The Transformation of Indigenous Medical Practice in South Africa (1985-2000)

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Bodies and Politics

Healing rituals in the Democratic South Africa

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(Sous la direction de)
(Co-ordinated by)

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Introduction

Indigenous medical practice in South Africa has gone through numerous transformations. In the late 19th century, the state attempted to control the practice by legalising the practices of *izinyanga* (herbalists) and proscribing the practices of *izangoma* (diviners). The early 20th century saw biomedicine becoming established as the premier medical system, prompting campaigns to prohibit indigenous medical practice. The latter part of the 20th century witnessed the failure of the state's attempts to prevent the latter. During the mid-1980s and the mid-1990s, people felt threatened as crime and violence seemed to rise unabated, and resorted to magical solutions to address the challenges they faced as well as threats to their lives and property. Some of the practices which became prominent as people scrambled to protect themselves highlighted the dark side of indigenous medical practice. These practices prompted renewed calls from various quarters for the proscription of indigenous medical practice. Others lobbied for the normalisation of indigenous medical practice.

This paper aims to address the conditions which affected and were affected by indigenous medical practice (between the mid-1980s and the mid-1990s) and the consequent opposing responses to such developments. It is argued that the socio-economic and political conditions prevailing between the mid-1980s and the mid-1990s drastically changed the economic, political, social and personal security of Africans, during the time when the responsible state institutions were unable or reluctant to respond to their needs. People who were threatened or under assault therefore found refuge in the protective powers of indigenous medicines. Since some of the conditions they attempted to address were new, indigenous medicines and the practice itself were changed (as they had consistently changed over time) in order to respond effectively to such conditions. The desperation of many led to greater demands for medicines with magical cures and solutions, creating an opening for charlatans who preyed on the desperate people. Among some of

the ‘cures’ produced were concoctions, which were mixed with human body parts. The emergence of charlatans, the discovery of the use of human body parts, coupled with the lack of appreciation of the differences between them and authentic indigenous healers, resulted in calls for the proscription of the practice of indigenous medicines. Another better-informed response was the suggestion for the normalisation of indigenous medical practice.

In addressing the issues mentioned above, the concept of indigenous medical practice requires explanation. In this paper, indigenous medical practice refers to the practices that *izinyanga*, *izangoma* and *abathandazi* (Christian spiritual healers) engage in when they treat people who come to them with physical, social and psychological problems. Such practices are indigenous not because they can be traced to a time in the distant past but because, to effect them, the practitioner invokes African conceptions of cosmology and cosmogony [1]. Over the years, such practices have influenced and have been influenced by African life in South Africa. While the common understanding of ‘medicine’ relates to their application to cure physical ailments, in this paper, ‘medicine’ can also be used to produce disagreeable results. The Zulu distinctions are *amakhambi* (herbal medicines; i.e. medicines with healing powers) and *imithi* [2] (medicines which produce bad results). Therefore, a medical practitioner can be consulted for medicines that produce either cures or causes ailments.

While most practitioners tend to dispense one type of medicine, some carry both kinds and issue them to those who consult them as and when needed. This leads us to an important distinction that of *izinyanga*, *izangoma* and *abathandazi*, on the one hand, and charlatans and *abathakathi*, on the other. Charlatans refer to those people who claim to possess powers that they clearly do not possess. They claim to have cures to incurable diseases, to have magical solutions to inscrutable social problems and to have magical solutions to economic problems [3] *abathakathi* (singular *umthakathi*) refers to wizards and witchdoctors [4]. These people are distinct from *izinyanga*, *izangoma* and *abathandazi* in that they specialise in medicines that produce harmful results. While this term refers to the specialist, over the years, any person who uses medicines that produce such results is referred to as *umthakathi*.

Method and Layout

The supporting information in this paper is from a few cases, which are part of a larger research study on how indigenous medical practice has changed over time. The cases used here are based on interviews with people who consulted indigenous medical practitioners, participant observation in which I accompanied some people during their consultations with, as well as archival sources with information pertaining to the practice of indigenous medicines.

