



Use of traditional treatment methods in a Xhosa schizophrenia population

To the Editor: Although most countries promote westernised medical practices as the norm, different forms of traditional healing have always formed a component of health care. In keeping with traditional beliefs that illness should be viewed in terms of magical, social, physical and religious parameters, traditional healers divide illnesses into those of natural causation and those of traditional cultural aetiology peculiar to the specific culture.

Specifically in South Africa, traditional healers can obtain licences to practise but very little formal assessment has been done on the extent of their contribution to health care. A recent study of 300 physiotherapy patients in KwaZulu-Natal showed that 70% would choose to consult a traditional healer as their first choice.¹

In psychiatry, where the presence of culture-bound syndromes has already received some official recognition (*Diagnostic and Statistical Manual-IV (DSM-IV)*),² the role of traditional healers becomes all the more significant. Of 134 patients presenting for the first time at a psychiatric clinic in Malaysia, 69% said that they had visited a traditional healer (*bomoh*) before consulting a psychiatrist.³ In Nigeria, a sample of 80 members of the general population showed a generally favourable attitude to traditional healers being involved in the treatment of psychiatric illness.⁴ After interviewing 100 family members of Xhosa schizophrenia sufferers, Mbanga *et al.*⁵ reported that psychotropic medication was the preferred health-seeking pathway (88%), followed by use of traditional healers (32%). However, it is important to note that of the respondents who favoured traditional healing methods, 92% felt that simultaneous use of allopathic treatment was necessary.

As part of an ongoing study, 236 Xhosa schizophrenia sufferers (recruited throughout the Western, Southern and Eastern Cape) completed a structured interview (DIGS) as well as specific questions on their use of traditional treatment. The questions on the use of traditional diagnostic and treatment methods consisted of four open-ended questions (interviewer-related) focusing on the lifetime use of services, the explanatory model or diagnosis given by the traditional healer, the suggested treatment (medication/other and dosage) and period of compliance with this treatment.

Of the 236 participants, 198 (84%) said that they had visited a traditional healer at some stage of their illness, and adhered to the treatment as prescribed by the healer. Treatments prescribed most often were: taking of an oral solution ($N =$

109), taking of an oral solution/tablet to induce vomiting ($N = 89$), washing ($N = 61$), enema ($N = 33$), use of snuff ($N = 23$), slaughter of cattle ($N = 2$), steam ($N = 24$), wearing of beads ($N = 7$) and cutting of own skin with a sharp instrument ($N = 14$). Interestingly, ancestral appeasement methods,⁷ e.g. slaughter of cattle, were not commonly prescribed. The mean age of the group was 36.25 years (standard deviation (SD) ± 9.41), with males constituting 75% and females 25% of the group. The mean number of treatments was 1.87 (SD ± 1.43). Sixty per cent of the group were urban dwellers and 40% rural dwellers. No statistically significant difference could be noted for any of the treatment methods when male and female groups or urban and rural groups were compared with each other.

It is clear that traditional healers form a very important part of mental illness health-seeking pathways in this particular population. Whether this reflects a more holistic view of the causation of mental illness, or whether it comments on the reality of a country with 11 official languages, with practitioners unable to communicate in a patient's home language, is an issue that warrants further scrutiny. Regardless, it is clear that a more proactive stance needs to be taken to further co-operation with reputable traditional healers in order to ensure a more integrated westernised/traditional approach promoting health for all.

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1. Puckree T, Mkhize M, Mgobhozi Z, Lin J. African traditional healers: what health care professionals need to know. *Int J Rehabil Res* 2002; 25: 247-251.
2. American Psychiatric Association. *The Diagnostic and Statistical Manual of Mental Disorders*. 4th ed. Washington, DC: American Psychiatric Press, 1994.
3. Akighir A. Traditional and modern psychiatry: a survey of opinions and beliefs amongst people in plateau state, Nigeria. *Int JSoc Psychiatry* 1982; 28: 203-209.
4. Razali SM, Najib MA. Help-seeking pathways among Malay psychiatric patients. *Int JSoc Psychiatry* 2000; 46: 281-289.
5. Mbanga NI, Niehaus DJ, Mzamo NC, *et al.* Attitudes towards and beliefs about schizophrenia in Xhosa families with affected probands. *Curationis* 2002; 25: 69-73.
6. Nurnberger JJ jun., Blehar MC, Kaufmann CA, *et al.* Diagnostic interview for genetic studies. Rationale, unique features, and training. NIMH Genetics Initiative. *Arch Gen Psychiatry* 1994; 51: 849-859.
7. Swartz L. *Culture and Mental Health: A Southern African View*. Cape Town. Oxford University Press, 1998.