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Indigenous Healing Practices in Malawi

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One of the most important areas of African culture in which the significant presence of traditional beliefs can be seen is through sickness and healing. In many traditional cultures, illness is thought to be caused by psychological conflicts or disturbed social relations that create a disequilibrium expressed in the form of physical or mental problems. In Malawi, traditional healing has been practised for centuries even before colonialisation. It is said that about 80 per cent of the population utilise traditional healers and medicine for their health needs. This paper sets out several of the issues and controversies that surround traditional healing and medicine in Malawi. An overview of the traditional Malawian theory of illness, the diversity of healing practices for somatic and psychosocial disorders, the socio-cultural context of healing and cultural interpretations of disease and intervention are provided. The problem of efficacy and scientific validation of traditional medicine is discussed.

Keywords: Indigenous, healing practices, Malawi.

Introduction

One of the most important areas of African culture in which the significant presence of traditional beliefs can be seen is through sickness and healing. In many traditional cultures, illness is thought to be caused by psychological conflicts or disturbed social relations that create a disequilibrium expressed in the form of physical or mental problems (Kleinman, Eisenberg, & Good, 1978; Frank, 1973). The disequilibrium may be caused by psychological or spiritual factors, or both, that relate to African cosmology and threaten the intactness of a person (Hewson, 1998). Primarily, traditional healing uses traditional medicine in a holistic approach. It seems traditional healers tend to take into account the physical, mental, psychological, social and spiritual aspects of an individual and factors contributing to illness (Hewson, 1998; Frank, 1973; Peltzer, 1987). This is often perceived as invaluable for healing or health.

In Malawi, traditional healing has been practiced for centuries even before colonialisation took hold in Africa. It is difficult to estimate how many Malawians make use of traditional healers and how many traditional healers practice their trade. About 80 per cent (Ministry of Health, 2005) of the national population of 12 million people utilize traditional healers and medicine for their health needs. Many people, especially in rural areas, resort to traditional medicine when they are sick (Ligomeka, 2001; Peltzer, 1987) and it still remains the only source of care for many people in rural areas of the country. The reliance on traditional medicine is partly owing to the high cost of conventional medicine and the inaccessibility of modern health care facilities. Indigenous health practices have often been conceptualized as meeting some people's needs, which the dominant western medical system does not address. The elders and traditional healers play an important role in their communities especially in regard to common ailments and mental disorders, and for several of these communities the healers constitute the core of primary health care workers (Bannerman, 1982; Courtright et al., 2000). The popularity of traditional medicine in the treatment of various disease conditions has been widely documented (Brower et al., 1998; Courtright et al., 2000; Kornfield & Namate, 1997; Probst, 1999; Watts, 1989; Zachariah, 2004). For example, in a study by Banerjee (2000), 276 traditional healers saw approximately 4600 patients a week, managing a variety of diseases, mainly of a chronic nature. In Malawi, the use of medicinal plants accounts for over 70% of basic health care treatment (as cited in Butao, 2006).

Many individuals in Malawi think differently from medical practitioners about the causality and cure of disease and as a consequence use alternative health care providers including traditional healers, traditional birth attendants and faith healers. The latter may focus on the use of prayer and holy water but also certain indigenous healing practices.

The role of faith healing in different Southern African cultures has been pointed out by various authors (e.g., Peltzer 1987, 1988). Two of the major independent movements practising faith healing in Malawi are the Zionists and Apostolics. Historically, the impetus came from the Christian Catholic Church in Zion in Illinois in 1896 and the Apostolic Faith Mission. Both movements strongly supported and practised faith healing, and both played a

major role in the rise and growth of the African independent churches.

In Malawi, there is a dualistic system of medical care consisting of modern Western medicine and the older and more widespread, indigenous system of health care. These two systems are not mutually exclusive but interact with each other on various levels. People choose which system to utilise according to the types of symptoms they manifest, the aetiology of their illness, its nosology, and the reputation and effectiveness of each health care system in relation to specific diseases. Studies have shown that a patient may even shift back and forth between the two systems during the course of a single episode of illness, depending on the progression of the illness and the efficacy of the medical procedures applied to it (Friedson, 1996; Peltzer & Simwaka, 1997).

