

South Africa: The Rise of Traditional Medicine

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Abstract

Traditional medicine also described as folk medicine, refers to the healing practices of the body and mind. It covers a wide variety of therapies and practices that vary from country to country and region to region. It has been used since the beginning of mankind and stems from theories, beliefs and experiences indigenous to a particular culture. Despite numerous attempts of governmental interference, traditional medicine continues to thrive throughout Africa and certain parts of the world. During colonialism, many colonists accused traditional healers of practicing witchcraft, which led to the prohibition of the practice across various regions in Africa. Today, South Africa is home to more than 200,000 traditional healers who care for more than 27 million people. This article will primarily focus on the history of traditional medicinal practices in South Africa and its rise in modern-day times as a form of complementary alternative medicine (CAM).

Keywords

Traditional medicine, AIDS, HIV, South Africa, complementary alternative medicine, traditional healers

Introduction

There are currently three distinct forms of medical treatment in South Africa, namely, the standard Western European medicine also known as ‘allopathy and biomedicine’ (National Center for Complementary and Alternative Medicines, 2000), and two forms of complementary alternative medicine—Indian traditional medicine and African traditional medicine. The only difference between the latter two forms of medicine is the geographical region and religious practices in which they are offered. Furthermore, both types of practices have been institutionalised within the Western and post-colonised societies such as South Africa. Although traditional medicine, particularly African traditional medicine

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was described as being nugatory by Europeans, bearing many social stigmas, government policies as well as scientific advances have shaped African traditional medicine into society, thus proving that it is in fact invaluable and can help to treat certain diseases such as HIV/AIDS.

African traditional medicine, also known as indigenous medicine, is currently defined as 'the absence of biomedical substances and practices' (Karen, 2008). According to the World Health Organization (WHO), it is formally defined as 'health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being' (Aceme, 2007). 'Thus, whereas orthodox medicine is arguably based on the axiom of Aristotle's dualism, which separates the spirit from the body and focuses on the latter, TM is based on both spiritual and physical components of personhood' (Kleinman, 1978). As a result of government mediation, the practice was explicitly outlined excluding all chemicals and limiting it only to native resources of South Africa.

European colonists rejected traditional medicinal practices in South African society. Its persistent use throughout the years increased throughout the country and is now seen and proven to be beneficial. An explanation for the rejection of traditional medicine by European colonists is that they did not understand it, therefore they saw it as a threat to their authority over African civilisation. However, as Africans progressed to take control and create their own democracy, they re-institutionalised many ancient practices in order to sustain their culture and beliefs, while accepting the effects of post-colonialism. It is true that after years of European influence, it has become hard for Africans to denounce the use of modern bio-medical practices based on many international regulations. However, the study of traditional medicine has become an important element in the treatment of epidemic diseases such as HIV/AIDS and Ebola, which are prevalent in Africa.

'African traditional medicine is a science in its own right' (*New African*, July 2004), explains Manto Shabalala, who served as the South African Health Minister from 1999 to 2008. But in the nineteenth century this statement would never have been taken into consideration. To a certain extent, colonialism has crippled Africa in reference to its self-reliance and well-being.

Traditional Medicine in Historical Perspective

The use of traditional medicine, prior to colonialism, evolved with the diseases that were prevalent. The ban that colonists put on the use of traditional medicine has made Africans to become more reliant on Western medicines and pharmaceutical companies instead of resorting to their own beliefs and traditions. The stigma attached to traditional medicine has created a rift between the South African government and African medicinal traders. Government officials that sided with the traditional medicinal traders, such as Manto Shabalala, were ostracised until Western medicine provided the truth to their statements. But South Africa still

relies on Western society for assurance and research to help the current African population with incurable diseases.

