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Epistemological Tug of War, Traditional Medicine and the Potential for *Modus Vivendi* in Ethiopia

Dejene Teshome Kibret

Department of Social Anthropology

Jimma University, Ethiopia

E-mail: dejenetk@gmail.com

Tel. +251 910056672

Abstract

This study analysed the bench marks of regulatory framework of traditional medicine in Ethiopia and how it serves as an impediment to the fostering of indigenous medical knowledge. Data were collected through observation, unstructured and semi structured interviews from healers, their assistants, patients, pharmacists, and botanists. The findings of the study reveal that the procedure for certifying healers fails to consider the context of indigenous medical knowledge. There is a tendency to force indigenous medical knowledge to fit it into epistemological and methodological imports. The process results in epistemological tug of war. These aspects were explained by Santos' (2007) metaphor of abyssal thinking. The study acknowledged the attempt to regulate traditional medicine in Ethiopia as a quest of good intent; however, it may produce disastrous long-term outcomes, unless it begins to involve an interdisciplinary understanding of the practice. Hence, the potential for *modus vivendi* is in sight if we draw on Green's (2008) concept of knowledge diversity.

Key Words: Abyssal thinking, Epistemology, Ethiopia, indigenous knowledge, knowledge diversity

Background

Ever since the Cartesian mind-body dualism and the universal law to produce scientific knowledge, indigenous knowledge and its production faces several challenges (Green, 2008). One of the areas where the challenge becomes visible is in relation to traditional medicine. This is because the issues of health and health care system is construed in multiple ways across cultures. (Baer, 2004; 2008; Levinson 1997). The World Health Organization, for instance, defined traditional medicine as “the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not,

used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses” (WHO, 2000). This definition clearly indicates the plurality of knowledge and practice in the prevention, diagnosis and treatment of health problems. Therefore, all therapeutic modalities may not always align with the emphasis of biomedicine on scientifically evidence based medical practice. For instance, the medico-religious manuscript of traditional medicine in Ethiopia did not make clear distinctions between the medical and extra medical aspects of disease in the eyes of biomedicine (Pankhurst, 1990).

Such difference in the approach to prevention and treatment of disease or illness is likely to put traditional medicine at epistemological tug of war with biomedicine. Some scholars indicated that biomedicine prefers its theory and practices accepted without challenge especially from traditional medicine. So does it tries to monopolize the production of medical knowledge through standardized teaching (Frank, 2002; Saks 1994 in Frank, 2002). The monopoly is further strengthened by “Evidence-based medicine movement” that assumes randomized control trials enhance objectivity and “promote critical scientific and practical awareness of the status of different claims to therapeutic knowledge” (Ashcroft, 2004). Ashcroft further indicates “Evidence based medicine (EBM) aims at the production and evaluation of law like generalizations about diagnostic tests, treatments, and other health care interventions.” (2004). On the other hand, the situation on the ground (for instance among traditional healers in Ethiopia) rarely fits to these expectations. Traditional medicine in Ethiopia aims to promote wellbeing without reference to randomized clinical trials and Evidence based generalizations in the above contexts of biomedicine. This nature of traditional medicine clearly puts its practice at odd with the teachings of biomedicine.

Despite the effort to recognize and legalize traditional medicine in the country’s health systems through certifying healers since 1940s however, there is no single certified healer in the country so far. Recently, the Drug Administration and Control Agency (hereafter DACA) took the responsibility to oversee the activities of traditional healers and control poor quality modern medicine in order to “to protect the public health from unsafe, inefficacious and poor quality modern and traditional medicines by Proclamation No.661/2009.

One may come across a number of studies on traditional medicine in Ethiopia by scholars from different disciplines for instance natural and health sciences (Kebede, D., Alemayehu, A. Binyam, G., Yunus, M., 2006; Eyasu, M. & Tesemma, S. Asfaw, D., Birehanu, T. 2014; Abera, G., Dawit, A., Asfaw, D., Zewdneh, M. 2005). They tried to fit traditional medicine into the frameworks of biomedicine. This creates an epistemological tug of war among scholars and practitioners from different backgrounds. Hence it is high time to explicate this problem which lies mainly at the heart of regulation. This explication also helps to explore the possibilities for *modus vivendi* because scholars from natural and health sciences boldly talk about the necessity to integrate the verified beneficial aspects of traditional medicine so that it gradually vanishes from the scene. But these scholars often miss the possibility for *modus vivendi* which does not threaten the existence of traditional medicine but facilitates the possibility for cooperation.

