

Witch Doctors: Versus NHS

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INTRODUCTION

Nothing could have prepared me for the world that was to become my home. A home surrounded by bush: Thorn trees, - eroded dry soil, from which lurked forever menacingly no less than fourteen poisonous snakes. And huge iguana's: great black crawling lizards, who could lash and strike with their tails. That was on the ground. From above and on our roof, monkeys with a sentinel perched on high on the lookout to warn the group if there was a predator, and that the group should take cover. I had married for better or worse and the culture I had married into was a shock. Like the monkeys I was always keeping a weather eye on everything which surrounded me. I was warned not to walk out alone, and to carry a gun. I compromised by preferring what knew by purchasing a black and white border collie puppy to eventually provide me with some protection. However, as I carried the puppy in a SA flight bag, round my neck when he was too tired to walk on the rough road, the natives threatened to kill him because he was bewitched – black and white.

My father-in-law presented me with a green box for another means of protection. The box contained a pamphlet, and a small vacuum should I get bitten by a snake. If I was bitten the rudimentary equivalent of the NHS was 95 kilometres away, I would never get there in time. So, all these hazards I had to accept were primarily about danger and remedies as practiced in the country of my husband's birth: South Africa. Which included the culture beliefs and practices of the Xhosa tribe in Idutchwa a region in the Transkei which means over the Great Kei River. His parents both of Scottish origin and both doctors met while studying medicine in Aberdeen.

THE TRANSKEI



My husband's father had bought a medical practice which consisted of an area of about three acres within which was a home for the family, and an adjacent surgery, plus a very rudimentary hospital for the patients. The map shows where the village was located.

The native people lived in roundavels; mud huts with thatched roofs which were and still are in an area outside the main village. The village was largely run by Europeans and consisted of a; town hall, a police station, a magistrate, a shop, a hotel, and an Anglican church (built by my husband's grandfather - a stone mason from Aberdeen). Which all sounds very civilised by today's standards. The native people used and benefitted from the facilities but continued to stamp their own preferred way of life built on their tribal customs. They used the medical, and educational systems, and general administrative skills and orderliness of the village. So, the two cultures lived side by side in some acceptance and harmony. The old and the new nodding to one another but never the twain should meet.

My husband and his parents would journey by horse or ox wagon and later by car out to surgeries they had established in the outlying areas. These surgeries were remote and most usually attached to a trading shop run by a European. The shop had no similarities to a shop in the developed world. The trading stations were very rural buildings with chickens scratching outside, and pigs wallowing in dust. They were noisy busy dusty places where animals and people met. The local people would barter with the owner and sell their produce to him in exchange for commodities they needed.

The children were bare footed and brought up to obey the rules and observance of the tribal culture. They would save pennies to have a squirt of condensed milk on their hands. The women were subservient, marrying into the tribal customs, accepting that their husband would have as many wives as he could afford and support. The men even instructed the women when to wean the babies so that she could become pregnant and produce again. The fathers of daughters would get cows in exchange as a dowry for the girls, and the boys would carry on becoming leaders. However, having many children was like having an old age insurance policy - many children would insure they were looked after in their old age. So, places like care homes would not exist to provide for the caring of the elderly in the Transkei!

MEDICINE IN THE BUSH

So that's a brief introduction and setting of the scene before getting to the main topic, which is the role and relationship between a tribal witchdoctor and practicing European doctors. And latterly my husband a psychiatrist trained in England living and working in the South African bush. South of the Great Kei River. However, unlike many doctors he could unusually speak the language of the Xhosa people which was a distinct advantage as you will see in what follows.

Working with witch doctors So, what do witch doctors do?



A TRADITIONAL HEALER

Interestingly it is estimated that up to 80 % of Africans still consult witch doctors the Sanoma or inyanga a traditional healer. We may be technically advanced - science has put us in touch with technology which leads to progress and harnesses and masters the world's resources. However, the inyanga uses the psychospiritual: Africa has had this system of medicine for thousands of years which foundationally uses and engages in the spiritual world and the ancestral tribal roots.

Witch doctors deal in maladies of the: body, the mind, and the spirit. They act as both healers and holy men often asking the spirit world of the ancestors for help in human problems: they perform functions beyond that of your local GP. They are often tutored from birth in the ways of the body, the spirit, and the mind. They act as intermediaries in feuds within their communities. They provide advice to people who are facing hard decisions and, of course, they treat the sick and injured.

