

# The future registration of the White traditional healer in terms of the Traditional Health Practitioners Act (Act No 22, 2007) in South Africa: more bones to be thrown?

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## RESEARCH

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## ABSTRACT

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### Background

The dilemma of the White traditional healer is an unexpected outcome of the intent to use the Traditional Health Practitioners Act No 22 (2007) to adhere to the ANC's cultural rights declaration of 1969, which stated that they aim to bring the indigenous traditional healer into the South African health care sector. The *traditional philosophy* of a 'calling' and the unique way of practice that life as a traditional healer entails, ask for guidelines to address the matter.

### Aims

The study aims to determine if a White person can be accommodated in terms of the Traditional Health

Practitioners Act No 22 (2007) as a traditional healer 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 South African White traditional healer and his position in the traditional healing fraternity. The findings are offered in the narrative form.

### Results

Various ways have been identified in which an individual, including Whites, can become a traditional healer other than that of the traditional 'calling' to be a traditional healer and the customs and ceremonies.

### Conclusion

Although the Traditional Health Practitioners Act No 22 (2007) emphasizes a *traditional philosophy* and underwrites unique practice rules and customs for the *traditional health practitioner*, it harbours, although vaguely and unspecific, descriptions that point to the end of the exclusively holistic traditional approach to healing. It would be possible in future to insert medical science into the traditional healer's healing principles. The White person, without the 'calling' and not necessarily underwriting the pre-modern traditional philosophy, its customs and habits, can surely be a *traditional health practitioner* under the auspices of the Traditional Health Practitioners Act No 22 of 2007 in South Africa.

### Key Words

Ancestor, calling, Homo Africanus, Homo Europeanus, indigenous culture, modernist, traditional philosophy, traditional practice

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**What this study adds:****1. What is known about this subject?**

There are limited publications on the South African White traditional healer. The material available is mostly of a biographical nature, written by so-called White traditional healers about themselves.

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

The study describes the possible future position of the White traditional healer in the sphere of traditional healing.

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

The definition of *traditional philosophy* contained in the Traditional Health Practitioners Act No 22 (2007) seems to create a legal controversy that indeed limits the professional status of the traditional health practitioner as a health professional, not only that of the White traditional healer.

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**Background**

One of the problems that the South African traditional healers' fraternity did not foresee with their aim to regulate traditional healers, seems to be the future role of White traditional healers in the formal traditional healing fraternity and the ripple effect that the registration of these White healers can have on the already regulated health professions. This problem is fore-grounded by the definitions of *traditional philosophy* and *traditional medicine* on the one hand, and the provision for an in-house apprenticeship under a master traditional healer on the other hand. The traditions, customs, habits and beliefs that are reflected by the definitions as attributes unique to the traditional healer, put certain cultural entrance requisites in place to train an aspirant healer in traditional healing.<sup>1–7</sup>

The aim of this study is to determine if a White person can be accommodated in terms of the Traditional Health Practitioners Act No 22 (2007) as a traditional healer in South Africa.

**Method**

The research was done by means of a literature review. This method entails formulating a view based on the evidence presented in literature. This approach is used in modern historical research centring on topics about which there is little information. The databases used were EBSCOHost, Sabinet online and various contemporary sources like newspapers and reports for the period 2013–2014, articles from 2014–2016, books for the period 1984–2013 and

government documents for the period 1992–2008. These sources were consulted to reflect on the position of the White healer within the traditional health fraternity.<sup>8,9</sup>

The research findings are offered in narrative form.

