

## Does the traditional healer have a modern medical identity in South Africa?

Gabriel Louw<sup>1</sup>, André Duvenhage<sup>2</sup>

1. Research Associate, Focus Area Social Transformation, Faculty of Arts, Potchefstroom Campus, North-West University, Potchefstroom, South Africa
2. Research Director, Focus Area Social Transformation, Faculty of Arts, Potchefstroom Campus, North-West University, Potchefstroom, South Africa

---

### RESEARCH

---

Please cite this paper as: Louw G, Duvenhage A. Does the traditional healer have a modern medical identity in South Africa? AMJ 2017;10(2):72-77.

<https://doi.org/10.21767/AMJ.2017.2730>

---

#### Corresponding Author:

Prof Dr GP Louw

Focus Area Social Transformation

Faculty of Arts

Potchefstroom Campus

North-West University

Potchefstroom, South Africa

Email [profgplouw@gmail.com](mailto:profgplouw@gmail.com)

---

### ABSTRACT

---

#### Background

Research supports the view that the South African traditional healer does not hold a modern medical identity, but developed from the traditional African religions and cultural environment as a kind of caregiver. The name *healer* with a *medical* connotation arose from early colonists and missionaries misunderstanding the role of a traditional healer in Africa, especially in early South Africa. There is even a misunderstanding today about the African meaning of spiritual healing. As such, the traditional healer is a remnant from a previous, pre-modern time.

Traditional healers were forced to the foreground recently in South Africa by the Traditional Health Practitioners Act No 22 (2007). This act makes the traditional healer an exclusive healthcare practitioner with statutory status under the name *traditional health practitioner*. Such a healer can practice in the formal healthcare sector, including the public hospitals. The Act gives the healer the

right to diagnose, treat and make, and prescribe pre-modern health products to his/hers clients unhindered. It is clear that the various resolutions and implementations of the Traditional Health Practitioners Act No 22 (2007) intend to bring the South African traditional healer into the practice domain of the South African medical doctor.

#### Aims

The study aimed to determine if the traditional healer has a medical identity in modern South Africa.

#### Methods

This is an exploratory and descriptive study that makes use of an historical approach by means of investigation and a literature review. The emphasis is on using current documentation like articles, books and newspapers as primary sources to reflect on the traditional healer's medical identity in modern South Africa. The findings are offered in narrative form.

#### Results

The New South Africa did not start changing socially, economically and politically after 1994. They have started to move into new cultural and life domains centuries ago. Some left behind many of the pre-modern beliefs, like the traditional healer and his supernatural activities and practices.

The present-day political and cultural pressure from politicians (with outdated thoughts) by means of things like the Traditional Health Practitioners Act No 22 (2007), are being met more and more with resistance by the broad population.

It is therefore important to research on the changes in cultural values and styles, economical positions and the medical needs of the country's population to understand if the traditional healer has a truly medical identity in modern South Africa.

## Conclusion

The Traditional Health Practitioners Act (No 22, 2007) has failed to include the outdated traditional healer into the modern South African society and formal healthcare sector as a specific medical entity. The foundations of South African society had changed too dramatically to allow space for a pre-modern cult practitioner.

## Key Words

Identity, indigenous, oracle, priest, ritual, traditional healer, sorcery

---

## What this study adds:

### 1. What is known about this subject?

The subject of traditional healing and the traditional healer has been researched at most superficially in South Africa, especially the medical entity of the traditional healer.

### 2. What new information is offered in this study?

This research offers a new view on the medical identity of the South African traditional healer.

### 3. What are the implications for research, policy, or practice?

The intention to confer a medical identity on the traditional health practitioner with the promulgation of the Traditional Health Practitioners Act No 22 (2007) seems to be short-sighted. The traditional healer lacks a clear medical distinctiveness. The intention of the South African authorities to enforce the traditional healer into the healthcare and medical establishments should be regarded with suspicion.

