

True ownership of traditional medicines in South Africa

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RESEARCH

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ABSTRACT

Background

Literature postulates that traditional medicines form an important part of modern-day South African healthcare. The belief is that the traditional healer and traditional medicine is a close-knit unit, with the traditional healer as the true owner and manufacturer of traditional medicines. Various studies also postulate that the growth and development of South African traditional medicines are restricted by the pharmaceutical industries and other role players like the medical fraternity.

Aims

The present study aimed to determine who holds the true ownership of traditional medicines in 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 thinking and opinion on the true ownership of traditional medicines in South Africa. The findings are offered in narrative form.

Results

Many more role players are active in today's traditional medicines manufacturing industry than merely the traditional healer and the traditional fraternity. The literature on traditional medicines fails to show the public the true meaning of traditional medicine in modern-day South Africa and to whom it really belongs. An in-depth analysis and understanding of the Regulations of the Traditional Health Practitioners Act (Act No 22, 2007), and of the definitions *traditional philosophy* and *traditional medicines* as reflected by the Act are totally missing from the literature. Such an investigation will aid in uncovering the true ownership of traditional medicines.

Conclusion

There is a clear differentiation between the dominant (real) traditional medicines and the inferior pre-modern traditional products of the traditional healer. The title deed or card and transport of traditional medicine are held by various public and private institutions and other entities, not exclusively by the traditional healer fraternity.

Key Words

Cartels, complementary, concoctions, indigenous, muti, pre-modern, supplementary

What this study adds:

1. What is known about this subject?

Most literature shows a misconception about what traditional medicines really are.

2. What new information is offered in this study?

The present study clearly delineates traditional medicines and traditional medical products (mixtures).

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

The traditional healer and his so-called medical products play an insignificant role in the traditional medicines industry and must be treated with utmost caution.

Background

South African literature on traditional healing offers opinions, statements and views on the excellence of traditional medicines and alleges that there is currently a dramatic evolution in traditional medicines here and worldwide. Sources also allude to the view that the South African traditional healer's medicines and practices were blocked by White supremacy over many years. This has stunted its development and created the situation where it is ignored by the official healthcare sector and most of the public.¹⁻⁹

Regarding the assumed intellectual property rights over the so-called existing Traditional African Medicines (TAM), researchers argue that the power of the multinational pharmaceutical industry, together with cultural imperialism, had marginalized the industry. It is specifically alleged that the lobbying by pharmaceutical cartels after 1994, together with hostile attitudes of medical doctors and the medicine regulators, are destroying the South African traditional healer's unique traditional medicines.⁸⁻¹³

Even the good names of official South African bodies are selectively misused to create and promote the impression that there is a so-called "South African traditional medicine culture". Sources cite information collected worldwide that is clearly applicable solely to the supplementary/complementary medicine (CAM) industries and not to South African traditional healing, as part and parcel of the so-called TAM of the traditional healing fraternity.¹¹

The many opinions and views offered in the literature sketches a picture of the so-called excellence of the traditional healer's medicines and of an excellent traditional health service offered by the traditional healer. It is furthermore alleged that traditional medicines and the traditional healer are all part of a unique, close-knit unity that is unbreakable and inseparable in the traditional healthcare fraternity, and as such that traditional medicines are the exclusive domain of the traditional healer. For the propagandists of traditional healing there seems to be no differentiation between the kinds of traditional medicines, as fields that are driven, executed and belong to different role players in the South African healthcare sector. The objections of the regulated allied health professions and the

supplementary/complementary manufacturers that traditional medicines are their domain and that there is a misconception in the minds of the traditional healing fraternity and their propagandists who reflect their traditional products as similar to (real) traditional medicines, are bluntly ignored.^{6,10-13}

Currently it seems that the true ownership of traditional medicines, with or without the prefix *real*, is a point for debate, especially the conception that traditional medicines are the sole domain of traditional healing is controversial and has to be addressed.

The aim of this research is to determine the true ownership of traditional medicines in South Africa.