**Results**

White traditional healers are not new to South Africa. After the start of the 1994 dispensation, their numbers grew, and they became more open about their in-house apprenticeships under master traditional healers if they did receive such training. Their acceptance as traditional healers in terms of Traditional Health Practitioners Act No 22 (2007) can be problematic for the Interim Traditional Health Practitioners Council (ITHPC), especially regarding the ethnic/ethnic clause, namely the 'calling by ancestors' as a prerequisite. Some of the White traditional healers' exclusively Western health training is not based on *traditional medicine* and the *traditional philosophy* that are seen as unique to traditional healing by the Act.<sup>6,10,11</sup>

The White aspirant traditional healers face various obstacles on the way to being formally registered and/or to be trained as a traditional health practitioner in terms of the Traditional Health Practitioners Act (Act No 22, 2007). These obstacles include the prerequisite of being called as a healer, the underwriting of the graduation pledge, the use of the attire of the traditional healer in his practice, in-patient and out-patient treatments, and the way of receiving payments for services rendered.

**Two schools of thought on being called as a traditional healer**

There are two schools of beliefs within indigenous African healing about the 'call by ancestors'. The one group believes that, to become a traditional healer, a person must be called by his own ancestors, either maternal or paternal. This group believes that it is impossible to become a traditional healer without such a calling (so-called *inside call* from own ancestors and spirits). This clearly *excludes* a White person who is outside the indigenous African culture and Black-race.<sup>6,12,13</sup>

The other group believes that a foreign or alien spirit (an *outside call* by alien ancestors or spirits) can call any person to be trained to be a traditional healer (even if this person is not an indigenous African or cultured in African traditions). This would therefore enable a White person without a cultural background in African traditions or of Black-decent to become a traditional healer. The alien or foreign call happens when there is a significant conflict relationship in

the past between a called person's biological ancestors and the foreign spirit that calls the person. For instance, the called White person's ancestors may be people who did wrong in the past to the Xhosas in the early Border Wars of the Eastern Cape, or to the Zulus in Voortrekker-times in Natal, or more recently, were part of the Apartheid regime that did wrong to the foreign spirits.<sup>6,12,13</sup>

This impact is described as follows by Nhlavana Maselo:<sup>12,pp. 50,51</sup>

"Foreign spirits are not of your family. That is all it means. Foreign spirits are not your ancestors. My forefathers, for instance, were warriors and they killed some people. When these people were killed, they become my family's foreign spirits. There must be a working relationship with your foreign spirit and your ancestors. They have something, an injustice, a murder that must be worked out, must be healed. During training, as the ancestors come out, you have to finish up with your own ancestors first. That relationship sorts itself out, than you are ready to work with the foreign spirits. It happens in a natural way. The ancestors do the work through you. Maybe the foreign spirit wants to be the important or senior ancestor; when the ancestor off your clan comes, well, they may have to fight it out. You might feel some aches during this time. It is friction among them that is working it out".

The above quote confirms that White traditional healers are acceptable in terms of the traditional philosophy of Act No 22 (2007) if they are 'called' by an alien or foreign spirit and have fully received the traditional in-house apprenticeship under a traditional healer master.

#### **The 'uncalled' White traditional healer**

What would the position of a White person who is practicing at present as a traditional healer, but who had not been called by an alien or foreign spirit, and who did not receive an exclusive traditional in-house apprenticeship under a master healer, be in terms of the Traditional Health Practitioners Act No 22 (2007)?

Contrary to the in-house apprenticeship requirements and some of the definitions of the Traditional Health Practitioners Act No 22 (2007), the South African government as a guardian of the whole regulation process of traditional healers does not see any problem for Whites as long as they are trained in some way. Organizations like the Traditional Medical Practitioners, Herbalists and Spiritual Healers Association (TMPHSHA) and the Traditional Healers Organization (THO) see in general also nothing

wrong with White traditional healers, although they do not address the 'calling by the ancestors' dilemma to be allowed into the traditional healers' brotherhood. White traditional healers themselves claim that they are in general welcomed by the South African Black community and Black traditional healers as colleagues, notwithstanding their non-traditional training.<sup>6,14</sup>

#### **Personal observation of three White traditional healers in practice**

Interviews with three South African White traditional healers in practice confirm that they were never 'called' and went into practice as traditional healers for various other reasons. Reasons include an interest in herbalist medicines, income and refusal by the Allied Health Council to register them as naturopaths, phytotherapists, ethno-medicine practitioners or homeopaths because of inadequate training or qualifications.

