

IN SEARCH OF AN ANSWER OR FORTUNE SEEKING?: THE ROLE OF SANGOMAS AND ALTERNATIVE MEDICINE IN THE TREATMENT OF HIV/AIDS IN SOUTHERN AND EASTERN AFRICA

**ISSUE PAPER TO BE PRESENTED AT THE HIV/AIDS METHODOLOGICAL WORKSHOP
CODESRIA, Dakar
January 2003**

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INTRODUCTION

HIV/AIDS has become the world's biggest challenge today. The HIV pandemic has had a field day in Africa, having had its greatest toll on the continent. It is estimated that about 22 million people have died of AIDS. Further, of all most people newly infected with HIV or already living with HIV/AIDS are in sub-Saharan Africa. The worst hit regions being Eastern and Southern Africa. Countries that are currently epitomic of the pandemic include; Botswana, Burundi, Lesotho, Kenya, Malawi, Mozambique, South Africa and Zambia. Success stories in the containment of the pandemic have been recorded in only to countries in Africa, namely, Senegal and Uganda. The high prevalence rates in Africa are attributed to certain conditions which are, allegedly, peculiar to the continent. Among the most commonly cited factors are; the high incidence of poverty, the over abundance of tropical diseases which do not augur well with compromised body systems/ act as catalysts and the underdeveloped infrastructure (mainly health institutions). The otherwise undeveloped social and health infrastructures in Africa have become so over-stretched.

For the poor, who are already materially deprived, the scourge is a double strategy. They have squarely borne the major brunt of it all. Consequently, they have resorted to all forms of consolation and consultation including black magic and renewed spirituality. In most parts of the continent the so called anti-retrovirals are unknown and even if available the prices are prohibitive to over 50 percent of the population who cannot afford basic needs. To a great majority of the African poor, AZTs, Nirepivine, and the broad spectrum of anti-retrovirals do not mean much since they are out of their reach. The situation on AZTs and Nirapivine cannot be overstated because it is well documented. The international political economy of generic drugs is beyond the scope of this paper. What is evident is that, there is a conspiracy by the western pharmaceutical companies to insist on the production of curative medicine which translates into more profit. The vaccine for the virus would make no economic sense to the market driven pharmaceutical companies, thus cry Africa, the AIDS laced continent. It is against this backdrop that alternative or traditional medicine has regained currency. The advantages of advancing traditional healing are numerous. These include the rich natural base that Africa holds and the easy product. The country and continent is grappling with hard economic times but this does not justify the neglect the children are subjected to. In it is callous or us to portend that there is no crisis yet its looming and its a time bomb. In Code d'Ivoire the extended family has shown signs of stress as in Botswana and South Africa where the diseases has reigned havoc. The policies need to be reformulated to consider the emerging realities of the crises.

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The production and dissemination of medication without unduly prolonged medical procedure. Faith healing and renewed spirituality among many people on the continent in the new millennium calls for deeper understanding and support. Evidently, there are obvious complaints of the clash between modern and traditional medicine cannot be dispelled in reality of the existing hard economic times. The weakness can be corrected if only there is a database of that which is good in the alternative medicine that can be enhanced using modern knowledge and technology.

ALTERNATIVE MEDICINE

A closer scrutiny of faith healing in Africa today reveals a very dynamic and interesting scenario. On the streets in major African cities are conspicuously placed street preachers, merchandisers displaying manuscripts of traditional and concoctions of drugs. The drugs are dispensed by what conventional medics would hesitate to call quacks. There is no doubt that some of the drug traders are not authentic. In deed some are opportunistic, and unscrupulous dealers, out to make a quick buck on unsuspecting yet desperate patients and relatives. The preachers cum healers are making a huge fortune in Africa and they have greatly contributed to the creation of the bad image that alternative medicine has. There are some genuine cures who can help combat some of the symptoms of AIDS but the ones who claim to have pricey cures tend to carry the day. The message of hope to a dying soul has special powers to keep a heart beating but the continued high death rate makes one hesitate to render credibility to alternative medicine. If the efficacy is so high then, why do so many people succumb to the pandemic. If there is any molecular value in the herbs what is the value added to conventional medicine/ If about 85 per cent of the people in South Africa visit *sangomas* and also consult modern physicians what are the social and economic determinants and impact of this to the containment of the pandemic.

