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The future of the traditional African healers

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In April 2010 we had the opportunity to meet with Dr. Nhlavane Maseko and his daughter Phepsile Maseko at the initial meeting of the Integral Health Forum of South Africa. Following this meeting SV had the great pleasure to serve as a consultant on a voluntary basis for the African Traditional Healers Organization (THO) in Johannesburg, South Africa. It was a most exciting and interesting experience. SV worked closely together with the CEO of the 29,000 members All-African organization, Phepsile Maseko and over several days also had several informative and enlightening discussions with Dr. Nhlavane Maseko who is the president of THO, and Chief Sangoma to the Swazi Royal Family.

During these meetings it became apparent that there was a significant resource and knowledge base about some of the major public health issues that face Southern Africa today, most notably HIV disease which continues to have a significant impact on South African society. We have both set about the goal of assisting the THO to document the effectiveness and safety of African traditional healing processes, done by the traditional medicine man, often called the sangomas. Dr. Maseko presented a long list of different categories of traditional health practitioners and argued that we should talk about Traditional Health Practitioners instead of only the Sangomas.

Phepsile Maseko informed us of the continuing struggle to achieve recognition of African Traditional Healers in South Africa. There remains a view that colonialism and its attitudes towards African Cosmology remains prejudiced with high profile media reports of unscrupulous practices and accusations of witchcraft. Recent living memory reveals practices of witch-hunts, with traditional healers being persecuted, forced to flee their home villages, and in some cases facing severe persecution and even death. The process has similar echoes to the European and North American witch hunting. It is interesting to note that the term ‘witch’ is used to

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describe a person ‘person born to do evil’. This is far removed from actual reality, were the traditional healer continues to hold an esteemed and respected position in the community and whose wisdom and life experience is often sought to help overcome some of the frequent trials and tribulations that many people face living in settings that have poorly developed infrastructures including scant health and social care resources.

Hoff (1) in a review of traditional healers suggested that such practitioners are a valuable resource in communities, where access to primary health care is scant. The review claims that community health resources would be strengthened by collaboration between traditional healers and allopathic medical services, with properly trained traditional healers being utilised to provide health promotion, prevention and primary care, when appropriate. The review acknowledged that many traditional healing approaches have been marred by prejudice and the unscrupulous practises of some. Media focus on instances of witchcraft and malpractice serve to underlie the suspicion surrounding what is a potentially valuable and potent resource (1).

South Africa faces an appaling public health issue in the form of HIV disease with the extensive and acknowldedged socio-economic consequesnes leading to a viscious spiral of social deprivation. It is recognised that there are limitations to the provision of widespread allopathic medical services in the developing world. There are approximately 400,000 traditional healers currently practising in Southern Africa. This contrasts with approximately 40,000 qualified medical personal. The World Health Organisation and other involved multinational organisations are now recognising the potential role of traditional healers in the provision of primary care services in Southern Africa and other developing global regions, where traditional medicine is widely practised. In a region where many are unable to access clinics and hospitals due to resource or actual physical constraints the role of the traditional healer is powerful and provides accessible services to the local community. It is estimated that approximately 70-80% of people access traditional healers as primary care givers. It has even been argued that this system fulfils an idealised form of basic public health being effective, low budget, patient focused and culturally contiguous. There is increasing recognition of the role of traditional healers at a statutory level particularly in South Africa where formal organisations such as the THO are being set up with associated regulatory structures which aim to provide a formalised system of training and accreditation (2,3).

There is an emerging evidence base to support the role of traditional healers as health care providers in the HIV epidemic. Peltzer et al (4) reported that up to a third of people consult traditional healers for symptoms of sexually transmitted diseases and it is now becoming increasingly accepted that traditional healers have a contributory role in the collaborative provision of health and social care for those with HIV disease. The relationship between traditional healer and patient also provides an opportunity for the promotion of behaviour change. The development of collaborative health systems can be of positive benefit to both the individual and the community. Peltzer (5) developed a traditional healer training model to test if training would increase knowledge, reduce risk practises, improve HIV management strategies and improve referral pathways to allopathic healthcare providers. They found that training improved HIV and TB management strategies as well as improved risk reduction management, condom distribution and community education (5).

Phepsile and Dr. Maseko informed our Forum meetings about the difference between the initiated and non-initiated healers. The initiated healers are called to become healers. The calling is often found through an existential crisis brought about by a life threatening situation. It is during this process which is often likened to a deep spiritual awakening that the initiate dreams of the traditional healer, who will take him or her on as an apprentice. The initiate is then expected to locate and persuade the traditional healer to take them on as an apprentice. The training structure and apprenticeship is complex, arduous and rigorous. This process has many similarities to the training and initiations that exist across global core shamanic practices. The apprenticeship often culminates in the ritualized slaughter of a cow. There are several transitional trainings and rituals, which all need to be progressed through, after which the trainee is then allowed to progress to independent practice. It might even be argued that this process has some

similarities with modern western professional accreditation processes, in terms of training, process, and testing – all obviously in a very different context.