Two of these White traditional healers obtained unaccredited distance-learning diplomas (three years duration) in homeopathy/ethno-medicine from a Canadian institution, obtained various other unaccredited (short course) certificates and diplomas in healthcare training and management, studied short programmes under medical doctors and pharmacists (in subjects like pharmacology, illness-profiles and diagnosis) and use modern Western technical apparatus (like diagnostic tools to evaluate blood, liver, kidney or eyes).

Two hold post-graduate qualifications from a South African university and one is professionally registered with a doctorate in Psychology with the South African Professional Board of Psychology. The third holds post-graduate qualifications, including a doctorate, from a foreign university. Their offices (rooms), situated in White areas, are modern, well furnished with consulting rooms. They serve mostly white patients who changed to traditional healing after allopathic treatments failed them. Their traditional health shops are modern, well stocked with traditional medicinal mixtures they manufacture and other alternative medicines bought from alternative medicine manufactures. Their medicines are professionally packed.

These White traditional healers are basically unqualified phytotherapists, herbalists, homeopaths and naturopaths that were not allowed registration in these disciplines with the Allied Health Professions Council of South Africa (AHPCSA). In terms of the Traditional Health Practitioners Act No 22 (2007), they do to a large extent fit in with the Act's future planning of the (changed) training of traditional

healers, but definitely not within the immediate training setup, as guided specifically by the definition of *traditional philosophy*.

This White group, as said, is growing in South Africa. The fact that they do not always underwrite the *traditional philosophy* of the Traditional Health Practitioners Act No 22 (2007) means that they are in conflict with the aims and intentions of the Act and the concepts related to *traditional health practitioner, traditional health practice, traditional medicine* and the *traditional scope of practice* of Act No 22 (2007).

The definition of *traditional philosophy* of the traditional Health Practitioners Act No 22 (2007) seems to be ignored by these White traditional healers, including the various inscribes encircled by the definition in the Act.

### **The implications of the exclusive definition of “traditional philosophy” for the White traditional healer and his “calling”**

The present and future scope of practice of the traditional healer is described by the definition of *traditional philosophy* in Section 1 of the Traditional Health Practitioners Act No 22 (2007). It reads: “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, whether supported by science or not, and which are generally used in traditional health practice”. The definition guides the so-called profession *traditional health practitioner*, including all the other definitions, descriptions and declarations in terms of the Act and the exclusive practice and medications of the traditional healer. It furthermore confirms the holistic approach of traditional healing and its direct connection with the ancestors, spirits and supernatural inclinations. There is no recognition (and clearly no understanding) of pathology-based diagnosis and treatment approach of modern health: it is not *what* creates an illness, but *who* creates it. The true traditional leader sees diagnosis and treatment as supernaturally influenced. This is in conflict with the scientific approach of the three White traditional healers’ observed.<sup>11</sup>

If the description of the three White traditional healers’ practice habits, practice intentions, and especially their modern training away from the pre-modern training of the *traditional philosophy*, is taken into consideration, these three traditional healers are alien to all the inclinations of *traditional philosophy*. Theoretically, they can therefore not

be allowed into classical traditional healing, notwithstanding the approval of the South African authorities and groups like the THO and TMPHSHA.<sup>6,14</sup>

### **Masked intentions of Act No 22 to safeguard the traditional healer’s future in the established health sector**

It seems that the Traditional Health Practitioners Act No 22 (2007) (especially in the first part of the Act) inserts the prefix *traditional* intentionally to safeguard the interests of the practice rights of the traditional healer against competitors. On the other hand, it seems to give the already regulated health professions the assurance that their practice rights, privileges and status will not be violated by the practices of the traditional healer when the Traditional Health Practitioners Act No 22 (2007) is fully implemented.<sup>11,15-23</sup>

