

Innovative medicine — a case study of a modern healer

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Summary

African healing is widely regarded as inflexible and unchanging. By way of a case study, it is suggested that this is no longer the reality. Instead, the healer emerges as highly innovative in his quest to attract a steady clientele. A Xhosa healer, who borrows numerous medical items and symbols from his Western counterparts, is described.

S Afr Med J 1991; 79: 677-678.

African healers are widely known as custodians of tradition. In most publications,¹⁻⁷ the healer is portrayed as a passionate practitioner of an ancient and unchanging art. As a result, African healing is seen as highly resistant to change and innovation. For many contemporary healers, this is not the case. Increasingly, healers are displaying their flexibility by incorporating Western medical materials and symbols into their practices. One Xhosa healer is chosen to illustrate the nature of such incorporation and its significance to our understanding of the healing profession.

The contemporary healer — a case study

'Dr' John is one of dozens of healers who practise in the rural areas of Transkei. He is a 'typical' healer in the sense that he uses techniques and materials commonly employed by most healers in the area. Patients also typify his status by referring to him as an *ixhwele*, thereby placing him into the category of herbalists at large.⁸ Like every healer, however, 'Dr' John has distinctive qualities. Situated in a backstreet of Willowvale, his 'consulting rooms' consist of a small prefabricated shack. Above the entrance a lavishly painted sign notes his credentials: 'Dr John: Homeopath, Naturopath, Herbalist. Welcome'.

At any one time, there are at least 20-30 patients waiting. Most come from the surrounding district, although a few travel over 80 km for a consultation. Some patients come because they feel Dr John provides the best therapy. Since local services comprise only 1 clinic, 2 general practitioners and 2 herbalists, patients also feel that their choices are limited. The majority, however, indicate that they receive preferential treatment from Dr John, which motivates them to seek out his practice. Since his 'waiting room' can only seat about 10 people, most of the patients wait outside, milling around a small, adjacent courtyard, which is scattered with broken bottles, newspapers and the battered frame of an old car. Inside the waiting room, patients sit quietly, glancing through dated magazines or studying the assortment of herbs, roots, bulbs, dried skins and calabashes crammed onto make-shift shelves. At the far end of the room is the only free-standing shelf, with rows of bottles containing brightly coloured

liquids. Most of the bottles have labels with popular brand-names, while others have tags with scrawled, virtually illegible instructions.

Close to the entrance of the waiting room is the door to Dr John's consulting room. On the door is a large, hand-written plaque with the words: 'Dr John's Office'. When Dr John has finished with one patient, his assistant, an elderly woman in a white laboratory coat, summons the next patient. Once in Dr John's office, the patient is asked to sit on the only chair in the room, facing a small table. On the table are a variety of goods, including burning incense, small calabashes, beads, a stethoscope, a syringe and a stack of medical publications, ranging from scientific journals to popular symptom-finders. Two candles on the table illuminate the room. Dr John, wearing a pair of green-tinted glasses, stands to one side of the table, wearing a white coat over suit and tie. He extends greetings to the patient, and asks how he or she is feeling. After listening intently, he picks up the stethoscope and examines the patient. He does this with all patients. After the examination is complete, he announces that he will use his *amakhosi* — spirits reputed to aid diagnosis — to discover what has caused the patient's illness. Having done so, Dr John now tells the patient that he will use a 'doctor's book' to locate the most appropriate form of treatment. Choosing a book, he reads a passage, occasionally repeating sentences out loud in English. Once this has been done, he provides a rough translation for his patient. He then scribbles instructions on a piece of paper and asks the patient to hand this to his assistant, who will prepare the prescription. Like all other Xhosa healers, Dr John always includes one or two pharmaceutical products in his prescription. He keeps an assortment of these in a small closet, including cough mixtures, aspirins, purgatives and milk of magnesia. Dr John then thanks the patient, wishes him a speedy recovery and asks him to pay the assistant.

Discussion

As Helman⁹ has pointed out, the mannerisms, dress and equipment of medical practitioners symbolise or represent attributes associated with the medical profession. White laboratory coats, for instance, symbolise membership (however peripheral) of a particular healing profession, and communicate a sense of legitimacy or credibility.⁹ A healer's dress, actions and modes of treatment refer less to the individual healer than to the attributes of his or her role as representative of that special category of persons who constitute the official healing profession.⁹

In this context, Dr John shows himself to be representative not only of the local healing profession, but also of Western medical science. By prefixing his name with 'Dr', he boldly appropriates the kind of qualification that establishes the legitimacy of medical practitioners throughout the world. To consolidate this credential, Dr John resorts to numerous customs and codes. His white coat, stethoscope and medical references encourage patients to associate both Dr John and his practice with the authenticating devices of conventional medical practice. Dr John's utilisation of these materials approximates the customary procedures of Western doctors, illustrated in his

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habitual use of the stethoscope and the writing of a prescription.

To emphasise his learned abilities, Dr John also does something that the Western practitioner does not normally do: consult a medical reference. By doing so, he indicates to the patient his source of knowledge, namely a 'doctor's book' written in English. Nor is it coincidental that Dr John reads part of the text aloud. Western practitioners are known to patients as anglicised individuals who have learnt their skills at 'English schools'. By this token, Dr John stretches his credentials to include proficiency in the language of Western medicine, namely English. Lastly, Dr John consolidates his approximation of Western medical science in the field of pharmacology. His prominently displayed array of medicines, many decanted into commercially available containers, crudely duplicates the image of dispensary counters in pharmacies and general practices. To refine this association, Dr John resorts to his pharmaceutical products, including these in all the medicines he prepares for his patients. By doing so, Dr John simulates the prescription of scheduled drugs by Western practitioners, which are widely perceived as the most powerful and efficacious remedies available.⁸

These associations, however, do not imply that Dr John or any of his fellow healers claim to be general practitioners. The very fact that Dr John publicises himself as a herbalist, homeopath and naturopath testifies against this assumption. Furthermore, by resorting to traditional diagnostic procedures and Western prescriptive measures, Dr John exhibits his commitment to the parallel utilisation of medical traditions, and not a singular devotion to either form of practice. Indeed, the very reason Dr John is such a popular healer is because he has not confined himself to only one mode of medical treatment. Instead, he parades conventional symbols of Western practice to supplement his other credentials. To put it plainly, Dr John has been able to sell himself as a Jack of most healing

trades and, even more significantly, as an eclectic master of these.

Conclusion

I have tried to show that local healing is not inflexible and unchanging. Instead, it has undergone numerous changes, illustrated by healers' attempts to incorporate Western medical items into their practices. One cannot pretend that all healers have redefined their practices as radically as Dr John. Nevertheless, a general trend towards the incorporation of Western symbols and practices does characterise local forms of healing. For the purposes of my argument, this means that the healing profession is everything but resistant to change. Like any other form of therapy, local healing is a dynamic, changeable profession, with shifting ideas and practices tailored to suit the times.

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