

# Bridging the gap between biomedical and traditional health practitioners in South Africa

## Authors:

Mosa Moshabela<sup>i,ii,iii</sup>

Thembelihle Zuma<sup>iv</sup>

Bernhard Gaede<sup>iii,v</sup>

**T**raditional health practitioners (THPs) in South Africa are increasingly acknowledged as essential providers of health care and the National Department of Health is taking firm steps towards the formal regulation of THPs. However, tensions continue to dominate the landscape of research and policy debates on the role and practices of THPs, particularly with respect to historical injustices, gaps in scientific evidence, mistrust on the part of biomedical practitioners and toxicity of medicines.

In this chapter, we report on the findings of a study of peer reviewed and grey literature related to THPs up to 2015 and argue that the world view of the biomedical paradigm is very different from that of the healing paradigm as the former uses a scientific knowledge lens while the latter uses an indigenous knowledge lens.

We argue that in subscribing to indigenous knowledge systems, the merging of biomedical and traditional healing paradigms provides for a complementary system of plural health care, which could offer patients a truly holistic and comprehensive form of care.

The current body of evidence demonstrates much progress in the way that traditional healing is perceived in South Africa, having shifted from a derogatory 'witchcraft paradigm' supported by the Witchcraft Suppression Act (3 of 1957), to a more tolerant, and in some instances reconciliatory, discourse of a 'healing paradigm' now protected under the Traditional Health Practitioners Act (22 of 2007).

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i Africa Centre for Population Health

ii Department of Rural Health, School of Nursing and Public Health, University of KwaZulu-Natal

iii Centre for Rural Health, School of Nursing and Public Health, University of KwaZulu-Natal

iv Department of Public Health Medicine, School of Nursing and Public Health, University of KwaZulu-Natal

v Department of Family Medicine, School of Nursing and Public Health, University of KwaZulu-Natal

## Introduction

The National Department of Health (NDoH) in South Africa has taken firm steps towards the official recognition and institutionalisation of Traditional Healing and Medicine.<sup>1</sup> These steps include the establishment of a directorate of Traditional Medicine within the National Department of Health, as well as the enactment of the Traditional Health Practitioners Act (22 of 2007), which founded the Interim Traditional Health Practitioners Council.<sup>2</sup> In November 2015, the Minister of Health published the Regulations for Traditional Health Practitioners in Government Gazette No. 39358, Notice No 1052 in terms of Section 47,<sup>3</sup> read with Section 21 of the Traditional Health Practitioners Act,<sup>2</sup> reportedly after consultation with the Council. Consultation meetings are currently taking place across the country, with the aim of clarifying the legislation and regulations, and to obtain support from different sectors, including traditional health practitioners (THPs).<sup>4</sup>

The political economy of indigenous health care can be divided into two major areas: THPs as providers, and traditional medicines (TMs) as their medicinal products. Therefore, policies and regulatory processes have to treat these two as related, but distinctly different in order to facilitate progress. There is an urgent need for a regulatory council of THPs as practitioners of health care,<sup>5</sup> much like the Health Professions Council of South Africa, and for a regulatory council for TMs,<sup>6</sup> either through the Medicines Control Council or through a new similar structure. While there are many debates on TMs including in a previous edition of this Review,<sup>7</sup> in this chapter we focus on THPs rather than TMs.

The past decade has been marked by renewed interest in the role of THPs in relation to South Africa's healthcare system. This has been mediated largely by two factors – the Traditional Health Practitioners Act of 2007,<sup>2</sup> and the controversies around management of people living with HIV and AIDS<sup>8–11</sup> which has resulted in an increase in the number of both research and media publications relating to the challenges of managing people living with HIV. While most of this literature paints a negative picture of the role of THPs, there is also a growing body of evidence generated for the purposes of building bridges between traditional and biomedical (allopathic, Western, conventional or modern) systems of health care in South Africa.