This paper sets out several of the issues and controversies that surround traditional healing and medicine in Malawi. Firstly, an overview of the traditional Malawian theory of illness, the diversity of healing practices for somatic and psychosocial disorders, the socio-cultural context of healing and cultural interpretations of disease and intervention is discussed. Secondly, the problem of efficacy and scientific validation of traditional medicine is explored. Finally, the integration of traditional and modern medicine is examined.

Traditional Malawian Theory of Illness

The world-view of most Malawians in relation to illness and sickness can be attributed to three major influences on the human condition, namely: a supreme being (God), the ancestors (spirits of the dead), and witches. Any of these etiologic agents may cause identical symptoms in a person who is ill. Since the same set of symptoms may be caused by different sources, illness is not classified, nor is therapeutic intervention initiated, according to symptomatology, but rather according to which agent is responsible for the illness (Friedson, 1996). For example, it is believed that it is useless to treat symptoms with Western or herbal medicine if the illness is actually caused by witchcraft. Attacking the problem through the treamentt of symptoms would be of no benefit, because it is the witchcraft that must be neutralized (Friedson 1996). Ethnic groups are less inclined to bring to the hospital cases of insanity or conditions in which they suspect bewitchment, vengeance of the spirits or gods and breach of taboo. They believe that purification of the offender or the patient and sacrifices, on one hand, and herbal treatment on the other, are adequate. Modern medicine to them is incomplete because it does not involve placating the offended spirit (Bonsi, 1982).

If an illness fails to respond to treatment, whether it be home remedies, western drugs, or herbal medicine, most people usually suspect that either witchcraft or spirits are involved. Witches are by far the most common cause of illness according to most rural people. In fact some Malawians believe that deaths attributed to AIDS are actually caused by witches (Forster, 1998). Determining what type of witchcraft is involved and who is doing the bewitching is crucial for successful treatment. This is precisely where diviners play such an important role in the indigenous health care system, for they name not only the disease but also the witch. This is precisely why music is crucial to clinical efficacy, for it is music's ability to heat the spirits that fuels the divination trance (Friedson, 1996).

Generally, the spirits of deceased ancestors are frequently held responsible for sending illness because the people living have erred in some way. This can be by not observing taboos such as neglecting "customs of the home" and important rituals marking life cycle points, or disrespecting seniors etc. The spirits of deceased ancestors are concerned with the lives of the living, and either protect or discipline them. However they usually bestow blessings on the living and withdraw them only in exceptional cases. The ancestors are seen to do God's work because the ancestors and God work together. During rituals God is invoked to make all healing possible, but God is believed to work through his "angels" (the ancestors) in helping people.

The Diversity of Healing Practices

Techniques of healing vary according to the style and practice of the healer, and often follow the associated model of affliction. As Kirmayer (2004) points out, all systems of healing share some theory of affliction, defined roles for patients and for healers, a circumscribed place and time for healing rituals, specific symbolic actions with healing efficacy and consequent expectations for recovery. Where illness is understood as the result of mechanical or physical injury, healing may include application of herbal and other remedies of animal and mineral origin. Where illness is attributed to spirit attack or possession, rituals involving dancing, incantations and prayer, induction of trances and exorcism are performed. Where spirits or ancestors are offended, they must be propitiated through sacrifices and offerings (Kirmayer, 2004; Razali, 1995).

Faith healing in independent churches can be divided into three categories: healing during church services, healing by immersion, and healing through consultation with a prophet. In the Zionist and Apostolic-type churches, where healing is of such importance, it takes place in all three ways. The prophet is a healer (here called faith healer) who is found mainly in the Zionist and Apostolic churches, who has the ability to predict, heal, and divine, and who draws power to do this from God (Peltzer, 1987)

Both the Zionists and Apostolics combine elements of traditional and Christian religions. For instance, they both emphasize possession by the Holy Spirit. The prophets or prophetesses and other members of these churches are possessed not by ancestral spirits but by the Holy Spirit. The Holy Spirit represents the Christian element and spirit possession represent the element from traditional religion. In this regard these healing churches are similar to possession cults. The Holy Spirit is to some extent identified with the spirits of the dead, from whom it was once thought that people obtained health, luck and all the good things of life. Other traditional elements in the healing churches include music, songs, festivals, and attitudes to dreams.

