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**N'anga's Herbs and HIV:
New Hope For HIV/AIDS Management
From Zimbabwe's Traditional Healers**

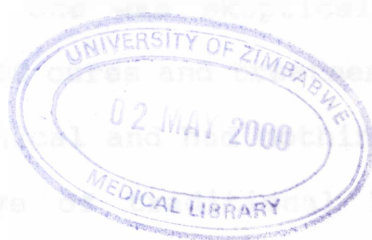


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Abstract

This study is about traditional healers who claim to have cure and treatments for HIV/AIDS, in Zimbabwe. Three traditional healers were interviewed. The healers talked about how they became traditional healers, why they specialize in treating HIV/AIDS and what they use to treat the syndrome. Two medical doctors were interviewed. One was skeptical of traditional healers who claim to have AIDS cures and treatments. This doctor felt such healers were unethical and had nothing to offer. The other doctor was supportive of traditional healers and was involved with clinical trials to test the healers' treatments. Finally 5 HIV/AIDS patients of healers were interviewed. These patients told of their experiences with healers and claimed that their health had improved.

Introduction

During the past 20 years AIDS has become a worldwide problem. In Zimbabwe it is estimated that 20% of the population is HIV positive. When any new disease arises in a society the natural response of the society's health care practitioners is to search for a cure for the disease. Therefore, it is not surprising that Zimbabwe's traditional healers began to search for a cure for AIDS when many of their people started dying from it. In 1991, at the opening of the third congress of the Zimbabwe National Traditional Healers Association (ZINATHA), the Minister of Health and Child Welfare, Dr. Timothy Stamps told the traditional healers who were attending to begin their search for a cure for AIDS.¹ Since Dr Stamps's challenge there has been much controversy surrounding this issue.

In August of this year, Dr. Stamps told the press that all claims of an Aids cure made by traditional healers would be investigated. Dr, Stamps was quoted as saying "What we need to do is put our heads together and examine these herbs which traditional healers say they have found to cure AIDS."² Then in September of this year Dr. Stamps made some more cautious remarks to the press about traditional healers. At a conference for social workers from the Southern Africa region, Dr. Stamps reported that some of the traditional healers cures had been proven ineffective, and called for a policy that would protect Aids patients from unproven claims.³ At another date, Dr. Stamps stated that claims of an AIDS cure were sometimes motivated by profit rather than helping AIDS patients. Dr.

Stamps dissociated his Ministry from any claims of an AIDS cure, Western or traditional.⁴ Finally in October of this year Dr. Stamps threatened to invoke Section 57 of the Public Health Act. Section 57 makes it illegal for anyone to advertise or sell any medicines for the alleviation or cure of sexually transmitted diseases. Dr. Stamps said that he wants his Ministry to work with traditional healers who claim to have AIDS cures and does not want these healers to go to the press.⁵

Despite the controversy clinical trials for traditional healers and their treatments for HIV/AIDS began in October of this year. The clinical trials are a response to the claims made by traditional healers. The protocol for the trials was made up by the Ministry of Health and ZINATHA's medical council. The trials are being conducted at the Blair Research Center in Harare. The Ministry of Health is providing the funds and a full-time researcher. Currently there are 4 traditional healers involved in the trials. These men and women are registered and monitored by ZINATHA. Each traditional healer involved in the study is to be given 30 patients, 15 men and 15 women. Patients are confirmed as being HIV positive, with symptoms of AIDS related disease, but do not have full-blown AIDS. The patients will be retested for HIV at 3 and 6 months after the beginning of the trials.⁶

I came to Zimbabwe with an interest in traditional medicine. However, I did not know specifically what I wanted to study. I began my research by going to the ZINATHA office in Harare. There I met Peter Sibanda, ZINATHA's national AIDS-coordinator. Mr. Sibanda referred me to Grace Chihuri, a traditional healer

who specializes in treating people with cancer and AIDS. At first I wasn't very interested in traditional healers who claim to have cures and treatments for HIV/AIDS. After talking to Amai Chihuri, I decided to do my ISP on this topic. The purpose of my study was to look at the various viewpoints and issues surrounding the traditional healer/AIDS cure controversy. Traditional healers in Zimbabwe offer a form of treatment to people suffering from AIDS related disease. This treatment may be strictly psychological, or may actually boost the immune system and/or treat the symptoms of AIDS. The treatments may only be temporary or prove to be long-lasting. Regardless, traditional healers are offering something to their patients.

The first chapter of my report gives the reader some general background information on traditional medicine in Zimbabwe. It's purpose is to familiarize the reader with some of the principles and practices of the traditional healer in Zimbabwe. The second chapter gives the reader some background information on AIDS itself. This is necessary because one must understand the syndrome before one can make an analysis of what the traditional healers are doing. The third chapter consists of information I gained from interviewing traditional healers who treat people with HIV/AIDS. It is a chance for them to tell their side of the story. In chapter 4 the reader learns how those trained in Western science feel about the situation. This information is also taken from interviews. Chapter 5 is a collection of write-ups of my interviews with the AIDS patients themselves. The patients talk about their experiences with traditional healers. In the final chapter I compare and contrast

the opinions of traditional healers and Western-trained doctors. For the purpose of clarity, traditional healers will often be referred to as healers and Western-trained scientists as doctors, throughout the rest of the report.

Methods

Data Collection

For my background research on AIDS I went to the library at the School of Medicine. The background information on traditional medicine came from readings that I brought from home, an interview with Mr. Sibanda at ZINATHA, and from a visit to a traditional healer in the rural village of Chikwaka. The rest of my information came from interviews with healers, doctors, and AIDS patients of healers. The healers that I interviewed were recommended to me by my advisor, as well as the pharmacology professor who is supportive of the clinical trials. My contact with a skeptical doctor was made by one of my academic directors. The patients that I interviewed were all patients of Amai Chihuri. Within each group of interviews I asked each interviewee slightly different questions. Therefore the interview questions will be included in the body of the text.

Data Analysis

I did a write-up of each of my interviews that summarized what the interviewee said. I wrote my own analyses at the end of each group of interviews. I wrote about my background information as I would with any research paper.

Limitations of the Study

Time was a major limiting factor. I would have liked to

interview more healers, doctors and patients but was not able to do so in the given time period. If I had had more time I might also have been able to schedule an interview with the Minister of Health, and visit an AIDS ward in a hospital. I had one small cooperation problem. My advisor recommended that I interview Dr. Hwingwiri, a woman involved in the clinical trials. Unfortunately, Dr. Hwingwiri did not want to be interviewed. I also was not able to get any official information on the clinical trials. Another limitation was the fact that my topic is a new and virtually unstudied one. There was not a large collection of literature on traditional healers who treat people with HIV/AIDS that I could refer to. This fact made my study more challenging as I had to come up with the ideas in my analyses all on my own.

I. Traditional Medicine in Zimbabwe

On July 12, 1980, at a meeting organized by Dr. Ushewokunze, Zimbabwe's first Minister of health, ZINATHA, a union of 8 former associations, was formed. Zimbabwe has a strong traditional health care system. It is one of the few in Africa that is recognized by the government.⁷ Currently, there are about 45,000 healers registered with ZINATHA, and there are estimated to be 20,000-30,000 unregistered healers practising in Zimbabwe.⁸ Thus, it is not surprising that many people in Zimbabwe consult healers for any number of reasons. In this chapter I will discuss the concept of illness in Shona culture, how one becomes a healer, and principles of diagnosis and treatment in traditional medicine. I will also highlight points of interest in regards to HIV/AIDS.

The traditional healer in Zimbabwe is called a n'anga. N'angas are holistic healers. They are as concerned with the reason why a person is sick as they are with the actual physical ailment. Generally there are three major causes of illness in Shona medicine; ancestral spirits, witchcraft and the breaking of social taboos. If one angers his/her ancestral spirits, or fails to perform certain religious rituals it is believed the angered spirit will cause illness and death in the family. Many people also believe in witches, evil people who poison others and make them ill. There are also several social taboos in Shona culture such as breast-feeding while pregnant, having sex with a menstruating woman, or not paying a midwife, that can result in illness if broken.⁹ It is common for a person to consult a

n'anga even if the symptoms of an illness are treated by a doctor. This is because a doctor can not explain why the person got sick in the first place. Only the n'anga can discover the spiritual cause of an illness.¹⁰

Most n'angas are called to their profession by a healing spirit. Usually the healing spirit possesses a candidate and makes that person become very ill. The candidate only finds out that s/he has been chosen to become a healer when s/he consults another n'anga for her/his illness. At the time of possession many people also begin to dream about herbs.¹¹ Some healers only dream about herbs and are never possessed by healing spirits.¹² A few people are kidnapped by a nzuzu (water spirit) and are taught how to heal under water for months or years.¹³ Or a person might be asked by the healing spirit to go to a secret mountain for 4 or 5 days. Usually, those who are "kidnapped" by healing spirits are mentally disturbed.¹⁴ Anyone of any profession or social class can be chosen to be a n'anga, and one never knows when the spirits will call. Spirits never chose evil people or thieves to be healers. Potential healers must possess honesty, confidentiality, and ethics.¹⁵

After the n'anga has been called upon and trained by her/his healing spirit, s/he is ready to diagnose and treat patients. One common form of diagnosis is divining. Divining determines the spiritual cause of an illness and is always used when witchcraft or ancestral spirits are the suspected cause of an illness. There are two common forms of divining, throwing hakata, and possession by the healing spirit. Hakata are sets of small dice that are made of wood, seeds, or animal bones. The

healer throws the hakata and then learns the cause of an illness from the way the dice land. Some n'angas go into a trance and are possessed by their healing spirits. The spirit then reveals the cause of the sickness.¹⁶ Sometimes a healer will only prescribe herbs based on the patient's symptoms without divining. I found this to be true of the healers that I interviewed. Usually an Aids patient will have already been diagnosed by a doctor and the healer will only prescribe herbs.

