

The Effects of Western Medicine on the Livelihood of Zulu Traditional Herbal Healers in South Africa

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THE EFFECTS OF WESTERN MEDICINE ON
THE LIVELIHOOD OF ZULU TRADITIONAL HERBAL HEALERS
IN SOUTH AFRICA

by

HOLLY K BAHAMONDE

A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Anthropology
in the College of Sciences
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at the University of Central Florida
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Thesis Chair: Beatriz Reyes-Foster, PhD

ABSTRACT

The majority of South African citizens experience inadequate healthcare due to underfunding, mismanagement, staff shortages, and infrastructure problems. Before a healthcare system was created, the sick turned to traditional herbal healers for care. South Africa's Zulu healers possess specialized knowledge of local plants and medicine thought to have physical and spiritual healing properties. The country's increasing reliance on Western biomedicine has created a current concern from indigenous medicine conservationists regarding the future of this kind of knowledge. In order to assess the effects of Western medicine on traditional healing practices, I collected data on the various uses of traditional medicine, the frequency in which it is used relative to Western medicine, and how it is maintained in the community. The data identified the various uses and potential problems of Western medicine and Zulu traditional herbal practice in helping the community. The traditional herbal healers revealed close connections between the informational, spiritual, physical, and cultural components of the practice that characterize its livelihood and practice for generations to come. This information allows for a greater understanding of how culture and medicinal knowledge can be entwined together and the positive or negative effects of biomedicine interacting with traditional medicine to help solve sicknesses in not only South Africa, but potentially in our global community.

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CHAPTER 1: BACKGROUND AND RATIONALE

South Africa, a country of Western and non-Western medicine, is experiencing a change in its society that could have profound consequences. As Western biomedical models become more predominant in South African society, it is possible that South African traditional medical practices may become displaced, lost, or even stolen (Chinsamy, et al. 2011; Amechi 2015). Zulu traditional herbal healers of South Africa possess vast and ancient knowledge of herbal medicinal plants; they also play an important role in Zulu religion and spirituality. In this thesis, I will assess the issues and concerns that Zulu traditional healers have with the encroachment of Western biomedical culture on Zulu medicine, and what their responses are for maintaining their practice. This research will allow for a better understanding of the effects of Westernization and how traditional herbal healers cope with those changes.

South African Healthcare and its Challenges

South Africa is continuously developing its healthcare system after a time where apartheid has left lasting imprints, notably in terms of the healthcare division (van Rensburg 2014). The National Health Amendment Bill of 2011 (NHAB 2011) and National Health Act of 2003 (NHA 2003) were created to ensure services are provided equally and justly to those of different racial backgrounds, an effort that is still ongoing today with the advent of private and public healthcare. South Africa's prevalence of high mortality rate diseases, such as HIV/AIDS, calls for a constant development in medicine, resources, healthcare management and infrastructure. From 2011 to 2014, various new acts and bills were established to create a higher

quality system. In 2014, common issues of mismanagement and under-performance in high concern areas, such as disease control, HIV/AIDS, sexually transmitted infections, and children and maternal health still persist (South Africa National Department of Health 2014: 229-265). The largest national complaint in 2010 was the long wait times, followed by the lack of medicine needed in both public and private sectors. Whites had significantly fewer problems accessing healthcare than black Africans and Coloreds¹, where 48.5% of black Africans and 36.3% of Coloreds experienced difficulties (Hasumi & Jacobsen 2014: 482-489). Due to the economic struggle of receiving available and adequate healthcare, some South Africans are going without aid. This reveals a costly problem to a country developing itself politically, economically, and socially.

Concern in Kwa-Zulu Natal

South Africa contains a rich cultural diversity of various ethnic groups. The second highest populated province, Kwa-Zulu Natal, contains 19.7% of all South Africans and is the most populated black African province (South Africa Statistics 2013: 2). The largest population that makes up South Africa's black Africans is first Zulu, then Xhosa, Pedi, and other smaller populations of black Africans (Central Intelligence Agency 2014). Each black ancestry has a specific and unique culture. Different rituals, beliefs, foods, dress, mannerisms, and other distinguishing features of a culture exist, along with a specific healing method and title that may have changed over time (Thornton 2009). With the racial disparity between whites and blacks,

¹ In the time of apartheid, the South African government categorized individuals based on one of four categories, which still live on today. These four categories included, simplistically: Whites, Blacks, Coloreds, and Indians. Coloreds are defined as people of mixed race in South Africa (Clark 2009).

one might think black Africans in Kwa-Zulu Natal are more likely to experience less governmental healthcare and an increase use of traditional herbal healers present. However, recent evidence suggests that the national use of traditional herbal healers have decreased from 1995 to 2007 by 99%; 12.7% in 1995 to 0.1% in 2007. The usage of traditional herbal healers, and thus their medicine, is providing medical help to the smallest percentage of the population. (Peltzer 2009: 175-185).