Kirmayer (2004) explains that in many cases, the healing practice is conducted in a way that its performance already implies a kind of closure, completeness and success. The completion of a ceremony means that, symbolically at least, everything has been restored to its proper place. This is an end in itself, even if a person continues to feel ill, they may take comfort from the way in which shared values, moral rightness and aesthetic balance have been enacted, affirmed and restored. He further points out that the performance itself has causal efficacy, since it changes a social state of affairs. Hence, an aesthetically satisfactory performance provides its own warrant of effectiveness that may triumph even when the individual's suffering persists.

The Socio-Cultural Context of Healing

Health and illness behaviour and health and medical care systems are not isolated but are integrated into a complex net-

work of beliefs and values that are a part of the culture of a society. A study of health practices of any people, therefore, becomes the complexity of their belief systems (Bonsi, 1982). Most traditional medical practitioners share the basic cultural values, and world view, of the communities in which they live, including beliefs about the origin, significance and treatment of ill-health (Helman, 2000; Kubukeli, 2000). Their approach deals with *all* aspects of the patient's life, including their relationship with other people, with the natural environment, and the supernatural forces, as well as any physical or emotional symptoms in order to establish a total context of illness. In many non-Western societies, all these aspects of life are part of the definition of 'health', which is seen as a balance between people and their social, natural and supernatural environments. A disturbance of any of these (such as immoral behaviour, conflicts within the family, violation of a taboo, or failure to observe religious practices) may result in physical symptoms, or emotional distress, and require the services of a traditional healer. It is generally accepted that the African traditional healer understands the patient's beliefs about their illness, and that concepts of health within the African culture are more social than they are biological. Traditional healing is largely based on this premise.

These traditional healers probe deeply into the patient's social and psychological well-being in addition to the history of the present illness. They already know or are prepared to learn about the context of the patient's life, such as his or her social and economic status, attitudes, beliefs, hopes, and fears. They establish the extent of the patient's emotional and psychological turmoil and the extent of his or her disconnection from family or other groups.

The aim of entering into the social world of the patient is to establish the social context of illness and then alter this context if the patient is to get well. Thus, the practitioner who diagnoses the intervention of a spirit as the cause of illness also diagnoses what moved the spirit into action. He usually discovers that human hatreds, jealousies and misdeeds have brought these spiritual beings into action. It is usual to discover that violation of kinship precepts has brought penalties to the victim (Bonsi, 1982; Razali, 1995). It is important to note that traditional healers use their intuition during the diagnostic process. Healers "make contact with the ancestors" through dreams and the use of psychotropic herbal agents (Mbiti,1969, p.57). According to Hewson (1998, p.1031), this spirituality is a way in which healers access "deep knowledge" that transcends the presented facts. Contemporary western spirituality is manifested in personal reflectiveness, philosophy, and religion, which can serve as conduits for accessing deep knowledge. The traditional medical practitioner, therefore, often diagnoses and recognises that a symptom is only a manifestation of something more fundamental.

Kirmayer (2004) adds that the understanding of illness and healing within biomedicine tends to be narrowly conceived in terms of physiological processes and does not always attend to powerful psychological, social, moral, and political dimensions of medical intervention. These wider dimensions have demonstrable physiological effects as well as involving psychological and social processes, which are important in their own right for individual well-being and recovery from illness. Hence, there is a growing use, especially in the rural areas, of indigenous healing practices possibly, to reflect the decline of biomedical models and the growing significance of patients' own experiences and perceptions where patients are treated as 'a whole person'. The traditional health practitioners stress their "longer consultations and a holistic orientation that concerns itself with complete wellness, not just symptomatology" adds to their popularity (Scambler, 2006, p. 45). The healing produced through these practices " transcend physiological health and relate rather to a subjectively assessed sense of 'wellbeing' " (Sointu, 2006, p. 330). Hence, persons may consult traditional healers for the treatment of STIs because they provide client-centred and personalised healthcare that is tailored to meet the needs and expectations of their patients, paying special respect to social and spiritual matters (King & Homsy 1997 in Peltzer et al., 2006) .In another study (Ministry of Health, 2005), women with obstetric complications consulted Traditional Birth Attendants (TBAs) because, apart from their easy access within the community, the rural mothers gave some of the following reasons for not visiting a health facility: "health staff have bad attitude toward clients/patients: some nurses shout at patients", and "mothers tend to be neglected during labour and delivery and sometimes to the extent that they deliver on their own; sometimes fresh stillbirths occur" (p.28). In contrast, ethnomedical practitioners are skilled in interpersonal relations including counselling (Kubukeli, 2000) and treat the 'whole' person, by taking into account a person's mental and emotional wellbeing, hence some rural women consult them with their pregnancy complications, even when they have access to health services. Therefore, an increase in the number of indigenous health practitioners trained would improve the primary health services in the communities.

