

TRADITIONAL MEDICINE IN ZIMBABWE

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Abstract

This study was carried out to help demystify traditional medical practices in Zimbabwe and assist people in understanding Zimbabwean traditional medicine. The Zimbabwean traditional religion involves a hierarchy of spirit mediums differing in the way they practice traditional medicine, as well as the origin and power of the spirit(s) that possess(es) them. MaGombwe, mediums of angels of God, occupy the highest level on the hierarchy. The second level is that of maSadunhu, the spirit mediums of the original leaders of clans who look after the interests of members of their clans. The third level is that of maTateguru, the spirits who look after the interests of the families they left behind. These spirits of great grandparents are complimented by spirits of grandparents who possess their mediums only to get a specific thing done and then disappear. The fourth level is occupied by N'angas, the 'real traditional medical practitioners.' These mediums may be possessed by spirits from any of the above levels, and differ from mediums at the original level in that they charge clients and the powers of their spirits are lower. The spirits at any of the levels are complimented by maShave, spirits that were created to perform specific tasks. The role of the spirit mediums is to service spiritual and medicinal interests of people. Training at the different levels of spirit mediums involves rigorous and tedious apprenticeship systems, and the mediums are willing to cooperate with other service providers if certain conditions are met.

Médecine traditionnelle au Zimbabwe

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Résumé

Cette étude a été effectuée pour aider à démystifier les pratiques médicinales traditionnelles au Zimbabwe et pour aider les gens à comprendre la médecine traditionnelle Zimbabwéenne. La religion traditionnelle Zimbabwéenne implique une hiérarchie d'esprits médiums qui diffèrent dans la manière qu'ils pratiquent la médecine traditionnelle, aussi bien que dans l'origine et le pouvoir de(s) esprit(s) qui les possède(nt). MaGombwe, médiums des anges de Dieu, occupe le plus haut niveau de la hiérarchie. Le second niveau est celui de maSadunhu, les esprits médiums des chefs originaux de clans qui s'occupent des intérêts des membres de leurs clans. Le troisième niveau est celui de maTateguru, les esprits qui s'occupent des intérêts des familles qui sont laissées en arrière. Ces esprits d'arrière-grands-parents sont loués par les esprits des grands-parents qui possèdent leurs médiums seulement pour accomplir une chose spécifique et puis ils disparaissent. Le quatrième niveau est occupé par N'angas, les « vrai praticiens de la médecine traditionnelle ». Ces médiums peuvent être possédés par les esprits de n'importe lesquels des niveaux au-dessus, et diffèrent des médiums au niveau originel parce qu'ils font payer les clients

et les pouvoirs de leurs esprits sont inférieurs. Les esprits à tous les niveaux sont loués par maMashave, esprits qui furent créés pour accomplir des tâches spécifiques. Le rôle de ces esprits médiums est de servir les intérêts spirituel et médicinal de la population. La formation aux différents niveaux des esprits médiums implique des systèmes d'apprentissage rigoureux et fastidieux, et les médiums sont disposés à collaborer avec d'autres pourvoyeurs de service si certaines conditions sont remplies.

Medicina Tradicional en Zimbabwe

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Extracto

Este estudio fue hecho para ayudar a de-mistificar las prácticas medicinales tradicionales en Zimbabwe y ayudarle a la gente a entender la medicina tradicional. La religión tradicional de Zimbabwe comprende una jerarquía de médiums espirituales que difieren en la manera en que practican la medicina tradicional, al igual que en el origen y el poder del espíritu o los espíritus que los poseen. El nivel más alto en la jerarquía lo ocupan los MaGombwe, médiums de los ángeles de Dios. El segundo nivel es el de los maSadunhu, los espíritus de los médiums de los líderes originales de los clanes, quienes miran por los intereses de los miembros de sus clanes. El tercer nivel es el de los maTateguru, los espíritus que miran por los intereses de las familias que han quedado atrás. Estos espíritus de los bis-abuelos están complementados por los espíritus de los abuelos, quienes poseen sus médiums únicamente para obtener una cosa específica y luego desaparecen. El cuarto nivel está ocupado por los N'angas, los "verdaderos practicantes de la medicina tradicional". Estos médiums pueden ser poseídos por espíritus de cualquiera de los niveles superiores anteriores, y difieren de los médiums del nivel original en que le cobran a sus clientes y los poderes de sus espíritus son menores. Los espíritus de cualquiera de los niveles están complementados por los maMashave, espíritus que fueron creados para ejecutar tareas específicas. El papel de los espíritus de los médiums es el de servir los intereses espirituales y medicinales de la gente. El entrenamiento en los diferentes niveles de los espíritus de los médiums envuelve arduos y rigurosos sistemas de aprendizaje y los médiums están dispuestos a cooperar con otros proveedores de servicios si se cumplen ciertas condiciones.