In the meantime, this study draws on Santos’s (2007) metaphor of Abyssal Thinking to make sense of issues in relation to the epistemological tug of war and the challenges facing traditional medicine. Santos argues: “abyssal thinking consists in granting to modern science the

monopoly of the universal distinction between true and false... The exclusionary character of this monopoly is at the core of the modern epistemological disputes between scientific and non-scientific forms of truth. "(Santos, 2007). For Santos, abyssal thinking represents the system of epistemological dominance in contemporary world. The epistemological tug of war facing traditional medicine is better explained by abyssal thinking (Santos 2007) because it defines and explains social reality by either side of the abyssal line where one side is visible and the other side is invisible. The epistemological tug of war sends a clear message to traditional medicine to either become scientific through verifications or wither away. When traditional medicine fails the litmus paper of scientific verification, the obvious consequence is for them to wither away which is equivalent to what Santos (2007) called "epistemicide". In other words, the way of knowing that does not fit or meet the acceptable parameter of modern knowledge law and science is invisible in abyssal thinking. In this regard, he argued that when seen on the side of established modern knowledge, science and law, on the other side of the line, "there is no real knowledge; there are beliefs, opinions, intuitive or subjective understanding, which, at most may become objects or raw materials for scientific enquiry" (opcit: p. 2). That is how scholars from health and natural sciences are approaching the issue in Ethiopia.

On another hand, Green's (2008) concept of "knowledge diversity" will guide me to explore the potential for *modus vivendi* in the midst of the above tug of war. The concept of diversity of knowledge refutes both claims (universalism and relativism) and instead suggests that diverse epistemologies should be evaluated by their capacity to enhance understanding than their capacity "to express a strict realism" (ibid).

Methods and Setting

The study area is the capital city of Ethiopia. The data for the research came from primary sources through fieldwork between January and May 2014 in Addis Ababa. Participants were traditional healers and their patients that were willing to share their views. Accordingly, the data for this study came from eight healers, ten assistant healers, twenty patients, three pharmacists and one botanist. Observation, unstructured and semi structured interviews as well as discussions were conducted to collect primary data from these participants. On top of this, data that I collected two years earlier for another project were used to augment this study.

Ethical Clearance

The letter from Jimma University about research was shown to participants of the research. The research did not involve any clinical trial. But participants were informed about the intent of the research and they all participated in the study with consent. Anonymity was maintained to protect the informants. There is no conflict of interest in this research.

Results and Discussion

1. The Situation of Traditional Medicine in Addis Ababa

Traditional healers operate without formal recognition by the government in different parts of Addis Ababa. No reliable data could be obtained on the number of service providers in the city since there is no registered traditional healer. But one can observe and make rough estimates that the number of service providers has been rising even without the required license. This

could be identified from the increasing number of new traditional medicine service centres in the city and the growing advertisement of different healers on private newspapers and magazines. The oldest healer had died just months before my fieldwork for this research. But he was willing to share his views two years before his death during my fieldwork for another research project. He had seventy-three years of experience in traditional health care service. Other new ones are also mushrooming from time to time given the demand for traditional medicine and the lucrative financial return from the practice.

A. Initiation of Healers

The healers are initiated in mixed ways. One of the informants for instance reported the indication in his dream about the call to the healing profession. So, he pursued his dream and trained informally under different healers. Others reported their own illness and the quest to overcome their affliction brought them to the door steps of other healers where they became apprentice until they become healers themselves. So, the healers acquired the knowledge and skill of traditional medicine through informal training. The training and apprenticeship is usually a long process under a recognized mentor. There is no fixed time frame to complete the training since the training lacks formal curricula. The training involves the ability to recognize different plant species including the poisonous ones, their geographic distributions, the specific illness they are used to treat as well as how they are collected and prepared for use.

B. Service Provision

These healers do not have modern diagnostic laboratory. But they ask a patient about his/her feelings and observe symptoms on the patient. Secondly, they may ask for laboratory test report from biomedical diagnostic centres if they think the illness is of naturalistic causes.

