



African Indigenous Medicine Activities in Mbarara Municipality, Uganda

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Abstract: Some African indigenous medicine healers and neo-liberalists have misused the cherished objectives of community values and turned it into witch-craft characterized with human sacrifice, money extortion, and many more evil related practices. The study was on activities of traditional indigenous knowledge in Mbarara Municipality, Uganda. It was established that most African indigenous healers were mainly practicing herbalism, midwifery/traditional birth attendance, spirituality/foretelling, bone-setters, snake poison healers and rain-makers. The African indigenous healers were in the age group of 40 years and above, had an educational level of secondary, most of them were females, who were Banyankore, Baganda, Congolese and Swahili, and were married. Most of the beneficiaries of African indigenous medicine were farmers and Banyankore by tribe. It was concluded that African indigenous medicine practices and systems of local people are interactive technology whose dissemination is feasible, efficient, and cost-effective when learnt from village-level experts.

Keywords: African Indigenous Knowledge

1. INTRODUCTION

African indigenous medicine ((AIM) and healing knowledge (HK) involve medicinal and spirituality activities. The new generation of peri-urban dwellers in Mbarara Municipality use modern medicine competitively with African indigenous medicine.

According to the National Council of Traditional Healers and Herbalists Associations of Uganda (NCTHHA), African indigenous medicine refers to 'ways of protecting and restoring health that existed before the arrival of modern medicine with medicinal plants being the world's oldest known health-care products'. AIM is perceived to be more 'natural and safer' than conventional therapies and is an important and often underestimated part of prevention and treatment health services. AIM, of proven quality, safety, and efficacy, contribute to the goals of ensuring that all people have access to care. is care that is close to their homes, accessible and affordable. It is also culturally acceptable and trusted by large numbers of people. The affordability of most AIM makes them all the more attractive at a time of soaring health-care costs and nearly universal austerity. AIM also stands out as a way of coping with relentless rise of chronic non-communicable diseases. It should however be noted that in spite of the importance of AIM to the health of the people, it raises questions of safety and quality. There are reports that quack African indigenous healers have taken advantage of desperate and hapless patients. Consequently, there is an urge to develop legal and policy frameworks to regulate the activities of indigenous African medical practices.

2. AFRICAN INDIGENOUS MEDICINE IN MBARARA MUNICIPALITY

African indigenous medicine and healing knowledge in Uganda as in many parts of Africa is a holistic conception that places the individual in relation to other men, to nature and to the Universe (Sekagya, 2006). Sickness is seen as an imbalance caused by lack of harmony or offending universal laws and not as a result of physiological or biological malfunctioning: an imbalanced state opens the individual to vulnerable influences. Ovugaet *al.*, (1999) asserts that mental illnesses are caused by evil spirits, witchcraft or curses. Therefore connecting with the spirits is important to help patients and families: the rituals to connect consist of song, drumming, clapping, dancing and a variety of performances to bring the spirit strongly into the midst of people. When the spirits are recognized for what they are and are respected, they stop acting harmful and start to bring help and support (Turner, 2004;

Scheidegger and Degonda, 2008). If connecting is not the way to restore somebody’s health a variety of shamanistic procedures can be used: exercises, diet, herbs, relaxation, mental imaginary, surgery, prayers, purifications, and various other rituals.

The study considered the health training of the leaders in order to investigate whether these leaders had the knowledge about conventional and indigenous African medicinal healing knowledge with community development dynamics (Table 1.2, below). Of the 27 sampled leaders, 17 respondents said they had some training on health matters and had the ability to explain issues that regard health matters in both modern and indigenous African healing perspectives. The findings from the study showed that even the 17 respondents who trained in health issues, 76.5% had modern health training skills (primary health care) and 23.5% had African indigenous medicine and healing knowledge (birth attendance only). Even the 23.5% was enough to show that even some of the leaders were practitioners of African indigenous medicine and healing knowledge: this affirmed the existence and importance of African medicine in Mbarara Municipality.

Table 1.1: Health training of Leaders in Mbarara Municipality

Health Training	Frequency	Percentage
Modern	13	76.5
African Indigenous medicine	04	23.5
Total	17	100

Source: Leaders (Field data, 2015)

2.1. Response from National Cultural Herbalists and Healers Associations

To have a more in-depth investigation, the study involved committees of National Cultural Traditional Herbalists and Healers Association (NCTHHA) and were interviewed separately. It was established that each Municipal Division in Mbarara Municipality has a five-member committee of NCTHHA elected from African indigenous healers (IAHs) that composed of traditional birth attendants, spiritualists, bone-setters, rain-makers, herbalists and foretellers. The study considered six committees (30 respondents in total) but was able to interface with 26 members from the Municipal Divisions of Biharwe, Kakiika, Kakoba, Kamukuzi, Nyakayojo and Nyamatanga. It was found out that the members of NCTHHA were drawn from spiritualists/foretellers, birth attendants, herbalists, rain-makers and bone-setters.

Table 1.2 below shows the membership and nationality of National Cultural Traditional Herbalists and Health Associations by numbers and percentages respectively.

Table 1.2: Membership and Nationality of NCTHHA in Mbarara Municipality

Membership			Nationality										Total
			Congolese		Kenyan		Rwandan		Ugandan		Tanzanian		
	Freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	
Spiritualists	12	46.2	01	8.3	01	8.3	01	8.3	07	58.3	02	16.7	12
TBAs	05	19.3	00	00	00	00	00	00	02	66.7	01	33.3	03
Herbalists	04	15.4	00	00	01	50	00	00	01	50	00	00	02
Foretellers	03	11.5	00	00	00	00	00	00	03	100	00	00	03
Bonesetters	01	3.8	00	00	00	00	00	00	01	100	00	00	01
Rainmakers	01	3.8	00	00	00	00	00	00	01	100	00	00	01
Total	26	100	01	4.5	02	9.1	01	4.5	15	68.2	3	13.6	22
No response	04	13.3											08

Source: NCTHHA Committees (Field data, 2015)

Further investigation on NCTHHA committees’ members showed that they had different nationalities (as shown in Table 1.2 above): Ugandans, Congolese, Kenyans and Tanzanians. Notably, the Congolese and Rwandans had only spiritualists, Kenyans had herbalists and spiritualists, Tanzanians had spiritualists and traditional birth attendants (TBAs), while Ugandans had all categories (TBAs, spiritualists, herbalists, foretellers, bonesetters, rain makers). During the field work, some members of the NCTHHA committees refused to mention their tribes and even nationalities and insisted to be called Africans (only 22 members responded). They said that African have no differences and thus words like language, tribe and nationality were labels by foreigners (Whites and Arabs). Various reasons were given as to support the African indigenous medicine and healing knowledge by these NCTHHA committees and they said:

“.....African traditional healers who practice spirituality have their powerful knowledge derived from spirits of the lakes, rivers, mountains and the sky...their forefathers have a connection in providing the super natural powers to the healers... the dead are living with us and heal our diseases..... ” Source: Field Interview: November, 2015.