Most of the treatments a traditional healer uses are herbal, in the form of powders, infusions, decoctions, and ointments.¹⁷ There are also some ritual cures such as brewing beer to appease ancestral spirits. The n'anga that I visited in Chikwaka did not use herbs. She became possessed by her healing spirit and vigorously rubbed the afflicted parts of her patients' bodies.¹⁸ There are several different ways of applying treatments. Often powdered herbs will be mixed with porridge or tea. Kutemera (scarification) is another form of treatment. Incisions are made with a razor blade at the site of pain. Then an irritant powder is rubbed into the skin to increase the blood flow to the afflicted part.¹⁹ Kuruma (biting) is also used to suck out "poisons" that cause illness. Unfortunately, practices such as scarification and biting can lead to the spread of HIV. Healers are becoming more aware of this and have come up with some solutions. These solutions include using one clean razor blade per person, and throwing used ones down the toilet, using a spatula to apply herbs onto cut skin, using gloves when handling abscesses etc., and convincing the healing spirit to transfer biting power from teeth to hands and using gloves.²⁰

Because traditional Shona medicine is based on different principles than Western medicine there are some traditional disease that are not recognized by doctors. One such disease, that has particular pertinence to the subject of HIV/AIDS is runyoka. Runyoka is a disease contracted by a man when he sleeps with another man's wife. It is caused by a "medicine" that is also called runyoka. This medicine is planted in the wife's bed or food, so if a strange man has sex with her he will contract the disease.²¹ There are several different varieties of runyoka. Runyoka rwemago causes sudden body pains and shivering during and after intercourse, runyoka rwehamba causes the abdomen to swell and the skin around it to turn black, runyoka rwemba causes the lovers to be unable to separate until the husband finds them, runyoka rwehove causes symptoms similar to Kaposi's sarcoma and Herpes Zoster, and runyoka rwenzou causes diarrhoea.²² Many of the symptoms of these various types of runyoka are similar to those of AIDS. Also, runyoka is a sexually transmitted disease in the sense that it is passed from a woman to her lover during intercourse. These two facts have caused confusion among traditional healers, many of them believing that runyoka and AIDS are the same thing. Recently, HIV/AIDS education for healers has helped to clear up some of the confusion. Some of the differences between runyoka and AIDS that have been pointed out are as follows. First, AIDS has no cure while runyoka can be treated. Second, HIV is passed from man to woman and from woman to man during sexual intercourse. It can also be passed from mother to unborn child, and through blood. Runyoka is only passed from woman to man and the woman shows no

symptoms. The woman cannot pass it to her baby, and the man cannot pass it to his wife or any other woman.²³

In conclusion, it is clear that traditional medicine in Zimbabwe is based on very different premises than those of Western medicine. According to traditional Shona medicine many illnesses are spiritual in nature, and are caused by angered ancestral spirits or witchcraft. A n'anga is needed to determine the causes of such illnesses and to provide the proper treatments. Some of the n'anga's treatments are mystical and have to do with certain religious rituals. But many are herbal and most likely have some medicinal value. Traditional medicine in Zimbabwe is very organized. In many cases Shona medicine is more appropriate than Western medicine for Shona culture. This is fortunate because healers and doctors need to work together to find a cure for AIDS.

II. AIDS

Before a conclusive evaluation of traditional healers who treat people with HIV/AIDS can be made, one must first understand as much as possible about the syndrome. If healers really are curing or treating HIV/AIDS it needs to be determined how they are fighting the disease. The purpose of this chapter is to acquaint the reader with some of the major aspects of HIV/AIDS. I will discuss the virus HIV, testing for HIV, AIDS and AIDS-related disease, and some of the treatments that western medicine can offer.

First of all, it should be made clear that the acquired immune deficiency syndrome (AIDS) is not a disease per se. It is a collection of over 70 conditions that result from damage to the immune system. This damage is caused by the human immunodeficiency virus (HIV). The term AIDS refers to the last stage of HIV infection, and should be reserved for patients who have at least one life-threatening opportunistic disease.²⁴ HIV is a retrovirus like herpes. Retroviruses integrate with the genetic material of the cells they invade. Retroviruses are also called "slow" viruses because they can lie dormant and remain hidden in the host cell for many years.²⁵

HIV attacks several different types of immune system cells. One type of cell that HIV infects is called a macrophage. A macrophage is a white blood cell that scavenges foreign bodies and cell debris. Macrophages are the body's first line of defense against disease producing organisms. HIV also infects certain lymphocytes called T-cells. T-cells recognize the biochemical identities of invading disease organisms. A sub-

group of T-cells called T-4 helper cells are also attacked by HIV. When this happens communication within the immune system shuts down.²⁶ A fourth type of cell that HIV infects is the dendritic cell. Dendritic cells are white blood cells that alert T-4 cells to the presence of infections and foreign bodies.²⁷ Another type of lymphocyte called the B-cell makes antibodies that neutralize various viruses that invade the body.²⁸ Antibodies for HIV are produced but they are unable to neutralize the virus because it is hidden in the genetic material of the host cell.²⁹

It is not completely clear what triggers HIV to go from its dormant state to a state of rapid replication and invasion. It is possible that dormant HIV becomes active when the body responds to a disease threat. The signal that tells T-cells to replicate and activate the rest of the immune system may instead tell the virus to replicate.³⁰ There are several co-factors that appear to influence how long HIV lies dormant in the immune system. These factors include the concentration of the virus in the blood, the strain of the virus, individual differences in immune response, stress on the immune system caused by repeat exposure to infections, repeat STD infections (possibly because the person is repeatedly exposed to HIV), state of mind, smoking and drinking status, and nutritional status.³¹

Most AIDS tests actually test only for the presence of HIV antibodies in the blood. The most common test used in Zimbabwe is an antibody test called the enzyme linked immunosorbent assay (ELISA). There are degrees of positivity on a scale of 1-4, one being a relatively unsure reading and 4 being a relatively sure

reading. When there is considerable question about the results of a test the Western blot test is used to confirm the result. It is estimated that in Zimbabwe the ELISA is 96-98% accurate.³² However both false positive and false negative results sometimes occur. Usually it takes 6 weeks to 3 months after HIV infection for antibodies to be produced. If someone is tested during this time period it will give a false negative result. A few people never produce antibodies and some lose their antibodies, both situations lead to false negative results.³³ False positive results can occur when the test detects antibodies for a different virus. Also in hot tropical environments blood samples can be damaged and give false positive results.³⁴ It is difficult to test for the presence of the HIV virus itself. There are some tests of this kind that already exist but they are not in widespread use. Research is continuing for the development of a cheap and reliable test for the virus.³⁵

Once the dormant virus has been activated, HIV gradually destroys the immune system. An HIV positive blood test does not mean a person has AIDS. It just means that there are HIV antibodies present in that person's blood. The antibodies do not destroy the virus so it is assumed that the person will eventually develop AIDS.³⁶ It is possible that a few people never go on to develop AIDS. At any rate, being HIV positive is not an immediate death sentence. The average incubation period for the virus (the amount of time HIV lies dormant in the system) is 10 or 11 years in the United states, and about 7 years in Zimbabwe.³⁷ As the virus replicates and takes over the immune system the infected person becomes increasingly vulnerable to any

virus, bacteria, fungus, or parasite. Such opportunistic infections, as they are called occur mainly in the skin, lungs, digestive system, nervous system and brain.³⁸

Some scientists have found it useful to classify AIDS into 5 stages; HIV infection, persistent generalized lymphadenopathy (PGL), AIDS-related complex (ARC), full-blown AIDS, and AIDS dementia. Many people experience a flu-like sickness when they are first infected with HIV. At this time HIV antibodies are produced, and the virus usually remains inactive for many years, although the infected person can still transmit the virus to others. PGL is a condition in which the lymph glands in the neck, armpit, or groin become enlarged. This stage of the disease is often accompanied by fever, night sweats, weight loss, and oral thrush. These symptoms usually prompt a visit to the doctor in developing countries. In the ARC stage opportunistic infections begin to occur but they are not yet life-threatening. The symptoms of ARC include fatigue, diarrhoea, weight loss, fevers and night sweats. Full-blown AIDS is the stage in which major life-threatening opportunistic infections occur. In the United States the most common infections are a certain type of pneumonia and Kaposi's sarcoma. In Africa the most common infection is "slim disease" a wasting condition caused by diarrhoea. AIDS patients at this stage are thin, fatigued, and have multiple infections such as shingles, herpes, and TB. Few people diagnosed with full-blown AIDS live longer than 3-4 years. Sometimes HIV crosses the blood-brain barrier and kills brain cells. This results in confusion, memory loss, deteriorating thought process, personality change and senility and is referred

to as AIDS dementia.³⁹

It is well-known that AIDS has no cure. A cure would require killing the HIV virus and repairing damage already done to the immune system. There are no anti-viral drugs that could kill HIV because to kill the virus one would also have to kill the host cell. Current medical treatment consists mainly of fighting opportunistic infections as they arise, and developing drugs that prevent the virus from replicating.⁴⁰ Hopefully, in the future people with HIV will be able to live longer and the virus will no longer be life-threatening, even if an actual cure is not found.⁴¹

