

# The African's Concept of the Causes and Treatment of Epilepsy and Convulsions\*

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## SUMMARY

Epilepsy is believed to be due to the upset of an ancestral spirit or to the evil influence of a witch. Other popular hypotheses are that the disorder is related to the moon cycle, to the consumption of the wrong food by the fetus *in utero*, or is brought on by the performance of an unusual act. *Nganga* recognise the characteristics of a fit, have noticed that it may be hereditary, and distinguish between convulsions in childhood and epilepsy. Treatment consists mostly of purgatives or enemata.

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According to African concept all disease is related to an upset spirit or to an evil being. The upset spirit may be a *mudzimu*, that is, that of a dead parent or grandparent. It might be angered because a ritual practice was omitted, or even if its living kin failed to remember it. Again an aggrieved spirit, *ngozi*, that of a person who was killed in anger, may visit the family of the guilty one and strike down its members, one by one, until full compensation is paid to the bereaved family. Again an evil person (a witch) is considered capable of bewitching a rival and striking him down with disease or death.

To the African, epilepsy is but another disease caused by a spirit or by the evil influence of a witch. Therefore to treat this disease, the witchdoctor must recommend the placation of the offended spirit or he must exorcise the evil from the patient. But although the spiritual cause of the disease is treated in this way, it must be noted that the patient has already been affected by the illness; some of the poisons have already gained entrance to the body and damage has taken place; therefore it is necessary to remove or neutralise this effect by giving the patient various medicines. So first a medicine must be given to remove the damage that has already been done by the spiritual agency, and then the offended spirit must be propitiated so that it does not continue to operate.

In addition there are aetiological hypotheses, often ancient, linked with a particular disease, such as epilepsy. For instance a popular belief of the Shona is that epilepsy is more apt to appear when the moon is on the point of disappearing. It is not easy to determine why epileptic fits should occur at this particular stage of the lunar cycle;

one suggestion is that the Creator loses his power over the moon at this stage, and so the individual, bereft of His protection, develops fits. However, some *Nganga* have noticed that a person may also have fits in the middle of the lunar cycle, thus contradicting this hypothesis.

Besides such aetiological causes of disease, the *Nganga*, like the ancient doctors of Egypt, with the scantiest knowledge of anatomy and physiology, have attempted to give structural reasons for a particular ailment. We might refer to these as pseudo-anatomical. The Egyptians believed that disease occurred when the excreta, which prevailed in 46 vessels, became blocked in the bowels. Hence they frequently resorted to castor oil or enemata to rid the body of faeces. We find the same idea in the aetiology of convulsions. We are told they are due to the fetus *in utero* eating the wrong food from the mother. It becomes converted into hard and yellow matter, like brick, and cannot be evacuated. Sooner or later convulsions develop. Therefore treatment must consist mainly of purgatives.

For the purpose of this study I interviewed seven *Nganga* who came from different parts of Central Africa. All were practising in the Salisbury area. I was interested to find how similar was their thinking on the causes of epilepsy and convulsions, and how alike their principles of treatment were, although there was no unanimity of opinion on the details of herbs prescribed for the conditions.

When I came to ask them what they defined as epilepsy and to determine whether they could be relied upon to recognise what constituted a seizure, I must confess I was reasonably impressed. They had observed that in a convulsive attack the individual was suddenly cut off from thinking and that frothing at the mouth was also a common feature. A third characteristic was injury suffered during an attack. On the other hand they made no mention of tongue-biting, incontinence, or the typical succession of tonic, clonic and comatose stages so well seen in classical seizures.

Most of the *Nganga* I asked were aware that the disease could become hereditary. It could be passed on like any other disease, but they had noticed it particularly with epilepsy. To them it was not a disorder of a gene, but due to an upset ancestral spirit or a witch.

The hereditary factor was the most important cause of epilepsy given to me by the seven *Nganga* I interviewed. In this connection three specifically referred to the *Ngazi* spirit. Another reason they gave was the fetus consuming some bad food from the mother while still *in utero*, or the patient performing an unusual act, such as drinking hot water in the morning or eating *derere* (a type of spinach) cooked the previous day and re-heated instead of consumed cold.

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TABLE I. CAUSES OF EPILEPSY GIVEN BY 7 NGANGA

Cause	No. giving it as a cause
Hereditary	5
Ngozi as well as hereditary	3
Fetus consuming wrong food <i>in utero</i>	2
Performance of unusual act	3

In determining the prognosis the *Nganga* took into account not only the duration of the disorder and the number of fits, but how they were produced. The best chance of cure they thought was when the disease had been caused by an upset *mudzimu*, which is more willing to be placated than the aggrieved spirit seeking revenge. There is more likelihood too of propitiating this spirit than removing the evil produced by a witch. They viewed the disease seriously and appreciated that the prognosis was often complicated by a large number of epileptics losing their lives through drowning or burning and many more suffering badly with scars through falling into fires.

One of the *Nganga* seemed to know about minor faints or petit mal, and he told me that he had observed a patient with small turns who later developed the major type of fits.