The study further investigated the relationship between age and sex of the NCTHHA committees’ members, community development and African indigenous medicine and healing knowledge in Mbarara Municipality as shown in Table 1.3 below.

Table 1.3: Age and Sex of NCTHHA in Mbarara Municipality

Membership	Age (Years)						Total N	Sex				Total n
	30-39		40-49		50-60+			Male		Female		
	freq	%	freq	%	freq	%		freq	%	freq	%	
Spiritualists	02	16.7	03	25	07	58.3	12	08	66.7	04	33.3	12
TBA	00	00	01	33.3	02	66.7	03	02	40	03	60	05
Herbalists	01	25	01	25	02	50	04	02	50	02	50	04
Foretellers	00	00	00	00	03	100	03	01	33.3	02	66.7	03
Bonesetters	00	00	00	00	01	100	01	01	100	00	00	01
Rain makers	00	00	00	00	00	00	00	01	100	00	00	01
Total	03	13	05	21.7	15	65.2	23	15	57.7	11	42.3	26
No response							07					04

Source: NCTHHA Committees (Field data, 2015)

The findings show that the majority of the NCTHHA were 50 years and above consisting 15 respondents (65.2 %). There were only three committee members that were in the youthful age (30-39 years) who represented 13% and five members that were between 40-49 years (21.7%). To a more surprise the two youthful healers were spiritualists, females and had attended University formal education and single. When interviewed they said that they were ‘dem-gods’ and had their spiritual powers from *abacwezi*. Indigenous African female healers provide an important link between rural people and primary health care: older African women healers particularly play such roles. But findings from the field showed that these young spiritualists also existed and the training of indigenous African women in medicine and healing knowledge requires further consideration and plan for implementation (Nelms and Gorski, 2006).

The age cohorts of NCTHHA showed that these respondents were mature and the data sought from them were affirmative of their response in relation to causes of African indigenous medicine and healing knowledge in Mbarara Municipality. It was found out that the majority of NCTHHA committees were spiritualists: 30.4% as shown in Table 1.3. It was found out that sex of the NCTHHA committee members was mainly males (57.7%) but this did not necessarily confirm that the majority of African indigenous healers in Mbarara Municipality were males. The majority of males in NCTHHAs could be due to election procedures to those committees, however this affirmed that neo-liberalistic and capitalism from the Western politics have entered the governance of African indigenous medicine and healing knowledge practices.

An investigation using a cross-tabulation was done on NCTHHA committees’ members to establish their education levels and marital status as indicated in Table 1.4 below.

Table 1.4: Educational levels and Marital Status of NCTHHA in Mbarara Municipality

Membership	Educational Levels								Sex					
	University/ Tertiary		Secondary		Primary		Informal education		Married		Single		Widow/ Widower	
	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
Spiritualists	02	16.6	02	16.6	01	8.3	07	58.3	07	70	02	20	01	10
TBA	00	00	01	20	02	40	02	40	05	71.4	02	28.6	00	00
Herbalists	00	00	03	75	01	25	00	00	01	25	03	75	00	00
Foretellers	00	00	00	00	00	00	03	100	01	33.3	00	00	02	66.7
Bonesetters	00	00	01	100	00	00	00	00	00	00	00	00	01	100
Rain makers	00	00	00	00	01	100	00	00	00	00	01	100	00	00
Total	02	7.7	7	26.9	5	19.2	12	46.2	14	53.8	08	30.8	04	15.4

Source: NCTHHA Committees (Field data, 2015)

It was found out that most NCTTHA committee members were formally educated (53.8%): University education had 7.7%, Secondary education was 26.9% and 19.2% had at least formal primary education. Two members who practiced spirituality had attained university education and on further inquiry on why this was so, these two respondents said they had inherited the African indigenous medicine knowledge of spirituality from their parents and never trained by any person or institution. It was established that those with informal education (46.2%) were traditional birth attendants (who used indigenous knowledge), spiritualists (powers to connect with ancestors and other super natural powers in the sky, under the water and in the wilderness) and the foretellers. Awofeso (2005) argues that in African indigenous medicine and health care delivery includes curative, apprenticeship (training), promotional and rehabilitation services. These services are being provided through tradition and cultural philosophy for example “Ubuntu” philosophy and do not need formal education but the philosophy requires a traditional healers to provide health services under a “humanity first” consideration and not for material gain.

Most NCTTHA committee’ members were married (53.8%), singles were eight respondents (30.8%) and the widow/widower was four (15.4%). Further investigation showed that most herbalists (75%) were singles, followed by TBAs (71.4%), spiritualist 7(70%) and foretellers (66.7%). It was also established from the interviews held with the singles that they were among those with high education levels [university and secondary level (33.2%)]. The reasons of these highly educated singles engaging in African indigenous medicine and healing activities included lack of unemployment by the youth that makes them engage in whatever income generating activity that are available. They argued that herbalism or general traditional healing practices were a lucrative business for them. However, Awofeso (2005), describe a traditional healer as a person of high standing in a community, open and available to serve others, when they need health care services but no one is interested in *commercializing* African medicine and healing knowledge.

The study investigated the health training of NCTTHA committee members to verify whether they had knowledge about African indigenous medicine and healing knowledge. It was found out that only 15.4% of the committee members had training in modern medicine, while 84.6% had only traditional health skills and six members were silent: this response strongly affirmed their knowledge-ability in African indigenous healing knowledge based on inherited knowledge and skills from ancestors.

2.2. Responses of African Indigenous Healers (AITHs)

The study involved African Indigenous healers in Mbarara Municipality to get their views on community development and African indigenous medicine and healing knowledge. It was found out that there were various categories of African indigenous healers (bone-setters, snake poison healers, witch-doctors, herbalists, spiritualists, rain-makers and traditional birth attendants).

The study used interviews and group discussion for a sample size of 103 healers (biomedical and African indigenous healers), but only was able to have 100 respondents mention their category and 98 responded to age, while three missed due to unavoidable circumstances. During the study, the response got from the African indigenous healers show that African indigenous medicine and healing practices in Mbarara Municipality majorly include:

- Bone-setters (*Ababungib’amagufa*)¹: Seven bone-setters interviewed said they use spiritual telepathy , herbs, sticks, massage with hands among other methods
- Snake poison healers (*Abarumuzibobutwabw’enzoka*)²: The study interviewed two snake poison healers. They tie a belt (*omweko*)³ on-top of the area/part of body bitten by the snake and the poison will not proceed to other body parts. They also cut and suck out the poison
- Witch doctors (*Abafumu*)⁴: The researcher was able to interview five witchdoctors. These tap the sky spirits and use them to punish or kill the wrong doers for example thieves, murders and

¹Ababungib’amagufa: People with knowledge to heal bones (broken and these with other sickness)

²Abarumuzib’enzoka: These are specialists who treat/remove snake poison from the body

³Omweko: This refers to a cloth belt that is used mostly by women and believed to have the power of stopping snake poison from spreading to other parts of the body once tied near the place of the bite.

