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# The Role of Traditional Medicine in a Changing South Africa

*Marisa Jacobs*

If there is to be any improvement in the health of the under-served populations of the world there will have to be full utilisation of all available resources both human and material. This fundamental to the primary health care (PHC) approach. Traditional practitioners constitute the most abundant and, in many cases, valuable resources present in the community and traditional medicine, like orthodox medicine, aims at healing or preventing disease. In many developing countries experience has been accumulated in the use of locally available drugs of natural origin, mainly medicinal plants, and some of them have been used effectively.

These drugs, however, are not necessarily safe because they are natural. Some have caused serious adverse reactions and some contain chemicals that may produce long term side-effects such as carcinography and hepatotoxicity. A number of traditional drugs could, however, be safely used in organised health care. Symptomatic treatment is frequently required in PHC and in these cases the use of traditional drugs may be included in national drug policies.

In South Africa, the provision of medical care (especially of drugs) is scarce, and traditional beliefs and practice of medicine are still deep rooted in black communities. A traditional medicine programme for South Africa (TRAMED) has been proposed for 1993, and is the product of collaboration between the Department of Pharmacology (UCT) and the National Botanical Institute (Kirstenbosch). Recently, the University of Western Cape was also drawn in. Noteworthy is the absence of civic representation. South African National Civic Association (SANCO), non-government organisation's (NGO's) such as the South African Health and Social Services Organisation (SAHSSO), National Progressive Primary Health Care Network (NPPHCN) and other traditional healer and medicine associations of whom only the Traditional Healers and Herbalist Association and the African Healers Association have been consulted. Absent is also the TBVC states.

Some concerns of NGOs who were not consulted are that: traditional medicine should become part of organised health care in South Africa; traditional medicine should be researched and developed, and development should include informed indigent choices of South African communities;

the research could be undertaken by national and multi-national pharmaceutical companies as long as legislative guidelines and contracts around patents are developed in consultation with traditional healers and the communities they work in; legislation around patents should exist and be enforced so that multi-national pharmaceutical companies do not have the right to market the traditional medicine in their home country without the necessary consultations; clear definitions of traditional medicine, herbs/plants, remedies, therapeutic protocols and regimens; development of traditional medicine should always be on the basis of accountability to communities; broad consultation is an important component for development of traditional medicine (for example, consultation with community and the civic leadership as well as all interested parties); issues around traditional medicine should reflect political will; and control over traditional medicines should remain with the indigent communities, and decisions should be made in collaboration with leadership structures of these communities, such tribal authorities or civics.

Another incentive for ensuring that decisions about traditional medicine be made in collaboration with community leadership is the fact, especially in peri-urban and urban areas, that when a new-comer to a community sets up shop as a traditional practitioner, people are often attracted to the service without assuring that the person was genuine. This has allowed opportunists to set up as 'sangomas' and sell scheduled medicines on the pretence that these are traditional remedies. Standardising traditional remedies and setting guidelines for evaluating practices would assist in ensuring that illegal and dangerous practices, such as these, are contained.

## **Training**

All health staff need to be made aware of the place of traditional medicine in their culture, its strengths and weaknesses and the use that may be made of it. Similarly, traditional practitioners need to be approached with understanding and recognition of their skills. This should encourage them to share their knowledge and play a part in the national health service, usually after a period of special training.

## **Evaluation**

Evaluation is the most difficult and yet the most needed field of endeavour. It can be said that traditional medicine has the support of the population, whereas the health profession opposes it. One of the aims of the evaluation component

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is to put traditional medicine on a scientific basis, which involves statements and claims about the therapeutic value of particular traditional remedies which could be proven by means of controlled experiments and tests. This is achieved by critical examination of traditional material and practices; accurate identification of the plants and other natural products; identification of useful remedies and practices and suppression of those that are ineffective or unsafe; and promotion of further research and exchange of information.

## **What is to be done?**

In the process of incorporating traditional medicine into a national health policy, we need to engage in situational analyses of the potential role of traditional practices and practitioners in national primary health care programmes; development of policies and legislation for the incorporation of traditional medicine into health systems; support to multi-disciplinary investigations and surveys of local traditional medicine practices and the use of plants of medicinal value; collection, analysis and dissemination of information from countries and regions on successful activities, projects and programmes on traditional medicine.

This process will take many years. In the meantime, we have to move towards the integration of traditional medicine into the national health care systems, incorporating only those aspects which have been proven to be beneficial and desirable. Traditional practitioners should be involved in the evaluation of their own practices so as to facilitate the ready acceptance by their peers of suggestions for change, including the assumption of new responsibilities, for example, in the field of health education.

There is no single approach to the problem of how to involve traditional practitioners in national health systems, especially at the primary health care level. Dedicated and sincere action on the part of all concerned will be required to foster a collective effort to generate and implement policies best suited to South Africa. Most of the present legislation in this field is outdated or irrelevant and thus needs to be reviewed to conform with the new policies adopted. Reasonable and enforceable legislation would greatly enhance the implementation of traditional medicine activities.

## **National Drug Policy and Traditional Remedies**

Importing drugs is always very costly and consumes scarce foreign currency. Developing traditional remedies of proven efficacy and quality will not only

promote economic self reliance but will have a ripple effect and encourage researchers to investigate other traditional remedies more carefully.

At present, research policies in South Africa do not reflect the role of traditional medicines in health services. New research and development policies could greatly assist institutions in addressing the critical problems now being faced.

The first step should be the establishment of a National Council for Traditional Medicine which could be charged with the responsibility for preparing a national strategy and laying down a broad plan of action to be followed by government. TRAMED is an attempt at this, but has omitted to ensure that as a body it adopts a multi-disciplinary and multi-sectoral approach, with appropriate representation of the different type of traditional practitioners involved. Major policy issues need to be identified, priorities determined and mechanisms established to propose the various options and courses of action open to government with ad-hoc groups being formed to tackle issues.

Adequate finances should be made available in the national budget for the support and promotion of traditional medicine. External finances should only be considered as a complement to government initiative. It will also be necessary to undertake a survey of the national situation with respect to practitioners, population preferences and needs, available resources, and an investigation of specific problems. This should provide a basis on which a sound national health plan, reflecting the role traditional medicines, may be formulated.

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