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The intersection of traditional healing practices and the Western health care system

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This article discusses the challenges traditional healing practitioners face in contemporary society due to the conflict with Western healthcare systems. In African countries, traditional healing does not get the same recognition as Western healthcare and biomedicine, while a large number of indigenous people across the globe rely on traditional healing. The research presented in this article was conducted in KwaZulu-Natal, South Africa, between 2013 and 2021. The study employed a qualitative method for data collection, in the form of individual interviews, focus groups, and participant observation, to ensure data validity. The key finding of the study is that the traditional healing system is not adequately recognised in South Africa, whereas most people in the country rely on traditional healing. The article demonstrates that traditional healing plays a significant role in the healthcare system, evident during the coronavirus disease 2019 (COVID-19) pandemic. The article further highlights the challenges traditional healing systems face and how they are overcome by drawing on indigenous knowledge systems and ancestral wisdom. It further recommends equal recognition of this healthcare system and suggests collaboration and monitoring of this sector, as is the case with the Western healthcare system.

Intradisciplinary and/or interdisciplinary implications: The article emphasises the importance of indigenous knowledge, promoting responsible practices, and addressing regulatory frameworks to bring change in traditional healing. The goal is to achieve a balanced approach that respects both the indigenous knowledge healthcare system and modern healthcare systems.

Keywords: traditional healthcare; Western healthcare; sacred sites; ancestral wisdom; indigenous knowledge; holistic healing approach.

Introduction

Human beings occupy a unique position in the hierarchy of all living and non-living things on Earth, with their value intrinsically tied to their well-being, which necessitates a properly functioning body. In the African worldview and religious beliefs, well-being encompasses both the physical and spiritual aspects, each requiring equal attention. However, the advent of Western civilisation and colonisation, especially on the African continent, led to a shift influenced by their worldview of healthcare and the well-being of persons, which prioritises the body more than the spirit. This system focuses on the physical aspects, including mental and psychological well-being, often neglecting the spiritual dimension of healing, crucial in the African perspective for complete well-being (Guma & Mokgoatšana 2020:2). Indigenous healthcare systems emphasise the equal importance of both the body and spirit, recognising that neglecting the spiritual body can lead to a compromised physical state. Consequently, both aspects require comprehensive healthcare. Healing, in this context, emphasises the wholeness of being, body, mind, and spirit, an approach termed the holistic approach. Huljev and Pandak (2016:66) highlight that a human being consists of an integrated whole, with inseparable parts of the body, mind, and spirit.

Despite the effectiveness and dominance of Western healthcare methods in today's industry, indigenous healing approaches have been utilised for decades. In previously colonised countries such as South Africa, individuals are often compelled to adopt Western healthcare systems, limiting their freedom to choose alternative healing methods. This gap between Western and indigenous healthcare is attributed to inequalities in facilities, resources, and state recognition. The marginalisation of alternative healthcare systems hinders the advancement of indigenous healing knowledge within communities. Waldron emphasises that African traditional practices remain crucial in healthcare delivery for African Americans in specific regions, highlighting the enduring influence of indigenous healing methods. Despite global transformations affecting

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indigenous communities, a substantial number still adhere to traditional healing practices, highlighting the resilience of holistic approaches (Waldron 2010:56).

The stigma associated with traditional healthcare and the glorification of Western healthcare as superior contribute to global assumptions that the latter is the preferred option. However, traditional healthcare receives little mention, perpetuating the imbalance between Western and indigenous approaches. The quality of being associated with traditional healing, particularly among those who adhere to Christian beliefs, has led to widespread shame, making people reluctant to disclose their relationships with indigenous practitioners. This shame is not unique to African countries, as Harley notes that African Americans in the United States also experienced similar feelings, fearing ridicule for utilising traditional healing methods (Harley 2006:442). There is a specific group among Christians who have made it their mission to reject and shame traditional practices and healing arts associated with them. This group perpetuates the marginalisation and rejection of indigenous practices. Such behaviour undermines the efforts articulated by the World Council of Churches to intentionally recognise and affirm life, encompassing all of God's mission in a cosmic sense (ed. Keum 2013:5). This assertion represents a move away from absolutising every aspect of truth.