---

## Background

Literature on the South African traditional healer, including the Traditional Health Practitioners Act No 22 (2007) and its definitions *traditional medicine*, *traditional philosophy* and *traditional practice*, include many references to the traditional healer's medical identity. These references intimate that the traditional healer is a kind of medical entity and an essential part of the healthcare of Black South Africans, especially for those in the poorer rural areas.<sup>1,2</sup>

This alleged medical identity was clearly one of the main reasons for the promulgation of the Traditional Health Practitioners Act No 22 (2007). The concept of the belief in the supernatural that is specifically built into the Traditional Health Practitioners Act No 22 (2007), is seen as an exclusive part of the traditional healer's health practice.<sup>1,2</sup>

The medical fraternity is very sceptical about the abilities, skills and diagnostic approaches of the traditional healer as a healthcare professional, especially in the medical sector.<sup>1,2</sup>

Other research shows that the claim that the traditional healers contribute to healthcare is untrue. The role of the traditional healer in the South African society as a healthcare worker of medical healer seems to be minimal. This includes all practice activities, like herbalism and divinity. In general only between 1.4 per cent of the population makes use of traditional healers, and since the 1990s there has been a constant decline in the demand for these services in South Africa.<sup>1,2</sup>

The view that the traditional healer has a medical identity seems to be doubtful and needs further evaluation.

The aim of this study is to determine if the traditional healer has a medical identity in modern South Africa.

## Method

The research was done by means of a literature review. This method is aimed at building a viewpoint based on the available evidence as research on the subject developed over time. This approach is often used in modern historical research where there is a paucity of information. The databases used were EBSCOHost, Sabinet online and various contemporary sources like newspapers for the period 1989–2014, articles from 1982–2016, books from 1958–2013 and government documents covering the period 2007–2012. These sources stimulate reflection on the development of the Traditional Health Practitioners Act No 22 (2007) and its assumption of the medical identity of the traditional health practitioner in modern South Africa.<sup>3,4</sup>

The findings are offered in the narrative form.

## Results

### Traditional healers' lack in medical education and training

The education and training of traditional healers in South Africa were and are still done in an informal manner. There are no education standards, formal learning programmes, established institutions, etc. There is no academic culture equal to that of the medical doctor. The traditional healers' skills, competencies and abilities are of a much lower standard than those of the medical doctor in South Africa. In it not possible to be registered in terms of the Health Professions Act No 56 of 1974 as a kind of health practitioner with the Health Professions Council of South Africa (HPCSA) without adequate training. This medical

culture is absent among the South African traditional healers. There is no evidence of an educational foundation on which to establish medical training programmes or to learn practical biomedical skills, including diagnosis and treatment in the near future.<sup>5-11</sup>

### **Erroneous names “medical” or “health” associated with the traditional healer in South Africa**

The assumption that the South African traditional healer is a true medically trained healthcare professional, someone with a unique medical distinctiveness, similar to that of the medical doctor, seems to be untrue.<sup>9-13</sup>

The question is therefore: why is the traditional healer referred to in literature and even in the Traditional Health Practitioners Act No 22(2007) and viewed by a part of the public and the authorities in South Africa as a kind of *medical doctor, traditional health practitioner, medicine man, traditional doctor, etc.*, if this is not the case? The reason is simply that these names, especially the name “traditional healer” (with the connotation of “medical” or “health”), is an erroneous name, introduced wrongly many years ago by the early colonists and missionaries of South Africa and accepted and offered in research as such since then. The South African “traditional healer” as we see and understand the term and the true role, abilities, training and position of the healer, has never been properly researched and defined. The name traditional healer has wrongly been included in the Traditional Health Practitioners Act No 22 (2007) to refer to a kind of medical practitioner. This deception was driven and established further by the traditional healing fraternity and their propagandists.<sup>9-11,14</sup>

An in-depth look into the writings of various independent African writers with deep African roots, like Mbiti,<sup>15</sup> Boon,<sup>16</sup> Gumede<sup>14</sup> and Essien,<sup>17</sup> clearly explain this mix-up and the misleading use of the name *traditional healer* in South Africa as a kind of medical practitioner instead of as a *religious practitioner*, like a priest or spiritualist. It is clear from their descriptions that the identity of the *traditional healer* is solely that of a *religious practitioner*.