Traditional Herbal Healers

Zulu *sangomas* and *inyangas* provide ancestral knowledge of spiritual and herbal medicinal practices (Shamanism: An encyclopedia of world beliefs, practices and culture 2004: 957-961). Sangomas are female diviners who communicate with the ancestors, while inyangas are male herbalist specialized healers. The sangoma and inyanga work together to heal an individual of either physical or spiritual sickness (Ngubane 1977: 102). Their knowledge of local herbs not only serves to heal sicknesses commonly found in the community, but also wide ranging sicknesses such as AIDS/HIV (Wreford 2008: 65), mental disorders (Jenkins et al. 2012: 1810-1819), cancer (Steyn & Muller 2000: 4-11), amongst others. Traditional medicine may also serve as a means to heal those who are unable to access quality and affordable healthcare. Due to the “patient concerned” nature of the traditional practice, traditional herbal healers are welcoming of all people in need of help and share a readiness to use Western medicine and knowledge if necessary (Ngubane 1977: 23).

Problems Exhibited between Traditional Herbal Healers and Western Doctors

When the sick got to both allopathic and traditional medicine doctors to heal a current sickness, problems and difficulties between the two disciplines of healing arose (Hacking et al. 1988). Traditional herbal healers place a focus on the spiritual and physical nature of the sickness, while western medicinal doctors solely focus on the biomedical aspect of it. Due to the lack of understanding of the spiritual component in the traditional herbal healers practice, western medicinal doctors lose focus on the valuable knowledge the traditional herbal healers hold (Ngubane 1977: 65). A cultural and spiritual practice that is helpful and common to the traditional herbal healers may seem strange and irrational to the western medicinal doctors. This judgment and lack of understanding between the two cultures can cause hostility and lack of cooperation (Kayombo et al. 2007). Because of how the western medicinal doctor and the traditional herbal healers see and heal sickness in a different way, it is hard for the two to work together by focusing on the physical healing components of aiding the sick.

While there is the challenge of cross-cultural understanding, there is also the matter of determining pharmaceutical and intellectual property in traditional herbal medicine. The debate stems from agencies and organization which are focused on documenting indigenous plants and medicinal components, such as “Indigenous Knowledge Systems” in South Africa. “Indigenous Knowledge Systems” (IKS) is from the Medical Research Council’s “Technology and Business” area and a partner with the Traditional Medical Database (TRAMED). The two agencies focus on the chemical composition of plants and, as suggested in the name, a business from them. This method of focus holds two major concerns. Traditional herbal medicine’s spiritual components will be broken down into only the physical concern and disregard the spiritual importance,

something of which traditional herbal healers value as part of the healing process. The other concern stems from pharmaceutical profit and ownership of a discovery held by traditional herbal healers and, if he or she is comfortable with sharing and selling the knowledge, then it becomes an issue of who owns that knowledge (Wreford 2008: 85-89).

Zulu Healing and Belief

Within Zulu culture, religion is an important part of everyday life. A Zulu person may provide a sacrifice before a journey, or perform a spiritual ritual at a person's important stage of life, such as birth, puberty, or marriage. When a negative occurrence happens, such as a sudden death, or sickness, it is not due to randomized chance. It is instead an effect in personal terms, such as from witchcraft or an upset ancestor. To say that it is through an accidental event of two separately related events is not understandable as it would be contradicting the understanding of religion as a significant part of Zulu culture. Because it does not answer why and only how, it instigates anxiety, something Horton says religion fixes in societies (Gluckman 1944). This demonstrates the connection between the sickness and illness, with the physical and mental component of the culture as a part of "a broad psychosocial-religious context" (Foster & Anderson 1978: 129).

Usage of traditional healers and activities were common, despite the fact that over 90 percent of participants belonged to a Christian church that did not approve of traditional methods. Those in need go to traditional healers because of their belief system in the Zulu culture, but when there are more serious illnesses they go to a Western doctor. The overall trend is 50-50, where half goes to a traditional healer first and the other half to a Western trained

doctor (du Toit 1980). It is not the religious belief that affects the sick from going to a traditional doctor or the hospital, but rather the Western medicine's scientific focus. Because the Zulu believe that the cause of an unwell body is due to an imbalance in nature and pollution from evil spirits, the traditional healer is still needed to fix this problem. Essentially, it is the diviner who can modify their practice to the modern world by explaining phenomenon in spiritual terms, but the traditional herbalist may not be able to do so with the advent of Western medicine in the South African society.

