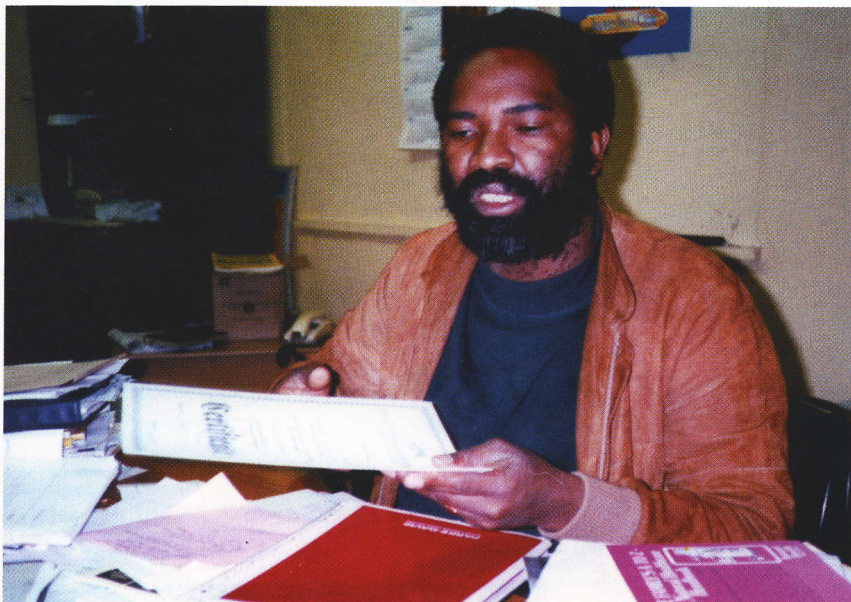


## NO HEALER IS AN Island

### Traditional healing is our concern

I have been an *aficianado* of traditional healing since my rural hospital years in Transkei, and particularly since our experience of a working group with *amagqira* in 1973.<sup>1,2</sup> In 1974 I was invited by the SA National Cancer Association to advise them about including traditional healers in their campaigns against cancer. It was there that I met, as another adviser, Bouchier, a white man who became a traditional healer. In 1978 I was invited by Max Price, then President of the Wits SRC, to take part in a conference on traditional healing at the Medical School.<sup>3</sup> I took part in a workshop with traditional healers held at the Centre for Health Policy at Wits in 1991.<sup>4</sup> These experiences have lain dormant until I was once again invited, this time by the SA National Tuberculosis



Association (SANTA), to take part in a “get to know each other” conference in Mamelodi. By this time I was wary of such meetings. I explained that I thought the time was past for “top management” novelty meetings. This is no spectator sport. It is time for practical attempts at cooperating in patient care at a local level. Neither do I practise in Mamelodi. If you’re going to build something up you’ve got to build with neighbours, not strangers.

But now I am glad I was persuaded to, nevertheless, take part. Because that is how I met Solomon Mahlaba.

### Introducing Solomon Mahlaba

I visited him in Johannesburg, soon after the SANTA meeting, at the office of the African National Healers Association (ANHA), of which he is Managing Director. I had already proposed to him writing an article for SA Family Practice, so our

meeting took the form of a recorded interview – but the event lasted for nearly three hours. Solomon was born at Vrede, OFS, in 1954, matriculated at Secondary School in Everton, and subsequently became a fieldworker for Prof Pettifor’s Metabolic Unit at Baragwanath. It

was while working at Piet Retief that he realised his vocation to be a traditional healer and it happened like this:

### His vocation to Traditional Healing

“The daughter of one of the school principals where I was staying got ill. She was attacked by unknown spirits. I escorted this daughter to a traditional

healer there in Paulpietersburg. He said to me, 'You are a visitor in this place.' I said, 'Yes.' He said, 'What are you doing?' Then I told him. He said, 'You must remember that when I throw down these bones it will have all your spirit inside here. And your work? These bones say it will terminate and there is a call for you. You will become a traditional healer.' I said, 'You must be joking – I'm not working here, I'm just teaching here because of a certain project.' He said, 'It doesn't matter, they will tell you there's no money.' I said, 'No, it cannot happen.' "

At this point I interrupted Solomon saying, "You mean the bones he threw for the daughter told him something about you?" Solomon laughed and continued.