Medicina Tradicional em Zimbabwe

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Sumário

Este estudo foi realizado para ajudar a tirar o enigma das práticas médicas tradicionais em Zimbabwe e auxiliar na compreensão da medicina tradicional de Zimbabwe. A religião tradicional dos Zimbabuanos envolve uma hierarquia de médiums que diferem na maneira que

praticam a medicina tradicional, assim como na origem e no poder do{ s } espírito{ s } que os possuem. MaGombwe, médiuns que são possuídos pelos anjos de Deus, ocupam o nível mais elevado na hierarquia. O segundo nível é daquele do maSadunhu, os médiuns que são possuídos pelos espíritos dos líderes originais das tribos, que tomam conta dos interesses dos membros de suas tribos. O terceiro nível pertence ao maTateguru, os espíritos que cuidam dos interesses das famílias que eles deixaram para trás. Os espíritos dos bisavós são elogiados pelos espíritos dos avós que possuem os médiuns somente para conseguir algo específico e depois desaparecem. O quarto nível é ocupado por N'angas, os 'médicos genuínos da medicina tradicional'. Estes médiuns podem ser possuídos por espíritos de qualquer um dos níveis acima, e diferem dos médiuns no nível original, a diferença sendo que eles cobram os clientes e que os poderes de seus espíritos são mais baixos. Os espíritos em alguns dos níveis são elogiados pelo maMashave, os espíritos que foram criados para executar tarefas específicas. O papel dos médiuns é de prestar serviços de interesses espirituais e medicinais para o povo. Treinamento nos níveis diferentes de mediunidade envolve sistemas rigorosos e tediosos de aprendizado e os médiuns são dispostos a cooperar com outros prestadores de serviço se as condições exigirem.

Traditionelle Medizin in Simbabwe

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Zusammenfassung

Der Anlass dieser Untersuchung war die Beseitigung des Nimbus um die traditionellen medizinischen Gebräuche in Simbabwe und ein besseres Verstehen der traditionellen Medizin in diesem Land. Traditionelle Religion in Simbabwe schliesst eine Hierarchie von spiritistischen Medien ein, die sich sowohl in der Art ihrer medizinischen Praxis unterscheiden, als in der Herkunft und der Kraft der Geister die sie besessen. MaGombwe, Medien göttlicher Engel stehen auf der höchsten Schicht der Hierarchie. Die zweite Schicht ist die der maSadunhu, die spiritistischen Medien der ursprünglichen Stammesführer die die Interessen der Stammesmitglieder übersehen. Die dritte Schicht ist die der maTateguru, der Geister die sich um die Hinterbliebenen kümmern. Diese Geister der Grosseltern sind ergänzt durch Geister von Grosseltern welche die spiritistischen Medien besessen nur um eine gewisse Sache zu bewerkstelligen und danach verschwinden. Die vierte Schicht ist die der N'angas, der 'richtigen medizinischen Heilkundigen'. Diese Medien mögen von irgendeinem der oben angeführten Geister besessen sein und unterscheiden sich von Medien der ursprünglichen Schichten nur indem sie von Patienten bezahlt werden und dass ihre spiritistischen Kräfte niedriger sind. Die Geister jeder Schicht sind ergänzt durch die maMashave, Geister die existieren um spezifische Aufgaben zu erfüllen. Die Rolle der Medien besteht darin die medizinischen und spirituellen Bedürfnisse der Menschen zu betreuen. Ausbildung in den verschiedenen Schichten der spirituellen Medien erfordert strenge und eintönige Lehren und die Medien sind bereit mit anderen Versorgern zusammen zu arbeiten solange gewisse Bedingungen erfüllt sind.

Introduction

Zimbabwean traditional religion and traditional medicine are inseparable and their relationship may in some cases be viewed as synergistic, but ideally the nature of traditional medicine in Zimbabwe demands that it be under the influence and control of traditional religion. Many people in Zimbabwe, the youth in particular, appear to be unclear as regards the strengths and weaknesses of traditional medicine, criticizing it as being unhygienic and lacking in efficacy. Some of this criticism is a result of lack of information concerning the nature of traditional medicine and how it works. Traditional medicine is not talked about openly because of sociological labeling by colonial governments and missionaries as they attempted to blindly discredit it and replace it with Western medical systems [1]. Any effort that the reader may want to exert towards understanding of the deep-seated traditional medical aspects of the indigenous people of Zimbabwe must be informed by the historical considerations of the Bantu people, dating back to the Pharaonic era in Egypt. The deep-seated Bantu cultural aspects are still intact, notwithstanding the distortions by the missionaries and the colonial governments who sought to 'tame the native' through systematic indoctrination and acculturation under the guise of Christian civilization, dislocating and branding Bantu religion and culture as uncivilized and barbaric. They made the Bantu so acculturated that they even despised their own indigenous names in favour of European names [1]. Such evangelization was compatible with colonial aims of creating a loyal, submissive, and subservient native who was not capable of challenging the masters. Africans were forced to disown indigenous African names in favour of foreign names and mores [1]. Influential spirit mediums, such as Chaminuka, Nehanda, and others were tortured, then murdered, by colonial governments for their spiritual teachings and traditional actions, which were branded as subversive and anti-Christian in the nineteenth century, just as Rosicrucians and Rosicrucian Philosophers such as Giordano Bruno and others were persecuted and murdered for their beliefs and actions in the seventeenth century [2].