In Zulu understanding of health and the body, the physical health, mind, and spirituality of an individual is intensely connected. In du Toit's (1971) study in Kwa Mushu, South Africa, a Zulu diviner was studied for his role in the community and the effects of Western medicine. The Zulu diviner was a person who healed to fix spiritual and thus, physical problems. Within the study, the diviner was approached to interpret dreams, speak to deceased ancestors, receive protection from bad spirits, increase a chance of winning in betting games, or even to attain job employment. To assess the effects of Western medicine, "informants" from the village were asked if they were to go to a traditional doctor or Western-educated doctor for upsets that ranged from less serious upsets to more serious ones like a sudden death of a close relative. For less serious upsets, such as snake bites, 50% of the informants went to traditional doctors. For more serious upsets, such as a sudden death of a close relative or unexplainable sickness or disease, over 50% of the informants went to traditional doctor, an increasing amount in comparison. The results are similar to du Toit's research in 1980. Only a diviner is able to connect with the spiritual realm to find the reason and find how to appease it. Because of the Zulu diviner's ability to communicate in the spiritual realm that results in physical occurrences, the diviner can work in

both the traditional and modern world (Gelfand 1964: 12) for various reasons. This flexibility between the physical and spiritual realm is a reminder to the Zulu people of the influence of their ancestors in regards to their physical world and how diviners are so important (Hellmann 1967: 8).

Research done by Dahlberg and Trygger (2009) provides important data in how the Zulu people in KwaZulu-Natal, South Africa have adapted to the Western changes in their country. The usage of traditional knowledge with herbs and how people decided what factors were important to value before choosing a traditional or Western medicine doctor was studied. While the Zulu traditional healers were reluctant to share their knowledge with anyone other than an apprentice, those who lived or frequently interacted with the traditional herbal healers picked up on the knowledge over time. It was then shared with that community who then either self-healed or went to Western doctors if someone was unwell. The decision to go to Western doctors varied in regards to livelihood situation, health care option and health problem. What is interesting is that traditional healers are turning away certain people and telling them to go to a Western doctor because the affliction is “Western in nature”. What the traditional healers mean is if a patient has diabetes and needs something for it, the traditional healer would turn them toward the hospital or clinic, because it is caused from Western food. Other “Western sicknesses or illnesses” include Tuberculosis, malaria, cholera, and other very serious illness. This association was made due to the belief that those illnesses only became present when the “white man” came. This new understanding of health and healing practice changed when the Zulu came into contact and slowly developed more Western characteristics, which may contribute to a loss of traditional knowledge over time. The importance of a changing society and how that determines the

livelihood of traditional knowledge is paramount in assessing the amount of risk in losing that knowledge.

In the rural community Mzinti, South Africa, King (2012) assessed if and why people no longer went to a traditional healer for help. Of the participants, 11% did not go to the healer for financial reasons (as South Africa has free healthcare and traditional doctors expect a payment of either goods or money) and 45% due to religious belief, as Christians do not believe in the power of traditional healers. Even so, the reasons why people did or did not go to hospitals or clinics were reasonable, due to a lack of medicine and certain spiritual afflictions that could only be healed by traditional healers.

Standardizing Traditional Healing Practices

In an attempt to use the traditional healing practice for South Africa's public, the South African government has taken steps to "professionalize" the traditional herbal healers practice. The Traditional Health Practitioners Bill has hopes of a system where all herbalists and traditional practitioners are registered and share common knowledge. This will allow for cohesiveness when working together with those in the biomedical field since those registered must take courses. The concern stems from giving validity to a healer based on passing a course, rather than the traditional method of being called and learning from a teacher and ancestors (Wreford 2008:75-76). The Western understanding of medicine, where courses must be taught, learned, and demonstrated for a certain degree of accuracy, is added to the method of how herbalists traditionally learn. This is so those in the Western medical field come to an

understanding on the validity of the healer's ability. This, once again, has the potential to undermine the spiritual and non-materialistic component of the traditional healing practice.

Livelihood of Traditional Healers' Practice

In a country where Western medicine is rising and traditional medicine is becoming institutionalized, the livelihood of the traditional practice comes into question. While most Western practices are passed down through teacher-student relationships and require a student genuinely interested in the knowledge, the traditional herbal healer passes on the information in a much different fashion. How a traditional herbal healer passes information to the next generation is greatly varied. An inyanga is taught by another inyanga for at least one full year before practicing alone. A sangoma is chosen by her ancestors to become a sangoma, and is then taught by a practicing sangoma with the help of her ancestors, in which an intensive ritual must be performed. (Ngubane 1977: 102; Thorton 2009). The concept of ancestors is very important. Ancestors are deceased family members who still communicate with the living. They provide valuable knowledge of finding, preparing, and administering the medicine to the sangoma to work with an inyanga to heal the sick. Without the ancestors, the sangoma is unable to heal and find the means to heal in order to work with the inyanga (Wreford 2008: 48-49). The analysis of the interaction between Western medicine and traditional herbal medicine will help determine the livelihood of traditional herbal healers and their use in medicine and the health of South Africa.