⁴Omufumu: Healer or doctor and not a ‘witch’ as understood by western world.

adulterers. The witches sacrifice human beings, ‘go’ under the water of lakes, rivers and lakes to seek riches and even some have supernatural powers.

- Herbalists (*Abebishaka*⁵): The study interviewed 13 herbalists. These use natural herbs to heal and cure various diseases. Some administer them when boiled and others give them in raw form. They claim to have knowledge on many diseases and their cure. The study found out that all traditional healers have knowledge on usage of herbs in many forms.
- Spiritualists (*Abacwezi, Abamahembe*)⁶: The study interviewed 13 spiritualists. These can foretell using spirits inherited from their grandfathers or when trained. Mostly of this category were Baganda and Bahiima/cattle keepers. They claimed to be demi-gods and have special knowledge of foretelling facts, giving fortunes and even curses.
- Traditional birth attendants (*Abazarisa*)⁷: The study interviewed 49 traditional birth attendants. Almost every African woman has the knowledge on traditional birth attendance. This knowledge is taught to girls by their mothers and aunties: when they grow up, some become more involved than others but all have some knowledge on fertility/fecundity, conception, pregnancy, and giving birth and after birth. They have a vast knowledge on the use of herbs to look after womanhood and childhood.
- Rain makers (*Abaamuzi/Abaihigib’enzura*): Contrary to the past where individuals earned fame for rain making during long dry spells, droughts, wrath, condemnation and even killing whenever their mysteries trades failed them, the current ones are needed during the rainy seasons. The skills of blocking or *killing* rain from falling are known as *okwamura* or *okwitaenjuura*. It has become a source of income for some individuals and groups who want to hold social, political, educational functions or any other in open space or “gardens” as that space is amiably referred to. They mostly benefit during weekends: the bonanza days for expensive functions. *Abaamuzi* or *abaitsib’enzuura* are normally hired by people with functions and burials to stop rain. What saves the day for those who run out luck from being subjected to ridicule, is the proliferation of the hired tents. It has become fashionable to hire tents regardless of whatever weather expectation and preventive measures by the *abahaniki*. It needs to be noted that while the original ones had the mandate to solve social problems, the current ones are for addressing individual problems. The nature of the budgets for these functions and the plans makes the stakes high. This gives a high bargaining power for this strand of rainmaking or killing.

It was found out that overall, the majority of African indigenous healers according to the category of these respondents were females 68%. This means that females are more involved in African indigenous medicine and healing knowledge as mothers: they interact more with natural environment, family and societal problems, and always seek remedies for harm and problems. This data shows that the majority of healers have the experience of family and community issues thus their practices are grounded in societal beliefs, attitudes and harm that determine their healing knowledge.

It was found out that majority of healers were above age of 55 years 35%. However, it was noted that young people (25-34 years) are also involved in indigenous African healing activities 16% especially in practices of traditional birth attendance 21%, herbalism 38% and bone-setting 14%. The implication of the age showed that most of the African indigenous healers were mature people 84%: 35-60+ years and know what they are doing: whether the practices were traded, misused, fake or true, they were liable and responsible their activities.

The researcher investigated the marital status of African indigenous healers in Mbarara Municipality and its relationship with African indigenous medicine healing knowledge. Data in table 3.6 indicates that most of the healers are married 58%. There were 22% singles and most of them were traditional birth attendants 26%. There were 18% widows/widowers and 2% divorced healers. This data shows that the majority of African indigenous healers have the experience of family and community issues thus their practices are grounded in societal beliefs, attitudes and harm that determine their healing.

⁵Ebebishaka: Refers to people with knowledge about the bush/herbs.

⁶Abacwezi, Amahembe, Emisambwa : These are African demi-gods and spirits believed to be the living dead that have connections with the living people and have power of their well-being.

⁷Abazarisa: These are specialists in issues concerned with pregnancies, baby delivery and post-natal care.

Table 1.5 shows sex, age and marital status of African indigenous healers and biomedical health practitioners in Mbarara Municipality.

Table 1.5: Sex, Age and Marital status of IAH in Mbarara Municipality, Uganda

African Healers	Traditional		Sex				Age								Marital Status							
			Male		Female		25-34		35-44		45-54		55-60+		Married		Single		Widow Widower		Divorced	
	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
TBAs	49	49	04	8	45	92	10	21	15	31	12	25	11	23	23	54	11	26	07	16	02	05
Herbalists	13	13	07	54	06	46	05	38	02	15	03	23	03	23	07	54	04	31	02	15	00	00
Spiritualists	13	13	06	46	07	54	00	00	00	00	02	17	10	83	06	50	03	25	03	25	00	00
H/ Inspectors	09	09	06	67	03	33	00	00	03	33	05	56	01	11	07	78	01	11	01	11	00	00
Bone-setters	07	07	04	57	03	43	01	14	01	14	02	29	03	43	04	57	01	14	02	29	00	00
Witch-doctors	05	05	03	60	02	40	00	00	00	00	01	20	04	80	03	60	00	00	02	40	00	00
Rain-makers	02	02	01	50	01	50	00	00	00	00	00	00	02	10	02	100	00	00	00	00	00	00
Poison Healers	02	02	01	50	01	50	00	00	01	50	01	50	00	00	02	100	00	00	00	00	00	00
Total	100	100	32	32	68	68	16	16	22	22	26	27	34	35	54	58	20	22	17	18	02	02

Source: African Indigenous Healers (Field data, 2015)

The findings as shown in Table 1.5 indicate that the three health inspectors were at the level of University, three attended secondary school, and while one had primary level education (two health inspectors avoided giving their education standards). This showed that there was a gap of inspection because the majority of health inspectors were not University graduates thus lacked grounded knowledge in health practices. It was also discovered that 35 of traditional healers had secondary education level (mostly drop-outs of senior one to senior three), twenty two were primary school drop-outs and four had informal education. This had a direct answer to the question of why most of them are not qualified to treat the diseases they claim to heal especially herbalists: they do not possess the training in medicine but use try and error methods in treating diseases. Important to note, there were five African indigenous healers (TBAs: 4 and Herbalists: 1) who had University education. On further investigation to these TBAs and Herbalists, they said that they inherited the healing powers from our grandparents' spirits. Pretorius (1999), argue that for some communities, traditional knowledge takes on a personal and spiritual meaning but based on educational levels. Thus, African indigenous medicine and healing knowledge can also reflect a community's interests dependent of education levels and some communities depend on their indigenous medicine and healing knowledge for survival.

Table 1.6 shows nationality and education levels of African indigenous healers in Mbarara Municipality, Uganda.