Even though this article is based on a study conducted between 2013 and 2021, the authors still sees the relevance of discussing the results of the study, further demonstrating the fingerprint left by colonist religions in the lives of indigenous people. Although significant changes have occurred in the field of traditional healing, it is important to highlight the gaps that still exist today. It is unlikely that the pressure to devalue traditional healers, which has persisted for decades, will simply disappear in just 30 years of democracy. The authors believes that the changes occurring within traditional healing practices are not sustainable, as the government has yet to find an effective way to support or regulate traditional healers.

The principal researcher grew up in a Zulu community whose language and cultural practices resemble those of the Nguni ethnic group. Because the researcher is mostly familiar with isiZulu culture and language, commonly used terms in association with traditional healing practices will be briefly explained. Table 1 describes how some core Zulu terms are understood.

Background and motivation

The article is based on two research projects conducted for higher degrees by the principal researcher in 2013 and 2021. The first project investigated female traditional healers in same-sex relationships. The second project investigated the same sexualities among rural women in KwaZulu-Natal. The article explores the theme of healing because it was not fully explored in the two projects. The researcher further looked at the changing nature of life and developments in healthcare, as she once had to undergo *ukuthwasa* [initiation as a healer]. During the initiation process, she experienced life as a traditional healer and the challenges within this practice. Many questions arose: Although traditional healing has long existed and people from various educational backgrounds have undergone *ukuthwasa* [initiation as a healer], the practice itself does not appear to be improving. The challenges that existed in the past remain present today, particularly the lack of resources and the government's neglect of this sector of healthcare. As the researcher's study progressed, it became clear that some of the challenges within indigenous communities require indigenous solutions. Therefore, the researcher chose to examine this issue of healthcare through the lens of indigenous knowledge.

Indigenous knowledge system framework

In recent years, African indigenous knowledge has become a subject of scholarly study, challenging Western attempts to undervalue this framework. Recognising the potential of ancient knowledge in the contemporary world, universities and other institutions of higher learning invested their time in researching indigenous ways of

TABLE 1: General understanding of Zulu terms.

Zulu	Description of terminology
Ubungoma [Divination]	A calling that is passed down from one's ancestors. It involves communicating with the ancestors on behalf of the living; as a result, they possess the power to move between the physical and the spirit realm. *Ubungoma's* function and responsibilities include divining, the use of indigenous herbs to heal people, and they also train others who have a calling to be initiated as *izangoma* [diviners].
Izangoma [healers]	Refers to someone who has been initiated to commence their journey to assist with traditional healing.
Ithwasa [plural-ama]	Refers to those who are under training because they have not yet attained complete knowledge and understanding to execute the responsibility of *ubungoma.*
Inyanga or *gobela* [trainer]	In most cases, they are regarded as superior or senior in the profession of traditional healing. Therefore, those who are going through a process of training or initiation refer to them as *inyanga or izinyanga* [herbalist] as a sign of respect. This may be attributed to the fact that the process of *ukuthwasa* [initiation as a healer] has complexities of its own; it varies from person to person.
Inyanga [herbalist]	Another type of traditional healer who is known as an herbalist but does not do divination or consult the spiritual world.
Umsamo [sacred place]	Is yet another integral term that simply refers to a significant area or spot in a traditional home or hut where sacred rites by family traditions are duly performed.
Ukuphahla [appease of ancestors]	Is understood as an important process that is performed by an elderly member of the family and conveys specific messages to members of the family who have since passed on.
Ukuthwala [seeking supernatural or magical ways of acquiring wealth and social prestige]	Yet another important term for consideration in this discussion. This perverse process involves seeking an effortless way to get rich by making sacrifices to the captured ancestors or a certain animal that brings wealth to that person. These sacrifices can be animal or human sacrifices. By implication, it must be observed that traditional forms of understanding healing can often be distorted and misunderstood because of the process of *Ukuthwala* [seeking supernatural or magical ways of acquiring wealth and social prestige].

