



THROW AWAY THE BONES?

Sangomas are here to stay. But how relevant is traditional medicine in your life today? And could your loyalty to a sangoma – or, for that matter, a Western doctor – be endangering your health?

BY PAUL MCNALLY

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LOCAL SANGOMA PHOTOGRAPHS NICK ALDRIDGE



MY MOTHER ALWAYS SAID the doctor killed my grandfather. That's not strictly true: colon cancer should take the credit.

But disease tends to thrive when doctors do nothing to stop it, and the local GP treated my grandfather for indigestion right up to the day he collapsed and was carted off to hospital. The last time I saw my grandfather, days before his death, that same GP had still not referred him to a specialist or consulted with another doctor. His treatment plan still consisted of digestion syrup.

It's easy to blame the doctor, but let's face it, it's not the doctor who killed my grandfather: a decade of working in an asbestos factory is what laid the groundwork for his cancer. The misdiagnosis simply gave the cancer the freedom to do its worst. A mistake was made, and it was one that led to a premature death.

My white, English family would never have sent my grandfather to a sangoma – but given the outcome, maybe they should have. Perhaps a visit to a sangoma could have helped him.

Forty percent of urban South Africans still visit traditional healers (in rural areas, double that). A sangoma is a guy, but more often a woman, who is your priest and doctor combined. Seeing such a person definitely would not have hurt my grandfather, except probably to confuse the hell out of him.

At least he wouldn't be alone in his confusion. South African men, intelligent and educated, are confused. We are struggling to find a balance between traditional ancestry and modern medicine. We're not happy with pills and side effects, but we don't trust holistic healing, either. We feel as though we have to choose between mind-and-body treatments and sangomas on the one hand, and stem-cell therapy and MRI scans on the other.

But they don't have to be mutually exclusive. Why be loyal to one mode of healing when you can have both? It's a major undertaking, figuring out what is right, dangerous and just plain wrong when it comes to medical treatment. Even the government is failing to integrate traditional and modern medicine. So what hope does the average guy have? Here we find out if, by staying devoted to one (or the other), you are putting your health and wellbeing at risk.

A TREAT FOR BODY AND MIND

Lwazi hasn't been to a sangoma since he was 14, when his mother sent him to get cured of spirits for his puberty-charged wet dreams. "The sangoma said the wet dreams were a punishment to tell me I needed to

make peace with my grandparents, who had passed away. It worked for a bit, but the dreams came back," says Lwazi with a grin and a fiendish wriggle of his hips.

Lwazi grew up in Soweto and is fluent in eight of the 11 official languages. He runs his own import/export business and is an established cynic of traditional medicine. As he drives us to a sangoma in Khayelitsha township – a maze of bright houses – kids are spraying water, giggling.

Before Lwazi can knock, a stern, thin-looking woman with a white-painted face answers the door. Lwazi has a slow moment of shock before Thembisa, the sangoma, pushes past the thin woman. She is wearing no face paint or attitude, just a friendly smile as she leads Lwazi out back to what she calls her "surgery". It's a cosy, comfortable walk-in cupboard, stacked with old printer boxes of herbs. The ceiling is cramped with tonics and roots. He sits next to a woman with crutches, who, it turns out, is diabetic. Thembisa fills two bank bags with powders from jam jars and hands it to the lady. No insulin or medical degree – just a no-nonsense confidence.

Even though he studied finance, Lwazi knows the names of most of the herbs in Thembisa's room. His grandfather self-medicated with sangoma rituals and passed on the knowledge. It's there, in Lwazi's brain, even if he admits that most of what his grand-father took could be replaced with a glass of salt water. "Those ways of what your parents have taught you are hard to shake," says Lwazi who, ironically, fears his family finding out how much he paid for private dental care and scorn him for it.

Perhaps that is why it is so difficult for modern guys to completely let go of the traditional ways. "Men today are visiting sangomas, but they are doing it in hiding," says Magomme Masoga, a professor of traditional healing. "They won't tell their work colleagues, they will rather say that they went to a doctor or even a psychologist."

Funnily enough, for certain problems it is more acceptable to go to a sangoma than to a Western doctor – like when it comes to empowering yourself sexually. Guys are more likely to seek out a sangoma for a sexual problem – and be okay with telling their wives – than to visit a doctor for Viagra.

So what can a traditional healer treat? Thembisa says that she can treat most conditions, but if you came to her dehydrated she'll refer you to a clinic, as she doesn't have a drip. As for Aids: she can treat the symptoms, like diarrhoea or sores, but not the condition itself.