Furthermore, the relationship between Africans and Europeans has always been unequal, which aided in the establishment of colonialism throughout Africa and the suppression of African traditional medicine. Dating back to pre-colonial times, scholars have maintained that Europeans always retained the upper hand in relations with Africans. For instance, one ethnographer Wyatt MacGaffey states that 'the Negroes of the entire coast are naked, not circumcised and are idolaters' (MacGaffey, 1994). He even goes to the extent of saying that Africans in Zaire described the slave trade as 'a form of witchcraft in which the souls of Africans were transported to America by occult means'. These two statements indicate the feeling of superiority that Europeans had and which also enabled them to easily colonise the continent. In South Africa, it was the acceptance of the European religion which facilitated colonisation. The African European interactions, as described in various articles, vary according to the different regions in Africa. When the Portuguese landed in 1470, they made it a mission to convert Africans to Christianity. Hence the perspective used to explain African subjugation to Christianity is a result of speculation, which may be questioned since there was no evidence of African encounters with Europeans. Furthermore, Europeans did not entirely understand the customs and culture of Africans, but still imposed their own culture and systems of belief without any concern in learning the African way of life. This interaction is referred to as 'a dialogue of the deaf' (Schwartz, 1994). Both parties were interacting but what they thought they understood about each other was not necessarily correct. Europeans made assumptions about Africans, which led them to believe that they were superior; however, these assumptions were not true. Also, in certain African religions, Africans believed that Whites were spirits, because white represented death in their culture. This can be seen as a factor that paved the way for Europeans to achieve dominion over Africans, forcing their values, morals, culture and way of life. In terms of traditional medicine, it was regarded as mediocre and was never tested to prove its efficacy until recent studies, following the legalisation of the practice.

Indeed, the steps taken by the South African government to legitimise the practice has been very tedious. Furthermore, 'it has been estimated that more than 80 per cent of people in Africa use traditional medicine (TM)' (Nyika, 2007), so it would be a formidable task for the South African government to regulate the use of traditional medicine in society. Overall, the emergence of HIV/AIDS has had a great effect on the legalisation of the practice of traditional medicine in South African society corresponding with the end of apartheid. The first step to the legalisation of African traditional medicine was when South Africa ended apartheid and the government tried to integrate the Blacks within the society. Even though, traditional medicine was illegal since the beginning of colonialism, the end of apartheid helped to further the development of the practice in society. Many organisations have also developed in order to ensure and advocate the existence of traditional medicine within society. At the forefront of the fight are primary organisations such as 'the prominent AIDS Activist Group, Treatment Action Campaign (TAC)' (Watson, 2005) and the Traditional Healers Organization (THO).

In order to achieve success, the movement for the legalisation of African traditional medicine was supported by many governmental leaders and South African activists. Their initiative intensified the struggle. The most prominent advocates of traditional medicine include Zackie Achmat, Phepsile Maseko and the most prominent, Manto Tshabalala-Msimang; they have all helped to outline and shape African traditional medicine into a legitimised form of medical practice, which celebrates African culture.

Zackie Achmat, a renowned activist, successfully campaigned for the institutionalisation of African traditional medicine. He was born, Aburrazack (Zackie), in 1962 and grew up in the coloured sector of Johannesburg during the period of apartheid. His first attempt of resistance was 'at the age of 14, when he set fire to his school during the period of the Soweto Uprising, to force his fellow students to boycott classes. He was arrested and tried in each of the years between 1976 and 1980'.¹ As an anti-apartheid organiser, he later went on to find the Treatment Action Campaign (TAC). The TAC is the most well-known social activist group in South Africa for HIV/AIDS. Zackie is the country's most effective voice against the government's slow reactions to the AIDS/HIV crisis that has hit South Africa. He believes that, 'the traditional healers can be important in fighting AIDS, particularly as a source of accurate information and psychological support' (Watson, 2005). Therefore, the legalisation of traditional medicine is important to South African society. Phepsile Maseko is the Coordinator for the Traditional Healers Organization; he serves as the head of all traditional healers, advocates their voice and works with TAC that helps promoting the legalisation of traditional medicine in South Africa. Along with Zackie Achmat he promoted the urgent need for a response and solution to the growing number of HIV/AIDS cases in South Africa. Last of all, Manto Tshabalala-Msimang was one of the most prominent advocates of traditional medicine in the South African government, even though most of her ideals prove to be arbitrary and not very effective. In her fight for the legalisation of traditional medicine, she has become one of the most controversial figures in African society. While attempting to advocate for traditional medicine in South Africa, Msimang takes it to the extreme by promoting the use of vegetables to cure HIV/AIDS. Instead of promoting both traditional and Western medicinal systems as complementary, she denies the use of anti-retrovirals (ARVs) as a preventive of HIV/AIDS. As a result, she has lost a lot of respect and validity from the public. For instance, 'She has been called Dr Beetroot for promoting the benefits of beetroot, garlic, lemons and African potatoes as well as good general nutrition, while referring to possible toxicities of AIDS medicines' (Blandy, 2006). Furthermore, although she has advocated for traditional medicine in a positive light, she has created a drawback for traditional healers in terms of the validity of their practice amongst internationalists.