Table 1.6: Nationality and Educational levels of IAHs Mbarara Municipality, Uganda

ATH	Nationality										Education Levels:							
	Congolese		Kenyan		Rwandan		Ugandan		Tanzanian		University		Secondary		Primary		Informal Education	
	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
TBAs	01	02	01	02	02	04	36	80	05	11	04	10	18	46	15	39	02	5
Herbalists	00	00	00	00	00	00	12	92	01	8	01	10	09	90	00	00	00	00
Spiritualists	02	15	00	00	01	8	08	62	02	15	00	00	02	40	03	60	00	00
Bone-setters	01	14	00	00	00	00	06	86	00	00	00	00	01	33.3	02	66.7	00	00
Health Inspectors	01	14	00	00	00	00	06	86	00	00	03	43	03	43	01	14	00	00
Witch doctors	00	00	00	00	00	00	03	100	01	1.1	00	00	00	00	01	100	00	00
Rain makers	00	00	00	00	00	00	02	100	00	00	00	00	00	00	00	00	02	100
Poison Healers	00	00	00	00	00	00	02	100	00	00	00	00	02	100	00	00	00	00
Total	05	5.4	01	1.1	03	3.0	75	80.6	09	9.7	08	11.8	35	50.7	22	32.3	04	5.9

Source: African Indigenous Healers (Field data, 2015)

2.3. Responses from Beneficiaries/Patients

The researcher interviewed beneficiaries/patients in all the six divisions of Mbarara Municipality, Uganda to have their views about African indigenous medicine and healing knowledge. It was established that most of the beneficiaries were farmers (44%) with many females (67%): this means they are living in the peri-urban areas, have access to African indigenous healers, believe in culture and traditions. Generally it was found out that the number of males (56%) is slightly higher than those of females (44%) that benefit from African indigenous medicine and healing knowledge. This did not confirm clearly that men visit traditional healers most but shows that both males and females benefit from African indigenous medicine and healing practices as argued by Truter (2007) that approximately 90% of healers in Africa are male.

It was found out that mostly the married (60.7%) are the beneficiaries of African indigenous medicine and healing knowledge and within that group the farmers and lecturers had a higher number (75%) and (75%) respectively. This implied that the married people are faced with more health related problem (diseases and social problems) that entice them to visit/seek services of African indigenous healers. Also, teachers and traders had 67% and 50% representation as beneficiaries of African indigenous medicine and healing knowledge (IAMHK). It was also found out that the singles also had a considerable number (32%): this meant that the singles also were faced with social harm (diseases, unemployment among other problems) that makes them visit African indigenous healers. The widow/widowers and divorced had less frequency (one each): these were found to be more than fifty years of age and meant that they had no serious concerns with societal problems. Khasbagan and Soyolt (2008), argue that indigenous knowledge is understood as the systematic information that resides in diverse social structures that include marital status.

Table 1.7: Sex, Age and Marital status of Beneficiaries in Mbarara Municipality, Uganda

Beneficiaries	Sex:				Age						Marital Status							
	Male		Female		25-34		35-44		45+		Married		Single		Widow Widower		Divorced	
	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
Farmers	04	33	08	67	01	09	07	64	03	27	09	75	02	17	01	8	00	00
Students	02	100	00	00	02	100	00	00	00	00	00	00	02	100	00	00	00	00
Teachers	01	33	02	67	01	33	00	00	02	67	02	67	01	33	00	00	00	00
Traders	03	75	01	25	02	50	00	00	02	50	02	50	01	25	00	00	01	25
Administrators	01	100	00	00	01	100	00	00	00	00	00	00	01	100	00	00	00	00
Technicians	02	100	00	00	01	50	00	00	01	50	01	50	01	50	00	00	00	00
Lecturers	02	67	01	33	02	100	00	00	00	00	03	75	01	25	00	00	00	00
Total	15	56	12	44	10	40	07	28	8	32	17	61	09	32	01	4	01	4

Source: Beneficiaries/Patients (Field data, 2015)

Table 1.8: Nationality and Educational levels of beneficiaries/patients in Mbarara Municipality, Uganda

Beneficiaries/Patients	Nationality						Education Levels							
	Ugandan		Rwandan		Tanzanian		University		Secondary		Primary		Informal Education	
	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
Farmers	08	80	02	20	00	00	04	10	18	46	15	39	02	5
Students	02	100	00	00	00	00	01	10	09	90	00	00	00	00
Teachers	03	100	00	00	00	00	00	00	02	40	03	60	00	00
Traders	02	50	00	00	02	50	00	00	01	33	02	67	00	00
Administrators	01	100	00	00	00	00	03	43	03	43	01	14	00	00
Technicians	02	100	00	00	00	00	00	00	00	00	01	100	00	00
Lecturers	03	100	00	00	00	00	00	00	00	00	00	00	02	100
Total	21	84	02	08	02	08	08	13	23	34	22	32	04	6

Source: Beneficiaries/Patients (Field data, 2015)

Table 1.8, show that most of the respondents (78%) had formal education: however, this this did not make them visit traditional healers but instead made them aware of African indigenous medicine and healing knowledge. Instead, it was found out that those who had formal education level (5.9%) accessed more African indigenous medicine and healing practices. This meant that education levels matter in accessing African indigenous medicine and knowledge: the more one is ignorant about health matters, the more he can be lured to visit different forms of healing. Friction is evident between ‘Western’ medicines or biomedicines that look at ‘material causation’ to understand and treat an illness; and traditional medicine that generally looks towards the ‘spiritual’ origin such as witchcraft and displeasure by ancestors in order to cure an ailment.

The researcher further analysed all the data from the total sample of 192 that included leaders, healers’ committees, healers and beneficiaries/patients from the questionnaires, interviews and group discussion to establish community development activities and African indigenous medicine and healing knowledge in Mbarara Municipality. Response showed that the activities of African indigenous medicine and healers included spiritualism (Abacwezi, amahembe, ebitega, emandwa)⁸, especially being practiced by healers from DRC, Tanzania, Buganda and Bunyaruguru. One respondent from the interview session said:

“.....they have names as JjajaKingungwewaNgungwekutokka Zanzibar, Kojja Sembayitao kuva Kkoki, Mzee Ssalongo Zigagwana, Ssenga Bbuladde....., they claim to have power from under the water and in the skies....”⁹(Field interview, November, 2015).

It was found out that the African indigenous medicine and healing knowledge include bone-setting (these combine spirituality, herbal and use of modern medicine): the mostly common bone-setters in Mbarara Municipality are the members of the family of Rutamaguza. Response also indicated the existence of African indigenous medicine and healers who treat snake bites using local knowledge. It was also established that in Mbarara Municipality there are training services for becoming a traditional healer: these trainings are mostly in herbal medicine but as well in other forms of healing e.g. spirituality (installing spiritual powers) and birth attendance (knowledge and skills). The study established that there are rehabilitative services offered by traditional healers for example giving counselling to families with problems, sex education to women among many others. Information got from the field is supported and rhythm with arguments of Manderet al. (2006) that the average frequency of consulting with a traditional healer in Africa is 4.8 times per year.

