



## HEALERS 'GET REAL' ABOUT TACKLING AIDS

A cross-fertilisation of ideas and knowledge between traditional healers and Western medical practitioners was essential if the struggle to turn HIV/AIDS from a death sentence into a chronic and treatable disease was to be won.

This was one of the consensus themes to emerge from a one-day workshop of some 115 traditional healers and Western medical health care workers at Tygerberg Hospital early in December last year.



'Professor' Philip Khubukeli (back to camera) demonstrates a traditional healing consultation.

The pioneering initiative came from Hope\*, an association championing children living with HIV/AIDS in the Western Cape, where prevalence is still accelerating (8.6% in 2001 - 12.4% in 2002).

Legislation recognising and regulating traditional healers is expected to be passed early in 2004.

At the time of the workshop, draft bills that would enable traditional healers to dispense, to write sick notes and to diagnose sicknesses had Western medical practitioners deeply sceptical about the healers' non-scientific approach.

Dr Monika Esser, paediatrician and a founder member of Hope, said 'unbelievable misconceptions' existed. She was speaking to the SAMJ after a brainstorming session in which participants broke into 10 groups to address major obstacles, opportunities and challenges. 'For example, some of the sangomas in our group firmly believed HIV goes away — in other words once the symptoms go, the virus is gone and whatever you get afterwards is a new infection.'

She said that this meant that for those traditional healers the latency period of the virus did not exist, which resulted in ignorance of the dangers of unprotected sexual behaviour and a virtual denial of the whole disease.

Yet other traditional healers told their Western counterparts that they regarded HIV/AIDS as a 'dirty sickness that comes through sex'.

Esser told the SAMJ: 'We've got to put some concepts across urgently. Concepts like: some people with this disease are perfectly healthy!'

However, in other discussion groups a number of sangomas proudly showed certificates or written acknowledgements of having attended some basic and even fairly advanced HIV/AIDS care courses.

Brandishing an HIV/AIDS treatment manual, the president of the Western Cape Traditional Healers Association, 'Professor' Philip Khubukeli, said 'we are on the edge of that time where we have got to work together'.

He said apartheid had undermined traditional healers, labelling them 'bush doctors', but with impending legislation, a regulatory council would ensure quality control. His association was putting together a database, 'so we know who is who — everyone who wants to practise must register and follow strict rules'. Khubukeli said that only by working together did all

practitioners have a chance to 'heal this epidemic'.

'Traditional healers regard health as a state of balance, not just internally, but generally. We look after the mental, social, moral and emotional well-being of a person.' He supported referring patients to Western doctors, 'if that is in the patient's best interests'.

The most frequently mentioned obstacles and challenges to mutual understanding and working together included cultural and language barriers, suspicion, a one-way referral system (traditional healers to doctors and not vice versa), and a lack of trust, contact, money and home-language training material.

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Opportunities included access by traditional healers to hospitals and clinics, establishing an appropriate referral system, recognising specialists in their fields, holding more 'cross-over' workshops, staging an annual health summit for both 'sides' and creating a sustained multi-media education campaign.

Traditional healers called for greater collaboration 'at the coalface', the incorporation of traditional healing into the medical student curricula, and more scientific research on herbs and traditional medicines.

Esser said the biggest gulf seemed to exist at hospital level. More contact points at clinics were 'essential'. 'But it seems to be starting. First-year students at the University of Stellenbosch are given instruction on traditional medicine, and several home-based care



*Sangoma students Zinzi Sealy of Rondebosch and Zolekwa Kene of Khayelitsha with Dr Monika Esser, paediatrician and founder-member of Hope.*

projects and some clinics are working with sangomas already,' she said.

Asked to give an example of the kind of mutually negating methodologies that existed, Esser cited traditional healers administering enemas to patients who were taking prescribed TB drugs. 'We simply have to stop beating about the bush and teach sangomas what we know.' According to Mrs Marlene Poolman, Director of HIV/AIDS and TB in the Western Cape, 200 000 people are estimated to be living with HIV/AIDS in the province, the majority of whom are in the early stages of the disease.

Between 5 000 and 8 000 people were estimated to be in need of ARV drugs. Poolman said that as of mid-December 2003, 1 500 people were receiving ART, with a target of double this number by January 2005.

initial consultations in rural areas normally cost one chicken, followed by a goat and then a cow for further sessions. Cost was also related to the sangoma's seniority and reputation. Often a person was diagnosed 'without any bones being thrown' but with the help of the ancestors and 'by the healer feeling the pain of the client because of their emotions'.

Kandekana gave a demonstration of a healing session with one woman posing as the client and two of her family members describing her symptoms to him.

The workshop was marked by a scarcity of physicians, with mainly nurses, medical technicians and HIV/AIDS workers representing Western medicine.

Some of the younger sangomas were also trained in Western medical

The Tygerberg workshop began with several speeches and presentations on how practitioners from both disciplines approached patient care, especially of those people living with HIV/AIDS. Ushered to the podium with much ululating and praise-singing, 'Dr' Albert Kandekana said

disciplines. Western Cape Health MEC, Piet Meyer, told the workshop that

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regulation of traditional healers was a form of protection for the patient's right to make a free choice between 'Western' and 'alternative' medicine. This minimised exposure to potential health risk or possible death, he said. National cabinet, in launching its operational plan for comprehensive care and treatment of people living with HIV/AIDS, said Meyer, had emphasised that traditional health practitioners formed a 'critical resource' in supporting patients to adhere to a treatment programme.

Most South Africans consult a traditional healer before any other practitioner. Meyer said the role and standing of traditional healers in their communities made them ideal partners to promote understanding of health conditions such as HIV/AIDS and TB. In this way patients did not receive mixed messages.

\* Hope is a joint project of the German-speaking Catholic community in Cape Town, the Rotary club of Signal Hill, the Tygerberg Children's Hospital and the University of Stellenbosch.

**Chris Bateman**