Method

The research was done by means of a literature review. This method entails formulating a view based on the available research evidence. This approach is used in modern historical research where there is a lack of information on a topic. The databases used were EBSCOHost, Sabinet online and various contemporary sources like newspapers for the period 2014, articles from 1999 to 2016, books for the period 1992 to 2013 and governmental documents covering the period 2007. These sources were probed to find out if the traditional healers of South Africa are the true owners of traditional medicines.^{14,15}

The findings are offered in narrative form.

Results

The history of South African traditional healers in perspective

Indigenous traditional medicines were surely a strong competitor for European traditional medicines when last-mentioned made its appearance at the Cape of Good Hope in 1652. On the other hand, is it clear that it was due to the indigenous traditional healer's own ignorance, his spiritual orientation and his lack of medical science that he never became a role player in mainstream health delivery, which erased his indigenous medicines from the South African scene? The Second World War gave further direction and added dimensions to South African scientific healthcare; a health complex to which indigenous traditional medicines did not belong for a long time. They were still stuck in the dimensions of the healthcare of the 1600s.^{6,16}

Since 1960s, it was specifically identified that traditional healing, the traditional healer and his traditional products moved to the foreground in South Africa, not because of an

urgent need for them, but because they had become a political determinant and pivot to enforce certain streams of thought and practice. This South African movement gained momentum after the post-1994 political dispensation and had the support of not only the traditional healing fraternity and sympathy politicians, but also the activists and lobbyists of traditional healing. These groups offered various opinions and statements as true about the absolute needs and profits of the South African traditional healer's (indigenous) traditional medical products to healthcare.^{1,6,16,17}

An in-depth investigation shows that most of these pieces of supporting evidence frequently mentioned in articles, books and other reporting were based on misleading "Bannermanistic" beliefs, statistics and superficial thinking, stretching over more than 30 years; presented over and over, whether artificial, trivial, true or false. A cleansing of these "Bannermanisms", churning and falsities was undoubtedly needed in South Africa before the Traditional Health Practitioners Act No 22 (2007) could be promulgated as an Act.^{1,6,16,17}

The belief about the existence of the exclusive TAM of the traditional healer in South Africa is part of this "Bannermanism" and should be addressed as true or false. Specifically, the present ownership of traditional medicine in South Africa should be clarified.

Act No 22's descriptions and the lack of a South African traditional healer's medicine culture

In South Africa, *traditional medicine* is a definition that is incorporated into the wide-ranging definition *traditional philosophy* of Section 1 of the Traditional Health Practitioners Act No 22 of 2007. The Act's functioning is driven by the definition of *traditional philosophy* as "indigenous African techniques, principles, theories, ideologies, beliefs, opinions and customs and the use of traditional medicines communicated from ancestors to descendants or from generations to generations, with or without written documentation and whether supported by science or not, and which are generally used in traditional health practice".¹⁸

First, the description of traditional medicines in the Traditional Health Practitioners Act No 22 (2007) already reflects the ignorance of the traditional healing fraternity regarding an understanding of what traditional medicines truly means and are in practice for them. Second, the definition itself is a public acknowledgement by the Traditional Health Practitioners Act No 22 (2007) that at

present there is no indigenous traditional medicines culture unique to traditional healing in South Africa. This total absence of an existing indigenous traditional medicines culture and intellectual property rights are well reflected in the wording of "traditional medicines communicated from ancestors to descendants or from generations to generations, with or without written documentation, whether supported by science or not".¹⁸ This kind of phrasing as part of an Act's definition is nothing else than dark Middle Age mythology writing and storytelling.

This official absence of an existing South African indigenous traditional medicine culture is further reflected by Section 1 of the Traditional Health Practitioners Act No 22's superficial and insufficient description that traditional medicine is only "an object or substance used in traditional health practice". This once more presents constructive evidence of the lack of an indigenous traditional medicines culture in South Africa, a further acknowledgement by the traditional fraternity of their failure to offer a unique traditional medicines culture. There is, in terms of the Traditional Health Practitioners Act No 22, of which the main intention is to regulate and to guard the interests of tradition healing, nothing concrete in evidence to lay claim on an established science of traditional medicines or to demonstrate through any written documentation of the fraternity's intellectual and property rights on certain traditional medicines that are in use as scientific matter or profit, either by them or the established healthcare.¹⁸