## Methods

Given the dearth of evidence to guide the implementation of the Traditional Health Practitioners Act and efforts by the NDoH to recognise, regulate and institutionalise THPs,<sup>4</sup> we conducted a scoping review on published research evidence on the role of THPs in relation to the predominantly biomedical healthcare system in South Africa. Publications not based on empirical research, including opinions, commentaries, discussions, policy reviews, case studies, media stories and articles were also reviewed. We sought to identify all articles relevant to THPs in South Africa since 2004, but included relevant prior seminal papers. Results of this review are presented in the discussion below.

## Discussion

Four main themes arose from our review. Firstly, we found strong evidence of the existence of medical pluralism in South Africa where there are multiple forms of understanding, explaining and treating illness.<sup>8,12,13</sup> Secondly, there is evidence of conflicting paradigms of knowledge, and of polarisation between the 'biomedical paradigm' based on scientific knowledge and the 'healing paradigm' based on indigenous knowledge.<sup>14–16</sup> Thirdly, work has been conducted on the current understanding of traditional healing as it occurs in the context of indigenous knowledge systems, and in close relation to religious knowledge systems.<sup>17–19</sup> Lastly, the collaboration between traditional healing and biomedical systems occurs against a backdrop of mistrust, tensions and unresolved issues.<sup>16,20,21</sup> The latter area of research is located within the discourse of medical syncretism, which represents the evolution of combining, blending or merging different medical approaches and systems.<sup>22</sup>

### Medical pluralism

South Africa is arguably one of the few countries in Africa regarded as being unanimous in diversity, yet the rich diversity of culture, race, language, ethnicity and religion presents challenges for the country's social dynamics, including its healthcare system.<sup>23–25</sup> These multiple forms of diversity represent different world views, and as a result, many fellow South Africans become aware of or experience characteristic differences, which may at times result in tension or conflict.<sup>26</sup> In visiting a health provider, patients take with them a certain world view relevant to health and wellbeing which is likely to be informed by either religious or indigenous belief systems.<sup>17,21</sup> Similarly, health providers also have their own world views, and most hold either indigenous or religious beliefs, irrespective of whether they provide care in the biomedical or traditional healing system.<sup>11,27</sup> These diverse world views predispose patients and providers to a range of ways in which health can be understood, explained and treated. This is known as medical pluralism. Medical pluralism can also be seen in the co-existence of multiple medical systems, which manifest in the way patients engage with health care, or their care-seeking behaviour.<sup>8</sup>

### Co-existence

The co-existence of traditional healing and biomedical systems has been adequately demonstrated in the literature, especially among patients seeking mental healthcare and HIV and AIDS services.<sup>12,28,29</sup> What is poorly understood, however, is whether engagement in both traditional healing and biomedical care is beneficial for achieving optimal health status for the person accessing the service.<sup>8</sup> Evidence among people living with HIV and AIDS and mental health patients suggests that medical pluralism results in delays in reaching appropriate biomedical services, high medical costs, and toxicity from traditional medicines.<sup>8,11,30–35</sup> Expenses incurred by users of THPs across five provinces ranged from R200 to nearly R3 000,<sup>32,36</sup> while others have incurred expenses up to R5 000.<sup>37</sup> These expenses can amount to catastrophic expenditure levels of more than 10% of the household income, especially among poor households.<sup>31,32</sup> However, the literature on reasons for use of traditional healing indicates that medical pluralism may be the only option for patients who subscribe to indigenous belief systems.<sup>38,39</sup> There remain, however, outstanding questions regarding the evidence, safety and effectiveness of engaging in dual systems of care.<sup>4,7,33,36</sup> Despite

this, the use of THPs remains highly prevalent, with rates of 20% among patients on antiretroviral treatment (ART).<sup>12,40</sup>

The plural healthcare system in South Africa offers a multiplicity of options for healthcare seekers and it is in the best interest of South Africans that their healthcare providers function together in harmony so as to best serve the people first, before serving their professions, their trades or themselves.<sup>8,32,41,42</sup> Historically, biomedical structures have been used by missionaries as a vehicle to convert people, many of whom held traditional world views, to Christian world views.<sup>43,44</sup> Ultimately, the conflict of values and interests between patients and health practitioners, both biomedical and traditional, exists as a result of co-existing world views, but the disproportionate social power of practitioners may serve to compromise patients' views and values. There is a need to recognise and acknowledge the co-existence of plural healthcare systems, and to optimise these in ways that can most benefit the patient.