Whilst the missionaries and the colonial masters played havoc on the masses, the spirit mediums remained the custodians of the peoples' culture. Large numbers of African families (both rural and urban) consult traditional healers for their health care needs because these practitioners are accessible, affordable, culturally appropriate and acceptable. They explain illness in terms that are familiar because they are part of the local belief systems [3]. The practitioner and the patient are culturally bound, and the practitioner has a personal interest and stake in the patient, who may be a relative, a relative of a friend /acquaintance, a neighbour, etc.[4]. In traditional medicine, health problems are based on the notion that each cultural group handles its medical problems in a particular way, with its own world-view, traditions, values and institutions. Traditional medicine is part of culture, which itself is always getting modified with time [5] and all medicine is modern [6].

African traditional medical systems define disease and illness within given social contexts [5], thus disease and illness are intricately interwoven in the social status of the group concerned. When one is attacked by a disease, he or she cannot perform his or her duties and functions within the social group. The individual's illness affects the group (family members, neighbours, and friends), which will begin therapy by giving traditional medicine to the patient at home. When the patient fails to respond to home therapy, elders consult one another and recommend a specialist healer. In traditional medical systems, disease and misfortune are regarded as having

socio-religious foundations [5], and treatment processes must include discovering the deep-seated causes and ways of preventing recurrence. The causes of disease and illness may be natural (God-given) or unnatural (human-induced) [5]. Natural diseases such as diarrhoea, skin rash, and rheumatism may be treated by Western medicine or by traditional medicine or by both [5]. Human-induced illness (unnatural diseases) may be a result of sorcery, witchcraft, spirit disturbances or breaching socio-religious obligations and taboos, especially with regard to the ancestors [5]. Such diseases must be referred to traditional healers with their various specializations: there are herbalists, diviners, seers, spiritualists, traditional surgeons and birth attendants, etc. [5]. African traditional medicine follows a holistic approach to medical situations, considering both organic and psychological attributes of disease and illness together, to come up with solutions [5]. Africans move between Western medicine and traditional medicine, even for the same illness at the same time, depending on what they perceive to be the source of the problem, using the two systems in a complementary or supplementary way [5][7].

The theories and concepts of prevention, diagnosis, improvement and treatment of illness in traditional medicine historically rely on holistic approach towards the sick individual, and disturbances are treated on the physical, emotional, mental, spiritual, and environmental levels simultaneously. Most systems of traditional medicine may use herbal medicines or traditional religion-based therapies, along with certain behavioural rules promoting healthy diets and habits[6]. Holism is a key element of all systems of traditional medicine, so conventional efficacy assessment measures may not be adequate [6][8]. Some traditional medical practices even include the provision of the means for confession, atonement, restitution into the good graces of the family and tribe, and intercession with the world of the spirits [9].

Western medical practitioners acquire the basic skills through an intensive and selective education, specializing in related medical disciplines. In contrast, African traditional medical practitioners acquire their skills through observation and a long and tedious apprenticeship involving intervention of spirits and ethno-socio-curricula activities. Thus, African traditional medical practices are bound to be ethnocentric. The process in Western medicine is standardized and the products recognizable. In contrast, traditional medicines are not easy to quantify and replicate. Their use necessarily involves trust in the healer [4]. The traditional medical practitioner is often accused of being a jack of all trades and master of none; like a philosopher, he or she knows everything about all diseases, but nothing about any particular one; he or she has no formal scientific training in modern medical science; his or her practices are very primitive and backward [9]. The processing of traditional medicines is considered unhygienic and unscientific because people are biased against the methods of grinding, pounding, chewing, boiling, etc. Often these methods are just as hygienic as any used in industrial manufacturing. The use of such 'crude' methods may be dictated by the scale of operation and the physical and chemical characteristics of the plant itself [4]. Western medical care providers hold views on health that emphasize disease, focusing on the physical body in an attempt to be objective and scientific [3].

The administration of Western medicine is effected orally, by injection, or by topical application, etc., thus generally the same as traditional medicine, which also uses incisions and excisions in addition. The major difference is that Western medical personnel wear white uniforms, whilst traditional medical personnel wear black uniforms. Black is the typical colour most traditional

medical personnel use, due to the preparation processes more than anything else. They are equally clean, hygienic, and definitely scientific. In Western medicine, the medical practice and the doctor-patient relationship are very objective and impersonal. Personal interest is only aroused when the patient or the manifestation of the disease is peculiar, abnormal, and therefore of scientific interest, and the patient becomes a case [4]. Traditional medical personnel concern themselves with the deep-seated causes of physical symptoms to disease [5].

Scientifically, Western medicine would do better and would advance its professional goal if it recognized the legitimacy of the so-called nonscientific traditional medical approach to human healing, since the beliefs of this approach figure very much in the inner reality of human life. Traditional medical practices possess legitimate knowledge essential for medical science. Therapies and treatments performed by traditional medical practitioners should be examined critically and the relevant elements should be adopted into Western medical education. They touch on many vital areas that are beyond the imagination of the present medical education and they are wholesome in approach [9]. Research on traditional medicinal plants is carried out to enrich the Western medical practice. To be meaningful, it is important to include several cultural dimensions to supplement and complement Western medicine [4]. The traditional medical practitioner and the Western medical practitioner both share the physico-chemical approach to the treatment of disease, but the traditional medical practitioner transcends the limits of the molecular approach into the powerful influences and interplay of an individual with his or her environment recognizing that human beings are constituted of psychic and physical realities that are distinct and not separate [9].