Source: Mkhize, V.V.O., 2009, *Umsamo: Iziko lamaThong* [*Umsamo: The Hearth of the Ancestors*], Umsamo African Institute, Johannesburg

knowing and have been able to establish some activities under Indigenous knowledge systems (Indigenous Knowledge Systems and Non-Violent Culture 2017). Countries such as Canada, Australia, and New Zealand have successfully adopted indigenous knowledge systems to enhance healthy lifestyles that are environmentally and cosmologically friendly. Despite historical attempts to diminish the importance of indigenous knowledge, research institutions are now acknowledging its potential contributions to the healthcare system. This change in basic assumptions, however, raises concerns about the exploitation of traditional healers. Traditional healers are expected to share their knowledge for free, with research institutions benefiting academically and financially from the research without reciprocating support for the traditional healing space. The one-way flow of knowledge from indigenous healing to Western healing exacerbates traditional healers' suspicion towards the academic discourse. Smith (1999) asserts that there is a growing need to incorporate indigenous knowledge in scientific studies. She further ascertained that using the framework informed by indigenous knowledge can bring about knowledge enrichment. However, an observation is also made that inclusion of indigenous knowledge is still not adequately considered and recognised (Smith 1999). Therefore, it can be argued that traditional healers suffer a huge blow because their knowledge and skills are used only to benefit those of the Western worldview without compensating them.

One does not, however, dispute that the collaborative exchange of knowledge in the field of healing has the potential to bring about a better outcome for everybody concerned. Furthermore, it is equally recognised that indigenous healers such as *izangoma* [diviners] still operate in an atmosphere of an unfriendly environment. Unequal recognition perpetuates a distorted view that the Western worldview approach to healing methods is superior and somewhat better off than that of the indigenous people of Africa (Smith 1999:118). The unequal power relations between the two systems are stark. Therefore, there is a need to devise a framework that does not incorporate traditional healthcare. It must be a framework of collaboration and cooperation. With such a framework in place, traditional healers will be encouraged to share their knowledge without fear of being exploited.

Research methods and design

The two studies between 2013 and 2021 employed qualitative research techniques, with data collected through interviews, focus groups, and workshops as the primary data collection tools. This research methodology was chosen for its suitability for those seeking first-hand knowledge by engaging directly with participants in the field (Rehman & Alharthi 2016:55). McMahon and Peter (2018) note that the qualitative research paradigm assists in probing respondents' inner experiences, capturing unspoken cues and gestures of the healers. Individual interviews with open-ended questions facilitated in-depth discussions, while focus groups encouraged the exchange of ideas and comparisons of emerging thoughts. Workshops played a crucial role in addressing research questions with the help of facilitation (Denscombe 2007:166).

The 2013 study, entitled 'A threat to Zulu patriarchy and the continuation of community: A queer analysis of same-sex relationships amongst female traditional healers at Inanda and KwaNgcolosi, KwaZulu-Natal' included 10 participants who participated in individual interviews and subsequently formed a focus group. They were contacted individually and invited to a meeting in one participant's home. During this meeting, the purpose, benefits, and challenges of participating in the research were discussed, and all agreed to sign consent forms. The researcher keenly observed participants' behaviours during interviews and discussions, contributing to non-verbal data such as body movements, silences, and hesitations. The researcher's experience as a *isangoma* [diviner] provided insider insights, with some participants willingly sharing ideas and information.

Although the two studies did not specifically focus on the practice of *ubungoma* [divination], the participant sample included traditional healers. Two workshops were conducted in Durban and Pietermaritzburg, involving a total of 25 participants, 50% of whom were *Isangoma* [diviners], 15 individual interviews, one focus group, and one workshop were conducted, with 30% of participants being traditional healers. The study that focused specifically on traditional healers was conducted in Inanda, Ntuzuma, KwaNgcolosi, and KwaMashu, areas that include both townships and rural communities in KwaZulu-Natal, South Africa.