### Conflicting paradigms

The relationship between traditional healing and biomedical systems is characterised by mistrust, tension and conflict, which constitutes a major setback for the current effort to forge collaboration between the two systems.<sup>15</sup> On the one hand, providers of biomedicine are vocal in their criticism of traditional healing and the fact that traditional healing lacks a body of evidence to substantiate its practice through a scientific knowledge lens;<sup>27</sup> on the other hand, THPs have difficulty understanding the lack of appreciation shown by biomedical providers of their role in health and wellbeing as viewed through the indigenous knowledge lens.<sup>16,45</sup>

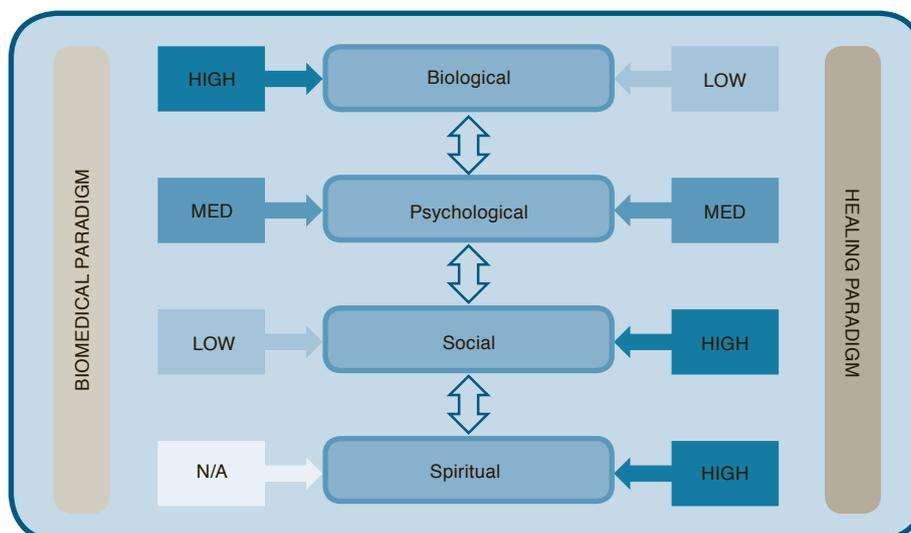
As a result, patients visiting biomedical health facilities are unlikely to disclose their engagement in traditional healing; however, THPs are almost always informed about engagement with the biomedical system. It has been observed that "to acknowledge a practice does not necessarily mean to endorse it",<sup>46</sup> and if collaboration between traditional healing and biomedical systems is to succeed, both systems must reach some degree of mutual understanding based on respect and an equal footing.<sup>7,21,26</sup> Much of the current literature refers to the need for traditional healing to achieve standards

equating to biomedicine if THPs are to be allowed to manage patients and treat illness.<sup>47</sup> These standards are unlikely to be met by traditional healing and we argue that this is due to comparing two different paradigms using a one-sided biomedical paradigm.<sup>15,16,48</sup>

Several authors make reference to the problem of examining traditional healing from a purely biological point of view, since traditional healing is not founded on the science of biology.<sup>15,37,49</sup> Wreford for example,<sup>20,50</sup> has argued that any true exchange relevant to collaboration is dependent on THPs acknowledging the perceived supremacy of the biomedical paradigm. Therefore, the challenge of establishing collaboration between biomedicine and traditional healing exists in part as a result of the hierarchical classification of knowledge,<sup>47</sup> whereby the scientific knowledge of biomedicine is located above other forms of knowledge. Likewise, most of what constitutes religious knowledge locates itself above indigenous knowledge, in which case indigenous knowledge is driven underground and lost to society.<sup>14,51-54</sup> It has thus been argued that the study of Indigenous Knowledge Systems is not simply a scientific endeavour but an opportunity to reclaim Africa's 'scientific' and sociocultural heritage.