A Shield and a Place to Hide: Indigenous Medicines in the 1980s and 1990s

The socio-economic and socio-political environment of the mid-1980s to the mid-1990s produced high levels of political violence and violent crime. (Sitas, 1986 and Mare and Hamilton, 1987) The economy was in recession (*South African Reserve Bank Quarterly Bulletin*, June 1995) and consequently many people lost their jobs, while many others could not find work (*South African Reserve Bank Quarterly Bulletin*, March 1994). The drought during this period seems to have pushed large numbers of people out of rural areas to seek opportunities in urban areas [5]. The political conflict between the two main political parties in KwaZulu-Natal, coupled with the rising level of property crimes owing to the poor economic conditions, left most people feeling vulnerable (Mare and Hamilton, 1987: 181-216). Consequently, there was increased demand for indigenous medicines to be used as protection against the consequences of the recession, as well as against crime and violence. Such demand resulted in changes in indigenous medicines themselves, practitioners improving them to respond to the new socio-economic and socio-political conditions of Africans.

There were two notable sets of changes that occurred. The first set of changes occurred in the use of indigenous medicines. The second set of changes occurred in the practice itself. This discussion is limited to medicines used to procure employment, to protect property and to oneself from both physical and metaphysical harm.

New medicines in old bottles I: A job by any means

The first set of changes occurred to people consulting practitioners. The

recession saw large numbers of people losing their jobs as well as many being put on short time. The numbers of the jobless swelled as recent matriculants failed to find employment. It became harder and harder to find employment, particularly permanent employment. Those who were looking for work could rely on the extra advantage from indigenous medicines to get employment. There were medicines to make one attractive to employers. Since, during this time better-educated Africans could be called for employment interviews, many used indigenous medicines, such as *isimatisane* (*odenlandia corymbosa*), not only to make themselves attractive to selectors but also to enable them to 'sweet-talk' the selectors. The leaves of *isimatisane* are traditionally chewed as protective charms when passing the hut of an enemy (Hutchins, 1999:294). *Isimatisane* as well as love charms were used by those who were lucky enough to be employed and who still wanted to keep their jobs.

Also, known forms of medicines were modified to respond to new conditions, and completely new medicines were developed to respond to such conditions. An example of known medicine that was modified for use in a new environment was that used in courting women. Normally, the boy would break a small piece of the root of the medicine and keep it under his tongue while talking to the woman. The medicine was supposed to make his voice sound musical to the woman and thus make her fall in love with him. During the 1980s and 1990s, this medicine was prescribed for people going for interviews, to make the potential employees' voice sound musical to the interviewers and, in this way, make them choose the person for the job.

The following case shows, however, that people in troubled relations with their employers who seek solutions from indigenous medicines can turn out to be a threat to the healers when the prescribed medicines fail to produce the desired results:

> A Mpumalanga security guard is reported to have gunned down a 78 year-old traditional healer, Mrs Eldah Mokoena, and critically wounded her supplier, the 70 year-old Mr Nelson Sibiya, after claiming that Mrs. Mokoena gave him the wrong 'medicine'. The man had problems at work that affected his relationship with his employer. He wanted 'medicines' to help him improve relations

with his employer. Mokoena is supposed to have told the man that, if he washed himself with the 'medicine', the relationship with his employer would improve. Police spokeswoman, Sergeant Thabisile Gama, reported that the 'medicines' "apparently did not have the desired effect, and in a rage, the man went to Mokoena's home and accused her of witchcraft, shot her four times, killing her instantly." He then went to Mr Sibiya's house, accused him of supplying the wrong 'medicine', "fired seven shots hitting Sibiya in the body and jaw". The man later handed himself over to the police and surrendered his 9mm pistol (*Independent On Line*, 2000-03-29; *African Eye News Service*).

What is important in this case is that the man sought relief for his troubles in indigenous medicines. For him to have done so, he must have either witnessed or heard of indigenous medicines producing such relief. While the report does not mention the name of the 'medicine' used, various medicines, which, in the past, were used to make men likeable to women, were modified during the 1980s and 1990s to make people both to get and keep employment.