In both studies, traditional healers played an important role, and obstacles that hinder their progress were revealed. As a traditional healer, the principal researcher observed and was exposed to many of the challenges highlighted in this article. Thus, after 12 years since the original study (2013), we find the data relevant, as the issues faced by traditional healers have not changed. The two studies revealed that traditional healing is not given the recognition it deserves and is undervalued by the Western healthcare system. The skills and indigenous knowledge of the practitioners of traditional healing are critical yet often overlooked.

Ethical considerations

Ethical clearance to conduct this study was obtained from the College of Human Science, University of South Africa, Research Ethics Committee with clearance number 90230868_CREC_CHS_2024, and from the Humanities & Social Sciences Research Ethics Committee at the University of KwaZulu-Natal with clearance number HSS/0260/017D.

Findings and discussion

In Africa, as well as in the Global South, the Western healthcare system enjoys more popularity and is considered a preferable option compared to indigenous healing methods. While this may seem true at face value, a deeper examination challenges this view, revealing that the health sector has been wielded as a powerful tool by colonialists to undermine traditional healthcare systems. Colonial governments, through missionary work, strategically established well-equipped hospitals and healthcare facilities to provide superior services to indigenous populations, further interrupting indigenous healing methods (Guma & Mokgoatšana 2020:2). Asamoah and others highlight the impact of the colonial period, involving bans, criminalisation, and suppression of cultural practices, including indigenous healing knowledge and practices. Although this example is from New Zealand, similar methods were employed across all colonised African countries (Asamoah et al. 2023:15).

The construction of healthcare facilities with comprehensive services made them appear indispensable and the ultimate saviours for the disease-affected community, by projecting Western science as superior to indigenous ways of knowing. Such manipulation and conduct led people to believe that hospitals are a better place to solve their health problems. Regardless of this mentality, Africans are often found smuggling indigenous concoctions and holy water into hospitals, which means you can try to remove a person from their traditional beliefs, but you cannot remove the traditional beliefs within a person. In a study of the influence of socio-cultural beliefs at Chris Hani Baragwanath Academic Hospital in Johannesburg, Thobeka Nkomo (2017) observed a case of a patient who was supposed to have an operation and requested to be released to go home to consult with his ancestors before the operation. She reported on more cases of patients who, despite being in the hospital and treated with Western biomedicine, demanded to use traditional remedies. The colonial and Apartheid governments ensured that Western health institutions were meticulously maintained. Because of poor management, political interference, and slow economic growth, public health institutions have declined. This was all intended to solidify the norm that hospitals are the primary point of contact for health issues, not traditional healthcare. Omosor (2019) further argues that:

> Most Christians pretentiously pay lip service to the demonisation of African Traditional Medicine because when they find themselves in critical death-threatening situations, they accept the traditional way of treatment which they often secretly patronise. (p. 365)

Consequently, people refrained from disclosing their relationships with indigenous practitioners. This phenomenon is not exclusive to South Africa, as similar issues are observed in countries where Christianity is a dominant religion. Harley notes that African Americans in the United States also experienced shame regarding traditional practitioners, leading patients to withhold information about their use of folk healing methods from caregivers (Harley 2006:442). Furthermore, the shift in the preference for Western healthcare practices among Africans is because of the increasing prevalence of illnesses that are not named in traditional African contexts. Western doctors have identified, defined, and given diagnoses to various illnesses, leading to the perception that Western methods of healing are appropriate solutions for curing these conditions.