Research Problem and Question

Due to the complexities of South Africa's health system, different healing methods, and a changing society, my interest is focused on how each factor affects the sangoma and inyanga in their practice, and if their practice is becoming increasingly less used. In this thesis, I question if traditional herbal healers feel that Western medicine is causing the decrease in the use of traditional herbal medicine, and what those concerns are. This will ultimately assess a possible cause by studying the opinions and thoughts of the traditional herbal healers themselves.

CHAPTER 2: LITERATURE REVIEW

Anthropological Frameworks and Theories

Anthropological frameworks focus on the connection between medicine, health, healing, and spirituality that vary in different degrees across cultures, causing different understandings of how the body and health are related (Hahn and Kleinman 1983:12; Lutz and White 1986; Ellen 2010:16). In Western medicine, there is a focus on the materialistic, empirically scientific, and secular components of health and healing. Western society values a rational, self-contained individualism characterized by a Cartesian dualism whereby the mind and body are seen as separate entities. This framework focuses on the physical presence of an individual due to their capability to think, but leaves out the effects of mind and soul as a part of a person's existence (Scheper-Hughes and Lock 1987: 9). The differences in the perception of understanding the self and the importance of it can contribute to different understandings of how a person's health and healing is related to his or her self.

In terms of pain and health, Western medicine tends to create a duality, of either physical or mental issues, leaning more toward physical issues even though they may have origins of a mental one (Scheper-Hughes and Lock 1987: 10). While there is a debate in Western medicine of which is more predominant and real, professional doctors from various fields said that regardless if the pain can be proven or not, it still exists to the patient (Corbett 1986). Durkheim (1912) and Mauss (1950) states that how, where, and why is an effect of a person's culture due to collective beliefs and common values, where it may even have a conscious effect on the emotional and

unconscious aspects of the self. This understanding of the connection between the mind and body is passed onto future generations to provide an understanding of bodily behaviors within a person's particular culture and even possible limitations (Bourdieu 1977). It is through this continual sharing of understandings from generation to generation that creates one culture's understanding of the body, medicine, and healing.

Anthropological Frameworks for Understanding Health and Illness in Zulu Traditional Healing

The Zulu method of traditional healing takes a much different route to understanding the body. It focuses on the continual balance between the physical body and its spiritual component found in the specific culture, and health and sickness are dependent upon it (Barker 1973: 80-82). The Latin American humoral classification of medicine once provides an interesting framework of reaching a balance through binary oppositions. Where the sickness present was regarded as "cold" and the healing medicine was regarded as "hot", the two were used in such a way as to achieve a balance through the opposites in order to promote health (Foster 1976). While subsequent research found that this was more of a mnemonic device for healers to use when healing a patient (Matthews 1983), it serves as a framework to see how the balance of the afflicted is important for health and healing reasons that crosses cultures and healing methods. In specific, traditional South African healing is about finding the balance between content spiritual ancestors and content physical peoples that directly correlates with an individual's health.

There are certain societies that do not use Western techniques who use the physical aspects of the body as symbolic of social aspects or nature. The physical body can be seen as a

way to symbolically represent certain parts of society, such as with the saying “child of the eye” for a pupil. This specific saying is found across various unrelated languages (Brown & Witkowski 1981) that suggests a strong link between the body and culture (Waldstein & Adams 2006) in demonstrating the importance of the body and understanding it. The use of body parts in nature is also important in understanding how a culture makes sense of themselves and the working of their bodies. Speaking of environmental features such as a spring head for Americans or the comparison of soil, rocks and rivers, as flesh, bones, veins and blood for the Mixe (Monaghan 1995) are all evidence of how humans draw a parallel between the two to better understand both the body and the environment in which a person lives in. What is most important to recognize is that Zulu healers do not need to know of the physiological aspects of the body to know how to heal people, because they do not think of the medical system as a process of healing on a physiological way (Fabrega & Silver 1973). Rather, Zulu traditional healers focus on their understanding of the body and how to heal it to make an individual feel better. It is these varied perceptions of the body that determines how health and healing are looked at and catered to.

Incorporation of Two Healing Methods

Medical anthropology focuses on various fields, such as health, medical knowledge, culture, history, and healing methods, amongst others, found within different cultures. It allows scientists to understand what being “healthy” and “ill” really means to a specific culture, how and why a person becomes “healthy” or “ill”, and what a specific culture’s consideration with health may affect the healing belief of another culture when working together (Bradby 2009). By

studying medicine and anthropology, the standards of health and healing are assessed and acknowledged. This is of importance due to the interactions of the different healing systems, and how governments, countries, or even local communities must take into consideration of the potential problems and limitations of those differences.