Table 1.9: African indigenous medicine and healing knowledge activities

Activities	Response									
	Leaders N=27		NCTHHAs N=30		Healers N=103		Beneficiaries N=30		Total N=190	
	freq	%	freq	%	freq	%	freq	%	freq	%
Herbalism	27	100	26	87	82	80	28	93	163	86
Spiritualism	26	96	25	83	56	54	12	40	119	63
Bone-setting	25	92	25	83	90	87	21	70	161	85
Rain-making	27	100	25	83	56	54	08	27	116	61
Mid-wifery	12	44	24	80	34	33	25	83	95	50
Training services	10	37	18	60	43	42	11	37	82	43
Rehabilitative services	9	33	15	50	28	27	06	20	58	31
TBAs	24	89	28	93	89	86	26	87	167	88
Foretelling	13	48	09	30	35	34	10	33	67	35

Source: Activities of African Indigenous Medicine (Field data, 2015)

Table 1.9 above, shows the activities of African indigenous medicine healing knowledge (AIM) in Mbarara Municipality and these include giving herbs and bone-setting, traditional birth attendance, spirituality, foretelling and snake poison healing. This affirms various activities carried out by African traditional healers as highlighted by other scholars (Doornbos, 1978; Mbiti, 1978 & 1989). Thus the World Health Organization (2008), explain traditional medicine as the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies,

⁸ These names of spirits depend on the tribe: Abacwezi (Ankore, Tooro, Rwanda), Amahembe (Buganda), Emandwa (Buganda, Toro, Bunyoro, Tanzania), Ebitega (Burundi, DRC, Rwanda).

⁹ The names of spiritualists also will tell where one originates e.g from Zanzibar (where most powerful ones come from): it is noted that each origin has its own speciality in the spiritual power.

manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being. It also acknowledges tradition medicine as the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve, or treat physical and mental illnesses.

Table 1.9 shows involvement in the activities of AIM in Mbarara Municipality. It was established from respondents that African indigenous healers are mostly involved in traditional birth attendance (88%), followed by herbalism (86%), bone-setters (85%), spirituality (63%), rain-makers (61%), midwifery (50%), training services (43%), foretelling (35%) and rehabilitative services (31%). The respondents (43%) confirmed also that training and practicing/usage of African medicine and healing knowledge was done on a pay/cost principle by trainees. Most of the training was in herbalism, midwifery and spirituality (okuhangaamahembe¹⁰/ okutatsyaabacwezi¹¹).

Also, the response got from NCTHHA committees showed that there is counselling and rehabilitative services mostly given to families with wrangles and usually is done by old men and women known as *uncles* and *aunties* (*Ssenga*¹²). The researcher through the interviews with both modern and African indigenous healers in Mbarara Municipality responded that there was existence of various activities of African indigenous medicine and healing knowledge. One respondent said:

“...an indigenous African healer without knowledge of birth attendance.... giving fertility, looking after pregnancy, helping a woman to give birth and looking after the mother and child after birth....is not a traditional healer...healing is done to human being brought to the world by mothers...” (Field interview, November, 2015).

The above statement shows that the African indigenous medicine-people and healers are aware of the healing activities.

2.3.1. Herbalism

The research found out that herbalism used to be mostly carried out at domestic levels but of recent has become commercialized and industrialized: the herbs are given as raw, while others are boiled, dried and even bottled into drinking and jelly to treat various diseases. Blended and bottled herbs by Kazaire, Amatsiko, Tayebwa, and Tweyambe, and have flooded the market.¹³ It has been argued that unemployment and poverty are forcing communities to generate income by selling plant species of medicinal value (Coopoosamy&Naidoo, 2011, Magoro, 2008). The harvesting and selling of medicinal plants is an example of how people, especially women, from mainly rural communities and households, generate income from trading in forest and woodland products (Williams, 2004). According to Hauff (2002), poverty forces many rural people to extract too many valuable resources to allow for natural regeneration to occur. Poverty also contributes to the trade in natural resources, which if not well managed can lead to species loss (Bodeker, 2005). The exploitation of natural resources for selling has resulted in significant effects to community development for the communities (Moeng, 2010 and Williams, 2007). Women in Mbarara Municipality are engaged in selling herbs to generate income and as cure diseases of infants and children, and women/mother related post-natal, fertility, sex-potent healing diseases, increase of libido, skin rashes and ulcers, stomach-ache and many others.

The researcher visited Mbarara central market and found a lucrative business of selling various herbs. Clients and the sellers confirmed to the researcher that these herbs help to treat various diseases especially for young children through bathing and oral drinking: the former known as *eshabiko/ekyogero* and the latter as *emizumburiro*.

¹⁰Okuhangaamahembe : Training and ordaining someone with Baganda spirits known as Jaja or Mayembe

¹¹Okutatsyaabacwezi: Enshrining and enthroning a person with the demi-god spirits of herdsmen known as abacwezi in a home.

¹²Ssenga: Old women with knowledge about family affairs (cooking, love-making, children care etc) and can ably counsel members of families with problems

¹³ The trade names e.g.Kazaire= ‘Parent’, Amatsiko= ‘Hope’, Tayebwa= ‘Does not forget’, have a meaning and express the intentions of the healer: these names also entice the patient to access the medicine.

Plants for herbs



Plate1.1a. *Akabindizi (Nicotianatabacum)*



Plate1.1b. *Obunyanyanbuzi (Montiaslinearis)*



Plate1.1c. *Omujeejeand akagaigo (myricasalifolia and Agave sisalana)*



Plate1.1d. *Akabingabaziimu (clematis hirsutissima)*



Plate1.1e. *Ekyoganyanza (Erlangeatomentosa)*



Plate1.1f. *Ekinyondo (Kalanchoedensifolia Rolfe)*

Source: *Plants-herbs sampled from various villages in Mbarara Municipality (Field data, 2015)*

The researcher interviewed herbalists and they gave samples of plants used for medicine extraction. Plate 1.1a shows a plant locally known *akabindinzi* which is used to make herbs that treat various diseases: children rashes, stomach pains. The leaves and roots are cooked and children are bathed with that mixture when warm which is believed to cure rashes and other comprehensive skin diseases often for post-natal treatment. *Akabindinzi* is also drunk by pregnant women as orally believed to heal many diseases related with pre-natal treatment: one of the herbalist said:

“.....*omukaziw’ endayabaatateirweamaizi, omwananakuuraaineendwara, akabindinzi’n omubazigurikutambaomuburan’ endwaraz’abakazi...*” **Translation:** “.....A pregnant woman needs to be cleaned, because the foetus will grow with diseases, *akabindinzi* is a drug that heals pregnancy diseases.....”

Plate 1.1b shows a plant locally named *Obunyunyambuzi* which is used by African traditional herbalist to increase vaginal fluids during sex. It is crushed and mixed with other herbs and drunk orally by women believed to be ‘dry’ during sex. Also, the crushed *obunyunyambuzi* are used for washing the vagina, for pulling to elongate (*okunyurura*) the parts of the vagina believed to arouse the feelings during sex. The herbalist confirmed that many women come for receiving this treatment although such clients always request this to be done in secrecy.

Usage of herbs sampled, one of the herbalists said that most herbs were used to treat many diseases as shown by Plate 1.1c. The explanation was that these two plants *omujumbajumba* and *akagorora* are planted together to give security to homes, they send away night dancers, protect the home from bad spirits. It was also found out that these plants are squeezed and their liquid/juice can be drunk as medicine to heal various diseases that include stomach pains and can cure bad/evil spirits when rubbed on the patient’s nose and skin especially the head parts.