Biomedicine promotes what is thought of as 'culture-free representations of disease'<sup>16</sup> that are seen to be neutral and realistic, while traditional healing is considered rife with 'dangerous and ultimately mistaken metaphors'; yet biomedicine tends to operate along quasi-missionary lines seeking to liberate people from 'irrational' beliefs that are based on religious knowledge systems.<sup>51</sup> THPs can be called to the practice by the ancestors, knowledge can be passed on orally without documentation, and their remedies can be determined by spiritual forces rather than pharmaceutical qualities.<sup>14,16</sup> For biomedicine, issues of qualification, standardisation and training are mostly clear-cut, and attempting to assess traditional healing in comparable terms is perhaps nigh on impossible, which renders the notion of establishing equivalence largely meaningless.<sup>16</sup> The primarily biological worldview of biomedical science and its interventions has led to attempts by allied professionals, psychotherapists and social workers to incorporate the psychosocial aspects of illness and wellbeing into biomedical

Figure 1: A complementary model combining healing and biomedical paradigms



science.<sup>51</sup> The shift resulted in what is now seen as bio-psychosocial medicine, with the relatively new field of family medicine being the case in point.<sup>55</sup>

The recognition of synergistic possibilities between the two systems, shown in Figure 1, is likely to cultivate common ground for a more progressive and constructive form of mutual understanding.

### Approaches to illness

The strength of biomedicine lies in its biological curative approach, while traditional healing dominates in terms of a spiritual approach with the two modalities representing potentially opposing world views.<sup>16</sup> Curing is a largely biological process that results in the clearing of disease from the body.<sup>37</sup> In traditional healing, illness is generally viewed as a more psychosocial condition involving spiritual or mental health aspects in need of healing.

Current evidence suggests that the hitherto mutually exclusive debates regarding the existence of ancestors or God can both be located in the realm of the spirit world and that people with indigenous beliefs have a natural ability to merge ancestral reverence with worship for God.<sup>18,56</sup> The ancestors are conceptualised as the 'living dead' – compassionate spirits who are blood-related to the people who hold indigenous beliefs and who show an interest in the daily lives of the living.<sup>18,56,57</sup> This belief is a source of comfort when family members die or when people are faced with their own imminent death. Ancestors are not worshipped, but remembered and revered by their relatives and God is perceived to be above and beyond the ancestors, and is understood as the Supreme Creator or Being, and the main pillar of the universe.<sup>58</sup>

In South Africa, there is a notable pattern of using the traditional healing system, comprising both indigenous and religious sectors. Five types of THPs are found: diviners, herbalists, faith healers, traditional birth attendants and traditional surgeons.<sup>7,19,59</sup> Most THPs, such as diviners, are called by their ancestors to the practice, and others, such as herbalists, are inducted into the practice through an apprenticeship model. Practising faith healers and prophets, often found in the so-called African Christian Churches, are for all intents and purposes classified here under the religious sector of THPs; they are currently not classified under THPs by law and may constitute an independent sector of healers.<sup>60,61</sup>

Unlike biomedicine, traditional healing, is often communal rather than individualistic or private.<sup>37</sup> In all cases, patients are asked to be part of the process in the interests of contributing to their own healing. Furthermore, due to the ways in which the spirit world is perceived to impact on people's health, treatments and ceremonies are tailored to the requirements of individuals and their families, as is any prescribed traditional medicine. Traditional healing is therefore a highly personalised and interactive experience for patients, in which healers are facilitators.<sup>37</sup> This differs substantially from the expert-driven and standardised approaches that are central to biomedicine.