New medicines in old bottles II: Property shield in the time of need

The high rates of crime and violence, as well as the seeming reluctance and inability of the police to curb it, led many to seek the powers of indigenous medicines to protect themselves as well as their property. It is during this time that medicines proliferated for protection of one's property such as house and car, as well as one's family. The case of Doom's car illustrates what people did when they lost their property and the police failed to help them. Doom was born in Greytown in the KwaZulu-Natal Midlands, but grew up in the Durban townships. After working for some time, he and a co-worker also from the Midlands region, Zitha, started a taxi business.

After negotiating with the owners of the taxis, which ran the route in which they were to work, they started operating their taxi. Since both of them were still employed, they hired a driver who submitted the day's takings to them every evening. When they were not working, they took turns to relieve the driver. Whoever used the taxi last would take it home until the following

morning. One morning, Doom got up and found that the minivan was missing from the garage at his house. He first called Zitha and then the driver. Neither had taken the minivan, and it slowly dawned on Doom that the minivan had been stolen. He reported the matter to the police, and then went to an *umthandazi* (a Christian diviner) in Kwamashu who was reputed to use *isibuko* (a mirror) to divine. He got to her around mid-day. She told him that, if his ancestors, wanted him to find the minivan, he would see the person who stole it on the mirror. It did not matter how hard he concentrated, Doom just did not see anything on the mirror. At the end of the session, the *umthandazi* referred Doom to another *umthandazi* near Pietermaritzburg. But Doom was not interested.

After trying a few 'seers', a fellow taxi owner told him that when his (fellow taxi owner) taxi was stolen, he found it with the assistance of the man from an informal settlement outside Umlazi. Doom was not encouraged when he saw the shack in which the man lived. However, since he had travelled a long way, he went in to see the man who turned out to be something between a *sangoma* and *umthandazi*. He used water divination but, instead of invoking the names of *Jesu* and *Mariya*, called on Doom's relatives to help reveal where the car was. He gave Doom a calabash of water and asked him to look in it for his car. When Doom looked at the water, he saw a 'picture' of a white minivan parked under red plastic port, behind a shack. After some discussion and after the man had consulted his own ancestors, he asked Doom to accompany him to go get the car. Doom was surprised at this since most 'seers' only tell you where you can find your property.

They took a taxi to Durban and then to Inanda. After walking some distance from where the taxi dropped them, they came to a ravine across which was the red carport, but the minivan was not under it. They asked a woman washing clothes at a tap nearby whether she had seen a white minivan parked under the red carport. She said that the driver of the minivan was her younger brother who was a 'trouble maker', even told them she suspected that he and his friends had stolen it. They told the woman that the minivan belonged to Doom, who reported the matter to the police in Inanda on the way back. The police told him that there was nothing they could do since he (Doom) did not know where the thief was. When he got to Umlazi, he again reported the matter to the police who told him that the matter was outside their jurisdiction. After numerous attempts at staking out the red carport,

neither Doom nor Zitha managed to get the minivan back. On one of their visits they discovered that the minivan had been broken up and sold for parts, two front doors under the carport being evidence of this.

During the mid-1980s and the early 1990s, people who lost their property could not rely on the police. Indigenous medical practitioners served both to protect people's property as well as to find it when lost. In the case mentioned above, Doom found out what happened to his car but did not find his car or the man who stole it. If Doom wanted to punish the person who stole his minivan, he would not have gone to the police. Like many others, he would have both sought and punished the person himself, assisted by either relatives or friends or he would have sought such assistance from the powers of indigenous medicines.

New medicines in old bottles III: The body of iron

The ubiquitous crime and violence impressed on many the need for protection should they become victims of crime and violence. One way in which this was done was to use *intelezi* to ensure that bullets would not penetrate a person's body. Traditionally, *intelezi* was used to strengthen and protect warriors during wars, but during the period under review many ordinary resorted to using it used to protect themselves from violence. The case of Madlangala provides evidence for the use of this form of medicine to protect one's body as well as one's house.