Often indigenous treatments may be popular and persist because they fit with important cultural values, even if they are, in fact, harmful or maladaptive in other aspects (Kirmayer 2004). For instance, Peltzer and Simwaka (1997) found that most of the mothers believed that *tsempho* (severe malnutrition) in their children was caused by the biological father's extra-marital affairs which violates sexual norms of the community. Treatment was sought from traditional healers, often to the preclusion of nutritional intervention, because the causes were believed to be non-nutritional and in line with the local belief system concerning sexuality.

Community Involvement

It is claimed that just as doctors have a professional referral system, so potential patients have lay referral systems: the whole system of seeking help involves a network of potential consultations from the intimate confines of the nuclear family through successively more select, distant and authoritative laymen until the "professional" is reached (Friedson 1970 in Scambler, p. 43, 2003). Friedson has himself produced a model in terms of: (1) the degree of congruence between the subculture of the potential patient and that of the doctors; and (2) the relative number of lay consultants interposed between the initial perception of symptoms and the decision whether or not to go to the doctor. Thus, for example, a situation in which a potential patient participates in a subculture that differs from that of the doctor and in which there is an extended referral system would lead to the 'lowest' rate of utilization of medical services. In line with this example, a Peltzer and Simwaka (1997) study reported that a high degree of interaction with interlocking kinship and traditional healers delayed most rural women with severely malnourished children from going to the hospital until their childrens' condition had become too severe to tolerate. One of the major factors that has significantly contributed to the delayed health-seeking behaviour is the community's cultural definition of disease.

Cultural Interpretation of Disease and Intervention

Traditional medicine is often sought when the perception and explanation of sickness is based on traditional understanding of symptoms. In Malawi, for example, HIV/AIDS has similar symptoms to two other syndromes, *tsempho (* concept used to depict an illness which occurs as a result of violating some traditional customs). It is characterized by thinning of hair, generalized body oedema and paleness of skin) and *kanyera* (an illness which affects a man who had sexual intercourse with a menstruating woman, or who had sexual intercourse with his wife after childbirth but before the sexual restriction period is over) whose possible causes are attributed to the violation of various social norms with regard to sexual relations. Kornfield and Namate (1997) revealed that the majority of the respondents reported that *tsempho* and *kanyera* can be cured by traditional medicine and 95.15% of the same respondents believed that traditional medicine cannot cure AIDS. However, if someone suffering from an AIDS related illness is culturally diagnosed as having any one of these other two syndromes, then there is a high possibility that they would be taken to a traditional healer instead of to the health centre to be treated for an AIDS related opportunistic disease. Similar cultural interpretation of symptoms have been made of a number of other disease conditions such as diarrhoeal diseases in under-five children in rural Malawi (Munthali, 2005), vaginal and vulva sores (Kornfield & Chilongozi, 1997), severe child malnutrition (Peltzer & Simwaka, 1997). Such cultural definitions of clinical terms used to understand and explain causes of diseases has led to a pilot study on HIV/AIDS by Gesellschaft fur Technische Zusammenarbeit (GTZ) in Kasungu district because they have implications for the way HIV/AIDS campaigns are formulated.

In the treatment of psychosocial disorders such as schizophrenia, enormous support of family, community members, and community-centred lifestyle appears to be an important part of successful indigenous therapies in Malawi (Peltzer & Machleidt, 1992).

It is advisable, therefore, that in rural communities particularly, the immediate family members, others close to the patient and traditional healers need to be educated about the need to refer in time, relevant cases of illness to biomedical practitioners for treatment. Peltzer et al. (2006) found that despite the collaborative training in HIV/STI/TB intervention with biomedical health workers and emphasizing the importance of referral, traditional healers remained reluctant to refer more patients to the biomedical health sector but preferred to consult another traditional healer on a patient's problem.