This shortcoming in the Traditional Health Practitioners Act No 22 (2007) is masked by the words "traditional medicines communicated from ancestors to descendants and without written documentation"; empty clichés that have no legal standing as the truth.¹⁸

The fact is that the traditional fraternity arrived on the scene in 2007 with the Traditional Health Practitioners Act No 22 without any proof of an existing history and culture of traditional medicines to demonstrate. Claims of intellectual and property rights to traditional medicines are myths that had become truth inside a new policy of political correctness that no-one may dare challenge, like many other false cultural, social and political claims. Notwithstanding this embargo on the truth, various writers have refused to be silenced and classify the traditional healer of South Africa's "medicines" under the single name *muti*. It is well demonstrated that this *muti* can include substances varying from human organs, human blood and nail-clippings to potions containing herbs and plants.¹⁹⁻²¹

A literature guideline on a South African traditional medicine culture

Other literature on traditional medicines also classified the traditional “medicines” of the South African traditional healer as pre-modern, “indigenous concoctions” that include rare lizard fat, snake skin, sun burnt beetles and spiders, lion lard, dried crocodile liver and baboon testicles and substances from plants. These are clearly not medicines that are likely to be listed and protected by the South African health authorities as exclusive traditional health intellectual property or used by the regulated health professionals.^{8,22,23}

On the other side of the spectrum, there are undoubtedly the traditional medicines (also known as *real* traditional medicines or complementary/supplementary medicines) of the complementary manufacturers. They have their own standard of quality control apart from the Medicines Control Council (MCC). This is quite different from the traditional products (also named medical concoctions, magic medicines or muti medicines) of the traditional healer that carries no assurance of quality or scientific standards. It is clear that the descriptions “of the Traditional Health Practitioners Act No 22 (2007) of what traditional medicine is” are misleading and incorrect. The definition *traditional medicines* of the Traditional Health Practitioners Act (No 22, 2007) means utmost unscientific and untested traditional products (or medical concoctions or mutis).^{6,17,24}

A critical analysis of the pharmaceutical safety of these traditional products shows that the safeguard of the Traditional Health Practitioners Act No 22’s *definition of traditional medicine* “does not include dependence-producing or dangerous substances or drugs” is not a guarantee that the traditional healer’s present, untested traditional products (also referred to as muti, mixtures or concoctions) are free from dangerous components. These traditional products have no MCC certification and are not listed on the Pharmaceutical Product Index (NAPPI) that serves as the only guideline for pharmacists and doctors for prescriptions. The danger of these traditional products is further confirmed by the fact that the South African government (which was also the creator of the Traditional Health Practitioners Act No 22) had to establish two official centres to combat muti poisoning.^{6,11,25}

The traditional healer and his uses of pre-modern traditional products

There is a misconception that the two entities, *traditional healer* and *traditional medicines* (in practice and real life a sub-division of supplementary medicines) are an

inseparable close-knit unit in the traditional healthcare setup. To the contrary, traditional medicines are entities with their own domain, totally separate and independent from the traditional healer and his pre-modern doings and products. In addition, is it clear that the traditional healer is indeed dependent on his pre-modern traditional products for his existence as a supernatural healer? The traditional products of the traditional healer *per se* are pre-modern, supernatural: they can clearly not be included in the definition of modern-day traditional medicines.^{6,17,24}

The pre-modern traditional products (specifically identified in the South African literature under the names concoctions and mutis) are used by traditional healers solely because plants and herbs (and animal substances) are plentiful, easy to gather and manufacture so-called medical products at low cost and with little know-how. There is no legislation that governs the manufacturing, use and sales of these substances. It is furthermore popular with traditional healers, plainly because traditional healers are too 'un-trained' and too 'under-educated' to understand how these regulated mixtures are manufactured, what effect they can have and little information regarding the safe prescription of regulated medicines.^{9,26,27}

