EDITORIAL

Meeting Traditional Healers

They came singing, snaking their way along a hillside overlooking the sea. The venue in which we were waiting overlooked the small bay. The colourful rhythmic procession came nearer. The leader and other qualified healers in full "academic regalia", the novices in white and the "applicants" and patients in what-have-you. The whole medical school and hospital on its way to meet us.

We were a dozen doctors; two teachers, the others enrolled for the part time MPrax Med course. Dressed in what-have-you, sheltered from the strong onland wind, we sat in a circle with no apparent "higherarchy", trying to understand our patients' contexts. Most of us had patients for whom the traditional healer formed a real part of their lives.

The group stopped on the beach and, with the chickens they were carrying, performed a washing ritual in the sea. They sat down on a rock waiting for us to make contact and continued to dress the novices with further beads and feathers.

I went down with the lady who had arranged our meeting and one of our group who had once been called as a traditional healer. This calling was acknowledged but not taken up after a ceremony to inform the ancestors that an alternative career in Western medicine was to be followed. We negotiated a meeting format. An hour and a half later we met, chickens and all, inside our meeting place.

We presented a patient after the initial greetings. We then pointed out how we saw the person's overwork, obesity, hypertension, smoking and alcohol abuse all hang together with the fear of having contracted Aids.

They seemed not to have any concept of Aids. They diagnosed our patient as having "amafufunyana" (possession of foreign spirits).

In the discussion that followed it was repeatedly said that they valued our resuscitative powers. We could give people, who were weak from diarrhoea and vomiting, their power back again. They were then able to continue the therapy and cure of the patient. So also they felt themselves as joint-therapists for Tuberculosis.

We parted after discussing 'idliso' (poisoning), 'umeqo' (walking on a bewitched item), sciatica and more. Neither group really finding a common language to communicate with.

Our meeting probably was friendly and we made superficial contact. Many of our group saw for the first time, at close quarters, a world they were largely unaware of. We met one another as people and were impressed by their freedom and integrated personalities. To progress to a deeper level of mutual understanding however we would need to live together for some time and enter one another's world view and vocabulary.

Should we make the effort?

Sam Felinen