It is easy to see why they are described as witch doctors when the method of healing is so at odds to those of us used to western medicine. Witch doctors:

- Use bones for gaining access to knowledge and central is possession by ancestors.
- Include many homeopathic remedies.
- The animal and plant extracts used for healing are often natural versions of western medicine such as antibiotics and painkillers.
- The psychological effects of spiritual medicine can be compared with psychosomatic theories, and placebos which have been proved to alleviate, if not cure some conditions.

The use of plant extracts for healing was used by my father in -law. I was intrigued to see patients after the consultation with him spend time foraging in his garden., and leave, not with a prescription but with a bunch of herbs! Which he was growing for them. He wisely knew how necessary it was to combine the healing techniques both ancient and modern.

Witch doctors are unable to treat diseases such as Ebola which are spread far more rapidly due to transport and trade. However, combining the western medicine with the collaboration of the tribal witch doctor is what European doctors needed to do. My husband was fortunate that growing up with Xhosa playmates he could speak Xhosa fluently. So, in his capacity as a GP and then latterly particularly as a psychiatrist, this led to a deeper understanding than just hearing answers via an interpreter.

It needs to be added that some practices are abhorrent. "The BBC News reported, on March 12, 2015, that, "More than 200 witchdoctors and traditional healers had been arrested in Tanzania in a crackdown on the murder of albino people. The killings had been driven by the belief – advanced by some witchdoctors – that the body parts have properties that confer wealth and good luck. According to the Red Cross, witchdoctors were prepared to pay \$75,000 (£57,000) for a complete set of albino body parts. Nearly 80 albino Tanzanians had been killed since 2000, the UN reported. The latest victims included a one-year-old albino boy, killed in north-western Tanzania. The government banned witchdoctors in January 2015 as part of its efforts to prevent further attacks and kidnappings targeting people with albinism."

But returning to the relationship between my husband and the local witch doctor in the Trans Kei: The local people could both see and appreciate the instant impact which my husband had in his tool kit. Injections, antibiotics, against bacterial infections, medication, hospitalisation etc. Whereas he in turn would appreciate the techniques the witch doctors employed. An example of both follows. I watched my husband holding a clinic, he was perched uncomfortably on an upturned iron bell in a chicken shed. He was presented with a psychotic patient by the whole family all squeezed in – to witness the consultation. He came to his diagnosis and prescribed iinaliti- an injection. The patient was dispatched to the nurse for the injection, however en route the patient made a run for it, only to be rugby tackled to the ground and frog marched by the men of the tribe to have the injection. This was a thousand miles away from my husband's National Health Service (NHS) consultation room and retinue of registrars etc. and all the resources for diagnosis and treatment.

The second example is how my husband learnt from the witch doctor. The witch doctor would, unlike general practitioners in the NHS, never ask the patient what was wrong or what his symptoms were. He would know that would show his ignorance. The African's thought he should tell them what was wrong! He would take time, to observe and watch the faces of the patient and the family to get clues. He would make comments and then watch for the reaction of the relatives: getting hotter or cooler depending on the accuracy of his psychological empathy and insight. A psychosomatic approach. He would also throw bones and perhaps feature one significant bone and its message from the ancestors.

It follows that the elderly were venerated in the Xhosa culture.

"The "umkhapho" is a ritual performed after death to accompany the spirit of the deceased to the land of the ancestors. The purpose of umkhapho is to keep the bonds between the deceased

person and the bereaved alive, so that the deceased may be able to return later and communicate as an ancestor.

In conclusion: at either end of the spectrum medicine between Africa and the UK are poles apart. The gap can be bridged to a point, but the spiritual based culture is firmly ingrained in the tribal people. However, man also has a spectrum the collective and the individual - the individual end of the spectrum there is still a noticeable persistently ingrained system and identity in each patient with their own personal beliefs. Even when we share the same country, culture, nevertheless we are different, shaped by unique moulds with a richness of variation. What I gained from these experiences was the importance of cultural respect and the mutual willingness to take a broad perspective whatever the background from which our patients formulate their skewed perhaps causative beliefs and practices. Our developmental environment shape us this is so pertinent when we engage with our patients isn't it? Our clinical responsibility to respond and get onto the same wavelength be it in Africa or in our own back yard, in my case England. Like a tailor with his cloth for the body we need to get the measure of the man or women, not with just the body but with the psyche and soma.