Besides the dangers they hold for human lives, traditional healers also have a negative impact on the biodiversity due to their self-manufacturing of medical products. As much as 86 per cent of the plant and animal sources of their products already manifest shortages. The use of certain herbs to treat HIV/AIDS led to serious damage to biodiversity, while the smuggling of protected plants and animals for use in traditional products is a very destroying determinant. Research also shows that 51 per cent of healers ignore plant reservations in their plant gathering. These devastating and unscrupulous effect traditional healers in South Africa have on the biodiversity is enormous if the statistics about their use and output of traditional products per annum are true and are taken into consideration. If these figures are correct, yearly 1 500 tons of medical products are sold at the Durban markets alone, 20 000 tons of indigenous plant materials of 771 species of plants are used, and 128 million courses of traditional medicine treatments are prescribed.^{10,11,17,28}

The limited successful (but unconfirmed) outcomes in the use of traditional products by South African traditional healers in the treatment of various simple diseases, shows that the traditional healer does not have an extraordinary healing ability with the exclusive use of his self-made traditional medical products. Real traditional medicines do

have potential, but then clearly apart from the traditional healer's pre-modern manufacturing and use of his traditional products. Traditional medical products' only contribution in the past and still today, is that as "spiritual medicines" help the traditional healer to survive and to stay in the present position of supernatural and mystic treatments.^{9,26,27}

Real traditional (complementary) medicines of the SMASA, HPA and TMSC

In essence, "real" traditional medicines, which are associated with, and are similar too, or are part of supplementary/alternative medicines, are nothing else than natural or phyto-medicines, meaning medicines made from plants. Modern medicine in South Africa does have branches in the use of herbs and plants, like the naturopathy, homeopathy and phytotherapy. Even the modern medical practitioner makes use of these types of real traditional medicines in the refined medicines used by him, seeing that as much as 30 per cent of the world's collection of drugs comes from plants, but only *after* they are reworked and *refined* pharmaceutically and scientifically. In the modern medical practice, these real traditional medicines are thus verified by scientific cause-and-effect guarantees, based on reworking and refining, and biochemical tests and retests before they are allowed to be prescribed. This is far removed from the pre-modern traditional products, described wrongly in Section 1 of the Traditional Health Practitioners Act No 22 (2007) as *traditional medicines*, together with the traditional healer's refusal to put his primitive, self-made traditional products (mutis or concoctions) on trial for testing and retesting and to obtain scientific certification to ensure their safety for use.^{6,9,16,22,27,29}

The good standing of real traditional medicines as future modern medicines in South Africa – but far removed from the traditional healers' backstreet manufacturing and use of traditional products– is well reflected by its research in the private pharmaceutical fraternity to develop it into scientific, accountable medicines. Various bodies have worked to legalize supplementary medicines (original *real* traditional medicines) over the years, like the *Self-Medication Manufacturers of South Africa (SMASA)*, the *Health Products Association (HPA)* and the *Traditional Medicines Stakeholders Committee (TMSC)*.^{6,27,29-32}

The role of the HPA in offering complementary (real traditional) medicines, separated from the traditional healers' pre-modern products, must be highlighted here to show the immense difference between "real" traditional

medicines and pre-modern traditional mixtures. This encircling Association (formed in 1975 by 114 manufacturers, importers and distributors of complementary medicines and health products), is part of the modern traditional medicines fraternity that totally excludes the traditional healer and his self-manufactured traditional products (also generally known as mutis and concoctions). These 114 companies cover most of the market for supplementary medicines and include the largest individual companies in South Africa. This group generates a conservative turnover of R 7 to R 8 billion in revenue per year. The HPA is also a member of the *European Federation of Associations of Health Products (EFAHP)*.^{6,29-32}

Governmental input to real traditional medicines

The South African government itself shows a keen interest in real traditional medicines, and is steering comprehensive input into the development of real traditional medicines through collaboration with various parastatal government bodies. This is in collaboration with the *Medical Research Council (MRC)* and its *Traditional Medicines Research Unit (TMRU)* that works with universities, the *Council for Scientific and Industrial Research (CSIR)* and its *Institute for African Traditional Medicines (IATM)*. These bodies are completely independent from the South African traditional healers or the supplementary health industry.^{6,16,33}