Land and infrastructure for traditional healing

As mentioned above, Western healthcare facilities have been well-resourced and carefully maintained since the colonial era. These facilities are located in places where people can easily access them; however, for traditional practitioners, the scenario is different. Sacred natural sites and traditional healing locations that were once freely accessible are no longer easily reached. Sacred natural resources, including forests, mountains, waterfalls, rivers, hills, caves, and the sea, are now under state control rather than community stewardship, as was the case before colonialism (Sinthumule, Mugwena & Rabumbulu 2021:16). In the precolonial era, these sites were the responsibility of the clans residing in the respective areas. Their sacredness and value in the indigenous belief system, rooted in spirits, made these sites crucial for traditional healing practices. The belief in spirits is central to African indigenous beliefs. Spirits are believed to inhabit these sacred spaces, endowing traditional healers with supernatural powers. The term 'sacred natural sites' implies areas holy, venerated, consecrated, and connected with religious or belief systems for spiritual purposes (Sinthumule et al. 2021:12).

In South Africa, the Lanwadzongolo and Guvhukuvhu sites near the Phiphidi Waterfall in Limpopo are considered sacred sites used by the Ramunangi for ritual purposes. The waterfall has spiritual significance, and the ancestors are said to protect these places. It is said that these sites are important for both healing and *ukuthwasa* [initiation]. These sites are meant to be approached with reverence. In most cases, those who approach them must seek permission from the owners of the sites, the ancestors. It is believed that entering the sites without performing the appropriate rituals may lead to severe consequences, including death (Sinthumule, Mugwena & Rabumbulu 2021:7). The challenge is that the sacredness of these sites is at stake as indigenous people lose control over these sacred sites. Various ethnic groups have lost their sacred sites, intensifying debates on land claims and indigenous rights in South Africa. The Khoisan people, in particular, fight for access to their sacred sites, many of which were taken by the colonial government. The violation of Khoisan's rights, who are indigenous, persists, and the fight for the Table Mountain site is still a matter of ongoing struggle. In the African traditional belief system, sacred sites are considered purified spaces where spiritual communication and the veneration

of ancestors take place. These locations serve as gathering points for traditional communities and clans, especially during times of need, such as food shortages or the need for rain, when they call upon their ancestors for intervention. Therefore, the inaccessibility of these sites hinders the performance of such traditional practices.

There are academic discourses about "medical syncretism" which indicate the role of traditional healing (Moshabela et al. 2016:84). Issues raised during informal discussions included the scarcity of herbs and restricted access to harvesting areas. Because traditional healing was not the primary focus of the research, these matters were not explored in depth. Sangomas noted the high cost of travelling to town to purchase herbs, particularly as forests are no longer easily accessible. Some land is designated as government property, while other areas are privately owned, further limiting access. As these insights emerged informally rather than through structured interviews, further probing was not pursued because the study focused on same-sex sexualities rather than traditional healing.

As traditional healers, we have observed much in the practice of healing that shows traditional healing has no place in the formal South African healthcare system. Most of the time, we had to buy herbs in the city. Although some medicinal plants were available in nearby forests and around the homestead, the most essential herbs were often inaccessible. My spiritual healer once told me there are prohibited herbs in the yard because one could be arrested. This meant that traditional healers were restricted by the laws of the country in which they lived. In the lands of their ancestors, there were plants they were not permitted to cultivate, which illustrates that African lands do not belong to Africans.

Ngcukaitobi (2018:1) observed that one of the most exciting achievements of the Advent of a democratic South Africa and Constitutionalism is that a conscientious effort was made to create a Bill of Rights in which the fundamental rights of every person are recognised irrespective of colour, race, creed, and sexual orientation. It is regrettable to observe that the current state of affairs appears to ignore the very principal guidelines of nation-building. The land is rich in history, religion, and traditions of its original owners, so when colonial governments took over the country, they not only stripped indigenous people of their land but also erased their cultural identity. Taking the land from people, their original owners, is like stripping them of their cultural identity. Fuad et al. (2023) further point out that 'Land holds a profound religious significance across human cultures, extending beyond its economic utility to embody strong transcendental and cultural ties' (p. 109). Land is fundamental for the development of any society. In the case of Africans, it is not simply real estate, but a source of identity for a people. It is a place where ancestors reside and continuously influence the lives of the living. It represents the present, the past, and the future.