The emergence of the fortune seekers is highly attributed to the failure of the conventional medicine to provide the much desired hope to an otherwise desperate situation. The hospital capacities have been over-stretched with between 30 and 50 per cent of the hospital beds in Africa being occupied by AIDS patients. The doctors and nurses are infamous for chasing away AIDS patients from the hospitals and wishing them away to 'go and die at home'. Understandably, the health facilities are over-stretched but everybody has a right to a dignified ending, death. In the quest for the dignity, the patients and their relatives resort to alternative medicine and/or faith healing as well as home-based care in spite of the costs involved.

The faith healers have squarely benefited from the patients. They are soothsayers only equitable to the utopian scientists of the post-Industrial Revolution, who gave hope to otherwise hopeless cases who suffered the aftermath effects of the Industrial Revolution.. The *inyangas* or *sangomas* have mastered the art and understood the psychology of the patients, a factor which even conventional physicians acknowledge. They sooth the patients with kind words which are missing in hospitals. They offer massage, ointments for the lesions(aloe vera), honey for their medication. They also insist on a healthy diet mainly derived mother nature as they proclaim that, God provides it with food that sustains it and commands the ground to bring forth the herb bearing seed, every tree yielding fruit for our food that builds, protects as well as repairing and healing our bodies'. Genesis 1:29, Ezekiel 47:12. The faith healers believe that AIDS can be cured by eating fresh fruit and vegetable juice, soya beans to boost the immunity and the 'come alive complex' The latter is said to be like Isaiah's message to Hezekiah, a God-given formulae. It entails collection from nature of plants that produce seeds containing special healing elements and other specific parts of plant that are medicinal. The same can be used in the absence of any dreadful disease to maintain one's good health. Above all the principles of 'come alive complex' controls dreadful diseases from the mildest flu to cancer, diabetes, high blood pressure, rheumatism, arthritis, malaria, pneumonia, asthma. kidney and spleen disorders as well as boosting highly, the body's immune system in HIV/AIDS victims. The chief cures are derived from chick weed, aloe vera, soya beans, garlic cloves, comfrey rosemary, stinging nettle, cape gooseberry, motherwort, cinnamon, white oak, burdock, dandelion, mustard seed and parsley among other plants. What is

however unclear is the chemistry of these medication. The toxicity of the herbs remains unknown and this makes it difficult for one to certainly declare their molecular value.

An inquiry into the chemistry, psychology and efficacy of the herbs should be timely in order to make the best use of what nature provides in the wake of the ever rising challenges of the AIDS scourge. Ancient Africa is said to have developed in the field of medicine as is evidenced by the case of Egypt, home Hippocrates, the first medical doctor or father of medicine. The retracing of these footsteps seems to have been embarked on though unknowingly by the less recognised or appreciated Traditional Healer Practitioners (THPs) or alternative medicine practitioners. The bottom line is a focus on how the medicine (s) work, the patients reception of the therapy and so much internalise and believe that they are healed. The metaphysics of faith healing is crucial to our understanding of the role of alternative medicine in the containment of HIV/AIDS.

SUTHERLANDIA

Faith healing has gained credence in South Africa today making the *sangomas* a key source of medical help to about 70 percent of the population. It is believed that about 85 percent of those seeking conventional medical care have visited a *sangoma* or are using both modes of healing. The complementarity of the two is however lacking, as each of the practitioners is suspicious of the other. In the era of AIDS, the *muti* or traditional medicine, an ink-like substance stored in a bottle which seems to do the trick. The controversial *muti* is believed to contain medicinal properties of unknown value. To the *sangomas* its believed to bring back the power. In this context of traditional and powerful belief traditional healers in South Africa represent an enormous resource in the struggle to educate people about the dangers of HIV. They are used in the promotion of condom use. They are known to advise people to go for tests, eat healthy foods and to seek further diagnosis in hospitals. The *sangomas* are increasingly being used in the dissemination of information concerning condom use. However, THP, do not go without blemish.