External Locus of Control as a Belief System in Healing

Most rural people who suffer from psychosocial disorders usually seek help first from traditional medicine and faith healing and only later at a modern health facility if the disorder persists. The healing method employed in treating psychosocial disorders has to be relevant to the type of disorder. In the treatment of functional psychotic disorders, for example, Watts (1989) revealed that most Malawians with epilepsy considered treatment of seizures to be the domain of traditional healers and attend hospital only when they require treatment for burns which they suffer during fits. Some of those who experience psychosocial disorders resulting from problems like unemployment, not finding a spouse, infertility, and so on have resorted to faith healing and prayer. The choice of such healing relates to the belief that there are situations when unexplained sufferings, are brought about by God, generally through agent-like spirits or magic workers, as punishment for ignoring certain customs or traditions.

Forster (1998), for instance, draws on fieldwork conducted in 1991 and 1995 in Zomba district to explore explanations of and responses to AIDS, which became the country's leading cause of adult death in 1992. Common Christianity-related themes include AIDS as divine punishment for sins (especially adultery), as collective or generational punishment, as an omen of Christ's second coming or the Last Days, and as fate. Christian responses to the disease include fatalism and prayer. It is concluded, therefore, that some Malawians associate AIDS with fate or divine intervention and thus tend not to focus on prevention through behavioural change.

Healing on biblical grounds and exorcism after the examples in the Bible is given prominence in the independent churches. The following common features and healing elements can be identified in Zionist and Apostolic churches: baptism; possession by the Holy Spirit; healing through prayer, holy water and laying on of hands; sabbatarianism; prohibitions against alcohol, cannabis, tobacco, traditional and modern medicine (Peltzer, 1987; Turner, 1979).

These healing churches can be seen not only as a counter-movement to the separation of healing from the Christian churches, but also as being opposed to the separation of the body-mind dimension in the biomedical health care system. This opposition is carried to the point of resistance to both Western biomedical and traditional herbal health care in favour of exclusively spiritual care. For instance, most faith healers in this sample treated sexually transmitted diseases spiritually only; however, some indicated that they would refer patients with 'high blood pressure' also for medical treatment.(Peltzer, 1999).

Associating disease and illness with fate or divine intervention is an example of an external locus of control where such individuals perceive ill-health in their lives as being unrelated to their own behaviour, and therefore beyond their personal control. In contrast, Lau (1988) explains that with an internal health locus of control belief system, individuals perceive ill-health in their lives as being a consequence of their own actions, and therefore controllable. In combination with a high value placed on health, this should predict preventive health behaviours. As such, media health campaigns could be more effective if they aimed their message specifically at the locus of control belief system of their audience.

The Problem of Efficacy: Socio-cultural Context

Critics of the traditional healing approach maintain that people may use and endorse specific forms of healing not because of any demonstrable efficacy but because the healing practice is a part of a larger system of values or a way of life they are invested in or simply take for granted. They believe the system works because it appears to work and has 'stood the test of time', and, in any event, it can not be challenged because it is central to an ethnocultural group's history and identity (Kirmayer, 2004). There are a variety of psychological processes that help to overcome counter-arguments to indigenous peoples' health seeking behaviour and maintain the illusory impressions of therapeutic success of traditional medicine. Beyerstein (1997) isolates cognitive dissonance as one such mechanism, which filters and distorts information that offends one's core beliefs and self-esteem. When it would be too disquieting to admit that time, effort, and money have been wasted on a useless remedy, there is pressure to distort one's perceptions and memory to find some benefit from the expenditure.

If most indigenous therapies violate well-established principles of science or biology and cannot pass controlled clinical trials, why do many practitioners and users believe that they work? One major reason is the ubiquitous placebo effect, because, neither the healer nor the client can know, without a control group for comparison, whether the recipient of traditional medicine would have recovered just as well without the treatment. Beyerstein (1997) argues that alternative healers benefit from the fact that many disorders, such as arthritis, digestive problems, and multiple sclerosis, have their "ups" and "downs." Understandably, sufferers tend to seek help at the troughs of these cycles, so a bogus treatment will have many opportunities to receive credit for an upturn that would have happened anyway. He therefore recommends that because these factors bias one's perception of treatment efficacy, double-blind, randomized, placebo-controlled trials are absolutely necessary to evaluate all the putative therapies. A controlled study of an HIV/AIDS/STI/TB intervention with traditional healer in KwaZulu-Natal, South Africa where trained healers in an intervention group unlike those in the control group, significantly improved their HIV and other STI management strategies (Peltzer et al., 2006) supports the importance of conducting such controlled studies to validate the effectiveness of traditional healers' practices.