Essien<sup>17</sup> clearly classifies the traditional healer as an inextricable component of *traditional* (old) African Religions. Essien<sup>17</sup> sees the act of healing by the traditional healer as divine and *not medical* as the Traditional Health Practitioners Act No 22 (2007) tries to profess. Essien<sup>17</sup> reflects that the traditional healer’s healing acts are aimed at aiding human health by adjusting to superstition, magic and religious actions. The cures offered for diseases and illnesses, or any other kind of human health danger, are

purely religious and supernatural treatments. It includes the use of “medicine” that Essien<sup>17</sup> identifies as amulets, charms, herbs, sorcery, witchcraft and muti. The aim of this “medicine” is specifically to block out or to help avoid misfortunes, mishaps and sicknesses or to counteract sorcery and to put a stop to the evil spells of witches. Nowhere does Essien<sup>17</sup> refer to modern or real scientific medicine, diagnoses and treatment.

Gumede<sup>14</sup> also sees the traditional healer and his healing process as an integral part of religion. The healer is described as a “gifted man of God” and a parallel to the minister and evangelist. About the traditional healer’s prominent religious role during his home consultations, Gumede<sup>14,p.144</sup> writes: “He opens proceedings with a prayer. The head of the family is requested to offer a goat – which is at the ready. The goat is killed by cutting the throat so that it bleats. This rings a bell to summon all the clans. All the spirits of the departed ancestors are alerted to remain at attention. The head of the family then sings the praises of the old ancestral spirits or the chiefs departed. The traditional healer is performing his duties as the emissary of *Umvelinqangi* for he is both healer and priest.”

Gumede<sup>14</sup> sees the approach of the traditional healer for as social, political, economical, moral, religious, recreation and they have a role when there is a change of environment. A true medicinal approach, based on modern medical science for diagnosis and treatment, is absent.

Boon<sup>16</sup> defines the work role of the sangoma in particular and sees the traditional doctor, traditional healer or diviner as the term is used in the Traditional Health Practitioners Act No 22 (2007) as a *priest-healer* (meaning *to heal or restore through spiritual actions*) and not a medical healer treating biomedical conditions. This classification of the traditional healer as a priest, spiritualist, a seer and religious leader and not at all as a medical healer, is supported by the descriptions and definitions of many other researchers.<sup>18-23</sup>

Mbiti<sup>15</sup>, whose research and writing played a dominant role in defining the so-called African traditional healer, indeed calls the traditional healer specifically a *medicine man*, but, he adds that this person is active in a total of eight religious roles in the African society, especially in the role of the priest. Mbiti<sup>15,p.153</sup> writes: “Religion has deep roots in people’s lives. Therefore, to make it function properly in society, there are often men and women who have religious knowledge, and who know how to lead others in religious activities, and who serve as the link between their fellow human beings on the one hand, and God, spirits, and

invisible things, on the other. We find many such leaders in all African societies. Their knowledge of religious matters varies considerably. Some of them are professionals, and therefore well trained and skilled. Others only take the lead when the need arises, otherwise living and working like ordinary people. Some are rulers and national leaders, and it is their positions which embody religious beliefs and emotions. In many ways, religious leaders are the embodiment of what is best in a given religion. They embody the presence of God among people, and the faith or beliefs of the people, as well as their moral values. Without them, African religion would disintegrate into chaos and confusion. The religious leaders are the keepers of religious traditions and religious knowledge. They are wise, intelligent, and talented people, often with outstanding abilities and personalities. They include medicine men, diviners, mediums, seers, priests, ritual elders, rain-makers, and rulers”.

Both Mbiti<sup>15</sup> and Essien<sup>17</sup> emphasize that all major diseases, illnesses and life troubles in the African society are usually regarded, treated and explained as religious experiences and not as biological/medical illnesses and diseases as modern medicine would understand it. For Mbiti<sup>15</sup> and Essien<sup>17</sup>, contrary to modern medicine’s diagnosis and treatment, the muti of the traditional healer is essentially a religious act and a “ritual” needed to assure that life troubles, in the form of magic, sorcery, witchcraft, broken taboos and the work of spirits, are laid to rest.