None of the healers dare acquire modern diagnostic technologies due to legal restrictions, lack of technical knowhow and financial limitations. The healers claim dual causes of illness- the naturalistic and personalistic causes. They subscribe to empirical and quasi - scientific explanations when they treat common somatic ailments. But their explanations transcend the empirical and quasi-scientific boundaries when they deal with illnesses that biomedical diagnosis could not verify its existence and/or which are beyond the realm of biomedicine. These explanations are also shared by their patients.

The healers treat patients mostly with the drugs they prepare themselves. The treatment services involve the application of herbal medicine, cold water therapy, modern physiotherapy machine and equipment for bloodletting depending on the type of illness. But the probability of a healer to employ imported modern physiotherapy machine, equipment for bloodletting (Bloodletting involves the removal of blood mainly from a vein as a therapeutic action. The assumption is that the practice removes stagnating blood in the body. The healers traditionally use a narrow bamboo tube for this purpose. But the same practice is being taking place by traditional herbalists in Addis Ababa but by using imported plastic tubes), water therapy and locally made physical exercise equipment depends on a healer's financial capacity to afford the materials, their exposure to foreign countries and their commitments to practice traditional medicine. These healers broadly administer their drugs for internal and external uses through chewing and spitting, smoking, smelling, swallowing, ointment, soaking by a patient.

C. Sources of Drugs and their Preparation

The healers in the study area prepare their drugs for treatment from plants, minerals and animal products. Their pharmacopeia that comes from vegetable kingdom comprises the leaves, flowers, seeds, barks, sap, and roots of a variety of plants. From the animal kingdom they use butter, fat, honey, the skin and organs of many wild animals. Some groups of rocks, salt and water are also used by the healers to prepare the drugs. However, these healers prefer to magnify their herbal drugs because it reduces the stereotype against them from physicians, the government and the mass media about the assumption that they incorporate spiritual activities into their herbal medicine. The most common season to gather the material medica from vegetables is between September and November every year.

The healers process the drugs manually from the raw materials. They grind, pound and squeeze the material medica to prepare it in usable form. Two well-known healers are exceptions to the manual preparations. Unless and otherwise they believe the use of grinding machine spoils the potency of the drug, they use grinding mill and squeezing machine. The drugs are processed and stored as long as for one year depending on its nature. They further commented the longer the drugs stay in the store is the weaker its healing power.

D. Beneficiaries of the Healing Service

The data of patients at the traditional medical service centres show that people from different socio-demographic backgrounds seek treatment at these centres. The least observed age group was children. Middle aged and the elderly patients were the most common age group seeking treatment. It may be stated that there was no major difference between the number of a male and female patients coming to the traditional healers' clinics I visited for this study. But their educational status ranges from illiterate to university graduates, where university graduates are less in number or do not want to visit the traditional healers during working hours.

The diversity of patients in terms of their educational background also applies to their economic status. There were economically poor patients who could not afford biomedicine on one extreme and patients who can afford or even tried biomedical treatment at expensive private hospitals on the other. We have patients between the extremes whose economic background did not force them to consult traditional healers.

Patients come both from Addis Ababa and outside Addis Ababa to traditional healers' clinics in the city. These patients learnt about the services at the traditional medical centres either from someone who had earlier treatment experience in the centre or from the advertisements made by the healers themselves. Some patients were treated with biomedicine before traditional medicine while others didn't. Those with earlier consultation of a physician dropped their follow up when they fail to observe progress in their health status. So, family members or neighbours advise the patients to resort the treatment to traditional medicine. Such decisions of resort usually come after dissatisfactions with biomedicine.

Other than resort to traditional medicine by patients who felt the ineffectiveness of biomedicine for some somatic diseases for example herpes zoster, patients shift their treatment to traditional medicine when they or someone in their social network suspect the illness may have rather been caused by personalistic factors. This kind of suspicions is common if the diagnoses at

biomedical hospitals reveal nothing or if the treatment for the identified diseases yields no healing result.

Unlike the above cases, a number of patients also come directly to the traditional healers' clinics without prior consultation of a physician regardless of their economic status. They commonly seek treatment for haemorrhoids, hypertension, diabetes, herpes zoster, sterility, impotence, asthma, gastritis and illness which they suspect of personalistic causes. However, the popularity of traditional medicine in the study area does not imply that patients and healers do grossly reject the importance as well as effectiveness of biomedicine.