As with biomedical practitioners, traditional healers identify what is wrong with their patients – naming the presenting illness is viewed as a significant aspect of the treatment process. Where the systems diverge is that traditional healing places significance on the patient's personal experiences surrounding ill health.<sup>16</sup> In contrast, biomedicine has little to offer patients in terms of explanations for their misfortune – diseases are seen to be contracted randomly

against the background of a largely uninterested universe.<sup>16</sup> In this respect, a 'healing paradigm' offers a degree of solace to patients; their suffering can be seen to have been caused by malevolent forces deployed against them, sometimes out of jealousy or turbulence in the spirit world, rather than having simply come about through random infections and mutations. Jealousy-as-causation is a recurring theme within the majority of the discussions on witchcraft that arise, with both patients and healers in broad agreement on this aspect.<sup>16</sup> At the same time, within such a world view, it must be emphasised that for every victim of witchcraft there must be a perpetrator, and if not adequately handled, unnecessary harm may ensue.<sup>62–64</sup>

According to Kale,<sup>65</sup> there are three key principles of traditional healing relevant to this debate, and the extent to which THPs form an integral part of their people and community. Firstly, THPs endeavour to ensure that patients are satisfied that they, as individuals, and their symptoms are taken seriously, and that patients are given enough time to express their fears. Secondly, THPs study the patient as a whole and deserve credit for not splitting the body and mind into two entirely separate entities. Thirdly, THPs do not consider the patient as an isolated individual, but as an integral component of a family and a community, and members of the patient's family participate in the treatment process. Therefore, the services of traditional healers go far beyond the uses of herbs for physical illnesses.<sup>66</sup> THPs serve many roles, including but not limited to custodianship of the traditional African traditions and customs, cultural education, counselling, social mediation and healing of the mind, body and spirit.<sup>65</sup>

### Medical syncretism

The imminent institutionalisation of traditional healing should be seen in the context of medical syncretism, with the reconciliation at least or the fusion at best, of two medical systems.<sup>41</sup> The history of biomedicine attests to the evolution of health care over many centuries; and some of the advances in biomedicine developed as a result of bio-prospectors following in the footsteps of traditional medicine men, and 'finding' new pharmaceutical drugs. Likewise, traditional healing has also adopted tools and practices from biomedicine, as well as other modern inventions in order to appropriate itself in modern society.<sup>67</sup> Therefore, medical systems evolve over time and through this evolution, adopt and incorporate new ways of functioning suited to the time and place of their practice, thus generating another form of medical syncretism. Much can be learned from medical syncretism in relation to the need for biomedicine to work alongside traditional healing. However, a number of pertinent issues should be addressed urgently for the new change to gain traction.

Firstly, South Africa needs to resolve 'old wounds' inflicted upon traditional healing by colonisation, missionaries and apartheid.<sup>52</sup> Secondly, the country must resolve current threats, including the prevailing atmosphere of mistrust between traditional healing and biomedicine, the potential harm of traditional medicines and in some cases bogus THPs.<sup>15</sup> Lastly, discussions on the action plan and next steps must shift from barriers to opportunities; these may include the potential complementary nature of biomedicine and traditional healing,<sup>68</sup> incorporation of traditional healing into the education curriculum,<sup>11</sup> the role of dual practitioners of biomedicine and traditional healing,<sup>69</sup> and the contemporary landscape of HIV and AIDS.<sup>8,70</sup>

### Redressing injustices

One argument put forth in policy debates around the need for the institutionalisation of traditional healing is that of a social justice imperative to redress past injustices. Ingle for example recounts how attempts by traditional healers to regulate themselves in the seventies were met with opposition and their name of choice, 'Traditional Medical Practitioners Association', was disputed by the then Department of National Health and Population, which preferred the term 'traditional healers' and not 'medical practitioners'.<sup>52</sup> Ingle also recounts how traditional healing was simplistically reduced to herbalism and was associated with other herbal practices, including those of Whites, Coloureds and Indians, to the detriment of the depth of knowledge normally associated with being a THP. These efforts to co-opt traditional healing into a narrow biomedical framework of herbalist practices were specifically aimed at undermining the socio-cultural practices that maintained the social fabric and coherence of the colonised populations.<sup>71</sup> THPs were criminalised under the Witchcraft Suppression Act (3 of 1957),<sup>72</sup> and labelled as witchdoctors.<sup>26</sup> The derogatory language describing traditional practices as backward, barbaric and primitive was meant to label and stigmatise THPs as inferior. Culturally and socially traditional healers had a much greater role, including governance, advising, and responsibility for the social wellbeing of the community; however, these roles were eroded in the re-emerging definitions of culture.<sup>73,74</sup>