Traditional medical practices and their underlying beliefs are repositories of empirical observations and insights accumulated over long periods of practical experience. This wealth of information must be gleaned, articulated, and reinterpreted further by the newer experiences and knowledge, as more sophisticated analytical methods and technologies become available. With appropriate appreciation of the empirically-identified maladies of the folklore, many of the ancient herbal cures have provided leads and have found rigorous scientific basis in the form of some modern medicines such as aspirin, quinine, and rowalfine [10]. Culturally, people believe in the old while looking forward to the modern. It is therefore logical to incorporate use of traditional medical dimensions in Western medicine, and vice versa, and establish a dialogue between them for the betterment of both practices and the community [4]. This is successfully being done in Benin. The barrier between Western medicine and traditional medicine on the African continent might appear insurmountable, but that is due to the way Western medicine was introduced to Africa by colonial governments. African traditional medicine was suppressed and then ignored [5].

In developed countries, a resurgence of interest in herbal medicines has resulted from the preference of many consumers for products of natural origin [11]. The arsenal of biomedicine can no longer cope with the many different health problems and the medicines are less and less available [12].

Traditional medicine can be developed on the same lines on which Western medicine has been developed, like what is being attempted in Mali [12] and Rwanda [13]. Exploitation of African medicinal plants for commercial purposes is not new. Consider the aloe species that are native to

East and Southern Africa. Their medicinal use in Africa is extensive and has been for thousands of years [14]. They are described in pharmacopoeias and in traditional systems of medicine [14][15][16]. Aloes have been transferred from their native locations in Africa and are now cultivated and processed for commercial drug aloes in India [14] and in many parts of the world [14][16]. Traditional medical practitioners in Zimbabwe use the aloe for the alleviation of many ailments, but the plant is not being commercially exploited, despite its abundance in the countryside. It makes commercial and medicinal sense to exploit the medicinal plants the region is so abundantly endowed with. Critics of the Zimbabwean traditional medical practices ought to take time to consider how biomedicine developed to its present levels, and then probably help its own development.

Objective

To use information from spirit mediums to demystify traditional medical practices in Zimbabwe and help people understand the way traditional medicine is practiced in Zimbabwe.

Methodology

This study attempts to explain the relationship between traditional religion and traditional medicine in Central Africa through interviewing some leading spirit mediums in a qualitative study in which the sampling was purposive, taking place between 2001 and 2006, in Chiweshe District in the Mashonaland Central Province, north of Harare, and in Harare. Chiweshe was chosen because of the concentration of leading spirit mediums in that region. Many people flock there from all over Zimbabwe and across the borders to consult the spirit mediums.

The results of this study are generalizable over Central Africa because the spirit mediums have collaborators all over Central Africa and claim that their spirits know no boundaries. Harare was chosen because of its central location. Questions included the nature of spirit mediums, their responsibilities as regards traditional medical practices, the influence of traditional religion on traditional medicine, the history of traditional medicine, and the way forward. Due to the complex nature of the backgrounds of the interviewees, structured questions and non-structured questions had to be used interactively. Sample selection was guided by consideration of information richness. It was not possible to interview all spirit mediums who could have given information because with such interviewees, appointments are not always adhered to due to their busy schedules, which in most cases are not humanly planned. Some of their decisions are made under the influence of the spirits. It is not uncommon to travel the 160 km from Harare to Centenary in Chiweshe only to be told that Sekuru or Ambuya so-and-so is not available to interview because he or she has had to go to some place on business or is too busy with something else. The purposive sampling led to six spirit mediums in Chiweshe (four men and two women), and two spirit mediums in Harare (one man and one woman) being interviewed, each on several occasions, over the study period. All the spirit mediums who were invited to take part in the study accepted. Member checking was done during the course of the study to inquire whether the views of the spirit mediums were being faithfully interpreted, and to ascertain whether the results of discussions made sense to all participants. Data collection and analysis took place until analytic saturation was reached. The spirit mediums were interviewed both when possessed and when apparently free from the influence of the spirit. Interviews of possessed

mediums were not planned. If and when a planned visit coincided with spirit possession, the opportunity was made use of and interviews were conducted. Each of the eight mediums was interviewed under possession on at least two occasions and the mediums were happy to be told that such an opportunity had availed itself, and the medium assisted with explanations that helped considerably during data interpretation. Some of their explanations were more elaborate when possessed than when not. There was no serious contradiction between what was said when possessed and what was said when apparently free from the influence of the spirit. The more senior the spirit mediums, the more interview time they occupied, the greater the number of times they were interviewed, and the greater their contribution to the final results of the study. When there was conflict between data from different spirit mediums, the data were discussed with different mediums and further explanation sought. In general, disagreements were not of fact but of interpretation. Further discussions and member checking led to resolution of the disagreements. Data interpretation, triangulation, and authentication were ongoing.