E. How Costly is Traditional Medicine?

The treatment cost at traditional healers' clinics in Addis Ababa is not uniform. Each healer sets his rate by taking into account the production cost of the drugs, the capacity of a patient to pay, and the running costs such as the cost of rent if they operate in rented houses and the salary of assistants. They also follow different payment modalities in such a way that patients may pay up to 50% of the total cost at the beginning and then settle the remaining balance at the end of the treatment depending on the outcome. Others charge for their healing service every time a patient visits them and receive specific drugs. Payments in kind is rarely accepted depending on the intimacy of a healer and a patient.

1. Traditional Medical Knowledge and Regulation

There is no officially recognized traditional medicine training college in Ethiopia. Traditional medicine owes its existence largely to religious institutions and concerned individuals that informally passes over the knowledge and skill to the next generation on the one hand and the robust client base on the other. One of the basic features of traditional medical knowledge in Ethiopia is the fact that it has strong links with religion mainly Christianity and Islam. The healers are individuals who took the initiative to provide traditional health care services in the midst of murky health care policies and complex licensing requirements. This service sustained itself without much support from the government. It is even mushrooming in the state capital as well. The government is trying to regulate this age-old tradition whose clients are about 90 % the country's population (WHO, 2003).

Nowadays, the issue of standardization is among the challenges facing traditional healers. A healer key informant lamented one of the major problems with standardization of traditional medicine is the fact that an illness may be treated by using more than one medicinal plant. But every healer may not know each of these medicinal plants. So, two healers may treat the same health problem using different medicinal plants but aim for the same result. This is partly the result of the secrecy surrounding traditional medicine among the healers themselves. The other reason could be the weak cooperation with and/or absence of technical support from biomedicine. The healers were often expressing their discomfort with the attitude of biomedicine towards their service. They were not against biomedicine. But they were crying for recognition of their knowledge and skill from public health officials.

A. The tug- of war: The Premise and Procedures of Regulation

The zeal for introducing biomedicine into Ethiopia dates back to long time although the establishment of the first ever biomedical hospital was realized only about 120 years ago. Unlike most of the countries in the African continent, the enthusiasm to introduce biomedicine was self-initiated by the rulers at different times. But systematic influences by travellers, diplomats and later by the World Health Organization were undeniable stimulants (Massow, 2001). In line with this, the first medical school was established in 1950s. The country has trained many qualified health care professionals since then and still work hard to expand the services of biomedicine. Conversely, traditional medicine did not get a fraction of the attention given to biomedicine from the government. It is under such condition that the government intends to regulate the practice of traditional medicine in the country.

However, healer key informants complained about the procedures as an imposition on them by biomedical professionals who do not understand how traditional medicine works. The nature of power relations between the healers and the healthcare professionals in the process is also skewed towards health care professionals. For instance, the case of Mr. X below could shade light on this point:

I am one of the longest serving traditional healer. On the issue of certification, the experts asked me to show them how I prepare some of my drugs. Accordingly, I took the material medica and the tools I use to these experts' office hoping that I will be certified. However, I lost hope when the experts were not willing to communicate with me the progress of my application. I then went to the office and took back the tools and material medica to my traditional health care centre. But my service centre is always crowded by patients coming as far as 400 kms in the country and from abroad.

Another healer (Mr. Y) who has 44 years of experience as a traditional healer criticizes the certification process as follows:

The certification process marginalizes traditional medicine. It made healers to frustrate. Traditional medicine is proved effective through centuries old trial and error by orthodox Christian Church fathers and Islamic teachings. Hence, rather than restricting the practice of traditional medicine, the officials should have asked the healers to prove their competence by assigning patients and follow up the outcome of the treatment intervention by these healers. The outcome itself would have been a testimony to the competence of the healer. In connection to this, I know the existence of quacks that collect exorbitant service charges from patients without having proper qualifications to do so. I think the practical examination would have filtered these kinds charlatans. On the other hand, the prohibition of traditional medicine until biomedical experts establish its safety and efficacy is tantamount to prohibiting the Ethiopian population from eating “*Enjera*” (Stable food of the majority of the Ethiopian population that is prepared from a cereal called *teff*) until the safety and efficacy of *teff* is established by these experts.