Mbiti’s,<sup>15</sup> Boon’s,<sup>16</sup> and Essien’s<sup>17</sup> own misunderstandings of the true meaning of words like “medicine”, “medical”, “healer”, and their subsequent wrong use of these names for a religious priest or practitioner, is reflected by Mbiti’s<sup>15</sup> inappropriate description of the “African science of medicine”. In this description, he portrays the religious, pre-modern and supernatural training of his *medicine man* as based on a real medical foundation, similar to that of the modern medical doctor. The same misconception is also reflected by Mbiti’s<sup>15</sup> definition and understanding of the concept “protective” or “preventive” medicine, namely the use of muti for protection against misfortune (a term that in modern medicine means: to inoculate with safe, effective and tested medicine to prevent an illness like poliomyelitis).

Mbiti’s<sup>15,p.156</sup> unclearness and lack of knowledge about what real modern medicine is, are also revealed by his naive remark that “medicine in African societies has a wider meaning”. He also tries to divert attention from the fact that “medicine in African societies” has no meaning similar to or connection to modern medicine and modern

healthcare whatsoever in his definition:<sup>15,pp.170-1</sup> “For African people, the word medicine has a lot of meaning. It is unfortunate that in the English language it has a limited usage.” The truth is that Mbiti’s<sup>15</sup> “medicine” is solely spiritual and his “medicine-man” is a spiritual healer.

## Discussion

It is clear that the traditional healer and the pre-modern medical products that he prepares and uses as part of his treatment are far removed from modern biomedicine. He is not a health practitioner or medical doctor. However, the name “traditional healer” in reference to the pre-modern African milieu does not have any other meaning in modern society.<sup>24,25</sup>

The medical meaning ascribed to the term traditional healer was endorsed from 1652 onwards in South Africa by a portion of the public, researchers and the lawmakers of the Traditional Health Practitioners Act No 22 (2007). Be that as it may, it is a misconception that has become a deception in our daily life.

It is clear that the role of the traditional healer, specifically as a skilled kind of medical practitioner in present-day South Africa, is minimal. His rituals, customs, practices and muti can primarily be associated with the supernatural, witchcraft, demons, bad magic, witches and other negative or problematic behaviours and doings, instead of scientific medical actions and healing.<sup>26-29</sup>

The South African traditional healer is at most a priest or spiritualist: no medical role and identity can be allocated to him.

## Strength and limitations

The findings of this research offer a clear definition of the traditional healer as a non-medical entity. The fixed and stereotypical thinking on the assumed medical abilities of the traditional healer will hamper new thinking and the correction of the view that the traditional healer is a medical practitioner.

## Conclusion

It is clear that the traditional healers’ training, practices and treatments have been erroneously construed as medical over many years, while these practitioners are actually priests or spiritualists. There is a claim that traditional healers play a “distinctive” role as a kind of medical practitioner in the modern South African healthcare sector. However, role refers to an 11.2 per cent consultation rate in limited rural areas by a very small segment of poor people.

The general usage of the traditional healer by the total population is only 1.4 per cent. This 1.4 per cent represents a maximum patient base of only between 75 801 and 607 041 persons. When it comes to consultations on truly “medical” problems, this number of users is even lower.<sup>2,30</sup>

The maintenance of the medical identity of the traditional healer in South Africa by means of the Traditional Health Practitioners Act No 22 (2007) seems to be politically motivated. The post-1994 dispensation has given rise to political leaders and opportunistic politicians with masked agendas. They abuse the traditional healers by presenting them to the public as a so-called religious and cultural heritage that must be retained, playing on the emotions of the electorate. This unhealthy political climate is also abused by the traditional healers themselves to advance their own interests by means of the Traditional Health Practitioners Act No 22 (2007) and to promote their professional status as a kind of medical healer or practitioner. The traditional healer, with all his supernatural doings, is a pre-modern spiritual phenomenon with an ambiguous status.<sup>31–37</sup>

The South African traditional healers’ assumed exclusive medical identity is non-existing in the modern South African society. The Traditional Health Practitioners Act No 22 (2007) is clearly inapplicable and inappropriate in its aim to accommodate and to regulate an outdated kind of pre-modern priest, spiritualist or caregiver as a kind of health or medical professional inside the formal health establishment of the country. This kind of registration belongs exclusively with churches, outside governmental healthcare regulation and relationship.

Emperor Theodosius declared in 400 AD about the evil doings of the oracles and wizards of Apollo that:<sup>38,p.110</sup> “no mortal man shall have the effrontery to encourage vain hopes by the inspection of entrails, or to attempt to learn the future by the detestable consultation of oracles. The severest penalties await those who disobey.”