Plate 1.1d shows a plant locally called *akabinga-baziimu* which is specifically used to treat someone who has been attacked by evil spirits. It is squeezed and liquid drunk by the patient to remove the evil spirits from the body and the smelly dregs are rubbed all-over the body that will scare away the sent bad spirits to the person.

More response revealed that pre-natal and post-natal treatment is mostly done using herbs. Plate 1.1e shows a plant locally known as *ekyoganyanza* which is mixed with other herbs (*enshabiko*: that works as steam bath) when bathing the newly born babies and is highly believed to treat a comprehension of diseases. A mixture of this herbal medicine is used by pregnant women as oral drink and bathing potent mixed with other herbs.

Plate 1.1f shows three plant (big leaves bluish = *ekinyondo*, black jack = *obukurura* and lemon grass = *omutete*), *Ekinyondo* is used to treat ear diseases: it roasted and squeezed out liquid is poured in the ear and cleaned is done using a chicken-feather. While the *obukurura* (black jack) have various treatments: it is used to treat wounds (tied on the wound directly), and as well for preparing the brides sexual parts [for elongating (*okunyurura*) and massaging the vagina parts in preparation for sex at marriage.



Plate 1.2. Sampled bottled drugs in Mbarara Municipality, Uganda

Source: Sampled bottled African indigenous herbs (Field data, 2015)

The researcher made further investigation on bottled herbs by different herbalists: the sampled products included *Muwanguzi*, *Nkirizaho*, *Tayebwa* and *Kazaire* products as shown in Plate 1.2. Further analysis showed that the prescriptions on those bottled herbs claimed to cure many diseases: gives appetite, cures cancer, stomach pains, sex libido among many others. These bottled herbs are found in drug shops, markets and are sold in buses especially from Mbarara to Kampala.

The beneficiaries/patients said that African midwifery was done on the commercial basis. This begins with women and men looking for fertility, libido for men and women, ‘fluids/sweetness/water’¹⁴ in love making, love portions among many others. They also visit traditional birth attendants (especially old women who have unique African indigenous medicine and healing knowledge) to have medicine for pregnancy care (*okuteraamaizienda/ okurebereraenda*¹⁵): they are given herbs, pregnancies checked and even spirits consulted for blessing. The study found out that herbs are also used by midwifery in postnatal period (after delivery of babies) to treat the mothers and babies in various diseases (*Ekyogero/Esabiko*¹⁶).

2.3.2. Bone-Setting

The patients are treated using rudimentary methods of tying sticks around the broken area, massaging with cow ghee and warm water to re-align the broken bones. Even modern medicine and injections are given to patients to cure injuries and septic parts of the body. Some of the patients interviewed said that:

“.....we had first visited the main hospital but later transferred here..... the healing was going-on well despite of spending much money, being crowded here...the “doctor” (Omubungi¹⁷) has no mercy when re-aligning the broken part, he is rough and uses a lot of energy without sterilising the part...he works on us only three days a week (Monday, Wednesday and Fridays), the rest of the days we do exercises by trying to walk around using supporting sticks/crutches....” (Field interview, November, 2015)

In-depth discussion with the beneficiaries/patients revealed that these bone-setters use “unknown knowledge”¹⁸ combined with herbs and modern medicine to cure and heal broken parts of the body: one of the beneficiaries said:

“..... I was shifted to this place after failing to heal at a government hospital....he can align your bones even without physically touching or massaging the part of the body... he usually does that in the evening or very early in the morning using spiritual powerI am now walking, my wounds are healed and soon will be discharged....” (Field interview, November, 2015).

The research findings confirmed that patients pay money to this local bone-setter and are aware that he is not a modern trained orthopedician/ *omubungi*. The patients revealed that they know it is risky but still run away from the modern health facilities (Mbarara referral hospital and other many hospitals and clinics which are even near this local bone-setter’s home) to come and seek this local bone-setting because many have been healed by this African traditional healer.



Plate 1.3: Patient under bone-setting

Source: *A patient being treated at ‘Dr’. Bantariza Rutamaguza on Mbarara-Kabale Road, in Ruti Mbarara Municipality (Field data, December, 2015): (The Researcher got permission from the patient for his photograph to appear in this text)*

¹⁴ Fluids/sweetness/water: it is expected that a woman should be very wet with watery fluids during sex and those who are dry are not sweet, most women visit SSenga = aunties to have herb concoctions believed to increase those fluids.

¹⁵ Okuteraamaizienda/okurebereraenda: This is an activity done by old women to pregnancies, they bathe pregnant women with mixture of herbs believed to treat diseases.

¹⁶ Ekyogero/Esabiko: Mixture of all herbs but without thorns is collected and sometimes boiled, and this used to bathe newly born children to cleanse and treat them of diseases

¹⁷ Omubungi: Healer/ Assembler/Aligner of bones.

¹⁸ Unknown power = spiritual power that works in telepathy commonly known as spiritual connections

2.3.3. Spiritualism

The study further investigated whether there were activities of spiritualists in Mbarara Municipality, Uganda. The response by various healers show that there is spiritualist activity on a commercialized level: these included *Abacwezi*¹⁹, *Amahembe*²⁰ among many spirits to make a diagnosis of patients' sickness and even prescribe the medicine or acts to be done to cure or heal the diseases. It was noted that spiritualists are inseparable with foretelling and always claim to know what has happened in past, present and what will happen in the future. The researcher interfaced with spiritualists in action as shown in Plate 3.5a-d

Spiritualism and connections



Plate1.4a. *Fire burning/Ekyoto*



Plate1.4b. *Pipe smoking/ Okuretsaenyungu*



Plate1.4c. *Drumming/ Okuteera engoma*



Plate1.4d. *Healing session/ okukiiza*

Source: *Spiritualists at a healing session in Rwakishakizi, Nyakayojo Division, Mbarara Municipality, Uganda (Field data, August, 2015):(The Researcher got permission from the healers for their photographs to appear in this text)*

¹⁹Abacwezi: Demi-gods of Cattle herders

²⁰Amahembe: Baganda tribe spirits believed to be very strong in punishing wrong doers, can kill or make a person mad

Plate 1.4a shows the beginning of spiritual connections: the spiritualists explained that fire (*ekyoto*) is first lit and this symbolizes power, that spirits of fore-fathers connect from the sky and underground when there is existence of a bon-fire. Then, there must be a person to smoke using a pipe and concoction of herbs whose aroma enhances the spiritual connections: notably, the woman who was smoking the pipe put on a rosary as shown in Plate 1.4b. This showed a mixture of modern religion with African indigenous medicine and healing knowledge.