### Overcoming threats

Beyond these deep old wounds, there exist several current threats to the intended institutionalisation of traditional healing. Also, both groups need to engage mutually to understand each other's world and work so as to alleviate existing tensions.<sup>75</sup> Overall, biomedical practitioners have limited knowledge and experience of traditional healing, and should be encouraged to engage in activities that would enhance their knowledge and experiences in this sphere.<sup>27,76</sup> Wreford<sup>77</sup> maintains that

if the communication that does take place insists on scientific supremacy and refuses reciprocity, the effort is likely to disappoint" and that "it is vital...that Western-trained medical personnel start to make serious and respectful efforts to connect intellectually with the ideas that underline traditional practice.

Most THPs are willing to learn and refer patients to clinics and hospitals, while this deference is not true of biomedical practitioners.<sup>10,39,78</sup> Mokgobi<sup>76</sup> showed how certain sub-groups of biomedical practitioners, such as XiTsonga- and Sesotho-speaking biomedical practitioners, expressed clear intentions to work with THPs in the future. Similarly, biomedical practitioners working with psychiatric conditions had more positive opinions of the envisaged involvement of THPs in primary health care than did general physicians and general nurses, who could logically form part of the initial platforms of engagement.<sup>21,34,35,78</sup> Therefore, in order to build bridges between the two systems, two-way in-service exchanges and trainings between THPs and biomedical providers are necessary and important.<sup>75</sup> Pre-service training is needed for students to become acquainted with traditional healing at an early stage of their careers, and traditional healing should be included in the higher education curriculum for nursing, medicine and pharmacy.<sup>33</sup>

Wreford,<sup>50</sup> herself both an anthropologist and a THP, has argued that the first step towards meaningful accommodation would be a change in the biomedical mind-set, for the biomedical establishment to view THPs as allies.<sup>16</sup> However, through a biomedical lens, the perceived weaknesses of the traditional healing system include harmful treatment regimens.<sup>11</sup>

Walwyn and Maitshotlo<sup>36</sup> showed that 88% of THPs prepared their own medication, mostly from plant material, and sold their products as aqueous extracts in labelled bottles. None of these products had been systematically evaluated, and there was generally no record-keeping, either of the patient or of the medicine itself. Quality control practices such as expiry dates, controlled storage conditions and batch records were totally unknown in our sample. The revenue associated with this production of medicines is large, which has led some to manufacture and produce TMs for the treatment of HIV and AIDS, and to make claims for marketing purposes such as the ability to cure HIV.<sup>16</sup>

As with many medicines, traditional or otherwise, ingredients utilised by traditional practitioners can be toxic – at times, fatally so. For the most part, traditional remedies are based on directives outlined in practitioners' dream-conversations with ancestors rather than the pharmaceutical properties of the ingredients concerned.<sup>14,16</sup> One may therefore wonder how a biomedical practitioner could consider THPs as allies and treat them with respect when their practices do not meet the standards of biomedicine and their prescriptions could be based on dreams.<sup>16</sup> The questions on the therapeutic aspects of traditional medicines need further discussion beyond the scope of this chapter, although some authors have already begun framing the discussion in constructive ways.<sup>7,38,79</sup> A scientific biomedical lens is unlikely to yield positive answers, and expecting traditional medicines to meet the standards of biomedicine will endorse a position of supremacy for biomedicine. Any insistence on following this path will yet again lead to a cul-de-sac. However, THPs must resolve outstanding controversial issues among themselves,<sup>79</sup> address the question of identifying bogus THPs who should be excluded from platforms of engagement with biomedical practitioners to enable more genuine partnerships, and perhaps be prevented from conducting any harmful practices in the community.<sup>75</sup> Practices of 'muti' murders, witchcraft accusations and witch-hunts continue to threaten the integrity of engagement with biomedical practitioners, and the THP community should address them.<sup>11,64,80,81</sup> These engagements would help to address challenges of delayed appropriate health care when traditional remedies fail to produce the desired effect,<sup>8,11,82</sup> as well as catastrophic healthcare expenditure associated with the nature of out-of-pocket payments for THPs.<sup>31,32</sup> Currently, the care economy of THPs functions more like a private sector, largely because clients pay out-of-pocket, and there is no State subsidy of their care economy. However, THPs also function more like community health workers given their community-embeddedness and the informal nature of their indigenous health sector. Tshehla<sup>83</sup> and Mbatha et al.<sup>84</sup> argue that although the law allows THPs to issue sick certificates, the current legal and policy landscape is not conducive to this practice, and there are still inconsistencies and gaps within these legal and policy documents. For example, employers may not be obligated to accept such sick certificates for as long as regulatory structures are not in place. Therefore, the new THP regulations<sup>3</sup> constitute a step in this direction; otherwise, the lack of a conducive policy environment will continue to threaten efforts to recognise THPs.