The most common drug used for AIDS treatment in the United States is azidothymidine (AZT). AZT was originally developed as an anti-cancer drug and is made from thymidine extracted from herring and salmon sperm. Currently AZT is the only licensed AIDS drug. This is unfortunate because AZT is very expensive, about US\$10,000 per year per patient. In some cases AZT has been shown to improve immune function.⁴² AZT also slows down viral replication. The side-effects of AZT are anaemia, nausea, appetite loss, insomnia, lung complications and toxic interactions with other drugs.⁴³ AZT is unavailable in Zimbabwe, unless the patients has foreign currency with which to import the drug.⁴⁴ Some doctors have recognized that there are certain steps an HIV infected person can take to maintain her/his health. These steps include avoiding infections (especially STDs), seeking early treatment for any health problem, avoiding further HIV infection, eating right, avoiding smoking, drinking, and drug use, exercising, getting enough

sleep, and avoiding too much stress and worry.⁴⁵

In conclusion, it is important to remember that AIDS is not a disease and people do not die from AIDS per se. Rather an HIV infected person dies from opportunistic infections that the body's destroyed immune system cannot fight. HIV is a retrovirus and can stay dormant inside one's immune system for several years. During the dormant phase the infected person suffers no symptoms but can transmit the virus to others. HIV tests only test for the presence of HIV antibodies in the blood stream, and sometimes false positive or false negative results occur. There is no cure for AIDS but it is possible for some people to live productively for many years before falling sick. Current medical treatment consists mainly of treating opportunistic infections as they arise. In the next chapter I will look at what traditional healers have to offer AIDS patients in Zimbabwe.

III. Traditional Healers

In order to gain an understanding of what traditional healers are doing to treat people with HIV/AIDS in Zimbabwe I interviewed 3 healers who specialize in this area. I was referred to these three healers by my advisor, and conducted the interviews in October and November of this year. The following are write-ups of my interview notes.

Healer 1: Grace Chihuri

My goal for this interview was to talk to a traditional healer who specializes in HIV/AIDS. I wanted to find out how she became a healer, how she treats HIV/AIDS patients, and what she thinks about the scientific research that is being done on traditional medicines. Grace Chihuri lives at No 1 Grossviner Place in Harare. Amai Chihuri is 51 years old, she completed form 2 at Old Mutmutare Mission and form 3 at Mudambaram Mission. I interviewed Amai Chihuri at her home which is where she works. Amai Chihuri lives with her husband and children in a nicely furnished apartment. Amai Chihuri is always home between 11:00am and 5:00pm Mon-Sat, which is when patients drop by for treatment. Amai Chihuri brings her patients into the back yard for consultations and treatments. She keeps her herbs on a table near the back door. I conducted my interview at 10:00am so there were no interruptions. The questions I asked during the interview are as follows:

1. How long have you been practising as a traditional healer?
2. How did you become a traditional healer?
3. What did you do before you became a traditional healer?

4. How do you diagnose your patients?
5. What do you use to treat HIV/AIDS and how did you know to use these things?
6. How many patients do you have and how many times do you see each patient?
7. Do you ever see patients from foreign countries?
8. Do you work with other healers who claim to have cures and treatments for HIV/AIDS?
9. What is your success rate?
10. Do you ever collaborate with doctors?
11. Why do you think we don't hear more about the success of healers in treating HIV/AIDS outside of Zimbabwe?

Before Amai Chihuri began practising as a traditional healer she lived with her husband in the United States where he was attending school. Upon return to Zimbabwe Amai Chihuri worked as a teacher and as a secretary. Amai Chihuri has dreamed about herbs since her childhood and has always casually given herbs to people who are sick. In 1990 Amai Chihuri learned about AIDS. She began giving people with AIDS herbs that she had dreamt about and "they came back feeling fine." Amai Chihuri decided to register with ZINATHA in 1990. They referred some patients to her who were diagnosed with AIDS.

"They were very sick and could not walk. I gave them herbs and after 3 days they said they felt better. People get better everyday, they are automatically better. Some get tested (again) and they are negative."

Amai Chihuri limits her practice to treating people with HIV/AIDS and cancer. She has had a total of about 1,000 patients. The treatment of these diseases is a very long process. Amai Chihuri sees a patient every week for 2 or 3 months. Most of Amai

Chihuri's patients come to her after they have received an HIV positive test result. Some people do not want to be tested for HIV because they already know they have AIDS.

"If people have a loss of weight, loss of blood, constipation, running stomach, rashes, discharge they can tell it's HIV or cancer. Then I know where to start."

Amai Chihuri claims that the herbs she uses will treat any disease because they strengthen and purify one's blood. Amai Chihuri uses a mixture of 9 powdered herbs and gives everyone the same formula. According to Amai Chihuri HIV and cancer go hand in hand because many people who have cancer are also HIV positive. Amai Chihuri does not work with other healers who treat AIDS patients and does not know what they are using as treatments. Healers are all doing their own research and will not collaborate with one another until it is finished. Amai Chihuri claims to have a high success rate. People who come to Amai Chihuri as soon as they are tested, before they develop full-blown AIDS are the easiest to treat.

"AIDS is not something that kills but someone can die if they delay in getting the right medicine. There is no reason to die over AIDS."

When Amai Chihuri treats an AIDS patient the patient "gains weight and blood and the blood count goes up."

Amai Chihuri has treated people from the United States, Holland, and Germany. Tourists sometimes come to see her. These people hear of her because she often appears in the local papers. Researchers are also getting to know Amai Chihuri. Amai Chihuri feels that people outside of Zimbabwe don't hear much about traditional healers because they do not get a lot of international publicity.

I am sure that growing up dreaming about herbs was a very special experience for Amai Chihuri. She has watched many people get better after taking her treatments. Thus it is not surprising that Amai Chihuri is so proud of and believes so strongly in what she is doing. Amai Chihuri appears to be sincere. Her herbs are affordable to everyone who comes to her for treatment. As one of Amai Chihuri's patients told me, healers who are frauds charge a lot of money for their so-called treatments. If a healer's treatments are expensive they are probably worthless. One does not get the sense that Amai Chihuri is out to capitalize on her claims. She has vivid dreams and interprets them as a call to heal people. My interview with Amai Chihuri of course raises several new questions such as is Amai Chihuri really "curing" AIDS or just putting it into temporary remission? Can she confirm that she has had HIV positive patients test negative after treatment? If she does only dream about herbs and has not had any formal training, where do these dreams come from?⁴⁶

Healer 2 Senia Shito:

My goal for this interview was to get another healer's perspective on the treatment of HIV/AIDS. I wanted to find out if Ambuya Shito has had similar experiences to those of Amai Chihuri, and also what differences she has experienced. Senia Shito is 45 years old and lives with her family at 3 Zangoraro Rd. Mufakose. Ambuya Shito was educated up through standard 6 which is the equivalent of grade 7. Ambuya Shito is a full-time traditional healer. She lives in a high density area and works out of a shack behind her house. When a patient drops in for

treatment s/he is directed to the shack. The patient must take off her/his shoes before entering because it is a sacred place. The shack is dark inside and the only piece of furniture in it is a shelf full of jars of powdered herbs. There are reed mats on the floor, Ambuya Shito sits in front of her herbs while the patient sits facing her. Beside Ambuya Shito there is a small metal barrel full of a liquid herbal preparation that she ladles into empty mazo bottles and gives to her patients. I conducted the interview in the late afternoon and there were no interruptions. Mr. Sibanda acted as my interpreter. I asked the following questions during the interview:

1. How long have you been practising as a traditional healer and when did you become one?
2. Have you had any occupations other than traditional healer?
3. How did you come to specialize in AIDS?
4. How do you diagnose your patients?
5. What do you use to treat HIV/AIDS?
6. How many patients do you have and how often do you treat each patient?
7. Do you ever see patients from foreign countries?
8. Do you work with other healers who are treating HIV/AIDS?
9. What do you think about your success rate?
10. Do you collaborate with doctors?
11. What is your opinion of the clinical trials?
12. Why do you think we don't hear about the success of healers in treating HIV/AIDS outside of Zimbabwe?

Ambuya Shito was a very sickly child. In 1962, when she was 14 years old, Ambuya Shito's parents began consulting traditional

healers. Her patients were told by the healers that Ambuya Shito's ill-health was caused by a spirit. At that time Ambuya Shito began to dream about herbs. In 1963 she began to practice using the herbs from her dreams. In 1964 Ambuya Shito was married. Ambuya Shito worked as a house girl from 1964-65 while practising traditional medicine part-time. In 1965 She worked in a prison for 6 months. Then her spirit wanted her to be a healer full-time and Ambuya Shito never worked again. Ambuya Shito began specializing in HIV/AIDS in 1990 when her spirit gave her dreams about herbs to use for the syndrome. Her first HIV infected patient was a young man called Matarutsa.