The aim of the last mentioned institute (IATM) is to screen most of South Africa's more or less 24,000 indigenous plants for biological-active components (of these plants, traditional healers use only approximately 3,000 for their mutis and traditional mixtures). The MRC and the University Cape Town (UCT) have a joint venture to create a real traditional medicines database (TRAMED111), with the aim to gather relevant research on traditional medicines. There is also the Medicines and Related Substances Control Act of 1965 (Act No 101, 1965) that empowers the Medicines Control Council (MCC) to protect the public by ensuring that all medicines that are sold, distributed and used in South Africa, are safe, effective and manufactured according to acceptable standards of quality.^{6,16,33}

The HPA has a Self-monitoring Technical Committee (STC) that assists its members to maintain internal ethical standards of production, quality control, marketing and advertising within the industry and the market place of supplementary or developed traditional medicines in South Africa. It ensures that good manufacturing procedures are implemented by manufacturers, subject to the legislative control of the Department of Health (DoH).^{6,16,32-34}

Regarding the guardianship and management of real traditional medicines (including plants and herbs), the South Africa National Biodiversity Institute (SANBI) was founded to ensure that indigenous knowledge is protected and that the material and scientific benefit that may come from indigenous knowledge, are shared with communities where applicable, but clearly not specifically the traditional healers.⁶

Discussion

Researchers^{35,36} are correct when they say that the growing international popularity of traditional medicines signals also a new era for traditional medicines in South Africa, but go astray when they see traditional medicines as the same as mutis or traditional pre-modern medical products, and the traditional healer as the primary role player in this setup. Indeed, the traditional healer is not even a secondary role player. The traditional healer's negative role and his medical products outweigh any advantages and benefits to scientific medicines know-how. His traditional products are undoubtedly potential health dangers to the public.

It is clear that the real South African traditional medicines are being taken care of by various public and private pharmaceutical and scientific institutions and other entities in their focus to develop most of the real traditional medicines into a pharmacopoeia and sound modern medicines and to inaugurate them into the South African user bank of modern medicines. This inclination is far removed from the traditional healer and his pre-modern, supernatural practices, beliefs, habits, customs and dangerous medications. It re-affirms that real traditional medicines are not owned at all by the traditional healers of South Africa.³⁷

Strength and limitations

The study successfully reflects on the misleading viewpoint that South African traditional medicines are the same as the so called traditional medical products of the South African traditional healer and that the traditional healer is the owner and manufacturer of traditional medicines in South Africa.

There is a lack of interest to promote the true role players in the manufacturing of South African traditional medicines and efforts to better the public's understanding of what traditional medicines are. Such support would surely strengthen the findings of this research.

Conclusion

First, real traditional medicines are clearly not the South African traditional healer's exclusive property and right to use alone. It belongs to all the peoples of South Africa and all registered health practitioners that are allowed to prescribe medicine to the public and the private formal sector of manufacturers of medicine.

Second, there is nothing secret about real traditional medicines as the definition of *traditional philosophy* in Section 1 of the Traditional Health Practitioners Act No 22 (2007) tries to profess. Its descriptions mislead the public to see traditional medical products (mutis and traditional healer's mixtures) as traditional medicines.¹⁸

Third, it is clear that the South African traditional healer's substandard medical knowledge, way of practice and use of his traditional products, do not fit into the scientific scene of modern, real traditional medicines. His products are plainly, ancient and dangerous.

Fourth, the development of real traditional medicines in South Africa was undoubtedly not maintained by the traditional healers themselves over the centuries. This is confirmed by their present-day poor scientific status, untrustworthy medical know-how and potentially dangerous medical products. Indeed, their pre-modern medicine-making is devastating to the South African biodiversity and a danger to the public.

Fifth, the title deed of the ownership of traditional medicines, with or without the prefix *real*, is held by various public and private entities, including pharmaceutical and scientific institutions, totally outside the domain of the South African traditional healing fraternity.

So, next time when the South African traditional healer cries blue murder about his alleged ownership of traditional medicines, just ask him for his "card and transport".

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