They are accused of propagating the disease but making incisions on patients' bodies as they seek to diagonise them or to inject the herbs directly into their bodies. In most parts of Africa, *sangomas*, *inyangas*, *kalumazila*, *mundu mugo* as they are variously known in local languages face very serious challenges. Socially they are stigmatised and viewed as though to be practicing black magic, have no skills, and are charlatans out to make pricey cures. In traditional African societies, the healers were said to possess supernatural powers that enabled them to communicate with the ancestors. They were venerated and they offered sacrifices to appease the gods and intervened for the rest of the society. In the contemporary *sangomas* have been ridiculed because of their use of the power of suggestion - apparently the use of an immune-boosting plant (*muti*) which boosts the sick person's system making them assume nearly healed status. The extent to which this happens or the effects of *muti* in reducing viral load is not known, but there is anecdotal evidence that the *sangomas* heal. The symptoms of HIV/ADS disappear and the patient is revitalised and declared cured. Sooner or later the symptoms may recur just as is the case in the administration of anti-retrovirals. Much as doctors cannot claim to have 100 percent cure so are the *sangomas and the muti*.

The conceptions used include bottles of dark, bubbling liquid, herbs, the smoke of animal hides and steam from specially prepared traditional medicines are some of the cures for AIDS. *Muti* is a renowned vegetable treatment that is part of the healing process. There is a wide usage of hypoxis rooperil which is still derived entirely from wild sources as an immunostimulant used by people Living With AIDS, PLWAs, in the face of the high cost of anti-retroviral drugs. Sustainable use of phytomedicines in the control in Western Kenya traditional medical practitioners manage more than 48 conditions including opportunistic infections such as oral thrush. The THPs have a sound knowledge of dosages and methods of administration but they also harbour a strong distrust for each other and for the rest of the society. Traces of truth show that THP all over Africa remotely understand the plants used in the treatment of HIV/AIDS and opportunistic

infections and a few have substantially been shown in laboratory tests to contain molecules effective in inhibiting HIV replication.

THPs are known to administer herbs to their patients indiscriminately. A particular concoction is said to treat a broad spectrum of diseases but the pitfall is that, the medical contraindications are largely overlooked yet this can be lethal. For instance, for constipation one will get enemas which can equally be detrimental to other body organs such as the kidney and the spleen. To the critics of THPs, this is the weakest point of alternative medicine. The THPs argue that, there is no effect is using both parallel medication simultaneously. The only exception being, after surgery when patients should seek the advice of the physician on feeding or any other issue. They portend that, it is safe to use with other drugs as the come alive works in aid of boosting the immune system ideally needed in resuscitation. Evidently, alternative medicine has some adverse effects, among them bone marrow suppression, immuno suppression and drug interaction being absolutely detrimental. To add unto this, alternative medication interferes with what has already been dispensed in hospitals, unhygienic preparations of drugs, cutting the patients' body to remove bad blood and other practices associated with sorcery and the world of spirits. But, all these factors notwithstanding, there is still some value added from alternative medicine that needs to be explored and exploited in Africa today than ever before. This is factored by the fact that even conventional medicine largely depends on naturally growing herbs and plants generally. Alternative medicine has the preferential footing in its reliance on metaphysics.

The central importance of traditional medicine lies in spiritual and cultural aspects including prayer, respectful methods of collecting plants and the healers' attitude to the patients as human beings. The holistic approach that is of great importance in treating HIV and that physical and spiritual counseling are important aspects of the role of THPs especially when faced with a disease that still carries a high social stigma. Another enemy of alternative medicine is the existence of charlatans who want to make pricey cures. Such are the unscrupulous dealers taking advantage of the crisis. Non-authentic healers give false hopes of proclaiming to have come up with absolute cures which make people spend all their fortunes only to be disappointed. Lack of proper legislation, organisation from THP all act as impediments to the development of alternative medicine. A closer look at alternative medicine reveals a lot of conspiracy and piracy against what is indigene to Africa. The case of Pearl Omega and KEMRI in Kenya and sutherlandia in South Africa are illustrative.