The official recognition and institutionalisation of African traditional medicine took place in 2006. A Directorate was established to 'coordinate and manage initiatives regarding African Traditional Medicine with the Department of Health, as well as enacting the Traditional Health Practitioners Act (No. 22 of 2007), which established the Traditional Health Practitioners Council' (*Government Gazette*, No. 31265). Nevertheless, the process still has a long way to go. Primarily,

‘the purpose of the Traditional Health Practitioners Act is to establish the Interim Traditional Health Practitioners Council of South Africa to provide for the registration, training and practices of traditional practitioners and to serve and protect the interests of those who use these services’ (Peltzer, 2009). Although there are many variables, such as the illegal practice of traditional medicine without a license, the Bill strives to ensure the professionalisation and validity of the practice.

The overall key to the success of traditional medicine in South Africa is its ability to serve the people, providing the necessary medical treatment or complementary medical treatment in accordance with Western medicine. Regulation is the key to the advancement and professionalisation of African traditional medicine and the Health Practitioner’s Act of South Africa continues to update its amendments in order to achieve the most effective strategies ensuring that traditional medicine is practiced in its right terms of agreement. ‘However, there is no common diagnostic nomenclature, therapeutic method, or curriculum, and thus attempts to create accreditation have failed. Traditional healing is still unregulated because there is no established accreditation procedure. This opens the door to charlatans who give traditional healing a bad name’ (Peltzer, 2009).

Nevertheless, South Africa has incorporated traditional medicine in society through its institutionalisation with the Department of Health. Currently, there is a traditional medicine research institute, postgraduate education in herbal sciences, a draft policy for the institutionalisation of African traditional medicine and a national institute. However, the link between traditional medicine and Western medicine will never coincide, but will work together in South African society to ensure that its citizens are receiving the right treatment. ‘Some traditional medicines may prove effective, but their use must be carefully monitored’, says Eric Goemaere, Head of Médecins sans Frontières’ South African Mission. For instance, some patients are known ‘to mix their anti-retroviral drugs with traditional remedies, which could have unexpected side effects’ (Watson, 2005).

There are now many international and continental organisations that help the national health infrastructure for the favourable use of traditional medicine in South Africa; the joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO) and South Africa’s Medical Research Council (MRC). The African Union (AU) and the Southern African Development Community (SADC) have also helped regulate the use of traditional medicine across the country and on the continent.

Concepts and Role of Traditional Medicine

Primarily, there are three types of traditional healers existent in South African society, namely, the *Inyangas*, *Insangomas* and *Umthandazis*. The differences between all three types are inclusive of the methods that they use to heal their patients, which is elaborately outlined in Table 1. Specifically, *Inyangas* ‘are herbalists and possess extensive knowledge about curative herbs and medicines of animal origin (Table 1). Ninety per cent of *Inyangas* are male’ (Kale, 1995). On

the other hand, *Insangomas* 'are diviners. They determine the cause of illness by using ancestral spirits, and 90 per cent of them are female' (Kale, 1995). Finally, the *Umthandazis* 'are faith healers who are professed Christians' (Kale, 1995). Their primary form of healing is the use of holy water and by touching their patient to heal them. Except the *Umthandazis* who are an outcome of the early European missionary visits to Africa, all the others have been a part of African society even before the European conquest of Africa.