Thembisa has been a traditional healer for 25 years and has never thrown any bones



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PHOTOGRAPH BY ISTOCKPHOTO.COM

UNTAPPED SECRETS

When Western medicine borrows from traditional remedies

Institutions like the Medical Research Council know that there are untapped secrets in the sangoma's roots. "We are trying to get the methodology of traditional medicines sorted so it can be reproduced," says pharmacologist Dr Gilbert Matsabisa, the Medical Research Council's representative of traditional healers.

Matsabisa wants to separate the healer from the medicine, which for some healers defeats the point. "These medicines give you building blocks," Matsabisa reasons. "For example, we know that current medicines, like aspirin and quinine, originated in plants." Twenty-five percent of prescription medicine is from plants and 78 percent of that originates in traditional medicines. Pharmaceuticals have a habit of plundering traditional Chinese, Indian and African treatments, siphoning off the good stuff and repackaging it in pill form. It's not too outlandish to think that, somewhere in a sangoma's tiny surgery, there could be the next Viagra that cures baldness as a side effect.

But health shops often get hold of traditional medicines before pharmaceuticals do, which can be dangerous. It is a Western curse to think whatever is natural is best. "In China they are finding things that work, things that don't and others that are toxic – and shovelling it all up as 'ancient Chinese medicine'," says Dr Harris Steinman, owner of Facts (Food & Allergy

Consulting and Testing Services). "People like it because it's 'safer' and 'more holistic.'" If it's natural it doesn't mean it can't do damage. "The impression is that 'natural' and 'old' generally mean 'good'."

Scientific intervention could both help sort the toxic from the useful and control dosage. "Ten sangomas are going to give 10 levels of intensity, so if they are giving willow bark for syphilis you might not get enough – or too much, which can cause bleeding," says Matsabisa. If the dosage has been measured in a lab, this is no longer a problem.

At the moment there is no legislation to protect the patents of these herbs and roots – they are literally up for grabs. But letting big companies forage could be the way to save their finite stock. Traditional ingredients are being depleted at a rapid rate due to markets in Durban and Johannesburg that are willing to sell off the whole ancient, sacred haul. By flogging what they can without putting back, these punters are enraging conscientious sangomas who reckon that there won't be enough for the next generation of healers.

It's a dilemma that opens the door for mass investment, either to replenish stocks or to find ways of synthesising it. By the time the big pharmaceuticals come knocking, traditional medicine might have to let them in.



– there are no vertebrae here. She finds touching animal parts a tad creepy and unnecessary for making a diagnosis. By contrast, Lwazi's overriding memory of a sangoma is of a man of incredible gait and stature – a person his parents would believe without question. He was deliberately mysterious as he tossed a pebble at young Lwazi's forehead, it bounced and the sangoma missed the catch. "Because he missed, he said I would never make anything of my life," Lwazi says. Even though Lwazi's achievements have disproved the prediction, the conceit has stuck with him.

It's an ongoing concern that healers aren't genuine, or that they abuse their responsibility. Those cheap pamphlets that promise you a bigger wang and everlasting life are a perfect example of such exploitation. Thembisa flares with anger when quizzed about these adverts. She says she doesn't promise to cure anything, but tries her best. She doesn't deal in definite cures – a humility more Western doctors would do well to develop.

Dr Gilbert Matsabisa, the Medical Research Council's representative of traditional healers, says there are many opportunists out there. "Out in the communities, the old sangomas usually want to help, but in the cities the sangomas have Internet, cellphones and are often after your cash," he says. And it can be tough to spot the difference between a genuine healer and a swindler.

CALL FOR HELP

I know people – some are doctors – who pray for help when they get a flat tyre. Or they pop homeopathic pills without proof of them working. A family friend brought my grandfather holy water from Lourdes in France (this is when he had a week to live) expecting it to repair his insides. My grandfather was Catholic, but it still didn't work.

Lwazi says that while Westerners will call a priest to their deathbed, that's usually the point in African culture when a qualified doctor is called in. This demonstrates how different the role of the sangoma is to that of the Western doctor. True, both are there to heal. But even if the sangoma doesn't save a life, his main aim is to make that life more liveable by treating problems of the

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YOU CAN'T HANDLE THE PROOF

Western medicine isn't all it's cracked up to be

► **BLUES BUSTERS** Western medicine doesn't trade exclusively on scientific proof. Consider Prozac, the antidepressant Paxil and antidepressants in general. Earlier this year, a UK study showed that not one of them has produced clinically-significant results to show that they work.