It was further established that the ceremony continues with drumming commonly done by men and accompanied by dancing of women as shown in Plate 1.4c. The researcher interviewed some of these spiritualists and they said the spirits (*emandwa, emiziimu ya baswenkuru*) of the grand parents connect with this ceremony through enchanting and calling their names (*okukohora* = calling of spirits) according to the power these spirits have, and under the dancing process. It was found out that there were many ceremonies and procedures done in order to connect with the world of living dead. The researcher found out that once the spiritualist is connected with the spiritual powers, then s/he can foretell and heal many diseases of various patients as shown in Plate 1.4d.

Schoenbrun (2015) argues '...that spirit possession and mediumship have been in play from earliest times, as revealed by the historical development of the meanings attached...' confirms the process of to "*kuba'ndwa*" (spirit possession and propitiation, often organized by specialists, created large evanescent publics). Spiritualists revealed that African indigenous medicine and healing knowledge is based in African Shrine activities as shown in Plate 1.4a-d and grounded in cultural, health and religious basics. The researcher interviewed an indigenous African healer of Promoting Medicine, Education, Training and Research of Africa (PROMETRA) and said:

..... man has components that include: physical body, psyche/subconscious, soul, spiritual and moral/religious aspects. The physical body is divided in three parts of biological, bio-energetic and bio-magnetic: these work together to extract foreign objects to the body, causing diseases. The psyche or subconscious part of man is responsible for illness: psychosomatic and somatopsychic since the African thought and external signs govern man's internal life. Man's subconscious is viewed as the basis for fears, weaknesses, doubts which may be causing one's ill health and disharmony. The psyche has sacred roots, it plays an important role in equilibrium, disequilibrium, harmony and disharmony: it is a root to many illness and ailments - psychosocial and spiritual support.... (Field interview, November, 2015)

Thus, spirits are understood as:

- Functions: link families together (individually and collectively) at many levels human, essentials and energy.
- There is a horizontal and vertical relationship in the extended family (the living and the dead).
- Energy is the only difference between the living and the dead and is controlled by the second level of spirits
- Levels of spirits as indicated in Plate 1.6 below:
 - Departed parents (the dead are not dead, we live in reincarnation).
 - Government of world cycles/connections (movement of energy).
 - Morphism resonance and universal collective memory that makes brains outside man's brain.
 - Major and minor predictive spirits link all creatures with one another

The spiritualist explained that there are levels of spirits in the African tradition and these help the Indigenous healers to carry out their duties in healing exercises.

".... Spirituality is seen in clan totems (with downloadable spiritual capacities spread in all clans and have high spiritual potentials)...it seen in animals, birds, reptiles, plants, insects, fish (that is why these are used in sacrifices and medicine)...spirits exist in sacred mountains, rivers and other water bodies, forests and the sky (the powers in such places are vital in healing and punishing)...." (Field Interview, November, 2015).

The above research findings affirm the argument that the body is a social practice that exhibits the body in spirituality (Cornaroff, 1985, Bourdieu, 1984). The utilization of medicinal plant and animal products are traditional remedies for human diseases and medical conditions in these millennia and recent years focusing on traditional medicines, folklore, home cures from traditional healers using “supernatural practices”.

The researcher visited the shrines where African indigenous medicine and healing knowledge is done to ascertain powers of spirituality and witchcraft. The interviews carried out from various categories of African indigenous healers, indicated that ‘witchcraft’ is done by these healers but are not bad as defined by the western philosophy:

“...in Africa there is no witchcraft but a healing form where animals are sacrificed to appease the spirits, to call for power of knowledge, to punish....there is no human being sacrifice in the African medicine, those who do it, are murderers....” (Field interview, November, 2015)

The African indigenous healers begin by lighting fire, drumming and singing calling names of the spirits and then either burn whole or slaughter the birds (hens, ducks) and animals (goats, cows etc.) depending on the magnitude of the ceremony (Plates 1.4a-d). The patients/ clients is involved in the function either by smearing himself or herself with blood mixed with herbs (medicine concoction), s/he may drink it, will be possessed and then the healing of excursion of bad spirits, giving blessings or even punishing the culprit happens. Plate 1.5 shows an activity where the indigenous African healer was giving blessing of becoming rich and the client said:

“...the healer gave me a blessing to get money by smearing ash from the burnt money on the right hand that receives money....” (Field interview, November, 2015)

In addition on blessing to have money, ornaments and objects ²¹ were given to give security of riches: these are supposed to be carried in the pockets or tied around the body. Kurt Alan VerBeek (2010), argue that spirituality is central to many of the daily decisions people in the 'South' (Africa) make about their own and their community's development, including that of whether or not to participate in risky but potentially beneficial social action.

Spirituality: Giving powers of having riches/money



Plate1.7a. *Burning money*



Plate1.7b. *Giving the blessing*

²¹ Ornaments and objects are commonly known as Eyirizi/Ekikondo: these are put in wallets, handbags or pockets and are believed to be protective against any harm or danger from enemies or any witchcraft



Plate1.7.c. *Other ornaments*

Plate 1.5a-c shows the activities of the African indigenous healer (spiritualist) giving blessings of getting rich. In Plate 1.5a, African indigenous healer burn paper money, followed by calling and enchanting spirits. The burnt paper money turned into ash that was smeared onto the right hand of the client as shown in Plate 1.5b. In addition ornaments (*ehirizi/ekikondo*) as shown in Plates 1.4c were given as security to the client and were instructed that these should be kept near the body especially in the pocket. Notably, the packing materials for these ornaments were papers torn from the Bible as shown in Plate 1.4c. On whether it was accidental to use papers torn from the Bible to pack such ornaments, the African traditional healer said it was a blending style of powers from Christianity and African traditions that heal.

The research further investigated the activities done by African indigenous healers that practice foretelling (*okuraanga*) was also an activity. It was established from the beneficiaries that African traditional healers can tell your name, problems or what will happen without asking you first. The researcher visited shrines of foretellers in Katojo cell, Nyakayojo Division, Mbarara Municipality (*Omucwezi* and *Omufumu*²²) and found patients who confirmed to have been told of their names and problems, and were being treated. It is a mystery to explain how this is done, but people believe in foretelling: the process begun with the healers enchanting and calling spirits, names of gods and grandfathers and even throwing cowrie shells to give them information about the patient or beneficiary. The African indigenous healers wore hats with cowrie shells, birds' feathers, white clothes, bark clothes and animal skins, hold spears, have tables with milk (*orujeje*²³), objects and ornaments and usually work in open broad day light.

It was found out that sometimes foretelling is done together with spirituality and the difference is very small: however, most spiritualists involved animal sacrifices. The response from beneficiaries indicated that spiritualist exist in Mbarara Municipality: these use grandparents spirits (*emizumu*²⁴), acquired spirits from different parts of the world (*Kifaru*, *Mayembe*, *Binego*etc²⁵) to cure and heal different types of diseases. The beneficiaries/patients also confirmed that spirituality was being carried out by African indigenous healers and that these had the powers to kill and punish wrong doers. A respondent said that:

"...they can catch thieves (of stolen food stuffs, property, money etc.), kill those who have offended you (if one has taken your spouse, killed your relative)....they can punish you by becoming mad or making you behave strange...." (Field interview, November, 2015).