Results and Discussion

The spirit mediums claim that before the colonial era in Zimbabwe the African people had a religion with the same principles as are found in the Old Testament. They believed in creation, life after death, the existence of angels, the Ten Commandments, and reward for proper behaviour in life. The biblical names had their Shona translations. God was known as *Murenga* or *Mwari*, Adam as *Munhumutapa*, Noah as *Nohoreka*, etc. In agreement with Sindiga (1995), there has always been a hierarchy of spirit mediums: (1) Gombwe, (2) Sadunhu, (3) Tateguru, (4) N'anga, and (5) Shave. The five levels differ in the way they practice medicine, as well as the origin and power of the spirit(s) that possesses them. There is a gradual decline in the medium's concentration on the spiritual aspects of traditional medicine as one goes down the ranks, just as there is an increase in the reliance on herbal remedies as one goes down the ranks.

1. Gombwe

Gombwe, the highest level of spirit mediums, is a medium of the angel of God, not a spirit of a dead person as is popularly believed. The spirit that possesses the Gombwe is a messenger of God that looks after the state of the world, reports to God and receives and transmits God's wishes to the world. Examples of such mediums are Chaminuka, Kaguvi, Dzivaguru, and Nehanda. The spirits that possessed these mediums did not belong to the clans of the respective mediums, but to the region. The same spirit can possess and talk on different people and in different regions of the world at the same time, but the power of the spirit will be most concentrated on one medium and the spirit will be known by different names based on the languages of the people involved. The mediums were quick to point out that frequently, people of European descent do not respect this, but it is respected in African traditional religion. They said that in times of hardship, say illness, God will tell the angel why the Divine has unleashed the scourge on to the world, and through the medium the angel will tell people what God expects of them. The Gombwe pleads with God in prayer on behalf of the people, and when God is satisfied with the peoples' compliance with the Deity's wishes, the illness will disappear. The spirit mediums say that God will allow people to suffer for a variety of reasons such as breaching socio-religious obligations (for example, failure to respect the dead, sacred places, holy days; or

indulgence in promiscuity, disrespectful of elders and the murdered), and taboos (for example, having sexual intercourse between relatives; or committing suicide; killing sacred animals, such as pythons; beating up parents, especially mothers; intermarriage between clan members; and desecrating sacred places). The Gombwe intervenes between God and people, for the benefit of people. Using the right channels, people can ask Gombwe to plead with God on their behalf, and God will advise the Gombwe on what people can do to gain forgiveness and reclaim their peace. Thus, as Ndeti puts it [9], some traditional medical practices include the provision of the means for atonement and intercession with the world of the spirits.

2. Sadunhu

Sadunhu is the spirit medium of the original leader of a clan. The spirit mediums concurred that clans were formed when people were still in Guruswa, Tanganyika, now mainland Tanzania. At first they were only twelve, but later increased as people were further divided through wars and marriages. The spirits of the original leaders of clans are referred to as maSadunhu. They look after the general interests of the members of their clans and of the people living within the clans. They report to maGombwe and take messages from maGombwe to their people through chiefs and vice versa. MaGombwe and maSadunhu do not charge clients for their traditional medical services, but live on gifts from well wishers. The strength of the spiritual powers of the Sadunhu will depend on how strong the original leader of the clan was and on the medium's state of holiness. Thus, traditional religion and traditional medicine may be inseparable and are wholesome in approach [9]. Laxity in holiness leads to decline of powers or even death of the medium, and the spirit chooses another medium from the clan, and not necessarily from the same family as the dead medium.

3. Tateguru

The third level of spirit mediums is Tateguru (the spirit of a family's great grandparents). These look after the interests of the families they left behind, and endow their mediums with survival means, usually in the form of traditional medical practices. Their spiritual powers emanate from the Sadunhu. Closely related to these are the spirits of Sekurus and the Mbuyas (grandfathers and grandmothers, respectively). These possess members of the families they left behind, especially the young ones. The Sadunhu, Sekurus, and Mbuyas come back, so that the living can help them cleanse themselves of their wrongs. They possess their mediums and confess of the murders, adulteries, robberies, incest, living with a woman without paying compensation to her parents, or complain of the wrongs done to them in life such as plunder of resources by people known or unknown to them, being made slaves, or being made to work without proper remuneration, or losing their wife to others, or losing their wealth to relatives of the husband or wife. Unlike the Tateguru, Sadunhu, and Gombwe, the spirits of grandparents do not possess their mediums permanently. They disappear upon solution of the problems. Solutions include restitution that may involve payment of large amounts of wealth to the aggrieved parties. The illness that may have played havoc on the spirit medium and his or her relatives disappears. But before it disappears it facilitates learning of what should be done and what should not be done by family members, and foretelling of events. The spirit will work for the well being of the family. All those who take part in the cleansing of the spirit receive rewards commensurate with their level of involvement during spirit cleansing. When cleansing is complete, the spirit will join the spirits