Although Ambuya Shito recognizes many of the symptoms of AIDS she does not want to tempt her spirit to make a diagnosis.

"My concept of diagnosis by a medical doctor who gives a blood test"

So, as with Amai Chihuri's patients Ambuya Shito's patients are already sick and diagnosed with HIV when they come to her. Sometimes a patient comes to Ambuya Shito first before being tested for HIV. If the patient shows symptoms such as pneumonia, TB, shingles, constant diarrhoea or Kaposi's sarcoma Ambuya Shito suspects it's AIDS and refers the patient to a doctor to be tested. This year Ambuya Shito is treating 36 HIV infected patients. Ambuya Shito uses a mixture of 21 different herbs that she makes into a liquid preparation. She gives a two litre bottle of the mixture to each patient once a week. Ambuya Shito also prescribes various other powdered herbs to put into porridge or tea, and herbal ointments for skin ulcerations and rashes.

Ambuya Shito sees patients from foreign countries such as South Africa and Botswana but did not mention having any patients

from Western countries. Sometimes Ambuya Shito will send herbs to people through the mail.

"I don't need them (patients from foreign countries) to come here. If they have no passports I post herbs. They shouldn't die because they have no passport."

Ambuya Shito also has 5 patients who cannot pay her. She is trying to get them to go to ZINATHA for assistance but has already begun treating them free of charge. When asked about her success rate Ambuya Shito replied

"I'm quite happy with my success rate. I have no cases that I'm completely failing in."

Ambuya Shito is a secretary for the healers in her district and meets with other healers once a week to talk about issues surrounding HIV/AIDS. Ambuya Shito also has contact with doctors. Many of her patients are referred to her by Matarutsa's doctor. This doctor was impressed when, after treatment by Ambuya Shito, Matarutsa was retested for HIV and came up with negative results. This doctor frequently visits Ambuya Shito and discusses with her ways she can improve her practice. In return, Ambuya Shito gives the doctor business when she refers her patients to him for testing and retesting. Ambuya Shito is on the waiting list to participate in the clinical trials and she is very optimistic about them.

"I'm still waiting for patients... I'm sure my results will be quite high. I'm already proud of the 36 I'm treating now. Those I've treated last year are still fine."

Ambuya Shito feels that healers in Zimbabwe do not receive international attention or credit for their success in treating HIV/AIDS because doctors are jealous.

"They are suppressing the success of traditional healers. I'm not happy with how they describe traditional healers."

Before I began my interview Ambuya Shito wanted to make sure that I was not a TV reporter or a journalist. Watching her patients get better is reward enough for Ambuya Shito. She does not want to make a public claim before her treatments have gone through the clinical trials. The fact that Ambuya Shito wanted to avoid publicity inspired confidence in her legitimacy and ability. If it true that the charlatans are the ones who make bold claims and charge lots of money for their "treatments", Ambuya Shito is certainly not among them. Ambuya Shito demonstrated that she is willing to treat people for free if they are unable to pay. Ambuya Shito feels she has experienced a "sacred calling" and is very dedicated to her work. Additional questions that this interview raises are; Are some of the herbs that Ambuya Shito uses the same as Amai Chihuri's? Is there a difference in the mode of preparation of treatments powders vs decoctions?⁴⁷

Healer 3 Peter Chirongwe:

My goal for this interview was to gain the perspective of yet another traditional healer. I also wanted to talk to a male traditional healer. Va Chirongwe is not sure how old he is, around 60. He lives with his family at 7184 99 Crescent Glenview 8. Va Chirongwe never had any formal education. He was self-taught and his English speaking ability is fairly good. Va Chirongwe works full-time as a traditional healer. He is also a senior member of ZINATHA and is the head of its disciplinary committee. As with Ambuya Shito, Va Chirongwe lives in a high density area and sees his patients in a shack behind his house. Va Chirongwe's shack has a waiting room with a sofa and piles of

boxes that contain various roots and gourds. The consultation room has reed mats on the floor and jars of powdered herbs lined up along one wall. The interview was conducted at 9:00am in the waiting room. Va Chirongwe's son was present in case there were any language problems. However, if I asked my questions in Shona Va Chirongwe understood them and could usually answer in English. I asked the following questions during the interview.

1. How long have you been practising as a traditional healer?
2. How did you become a traditional healer?
3. How did you come to specialize in AIDS?
4. How do you diagnose your patients?
5. What do you use to treat HIV/AIDS?
6. Do you give everyone the same mixture of herbs?
7. Do you tell your patients to take any other steps to maintain their health such as not smoking or drinking?
8. How many patients do you have?
9. Do you ever see patients from foreign countries?
10. Do you feel you have a good success rate?
11. Do you ever work with other healers who treat people with HIV/AIDS?
12. Why do you think we don't hear about the success of traditional healers in treating HIV/AIDS outside of Zimbabwe?

Va Chirongwe has been practising as a traditional healer since 1968. Before that he was a photographer. When his healing spirit first came to him, Va Chirongwe became ill for 21 days. He had a problem with his throat and could not eat or drink. When Va Chirongwe went to the doctor to be treated the doctor could find nothing wrong with him. Later Va Chirongwe passed out

on the street and the police had to carry him back to his room. Va Chirongwe lay unconscious for 9 hour before he " passed away."

"At 8 the next morning my parents and friends went to the police and reported I was dead. The police were delayed in coming until half-ten. They brought a coffin with them. They dropped the coffin and I woke up. They took me to the hospital and the doctor said I must brew beer because the spirits wanted me to be a healer."

At first Va Chirongwe refused, he did not want to be a healer.

"I thought it was dirty work. I was a photographer."

When Va Chirongwe refused to comply with the spirit's wishes the doctor would not let him stay at the hospital. Va Chirongwe went to his father's house and brewed beer. Nothing more happened for 5 years, then Va Chirongwe's leg became swollen and hot. Finally Va Chirongwe decided to become a healer, and his spirit made him dream about treating people with herbs.

Va Chirongwe came to specialize in AIDS by first dreaming about treatments for STDs. In 1987 Va Chirongwe started to dream about medicines to treat HIV/AIDS. He tried the herbs and observed his patients getting better. Later Va Chirongwe went to Blair Research and entered the clinical trials.

"I have 9 patients from the trials and they are all recovering." Va Chirongwe's patients generally go to a doctor first for an HIV test. Then the doctor brings the patient to Va Chirongwe. After a week of treatment the patient goes back to the doctor to check her/his progress. Va Chirongwe uses 8 different herbs to treat HIV/AIDS patients. The herbs are powdered and taken in water or porridge. Va Chirongwe gives different mixtures of his herbs to different patients. In addition to taking his treatments Va Chirongwe recommends that his patients refrain from smoking, beer, soft drinks, and fresh meat.

"And no sex unless they use a condom."

Presently Va Chirongwe is treating 9 HIV/AIDS patients. These patients are all a part of the clinical trials. Almost all of Va Chirongwe's patients are from Zimbabwe, although he has treated two people from Malawi. When asked if he felt he had a high success rate Va Chirongwe replied

"I hope so. I ask them (my patients) and they say they are well fit. But they won't have blood tests until 3 months when the clinical trials are over."

Va Chirongwe usually does not work with other healers who are treating people with HIV/AIDS. He has his own herbal formula and thinks that healers are all using different remedies. Va Chirongwe's explanation for why traditional healers who treat HIV/AIDS do not get international attention is because

"It's up to the government of Zimbabwe. We are not mentioned unless the government does so. If it's successful the Minister of Health is the only man who can let outsiders know it's successful."

Despite his lack of formal education Va Chirongwe is an intelligent man and his English-speaking ability was quite impressive. Va Chirongwe also holds a very influential position in ZINATHA. It is clear that Va Chirongwe is legitimate, otherwise he would not be so well respected by his colleagues. Va Chirongwe seemed very modest. He mentioned that his HIV/AIDS patients were recovering, but did not talk as much about their improvements as Amai Chihuri or Ambuya Shito. It was interesting that Va Chirongwe's only HIV/AIDS patients were the 9 from the clinical trials. Va Chirongwe did not mention any of the symptoms of AIDS. This could be due to the fact that I did not ask any direct questions about them, or to the language barrier. I wonder if he recognizes symptoms in other patients who haven't

been tested for HIV.⁴⁸

Analysis:

All three of the healers I interviewed learned about herbs through dreams. Amai Chihuri and Ambuya Shito began dreaming about herbs in childhood, while Va Chirongwe was much older. Amai Chihuri was the only healer who did not mention having a healing spirit. Although the other healers had healing spirits, none of the healers I talked to became possessed. It should be noted that Amai Chihuri was the most educated and Westernized of the 3. In addition, Amai Chihuri made no reference to an illness at the time of her "calling." Ambuya Shito and Va Chirongwe were both very ill before they became healers. As was explained in chapter 1 this is a common phenomenon. Ambuya Shito didn't mention any reluctance to her calling. Amai Chihuri however, tried to ignore her herbal dreams for a long time. Even when she could no longer deny them she limited her practice to HIV/AIDS and cancer. Likewise, Va Chirongwe blatantly refused to answer his calling at first. One never knows who or when a spirit will call to be a healer. The fact that a person first resists a "sacred calling" and then is forced to accept it through vivid dreams and/or illness suggests that the person honestly believes that s/he has been chosen, for whatever reason, to become a healer.