THP are demystifying HIV and stigma. Traditional medicines are often the only affordable and accessible forms of health care for the majority of the African rural population. Local health traditions many of which are oral in nature and therefore largely undocumented are being lost. There is an urgent need to problematize alternative medicine and put it in the social science perspective. An inquiry into alternative medicine is imperative to establish its relevance in the era of HIV/AIDS, its efficacy, how it works in terms of medical value, the spirituality involved, the value added to conventional medicine, why it thrives or what makes it appeal to the masses, what are social and economic determinants of its prevalence and to what extent it inhibits or propagates the containment of the pandemic in Eastern and Southern Africa. Alternative medicine is often the only affordable and accessible form of healthcare for the majority of the African rural population. Unfortunately, local health traditions many of which are oral in nature and therefore largely undocumented are being lost. Traditional health system have not been replaced by the western system because traditional healing is deeply embedded in wider belief system and remains an integral part of the lives of most people. It is unlikely that social, technology or economic changes in developing countries over the next decade will reduce significantly the dependency of rural peoples on medicinal plant species resources. It is for this reason that the 2000-210 decade has been declared the Decade of African Traditional Medicine, there is an urgent need to rejuvenate and support the development of alternative medicine. The decade should be dedicated to expansion, conservation and research in this little known and appreciated though vital field.

Sutherlandia, is a South African indigenous plant that is renowned to dispel darkness and is today widely used in the treatment of HIV/AIDS symptoms. The over 300, 000 *sangomas* in the country have sustained many lives no matter how. Sutherlandia is said to have bio-chemical properties containing a powerful combination of molecules which have been identified and used in the treatment of patients with cancer, tuberculosis, diabetes, schizophrenia, clinical depressions and is also an anti-retroviral agent. There is evidence pointing towards the efficacy of the plant to cure and improve the quality of lives of thousands of black South Africans. Traditionally, the San believed that, the plant could dispel darkness, and today it is used as an energy booster and it is known as a powerful anti-depressant. In the devastating 1918 influenza the plant became quite useful in controlling the epidemic that devastated the whole world. The Tswana believe that, it cures gonorrhoea and syphilis. Since the prevalence of STIs acts as a catalyst in the spreading of HIV/AIDS, the medicinal relevance of *sangomas* who basically rely on sutherlandia cannot be ignored. There is a vital link between modernity and African traditions. Further, internal cancers and wasting characteristic of AIDS patients can be controlled used sutherlandia.

In the healing process the *sangomas* believe that AIDS is a test from the gods. The cure also lies with supernatural powers, before they embark on treatment they duly consult the patients' ancestors for counsel and guidance. The *sangomas* compare spirits to modern x-rays in the diagnosis of disease. In southern Africa, a *sangoma* undergoes a long apprenticeship studying plant core and asking diagnoses that can include playing a guessing game with the patient, dancing into a trance, reading cast bones or waiting for the answer to come in a dream.

Most patients' belief that they have been bewitched also plays a significant role in the attitude one has towards the disease. The frequent visits to *sangomas* and other bush doctors hinders the prompt diagnosis and treatment of the AIDS patients. To many African communities the superstitions and belief in the evil spirits remains solid in spite of resistance from Christianity. What there is today is a combination of Christianity and traditional beliefs as people embrace and consult each conveniently. Traditional beliefs seems to be more appealing today in the wake of the mysteries of the pandemic. People have not come to terms with the pandemic and therefore they consult the world of spirits though at times blindly. The rural areas are more affected by this pseudo-science. The prevalence is also rampant among some ethnic communities. Black magic as it may be called acts as an impediment to the development and acceptance of conventional medicine.

The absence of proper patents makes it difficult for the authentic inventions to be lucrative to the African inventors. Even where there are patents they are regionally specific making them not very useful to the broader geographical region of Africa. There is need to promote the role of THP in the management of HIV/AIDS particularly with respect to nutritional advise and spiritual as well as emotional counseling.

The metaphysics of alternative medicine cannot be ignored in the wake of AIDS which has ravaged the entire continent. It is worse of in remote places as in Kwa Zulu Natal, Western Kenya, Luo Nyanza, that are worst hit by the epidemic. The prevalence and cheaply available alternative medicine makes people continue living oblivious of the looming dangers of HIV/AIDS. People tend to live in multi-partnerism and trust that the 'curse' does cannot be imparted on them. The AIDS campaigns have registered dismal success because of such traditions which are regressive though when properly put into mainstream with modernity can yield results. The starting point is not vivid due to dearth information on THP and their chemistry is unfathomed in the right context.