## Harnessing Opportunities

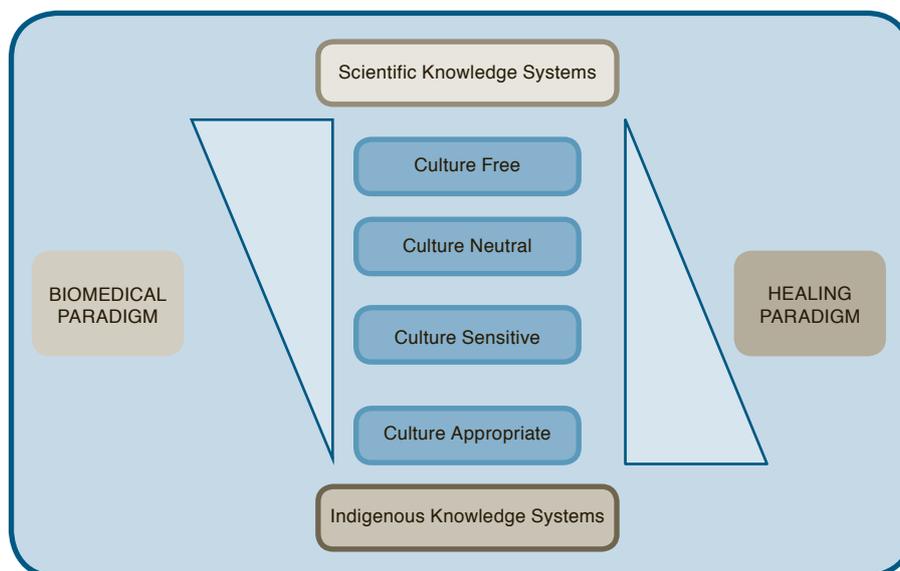
Rudolph et al.<sup>85</sup> argue that THPs constitute an untapped resource with enormous potential. Traditional healers are often seen as a solution to the growing human resource crisis in healthcare services, particularly to assist with the extension of the health services at community level.<sup>65</sup> However, a valuable bridge should be built to link traditional healing with modern medicine, particularly in the struggle against HIV and AIDS.<sup>70,77,86</sup> The current policy efforts pertaining to THP regulation<sup>1,3</sup> offer a window of opportunity to adopt a more informed direction. We further argue that HIV and AIDS creates a more practical window of opportunity for the creation of linkages between THPs and biomedical practitioners. Although claims by certain THPs to cure HIV and AIDS have been disputed, much harm has been caused due to such money-making schemes and practices that are considered to have tainted the traditional health sector. Literature shows that THPs often negotiate payment according to the ability of the user to pay, and the treatment also includes all other members of the family for the duration of care.<sup>16,37</sup> Furthermore, THPs tend to accept payment at the end of the treatment rather than at the outset. In fact, THPs who demand payment upfront are often suspected of being charlatans, which means payment should be made when the healer and the client are satisfied with the care provided.<sup>16,37</sup> A distinction should also be made between payments made as part of the treatment course, and for therapeutic purposes for the benefit of the client, as opposed to payment made as healer's charge for consultation and care.