For Drug Administration and Control Agency however, anything that would be taken as medicine should undergo stringent testing and prove safe and efficacious. The key informant in government offices responsible for licensing the traditional hears blamed the healers in this

regard that they are not willing to disclose the procedures of drug preparations and administrations. Moreover, he accuses them of adulterating their drugs with scientifically produced antibiotics which in turn contributes to the emergence of antibiotic resistant pathogens. Hence, the goal of regulating the practice of traditional medicine is mainly to ensure its safety, efficacy and quality. On top of this, this scientifically verified beneficial aspects of the practice would be integrated into biomedicine.

Discussion

The attempt to regulate the practice of traditional medicine in Ethiopia resembles a tug of war between traditional medicine and /or traditional healers on the one hand, and the office responsible for regulating the practice of traditional medicine on the other. In fact, similar measures were taken by African governments at some point in time (Roux-Kemp, 2010; Teuton et al, 2007). But it is not an easy task by using the biomedicine as a frame of reference. The approach that is hinged on western ontology does not seem to yield the intended results. This is because health and healing in the context of traditional medicine in Ethiopia is too broad to fit to the frameworks of biomedicine (Nyamnjoh, 2004; Waldron, 2010).

In this regard, the healers still maintain their holistic intervention that Bishaw (1991) noted about thirty years ago. The stalemate that currently face the certification process in Ethiopia is also similar to that of seventy years ago (Pankhurst 1990).

The data from key informants' interviews with healers, botanist and pharmacists during fieldwork fits to what Pankhurst (1990) succinctly described above. Pharmacist and botanist key informants blamed the healers of secrecy, mistrust and vanity about their knowledge and skill which is not yet scientifically verified. The healers on the other hand, explained that they submit unidentifiable compounds to government office for testing the safety and efficacy of their drugs when they feel their "patent" over the drugs could be at risk. However, at the core of the tug of war is the attempt to regulate traditional medicine using the yardsticks of biomedicine which is not compatible with the very definition of tradition medicine (WHO, 2000). In other words, the quest to regulate them using biomedicine as a reference is equivalent to assuming western epistemology/ontology fits all societies across the globe. Perhaps, one of the important missing links, is the fact that the attempts to regulate the practices are often made by professionals from specific fields of study while the problem demands interdisciplinary understanding. At this point, it is important to draw on the metaphor of abyssal thinking which challenged the certification process that is likely to result in epistemicide (Santos, 2007). For instance, the experience of healer Mr. X in this article clearly shows how the knowledge and practices of the healers is stranded because the whole process is expected to pass the litmus test of scientific verification. Whenever it is failed to pass this process, it is no more a viable knowledge and practice. One of my key informants who aspired for licensing throughout his long years of service (74 years of experience in traditional medicine) passed away soon after my first-round fieldwork. Neither did he get licensed nor formally pass over his knowledge to the next generation. But his service centre is still functioning informally without certification from concerned government offices.

The misunderstanding between traditional healers and the office responsible for regulating the practice is similar to what healers in other African countries had been grappling with. Much

has improved in these countries that could serve as input to the regulation process in Ethiopia (Offiong, 1999; Roux-Kemp, 2010). More viable lesson could also be drawn from Asian countries (Goh, 2012). This cross-cultural knowledge about how traditional medicine operates would transform the tug of war to some kind of *modus vivendi*. The concept of knowledge diversity (Green, 2008) is helpful here. Rather than forcing the practice of traditional medicine into epistemological and methodological imports, the knowledge and practice of traditional medicine should be evaluated by the extent to enhance our knowledge from another dimension.

Conclusion

Traditional medicine is an integral part of everyday life for the majority of people in Ethiopia. A number of practitioners work hard to meet the demands of this large population. The introduction and expansion of biomedicine brought new concern about public health and a new perspective on how to regulate the practice of medicine in Ethiopia. There have been attempts to regulate the practice of tradition medicine for long. However, these attempts resemble a tug of war between traditional medicines and /or the healer on the one hand and the office responsible for regulating the practice. The challenge is mainly stemming from the processes and yardstick to measure the safety, efficacy and quality of traditional medicine. Therefore, it is important to draw lessons from cross-cultural research in order to come up with appropriate regulatory framework which promotes the advancement of traditional medical knowledge in the spirit of *modus vivendi* on the one hand and that safeguards public health on the other.

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