The 3 healers began to specialize in HIV/AIDS when they began to have dreams about herbal treatments for the syndrome. Only some of the traditional healers in Zimbabwe claim they can treat HIV/AIDS. This raises the question of why some healers have dreams about treatments for HIV/AIDS while others do not.

Are certain healers "chosen" to treat certain illnesses? The dreams themselves are also a mystery. I have speculated a few explanations for how these dreams might occur. 1. There might really be spirits out there who chose people to become healers, 2. Healers may have observed others doing herbal treatments in early childhood. These early memories may be only on a subconscious level and come out in dreams, 3. Healers might belong to a certain group of people who have hyperacute senses of smell and unconsciously detect chemicals in plants that have medicinal qualities, and can sense which ailments they are good for, 4. It might all be placebo.

The treatments that the 3 healers use are all different from one another. Amai Chihuri uses a mixture of 9 different herbs, in powdered form, and gives the same mixture to all of her patients. Ambuya Shito makes a decoction of 21 herbs. When a patient starts to improve she cuts the mixture down to 11 herbs. Va Chirongwe uses 8 different herbs in powdered form and says that he gives different mixtures to different patients. None of the healers know what other healers are using to treat HIV/AIDS, so it is not known if they have herbs in common. How many of the plants in the Zimbabwean bush have chemical activity for treating HIV/AIDS?

If one assumes that these healers are truly treating people with HIV/AIDS the next question to be asked is how are these herbs working. As explained in chapter 2, a cure for AIDS would have to kill the virus without killing the host cells, and repair any damage that has already been done to the immune system. Treatments for HIV/AIDS generally work in three ways. 1.

Preventing (at least temporarily) the virus from replicating and spreading, 2. boosting the immune system, and 3. treating individual opportunistic infections as they arise. Theoretically, the herbs that healers use to treat HIV/AIDS should work in one or more of these 3 ways. Before researchers can conclusively determine whether or not a healer has an effective treatment it has to be determined which way the treatment works. It might be interesting to ask the healers themselves which way they think their treatments fight HIV/AIDS. Amai Chihuri repeatedly told me that the herbs which she uses "strengthen the blood." Perhaps what she means is that they boost the immune system. Va Chirongwe gives different mixtures of his herbs to each patient. It could be that he is treating individual opportunistic infections. It is always possible that the healers' treatments are placebos. There is a psychological component to every disease, including AIDS. Healers have a lot of influence in Shona culture and know how to ease people's minds. However, AIDS is such a devastating and destructive syndrome it is unlikely that a placebo effect alone could control it for very long. For this reason it is important to do a longitudinal study to determine how long patients actually survive after treatment by a traditional healer.

The healers that I talked to all gave different reasons for why healers don't receive international recognition for their success in treating HIV/AIDS. Amai Chihuri said that healers don't get a lot of publicity, but this is changing and people are beginning to take notice. Ambuya Shito feels that doctors are jealous and suppress the success of healers. Va Chirongwe feels

that it is up to the government and Minister of Health to tell the world about healers who treat AIDS. Meanwhile Mr. Sibanda says it is because healers are never invited to international AIDS conferences. All of these reasons are probably correct. Despite the lack of international recognition the healers that I interviewed are all very proud of what they are doing, and are happy with their success rates. They all claim that their HIV/AIDS patients are improving and that the clinical trials are going well. In the next chapter the reader will get doctors' opinions of this issue.

IV. Doctors

After hearing what the healers had to say about their treatments for HIV/AIDS I wanted to know how western-trained doctors feel about the issue. At this point in time Western medicine is the dominant medical system throughout most of the world. Western medicine is by no means the only correct medical system. However, Western scientists are the ones who have done much of the research on how HIV destroys the immune system and are in a position to scientifically evaluate the treatments of healers.

Doctor 1 Dr. Matenga:

My goal for this interview was to hear the opinions of a Western-trained doctor who is skeptical of traditional healers who claim to have cures and treatments for HIV/AIDS. Dr. Matenga is a 42 year old trained cardiologist. He is head of a terminal care unit that is made up mostly of AIDS patients. Dr. Matenga obtained his undergraduate degree at UZ and did his specialist training in the UK. The interview was conducted at Dr. Matenga's Clinic. It was supposed to be held at 5:00pm but due to "emergencies" Dr. Matenga was still seeing patients until 5:45. When I finally got in to see Dr. Matenga there were no interruptions. The questions I asked Dr. Matenga are as follows.

1. How long have you been working with terminal AIDS patients?
2. What treatments do you give AIDS patients?
3. Do you tell your patients to take steps such as stopping smoking and drinking?
4. Do most people wait to visit you until after they are very

sick?

5. To your knowledge do you have any patients who also consult traditional healers?
6. Are you afraid that traditional medicines will conflict with the treatments you prescribe?
7. What is your opinion of traditional healers who claim to have cures and treatments for AIDS?
8. What do you think of the clinical trials?
9. Is there any situation in which you would work with traditional healers?
10. In your opinion, what criteria would a healer's treatment have to meet before it could be considered scientifically "proven?"

Dr. Matenga has been working with AIDS patients since 1986. Currently, the only Western medical treatment in Zimbabwe is the treatment of opportunistic infections. Chest infections and chronic diarrhoea are the complaints that are treated most often. There are also other symptoms that cannot be treated.

"We can give antibiotics, TB drugs, drugs for pain. We also advise patients on nutrition."

Generally, Dr. Matenga only sees patients with full-blown AIDS because people don't usually go to the doctor until after they fall sick. For this reason Dr. Matenga doesn't advise his patients not to smoke or drink because they are already too sick to do so. Dr Matenga suspects that many of his patients also consult healers. Sometimes a patient will get worse due to a traditional medicine, but Dr. Matenga is usually not afraid that traditional medicines will conflict with the treatments he prescribes. Dr. Matenga encourages his patients not to take

traditional medicines. At the same time, healers tell their patients to stop taking Western medicine.

Dr. Matenga feels that healers who claim to have cures and treatments for HIV/AIDS are

"Totally unethical. They take advantage of people who are very vulnerable. People in that position will do anything a traditional healer tells them to do. We all want to live."

Dr. Matenga believes that the most immoral are those healers who publicize their claims when they know they don't have anything to offer. Dr. Matenga seemed to in particular have a problem with a healer named Benjamin Murombo. Apparently, after Murombo went on television he raised his consultation fee to Z\$2,000. As Dr. Matenga pointed out many people with AIDS are poor. They have to sell their possessions to raise money for treatments from traditional healers. If healers were genuine, thinks Dr. Matenga, They would treat people who can't afford to pay free of charge. Dr. Matenga's consultation fee is Z\$155 for the first visit and Z\$50 after that. Dr. Matenga also treats people for free if they are poor and need his help. On the other hand, Dr. Matenga feels that healers are good at treating psychological problems.

"I regard traditional healers as good psychologists, probably better than Western doctors. That's why they are what they are. If anything, they are the greatest psychologists without going through psychology in school."

Dr. Matenga does not believe that the clinical trials will come up with anything because they are not really clinical trials. Dr. Matenga feels that a proper clinical trial must involve an identifiable drug. Healers refuse to identify their treatments. They also use many different herbs so it's difficult to say which, if any, herb is working.

"Is Zimbabwe really so lucky to have so many bushes that can cure Aids?"

Dr. Matenga's definition of a clinical trial is as follows. The healer must identify and herb that s/he uses to treat AIDS and demonstrate how it is prepared and used. Then the herbal preparation will be given to patients who tested positive for HIV. After the healer is satisfied with the treatment the patients will be retested. To test for symptom improvement healers would be given patients with symptoms of AIDS. Doctors would monitor the patients' progress. After this happens the herbs would go through standard chemical tests to identify the active ingredient. Then there would be open clinical trials followed by a double-blind study.

"This is the scientific way."

Dr. Matenga is very skeptical of traditional healers who claim to have cures and treatments for HIV/AIDS. This is probably due to his strong background in Western science. Just as Amai Chihuri's patient pointed out, Dr. Matenga feels that healers who charge lots of money for their treatments have nothing to offer. Dr. Matenga failed to acknowledge that there are some healers, such as Ambuya Shito, who do treat people for free. Despite his scepticism, Dr. Matenga respects healers as psychologists. Although he did not acknowledge that every illness, including AIDS has a psychological component. I wonder if healers can or will conform to Dr. Matenga's standards?⁴⁹

Doctor 2 Prof. Norman Nyazema:

My goal for this interview was to gain the perspective of someone who has a background in Western science but is involved in the clinical trials. I was interested in finding out how the

clinical trials came to be and why it is important for healers and doctors to work together. Prof. Nyazema is a professor of clinical pharmacology at the UZ school of medicine. Prof. Nyazema was educated in pharmacology in the UK. The interview was conducted at his office in the medical school. There were no interruptions. I asked the following questions during the interview.