The South African government hopes that traditional and biomedical models of health can co-exist or even be productively brought together. Western medicine, with its focus on empirically scientific use and effects, can test the potency of traditional herbal medicine for certain afflictions, and then be incorporated into the medicinal practice. Hartwell (1982) and Franzblau (1986) stated that after testing the effectiveness of traditional medicine, it was used in various treatments, from cancers to in vitro infections (as cited in Etkin 1988). An unexpected occurrence of incorporating the two healing beliefs and practices is the effect on socioeconomic values, belief systems, and a diffusion of Western and traditional cultural identity, which may be arguably positive or negative. By bridging the two cultures perspectives on health and healing, the understanding of the two can be expanded and better used, causing a development entirely different than its origin (Philander, Makunga, & Platten 2011: 203-216).

CHAPTER 3: METHODS

I had the opportunity to study abroad in South Africa in the summer of 2013. While researching the country and its people before the trip, I became particularly interested in the culture of the Zulu peoples. With an already well-established interest in the effects of globalization, and an opportunity to assess those effects firsthand in a developing country, I decided to research the Zulu traditional healers and the effects of Western medicine with a professor at my school. After research was completed, the data collected was not analyzed due to various reasons, and thus, not finished. It was not until the spring of 2015 that I began the completion of it and am still working toward its completion.

I completed my data collection through the use of in-person structured and unstructured interviews, where participants were chosen through convenience sampling. Interviews allowed for a free-flowing discussion of the traditional herbal practice, where in-depth and detailed questions were asked. This kind of interview allows the participant to respond in a way that he or she may feel captures the best response to the researcher, and if clarification is needed, the researcher is able to ask further questions. Another valuable aspect of unstructured interviews is that the participant may add any other important information she or he may feel is relevant to the topic at hand.

Due to the nature of the trip and transportation available to me in South Africa, convenience sampling was the most realistic of choices. Those included in the sample were based off of location, practice, and cultural background. As such, Zulu sangomas and inyangas from Harrismith on the border of Free State and Kwa-Zulu Natal Province were interviewed to

assess the effects of western medicine on their traditional herbal practice. This specific location was chosen, in part due to lack of transportation, but also because Kwa-Zulu Natal has the highest population of South Africans and Zulu people, allowing for a rich sample of practicing sangomas and inyangas. Harrismith, due to its rural location and two small hospitals was ideal as the presence of sangomas and inyangas would only begin to feel the effects of western encroachment on their practice and the sick were less likely to feel the pressure of attending a western medicinal healer versus a traditional herbal healer due to convenience. Participants were recruited by asking locals of nearby sangomas and inyangas they trusted and believed in.

While I did not travel to Kwa-Zulu Natal or South Africa beforehand, I had helpful resources to aid me in finding willing participants. Before travelling, I versed myself in Zulu culture, the relation of sangomas and inyangas with those not of that status in Zulu culture and South African culture, and various isiZulu words and mannerisms. A helpful contact, the mother of my host family who presided in Harrismith, served as a reliable translator, clarifier of the Zulu culture, and networking aid in my research. She helped me find and connect with sangomas and inyangas who were willing to participate in the research, and provided cultural information of the practitioners in relation to the information they gave. Her understanding of American culture, as she lived in the US for several years, and Zulu culture was extremely valuable and appreciated in times where there was a large cultural difference that confused parties on both ends.

Grounded Theory

To analyze the large amount of qualitative data present, I will use methods of coding in ground theory. Because qualitative data can be very dense and often overwhelming, coding

allows for an organized way to locate the common ideas and underlying theory in the data. Open coding was used first to find the most common and frequent themes within the data. This will be done by check lists and classifications. These two methods will allow me to find common themes and potential data areas that need further investigation by analyzing half-formed ideas and concepts (Gobo 2009). Once open coding is exhausted, the codes are separated into categories to understand the relationships between the terms and find new relationships as well. From here, a core category or central principle will emerge, and axial coding will be used to seek the links and relationships with the axial categories and the core category. Selective coding will then be used to ensure the core category is sound. Once there is progress toward a more defined theory, triangulation will be used to find the last part of the theory other than the cause and effect the data has shown. This will allow for a better understanding of the relationships in the data and provide a finished theory (Corbin 2008; Glaser & Strauss 1967). Through this method of analysis, the qualitative data of the research will be looked at in all of its parts to assess the underlying meaning and importance.

Research Design

In this study, four traditional herbal healers of Zulu descent were interviewed through semi-structured and informal interviews. Semi-structured interviews were using with a general skeleton of questions, pertaining to the concern of the study, along with any necessary open-ended questions that the researcher may want to continue to follow up on or further discuss. This also allows for more fluid nature of communication and speaking with the researcher participants, especially since this case required a translator that can help inform the participant of

any cultural differences in order to avoid confusion and error. Informal interviews focus on the nature of the interview to be as casual as possible, where the manner of speaking, environment, and time are all familiar and common to the participant, so as to further facilitate ideas and thoughts from the participant in a way that the participant would explain openly and naturally.

Consent Process

Participants were informed of the purpose, length, types of questions, confidentiality, and the use of audio recording before agreeing to participate in this research (SBE-13-09387). The participant is allowed to discontinue or refrain from answering any questions, and has the authority to withdraw from the interview at any time with no repercussions. This was communicated to the participant verbally, in the participant's choice of language, where the use of a translator is encouraged if needed.