In the African healthcare system, the land is foundational to healing, as all plants and herbs originate from the soil. This connection is evident in festivals such as *Nomkhubulwane* and *Incwala* [first fruits festival], where the land is integral to the healing process (Mkasi & Rafudeen 2016:119). These festivals pay homage to land as both their source of livelihood and their future resting place. Traditional healthcare practitioners depend on these sacred sites, and their inaccessibility creates challenges for them to carry out their functions within the community. On the contrary, Western healthcare givers thrive as they receive governmental support and are socially accepted as legitimate. Mokgobi (2013) made a useful observation that Western-trained medical practitioners are reluctant to work with traditional healers because they perceive what they do as harmful and dangerous to their patients. Furthermore, some believe that traditional healthcare is illegal. Clearly, with such negative perceptions by Western-trained medical practitioners, chances of collaboration and integration are small.

The dominant economic models in South Africa prioritise economic growth and profit over conservation and cultural preservation. Access to land and the sacred sites remains a significant challenge as the acquisition of land for development continues in modern societies. Sacred sites face destruction in the name of progress, with tourism infrastructure posing problems for site owners. Development initiatives often bypass local communities, imposing changes under the guise of job opportunities and a better life. Government leaders often seal deals with project owners without proper consultation, as seen in the case of the Khoisan and Amazon's attempt to build their African headquarters on a historically significant site in Cape Town (Cultural Survival 2022). Similar issues arose in Venda, where the Phiphidi tourist destination at Phiphidi Waterfall was constructed without the consent of the Ramunangi clan, the custodians of the site. This lack of consultation deeply pained Ramunangi elders, emphasising the disregard for indigenous communities in development projects (Sinthumule et al. 2021:7). This raises concerns about the impact on indigenous cultures and the appropriation of their sacred spaces for economic gains. Government policies may authorise the protection of certain sacred sites, but a Fortress conservation strategy reminiscent of colonial practices often restricts indigenous peoples' access to and traditional use of their ancestral lands. This approach assumes that indigenous people use natural resources carelessly, neglecting the nuanced understanding they have of their environment (Domínguez & Luoma 2020:2). Traditional healthcare practitioners are unable to use natural resources, including plants, trees, and herbs, as it is perceived to be incompatible with conservation efforts. In the past, communities had their lands where they could harvest resources sustainably; they took care of the environment, but modern policies restrict their access, affecting indigenous livelihoods (Sinthumule et al. 2021:15). Fortress conservation strategies that overlap with indigenous territories further exacerbate these challenges.

Although the focus of the envisaged comprehensive development was on rural areas, it seemed like a step in the right direction as a starting point because most of the traditional healing activity is on the outskirts of urban centres. Yet the role of the traditional healers within the society on the continent of Africa and beyond has proved itself to be so, especially as the entire globe was plunged into a deadly crisis. During the coronavirus disease 2019 (COVID-19) pandemic, the world was desperately searching for a cure for the highly contagious disease that threatened human lives. It became evident that the healthcare sector needed all the help it could get, whether through Western or indigenous medicine. It was during this time that we saw the power of the indigenous knowledge system. There were collaborations between different healing methods, regardless of whether they were indigenous or Western. Traditional healers such as *izangoma* [diviners] and *Izinyanya* [healers] made a significant contribution to the fight against COVID-19 (Cordeiro-Rodrigues & Metz 2021:9). There was also evidence provided by Mphekgwana, Makgahlela and Mothiba (2021) of widespread use of African remedies for symptoms of COVID-19.

At this time in South African history, government authorities need to implement legislative measures that open the space for traditional healers to freely execute what they believe is their right to heal those who need it most. In other words, the state should ensure that a restorative framework is put in place to begin the process of redressing the imbalances of the past. Lund and Boone (2013) emphasise the importance of respecting property rights, especially as the country has already entered the new administrative era. The rights of indigenous people fall within this category because they were denied access to the land of their birth in the past.