Madlangala, from the Hlabisa District of KwaZulu-Natal, married a kind woman in 1969, and bought a house in Chesterville. Because of his wife's kindness to an elderly woman neighbour, the old woman came to make them proposition in 1991. She told them she had been living by herself in a house that her employer bought for her, but she had grown old and had no one to look after her. She had suffered a stroke, which made it difficult for her to cope. She asked them to look after her and promised them that she would bequeath her only valuable possession, her house, to them. This was because although she married when she was young, her husband had died before they could have any children. She lived alone because she had refused to marry one of her husband's brothers, and her in-laws had abandoned her.

After several months of this they agreed to go to a lawyer where the elderly neighbour made a will leaving the house in Madlangala's name. The woman passed away a year and seven months after the date of the will. As Madlangala's family prepared for the funeral, the deceased's relatives came to claim the body. Most vociferous was a niece who, claiming to be the deceased's daughter, used to visit her when she was well but had disappeared after the first stroke. However, the will clearly stated that the old woman had no dependants and had born no child in her life. The niece reported the matter to the police, who prevented Madlangala and his family burying the old woman on the first weekend after the death. When the second weekend approached without any resolution, Madlangala's wife asked him to give the body to the niece "so that the old woman could rest in peace". A week later, the vociferous niece came to claim the house. Madlangala showed her the copy of the will and told her that she had no right to the house. The woman went away threatening to return with "people who would force you out".

Madlangala told his *inyanga* about the threat, and was referred to another *inyanga* near Stanger. The whole family went to Stanger to see this *inyanga*, who told them that, if the threat was real, both they and their house needed protection. He strengthened their bodies with medicines applied to incisions at all the major joints of their bodies. He then promised them to come to strengthen their house as well as the old woman's house the following weekend. After dark, he started by sprinkling 'fortified medicine' in and out of Madlangala's house, and then buried some of the medicines at the four corners of the house.

On Thursday evening of the following week, the niece came to ask Madlangala if he still did not want to vacate the house. Madlangala told her that the house belonged to his family. By this time, Madlangala had asked his wife and children to go stay with relatives at Umlazi. (His wife refused to leave, but had sent the children to Umlazi). He had told some men from his village that he thought he would be attacked that evening. Four of the them came armed with guns, one of which was given to Madlangala, to await the attack. Within an hour of the niece leaving, three minibus vans arrived at the house. Six men in long overcoats – a mark of armed men dur-

ing the heyday of the violence – disembarked and approached the house and knocked. Their leader asked for a Mr Mkhize the taxi owner. Madlangala told them that he did not know any Mkhize who owned taxis. The leader mumbled something about `the wrong house' and the men left.

In this case, the fortification of Madlangala's family as well as his houses seemed to have worked in protecting them from a planned assault. What seems to have happened to the men who came in minibus vans is commonly known as *ukudungeka kwengqondo* (befuddlement of the mind) [6] which is understood to be induced by certain types of indigenous medicines. There are numerous other examples of what happens to people who are exposed to this condition. These include attackers who search in vain for houses that have `disappeared' and others who find inanimate objects (such as pools of water or forests) where they expect to find houses. In some cases, the attackers find themselves shot at from the `pool' or `forest'. Bryant (1966: 19-20) mentions *izimpundu* as the medicine that was used to confuse *abathakathi*.

New practices for new problems I: Chopping trees for survival

The second set of changes occurred to the practice of indigenous medicines. The economic conditions were hard for most Africans in the mid-1980s and early 1990s but were felt even harder in rural areas that relied on remittances from people working in urban areas. Over the years, rural communities could resort to supplementing remittances with food grown on their fields. However, the drought of the early 1990s eliminated that option (Padayachee, 1997). It is during this time that many women, forced by poverty in rural areas, were catapulted into the 'informal economy'. Most women sold fruit and vegetables. But many started cutting indigenous medical plants for sale in urban areas. The entry of these women changed the nature of harvesting indigenous plants and the manner in which medicines were sold. Anyone could then buy medicines from the women in the established Durban's Muthi Martket [6] and then set themselves up as indigenous healers. The sales of indigenous medicines proved very lucrative for many sellers, with the Provincial Minister of Traditional and Environmental Affairs estimating in 1997 that trade in indigenous medicines in the Province was worth R61 million a year (*The Daily News*, 14 May 1997).