CHAPTER 4: FINDINGS AND DISCUSSION

Findings

Subject Group

Self-Identified Healing Title	*Self-Identified Ancestry	Teacher's Ancestry	Gender	Length of Residency in Area	Location of Inhabitation
Sangoma/Inyanga	Sotho	Zulu	Female	13 years	Intabazwe Township, Harrismith
Sangoma	Sotho	Sotho	Female	60 years	Rural Harrismith
Sangoma/Inyanga/Diviner	Sotho	Unknown	Male	20 years	Central Harrismith
Sangoma	Sotho	Unknown	Female	Could not state. Born and lived in Harrismith for as long as she can remember.	Central Harrismith

Figure 1 Research Participants Demographic

*The participants have exhibited an interesting form of self-identification that may or may not affect the traditional medicine healing practice the participant uses. When asked regarding the ancestral background of the participant, such as Xhosa, Zulu, Sotho, Pedi, and among others, all of the participants said Sotho. When asked regarding the healing practice that involves traditional medicine, all participants stated being an inyanga or sangoma, which is a Zulu traditional medicinal healing practice. Words and concepts used were from the Zulu traditional healing practice and no participants stated a distinction between being an inyanga or sangoma. In fact, one subject was taught by a Sotho teacher, uses the Zulu traditional medicinal

healing practice, but identifies as a Sotho person. This interesting observation, possibly due to the effects of globalization and sharing of traditions with the different ancestral groups in most recent times, must be noted. The current phenomena of cultural diffusion within South Africa create unique situations and valued insight as to its effects on each population group.

The findings from the subject group indicated a spiritual method of establishing the intergenerational practice of traditional herbal medicine. This plays a huge role in the responses that traditional herbal healers provided when asked regarding the effects of Western medicine on their practice. Because of this, the presence of Western medicine in a traditionally herbal medicine country has not affected the methods of passing the practice through the generations. The healers' method is so spiritually based that the physical world does not directly influence it, which includes Western medicine since it is felt on a physical state only. This unquantifiable information does not allow us to pinpoint what exact effect Western medicine has on traditional herbal medicine, but it does allow us some insight in regards to the mechanics of passing on the tradition and what can be considered an issue from Western medicine, if at all. This finding shows that it is not just the component of Western medicine versus Traditional medicine and how they interact, but rather how the three cultures of Zulu, Sotho, and Afrikaaners have an overall impact on one specific part of the traditional healing process.

Theory Application and Analysis

When attempting to establish the uses of plants and herbs, the concerns of Western medicine interacting in traditional medicine field, and the method in which the traditional medicinal practice will be carried on, not one of these topics of interest could be understood

without understanding the culture and mindset of the usage of medicine and spiritual beliefs. So entwined were the two physical and spiritual components of medicine that it is almost impossible to analyze one without the other. The assessment of the spiritual component of the healing practice will be done first, so as to make better sense of the physical aspect of it.

Spirituality

Ancestral Power

The common belief of ancestor presence, respect, and power were all referred to and stated by the participants. If someone is sick, it is due to the ancestor's wishes, usually because an ancestor is upset for what the living family member has done. The only way to heal the participant is for the traditional herbal healer to consult with the deceased ancestor through a spiritual means. Every participant said they "went to sleep" in order to do this, rather than through a casting of bones or divination. If for some reason the person is not healed, the traditional herbal healer would go to sleep and then have "the ancestors of the sick consult with the ancestors of the traditional herbal healer" to figure out another healing method. It is important to believe in the spiritual component of this healing belief because of what the ancestors provide. The presence of ancestors and their power provide a validation of vocation for the traditional herbal healer along with the respect for the healing practice and its varied effectiveness. The ancestral relationship provides a structure of the "broad psycho-social religious context" of understanding why illness occurs and how to heal it.

Dream Communication

A lot of what occurs in this healing practice is done in dreams, what I will refer to as dream communication. The location of the herb, its uses, and the type of administration is all reveal based off of dream communication. The transmission of the healing practice is also done through dream communication, where some participants mention a mentor or teacher as an assistive learning aid. To become a sangoma or inyanga the deceased ancestor will come to the living relative and reveal, in a dream, that he or she is chosen to become a sangoma or inyanga. This was called “gift giving” by the participant, as it can only be given by the ancestor and the ancestor alone. This part of the spiritual healing process makes it incredibly difficult to estimate the livelihood of the traditional herbals healers’ practice with the onset of Western medicine. Because the spiritual world cannot be easily quantifiable nor understood from a person outside of the culture and spiritual belief, it is hard to say that western medicine is solely the only factor that may hinder the traditional herbal healer’s belief’s existence.