UNAIDS (2000), makes a number of key points in favour of collaboration with African indigenous healers. Importantly, they note that traditional healers "provide client-centre, personalised health care that is culturally appropriate, holistic and tailored to meet the needs and expectations of the patient. African indigenous healers are culturally close to clients, which facilitates communication about

²²Omucwezi: these are believed to be demi-gods with power to foretell, and omufumu = etymologically is derived from 'omufu' = dead/living dead and 'mu' = with: this implies that the foreteller has powers to connect with the living dead who can give all information on a being

²³Orujeje: Milk place where milk gourd and pots are put to appease Bacwezi gods believed to be herdsmen and leaders of Bantu tribe

²⁴Emizimu: Grandparents spirits believed to punish grandchildren if not appeased, usually libation and powering of beer at their graves can stop problems caused by them.

²⁵Kifaru = Spirit believed to be from Swahili people, Mayembe = Spirit from Buganda in central Uganda, Binego = spirit from Banyarwanda and Barundi: these are believed to be having power over life and for giving fortune.

disease and related social issues. Baguma (THETA, 2015), adds that steps should be taken to understand the conditions that facilitate the emergence of healers, the type of clients attracted to these services, and the costs and benefits of traditional medicine, with the ultimate goal of involving indigenous African healers' education, and counselling programs.

2.3.4. Rain-Making

The researcher investigated rain making/*okuhigaenzura* and it was found out that these are rare but do exist. Rain makers are usually contacted to stop rain from spoiling ceremonies like funeral and wedding parties. It is believed that they have power to move the clouds and winds to take away the incoming or threatening rain: failure to pay heed to their instructions.

One of the rain maker said:

"...I am given entrails/all body parts of the slaughtered animal (offals = eby'omunda²⁶), roast and eat them, do not wash with any water till the end of the party....I keep enchanting my spirits and perform rituals (roasting pawpaw) that have the powers to stop rain....if they do not follow my instructions, a storm will come and spoil the ceremony...."(Field interview, November, 2015).

Findings shows that rain making were a form of African traditional knowledge where the practitioner use powers that are not visible which stop rain. It was argued that the rains obey the commands of the rain-maker and drift away from the place if all the instructions s/he gives are obeyed and failure will make storms happen at the venue of the ceremony. However, when asked why these rain makers do not make rain fall during drought periods, they were hesitant to give answers. Further questioning on the possibility of failing to control the coming rain or 'rain over-powering' them, they said that it would happen if the process is tampered with especially when the rain maker accidentally touches water or somebody makes him or her annoyed.

The rain making exercise could not be witnessed but the rain makers said that they belonged to a clan known as *abaizib'enzura*. Fetishes and horns of antelopes and male sheep were filled with herbs and such ingredients as they considered for the purpose. When people wanted rain, they took a black sheep to the rain maker, killed it and blood was allowed to flow in the fetish. The rain maker built a shrine where he put the fetish and had to abstain from sex until the rain came. Gifts of cereals and animals were given but if s/he became angry he would bring not only rain but hail-storms and thunder.

Rosce (1923) supports the finds of this study, he says that the rain makers bundle dried and rotten *ekiikoplant* twigs, pieces of trees, leaves of pineapples and earth (soil from the cooking place) tied on the reed fastened to a post planted in the ground in some secluded spot. Another stick to which a tied meat is put in a sloping position against this spot and under it fire is lit. S/he says, *'I want sun so that my fire may burn and cook the meat, let there be rain to extinguish it'*. If s/he is not paid this brings drought and famine.

Further arguments due to scholarship on pre-colonial healing in eastern Africa have concentrated on the nexus of causation binding therapeutic approaches to illness. Feierman (1992) argues that diagnoses are between two relatively stable categories: illnesses of God and illnesses of people. Illnesses of God just happen, but illnesses of people are caused by human action, especially the vengeful and antisocial actions of people labelled "sorcerers" or "witches." For example, people often explained droughts as the work of an enemy; "in a sense," a drought is "an illness of humanity raised to a public level." Yet, not all droughts are understood in this way. Some just happen, especially those which exceeded the territorial reach of a given healer. Illnesses of people precipitated actions involving "counter-sorcery" by a rainmaker greater than the one creating the illness. By this causal logic, people approach rainmaking through trial and error rather than through a differential diagnosis.

2.3.5. Snake Poison Curing/Healing

The study also investigated snake poison healing. It was found out that snake poison healers are very few (the study was able to get only two) but the healing knowledge was said to be in existence according to the data got from the respondents. The indigenous African healer said:

²⁶Eby'omunda: Entrails (intestines, liver, kidneys etc) of the slaughtered animal

“...once one bitten by a snake, the healer ties the belt just at the upper side of the place of the snake bite to stop poison from spreading to other parts, s/he touches the ‘wound’ or place of bite and removes the snake teeth and poison, use fire to remove the poison and rubs or smears herbs...”(Field interview, November, 2015).



Plate1.6. Cloth Belt (Omweko) for curing snake poison

Source: Cloth belt/Omweko for snake poison treatment by an African Traditional Healer in Katete, Nyamitanga Division, Mbarara Municipality, Uganda (Field data, 2015)

Several explanations are possible for the outcome of this study: Ovugaet *al.*, (1999) found, that Ugandan as well as Nigerian healers were confident in their ability to deal with human ailments and disorders. The confidence of African traditional healers is based on their cultural meaningful approach. Press (1982) notes that cultural healing and disease are characteristic of all human episodes of sickness: the relationship between traditional African healers and clients works much better when both have similar concepts of disease and patients are confident in their healers based on the ‘health-seeking’ as a conditioned behaviour (Berry, 2004).

It was noted in the field that most patients receive a short time treatment and there is no follow up. Thus, the researcher does not know if the recovering is permanent or not. Compared with previous studies (Ovugaet *al.*, 1999), the genuine African indigenous healers in Mbarara Municipality sent patients for conditions they could not cure (HIV/ AIDS, cancer) to medical doctors. This shows that educational workshops like those of THETA and NCTHHA involving healers have proven to successfully diffuse information regarding HIV/AIDS to communities in culturally meaningful ways. Thus patients with cancer or HIV were sent to medical doctors and the healers of NCTHHA only treated the non-clinical aspects of the disease. Sekagya (2006) argues that patients need medical treatment as well as a lot of psychosocial support and spirituality. Thus, it is very helpful to have programs like Bumetha Rukararwe in Southwest Uganda which combine the services of traditional healers with modern medical services in providing sustainable rural health care (Tumwesigye, *et al.*, 1996).

3. CONCLUSION

The African philosophical clinical healthcare practice is the bridge between people’s well-being and life. It is the practice that is embedded in the tradition, culture and taboos that are still relevant to the way of life of Africans. In order to maximize health care coverage there is a need for formalization of traditional health services through the integration of traditional medicine into health systems. This calls for enhanced collaboration between practitioners of conventional medicine and African indigenous medicine and healing for the benefit of the people

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