of ancestors in the state of happiness. From this state, they may be assigned duties as Tategurus, depending on their statuses before death. Spirit cleansing is important in African traditional medicine. Non-Africans will send a murderer to jail and the murderer will be free after the end of the jail term. Africans contend that sending a murderer to jail does not give anything to the victim. Vengeance (*ngozi*) still has to follow and cause restitution. Traditional religion contends that when a person dies, the spirit joins those of the ancestors in a state of happiness. Reaching this state is not automatic. The dead have to answer for their actions when they were still alive: how they handled their property, the property of the family and that of the neighbours and strangers; how they treated family members, neighbours, and strangers; etc. If their accounts are not satisfactory, they are sent back to correct their mistakes. The spirit of the dead person will possess relatives, causing illness and suffering to gain attention. No medicine can end the illness and suffering, apparently in agreement with Sindiga [5] on the treatment of human-induced illnesses that must be referred to traditional medical practitioners. The only cure is restitution, after which, the spirit is allowed to join the company of ancestral spirits (*maTateguru*), a situation akin to heaven in Christendom. The period of vengeance and restitution is analogous to purgatory.

4. N'anga

The fourth level of spirit mediums are the N'angas (herbal experts). These are the 'real traditional healers.' They receive their powers from maGombwe through maSadunhu. The study revealed that problems arose with the advent of the cash economy. Some of the maGombwe and maSadunhu started behaving like N'angas and charging clients for traditional medical services. Their spiritual powers and their efficacy at servicing the N'angas declined, to the detriment of both the N'angas and themselves. At present a few spirit mediums are practicing as maGombwe or maSadunhu. Most are practicing as N'angas. The Gombwe, the Sadunhu, and the Tateguru do not use divining gadgets [17], but rely on dreams and trance divination as the diagnostic procedure to discover solutions to problems. They rely on prayer, sacrifice, and religious teachings to solve illness and other problems, then refer patients to N'angas for herbal treatment, if necessary. The divination by the N'anga is more straightforward as the N'angas rely mostly on their divining gadgets to discover what medicine to prescribe and how to administer it. Besides receiving powers from the Gombwe, the Sadunhu, and the Tateguru, he or she also receives powers from maShave (spirits associated with some animals). Examples of maShave are shave regudo (of a baboon), which causes the medium to behave like a baboon; shave rembada (of a leopard), which causes the medium to behave like a leopard, etc. These are spirits that were created to behave like the respective animals. They are not spirits of the dead animals. These spirits are particularly good for foretelling and explaining illnesses and disasters. It is claimed that they can even increase the efficacy of herbal medicines. This would explain why some medicines will cure, dependent on who prescribed or administered them. This is another illustration of the interdependence of traditional religion and traditional medicine. The traditional medical practitioner transcends the limits of the molecular approach into the powerful influences and interplay of an individual with his or her environment, recognizing that human beings are constituted of psychic and physical realities that are distinct and not separate [9]. There are good and there are bad maShave. There are ways to cleanse both the medium and the spirit of bad maShave. The good ones (the talents) include the talent to cure, the talent to hunt, to work, to fight at war, and to lead. The bad ones (the demons) include those for witching, prostitution, theft, murder, lying. Cleansing removes the bad ones and strengthens the good ones. The

question of maShave is further complicated by the fact that at each level in the hierarchy of spirit mediums there are maShave associated with that hierarchy. There are maShave associated with the Gombwe, or with the Sadunhu, or with the Tateguru, or with the N'anga, or with the herbalist. The same type of maShave will perform the same type of functions at the different levels, but with different powers dependent on the hierarchical level they are associated with. The N'anga uses herbal medicines to cleanse. The Gombwe does so through prayer and sacrificial activities, as well as through the use of herbs, and is generally considered more successful at such cleansing. In these activities, the Gombwe relies more on spiritual powers than on herbal powers, just as those at the bottom of the hierarchy rely more on herbal powers than on spiritual powers. There is some sort of gradual change in the relative powers of the spiritual versus the herbal powers as one goes up or down the hierarchy. Thus in Zimbabwe, as is the case in other countries on the African continent, religion and medicine are inseparable. Some illnesses are curable through religious considerations, and others, through herbal medicine. Of the traditional medical procedures, the activities of the N'anga (the traditional medical expert) may be considered the closest to Western medical activities as the N'anga relies on the whole plant or parts of the plant, or on other organisms as sources of curative agents, just as the Western medical practitioner relies on chemicals derived from plants and other organisms and from synthesis. But the N'anga should not be viewed in isolation. The strata above influence his or her activities. The theories and concepts of prevention, diagnosis, improvement, and treatment of illness in traditional medicine historically rely on holistic approaches towards the sick individual. Most systems of traditional medicine may use herbal medicines or socio-religion-based therapies along with certain behavioural rules [7]. Holism is a key element of all systems of traditional medicine [7][8]. The N'anga calls upon the powers and experiences bestowed on him or her by the spirits, who in turn maintain him or her in touch with powers higher up in the hierarchy.

