



ISSUES IN MEDICINE

Traditional healers and paediatric care

F P R de Villiers, M J P Ledwaba

Most black patients still believe in traditional healers, with the latter playing an important role in the community. Consulting a traditional healer and a medical doctor for the same illness is common in many cultures.^{1,4}

Knowing peoples' beliefs about illness and understanding their attitude towards traditional healers is helpful in understanding why they consult the latter. In southern Africa illness can be interpreted in four ways: (i) biologically, e.g. ulcers are the product of ageing, and hysterical paresis indicates 'bad blood'; (ii) socially, e.g. gastroenteritis is regarded as *idliso*, i.e. bewitchment through food; (iii) religiously, i.e. as punishment by the ancestors; and (iv) magically, e.g. haemoptysis is said to be caused by a person being attacked by a bird.^{3,5} In the past few black people interpreted causes of illness as being natural.³ Generally people did not perceive conditions such as poor sanitation, lack of water, and uncleanness to be causes of illness.⁴

Comparing the strengths and weaknesses of traditional healers and medical practitioners helps in understanding why dual consultation occurs.¹ Medical doctors are considered to have good surgical skills, to use powerful and tested drugs, and to know the pathological causes of illness. However, they communicate poorly, are not available in some areas, do not treat the patient as a whole person and often treat in isolation from the family and social problems.^{1,6} Doctors are also ignorant about 'traditional diseases', those caused by ancestors and witchcraft.^{7,11} On the other hand, traditional healers have good communication skills, are readily available in all areas^{1,6} and manage the patient, the family, and social problems. Their weaknesses are ignorance of pathology, lack of diagnostic techniques,¹ low levels of hygiene and the infliction of corporal punishment on mental patients.⁶

Professor François de Villiers is Head of the Department of Paediatrics and Child Health at MEDUNSA and Ga-Rankuwa Hospital. His interests are child health, children's rights, endocrinology, the woeful state of South African rugby and cricket, and the composition of classical music.

Dr Margy Ledwaba qualified as a paediatrician at MEDUNSA, with an MMed dissertation researching mothers' attitudes to traditional medicine. She is now in private practice in Polokwane in Limpopo province, and has a special interest in the management of allergies.

Protection of children by traditional medicines

Most black people believe that a child must be treated for *hlogwana* by a traditional healer. *Hlogwana ya kapele* literally refers to a small head and the anterior fontanelle. Children younger than 12 months of age in particular are considered to be vulnerable to *hlogwana*. It is believed that there are two types: a child showing signs of dehydration is said to be suffering from small *hlogwana*, while signs of meningitis or redness (haemangiomas) at the nape of the neck are interpreted as big *hlogwana*. *Thema* refers to neck retraction, and it is said that if a previously normal child suddenly develops retraction of the neck, the child will probably die. Big *hlogwana* and *thema* are usually considered to be synonymous; if not treated it is thought that the redness will spread forward to the anterior fontanelle and the child will die. Normal babies are taken to traditional healers for prevention of both types of *hlogwana*. There is a strong belief that all children should be treated for *hlogwana* before the age of 1 year in order to prevent *hlogwana* and *thema*. If a child is not treated every subsequent illness will be associated with this failure.

The treatment depends on the healer. Some give an enema and ointment, others oral medicines and ointment, and yet others ointment only. Most of these treatments are also used in other countries.^{7,10} Problems can arise due to an overdose of oral medicine or an enema. Ointment is only likely to harm children when applied on fresh scarifications.

Parents take their ill children to traditional healers but withhold the fact of the consultation and its results from medical doctors. Traditional healers are seen earlier than medical practitioners. Poisoning attributed to remedies prescribed by traditional healers is a common cause of death in South Africa. Children die due to herbal intoxication that causes severe liver and kidney damage.

It is clear that parents in our area north of Pretoria believe that witchcraft can cause diseases¹¹ and that these diseases are difficult for the medical doctor to diagnose and manage. In the past it was commonly believed that if a child was bewitched, he would never return from hospital. Even if the child had a serious condition the parents would prefer to consult traditional healers before going to the hospital.

However, parents have faith in both traditional healers and medical doctors. Most mothers (95%) believe that hospital treatment is better than that of traditional healers, but that traditional healers are good at preventing disease caused by



witchcraft.¹¹ Co-operation between traditional healers and medical doctors has been advocated.^{12,13} In Zaire such co-operation is important because 'dual consultation' is viewed as essential in Zairian communities.¹ The same approach is needed in Malawi in order to improve tuberculosis control.¹⁴

Bridging the gaps

Traditional healers, medical doctors and the community need to consider ways of bridging the gaps between them for the sake of the community and the health of children. If hospital doctors and traditional healers co-operate in South Africa, herbal intoxication could be reduced. Cases of children with herbal intoxication could be discussed with the referring traditional healers, and the latter could be advised about the dangers of oral medicines and enemas. Their medicine could be tested to detect toxic ingredients, and modified accordingly. There is already a large body of knowledge on toxic plants^{15,16} and toxic ingredients are being studied at the pharmacology departments of the University of Cape Town and Medunsa. Practitioners who have patients with such intoxication may obtain help with the identification of plant material and likely toxic effects from these institutions. Traditional healers could refer seriously ill children to hospitals and be taught about primary health care, while medical students and doctors could learn some aspects of the traditional healing tradition. This would lead to a better understanding of the two healing paradigms.

Nevertheless, should traditional healers be officially recognised by the South African authorities, it is likely that medical doctors will still have difficulty accepting them. In such a scenario the community will continue to suffer because for them both types of healers are important. It is probable that they will not talk openly to medical doctors about traditional healers' treatment.

Ambitious plans for integration, co-operation, or parallel but equal health services are likely to break down due to the

vehemence with which opinions on this matter are adhered to.

We as medical doctors should know that patients will continue to consult traditional healers where that is their tradition, and that for doctors to vilify patients for consulting traditional healers is counterproductive. We should also be aware that patients know the different abilities of medical practitioners and traditional healers and do not need us to point out the deficiencies of traditional healing. Patients should be encouraged to ask traditional healers for external methods of treatment (e.g. ointments) when dealing with children.

Such awareness on the part of medical practitioners, coupled with increased sensitivity to the situation of mothers who wish to do the best for their children but who are caught between two cultures, is likely to constitute a big step toward the eventual resolution of this dilemma.

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