1. How long have you been working with traditional healers?
2. Why did you start working with healers, why do you think it's important?
3. To what extent are you involved with healers who treat AIDS?
4. How did the clinical trials come about?
5. What do you think of the claims made by healers that say they have had HIV positive people test negative after treatment?
6. Are you satisfied with the protocol for the clinical trials?
7. Is it part of the protocol for healers to submit their herbs for scientific tests, is there a problem with healers who want to keep their treatments a secret?

Prof. Nyazema has never worked with an individual healer. However, for the past 10 years he has been trying to understand how they do things. Prof. Nyazema has run workshops with healers and has gone into the bush with them to collect herbs.

"I've created myself a rapport with traditional healers. They are a part of my culture that I need to understand."

Before he goes into the science of herbalism, Prof. Nyazema looks at traditional medicine from anthropological, economic and sociological points of view. As a trained pharmacologist, Prof. Nyazema expects a certain outcome when he gives someone a drug. This outcome can change depending on the person's understanding

of her/his disease. A doctor will make a diagnosis. But if the patient has access to traditional medicine the Western diagnosis may not be accepted.

"From a cultural point of view if the patient didn't take part in the decision making process he won't take the drug. The healer is holistic and gets the whole family involved."

Prof. Nyazema feels that it is important to understand traditional medicine because it sometimes conflicts with Western medicine. Generally, for a quick solution people turn to Western medicine. But for chronic ailments people go to traditional healers. When traditional medicine can't deal with the illness the patient goes back to the doctor, but by then it's too late.

"People are shopping around, they want to know why they are sick."

Prof. Nyazema teaches his students how drugs work but stresses that they must also understand the cultural context under which a drug is used.

Prof. Nyazema's most recent interaction with healers who specialize in AIDS was with a group organized by Mr. Sibanda. Prof. Nyazema told the healers about AIDS, HIV, and opportunistic infections and asked them which they are treating. The healers said they could treat any opportunistic infection.

"But they are not dealing with the cause, HIV. They can't say they can treat AIDS itself. We have no anti-viral drugs, otherwise we could cure measles and colds... They may be boosting the immune system, I don't dispute that."

So, Prof. Nyazema suggested to the healers to have clinical trials. Patients involved in the trials are those who have had blood tests and are HIV positive. The patients are randomly sent to one of 4 healers involved in the trials.

"People are coming back to retest. So far everyone is feeling better, at least psychologically."

According to Prof. Nyazema the clinical trials started because in the literature on medicinal plants there are many immunostimulants. When traditional healers started making claims that they could treat HIV/AIDS scientists who knew the immunostimulating plants existed thought it might be possible.

"Our hypothesis was maybe the treatments have immunostimulating properties, so let's try them."

Prof. Nyazema feels that there was not a big ethical issue surrounding the clinical trials because many people want traditional medicines. The point of this uncontrolled study is to come up with hypotheses about how this traditional medicine is working. Prof. Nyazema has heard the anecdotes about HIV positive patients who test negative after being treated by a healer. He is open to the possibility that they might be true but need to be proven right or wrong.

Prof. Nyazema is satisfied with the protocol for the clinical trials, even though it is an uncontrolled study. When one gets to the stage of conducting a double-blind study one already has a hypothesis. Prof. Nyazema pointed out that this kind of study has never been done before. Many hypotheses need to be generated before a double-blind study can be done.

"Thirty percent of the drugs on the market today came from herbs, so could a treatment regimen for opportunistic diseases. We will come up with more than one hypothesis and then a pattern will emerge."

Prof. Nyazema does not feel that healers have to submit their herbs for scientific tests. Chemists are always screening plants and will eventually figure out what the healers are using. For that reason Prof. Nyazema feel it might be in the best interests of the healers to make a claim on their own herbal formulas.

"I'm not looking for a cure from herbs. But I strongly believe herbs will make us understand the disease process better. After we understand the disease process then we will find a cure... I don't want to know their herbs, just how they are managing the disease."

Despite his background in Western science, Prof. Nyazema has a very open mind when it comes to traditional medicine. As a pharmacologist Prof. Nyazema recognizes that some plants have immunostimulating properties and it is possible that healers are using such plants to treat HIV/AIDS. Prof. Nyazema seems dedicated to understanding the traditional healer/AIDS issue. He has worked with healers to educate them about HIV, AIDS and opportunistic infections. Some further questions that my interview with Prof. Nyazema has generated are what kinds of hypotheses are the clinical trials generating? When will it be determined whether or not it is worthwhile to pursue further study on traditional medicine and AIDS? What more can be done to further facilitate collaboration between doctors and healers regarding this issue?⁵⁰

Analysis:

Both Dr. Matenga and Prof. Nyazema have strong backgrounds in Western science. Yet, their views on traditional healers who treat people with HIV/AIDS are very different from one another. Dr. Matenga is skeptical of traditional healers. He acknowledges the fact that an AIDS drug might someday be derived from plants. However, Dr. Matenga feels that because healers will not submit their herbal concoctions for scientific testing, and because some healers charge exorbitant fees for their treatments, healers who claim to have cures and treatments for HIV/AIDS are unethical. On the other hand, Prof. Nyazema focuses on the fact that many

plants have immunostimulating properties. He does not feel that at this stage healers need to disclose information on their herbs. That will come later, if the present clinical trials come up with anything.

There was not much agreement between the two doctors regarding the protocol for the clinical trials. Dr. Matenga claims that there are no clinical trials, that which is going on now is unscientific. Dr. Matenga feels that a healer must produce a specific herb to be tested on people who are HIV positive. If, after treatment, those people are HIV negative or have experienced the disappearance of opportunistic infections then the herb must undergo chemical analysis. Then there need to be a double-blind study. This is standard procedure for scientific research and would no doubt produce a very conclusive result. However, Western science and traditional medicine sometimes clash. It may not be possible to put the study of traditional medicine in a Western scientific mold.

As Prof. Nyazema pointed out, research on traditional healers who treat people with HIV/AIDS is new. Neither doctors nor healers have done this type of research before. Therefore, it is necessary to first generate several hypotheses about how these traditional medicines work. Prof. Nyazema feels that the clinical trials, as they are being carried out now, are the best way to generate such hypotheses. According to Prof. Nyazema it is not necessary at this point for healers to reveal their herbs. We will learn about the disease process through the herbs without identifying or analyzing them. I am not sure exactly how herbs will contribute to the understanding of AIDS. Perhaps if

it is determined how immunostimulating herbs "boost" the immune system we will learn how the virus destroys it. Or, if healers' treatments are all placebos we will learn about the psychological component of the syndrome.

I agree with Dr. Matenga that healers who charge lots of money for their treatments, especially when they have no real treatment, are unethical. However, this does not mean that all healers' claims should be discounted. Many Zimbabweans consult traditional healers. Scientists who are dedicated to finding a cure for HIV/AIDS should at least look at why people go to healers for treatment. If people are truly "feeling better" after being treated by a healer (be it psychologically or physically) then it is in science's best interest to find out what these healers are doing. With a disease such as AIDS there is little to lose. Western medicine cannot offer much in the way of treatment, and in many case traditional treatments may be better than no treatment at all. Prof. Nyazema made a good point about the ethics of the clinical trials. People want to consult traditional healers. Some even prefer healers to doctors. Thus, it is acceptable to include such people in the clinical trials. In fact, denying someone traditional medicine is ethically questionable. People have the right to make their own decisions about their health. Because it is important to learn why people with HIV/AIDS turn to traditional medicine the next chapter allows the patients themselves to speak.

V. HIV/AIDS Patients

My goals for interviewing the patients of a traditional healer were to find out why people go to healers instead of, or in conjunction with doctors, and to ask the patients themselves if they feel their health has improved. All of the patients I interviewed were Amai Chihuri's. I conducted the interviews on two separate days 9/22/93 and 11/25/93. I spent both afternoons at Amai Chihuri's apartment. When a patients dropped in Amai Chihuri told him/her what I was doing and asked the patient if s/he would be willing to be interviewed. For the sake of confidentiality I did not ask the patients their names. This allowed them to talk more freely. I interviewed 5 patients, 2 women and 3 men. Two of the patients only gave me their opinions about why it is best to consult a healer. To the other 3 I asked the following questions:

1. When did you find out you were HIV positive?
2. Why did you get tested? Were you sick or just curious?
3. Have you seen or been treated by a doctor?
4. Why did you decide to see a traditional healer?
5. Does your doctor know you're seeing a healer? What does s/he think?
6. Do you feel your health has improved since you began seeing a healer?
7. Do your friends and family know you're seeing a traditional healer? Do they support you?

Patient 1 male age 35:

Patient 1 found out that he was HIV positive one week before

the interview was conducted. His doctor told him there was no hope, nothing could be done. Patient 1 was given an HIV test by his doctor when he came in for treatment of a cough. A friend told patient 1 to go to ZINATHA, who in turn referred him to Amai Chihuri. Patient 1 decided to consult Amai Chihuri because he believes that she will make him better. He has not told his friends and family that he is seeing her. Likewise, patient 1 has not told his doctor he is seeing a healer but plans to go back to the doctor after being treated.

"If I am better the doctor will start to accept traditional medicine."

Patient 2 male late 20s:

Patient 2 was tested for HIV a year ago when he developed unusual growths on his body. Patient 2 was very happy with his doctor's encouragement.

"I went to a good doctor. He gave me social and psychological encouragement. He said a cure might be found someday and to have hope."