Of the Physical World

The physical component of the healing practice is now easier to understand with some established understanding of the spiritual component. While there is dream communication and learning from a spiritual guide, there is also a physical teacher present with scientifically effective herbal medicine.

Herbal Medicine

A traditional herbal healer does not take a randomized plant or herb and place a type of healing power into it. Rather, the understanding is that there are certain plants with multiple defined purposes (called muti), where the ancestor tells the healer which one to use for that specific afflicted patient. Since the plant or herb holds all of the healing power within it before any interaction with the traditional herbal healer, the healing practice can be used effectively regardless if the sick believes in the spiritual component of the healing process or not. The traditional herbal healers have stated “it is for anyone” who wants to be healed, regardless of racial or ancestral background or religion. The traditional herbal healer believes his or her spiritual understanding of the world is true and interacts with each person as such according to the healers’ beliefs.

The Positives and Negatives of Combining Two Healing Practices

The difficulties between Western and non-Western healer interactions caused negative effects to the sick, rather than to the healer’s practice. Jealousy, deprivation of medicine due to Western medicine doctors did not want to help the traditional herbal healers’ sick patients. The “jealousy” exhibited from the Western medicine doctors caused a rift between the two groups of healers. One participant stated that Western medicine doctors would give the medicine to the traditional herbal healer for only his or her personal sickness, and would not state as to what its name is and what it is made of. Traditional herbal healers described themselves as more patient focused than their Western medicine counterpart, where the Western medicine doctors focused on the usage of their own private medicine as more important than the overall healing of the sick. This could be a potential disadvantage of the traditional herbal healers, where there is one

competitive group of healers vying for consumer retention versus a non-competitive group whose sole focus is for healing of the sick, in any fashion available to that individual. The concern of healing choice from the sick is suggested to be higher for the Western medicinal doctors than for the traditional herbal healers, as seen from the following excerpt from the traditional herbal healer's interview:

South Africa is a free country, so anyone can go where they want. It is not a problem if they go to the hospital or to me [the traditional herbal healer]. It is all about believing you see..... If a sick person does not get better at a hospital, the doctor send the person home, stay with family and then comes back. Sometimes the person might come to me. But when they go to the hospital after the doctor says 'Hmph, what have you been using?' and they come to ask what from us and they say to us 'No, no, no, they cannot give this to you because if we give this to you, you are going to use it for your own good and help people, no.'

Despite the rift between traditional herbal healers and Western medicine doctors, the traditional herbal healers have stated positives of Western medicine. "Complementary" medicine and healing was shown to be the most common response, along with cross-disciplinary knowledge sharing. "Complementary" medicine and healing refers to the types of sicknesses and methods of healing each. The traditional herbal healers placed different types of sicknesses into two categories, Western caused or naturally caused. "Western illnesses" like high cholesterol would require Western medication, because it stems from Western causes such as the change in

diet due to Western food. “Natural illnesses”, like a cold, fever, or an infected wound, can be treated by the traditional herbal healer because they are caused from everyday life occurrences. Traditional herbal healers appreciate Western medicine because of its healing properties in Western and natural illnesses, and do not show any concern if people will leave the traditional herbal healers towards Western medicinal doctors currently, or over time.

The usage of different types of medicine, interactions between western medicine doctors and traditional herbal healers, and the method in which the traditional herbal healers practice is passed down through generations is looked at to understand how the livelihood of Zulu traditional herbal healers may be affected. The traditional herbal healers noted positives in regards to Western medicine and different types of medicine present, but noted negatives in Western doctors and their interactions with the traditional herbal healers. The method of inter-generation knowledge sharing of the healing practice is done on a spiritual level, unable to be assessed first handedly, and is control of those that preside within the spiritual world. It makes sense as to why the traditional herbal healers do not show any concern of their profession dying out. The profession’s continuation is solely in the hands of something the physical world cannot directly influence and affect, and to think a physical presence of another medicinal practice would place the traditional herbal healers’ practice would not be possible. This shows that it is not the specific profession that needs to be preserved to retain the knowledge of plants and herbs to heal the sick, but that the spiritual and physical component of the healing process, the plants, herbs, religion, and ancestral respect, must all be maintained in order to keep the profession and the subsequent knowledge of that profession alive.

It is important to note that some aspects of a culture are so entwined together that it is almost impossible to separate the two in order to find a defined simplified answer. The study became one with multiple levels of understanding the subject group and how the understanding of the traditional herbal healers is beyond the physical world which can be thoroughly assessed first hand. This is an important fact to note when those of different medical fields come together to work side by side. The different understanding of the healing practice does not undermine its ability to heal or its logic in method. It only provides a different framework to assess why a person becomes sick and the steps taken to heal them prior to the physical administration. It is perhaps, more important to note not from who or why or what method is used to heal a sick person, but rather what makes the sick more comfortable in their choice of healing method to reach the sick's overall goal: to be healed.

