

ACTA SCIENTIFIC MEDICAL SCIENCES (ISSN: 2582-0931)

Volume 8 Issue 8 August 2024

Research Article

The Traditional Health Practitioners' Comprehensive Health Assessment of the Adult Clients

Thuledi Makua*

University of South Africa, South Africa

*Corresponding Author: Thuledi Makua, University of South Africa, South Africa.

DOI: 10.31080/ASMS.2024.08.1871

Received: May 21, 2024 Published: July 02, 2024

© All rights are reserved by Thuledi Makua.

Abstract

The purpose of this paper was to gather the knowledge and the skills the traditional health practitioners (THPs) use to assess the adult client. The Naturalistic Overt Nonparticipant Observation (NONO) was used to collect the data from the THP. The data collection was from 2021 to 2023 in Sekhukhune District.

I used the purposive and snowballing techniques to select the THPs. I consulted twenty-eight THPs as a client who seek help. Narrative analysis was used focusing on the skills the THPs used, the way the conclusions were constructed, and the contexts in which they were shared with me.

No two THPs were similar and sequential in the use of various approaches of conducting history taking, assessment and feedback to the client, but the content was the same.

Keywords: Traditional Health Practitioners (THP); South Africa

Introduction

The traditional health practitioners (THP) in South Africa, are the people with the knowledge and powers to use plants, spiritual therapies, manual techniques, animal tissues, water, and prayers to foresee problems, treat diseases or promote health in an individual. The traditional health practitioner (THP) is a person who has ancestral powers or has undergone ancestral training to practice as a traditional healer [1,2]. They either practice as diviners or spiritual healers. The diviners have ancestral powers to use divination to understand the present and foresee the future. The spiritual healers, sometimes called faith healers do not use medicines, though not all, but use the healing energy from within the person or non-worldly entities. Some spiritual healers use the healing energy from within the person or non-worldly entities to identify and foresee the future and use traditional medicine to solve the identified problem. The traditional healer's practice as

apothecaries as they source the raw plants, herbs, animal remains and other materials as guided by ancestors to produce, safely keep and dispense the traditional medicine to clients [3].

Traditional health practitioners (THP) create a healing environment at all levels: physical and non-physical [4]. Preparing the therapeutic milieu allows the client to feel welcomed. Greeting and welcoming the clients by addressing them by surnames or first names, depending on the client's preference. Establishing the therapeutic relationship is part of their first common approach to the client [5]. This rapport helps not only the client to relax but also the THP to establish trust in the client for repeat visits (http://hdl. handle.net/10625/42118; https://www.wahooas.org/web-ooas/sites/default/files/publications/2192/training-manual-tmpsok.pdf).

As an herbalist, the key principle of THP symptom evaluation is to observe the client's exterior to gain a picture of their internal

health [6]. This is because the client's exterior reflects her interior. As health practitioners, they can foretell the client about the future [7].

Method

The researcher consulted the THP as a client not as a researcher as the result, during this study no THP was interviewed or given a questionnaire to respond. Naturalistic Overt Nonparticipant Observation (NONO) was used to collect the data from the 28 traditional health practitioners (diviners and herbalists). Data collection was in the form of the researcher (client) observing how the THP talks, touches and looks at him. The only questions that the researcher (client) asked were related to his problems as a client or patient. The data was collected from the Sekhukhune District in Limpopo province, South Africa, from August 2021 to February 2023. A snowball technique was used as some THPs will refer me to others for further consultation.

Observation by the THP

Bannerman (1983) stated that the THPs serve as Primary healthcare practitioners and have the skills to assess their clients before they start talking to them.

On entrance, the THP observed me (client) (Visual diagnosis) for the following:

- How I was walking: Limping, normal, struggling, using aids,
- Body appearance: Shape obese, short, tall, emaciated,
- Facial appearance: Smiling, angry, flat mood, startled, flare nostrils, facial scars, sweating,
- Clothing: Dirty, bright colours, dark colours, torn, clean,
- Personal hygiene: Clean, dirty, exaggerated grooming, inappropriate gender clothing, un-kept hairs, body smells (smelling diagnosis),
- Breathing pattern: Any abnormal breathing sounds when the client walks e.g. flaring nostrils,
- Dental malocclusion.

The THP asked me (history taking) (interview diagnosis) to explain any abnormality he/she observed above. https://www.wahooas.org/web-ooas/sites/default/files/publications/2192/training-manual-tmpsok.pdf

This was concurred by [8] on asking relevant questions the THPs can discover even the chronic conditions though they may use different descriptions.