Patient 2 decided to consult a traditional healer because he likes their attitudes and the fact that they offer social and psychological support. Patient 2 has also heard a lot about healers through the press. In addition, patient 2 said that traditional medicine is less expensive than Western medicine and that Western medicine has come up with nothing.

At the time of the interview patient 2's doctor did not know he was seeing a traditional healer, but patient 2 was making plans to tell him. Since he began seeing Amai Chihuri, patient 2 has gained weight and has begun to get his strength back.

"I have hope that comes from seeing other people who have completely regained their strength."

Patient 2 has told his brother and some of his friends that he is seeing a healer, and says that they support him.

Patient 3 female age 35:

Patient 3 has not been tested for HIV. She is seeing Amai Chihuri because her medicines make her feel better.

"People come to traditional healers whether they've been told they are positive or not because it's effective."

Patient 3 feels that the healers who charge a lot of money for their treatments are the charlatans. Also, patient 3 does not believe in healers who do divining and fortune telling.

"Amai Chihuri is like a doctor. She tells you the dosage to take and how to prepare the herbs."

Patient 3 feels that it has been over publicized that AIDS has no cure. People are so conditioned to believing that there is no cure that even when one is finally found people will have trouble accepting it.

"AIDS is an accumulation of diseases. It is a matter of treating those diseases and keeping the white blood cell count up. A cure can be found if doctors and traditional healers work together."

Patient 4 female age 28:

Patient 4 was diagnosed a year ago but has know she was infected with HIV since 1988. Patient 4 went to get tested when her friend found out he was HIV positive.

"I went to get the test so I could say to him look I have HIV too, so I could comfort him."

Patient 4 knew she had HIV before she was tested because she had a baby who died at age 6 months. The baby had all the symptoms of AIDS, which patient 4 knew from hearing about the symptoms of AIDS on the radio. The doctors did an HIV test on her baby but patient 4 did not go back for the results. She did not want anyone to know.

Patient 4 does not have a personal doctor but has been to the hospital for treatment of opportunistic infections. Patient 4 preferred to go to a traditional healer but did not know where to find one at first.

"We Africans believe in our traditional medicine."

Patient 4 became a member of the clinical trials and started seeing Amai Chihuri 1 month before the interview. When asked if she feels her health has improved patient 4 replied

"Greatly, I've gained weight, I don't lose my appetite anymore. The headaches have stopped. I started to get a rash but it went away."

Patient 4 has a counsellor who knows she is seeing a traditional healer and supports her. However, patient 4 has not even told her family and friends that she is HIV positive.

"My mother says she doesn't want anyone with this disease in her house."

Patient 5 male age 23:

Patient 5 has not been tested for HIV infection. He feels that he knows he's infected and doesn't need to be tested. However, patient 5 says that he plans to be tested after he is treated by Amai Chihuri. Patient 5 suspects that he has the AIDS virus because he started losing weight and getting chills.

"I can just feel it. I know it's HIV."

Patient 5 does not have a personal doctor. He decided to see a traditional healer because a friend recommended it and because he's heard a lot about what healers are doing.

"I know there are people getting better."

At the time of the interview patient 5 had only seen Amai Chihuri 3 times. But he said that he feels he's getting stronger. Patient 5 has told some of his friends that he's seeing a healer

and they "think it's ok." Patient 5 seemed almost afraid to tell his family that he believes he is infected.

"I never thought my life would end up like this."⁵¹

Analysis:

It must be kept in mind that I interviewed a small sample of patients who were all seeing the same traditional healer. Nevertheless, there were variations among the patients. One was seeing Amai Chihuri for the first time, one had been seeing her for a while, two had not been tested for HIV, and one was part of the clinical trials. From these interviews one begins to get a sense of why people consult traditional healers, and if these people feel their health is improving because of traditional medicines.

According to these interviews there are a few different reasons why HIV infected people consult healers. Some are dissatisfied with what Western medicine has to offer. Such people feel Western medicine is too expensive and usually ineffective. Traditional medicine (except in cases of probable charlatans who charge a lot of money for their treatments) is seen as an inexpensive alternative that is just as effective, if not more so, than Western medicine. Two of the patients were advised by friends to go to a traditional healer, and two others heard about healers who treat AIDS through the press. Healers who treat AIDS have been getting a lot of attention in Zimbabwe. This makes them well known and probably influences people's decisions to see them. Some of the patients also mentioned the social and psychological support that healers provide. This kind of support is important and it may be difficult for medicine that

was developed in Western culture to meet the needs of people in African cultures.

Three of the patients said they knew they were infected with HIV without being tested, and two of these people have never been tested. The other two patients were tested for HIV by their doctors when they fell sick. It seems that the symptoms of HIV/AIDS are known by many people in Zimbabwe. The healers themselves are usually correct when they suspect a person is suffering from HIV. However, if it is ever to be conclusively determined whether or not healers can change patients' HIV status from positive to negative patients must be tested before treatment. Patient 5 said he plans to be tested only after he is treated and feeling better. If the test result is negative it will not be known if it was always negative, or if it was indeed positive before treatment. In the long run it would be in the best interests of the healers to encourage all of their patients to be tested for HIV infection before treatment.

Regardless of whether s/he was tested or not all 5 of the patients came to "know" they were HIV positive after falling sick and experiencing some of the symptoms of AIDS. Thus, it cannot be determined how long the incubation period was for each patient. Amai Chihuri claims that the easiest people to treat are those who begin treatment as soon as they find out they are HIV positive, before they fall sick. This would make sense if Amai Chihuri were using immunostimulating herbs. If the herbs strengthened the immune system it might take longer for the virus to break it down. Unfortunately, early treatment cannot begin if people wait to be tested until after they fall sick.

Except for patient 1 who was seeing Amai Chihuri for the first time all of the patients I interviewed said they felt their health had improved. Weight gain seemed to be an important indicator of improved health. Weight gain and increased appetite are important for people who are wasting away due to AIDS. When a person has a healthy appetite s/he is able to eat nourishing foods. In addition to the physical benefits of being at a normal weight, a healthy appearance (as opposed to a thin sickly one) can make a person feel psychologically healthier. Patients also talked about regaining their strength. When a person gets her/his strength back s/he is better able to carry out a productive normal life, at least temporarily. Other symptoms that patients said were successfully treated by Amai Chihuri were headaches, rashes, and unusual growths.

Overall, the patients that I interviewed seemed satisfied with the treatments they had received from Amai Chihuri thus far. I did not ask the patients their names and Amai Chihuri was not in the room during the interviews. Therefore, patients had little reason not to tell the truth, although it is always possible that they were telling me what they thought I wanted to hear. Unfortunately, the patients I talked to had only been seeing Amai Chihuri for a relatively short time. I do not know if the improvements in their health are temporary or will continue long after the treatment regimen is finished. My interviews with these patients raise several questions. Are these patients' experiences representative of all those who consult healers? Are the perceived improvements in health due to psychological or physical reasons or to both? Are there

patients who are unsatisfied with treatment from healers? Will the improvements in health be long lasting and sustainable? The only way to find out if healers can maintain their patients' health for a significant period of time is to conduct a longitudinal study in which patients are monitored over a period of years. The only way to conduct such a study is to have healers and doctors working closely together. The final chapter will compare and contrast the opinions of doctors and healers on this issue. It will also briefly touch on other ways healers can be incorporated into Zimbabwe's national AIDS program.

Traditional healers have a different understanding of the syndrome because they do not have training in anatomy, physiology or pathology. They regard healers only as the symptoms of a disease. Some of the more informed healers know the disease is caused by a virus that affects the immune system but they still do not have enough information to develop an anti-viral drug. The treatments of healers deal with the symptoms of opportunistic infections. Healers also offer a great deal of social and psychological support that speaks to the psychological component of the disease. There is controversy surrounding the herbal medicines that healers use because it is not known if any contain any sort of antiviral or immunomodulatory properties. However, many patients of healers claim that their

VI. Traditional and Western Medicine

In Zimbabwe, both Western and traditional medical practitioners have developed treatment regimens for HIV/AIDS. Neither medical system has found a cure that will kill the virus or repair damage done to the immune system. However, they have both used the resources and knowledge available to them to try to prolong the lives of HIV infected people. Western doctors' knowledge of AIDS is a biomedical one. Everyday researchers are learning more about HIV and how it infects and destroys immune system cells. Western doctors also know a lot about the viruses and bacterium that cause opportunistic infections. The treatments for HIV/AIDS that Western medicine have come up with treatments that slow the virus's rate of replication, and fight off opportunistic infections.

Traditional healers have a different understanding of the syndrome because they do not have training in anatomy, physiology or pathology. Traditional healers only see the symptoms of AIDS. Some of the more informed healers know the disease is caused by a virus that affects the immune system but they still do not have enough information to develop an anti-viral drug. The treatments of healers deal with the symptoms of opportunistic infections. Healers also offer a great deal of social and psychological support that speaks to the psychological component of the disease. There is controversy surrounding the herbal treatments that healers use because it is too soon to say whether or not they really have immunostimulating, antiviral, or antibacterial properties. However, many patients of healers claim that their

health is improving, and this fact cannot be ignored.