► **ARNICA** This natural remedy for physical injury doesn't work. According to Dr Wayne Derman, our specialist fitness editor, there is no evidence of its success. Yet top guys swear by it, brushing off the facts with "it works for me". The effect could be placebo, which is powerful, especially when the placebo is helped by the endorsement of a huge pharmaceutical company.

► **HOMEOPATHY IN GENERAL** You know people in your Western bubble who are taking homeopathic medicine, even though there is little scientific evidence that it works. When it comes to demanding proof, there are stronger controls when trying to prove that oatmeal is good for your heart.



TRADITIONAL MEDICINE

STACK THEM UP

We take your ailments and compare what you'll reach for from the big three

A COLD

► **Traditional medicine** *Alepidea amatymbica* is a robust, erect plant and is generally used to treat colds and coughs. *Artemisia afra* grows in thick, bushy, slightly untidy clumps and is used for coughs, colds, fever and loss of appetite.

► **Western medicine** Paracetamol will relieve a stuffy nose. Zinc gluconate or zinc acetate lozenges may also be effective. Start within 24 hours of the onset of symptoms and suck one lozenge every two hours throughout the day until the symptoms resolve.

► **Homeopathic treatment** No clinical trials for homeopathic treatment for colds have been done, but the following may help: *mecurius solubilis* and *eupatorium perfoliatum* are the most common homeopathic medicines for a cold that has gone on for three to four days, and is particularly useful where there are associated muscle aches and pains.

► **Also try** Ginger. A recent study has shown that ginger has significant action against four different strains of bacteria that may cause secondary infections following colds and flu.

A HEADACHE

► **Traditional medicine** *Tarhonanthus camphoratus* can treat problems such as blocked sinuses and headaches. The healing happens by inhaling the smoke from the burning green leaves.

► **Western medicine** Painkillers such as paracetamol and ibuprofen. In some cases it may be useful to stop taking painkillers, as overuse of

these medications can contribute to persistent headaches. For a chronic headache that does not respond well to drugs, your doctor may arrange an MRI scan to exclude underlying causes. Or recommend ways of dealing with stress, which could also cause headaches.

► **Homeopathic treatment** Homeopathic treatment of headaches is controversial and some clinical trials have been negative. It tends to depend on the individual's response. Treatments include: *Natrium Muriaticum* (a remedy made from salt). *Nux Vomica* is derived from the southeast Asian poison-nut tree and is suited to treat headaches associated with nausea.

► **Also try** A food-elimination diet. Food sensitivity may cause migraine headaches. This can include chocolate, cheese, alcoholic drinks and citrus fruits.

INSECT BITES

► **Traditional medicine** *Bulbine frutescens* is a fresh leaf that produces a jelly-like juice great for insect bites (and burns, rashes, blisters, cracked lips and cold sores).

► **Western medicine** Take an oral antihistamine, such as Phenergan, to reduce severe itching. Wash the bite area with soap and water. A one-percent hydrocortisone cream is also effective.

► **Homeopathic medicine** *Apis mellifica*. If a bite or bee sting causes puffy, tender swelling that is pink or red and hot to the touch, this remedy may be helpful.

spirit. Despite his cynicism, Lwazi refers to his "bad mood" as a "bad spirit". Says Masoga: "What we aim for is quality of life. Even if in the long run it means someone is going to die."

Which perhaps goes some way towards explaining how many modern South Africans go between Western medicine and traditional medicine. It's common for guys who have grown up going to traditional healers to first see a Western doctor for an illness and, if that doesn't work, then to consider a traditional cure.

A friend of mine coaches soccer in the township. He used to play, but then he got a permanent limp and had to coach. I asked him how he got it, expecting an injury story. "Family curse," was his reply. "It's untreatable." Lwazi's grandmother, for as long as he could remember, had a fetid, black foot. The rot stretched up past her ankle. Sangomas probed and rubbed her for a decade, convinced that it was a curse. A Western doctor treated it two years before her death and it

completely cleared up. During 10 years of needless suffering, his grandmother thought a curse was put on her because her father was wealthy.

Traditional healers may not be as effective at treating purely physical conditions as Western doctors are, but they do fill a very real gap when it comes to treating mental illness. "Traditional healers are far better equipped to handle anxiety or depression," says Matsabisa. This is because they are not only concerned with what they can see, but also with what they can feel.