The Act successfully creates a division between traditional health practice and the allopathic and allied health practices. This is a vague agreement on an existence that is side-by-side and is open for different legal interpretations and actions by the traditional health fraternity and governmental agencies. This safeguard seems to be annulled by the second part of the Traditional Health Practitioners Act (No 22, 2007). This part misses the prefix *traditional* in Section 49(1) (b) with the direct entrance of the traditional healer to “any public or private institution, facility, agency, building or place or part thereof, whether organized for profit or not, that is operated or designed to provide a health service”. The limitations applied to the practices of the traditional healer with the use of the prefix *traditional medicine, traditional health practices* and even *traditional philosophy*, are clearly erased by the three inscriptions *health establishment, health service* and *Department of Health* into the latter Sections of the Act.<sup>11,15-23</sup>

The limitations are supposed to safeguard the unique nature of the traditional healers’ holistic practice. This was the primary argument in favour of regulating and promoting traditional healing. With the absence of the adjective, the traditional healer moves directly and unobstructed into the already regulated professions. The use of the conjunction **or** instead of **and** to differentiate specifically between **physical** and **mental** in the definition of *traditional medicine* of Section 1 and in Section 49(1) (b), creates a description that is completely different from the universally accepted description. The so-called *holistic* approach stipulates that traditional healing does not separate the **natural** from the **spiritual**, or the **physical** from the **supernatural**. Indeed, the traditional healer (*traditional health practitioner*) is now

declared a type of medical practitioner on the same professional level as the modern medical practitioner, and with the same type of diagnosis and treatment. This can indeed signal the entrance of medical science into its practice principles.<sup>2,7,11,24,25</sup>

This outcome changes the whole argument of 'calling' which is used to keep the White traditional healer, who is scientifically trained and not part of the 'indigenous' community and culture, out of traditional healing. Indeed, the whole concept of traditional training, diagnosis and treatment is nullified with a new type of healer moving to the foreground to compete with the allied and allopathic healers. The three White traditional healers described above fit into this new practitioner's classification.<sup>11</sup>

### **The Homo Europeanus is a Homo Africanus and vice versa in today's South Africa**

South Africa has become an inter-racial, inter-ethnic and multilingual community to such an extent that it is not far-fetched to think that some African languages may be replaced by English as *lingua franca*. The same can be said of African cultures, habits and customs.<sup>26</sup>

The fact is that in South Africa, racial, cultural and social borders have started diminishing long ago. The composition of South African families or units already reflects African, White, Afrikaners or Creole members<sup>2</sup>. Cultural classifications like Africanism, Blackism, and Whitemism are increasingly neutralized in the new South African Social Order.<sup>27-31</sup>

Debates on race are becoming increasingly complex: it is about Black Africans and White Africans, White Westerners and Black Westerners, and the essence of African-ness, which is no longer exclusively a thing of blackness or whiteness, but of humanity and holism. It is no longer about pure African thinking, believing and living terms of the Awolalu-Gumede-Zuma-African-*Mould* of mental and social 'incarceration'.<sup>4,27,32-36</sup>

South African Whites, notwithstanding their efforts since 1652, and especially between 1948 and 1994 with Apartheid, could not stop racial, cultural and religious interaction and the intermixing of Whites with Blacks.

The Homo Africanus and Homo Europeanus have changed South Africa, and were changed themselves. Both became a *Homo Modernist*.<sup>32,37-39</sup>

It is within this context that the legal rights of Whites to become traditional healers should be reconsidered, be it with or without a 'calling'. A White traditional healer has the same Homo Africanus inheritance and rights as his brother, the Homo Black Modernist, to be a South African traditional healer.

### **Other ways than the "calling" into a traditional healing career**

It is a misconception by some members of the South African traditional fraternity themselves to believe solely on the 'calling' as a prerequisite to becoming or being trained in traditional healing. Literature on traditional healing shows that people acquire knowledge of plants and other matters from tutors as part of their daily work. These persons are not always traditional healers and become traditional healers without any 'calling'. Other traditional healers just dream about traditional medicines and their uses to treat clients as a way of learning before they join the traditional healing trade as a career. There is further evidence that more and more people enter the trade, not only without any 'calling', but also without any traditional training in traditional medicines and practice. As much as 90 per cent of the traditional healers of South Africa are estimate to be non-authentic traditional healers.<sup>1,2,3,6,7,24</sup> The White traditional healer can surely fit into the above training choices very successfully.