As stated before, European interactions with Africa shaped society as it is today, and to an extent had some effect on ancient practices such as of traditional medicine. With the ancient mystical process of curing the sick and European religion, the idea of *umthandazi* was created. An impeccable example of this merger is seen in Mongo Beti's book *The Poor Christ of Bomba*. Overall, the novel is very symbolic of European relations with Africa. It is one of the few books that offers the African perspective of European colonisation. Specifically, Beti exposes the imposition of European culture on African society through his depiction of the Christian religion and the missionaries. Father Drumont, a missionary, is the representative of European society, while Deni is a representative of African society. To an extent, they have parent and child relationship. Deni never opposes Father Drumont, since he represents the new Africa, which is the generation that was born into colonialism. He is caught in the midst of African and European customs, similar to the practice of *umthandazi*. However, the character Deni is inclined towards the European side, which is his source of education. Since Europeans exercised complete control over Africans during colonialism, they possessed complete autonomy over the African race. Father Drumont's name even alludes to the European position as father in the relationship. Furthermore, even though many Africans converted to Christianity, they could not practice it like it was practiced in Europe because they possessed a different view of culture and daily life. In reference to traditional medicine, the creation of *umthandazi* was to mirror the effects of colonialism on African traditional culture.

Nevertheless, traditional medicine in other cultures was not affected greatly by European imperialism. Countries like India and China still practice traditional medicine relative to their culture in its simplest form. Even Western medicine that is practiced in today's developing countries is created around traditional medicine. Specifically, Western medicine was created around the ideals of Greek medicine, which can also be classified as traditional relative to Greek society. Principally, Greek medicine is the traditional, indigenous and holistic medical system of Western medicine. The Greek philosopher Hippocrates first introduced Greek medicine in the fourth century BC. Hippocrates 'is referred to as the "Western father of medicine"' (Hippocrates, 2009). Historians believe and accept that Hippocrates was born in 460 BC on the Greek island of Kos. The major difference, which separated the teachings of Hippocrates from traditional medical systems elsewhere, especially in Africa, is that 'Hippocrates is credited with being the first physician to reject superstitions, legends and beliefs that credited supernatural or divine forces with causing illness' (Adams, 1891). In other words, Hippocrates separated disease from religion, which African traditional medicine

Table 1. Traditional Healing Agencies in South Africa

Agent	Skills	Method of Service	Nature of Service	Accessibility
Insangoma: High grade	<ol style="list-style-type: none"> 1. Lower and middle grade qualifications as pre-requisite. 2. 'Call' by spirits. 3. Apprenticed to an expert. 4. Medical skills acquired by inyanga. 	<ol style="list-style-type: none"> 1. Essentially diagnostic. 2. Contact with patient not needed for diagnosis. 3. History, symptoms, and nature of problem not revealed by patients. 	<ol style="list-style-type: none"> 1. Conflict resolution. 2. Revelation of misfortune and illness. 3. Recommends solution. 4. Provides expertise and leadership. 	Access given to a relatively few.
Insangoma: Middle grade	<ol style="list-style-type: none"> 1. Lower grade qualification a pre-requisite. 2. 2, 3 and 4, as above. 	<ol style="list-style-type: none"> 1. As above. 2. Throws and reads bones. 3. As above. 	1, 2, 3, and 4 as above.	Relatively accessible compared with above.
Insangoma: Lower grade	<ol style="list-style-type: none"> 1. First entry point to divination. 2. 2,3 and 4 as above. 	<ol style="list-style-type: none"> 1. As above. 2. Divination through trance. 3. As above. 4. Cooperation of clients sought. 	Confirms patient's beliefs.	Much more accessible.
Inyanga	<ol style="list-style-type: none"> 1. Individual choice to become one. 2. Apprenticed to an expert. 	<ol style="list-style-type: none"> 1. Knowledge of symptoms and patient's history necessary. 2. Contact with patient necessary. 	Comprehensive, curative, prophylactic, ritualistic, and symbolic.	Freely accessible.
Specialist	Usual family prerogative.	Essentially curative.	Consultant, special skills.	Fewer in number.
Spiritual healer	Trances and contacts with spirits.	Essentially diagnostic.	Lays on hands, prays, provides holy water and other symbols.	Freely accessible.