Whether or not you accept traditional healing as a way of life depends on your personal background. But that doesn't mean it won't be of use to you. "A guy could be living in Sandton now and have no idea why things aren't going the way they should be," says Masoga, attributing that listlessness to an emotional neglect that a sangoma can help with. But what if you don't believe in ancestors and spirits and suchlike? According to Masoga, traditional medicine



Thembisa, the sangoma, sits in her "surgery".

will still work. It would be like going to a doctor, but not believing in the Western scientific method.

BEST OF BOTH WORLDS

By this time it's beginning to feel to me as though suburbanites need the hug of a sangoma, for their bourgeois anxiety and bad dreams, while the townships could do with a few more doctors. Indeed, the prevalence of sangomas in South Africa means that most of us are getting medical advice from people without Western medical degrees. Is that such a bad thing? Masoga thinks not, holding up as proof the number of tablets we take that have side effects, and the number of people who die from medical intervention. Not that he'll refuse attention if he loses his arm in a car crash. It's just that Western medicine is not infallible.

TRADITIONAL MEDICINE

Perhaps the real problem is that traditional healers are not as accountable as doctors are: at a meeting with traditional healers in February 2008, the former minister of health, Manto Tshabalala-Msimang, argued that traditional remedies should not become “bogged down” with clinical trials, saying that we can’t use Western models for this type of research and development. Even though she was defending traditional healers, it doesn’t help their cause.

Comments like this enrage Western doctors, who are demanding that if healers want to be registered then they should have to prove that what they do works. Most doctors seem baffled as to why people prefer unorthodox medicine at all. They argue that one shouldn’t underestimate the many man-hours that go into developing a single pill.

But the Department of Health knows it needs to regulate healers in order to protect the vast numbers who subscribe to these practices and encourage medical-aid schemes to help pay for them. It also knows that if everyone who visited a sangoma decided to go to a clinical doctor instead, the medical system would collapse. The doctors wouldn’t cope with the numbers.

At the moment sangomas are regulated by the Traditional Health Practitioners’ Act (Act 22 of 2007), which went through several drafts – one of which was considered unconstitutional – before it was signed into law on 7 January 2007. Lumped into this Act are regulations controlling the training of healers and the quality of the service they offer.

Certain sections of the Act came into force on 30 April 2008. If these sections hold up, it could mean a full policing of the profession, from the conditions under which a healer can practice to getting him or her booted for being mentally unstable.

At the moment the Act seems still to be very much on paper. And it doesn’t do much to integrate Western and traditional medicine. “I don’t want to see Groote Schuur Hospital in Cape Town stocking herbs and roots, but [rather] two parallel systems of health,” says Matsabisa. The 40 000 sangomas in South Africa can be a gateway to the medical profession for millions of people. If used correctly, they can pick up the slack for primary healthcare while still guiding people to serious medical attention when needed.

For Lwazi, being able to see a sangoma covered by his medical aid would help restore his faith and make it easier for him to actively seek one out. And perhaps, if he took advantage of both Western and traditional medicine, he could end up with more than just perfect teeth. **MH**



CROSSING THE DIVIDE

A white sangoma goes on a mission to shed light on traditional medicine

“The sickness.” That’s what John Lockley had when he was 18. It was 1990 and he was straight out of school. A white, middle-class boy working part-time in a hospital for Angolan soldiers. He was getting weaker and more twisted. It was only when he met a sangoma in the hospital that he started to understand that to dissipate the sickness and open himself up, he needed to face his calling as a diviner. Not easy for a young white guy in apartheid South Africa. He faced resistance and still does, but he perseveres with a belief in *ubuntu* – that all people share the same blood.

And so he’s become a Western prophet for traditional medicine. Lockley jets off to the UK to give talks. He is on a mission to spread the correct word about African practice. He’s worried about the prejudices against and misconceptions about traditional healing. Witch doctors. Muti killings.

The colour of his skin helps his campaign to get people to see that it’s not only a “black thing”. The problem, he says, is that white people tend to freak out over the word “ancestors”, but you can take this to mean lineage – biological or spiritual. If Lockley suspects Aids, TB or malaria (what generally kills you in Africa), he will send you off to a clinic for further testing. This is the same for most sangomas. After that he can talk treatment – when he knows what he’s dealing with.

When asked what he would have done if he had never been exposed to a sangoma to relieve the sickness – if, say, he was stuck in Finland, miles away on a different continent – he’s confident that he would have picked up the healing modality of the land.

“Every country has it,” he says. “Africa isn’t special in that way.”