It seems as if the Traditional Health Practitioners Act No22 of 2007 AD had tragically pushed back South African traditional medicine nearly 3,000 years to 600 BC together with the oracles and wizards of Apollo.

## References

1. Nxumalo N, Alaba O, Harris B, et al. Utilization of traditional healers in South Africa and costs to patients: Findings from a national household survey. *J Pub Health.*

- 2011;32:S123–S136. [Internet]. [Cited 2013 Nov 11]. Available from <http://dx.doi:10.1057/jphp.2011.26>
2. Wilkinson K. The use of traditional healers vastly exaggerated. *Mail and Guardian.* 2013 Aug 1;pp.1–9. [Internet]. [Cited 2016 Feb 21]. Available from <http://mg.co.za/article/2013-08-01-usage-of-traditional-healers-vastly-exaggerated>
3. Bless C, Higson-Smith C. *Fundamentals of Social Research Methods, An African Perspective.* Kenwyn: Juta; 1995.
4. Louw GP. *A guideline for the preparation, writing and assessment of article-format masters dissertations and doctoral theses.* Faculty of Education, Mahikeng Campus: North-West University; 2013.
5. Brink AJ. *Geneeskunde 75 Jaar. Akademie 75 Jaar: Rekenkap en toekomspektief.* Presentation Annual Meeting 27 to 29 June 1984, Bloemfontein. Pretoria: SAAKW; 1984.
6. Burrows E. *History of Medicine in South Africa up to the end of the nineteenth century.* Cape Town: Balkema; 1958.
7. De Moulin D. *De heekunde in de vroege middel-eeuwen.* Doctoral thesis. Nijmegen Catholic University: Nijmegen; 1964.
8. Grobler V. *The history of dentistry in South Africa, 1652–1900.* Masters dissertation. University Pretoria: Pretoria; 1974.
9. Louw GP. *The professionising of the psychology in South Africa: A historical comparative perspective.* Doctoral thesis, Potchefstroom: North-West University; 1991.
10. Louw GP. The psychosician - an ultimate solution? *Geneeskunde.* 1993;35(6):19,22,23,26,27,29–40.
11. Louw GP. *The history of the development of dentistry in South Africa.* Potchefstroom; 1993.
12. Richter M. *Traditional medicines and traditional healers in South Africa.* Discussion paper prepared for Treatment Action Campaign and AIDS Law Project. Pretoria: Government Printers; 2003. [Internet]. [Cited 2014 May 19]. Available from [http://healthlink.org.za/uploads/files/TAC\\_LAW\\_proj.pdf](http://healthlink.org.za/uploads/files/TAC_LAW_proj.pdf)
13. *Traditional healers of South Africa.* Wikipedia Free Encyclopedia. Available from [http://en.wikipedia.org/wiki/Traditional\\_Healers\\_of\\_South\\_Africa](http://en.wikipedia.org/wiki/Traditional_Healers_of_South_Africa) (accessed 02/02/2014).
14. Gumede MV. *Traditional healers: A medical practitioner’s perspective.* Johannesburg: Blackshaws; 1990.
15. Mbiti JS. *Introduction to African Religion.* Johannesburg: Heinemann; 1991.