In addition to providing a possible treatment regimen there are other ways that healers can be incorporated into Zimbabwe's national AIDS program. Just as Western AIDS treatment was developed and tailored to Western culture so were Western AIDS education and prevention strategies. Many of these strategies do not translate exactly to Zimbabwean culture. If healers are trained in AIDS education and prevention techniques then they can present them in way that is acceptable to the Zimbabwean population. A workshop that was dedicated too this purpose was held at the end of August of this year. At this workshop cultural and social practices that contribute to the spread of AIDS were identified. Then the healers themselves were asked to come up with ideas that will help end these practices.

One example of a cultural practice that can contribute to the spread of HIV/AIDS is inheritance of the widow. If the husband's death was due to AIDS and his widow is infected as well then the traditional practice of the late husbands brother inheriting the widow will put the brother at risk of being infected. The healers attending the workshop came up with some possible alternatives to this practice: 1. the widow can be inherited by her eldest son, 2. the widow can appoint her husbands sister to inherit her, or 3. the widow could just refuse to be inherited. A n'anga could then be called in to negotiate with and/or appease the late husband's spirit.⁵²

Perhaps it is more appropriate to say that traditional healers in Zimbabwe can contribute greatly in HIV/AIDS management rather than treatment. My definition of the term "HIV/AIDS

management" includes not only "managing" the symptoms of AIDS but reassuring the patient psychologically, and preventing the further spread of HIV as well. At present there is no cure for AIDS. The next best thing is AIDS management. HIV/AIDS patients who chose to consult healers do so because they feel their treatments have improved their health. And the healers do make these people feel better, at least temporarily. If one finds out s/he is HIV positive early and takes steps to maintain her/his health (such as eating right, exercising, avoiding STDs and further HIV infection and getting early treatment for any health problem) such a person could theoretically live a healthy, productive life for many years. If in addition to taking these steps the person also saw a traditional healer s/he would receive much needed social and psychological support, and possibly herbs that strengthen the immune system and/or treat opportunistic infections. If an HIV infected person is able to live a healthy productive life, with the help of a healer, for 10, 15, or 20 years, and if the spread of AIDS is curbed with the help of healers what more can we ask for until a cure is found?

To effectively manage HIV/AIDS in Zimbabwe doctors and healers need to work together. Healers must make sure they are well informed about HIV/AIDS and doctors need to investigate healers' claims. Also doctors need to know if their patients are seeing a healer. If healers and doctors worked closely together then patients would not be afraid to admit to seeing a healer. With increasing Western influence Zimbabwe is becoming a multicultural society. Thus the country needs a multi cultural medical system.

Conclusions

Before evaluating traditional healers who claim to have cures and treatments for HIV/AIDS one needs to make a distinction between healers with legitimate claims and charlatans. For the purposes of this study it was assumed that charlatans usually charged a lot of money for their "treatments" and made bold, public claims that they have a cure. Legitimate healers were assumed to be those who are registered with ZINATHA (especially those involved in the clinical trials) and who claim they have a treatment rather than a cure. Many assumed legitimate healers will also treat poor patients free of charge.

Provided that there really are legitimate traditional healers that claim to have cures and treatments for HIV/AIDS the next step is to figure out how these treatments work. Healers' treatments may be all psychological and due to a placebo effect. They may also have immunostimulating properties and/or antiviral and antibacterial properties to fight off opportunistic infections. It is too soon to determine which way the treatments work as this is a new area and very little research has been done.

The healers interviewed for this study all claimed that they learned of herbs to treat HIV/AIDS with through dreams. They claim high success rates and believe strongly in what they are doing. The patients of healers that I interviewed were using traditional medicine for different reasons but all felt that their health had improved. Critics of traditional healers who claim to have cures and treatments for HIV/AIDS feel that such healers are unethical and that the clinical trials are

unscientific. Some Western trained doctors are involved with the clinical trials and believe that healers may be on to something. Healers need to be incorporated into AIDS management in Zimbabwe. Even if the clinical trials come up with nothing healers will still be very valuable in HIV/AIDS education and prevention programs.

Traditional healers are offering something to HIV infected people in Zimbabwe. It may only be psychological support, it may be temporary relief from symptoms, or it may be a long-term treatment regimen. People recognize that healers are offering something and many prefer it to what Western medicine has to offer. These people have the right to chose the medical system under which they want to be treated. For these reasons healers who claim they have cures and treatments for HIV/AIDS cannot be ignored. Only through working together and learning from one another traditional healers and Western-trained doctors will develop and AIDS treatment regimen that is acceptable to both medical systems.

1. Ndimande, "Report of the ZINATHA HIV/AIDS and STD Training Workshop," 1993. unpublished, p. 2.
2. The Herald, "Aids Cure Claims to be Tested," August 28, 1993.
3. The Daily Gazette, "Claims of AIDS Cure Exploitative: Stamps," September 8, 1993.
4. The Herald, "AIDS cure claims by Healers a Way of Generating Income," September 19, 1993.
5. Sunday Mail, "Stamps May Invoke Health Act to Curb AIDS Cure Claims," October 24, 1993.
6. Ndimande, p. 3.
7. "ZINATHA, the First Ten Years 1980-1990."
8. Peter Sibanda, interview with author, ZINATHA offices, Harare, September 22, 1993.

9. Gelfand, Marvi, Drummond, and Ndmera, The Traditional Medical Practitioner in Zimbabwe, Mambo Press, Gweru, 1985, p. 31.
10. Ibid, p. 31.
11. Ibid, p. 7.
12. Sibanda interview, 1993.
13. Gelfand et al., p. 3.
14. Sibanda interview, 1993.
15. Ibid.
16. Gelfand et al., p. 10.
17. Gelfand et al., p. 19.
18. "Tete" Annie, observations by author, Chikwaka, October 13, 1993.
19. Gelfand et al., p. 20.
20. Ndimande, p. 5.
21. Gelfand et al., p. 37.
22. Ndimande, p. 4.
23. Ibid.
24. Panos Dossier, AIDS and the Third World, Panos Publications Ltd., London, 1988, p. 1.
25. Helen Jackson, AIDS: Action Now, AIDS Counselling Trust, Harare, 1992, p. 33.
26. Panos Dossier, p. 3.
27. Jackson, p. 34.
28. Panos Dossier, p. 3.
29. Jackson, p. 34.
30. Panos Dossier, p. 4.
31. Jackson, p. 37.
32. Ibid., p. 114.
33. Panos Dossier, p. 8.
34. Jackson, p. 117.

35. Ibid., p. 115.
36. Panos Dossier, p. 5.
37. Jackson, p. 32.
38. Panos Dossier, p. 5.
39. Ibid., p.7.
40. Ibid., p. 20.
41. Jackson, p. 46.
42. Panos Dossier, p. 21.
43. Panos Dossier, p. 21.
44. Jackson, p. 49.
45. ACT, "Living Positively With HIV," pamphlet.
46. Grace Chihuri, interview with author, Harare, October 17, 1993.
47. Senia Shito, interview with author as interpreted by Peter Sibanda, Mufakose, Harare, November 17, 1993.
48. Peter Chirongwe, interview with author, Glenview, Harare, November 18, 1993.
49. Dr. Matenga, interview with author, Harare, November 19, 1993.
50. Prof. Norman Nyazema, interview with author, UZ School of Medicine, Harare, November 22, 1993.
51. 5 HIV/AIDS patients of a traditional healer, interviews with author, Harare, September 22, 1993, and November 25, 1993.
52. Ndimande, p. 6.

Bibliography

- AIDS Counselling Trust, "Living Positively With HIV," ACT, Harare, 1991.
- Chihuri, Grace, interview by author, 17 October 1993, No.1 Grossviner Place, Harare.
- Chirongwe, Peter, interview by author, 18 November 1993, 99 Crescent Glenview 8, Harare.
- Daily Gazette, "Claims of AIDS cure Exploitative: Stamps," 8 September 1993.
- Five AIDS patients, interviews by author, 22 September 1993, and 25 November 1993, No. 1 Grossviner place, Harare.
- Gelfand, Marvi, Drummond, and Ndmera, The Traditional Medical Practitioner in Zimbabwe, Mambo Press, Gweru, 1985.
- Herald, "AIDS Cure Claims To Be Tested," 28 August, 1993.
- Herald, "AIDS Cure Claims By Healers a Way of Generating Income," 19 September 1993.
- Jackson, Helen, AIDS: Action Now, ACT, Harare, 1992.
- Matenga, Dr., interview by author, 19 November 1993, 83 Tongagara Ave., Harare.
- Ndimande, E., "Report of ZINATHA HIV/AIDS and STD Training Workshop," Harare, 1993, unpublished.
- Nyazema, Prof. Norman, interview by author, 22 November 1993, UZ school of medicine, Harare.
- Panos Dossier, AIDS and the Third World, Panos Publications Ltd., London, 1988.
- Shito, Senia, interview by author, 16 November 1993, 3 Zangoraro Rd. Mufakose, Harare.
- Sibanda, Peter, interview with author, 22 September 1993, ZINATHA offices, Harare.
- Sunday Mail, "Stamps May Invoke Health Act to Curb AIDS Cure Claims, 24 October, 1993.
- "Tete Annie," visit by author to a rural n'anga, Kushinga Women's Club, Chikwaka, 13 October, 1993.