. "You have got to kill the goat, Mashudu, by yourself." Cecil looked at me and inquired, "Are you going to do that, Rae?" and I replied, "Yes I am," whereupon he said to me, "Well at this point, darling, I'm going round the other side of the hut!" And he did! My son and my daughter said they would stay. My son lasted a couple of minutes; Natalie never left me.

They told me nothing of how I was to go about killing the goat. I asked, "How will I handle this? It's just a quick cut of the throat; I know that. But I can't hold the goat at the same time." So one of them held the two back legs and another held the front, whilst a third held its head for me, and I gave a quick cut across. Not knowing a goat's anatomy, I wasn't too sure of myself, but I knew generally what had to be done. It is over in a minute, and the moment it was done, feeling a great deal of relief, I shouted, "I did it! I did it!"

a traditional healer?' They said, 'It is easy. You just find out whether he has slaughtered a goat.' Now, I am a medical doctor, and all this tells me is that they work in a completely different sphere, and that we cannot have the same rules for them."

The first step, telling the charlatans from those who have received adequate training, is a major hurdle in the recognition of traditional healers. Added Pretorius, "To integrate them, and to give them the same status and privileges as medically qualified doctors, is just not on. But we cannot ignore them, especially if we want to deal with problems like AIDS and HIV."

Traditional medicine in other countries

Traditional healers also function in other African countries but solutions to the problem of integrating them into a modern health service are not forthcoming from them either.³ Table II summarises their status in some African countries. Zimbabwe officially recognises traditional healers. Its policy of integration has met with resistance and the official council, which was to regulate integration under the Traditional Medical Practitioners Act of 1981, had not met since 1989. Not all traditional healers have registered with the association. Referral of patients between traditional healers and the modern health sector, which was supposed to be mutual, has largely been loaded in favour of referral to modern medicine. Mozambique initially made traditional healers illegal but has not given people freedom of choice about whom they consult. The government in Swaziland has encouraged links with traditional healers and had started joint programmes for the management of diarrhoea, but the programme was subsequently stopped.

Traditional systems of medicine exist in other parts of the world besides Africa. For example, India runs hospitals that offer ayurvedic treatment and conduct formal university courses in ayurvedic medicine. One such course leads to the Bachelor of Ayurvedic Medicine and Surgery (BAMS) degree. Most students who join the course are those who were not able to secure admission to the MB, BS course. After graduating, they set themselves up in general practice and

dispense allopathic medicines without having received any training in their use.

The government of South Africa needs to develop a policy on traditional healers. Should they be formally recognised? Should they be integrated with practitioners of modern medicine? Should the government allow collaboration or cooperation between traditional healers and practitioners of modern medicine? Should it make the services of traditional healers available to the people?

Incorporating traditional healers

I met Melwyn Freeman of the Department of Community Medicine in the University of Witwatersrand in Johannesburg, coauthor of a paper that considered ways of dealing with the role of traditional healers in a modern health service.³ One possibility is incorporating them into the primary health care service, where they can play the role of village health workers. The availability and influence of traditional healers are important arguments in their favour. They also seem to have open minds and accept new ideas. But would they be willing to accept the secondary role of health workers? The range of illnesses that a traditional healer would be allowed to treat after integration would be limited; they would thus have to accept the superiority of modern medicine, and their status would be reduced. The money they earned would also come under regulation, and their earnings would probably fall. Plans to use traditional healers in this way are not official, and the policy guidelines for the development of primary health care in South Africa that Dr Pretorius showed me does not mention making use of traditional healers.

Cooperating with traditional healers

Some patients see traditional healers exclusively, but many others see their healer before, during, or after treatment by a modern doctor. Seeing a traditional healer before seeking modern treatment may result in delay in diagnosis and treatment that may be fatal; receiving treatments simultaneously opens a Pandora's box of drug interactions, and seeing a traditional healer

TABLE II—Status of traditional medicine in some countries of subequatorial Africa

Country	Bodies concerned			Area of interest	Professional association and legislation
	Responsible ministry	Public or private institutes	Universities		
Angola	Ministry of Health				
Burundi		National Commission for Research on Plants			
Central African Republic			Faculty of health sciences		
Congo	Traditional Medicine Unit, Ministry of Public Health	National Public Health Laboratory (ORSTOM)		Psychiatry; arterial hypertension; diabetes; rheumatology; snakebite; parasitic diseases	National Union of Congolese Healers
Kenya			University of Nairobi; Department of Botany, Department of Biochemistry	Pharmacology	
Madagascar		Itassy Applied Research Centre	Faculty of Medicine	Leprosy; diabetes; general medicine; pharmacology	
Mozambique		Study Group on Traditional Medicine			
Rwanda		Institute for Research on Medicinal Plants	Butare University	Extraction of active principles from medicinal plants; mental disorders; obstetrics; dental care	
Uganda			Department of Pharmacology and Therapy, Makerere University, Kampala	Study and extraction of active principles from medicinal plants	
United Republic of Tanzania	Department of Traditional Medicine, Ministry of Health	Institute for Research on Traditional Medicine	Faculty of Medicine, Dares Salaam	General medicine; minor surgery; mental disorders; psychosomatic diseases; obstetrics; dental care	
Zaire	Department of Traditional Medicine, State Health Secretariat	Scientific Research Institute (medical section) UNICOOP, Mbuji-Mayi	National University of Zaire	Diabetes; botanical identification of plants; infectious diseases	Zaire Healers' Association