The above-mentioned "calling" is only one obstacle for the potential White traditional healer to get access into traditional health training and registration as a *traditional health practitioner* in South Africa. There are other specific and unique traditional customs, habits and traditions that pose obstacles that the White aspirant traditional healer also has to overcome. Prominent amongst these are the graduation ceremony, the use of the traditional healer's attire in practice, the in-patient and out-patient treatment-approach of the traditional healer and the payment by patients in the form of cash or goods (like an ox) for services rendered.

### **The graduation ceremony of the traditional healer**

The formal pledge of the traditional healer at his graduation ceremony is a unique traditional institution, coming over many years, revealing its pre-modern origins. During this graduation, it is essential that the blood of a beast should flow in this process whereby the graduate insangoma stabs the sacrificial beast himself, drinks the warm blood directly out of the wound, and when the beast has been skinned and opened up, his tutor opens the gallbladder and sprinkles the gall on him from head to toe.<sup>2</sup>

The question is if this pre-modern graduation ceremony will be upheld in terms of the traditional healing fraternity's traditions, beliefs, habits and customs, also for the registration of their future *traditional health practitioners*, including the aspirant White traditional healer? Will such a registration requirement and pre-modern initiation be acceptable for the White traditional healer when he intends to be registered in terms of the Traditional Health Practitioners Act No 22 (2007)?

It is clear that the Traditional Health Practitioners Act No 22 (2007) did not foresee certain details around the future registration of the *traditional health practitioner* in South Africa, although the definition *traditional philosophy* is a wide and open practice description that can possibly accommodate the traditional graduation ceremony in future.

#### **The attire of the traditional healer**

The attire of the traditional healer in his present practice seems to be closely related to his pre-modern practice culture. The daily use of this attire in his practice can put enormous strain on the White traditional healer. Will White traditional leaders accept the dress code and can it be enforced in terms of the Traditional Health Practitioners Act No 22 (2007) if he is registered as a *traditional health practitioner*?

Here it is important to note that the so-called "professional garb" of the traditional healer entails a full regalia consisting of bandoliers, a special healer hairdo where hair is tagged with parts of a gallbladder, *umyeko* on the head with large beads, shields, assegais, a sangoma stick, a doctor's bag consisting of a horn filled with pre-modern health products, a broom to use for sprinkling charm medicine, an oxtail as a diving ward and an arm bangle made from the skin of a sacrificial beast as an assurance of victory in times of illness.<sup>2</sup>

The above reflects the short-sightedness of the law-makers, the propagandists and traditional healing fraternity when they compiled the Traditional Health Practitioners Act No 22 (2007). They have failed to incorporate and to describe the traditional healer's customs, habits and traditions into the Act. They rely on the interpretation of the undefined term *traditional philosophy*. No provision was made for the White traditional healer as a future role player in traditional healing.

#### **The traditional payment system used by the traditional healer**

The traditional healer sometimes follows a non-Western payment system for his services. They accept as payment life-stock and other forms of non-cash. This non-cash payment can be as much as 50 per cent of the payments made to the traditional healer.<sup>1,2</sup>

Closely related to the above is some traditional healers' approach "no payment for no cure" or a once-off payment only after multiple services were rendered over a period of time.<sup>40,41</sup>

Will the White traditional healer accept and underwrite these customs which have become permanent features of the traditional healing culture in South Africa over many years?

#### **Discussion**

It is clear that the presence of the White traditional healer is stimulating academic, cultural and political debate, especially in terms of the Traditional Health Practitioners Act No 22 (2007)'s definitions of *traditional philosophy* and *traditional practice*.