George et al. show that THPs are enthusiastic about the prospect of collaborating with biomedical practitioners in the prevention and care of HIV and AIDS.<sup>87</sup> Flint<sup>16</sup> presents the mission statement of the Traditional Healers Organisation (THO) as unambiguous in its assertion that "while modern medicine is needed for the accurate diagnosis of HIV and AIDS, it is the THPs who would probably be the primary care providers and in the front line in the prevention and control of the spread of this disease". This notion resonates with the findings of Schuster et al.<sup>45</sup> and Davids et al.<sup>88</sup> that THPs tend to deal with the ultimate or distal causes of ill-health, whereas biomedicine deals with the more immediate and proximal causes.

This progressive view lends itself to a more collaborative approach between traditional healing and biomedicine for people who hold indigenous belief systems. Dual practitioners of biomedicine and traditional healing, such as nurse-Sangomas and Sangoma-physicians, could offer further wisdom on how to reconcile differences between the two systems.<sup>11,69,89</sup>

Conceptually, it is possible for biomedicine to adopt a scientific biological approach to attend largely to the biological aspects of disease, while indigenous and religious approaches could be used mainly to address the socio-cultural and spiritual aspects, while we resolve tensions regarding biological therapies. In this way, as shown in Figure 1, the combination of biomedicine and traditional or religious healing could afford patients a more complete and holistic form of care that would synergise biological, psychological, social and spiritual approaches. Instead of a culture-free healthcare system, South Africa could boast, at the least, a culture-sensitive, and at best, a culture-appropriate, plural healthcare system, as depicted in Figure 2.

Figure 2: The shift from culture-free to culture-appropriate plural health systems



## Conclusion

A radical shift towards integrating traditional healing in South Africa's healthcare system is imminent. The challenge of collaboration between traditional healing and biomedical systems is now going beyond 'calls and talks', and reaching a level of planning for action. Currently, there are still more questions than answers, and little is known about how the regulation of THPs will unfold, and more importantly, what implications this will have for the country's healthcare system. The current body of evidence demonstrates much progress in the way that traditional healing is perceived in South Africa, having shifted from a derogatory 'witchcraft paradigm' supported by the Witchcraft Suppression Act (3 of 1957), to a more tolerant, and in some instances reconciliatory, discourse of a 'healing paradigm' now protected under the Traditional Health Practitioners Act (22 of 2007). However, the progress to date does not represent a success story, but only the beginning of a long journey ahead. A number of issues still need to be resolved, the main one being the atmosphere of animosity between THPs and biomedical practitioners, which is compounded by the perceived supremacy of biomedicine. Traditional healing is regarded as being based on unregulated, unscientific and dangerous practices that lend themselves to delayed access, high healthcare costs, herbal toxicity, bogus practitioners, 'muti' murders and witch-hunts. There is a real threat to the future of the health system in South Africa if the details of the issues raised in this chapter are not carefully considered and adequately addressed.

We have argued that the world view of the biomedical paradigm is very different from that of the healing paradigm; the former uses a scientific knowledge lens while the latter uses an indigenous knowledge lens. The two systems, therefore, neither exist nor function in the same sphere of knowledge and do not have the same goals, and should therefore not be compared head-to-head. While the polarised nature of knowledge between biomedicine and traditional healing could be seen as dichotomous and irreconcilable, we argue that in subscribing to indigenous knowledge systems, the merging of biomedical and traditional healing paradigms provides a complementary system of plural health care, which could offer patients a truly holistic and comprehensive form of care: a bio-psycho-socio-spiritual care model. The merging of these worlds can only happen if the best interest of a large proportion of the patient population is prioritised, rather than power struggles between authority structures and bodies. Both THPs and biomedical practitioners will have to set aside their personal values and pride, work together to resolve current threats, and leverage existing opportunities. The recognition and institutionalisation of THPs bears implications not only for THPs themselves, but also for providers of biomedical care, as well as the people of South Africa. Decisions made by South African policy-makers are likely to have an impact on the rest of the African region, given the fact that other countries on the continent are also seeking to institutionalise traditional healing.

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