16. Boon M. *The African Way: The power of interactive leadership*. Sandton: Zebra Press; 1996.
17. Essien ED. Notions of Healing and Transcendence in the Trajectory of African Traditional Religion: Paradigm and strategies. *Int Review of Mission*. 2013;102(2):236–148. [Internet]. [Cited 2014 Oct 23]. Available from <http://dx.doi:10.1111/ivom12027>
18. Cheetham RWS, Griffiths JA. The traditional healer/diviner as psychotherapist. *S Afr Med J*. 1982;62:957–8.
19. Griffiths JA, Cheetham RWS. Priest before healers – an appraisal of the Insangoma or Isanusi in Nguni Society. *SA Med J*. 1982;62:950–60.
20. Gqaleni P, Moodley I, Kruger H, et al. Traditional and complementary medicine. In: S Harrison, R Bhana, A Ntuli, eds. *SA Health Review*. 2007;12:175–88. [Internet]. [Cited 2014 Nov 31]. Available from <http://www.healthlink.org.za/uploads/files/SAHR2007.pdf>
21. Hund J. Witchcraft and accusations of witchcraft in South Africa: Ontological denial and the suppression of African justice. *Comp and Inter Law J SA*. 2000;33(3):366–189.
22. Peltzer K. Utilization and the practice of traditional/complementary/alternative medicine (TM/CAM) in South Africa. *Afr J Traditional. Compl and Alter Med*. 2009;6(2):175–185.
23. Rautenbach C. Some comments on a new legislative framework for female traditional healers in South Africa. *Academia edu*. 2014:113–32. [Internet]. [Cited 2014 Feb 19]. Available from [http://www.academia.edu/4007428/Some\\_Comments\\_on\\_a\\_new\\_Legislative\\_Framework\\_for\\_Female\\_Traditional\\_Healers\\_in\\_South\\_Africa](http://www.academia.edu/4007428/Some_Comments_on_a_new_Legislative_Framework_for_Female_Traditional_Healers_in_South_Africa)
24. Devenish A. Negotiating Healing: Understanding the Dynamics amongst Traditional Healers in KwaZulu-Natal as They Engage with professionalization. *Soc Dynamics*. 2005;31(2):243–284.
25. Pobe JS. Health, healing and religion: An African View. *Inter Review Mission*. 2001 Jan;90:356–357/55–64. [Internet]. [Cited 2014 Jan 23]. Available from <http://dx.doi:10.1111/j.1758-6631.2001>
26. Mazibila S. MEC calls for action against killings. *Sowetan*. 2014 July 28;p.5.
27. Mazibila S. Leaders behind ritual murders. *Sowetan*. 2014 July 28;p.5.
28. Roelofse C. Ritual and muti murders amongst vha-Venda people of South Africa: An ethno-criminological assessment of the phenomenon and development of a new typology. [Internet]. [Cited 2016 Feb 18]. Available from [http://www.researchgate.net/publication/273382950\\_Ritual\\_and\\_muti\\_murders\\_amongst\\_the\\_vha\\_people\\_of\\_South\\_Africa\\_An\\_ethno-criminological\\_assessment\\_of\\_the\\_phenomenon\\_and\\_development\\_of\\_a\\_new\\_typology](http://www.researchgate.net/publication/273382950_Ritual_and_muti_murders_amongst_the_vha_people_of_South_Africa_An_ethno-criminological_assessment_of_the_phenomenon_and_development_of_a_new_typology)
29. Vincent L. Muti murders in Democratic South Africa. *Tribes and Tribals*. 2008(Special);2:43–53.
30. South African Statistics. *South Africa*. Pretoria: Government Printers; 2012.
31. Latif SS. Integration of African traditional health practitioners and medicine into the Healthcare Management System of the Province of Limpopo. Masters dissertation. Stellenbosch: Stellenbosch University; 2010.
32. Mbatha N, Street RA, Ngcobo M, et al. Sick certificate issued by South African traditional health practitioners: Current legislation, challenges and the way forward. *SA Med J*. 2012;102(3):129–31.
33. New healthcare law will make sangomas watch their bones. *Health Systems Trust* 2014. [Internet]. [Cited 2014 Feb 3]. Available from <http://www.hst.org.za/news/new-law-will-make-sangomas-watch-their-bones>
34. New healthcare law restricts our freedom. *The Star*. 2014 May 29;p.25.
35. Ritchken E. Dolosgooiers, toordokters of magiese genesers? *Westerse dokters en sangomas kan saamwerk*. *Vrye Weekblad*. 1989 May 19;pp.10–11.
36. The Traditional Health Practitioners Act of 2007, No 22. Republic of South Africa. Pretoria: Government Publishers; 2007.
37. Traditional healers to be integrated into NHI. [Internet]. [Cited 2016 Feb 18]. Available from <http://www.medicalchronicle.co.za/traditional-healers-to-be-integrated-into-nhi/>
38. Stewart C, Stewart C. *Essentially Turkey*. Kent: Christopher Helm; 1988.

#### PEER REVIEW

Not commissioned. Externally peer reviewed.

#### CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

#### FUNDING

None