"Definitely, sure! So I said, 'OK, if that happens I'll come back to you.' He said, 'OK, what dreams do you have?' So I told him I had dreams like a big river. I floated in this river, but I couldn't see the sides anywhere. Then he said, 'You don't have to dance or do any of those things. Just go back to your ancestors and take the smallest small goat, even a year old one. While you slaughter it they will come back to you and tell you the whole story. Then you can come back to me and we can start to give you the idea and all the keys concerning what to do.' Then I went back to Jo'burg. And Dr Pettifor's Department said, 'There's no more money to send you back to do that particular job.' And I said, 'No, it's no problem. Thank you.' " And so he did return to his teacher and spent nearly a year with him.

I've always heard, I said, that people are sick before they are called. You never mentioned this?

Solomon replied: "I never got sick at all, because I responded. It's resisting that makes you sick. If you resist because of being educated, or because of your job, or the beautiful things you are going to lose, you start to get that sickness."

We ranged over many topics, the personal,

vocational, professional, organisational, and the historical, touching on aspects that have always puzzled me. I felt myself warmed by his qualities that had immediately attracted me at that SANTA meeting – Solomon's astute and analytic intelligence, and his frank sincerity. Moreover his articulateness in English, actually enriched, as many of us have come to appreciate, by the idioms of "African English", opened up for me for the first time a sympathetic exploration of these important issues, of which I will highlight a few.

### **The historic handicap of colonisation and its legislation**

It is probably typical of my position of privilege that I had never realised so clearly how the colonists' attitudes to indigenous culture had driven traditional healing into an "underground" activity with all its handicaps. Solomon thought that the

**Traditional healers were denied the opportunity to regulate themselves**

only remaining form of legitimate practice was the "licensing" by the Kwazulu Department of Health where R6,00 purchased a right to practice in a defined, but only rural, area. "We said we're not interested – it's a licence, it's not a certificate as such. What criteria did they use?" Since 1923, and especially, Solomon said, since 1948, legislation has gradually and steadily eroded traditional rights.

### **- and its results**

The overall effect of such effective prohibition was that traditional healers were denied the opportunity to regulate themselves, at a time of dramatically increasing city populations, apartheid development, the destructive effects of migrant labour and employment harassment. Population growth, said Solomon, was a contributing factor. People had to find work during the day and practise healing at night. "So people, with just a little knowledge, would say we cannot sit down and study. Whoever came into town, his friends would say, 'Lets just give you a basic training.' " Solomon is clearly haunted by the

size of this growth of what I am calling “backyard” traditional healing, this backlog of professional breakdown.

I spoke of the history of our professional self-regulation and its origin in craft guilds. I said “In effect we didn’t have such an honourable start as you did. Your healing was part of your culture; with us healing began very much as a trade. It didn’t have the same sanction. From that time on it was always a question of self-regulation, some would say in the interest of the people, and others would often think it’s in the interest of the profession. So it’s a bit of both. I’m sensing that you have the same motivation of preserving the best tradition against all the messing up.”

Solomon, in his empathetic way, replied, “Definitely, sure. Now in our case it’s even worse because of the law of apartheid. They didn’t give us even that chance to organise ourselves while we were still in a good position, and in small numbers. They had to rub it out, let it get phased out, get wasted, this useless thing. Right? Then today we are starting to tackle a very huge problem, a very huge problem. Our people say No, I was living alright, so why? I am doing alright, so what? So to even market the idea of preserving the profession we’ve got a very big pile up, a mountain to climb.”