According to *amakhosi* who participated in the 1915 hearings, traditionally,

a healer or diviner found indigenous medicines through the help of his or her ancestors (Chief Native Commissioner's report, CNC -193-149/1915). Once the medicines had been found, rituals for harvesting -such as prayer and thanks to the ancestors- were performed. In most cases, the person would only harvest the part of the tree or plant (such as bark, leaves, roots etc.) that he or she needed. The rest of the tree would be saved for future use. Medicines were harvested at particular times during the year, mostly during the time when harvesting would do less damage to the tree or plant. The 'just-in-time' nature of the use meant that people only harvested the medicines they needed.

However, the entry of large numbers of women who were only traders and not healers or diviners completely changed such relationship with the environment. Interested in the money they got for the medicines, praying to the ancestors for the medicines would not be the first thing that came to their minds. To lower their transport costs to urban areas, it became necessary for them to transport the medicines in bulk. Competition with others meant that medicines were harvested throughout the year and that the whole tree or plant would be harvested instead of its primary parts. Such processes resulted in the over-exploitation of indigenous medicines and threatened the survival of some species. (Cunningham, 1992; INR,1998).

New practices for new problems II: Charlatans and their magic cures

There were, also, people who entered the practice as practitioners when, in fact, they had not gone through the training or been called to the practice. The worsening economic conditions led many to set themselves up as indigenous medical practitioners. People who, for one reason or another, did not want to go to hospitals, were susceptible to being taken advantage of by such self-styled 'traditional healers'. The case of Mrs Ndlovu shows how charlatans promised false relief to a woman suffering from cervical cancer.

Mr and Mrs Ndlovu, now in their late fifties, have been married for about 29 years and have four children and five grandchildren. They have lived around Durban since the mid 1950s, and, except for occasional colds or influenza, have not had any serious illnesses in the family. However, Mrs Ndlovu fell ill early in 1994, complaining about a stomach-ache that kept

her awake at night and did not seem to respond to pain killers. A neighbour suggested that she be taken to a hospital for examinations, but both she and her husband feared that the doctors would say that she had either ulcers, or worse, cancer, and would then operate on her [7]. They both agreed, instead, to see an *inyanga*.

They went to Tongaat (30 km north of Durban) where the *inyanga* diagnosed her illness as stomach sores, a result of a jealous neighbour's witchcraft. At a charge of R80, he gave her two medicines: one was to cure Mrs Ndlovu's sores; the other both to `cure' Mrs Ndlovu's house and yard, and to prevent further witchcraft. After a week, Mrs Ndlovu was no better; in her legs were swollen and she was losing strength. After some time, I accompanied Mr Ndlovu to a Zanzibari *inyanga* in Phoenix –the Indian township East of Kwamashu– who was reputed to have cured many people. The *inyanga* was away when we arrived, but after some 15 minutes a new, white, luxury German car arrived.

An Indian family who had arrived earlier was the first to be called in. While we waited, I noticed a Certificate which declared that the *inyanga* was a Member of the United African Herbalists Organization. A card pinned next to the certificate boasted of cures for all sorts of illnesses and diseases, even AIDS, as well as medicine for "Lotto Luck" and "Casino Luck". When we were called in, the *inyanga* asked Mr Ndlovu whether he wanted *ukubhula* (divination to find out what the problem was with his wife and family). Mr Ndlovu agreed to the use of *abalozi* (ventriloquism) [8] to find out what was wrong, and the *inyanga* left the room. A boy of about 15 walked in and started spraying and smearing concoctions on small drums, inconspicuous in one corner of the room, through which *abalozi* were to speak. The *inyanga* came in and the boy left, and the *inyanga* asked the drums to speak. After some time, a raspy young woman's voice greeted Mrs Ndlovu through the drums. It told Mrs Ndlovu that her condition was a result of jealous neighbour, and that the *inyanga* was going to help her.