Source: Traditional Healing Agencies in South Africa.

fails to do. As we practice today, Hippocrates taught that disease was a result of environmental factors, poor living conditions and diet. Ultimately, Greek medicine, as practiced today and which is commonly referred to as allopathic medicine, completely excludes nature from the diagnosis of a patient. The absence of nature in the healing process has many implications, which have caused people to try other forms of medicine for therapy. A historian David K. Osborne (2010)

writes, 'Modern medicine would benefit greatly by returning to its traditional Greek roots to recover the natural, holistic perspectives and virtues it has lost'. Ironically, Greek holistic medicine is very similar to Chinese medicine, in that they both 'seek to harmonize the health of the individual with the Universal Life Forces of Nature' (Osborne, 2010). The only difference is that Chinese medicine has not steered away from its roots which, Western medicine has done over the years. As a result, today's society is slowly accepting traditional medicinal practices around the world in conjunction with modern medicine to heal illnesses.

Moreover, it is ironical that the West has been turning to the Orient for natural healing solutions. 'Greek Medicine has a lot in common with Chinese Medicine...' (Osborne, 2010). In today's society you can see private practices of Oriental medicine and acupuncture as accepted and respectable within Western society. In Chinese society, Chinese traditional medicine is the primary means of health care. In Western society, even though Chinese traditional medicine is seen as an alternative form of medicine, it had no difficulty in adjusting to that. Like African traditional medicine, Chinese traditional medicine is rooted in religion. 'The foundation principles of Chinese medicine are not necessarily uniform, and are based on several schools of thought. Received Traditional Chinese Medicine is shown to be influenced by Taoism, Buddhism, and Neo-Confucianism' (Unschuld, 1985).

Traditional healing systems elsewhere, such as in India, also share similarities with traditional Chinese and the ancient Greek medical systems. This is due partially to the fact that as time progressed, Chinese and Greek practices 'found their way to India'.² Hence, like China and Greece, Indian traditional medicine primarily focuses on the holistic healing of the body. Even though India has incorporated both practices in their system of traditional medicine, the existence of their medical practice can be traced back from the Second Millennium in the Vedas. Vedas is 'a large body of texts originating in Ancient India. Composed in Vedic Sanskrit, the texts constitute the oldest layer of Sanskrit literature and the oldest scriptures of Hinduism' (Witzel, 2007). Like Chinese traditional medicine, Indian traditional medicine, in accordance with Western medicine, is the primary form of medicine in Indian society.

Appraisal and Conclusion

The institutionalisation of African traditional medicine within African society is thus both valid and necessary. If societies such as China and India are capable of practicing traditional medicine without the interference of the governments, South African society should also be entitled to practice traditional medicine. Similar to Chinese, Greek and Indian traditional healers, the traditional healers of South Africa are respectable figures in society sought after to provide healing.