Given the new social order in South Africa and the attempts to modernize, nothing can stop Whites from being part of the traditional health fraternity, legally or culturally. This argument is fully in line with the aims and intention of the South African Constitution.

Sections 22(2), 47(1)(b) and 47(1)(e) of the Traditional Health Practitioners Act No 22 (2007), read together with the Traditional Health Practitioners Regulations of 2015 (No 1052), make provision for any person (including a White) who thinks his qualification(s) and prior learning qualify him to be registered as a *traditional health practitioner*, to apply to the registrar of the Council of the Traditional Health Practitioners of South Africa (THPCSA) for registration.<sup>11</sup>

This possibility is extended further by the open door (grandfather)-clauses of the Traditional Health Practitioners Act No 22 (2007) that is reflected in Section 21(3), read together with Section 21(4). From this any person who sees himself as fit to practice, can be registered. This open-door clause makes provision for the applicant to submit his application to the Council (THPCSA) itself in terms of Section 21(4) if the registrar refuses registration. If the applicant feels aggrieved by a refusal of the registrar, he has the right to appeal to the Council in terms of Section 27(1). He has the right, if aggrieved by the Council's decision, to appeal to

the appropriate High Court in terms of Section 27(2). This appeal includes an application to the Constitutional Court.<sup>11</sup>

It seems that the Traditional Health Practitioners Act's definition of *traditional philosophy* can attract and provide entrance to individual Whites to the traditional healing practice. Such persons may even have doubtful intentions and training. They may have been forced out of or refused entrance to the allied or allopathic professions. The Traditional Health Practitioners Act No 22 (2007) provides a back door through which they can get access to and have full rights in the South African health sector and its official establishments and services.

It must furthermore be noted that other established health professions, such as the pharmacist, can start entering the traditional health practitioner's work domain. This can lead to South Africa's African traditional healers being pushed out of their practice domain over time. This can nullify the initial aims of the Traditional Health Practitioners Act No 22 of 2007.

On the positive side, the entrance of professionals like the pharmacist can lead to the medical standards, training and practice principles of traditional medicines being improved by means of the prescription of supplementary medicines similar to what is currently being sold in pharmacies. This influence can end the manufacturing of unscientific mixtures or at least lowers the production of dangerous mixtures. This outcome will surely help to improve not only traditional health medicine, but will help change the training, diagnosis and treatment skills of the traditional healer. This can only improve the traditional healer's status and make him acceptable in the health establishment.

The Traditional Health Practitioners Act No 22 (2007) shows how the lawmakers and the traditional healing leadership failed to make an in-depth study of the traditional healing culture and to reconcile the Act's intentions and implications.

### Strength and limitations

This study, for the first time, describes the dilemma of the White traditional healer in terms of the Traditional Health Practitioners Act No 22 (2007), especially the various taboos created by the definition *traditional philosophy* regarding non-Blacks who want to graduate as a *traditional health practitioner* in terms of the Act.

The failure of the Traditional Health Practitioners Act No 22 (2007) to address issues on the future position of the traditional health practitioner limits a final description on

the status of the White traditional healer in South Africa.

### Conclusion

The White traditional healer today finds himself in a professional dilemma. On the one hand he is, like his South African Black counterpart, in the same precarious position as a traditional healer in the present-day South African healthcare setup. The controversy surrounding traditional healing and the lack of clarity in the Traditional Health Practitioners Act No 22 (2007) are parts of his daily practice.

On the other hand, he is himself a controversy, primarily as a result of his questionable position as a *traditional health practitioner*. The classical traditional health fraternity in South Africa and the Traditional Health Practitioners Act No 22's exclusive and rigid definition *traditional philosophy* seem to discriminate against him.

The question is also if the White traditional healer is willing to adapt to and accept without objections the pre-modern traditional healthcare system with the customs, traditions and habits of the South African traditional health fraternity. If not willing, the Traditional Health Practitioners Act No 22 (2007) and the Constitution still provide various pathways that he can use to determine his practitioner's rights.

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