Training

Unlike the practice in Western medical systems, one does not choose to be a spirit medium. The choice is made by the spirit, and the chosen medium cannot say no. The chosen person then spends many years of apprenticeship under a renowned spirit medium, receiving guidance and cleansing until he or she can run his or her own practice and eventually guide others to do the same. Success will depend on how well he or she keeps the rules and regulations of the calling. The medium, in the case of an N'anga, is destined to become a traditional medical expert. The powers of the spirit are complemented by those of maShave. The medium has to learn the art of divining, using divining gadgets [17]. The potential is already bestowed upon him or her by the spirit. He or she joins an established practitioner for cleansing and apprenticeship, which will last as long as it takes to satisfy the mentor that the apprentice is ready to practice independently. It is believed that the spirit will guide the medium in the choice of the appropriate mentor. The period of apprenticeship is not always spent with the same mentor. The medium might move to another mentor when satisfied that there is no further help obtainable from the current mentor, or the current mentor might arrange for secondment with another. By the time apprenticeship is over, the practitioner is already an expert in his or her own right. The training is very much unlike that of the Western medical practitioners who acquire the basic skills through an intensive and selective education, specializing in related medical disciplines. The training of African traditional medical practitioners is through observation and a long and tedious apprenticeship system involving intervention of spirits and ethno-socio-curricula activities, and is bound to be ethnocentric [4] and thus very much unlike the training of the Western medical personnel.

Herbalists

Below the rank of N'angas are the herbalists. These are not spirit mediums. They are people who have learned the different herbs through association with the Gombwe, Sadunhu, Tateguru, or N'anga, as they help them collect and prepare herbal medicines and perform other duties. They may have been directed into the associations with their respective mentors by their own maShave, and they do not use divination as a diagnostic procedure to discover the relevant steps to take in order to effectively cure. Some of them become very powerful herbal practitioners as a result of training efforts.

Some beliefs and practices

In principle, an N'anga advises patients with difficult human-induced illnesses to go to the Gombwe and those with difficult natural illnesses either to the Gombwe or to Western medical practitioners. The Gombwe will know the purpose of the visit and does what the N'anga was unable to do, and when through, he or she advises the patient to return to the N'anga for further herbal remedies, if necessary. Those advised to go to Western medical practices will voluntarily return to the N'anga, whether they are cured or not. The spirit mediums concurred that their patients move between Western medicine and traditional medicine, even for the same illness at the same time, depending on what they perceive to be the source of the problem, using the two systems in a complementary or supplementary way, thus in agreement with Sindiga [5]. The bond between the traditional medical practitioner and the patient lasts even long after the illness has disappeared. The spirit mediums concurred that people visit traditional medical practitioners even during the times they are consulting Western medical practitioners, thus trying both systems simultaneously. They trust traditional medical practices and have faith in traditional medicines, consulting Western medicine only when they have to. These sentiments by spirit mediums vindicate similar statements [3][4] on the question of cultural bonds between traditional medical practitioners and their patients. A real N'anga has an arsenal of herbal plants that cure or alleviate illnesses. He or she is honest and does not claim to have solutions to all problems and acknowledges the strengths of others. A N'anga who becomes greedy and dishonest will be punished, his or her powers will decline, practices will falter, and patients will stop consulting him or her. The spirit mediums claimed that in the past, the N'anga and the Gombwe could cure most illnesses. It is believed that their success depended on how far they kept to the rules. Failure to adhere to rules resulted in the decline of their powers. It has been widely believed that 'whatever the Gombwe could not cure, no one else could.' Spirit mediums believe that people used to live long because they behaved according to God's wishes, who in turn answered their prayers.

Concerning the diseases that are incurable through both Western medicine and traditional medicine, the mediums believe that solutions might come through cooperation between the two systems. A hindrance to such cooperation is the lack of trust on the part of the traditional medical practitioners who fear that all benefits would go to Western medicine whilst they would not gain much. They claim that Western medical personnel have always asked for their secrets and disappeared without giving them anything in return. They lament the non-availability of people who are prepared to enter into serious collaboration with them for the benefit of both

sides. Collaboration is a natural aspect of a spirit medium's life. Each one of them has other mediums with whom he or she voluntarily shares the secrets of the trade. They call them *maSahwira*. Traditional medical practitioners fear that Western medicine, with its powerful machinery, would steal their medicines. Dispelling such fears would advance the cause for collaboration. The spirit mediums believe that there will eventually be honest people who will develop traditional medicines along the way Western medicines have developed. They respect the strong dependence of traditional medicine on traditional religion and refer to the good old days when people respected and obeyed rules. It is, however, clear that they appreciate the changes in people's attitudes with time. They realize the dynamic nature of culture [5], and even propose changes that might have been thought of as being unattainable a few years ago. For example, their ideas about collaboration with Western medical practitioners may be considered as being contrary to what would be expected in connection with the concept of the preservation of cultural secrets. Traditional medical practitioners have been known to cling to secrecy about their medicines, but they are now willing to open up and allow others to develop traditional medicines. They were quite willing to tell me the nature of their different medicines, as long as I would not use the information for personal gain. Zimbabwean traditional medicine appears to be alive and well in the custodianship of spirit mediums. Spirit mediums claim that the colonial era dislocated traditional medicine and hindered its development, but failed to destroy it, and that traditional medicine can still be rehabilitated and be allowed to resume its role in society. They believe that removal of oppressive laws, such as the witchcraft suppression act in Zimbabwe, will allow people to openly talk about traditional medicine and be knowledgeable about its strengths and weaknesses, so that people can make informed choices about which medical system to consult.