History taking by the THP

After observing and offering me (client) a seat, the THP asked me to relate my story (Listening diagnosis):

- Any problem that brought me to him/her that day
- Any other medical condition present or in the past
- · Any medication taken or defaulted
- · Any reviews pending: when and where
- Any chronic condition: diabetes mellitus; hypertension; mental health; epilepsy; heart diseases
- The allergies and reactions to the drugs or any type of food
- Any sexually transmitted infections present or treated
- Any operation underwent
- Reasons for the operation
- Any reviews pending

(http://hdl.handle.net/10625/42118)

In the process of listening diagnosis, THP was responding (Interview diagnosis) to my narrative by: validating; clarifying; reflecting; restating; exploring her talk, using ARUVA technique:

- Ask: open-ended question as they encourage me to relate my story
- Repeat: confirm by repeating what I said
- Use: communication skills to encourage the me to relate
- Validate: to get clarity in what I said
- Avoid: using the herbalism terms as I was not conversant with them

(https://www.wahooas.org/web-ooas/sites/default/files/publications/2192/training-manual-tmpsok.pdf)

Divination (Ditaola)

Masoga [9] indicated that divination is central to African life. In addition to his observation and history taking, he would then turn to his divination bag and consult his/her ancestors through the

divination bones. This use of divination was confirmed by [10] by saying that The THP uses the divination bones mostly to uncover the real problem the client presents with. The method differs from one THP to another [11]. I discovered these differences as some will let me breathe into the divination bag while others do not. After breathing into the bag, he will pour the contents out by holding the bag upside-down and the contents will scatter around. He would start praising them and repositioning them nearer as others rolled further [12]. This assisted the THP in discovering and interpreting the past or present hidden problems that I might not be aware of, foretelling the future that I would appreciate knowing. In the process, I was learning the names of these bones as tools of assessment. I learned that the divination bones are divided into two groups and the THP would interpret them in groups. The first group is made up of four principal bones called (ditlou in Sepedi) which represent the family. The names of these four principal bones (Ditlou) are Legwame/Moremogolo (old man or father) the head of the family, Thwagadima/Mmakgadi (old lady or mother) the wife to Legwame/Moremogolo, Selumi (boy) and Lengwana (girl) the sister to Silumi. As I asked questions I learned that these principal bones can adopt sixteen different combination positions when thrown. These sixteen combination positions are being interpreted together with supplementary bones for the THP to diagnose the client.

The second group is made up of forty-two supplementary bones selected in pairs of different male and female animals. The different animals would represent the different totems of the different people and male and female represent the man/boy or woman/girl [7]. The female bones are differentiated from the male bones by a copper wire bound around them. The bones representing children are from the hind legs of the small animals. Amongst these forty-two supplementary bones, there are those made of wood and seashells. These supplementary bones differ also in their significance such as baboon bones, elephant bones, hyenas etc.

The interpretation of supplementary bones is made in combination with the positions of the four principal bones.

Divination would help in telling the causes of the problems that I would be experiencing. This gives the THP a guide on what to prescribe dependent on the problems found in the interpretation of the bones. Masoga [9] continued to say that modern Africans

do not exclude participation in divination as part of their health assessment practices.

Results

At the end of observation, history taking and divination, the THP will make a diagnosis based on the following:

- The combination position of the principal bones leads the way by indicating the problem in the past, present or future.
- The significance and position of the supplementary bones about the principal bones' position will explain the predictions revealed by the combination position of the principal bones.
- The fall and interpretation of the principal and supplementary bones will either confirm or deny the conclusions reached by observations or history taking.
- These interpretations do not only tell the client about the
 past, current and future that the client wants to know about
 or was not aware of but also tell the treatment to be selected.
 The THP uses various traditional medicines to treat the
 problem identified [5,13].

Discussion

Traditional health practitioners (THPs) serve many roles which include but are not limited to custodians of the traditional African religion and customs, educators of culture, counselors, social workers and psychologists. However, whichever type of healer I identified, most THPs used similar, generic methods and practices to focus on the physical, spiritual, cultural, psychological, emotional and social elements of illness. They use a comprehensive approach to assess the client by applying techniques such as observations, history-taking and divination. I discovered that they use these techniques inconsequently during the consultation.

I was managed symptomatically, that is, I was given the herbs according to the problem presented. Mustapha [14] postulated that the indigenous THPs harbor important information and knowledge on how to use the plants to treat various ailments. The TH would health educate me on:

- Problems identified with medication (if any)
- Concerns that I raises.

- Any new information that I do not know about
- Any problems that interfere with my health
- The use of herbal medicine (if any prescribed)
- Preparation of the herbal medicine
- Identification and suspected side effects
- Use of herbal together with other medicines

Follow-up

The THP would give me an appointment date convenient to me.