What is crucial in this dynamism is that even when people succumb to the scourge, people negate the reality and ascribe the death to other unnatural causes. The case of Luo of Western Kenya serves as an illustration. According to this Nilotic community, death is always attributed to a curse or *chira*. To convince the people to discard the age old wife inheritance has proved an

uphill task. The *chira* philosophy carries the day among the majority and this has proved very detrimental to the fight against HIV/AIDS in the area. To differentiate between *chira* and HIV/AIDS becomes even more complicated when there is alternative medicine, *sangomas* with all sorts of solutions and faith healing sustain the myths of curses and spirituality which cannot be understood easily. To a large extent, the high prevalence of HIV/AIDS in this region is a consequence of the strongly held belief that AIDS is but *chira*.

THE CHURCH ABLAZE

The faith healers have also received credibility even among the conservative faiths, e.g. Catholicism. In most parts of the continent the catholic church condemns the use of condoms and the reliance on contraceptives, they have embraced faith healing. In Kenya, for instance, there are catholic priests who openly proclaim having healing powers. They attract huge congregations from all over the country who attest to having been healed of HIV/AIDS by the said clergy. What is strange is that the church tolerates them, a new dynamic in the otherwise conservative church.

On the other hand the evangelical and pentecostal churches are way ahead of Catholics in perpetually holding faith healing crusades and meetings. The advertisements calling for the audience have similar messages such as come expecting your miracle, *yesu atembelea watu wake* (Jesus will visit his people), *wagonjwa wataponywa*, (the sick will be healed), *mkutano wa miujiiza*, (miracle meeting) *pokea uponyaji*, (receive your healing), among other catchy messages. The sick assemble on clutches, wheel chair and the very sick are carried on stretchers to the meetings. Anecdotal evidence shows that many have unfortunately died because they were removed from Life support machines by desperate relatives to get healed in the meetings. The magnitude of belief among people today in faith healing is insurmountable and ought to be understood in the right socio-religious context. People make strange confessions of having received healing of cancerous diseases, infertility, some have received new organs like the kidney or uterus, things that rationally unbelievable. What is imminent is the stiff competition between preachers and crusaders for people to receive healing. Evidently, people attribute healing powers to certain preachers, the discernment of genuine from fake healers is the strongest challenge today. The obvious mixing of faith, alternative medicine and modern medicine is what people have to contend with. There are cults which make people engage in fetish practices which surround today's medical world that remain largely unknown. In the confusion people resort to all sorts of search which is not very wise nor healthy. Theatrical tendencies and stage managed healing (s) have been associated with these crusades, but no amount of distraction from the enemies will stop the masses from attending the healing meetings. What is disturbing is what causes the euphoria and what sustains this hope among those seeking faith healing. In Nigeria for instance, the religious revival cannot be equated to any other. A friend of mine recently joked that what Nigeria now exports in surplus, is religion.

The issue of alternative medicine can also be studied in the light of the African's attitude to the use of condoms. The promotion and use of condoms has received severe resistance mainly in Africa. The attitudes are imbibed in the beliefs which arguably, I choose to call African. It is common to hear people claim that the condoms will stick in the woman's womb and cause infertility, the size is too small or too big for the penis, the condom is a sign. The country and continent is grappling with hard economic times but this does not justify the neglect the children are subjected to. In it is callous or us to portend that there is no crisis yet its looming and its a time bomb. In Code d'Ivoire the extended family has shown signs of stress as in Botswana and South Africa where the diseases has reigned havoc. The policies need to be reformulated to consider the emerging realities of the crises.