CHAPTER 5: CONCLUSION

The findings from my research will allow for a better understanding of the direct and indirect consequences caused by western medicine on traditional herbal medicine, healing practices, and common problems traditional herbal healers experience. This will allow anthropologists to analyze any possible negative and positive effects on the Zulu people in Kwa-Zulu Natal in terms of their practice, health, and possible solutions.

The knowledge learned from the sangomas and inyangas will not only add to the knowledge of a native practice that may one day be gone due to globalization, but also its importance in biomedicine and policymaking. With every loss of culture in our world, we lose potentially valuable information that can result in severe consequences for local and global problems alike. It is important to remember that a culture is not only valued for its knowledge, but also for its appreciation and differences that enable individuals to share a common identity and background. The continual research of ethnic groups ensures the problems they are experiencing are investigated and either solved or greatly lessened. In doing so, my research will acknowledge and give information that may solve a problem experienced by the Zulu peoples in the South African culture as well.

In biomedicine, there is a continual need of new medication, services, and knowledge to better aid the sick across the world. Many of the world's worst sicknesses and diseases, as well as less studied sicknesses and diseases, have no found cure. This is thought to be due to either a lack of knowledge or demand in healing the afflicted. Traditional herbal healers may not know how the secular scientific component of their healing methods can cure the sick, but know that

certain herbal remedies create lasting effects on that individual's health. If the preservation of Zulu traditional medicine can be done in a way that is beneficial to the Zulu doctors and those in Western medicine, knowledge can be used by both types of healers for a common goal, to aid the sick.

Any threats or concerns the Zulu traditional herbal healers were documented and recorded for history to show, to create an effort to preserve this ancient practice if in danger. The problems experienced by the Zulu traditional herbal healers can be used by the government to show their concerns and possibly receive protection in regards to them. This will allow the practice to be maintained and appreciated in all of its components without a fear of quackery, corruption, and mismanagement. This research may also bring together a group of Zulu traditional herbal healers who feel that there may be other problems present as well, and collaborate with one another on how to represent, preserve, and ensure the livelihood of their practice.

With the issue of diseases and other medical concerns in the country, South Africa has a very high demand of continual medicinal knowledge and cures. Children, tuberculosis patients, HIV/AIDS patients and expecting and new mothers need continual care as their bodies go through stress that may be the result of life or death without adequate medical attention. Due to the lack of quality healthcare from the South African government, traditional herbal healers may be used to help the poor and those in emergency situations in order to make up for the gaps in healthcare. This will improve, overall, the health of South Africa during its developing time.

There are various illnesses around the globe that have yet to be healed. Medicine in one area of the world can be applied or used in another area due to specific medicinal properties not

found locally. This may prevent or even eradicate epidemics that have ravaged a country or group of people during a time of war, natural disasters, economic collapse, and other highly stressful occurrences placed on a country and its people. Healing the sick and preventing sicknesses can cause a third-world or developing country to focus on other problems within the country that may bring stability, power, and economic growth for all those living. If a country has a healthy work population and teachers, an educated youth will be established that will ultimately develop the country further. The significance of the research may hold worldwide value.

My research will foster a better understanding of the Zulu people and the importance of their cultural identity. It will allow for a greater appreciation of different cultures and how it holds paramount knowledge not found elsewhere in the world. Zulu people will cultivate a better understanding of their roots and their heritage and what the preservation of their heritage can achieve on a global scale. A developing country does not need to erase its cultural heritage in favor of a globalized culture to heal the sick. Those with Zulu background and medicinal practices will be able to hold onto their culture for various reasons. The spiritual part of the practice can be preserved in the culture while sharing information with non-Zulu peoples of its scientific use. For individuals who may not be so attached to their Zulu background due to previous stigma from past and current racism, this research will show the value in embracing what others may fail to see as purposeful and prideful. This research will not only influence the people themselves, but also how we use traditional medicine around the world to save lives.

APPENDIX: IRB APPROVAL LETTER



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901, 407-882-2012 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

From : UCF Institutional Review Board #1
FWA00000351, IRB00001138

To : Rosalyn Howard and Co-PI: Holly K. Bahamonde

Date : May 08, 2013

Dear Researcher:

On 5/8/2013 the IRB determined that the following proposed activity is not human research as defined by DHHS regulations at 45 CFR 46 or FDA regulations at 21 CFR 50/56:

Type of Review: Not Human Research Determination
Project Title: Ethnobotany Study of the Zulu and Basotho People in South Africa
Investigator: Rosalyn Howard
IRB ID: SBE-13-09387
Funding Agency:
Grant Title:
Research ID: N/A

University of Central Florida IRB review and approval is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are to be made and there are questions about whether these activities are research involving human subjects, please contact the IRB office to discuss the proposed changes.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 05/08/2013 12:25:35 PM EDT

A handwritten signature in black ink that reads 'Joanne Muratori'.

IRB Coordinator

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