**The African National Healers Association and its origins**

Until fairly recently African Dingaka, registered in 1926, had been the main (“secularised”) organisation of traditional healers. “But they only met once a year to pay for certificates and to feast, things that don’t build the traditional healing as such,” said Solomon. The ANHA grew out of the state-sponsored South African Traditional Healers Council, the Siyavuma. When they discovered it was infiltrated by the CCB (Civil Cooperation Bureau) – at this point I gasped

**A Healer is somebody who has a very deep knowledge about the medicine**

with astonishment! – they decided to go it alone. ANHA is now a coordinating enterprise for several regions in which an aggregation of local groups is taking place. They have a working relationship with the Government of Lebowa, offices in Bloemfontein, Ladybrand, and Kimberley and representatives in Cape Town, Port Elizabeth and East London. Solomon emphasised that his Head Office in Johannesburg, with its Executive Committee, was more than an umbrella, by virtue of its full-time functioning office with telephone and Fax, which, in fact, he was largely financing out of his own practice. I got the impression that it was this style of enthusiastic efficiency that effectively neutralised any rivals or critics that he might have. Incidentally their name of choice is Traditional Medical Practitioners Association. At one time this use of the term Practitioner was disputed by the Department

of National Health and Population Development, who preferred Traditional Healers. “Who were we to argue?” he said.

**Traditional Healers and Herbalist Shops**

Solomon stressed that the term Traditional Healer was very vague. It is very important to distinguish the several and distinct varieties of healer. I said I thought that in general Westerners thought of the real healer as being the spiritual healer and superior, as a “diagnostician”, to the herbalist.

Solomon had some major concerns here.

There is the incursion into the selling of herbal medicines by people who have a very superficial knowledge of the traditional medicines, and these include Whites, Coloured and Indians. “It becomes totally impossible in terms of qualifying them as traditional healers. They only sell it as an object called medicine. A Healer is somebody who has a very deep knowledge about the medicine. And there is no consultation.” He pointed out how they are commonly untrained about the origins, deteriorations, side effects and toxicity, and dosage of these preparations.

Properly, the healer should gather his/her own medicines. But access to natural sources in the veld can be impractical for healers in the cities. Anyhow, access to these natural sources is further curtailed by Nature Conservation regulations.

So there is this total absence of quality assurance in these shops. Such regulations that exist, such as for Trading Licences, Health Inspections, and Permits to collect from Nature Reservations are ineffective or inappropriate or both and do not address the important issues. They may even be the subject of bribery. Thus ANHA sees it as an inescapable responsibility to be involved in the control of herbal shops. Additionally they see them as an opportunity for generating the crucially needed funds that the ANHA need.

### Professional Standards

Solomon said that the Western practitioners' concerns about toxic effects and quasi-traditional healing was not just a one-way concern, but of the greatest concern to his Association, which is also very concerned about charlatanism, the casual dispensing of traditional medicines and even the black market in herbals.

How then do they recognise each others professionalism, I asked? Basically through referrals to each other and through reputation (sounds familiar I thought!). The Association is already developing a thorough process of application, creditation and registration. Here are its declared objectives:

### The Objectives of the Association

1. To obtain recognition from the South African government.
2. To obtain recognition from the Medical and Dental Councils, other relevant Associations of Southern Africa and the World Health

Organisation in order to ensure future understanding and mutual cooperation.

3. To set standards of registration as Traditional Doctors and issue certificates of qualification and practice.
4. To obtain recognition from medical aid societies in order for patients to be reimbursed for treatment and prescribed medicinal products by Traditional Doctors. Also to obtain recognition from employers and employer associations by accepting sick notes issued by Traditional Doctors who satisfy Clause 3 mentioned above.
  5. To improve the standard of qualification of Traditional Doctors through continued training.
  6. To improve the efficiency of consultation, diagnosing and treatment by continuous communication of latest medicinal practice.
  7. To ensure that proper standards and ethics are adhered to.
  8. To ensure that medicinal products available for use by Traditional Doctors are of a high standard and carry the mark of the *African National Healers Association*.
9. To provide advice.
10. To improve the standing and recognition of Traditional Doctors in all communities.