In Western medicine it is known that on a number of occasions epileptic seizures are hysterical in nature. The *Nganga* did not appear capable of distinguishing between true epilepsy and fits that are non-organic. This is not surprising since it may be difficult even for a member of our own profession to tell the difference. We might expect that Africans, seeing one of their own people in a fit, may readily suspect that he is being possessed by a strange, powerful spirit. Indeed a number of mediums, who become possessed with tribal spirits, and are destined to be the prophets and seers of the clan, give a history suggestive of epilepsy. Let me recall one instance worth recording. A man, aged 49 years, was admitted to Harare Hospital on 27 October 1971 for investigation of a so-called fit. He fell down unconscious, and although he did not bite his tongue or wet himself, it was considered best to investigate him more fully. The patient spoke good English and revealed in his history that his ancestral spirit (*mudzimu*) had caused this turn, or, as he put it, when he became possessed he experienced a tickling sensation between his shoulders and his body and had a feeling of strangeness. He could not recall acts that he performed in this state, and was told by observers that his grandfather spoke through him. They pointed out that his voice and mannerisms were those of his grandfather. His *mudzimu* began to trouble him in 1966 when he dreamt regularly about his grandfather. Both his grandfather and father were *Nganga* during their lives. His dead grandfather spoke to him and predicted what was going to happen. These predictions were always correct. At times he found himself on a mountain or at the bottom of a pool. In his dreams he saw where to find a particular plant, and the following morning, mounted on his horse, he would go to the spot and find the remedy as predicted. Whenever he came across someone with the complaint for which he was taught to use this medicine, he prescribed it and the patient recovered. He has not yet been fully accepted as a *Nganga*,

for he has still to hold the ritual ceremony for his *mudzimu*. He has also to purchase a number of special garments to wear at the ceremony.

It is quite possible, therefore, that in this society the seizure is simulated by one who wishes to win support for his claim that he is specially endowed spiritually and is indeed an official of his religion. An example of such an official is the medium of a tribal spirit, *mhondoro*, a very highly responsible person in the clan. Another such medium is the medicine man or *Nganga*. People are more likely to be convinced of spiritual possession on witnessing a fit than by seeing any other illness.

Not one of the *Nganga* was able to distinguish between idiopathic epilepsy and that form of the disease often referred to as secondary or symptomatic epilepsy. Further, most of them had no conception that epilepsy could be associated with a mental disorder; only one referred to this possibility. However the *Nganga* were clearly able to distinguish between epilepsy and convulsions in children. This was striking. They differentiated between the two by the presence of a fever in convulsions and the fact that the child recovered when the fever was under control. They knew too that convulsions carried a good prognosis, in contrast to epilepsy. While convulsions are frequently believed to be due to a witch or perhaps to the anger of an ancestral spirit, other strange explanations are given for this condition. Many mothers declare that a convulsion is merely due to a frightening experience the child had during the day; after going to bed he awakes in a fright and convulses. In the same way it is believed that a convulsion may follow a dream which has resulted from a fearful experience he had during the day. One *Nganga* spoke of an invisible ray which strikes a child between his eyes and causes him to become excited and convulse.

On being questioned about the causes of convulsions the same seven *Nganga* gave answers as follows: the fetus eating something harmful from its mother while still *in utero*; the child being struck by an invisible ray; the child seeing something frightening; witchcraft, or the ancestral spirits.

There was general agreement among the *Nganga* interviewed that a witch could be responsible for both convulsions, *buda*, in children and epilepsy.

With regard to therapy the general principles were similar for the treatment of both epilepsy and convulsions. The immediate treatment for the attack or the period following it consisted mostly of two parts—the revival of the patient with inhalants, similar to our use of smelling salts for faints, and the more magical method of expelling the harmful agent. The treatment recommended by the seven *Nganga* for epilepsy is summarised in Table II, and that for convulsions in Table III.

TABLE II. MAIN LINES OF TREATMENT FOR EPILEPSY USED BY THE 7 NGANGA

Method	No. using it
Purgatives	5
Enemata	4
Inhalations	4
Washing the body	4
Incisions	1

TABLE III. TREATMENT RECOMMENDED FOR CONVULSIONS  
BY THE 7 NGANGA

Method	No. using it
Purgatives ... ..	5
Inhalations ... ..	4
Incisions ... ..	2

The more magical side of the procedure is well exemplified by the two following illustrations.

Mai Matembe, a lady *Nganga*, purges her patient with the *chitopatopa* root. Then she takes a wing of a chicken which she cooks with the *musekerere* root. The patient consumes the meat and soup thus prepared. Next the heart of the bird is burnt to ashes and rubbed into cuts made over different parts of the body. Then the patient is washed in a liquid made from the *mufufu*, which is also mixed with *mutandangozi*, and taken in porridge. Finally the patient inhales fumes of this mixture.

Another of the *Nganga* I interviewed recommends a fumigating and washing powder to chase away the evil spirit. The extraordinary detail employed in this method of treatment for epilepsy is obviously intended to impress. First the powder of the *mutovwe* root is mixed with castor oil. This is burnt and the patient inhales the fumes with his head covered by a sheet. Then the *mapufu* powder is

mixed with oil and smeared over the whole body, which is then wrapped in a bag called 'iswa'. The head is covered with an old blanket and the patient is pushed into an antbear hole. He is then pulled out of the bag, which is left in the hole. Some of the *mapufu* mixture and dry grass are set alight in the hole. When the patient leaves the spot he must not look behind him.

I must admit that the witchdoctors' understanding and methods of treatment of epileptic seizures leave much to be desired since they do not appreciate that this disorder is one of the brain and not due to a disturbed spirit or a spell cast on the patient. They do not classify the seizures and do not seem to recognise the symptomatic group. I believe that in this society, where spirit possession and mediumship play such a large role in the traditional way of life, a certain number of so-called epileptic seizures are in fact functional in type. There is some support for this view, not only from the cases I have questioned, but from the experience of other workers in Africa.

Finally, I cannot detect any special effect that epilepsy might have on this society. It is regarded and treated like any other disease and its frequency is not sufficient to cause any action by the community. Neither is the epileptic accorded any special status. I have already alluded to the mediums in their religious cult claiming to be possessed in an attack simulating a seizure. But many mediums do not develop fits as evidence of sickness.