Some general observations

Some fears about unclean, unhygienic, and unscientific practices associated with the preparations of traditional medicines [9] might tend to be exaggerated. Observations made on how medicines were prepared and administered revealed that the same care the practitioners exercise in the preparation of their food is the care they exercise in the preparation of the medicines. Neither was there anything to suggest lack of scientific considerations in their handling, preparation, and administration of medicines. Activities appeared to be driven by the nature of the materials that were handled [4]. The ethnocentric nature of traditional medicine might contribute to the relaxation of the patients as they visit spirit mediums, for the environment tends to make patients feel that they are part of the system [3].

Conclusion

Most of what a traditional medical practitioner does can be traced to the influence of, and control by, the ancestral spirits. Spirit mediums are classifiable into strata which may be arranged into a hierarchy based on responsibilities, origins, and powers of the spirits. The ability of a spirit medium to perform duties is governed by the spirit and associated *maShave*, assisted by training and collaboration with other spirit mediums. The study further clarified some misconceptions regarding the nature of *maShave*, in particular the erroneous idea many people have about *maShave* being spirits of animals and of non-relatives. The study points out that these are spirits which were created for the purposes they serve, and that they are not spirits of the dead.

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Appendix 1 – Glossary

Chaminuka, Dzivaguru, Kaguvi, and Nehanda are some of the most revered spirit mediums in the history of the Shona people of Zimbabwe.

Gombwe Shona name for the highest spirit medium, for which the spirit is not of a dead person. This is not an ancestral spirit, but believed to be a spirit created for the purpose

maGombwe Plural of the word Gombwe.

maSadunhu Plural of Sadunhu

maSadzinza Plural of Sadzinza

maShave The spirit which possess these are spirits which were created for the service of people. They are not spirits of dead animals or of living animals. These spirits render the people they possess to behave like animals when they are possessed, hence they are erroneously thought to be spirits of animals. A person possessed by any of these spirits will behave like the animal associated with the spirit. For example, a person possessed by shave rebveni, behaves like a baboon. Bveni is the shona name for a baboon. The spirit just renders, the medium behaves like a baboon but the spirit did not come from a dead baboon. The spirit was created to be like that. There are many animals associated with such spirits. These spirits are not limited to animals. They can be associated with anything else.

maTateguru Plural of Tateguru

Mbuya Grandmother

N'anga Spirit medium who is also a herbalist who charges clients for services. Most traditional healers belong to this group. These are the real herbal practitioners. Most of their powers emanate from the medicines they possess. Their spiritual powers are considered to be much less than those of the Gombwe and of the Sadunhu.

N'gozi Spirits associated with people who must be compensated for something bad that was done against them. They may be spirits of dead people who come back for vengeance. They return to cause the wrongdoer, or relatives of the wrongdoer, to pay compensation to their families. The level of compensation depends on the severity of the 'crime.'

Sadunhu This word is synonymous with Sadzinza. This is the founding leader of a clan. The Shona people believe that clans were started when they moved to Southern Africa from the North. As they moved from Egypt, they settled around the area of the Great Lakes for a while. It was during that time that they divided themselves

into clans to facilitate marriage. Originally twelve clans were created. The number increased as need for intermarriage arose, and also because of wars.

Sekuru Grandfather

Tateguru Great grandparent, usually in an extended family. Plural for the word is maTateguru.

Sahwira A family or extended family friend.

Shave Singular of maShave

Appendix 2

The following questions were used as guide during interviews. The researcher guided interviews such that the questions in Table 1 were covered when interviewing each of the spirit mediums. Subsequent interviews were held to cover points that were raised when covering the points below and to cross-check responses.

Table 1 Guiding questions during interviews of spirit mediums

Personal information about spirit mediums

1. Where were you born?
2. How long have you been practicing?
3. How did it all start?
4. Did you receive any training to be able to do what you are doing?
5. At what stage did you start feeling you were, e.g., a Gombwe, or a Sadunhu, or Tateguru, or N'anga, or Herbalist, etc?
6. What makes people at your level different from those at other levels?
7. What is the relationship between the different levels?
8. Where do the powers at the different levels come from?
9. How free are you to collaborate with others?
10. Do you have any rules to guide you in your work?
11. What happens after the death of a spirit medium?
12. Are there any laid down succession procedures?

Relationship with God

13. If God interacts with people through spirit mediums, what is God's relationship with people at the individual level?
14. Are there any similarities between traditional religion and Christian religious groups?
15. Is it possible to practice traditional religion and still be a Christian?
16. Why are people leaving traditional religion to form Christian religious groupings?
17. What is the relationship between spirit mediums and these religious groups?

Relationship with Western medicine

18. How does traditional medicine relate to Western medicine?
19. Is it possible for a person to rely on traditional medicine and have nothing to do with Western medicine?
20. At what stage do you refer patients to Western medical practitioners?
21. What do you expect them to gain from such visits?
22. Are you involved with any type of collaboration?
23. What are your views about collaboration with Western medical personnel?