Source: *Traditional Medicine and Health Care Coverage*. Geneva: WHO, 1993. Reprinted in Abdoal Karim *et al.*¹

Possession and enemas

Rae Graham writes:

The bad bits are the enemas. There is a belief that, if you are possessed below the waist anywhere, it is a spirit that's causing your problem, whether it's a psychological problem or even an economic one. So you've got to get rid of that possession. And they do it with enemas. There are various kinds. They take that yellow and black beetle, which eats your roses, and they bake those and make a powder and make an enema of them. They are highly acidic, they burn the lining of the intestine and cause septicaemia. It's the patient with the burnt-out intestine who gets admitted to hospital whom the white doctors see. They've got a septicaemia person who's going to die, and that's what they know as the witchdoctor's treatment. I fully admit that that is rotten.

But the psychological successes are many, and those the doctors never see.⁸

after modern treatment could interfere with follow up care.

Ideal patient care requires some kind of dialogue between the people involved in treating the patient. As Professor Kirsch says, "A problem is that our medical and dental council has a rule that precludes me from working with a traditional healer. Some relationship between us is necessary for the care of common patients."

Dangers of an unknown pharmacopoeia

The problem of patients being harmed by traditional remedies has been highlighted in medical literature and was referred to by several South African doctors I met. The recipes used to prepare herbal remedies are often kept secret. The remedies can be drunk, smoked, inhaled, used for washing, smeared on the body, or administered as enemas. Using enemas to treat children with diarrhoea and dehydration can have disastrous consequences. The adverse effects of traditional remedies on the bowel have been described.⁴ Enemas and emetics are used more commonly than any form of medication. A Swazi infant may receive as many as 50 enemas a year, and a member of the Zulu community may use as many as three enemas a week. The ingredients may have profound effects on the mouth, tongue, stomach, duodenum, and jejunum; a "ritual enema induced colitis" has been described. Other complications known to occur are perianal excoriation, anal canal necrosis, haemorrhagic ulcerative proctocolitis, and gangrene of the perineum.

Poisoning with cardiac glycosides,⁵ and with potassium dichromate⁶ have been described. As many as 57 different plants are used as herbal remedies during pregnancy and childbirth.⁷ Though severe and fatal

complications due to traditional remedies are described, their incidence is not known.

A financial drain

All traditional healers are in private practice, and the parallel health system is entirely financed by patients who use their services. Fees vary greatly and can be exorbitant. Payment is not exclusively monetary: the healer may receive a cow on curing the patient. The treatment for a condition such as *umtsebulo*—presumed soul loss—can cost \$US125.¹ Most of the patients belong to the poorer sections of South African society. "This is a reality," Dr van Niekerk said. "The problem is that if they did not spend this money on traditional healers it does not mean that they would spend it on modern medicine. I believe that something like half the money spent on drugs is spent on non-regulated medicines."

Conclusions

Establishing a comprehensive pharmacopoeia of traditional medicines is perhaps a distant dream. Weeding out the charlatans from the trained healers is the logical first step in sorting out the dilemmas surrounding traditional healers. This task is best done by the healers themselves. Cooperation, collaboration, or integration can come later. As Daniel Ncayiyana, editor of the *South African Medical Journal*, summarises, "We have to recognise the traditional healers. Let them regulate themselves; let them create a system of registration. There are many charlatans among them. We need to know what training is required, how they actually certify themselves; then we just have to recognise them because they are indeed part of the health care delivery system." Only after this is done will we know whether traditional healers are an asset or a liability to South Africa's health.

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ONE HUNDRED YEARS AGO

BETEL LEAVES AND TAXATION

There is considerable opposition to the tax which the Government of Madras intends to place on betel leaves. Everybody who has been in India will remember how the natives frequently appear with a red stain on their lips and with their teeth blackened in a way which is far from beautiful. The stained lips and the blackened teeth are due to the continual chewing of betel leaves, which the Indians declare is a habit which prevents hunger and promotes digestion. It is strange that almost every nation, in the most diverse climates, has selected some one vegetable drug as a supplementary article of diet which is always

taken with the same object in view—namely, of staying hunger and promoting digestion. The coca of the Peruvians, the betel nut of the Indians, the coffee of the Arabs, the tea of the Chinese and of the English, all contain alkaloids which the French call "*aliments d'epargne*," and which have the power of preventing tissue waste. The poor Indian, whose earnings are of the smallest for work done under a tropical sun, looks to the betel leaf to aid him to store energy, to make life endurable, and work possible. It is, therefore, easily understood how he should object to this to him necessary article of diet being taxed for revenue purposes. (*BMJ* 1895;i:1228.)