During their time as apprentices they must wear three sets of white bead chains. The toughest part of this ritual serves to overcome their individual ego desire and open their soul to be "possessed by the ancestors' spirits". It is viewed that the process of ego sublimation allows the traditional healer to act as a healer with the highest integrity of the ancestral spirits. These processes of ego sublimation are witnessed in Shamanic training rituals in Native American tribes and also hold some similarities with the strict training of Zen Buddhist monks.

The ultimate aim is for the traditional healer to progress from been ego-centric in his or her actions, and to become an intuitive healer able to work with the energies of a patient. In many cultures explanations of disease are often rooted in concepts of psychological and social disequilibrium that manifest in physical symptoms. The consequent disharmony may result from psychological or spiritual factors that often form part of the healing process in which traditional healers engage with their patients. Through the process of intuitive consciousness based healing it is argued that the traditional healer works with the blocked energies – physical, psychological, sexual, or spiritual of the patient. It is this client centred and personalised approach to a health problem that takes account of the cultural and spiritual elements that might not be present in a mainstream allopathic medical consultation at a medical clinic or hospital. Such integration of a psycho-spiritual and physical approach through the use of medicinal plants and herbal remedies and symbolic manipulations and rituals which aids to bring about a healing process that is often lacking in allopathic medicine which maintains the basis of a mind – body duality to healing with an emphasis on medical and surgical interventions focused on alleviating suffering rather than bringing a return to health (3). There is a wide variety of interventions that are utilised and limited prescribed interventions for similiar ailmants in differnt clients. It can be argued that many of the administred substances could serve as a placebo. Although many of the substances used in healing processes are recognised to have active constituents, these might play only a secondary significance in the healing process.

Modern medical practice places great emphasis on the development of an evidence base to support medical interventions. This process has been able to elucidate differences between efficacious and non-efficacious interventions to the great benefit of many patients. However a Newtonian – Cartesian based duality makes it very difficult to provide an effective evidence base for much of the work that is done by practitioners of core shamanism the world over. Therefore this kind of healing can only be tested though observational research, which is often costly, highly labour intensive and open to many arguments about observer bias and inter-rater reliability. Some in the pharmaceutical industry have realized the potent value of elucidating the active components of traditional medicines; this approach may be less effective than anticipated, as the strength of the placebo effect of the ritualized healing process would be lost in the cold clinical reality of a simple prescriptive intervention obtained from a high street drug store.

The philosophical position of the initiated traditional healer and medicine man is that of consciousness based medicine: that a shift in the patient's consciousness is needed for healing. The healing process takes place through a no-mind position, therefore reality as we know it is not real, it is only a description we carry on in our or the client's mind. The residual reality is the integrity and values which have been received by ancestral inheritance. Such healing practice is therefore value based. The central value seems to be the value of love that guides all the secondary values. It therefore seems logical to call the African traditional healing system: a value based medicine; these values are always fundamental in the character and closely connected to human existence; existential values or life values.

Living in the head or living in the journey

The initiation process seems to transport the apprentice out of his or her head and into reality; life becomes a thing that is lived, not an object of consideration and philosophical reflection. Many

cultures – practically all the pre-modern cultures and still today many cultural subgroups in all societies - have this shift from head to heart or from mind into reality, as a fundamental goal for personal growth. Some of the traditionally used words to describe the characteristics of the two ways of living are listed in table 1 (6).

Table 1. Two different lives come from living in your head or in your heart – in your mind or in reality

Mind	Reality
Map (6)	Territory (6)
Time and space	Here and now
Maya (illusion)	Sunya (the void)
I-It (Buber' second word (9))	I-Though (Buber's first word(9))
Emotions	Feelings
Problems	All I perfect
Effort, performance	My dance, my song
Thinking	Flow
Sorrow	Happiness
Reason	Madness
Brain	Heart
Insecurity, shame, hate	Love
Unconsciousness	Consciousness
Shadow	Light
Death	Sexuality
Blame, guilt	Acceptance
Words	No words
Experience	No experience
Matter	Energy
Force, money	Power, mana
Material world	Spirit
Materialistic culture	Collective conscious, ancestors spirits
Modern "scientific" worldview	Pre-modern, traditional worldview
Biomedicine, chemical medicine	Consciousness based medicine

The future of the African traditional healers

It would appear that the work of the sangomas is similar to healers from other core-shamanic practices around the world. Logically it would seem that similar healing results are achieved. The route of survival and growth for such healing practices would be the careful and enlightened observation and scientific documentation of the healing processes, and their effectiveness. There is an emerging evidence base to support the interventions of traditional medicine, but this evidence needs to be taken sincerely and understood in the context of the culture to which the particular healing discipline originates. If there is proven benefit to the local communities that are served by traditional healers; then are these people not a valuable and beneficial resource that might be able to provide a culturally contiguous, client centered and socially valuable human resource for those in need of support? We need to acknowledge that donors and aid agencies are not able to achieve the delivery of first world health resources to all globally, so it therefore becomes logical to explore what resources are able to be deployed locally.

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