

HEALING

The fever abates in South Africa

Surveys on the use and practice of traditional/complementary/alternative medicine over the past decade suggest that, although traditional medicine still plays an important role among South Africans, traditional or faith healers seem to be visited less often than before, writes KARL PELTZER.



In developed countries, complementary and alternative medicine is becoming more popular

A systematic review of recent published and unpublished work on the prevalence of traditional/complementary/alternative medicine offers varied and often contradictory evidence.

It seems that traditional or faith healers seem to be less often consulted than before by the general population in South Africa. On the other hand, traditional medicine remains widespread in other developing countries and complementary or alternative medicine is becoming increasingly popular in developed countries.

Traditional medicine and probably complementary or alternative medicine is used by substantial proportions of the general population, but differences in study design and limitations in how the surveys were done make it difficult to compare prevalence estimates.

The mass of data, however, indicates that (the use of traditional and/or faith healers seems to have decreased over the past 13 years from a range of between 3.6% and 12.6% to 0.1% in South Africa.

The prevalence of traditional male circumcision was found to be 24.8% generally and 31.9% among black Africans.

The use of alternative and complementary medicine ranged from 0% to 2.2%. Illnesses treated ranged from chronic to acute conditions, with problems varying from those of a supernatural or psychosocial nature to mental illness, generalised pain and specific diseases, including HIV and other sexually transmitted infections.

Surveys of local use of traditional and complementary or alternative medicine for the last illness episode or in the past year showed a variation of 6.1% and 38.5%.

practices that are not part of a country's own tradition and are not integrated into the dominant healthcare system. Other terms sometimes used to describe these healthcare practices include 'natural medicine', 'non-conventional medicine' and 'holistic medicine'.

The US National Institutes of Health has grouped them into five somewhat overlapping domains:

- Biologically based practices. These include use of a vast array of vitamins and mineral supplements, natural products such as chondroitin sulfate, which is derived from bovine or shark cartilage; herbals, such as ginkgo biloba and echinacea; and unconventional diets.
- Manipulative and body-based approaches. These, including massage, have been used throughout history. In the 19th century, additional formal manipulative disciplines emerged in the United States: chiropractic medicine and osteopathic medicine.
- Mind-body medicine. Many ancient cultures assumed that the mind exerts powerful influences on bodily functions and vice versa. This array of approaches incorporates spiritual, meditative, and relaxation techniques.
- Alternative medical systems. Whereas the ancient Greeks postulated that health requires a balance of vital humours, Asian cultures considered that health depends on the balance and flow of vital energies through the body. This theory underlies the practice of acupuncture, for example.
- Energy medicine. This approach uses therapies that involve the use of energy – either biofield- or bioelectromagnetic-based interventions. An example of the former is reiki therapy.

Traditional medicine remains widespread in developing countries and is of growing health system and economic importance. In Africa, up to 80% of the population uses TM to help meet their healthcare needs. In Asia and Latin America, populations continue to use TM as a result of historical circumstances and cultural beliefs. In China, TM accounts for around 40% of all healthcare delivered. In Ghana, Mali, Nigeria and Zambia, the first line of treatment for 60% of children with high fever resulting from malaria is the use of herbal medicines at home. WHO estimates that in several African countries, traditional birth attendants assist in the majority of births.

Meanwhile, in many developed countries, complementary and alternative medicine is becoming more and more popular. In Europe, North America and other industrialised regions, more than 50% of the population have used complementary or alternative medicine at least once. In San Francisco and London, 75% of people living with HIV/Aids use TM/CAM. In the

United States, 158 million adults use complementary medicines.

Towards the end of the 1990s, the total number of traditional healers in South Africa was estimated to be around 350 000 and an estimated 70% to 80% of South Africans consulted traditional healers.

In South Africa, the use of traditional healers seems to have decreased in the past 13 years

The Traditional Health Practitioners Act classifies traditional healers in South Africa as: diviners (*izangomalamagqirha*), herbalists (*izinyanga/amaxhwele*), prophets/faith healers (*abaprofetil/abathandazeli*), traditional surgeons (*iingcibi*), and traditional birth attendants (*ababelethisilabazalisi*).

In 2007, the number of registered allied health professionals, interns and students in South Africa included 399 for practitioners in therapies such as *ayurveda* and Chinese medicine; 541 for chiropractic and osteopathy; 669 for homoeopathy, naturopathy and phytotherapy and 2 013 for therapeutic aromatherapy, therapeutic massage therapy and therapeutic reflexology.

In a nationally representative population-based survey in 2002, the prevalence of traditional male circumcision was found to be 24.8% (more than medical male circumcision, at 13.2%). Traditional male circumcision was mainly practised among the African black group (31.9%). Yet, there were stark differences among different African ethnic groups in traditional male circumcision rates, ranging from 71.1% among Venda; 60.5% Northern Sotho; 57.3% Xhosa; 57% Ndebele to 2.4% among Swati and 10.7% among Zulu peoples. The age of traditional male circumcision is mainly 18 and above (58.2%), followed by 12 to 17 years (33.1%) and 0 to 11 years (8.8%) over all ethnic groups, while there are differences, for example, among the Xhosa, Southern Sotho, and Tswana, the age of traditional male circumcision is mainly 18 and over and for the Swati, Northern Sotho and Tsonga it is mainly 12 to 17. Among the Venda, it appears the age of traditional male circumcision is below 12 years old.

Generally, population-based and health facility based surveys seem to indicate that TM use still plays an important role in healthcare delivery in South Africa, covering a wide range of conditions. Other studies in South Africa have also indicated the general importance of traditional health practitioners despite the seeming decline in actual practice.

The World Health Organization (WHO) defines traditional medicine (TM) as including diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness.

In Africa, up to 80% of the population uses traditional medicine for healthcare

Traditional medicine is a comprehensive term used to refer both to systems such as traditional Chinese medicine, Indian *ayurveda* and Arabic *unani* medicine, and to various forms of indigenous medicine. Traditional therapies include medication – the use of herbal medicines, animal parts and/or minerals – and non-medication therapies – carried out mostly without the use of medication, as in the case of acupuncture, manual and spiritual therapies.

In countries where the dominant healthcare system is based on allopathic medicine (the treatment of disease by conventional methods, using drugs) or where traditional methods have not been incorporated into the national healthcare system, traditional medicine is often termed 'complementary', 'alternative' or 'non-conventional' medicine.

The term complementary and alternative medicine (CAM) often refers to a broad set of healthcare

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