There are many people who have psychological and social needs that foster the erroneous belief that they are sick and tend to express their psychological difficulties in a language of physical complaints. Indigenous practitioners often provide personal attention, existential support, and reassurance to these people with somatic illnesses. Psychosomatic complaints are best relieved by counter-suggestion and reassurance. For various reasons, however, clients in Malawian culture cannot accept mere counselling, for many still view expressing psychological difficulties as shameful, especially among men. The traditional healer will, therefore, supply the needed physical diagnosis that the scientific practitioner will not, suggesting dubious causes as being responsible for the malaise. Ironically, the healer will do this, maintaining all the while that all disease stems from psycho-spiritual causes.

From the perspective of biomedicine, authors have contrasted the physiological effects of physical healing and the psychological effects of rituals, ceremonies and other symbolic action (Kirmayer, 2004). Research on the many types of placebo effect makes it clear that symbolic stimuli and psychological attitudes and expectations can exert myriad effects on physiology, facilitating healing or aggravating disease as in the case of *vimbuza* (ancestral spirit possession), some psychosocial disorders, and faith healing.

The effectiveness of a healing practice is embedded in a larger cultural system that identifies different types of malady or affliction and prescribes appropriate interventions. For example, a healing intervention may be deemed successful if the afflicted person recovers (i.e., recovery may be judged in terms of improved function or reduced symptoms and suffering) in biomedical theory, yet in many traditional systems of medicine, afflictions are understood to involve a wider social network and healing practices address that larger system. Thus, Kirmayer (2004) concludes that success in resolving communal tensions-or even in reducing the threat that affliction presents to the social order, may be deemed real efficacy. The healer and system of medicine stand for central social values and every episode of affliction that falls outside expected or desired patterns constitutes a threat to the social order. This is consistent with Sointu's (2006) conclusion that 'the alignment of many alternative and complementary health practices with important societal ideas around selfhood challenges the perception of these practices as *culturally* marginal' (p. 338).

Scientific Validation of Traditional Medicine

Recently, serious claims have been made for the management and cures of certain diseases such as AIDS, blood pressure, diabetes and impotence by practitioners of traditional medicine (Mnama, 2006). For example, in the mid 1990s there were claims that the m*chape* concoction by a cult leader would cure AIDS (Probst, 1999; Schoffeleers, 1999) and at present *chambe* and *malawix* are on the market as AIDS cures. Although some believe in traditional healing to prevent or cure AIDS are evident, many healers, however, say they can do nothing about the disease (Forster, 1998; Ligomeka, 2001). Hence, Schoffeleers (1999) notes that the salvation denoted by the traditional medicine *mchape* appears to be an invitation and a help to change one's lifestyle more than a cure for AIDS. Because of such claims, Pharmacy, Medicines and Poisons Board (PMPB) has warned that about 12,000 traditional healers risk prosecution for violating laws governing the dispensation of drugs in Malawi by making claims of cure publicly, which have not been scientifically proven (Mnama, 2006).

Due to the widespread use of plants and their local availability, it is of great importance that they should be scientifically assessed because some of them may be toxic. For example, in contrast to the few reports of successful treatment of eye conditions by traditional healers, there is evidence that healers like to use substances that cause irritation and pain because they believe that only such medicines can be powerful. There are reports of patients who presented with corneal ulcerations, acid burns of the cornea, and poor vision after treatment by herbalists (Klaus & Adala, 1994; Lewallen & Courtright, 1995; Courtright, 1996) Nevertheless it should not be concluded that traditional medicine is always ineffective or damaging; there is no doubt that it has positive effects in psychosomatic and actual disease.

The therapeutic properties of several medicinal plants and popular traditional remedies are being investigated and validated. The Chemistry Department of Chancellor College, a constituent college of the University of Malawi, has in recent years been actively involved in screening medicinal plants for the presence of phytochemicals for their therapeutic properties in the treatment of diarrhoea in HIV positive people (personal communication with Professor Saka, 27th June, 2006). An ethnomedical study conducted on herbal medicines used to treat anaemia patients in Blantyre district has confirmed the association between the phytochemicals present in plants and their healing effect (Butao, 2006).