Each society has generally had a celebrated figurehead who contributed a great amount of information to the development of their medicinal practices. As mentioned earlier, in Greek society Hippocrates is renowned for his contribution to medical advances in allopathic medicine. Also, in both Indian and Chinese

society, 'the legendary Jivaka, a famous physician of Buddha's time is also known to have achieved remarkable cures involving deep surgery', who aided the advancement of Buddhist medicine from which both Indian and Chinese traditional medicine have evolved. In the same sense that scholars refer to Buddhism as the first 'world religion', Buddhist medicine might similarly be reckoned the first 'world medicine'.³ However, this statement may not be true given the fact that there is evidence that all life originated out of Africa, thus proving that Africa indeed had the 'first world medicine'. In an essay, titled 'Africa: The Mother of Medicine' by Majid Ali, MD:

European and African historians agree that the knowledge of healing traditions traveled north from the Nubian and Egyptian regions to Greece.... African observations about the human conditions (revealed in mythological beliefs), medical thoughts, and therapeutics influenced the evolution of the same in India and China. (Ali, 2009)

Unfortunately, due to colonialism there is a little known fact about the history of African traditional medicine. The most important aspect of African history is that it was passed down through oral traditions. It was based on a different perspective, which did not require ancient forms of texts.

The Africa centered perspective provides the type of history for people of African descent that makes sense of what they are, rather than what somebody else, went through.... However we should remember that the first Africa centered histories were sung by the royal *griots* of the Sixteenth Century Mali when they recalled the feats of Sundiata.... (Keto, 1989)

Therefore, a common truth which is found in major societies is erased from African history.

Nonetheless, it is important that African traditional medicine is still being practiced today even though its efficacy is being questioned, as in all forms of treatment. Unfortunately, with regard to South African traditional medicine, its dark side is more dangerous and controversial than any other form of medicine. 'It faces negative stereotypes in a fast-changing South Africa amid quack-like, commercially-driven promises peddled on Johannesburg streets for AIDS cures, increases in penis size and quick riches' (Gerardy, 2009). It also includes many inhumane acts, but these are mostly practiced by quacks whose primary motivation is to gain economic wealth.

The negative connotations of traditional African medicine are portrayed through documentaries, short movies and interviews. Three types of films that explicitly outline the horrors of the practice are *Sindiswa*, a short award-winning film by Grant Paul Roy, *Strong Medicine: South Africa and Muti-Murders* by Journeyman Pictures. Specifically in *Sindiswa*, the main character Sindiswa and her son are living with HIV/AIDS. As a result, they consult a traditional healer to help them cure the disease. Little do they know that the healer they consult is a quack and Sindiswa is thereafter forced to seek Western medical aid after the *sangoma* unsuccessfully tried to have her son drink acid. In this case, the traditional roots, which Sindiswa heavily relied on, backfired. *Strong Medicine:*

South Africa and Muti-Murders by Journeyman Pictures, London's leading independent distributor of topical news features, documentaries and footage have captured the 'black market' of traditional medicine. One of the most disturbing rituals is the sacrifice of a virgin, which has been passed down for centuries in African traditional medicine. Although in ancient times the sacrifice of the virgin was to protect the village from evil spirits, today the ritual is promoted for self-indulgence and greed. *Inyangas* and *sangomas* do it because they believe that would give them more power, so they stock up on human parts. They also sell it in the illegal human body parts trade. There are, in fact, many superstitions surrounding indigenous medicine. Furthermore, their most disturbing belief is that different parts of the body would bring different luck. The traditional healers who practice this are commonly referred to as *muti-murders* (*muti* meaning African medicine). Each year thousands of South Africans are kidnapped and tortured for their body parts. Today South African traditional medicine is freely practiced throughout the society. Despite years of suppression, it continues to thrive as the major form of treatment in South African society. Furthermore, it constantly provides for the sick in the rural and urban areas. Thus, even though, there is a dark side to traditional medicine, it deserves accreditation as the 'first medicine' of the world. Like other forms of traditional medicine, its input to the advancement of HIV/AIDS treatment is crucial in today's society.

Notes

1. www.frif.com/new2002/mlife2.html. Biography of Zackie Achmat.
2. Traditional healing in India, www.aguidetoasia.com
3. Academic resources for Buddhist medicine, www.jivaka.net

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