During a follow up session, the THP will be:

- Monitoring health especially the problems reported previously
- Checking knowledge on the health education given during last visit
- Checking adherence to herbal use given
- Checking any untoward effects experienced, if any
- Checking level of satisfaction on the herbs used

Patents

None.

Funding

None.

Conflicts of Interest

I declare that there is no conflict of interest.

Contributions

This paper contributes to the empowerment of communities by highlighting the skills that Traditional Health Practitioners have when consulting with their clients.

Acknowledgments

My sincere gratitude goes to all the following Traditional Health Practitioners:

 First and foremost, I would like to thank my mentor in traditional medicine, Mr Komane (GaMogašwa), for his guidance in the questions I asked during my consultations and training.

- I express my gratitude to Ms Dlamini, Pricilla (Mdzimba, eSwatini), for her unravelling of the ancestral issues.
- I would like to thank the late Mrs Pete (Mahwelereng, Mokopane), for spiritual consultation.
- My gratitude goes also to Mr Moretsele (GaMoretsele, Jane Furse), for proper referrals to other relevant THPs.
- I thank Mr Mehlape (GaMoretsele, Jane Furse), for his courageous approach to the problems.
- I thank Mr Makua, Silas (Tafelkop), for his sharing of knowledge during the consultation.
- My gratitude to Mr Makua, Rasiti (Moteti, Dennilton), for his willingness to share even outside the consultation periods.
- I thank Mr Mohlala (Marulaneng, Jane Furse), for his courageous approach to the problems.
- I thank Mr Mohlala (Jane Furse), for his courageous approach to the problems and teaching during the consultation about the ways of ancestors.
- I want to extend my gratitude to all other THPs who generously shared their extended time, experiences, and insights with me, but in line with their ancestral guidance, requested not to be acknowledged.

Institutional Review Board Statement

My study did not require ethical board approval, it is my personal consultations as a patient, and I did not conduct human or animal trials. Ethical review and approval were waived for this study, due to the reason that it involved my personal consultations with traditional healers as their patient/client.

Informed Consent Statement

Patient consent was waived due to the reason that I voluntarily went to the traditional healers as their patient myself and I noted their assessment on me.

Bibliography

1. Homsy J., *et al.* "Traditional health practitioners are key to scaling up comprehensive care for HIV/AIDS in sub-Saharan Africa". *AIDS* 18.12 (2004): 1723-1725.

- 2. Péan R. "Talks with my ancestors". Genealogy 5.1 (2021): 14.
- 3. Lulekal E., *et al.* "Ethnomedicinal study of plants used for human ailments in Ankober District, North Shewa Zone, Amhara region, Ethiopia". *Journal of ethnobiology and ethnomedicine* 9 (2013): 1-13.
- 4. Organization WH. "Guidelines for training traditional health practitioners in primary health care". World Health Organization (1995).
- Organization WH. "Strengthening ministries of health for primary health care: report of a WHO Expert Committee". [meeting held in Geneva from 10 to 16 November 1987]: World Health Organization (1988).
- Kipkore W., et al. "A study of the medicinal plants used by the Marakwet Community in Kenya". Journal of Ethnobiology and Ethnomedicine 10 (2014): 1-22.
- 7. Peek PM. African divination systems: Ways of knowing: Georgetown University Press (1991).
- 8. Goma F., et al. "Indigenous knowledge systems for the treatment of hypertension in Lusaka, Zambia: perceptions, knowledge and practice". *Medical Journal of Zambia* 43.3 (2016): 156-166.
- Masoga MA. "Becoming Ngaka: coming to terms with oral narrative discourses". Orality, literacy, and colonialism in southern Africa (2003): 217-25.
- 10. Peek PM. "The silent voices of African divination". *Harvard Divinity Bulletin* 41.3/4 (2013).
- Bannerman RH. "The role of traditional medicine in primary health care". Traditional Medicine and Health Care Coverage (1983): 318-327.
- Devisch R. "Ambivalence and the Work of the Negative among the Yaka". Evil in Africa: Encounters with the Everyday (2015): 105-127.
- 13. Prashar L., *et al.* "Indigenous Knowledge Systems for the Treatment of Hypertension in Lusaka, Zambia: Perceptions, Knowledge and Practice". (2016).
- 14. Mustapha AA. "Ethnobotanical field survey of medicinal plants used by traditional medicine practitioners to manage HIV/AIDS opportunistic infections and their prophylaxis in Keffi Metropolis, Nigeria". Asian Journal of Plant Science and Research 4.1 (2014): 7-14.