Integration of Traditional and Modern Medicine

With more than 70% of people, mostly rural, in Malawi relying on traditional medicine as a primary source of health care, some evidence shows that the government has been slow in incorporating traditional healers into mainstream healthcare delivery. Currently there is a debate which is gradually gaining in importance and scope as to whether traditional medicine should be recognized and practiced officially to complement the shortage of medical personnel. In recognition of this factor, the National AIDS Commission has in this year's budget prioritized support to research in the role of traditional medicine in the treatment of HIV/AIDS.

Several reasons have been advanced in support of integrating traditional healers into the modern health system. Reasons include the fact that, it is easier to train traditional healers than entire populations: the comparatively few healers can then contribute to the education of the many. For example, in the treatment of tuberculosis, Brouwer et al. (1998) recommended the involvement of traditional healers in the educational activities of the National TB Control Program in Malawi especially in addressing local beliefs concerning the disease. The healers need to be taught to recognize and refer patients with TB, whom they should not treat, but at the same time be encouraged to administer safe treatments for conditions which are more amenable to their practice. Several other studies on interactive training programs conducted and collaborative care programs with traditional healers have produced positive results in disease management and treatment like corneal disease, HIV/AIDS, TB (Courtright, 1996; Courtright et al., 2000; Peltzer et al., 2006; Watts, 1989). Peltzer and colleagues (2006) study revealed that traditional healers who were trained played an important role in HIV/AIDS assessment, risk reduction counselling, community education, and condom distribution. Appropriately trained traditional healers can therefore be a bridge between the community and the modern health care system. In fact, because the country cannot afford a curative health care system covering the entire population, traditional medicine can serve as a first-contact system.

Furthermore, traditional medicine is superior in the treatment of psychic and psychosomatic disease because of the knowledge that healers possess of the social and ethnic backgrounds of their patients. In addition, there is also the possibility of finding effective substances used in traditional medicine which are unknown to modern medicine, and traditional healers conserve a part of African culture (Bannerman, 1982; Klauss & Adala, 1994; Razali, 1995).

An important step in the call for the integration of traditional and conventional medicine was the GTZ study (2005) in Kasungu district that looked at the existence of traditional concepts that are used to understand and explain causes of diseases in general and STIs in particular. The main objective of the study was to facilitate dialogue between biomedical and traditional experts in order to explore possibilities of cooperation and enhance effectiveness of HIV/AIDS prevention strategy.

Integration will depend first on official recognition of traditional medicine as a form and type of medical system. It will be based on structured cooperation and formal referral in both directions. Studies have shown that fewer patients are referred to traditional healers from the biomedical health system (Peltzer et al., 2006) even where traditional medicine has an advantage such as in psychosomatic disease).

Conclusion

Traditional healers make a unique contribution that is complementary to other approaches. They also tend to be the entry point for care in many Malawian rural communities, and even more so for the complex HIV-related diseases that frequently jolt family dynamics and shake community stability. Traditional healers often have high credibility and deep respect among the population they serve. They are knowledgeable about local treatment options, as well as the physical, emotional and spiritual lives of the people, and are able to influence behaviours. Thus, is imperative and practical to consider traditional healers as partners in the expanded response to HIV/AIDS, and to maximize the potential contribution that can be made towards meeting the magnitude of needs for care, support and prevention (UNAIDS, 2002).

It seems desirable that indigenous healing practices should recognize their limitations in certain illnesses and disease conditions, and at the same time, the biomedical practitioners should learn as much as possible about the cultural and religious beliefs of patients and indigenous people. Disentangling the different levels of efficacy in healing practices will provide a knowledge base to inform public debate on the place of traditional healing practices in pluralistic health care systems. Recognizing the diversity of healing practices should encourage clinicians to inquire about patients' use of alternative sources of help, and this may inspire them to undertake collaborations with other healers or develop their own hybrid approaches to address the range of their patients' concerns(Kirmayer, 2004). Since there are areas where traditional medicine excels and other areas where Western medicine is successful, each system must be willing to recognize the possibilities and limitations of its own and other systems and act accordingly.

The important role traditional healers play in providing healthcare in Malawi, especially in rural areas, has already been emphasized. However, lack of standardization in traditional medicine requires that all their claims of cure need to be substantiated on a scientific basis. Indigenous healing practices need to be evaluated, given due recognition and developed so as to improve its efficacy, safety, availability and wider application at low cost. Traditional medicine has certain advantages over the conventional system of medicine in any setting because as an integral part of people's culture, it is particularly effective in sorting certain cultural health problems.

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