On the ground currently, are what some call 'grandmother crisis' which can only absorb or stretch so much. The children are holders of posterity and need to be cushioned against unnecessary physical reason why I call these beliefs African is that in the rest of the world condoms are

relatively widely embraced and have yielded positive results. In the case of Thailand, the policy of insisting that all brothels must have ways of dispensing condoms or have them closed worked. What makes the same impractical in Africa is still unresolved. The other issues surrounding the poor marketing of condoms ought to be given wider coverage if the scourge is to be contained. The argument here is that, the answer to the pandemic lies not in conventional medicine, faith healing, alternative medicine, condom use but in behavioural change and serious commitments by governments to fight the crisis head-on. Can the acquired Africanness of the scourge be reversed to a solution? Some of these issues need to be unraveled if social scientists are to boost the data base of the scourge and give it an African orientation or dynamism.

EFFECTS OF HIV/AIDS: ORPHANHOOD

Without divulging into the now complicated issue of AIDS orphans it is instructive to note that, there has been a sharp increase in the number of orphans in the presence of HIV/AIDS. According to extant statistics orphanhood has increased from 2 percent in the pre-AIDS era to about 7 per cent (ILO,2002 p.25). Since the epidemic began, an estimated 13.2 million children - most of whom live in the developing world have lost their mother or both parents to AIDS. Prior to the onset of the AIDS epidemic, approximately 2 percent of children in developing countries were orphans. By 1999 some African countries had more than 10 per cent. In 2000, one child every 14 seconds became an orphan because of AIDS.

What this means is that the extended family can no longer absorb the orphans since almost everybody is susceptible. The families are already so impoverished by the effects of the disease and economic recession for them to keep on extending or stretching for new comers who are now perceived as a liability. On the increase are children headed or sibling headed households. In Kenya, for instance, there are now about 1.7 million AIDS orphans (UNAIDS Update 2002). An AIDS orphan is defined locally as 'a child under the age of 15 who has lost its mother to AIDS' (Kenya: 1994a:23). This definition is largely drawn from the WHO definition which defines an orphan as any child who has lost a mother as a result of AIDS. This exclusivist definition tends to make oversights of the serious familial problem and we may be operating with estimates well below the mark. There are more orphans who are not considered as so by the limiting definition not to mention the very many problems surrounding the causality of death in AIDS-related circumstances. That is to say, the underreporting, the massive deaths which occur before the actual disease is diagnosed and the cases which are never openly declared even in hospitals for a disarray of reasons. There is no clear policy of who takes care of these children. The neglect of orphans in Kenya is well documented and the government is so broke to consider such children. and psychological deprivation. Many grandmothers have been forced to mother orphans because their mothers' demise. Children orphaned by AIDS present a significant challenge. The plight of children made vulnerable by the pandemic ought to be urgently addressed.

CONCLUSION

The magnitude of the crises is so much for us to operate as though there is nothing THP can offer. The distrust between modernity and traditional should urgently be resolved in a bid to have complementary efforts being synchronised and not being dealt with as incongruent. The weaknesses of alternative medicine can be corrected through research and trials since modern physicians believe that, many *sangomas* are at the very least talented psychologists and rural patients often trust them more than they do western-style physicians. There are disorders which can only be dealt with by THP, and the reverse is true of modern medicine.

Like the utopian scientists, such as Robert Owen were quick to offer hope to the masses and proposed ideal solutions to human suffering such as communal living, faith healers have to be situated in the proper context. The scientists' principles were tried out in some parts of Europe and South America but did not last. The hope kept people going and was able to bridge them to the next developmental stage of stability and prosperity. If we are to accept THPs as faith healers

and accord them the necessary support there is hope that they will play a significant role before the cure is obtained. Their role in the society cannot be easily wished away no matter what. There is a void that they fill no matter how minute it may appear on scientific lens.

The alternative medicine and faith healing may be detracting the progress in the production of modern medicine. the common practice, is to have a huge amount of several types of alternative medicine. What is unfortunate is that the patients tend to combine, faith healing, alternative medicine and conventional medicine too. The effects of this on patients recovery and resuscitation may be explained by the pundits as being significant. For instance in South Africa, the use of sutherlandia is common and its efficacy in relieving some of the AIDS symptoms cannot be overstated. However, the complain from physicians is that people who mix the herbs with modern medicine risk vomiting after taking anti-retroviral , thus rendering waste the latter. This is only one case but the effects are immeasurable and should be documented. The extent to which modernity and traditions can complement each other without either canceling the other ought to be investigated and understood in the right context.

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