For R310 (R50 for divination and R260 for the rest), Mrs Ndlovu was given medicines to "strengthen against evil spirits", to use at her house. To my astonishment, the *inyanga* guaranteed that Mrs Ndlovu was going to be well within six days; no *inyanga* ever offers such precise predictions. After six days Mrs Ndlovu's stomach pains were completely gone and the swelling in

her legs was going away. But after a further two days her legs were swollen again. After visits to numerous other healers, Mrs Ndlovu's condition did not improve. She was eventually admitted to a hospital where radiation therapy was administered. However, she passed away shortly after admission. This case reveals how, although they charge exorbitant fees for solutions to all the problems that people present to them, some self-styled `healers' actually provide no help at all. Many display `certificates' from one or other `association' or `organisation of traditional healers, and are notorious for claiming to use human body parts in their medicines. Speculation regarding the use of body parts cast away in bushes, which parts are used for what, and the effect of such 'medicines', captivated the nation in the early 1990s. The discovery of mutilated bodies (especially of children) during this time added to calls for the proscription of all forms of indigenous medical practice.

Responses and debates, 1994-2000

The revival of indigenous medical practice, the proliferation of charlatans and the apparent spate of `witch killings' and `muti killings', coupled with distorted coverage by the mass media [9], spurred interest in the practice from various quarters. Since many people could not distinguish between witchcraft and indigenous medical practice, most stories led to calls for the proscription of indigenous medical practice. Among the various such responses that followed, the following are noteworthy:

- The 1996 report of the Ralushai Commission. In 1996 the Northern Province government instituted a Commission of Inquiry, chaired by Professor NV Ralushai, to investigate the reasons behind and the causes of the widespread `witch killings'. Among the recommendations of the Commission (Ralushai et al, 1996) were:

  (i) the institution of a code of conduct for traditional healers;

  (ii) the liberation of people through education from belief in witchcraft;

  (iii) the institution of different penalties for witches and those who sniff them out; and

  (iv) the criminalization of the forced collection of money required to pay *izangoma*.

- The 1998 Institute for Multi-Party Democracy (IMPD) review of the Anti Witchcraft Act of 1957. After consulting with stakeholders in various communities, particularly in the Northern Province, the IMPD issued a discussion document entitled *Witchcraft Summit, Towards New Legislation* which drafted a Witchcraft Control Act designed to replace the Witchcraft Suppression Act of 1957. One recommendation was for creating "special witchcraft courts as appendages to the formal court system," co-operating with the Departments of Health and Justice, with the power to set fines for people "making reckless or self-serving witchcraft accusations and on those found actually practising witchcraft."
- In 1999, the Commission on Gender Equality (CGE) hosted a Conference that sought to make recommendations for reform of the Witchcraft Suppression Act of 1957. Key papers by Dr Esther Njiro and advocate Seth Nthai Njiro were presented. Njiro (1999), director of the University of Venda Centre for Gender Studies, argued that the `smelling' of witches (who are mainly female) by youth (who are mainly male), is a form of gender violence. Nthai (1999) outlined the manner in which previous governments had treated "traditional healers", appealing to the new government not to address its relations with traditional healers in the same manner.

A different set of responses, however, appealed for the 'normalisation' of indigenous medical practice, pointing to the benefits that would be lost should the practice be banned. The were three aspects to this response:

- First, the government instituted its own review of existing legislation that pertained to indigenous medical practice such as the Anti Witchcraft Act of 1957. The Select Committee on Social Services tabled its report on indigenous medical practice in 1998, recommending, amongst others, the "formation of a statutory national traditional medical council."
- Research centres were established to identify the biological properties and medicinal advantages of various indigenous medicines, notably a Medical Research Council-supported collaborative project between the pharmacology departments of the Universities of Cape Town and Western Cape to test plants supplied to them by indigenous healers for medicinal qualities.

- Practitioners themselves tried to institutionalise indigenous medical practice:

  (i) Indigenous medical hospitals were established, 5 of them between 1994 and 1998 in Durban alone. These did not receive state subsidies, relying only on fees paid by patients, and encountered difficulties. By 2000, all five hospitals had closed.