**To assist the traditional healing tradition to achieve the restoration of standards and regulation that it is faced with**

### Comprehensive continuous family care

I asked Solomon his thoughts about the cost of care and his charges to people. I said that there was constant concern in Western health care about the cost of care to people. That, for example, the mission hospital tradition, with the support of government and charitable subsidies, tried to

minimise costs to people. "Of course, there's no financial backup for us," he said. "Costs vary between R20 and R1000, depending on the problem. You can't always say at first. Remember, help may involve not only initial medicine, but going to the home to deal with bad influences there. It may involve looking into the whole family – mother, father and children."

But, I said, how does he know he's going to be able to pay you? How can he find a thousand? That's quite a lot! Solomon laughed. "If one looks at it, it's fairly small. I take the whole family, and it's for a whole year, and it doesn't have to be paid up front! Maybe you come to me in April, then we're counting from May to another May? From May to May! I'm giving you service!"

Then I began seeing a convergence of our principles. Because I had asked about the cost of "emergency" care, he went on to say "Each family comes from a family. There's inheritance. You are brought up, you grow up, and we know that at home we've got a traditional healer that we go to. It won't be any problem at all if that thing comes untimely. It's already in a string, it's tied, it's in a chain."

I thought, "This is authentic McWhinney!" And I began describing the principles we were trying to reestablish in general practice, how we also taught that you cannot really be a useful doctor unless you are in continuity with your patients, and are prepared to share the same life and place with them. Even this Family History! The genogram records, the family dynamics that Solomon had described. "But our record," he said, "it's always kept here up top. We know exactly at such time did I come up with this family and they have such and such problems. I think that's basic. One has to start with all those things."

### **A shared responsibility for regulation**

Then I realised that, far from being oppositional about it, "the problem of the traditional healers" is a shared problem. Because organised self-regulation was effectively taken from them, the growth of irresponsible traditional medication and quasi-traditional charlatanism – which we, within our own ranks, are, by privilege, fully empowered to deal

with – has created a backlog. If we sincerely believe that the main concern of our regulatory bodies and mechanisms is peoples' health, rather than merely the dignity of our particular profession *per se*, then it is in our interests and within our concern *to assist the traditional healing tradition to achieve the restoration of standards and regulation that it is faced with.*

Throughout our interview Solomon stressed his Associations' lack of financial muscle, as he put it. I sense that he is a natural leader and administrator, with a clear understanding of the necessary financial underpinning of the objectives his Association has set itself. "Traditional healers," he said, "are not quite clear that recognition comes with a price. They have to pay a price. Whenever a patient comes to them they've got to know that they must pay tax on the money they receive. We are studying how to explain this to them. Money should come from our own pockets. *We are aware that if we leave it now, it will be dead for a very long time.*" (my italics) And he described other ways in which he has tried fund-raising.

### **The Academy's concern**

My aim, in publicising this interview, is to bring these affairs, the present and the future concerns of traditional healing, into the purview of the Academy of Family Practice/Primary Care and to the attention of its constituency.

### **References**

1. Ingle RF. An experience of Amagqira. S Afr Med J 1973;47:333-4.
2. Stott NCH. Do witchdoctors practise clinical pattern recognition? S Afr Med J 1973;47:334-5.
3. Papers read at the Medical Students' Council's Symposium on the role and place of the traditional Medicine Man and "Witchdoctor" in African health care. Johannesburg: Leech Publications, 1978. Vol 48 of The Leech, Journal of the University of Witwatersrand Medical School.
4. The Centre for Health Policy. Traditional healers in health care in South Africa: A proposal. Johannesburg: The Centre for Health Policy, University of Witwatersrand, 1991.