  (ii) Some employers and medical aid funds accepted indigenous medical practice and agreed to allow indigenous medical practitioners to claim against medical aid funds.[10]

  (iii) The KwaZulu-Natal Traditional Healers' Council (KZNTHC) was established to bring together various Traditional Healer's Associations from KwaZulu-Natal. Although the relationship is not clear at present, KZNTHC is likely to be the KwaZulu-Natal chapter of the proposed Statutory National Traditional Healers Council (Select Committee on Social Services, 1998). One of its functions is to test members before they are issued with the Health Ministry recognised certificates of competence and membership cards, as a way to exclude charlatans (Chavunduka 1986:70).

Conclusion

The 'normalisation' of indigenous medical practices, so far, has concentrated on the practices of *izinyanga* at the expense of those of the *abathandazi*. The Select Committee (1998) recommended the exclusion of *abathandazi* "because they are not traditional in nature and their training and accreditation is unclear and ill-defined". Yet it is not clear that the Select Committee understood the practices of *abathandazi*; was lack of knowledge not the main reason previous legislation excluding *izangoma*? It would seem that we have gone full circle from the Natal Code of Native Law (No.19 of 1891), which legalised the practices of *izinyanga* and banned the practices of *izangoma*, to a situation in which the practices of *izangoma* are accepted, and those of the *abathandazi* banned. Clearly this situation has arisen despite the valuable work done on the role of *izangoma and abathandazi* in resolving psychiatric disorders as well as in treating mental illness (See, for example, Chavunduka, 1986: 70-71; Peek, 1991; Kiev, 1964; Maclean, 1971).

In conclusion, the 'normalisation' of indigenous medical practices may produce far-reaching changes in the practice of indigenous healing. While 'normalisation' may mean that indigenous medical practice benefits from the advantages of 'scientific' medicine, since the 'normalisation' is based on an old understanding of indigenous medical practice and does not take account of its transformations and commodification, they may not provide practical solutions to people's problems. And, since, even those advocating for co-operation, the envisaged 'co-operation' is not between equals, indigenous medical practitioners will be forced to adopt the procedures of 'scientific' medical practitioners. As a result, indigenous medical practitioners may find themselves as the junior partners in the South African medical field.

Notes

1. In their practice, *abathandazi* invoke both the beliefs in African cosmology and cosmogony as well as Christian beliefs.
2. *Imithi* is plural for *umuthi*. *Umuthi* can refer to a big tree or medicines produced from the ingredients of that tree. While *umuthi* refers to medicines with bad results, over the years, it has come to be used to refer to all forms of medicine.
3. They are known to sell 'Lotto Luck', 'Casino Luck' and 'Horses Luck' medicines that they claim have powers to make the purchaser win the gambling games.
4. The encounter between the early missionaries and indigenous healers was such that all indigenous healers were referred to as wizards and witchdoctors.
5. The severity of the drought was such that South Africa received an IMF Compensatory and Contingency Financing Facility of $850 million to support "the balance of payments following decline in agricultural exports and the increase in agricultural imports caused by the prolonged drought" (Padayachee, 1997: 31-32)
6. A market for indigenous medicines at *eMatsheni*, which was situated at the Victoria Street beer hall was closed by the Durban Corporation in 1920 after complaints from doctors, pharmacists and *amakhosi* (traditional leaders). Today's 'Muthi Market' on Russel Street over the Warwick Junction was started in 1990 and formalised in 1998.

7. People in the township normally hear of an operation when something has gone wrong with it. There is not much interesting and, therefore, talking about, in an operation which went without a hitch. The Zulu word for an operation is *ukuhlinza*, a word which is also used to refer to the act of killing and cutting open a cow, goat or sheep.
8. Africans believe that the spirits of the dead live among us and that the dead, who know all and see all, can be conjured to speak to the living. *Abalozi* (ventriloquism) is one way of conjuring the dead.
9. An article entitled "Human parts that heal", based on hearsay, provides an example of how the alleged practices within a small community can be presented as though they applied to the whole country. (*Mail & Guardian,* 09 December 1994). Another article had prices for various body parts (*Mail & Guardian*, 08 October 1998).
10. For example, the electricity parastatal (Eskom), was reported to be recognising medical certificates from indigenous medical practitioners (*Select Committee on Social Services Report*, 04 August 1998).

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