Healing with spirits and indigenous knowledge

Indigenous knowledge, often referred to as the local knowledge of ethnic groups in specific geographical locations, plays a crucial role in healing. Ossai (2010) defines indigenous knowledge as 'traditional and local knowledge existing within and developed around specific conditions of indigenous people in a particular area' (p. 2). An integral aspect of this knowledge is the connection with ancestral spirits, which serves as a vital channel for passing down wisdom of healing and survival skills. Mokgobi (2014:24) pointed out that the role of traditional healers is not only limited to physical healing, but they are also 'custodians of the traditional African religion and customs, educators about culture, counsellors, social workers and psychologists'. He makes a strong argument for creating channels of communication between the various health care systems in South Africa.

Ancestral spirits can transition from the physical body to the spirit body without any restrictions. They maintain constant contact with the living, especially those within their family or close circles. These ancestors, possessing valuable indigenous knowledge in healing, have a responsibility to transmit this knowledge to the living. Gifted healers, such as *izangoma* [diviners], *izinyanga* [healer], seers, prophets, and others with special spiritual gifts, play a role as intermediaries between the living and those who have passed on (Mkasi 2013:18). They transport messages from the spiritual realm through dreams, visions, and consultations, preserving African ways of being, knowing, and doing. This includes healing practices framed in indigenous religion and African culture. For Chidester (2008:46), 'Zulu dreaming called for responses of ancestral exchange and orientation that were integral to Zulu religious strategies for sustaining ongoing relations between the living and the dead'.

Ancestors communicate with the living in several ways, and each ethnic group has its unique names for these spirits. Among the Zulu-speaking people, they have many names for the ancestors, but the most commonly used terms are *amathonga* or *amadlozi* [ancestral spirits], and the Xhosa use the term *izintanya* [healers] (Thwala & Edwards 2021:77). When communicating with *amathonga* [ancestral spirits], it is necessary to evoke the presence of ancestral spirits by following specific processes and using correct naming. These practices vary depending on the clan or ethnic group. In recent years, the work of traditional healers has expanded, including the training of initiates and divination, for both adults and the younger generation. This indicates the growing recognition of the value of indigenous knowledge invested in ancestral spirits. Moreover, this shift suggests that contemporary society is realising the enduring relevance of ancient knowledge, influenced by research that has demonstrated the contributions of traditional healing practices to the modern world.

Traditional healing space: Safe or unsafe space

Despite the challenges faced by traditional healing spaces, traditional healing continues to hold a significant place in people's lives. It remains a healthcare system that is accessible, local, and affordable for households, irrespective of their financial status. Many South African households still rely on indigenous plants and herbs or even an oral type of dealing with health challenges, which has been done for many generations, highlighting the enduring role of traditional healing (Marks 2006: 473). Basic knowledge of using indigenous plants is often passed down through generations within Africa through the medium of oral transmission. This knowledge is widely available, and individuals gifted with healing abilities can seek mentorship from experts, commonly known as *Izinyanga* [healers]. For the longest time, African societies used oral traditions; however, some of this knowledge is not documented, as healers worry about theft by research institutions. As confirmed by Smith (1999), 'It is research which, from indigenous perspectives, "steals" knowledge from others and then uses it to benefit the people who "stole" it' (p. 56).

While traditional healing is perceived as accessible to all, its vulnerability to corruption and commercialisation is a growing concern, particularly in contemporary societies marked by elevated levels of corruption. The manipulation of ancestral spirits poses a significant challenge, emphasising the importance of each household having its own sacred place for direct communication with the ancestors. In IsiZulu culture, as highlighted above, this sacred place is known as 'umsamo', where ancestors reside in a home (Mkhize 2009:18). In times of crisis, the family first consults with the ancestors at *umsamo* before seeking external assistance from traditional healers. According to Umsamo Institute, *Umsamo* can be defined as follows (Mkhize 2009):

> Umsamo is a special and sacred place inside a traditional Zulu hut that acts as an altar and a repository [*Ithala*] of a family's precious and spiritually significant belongings. The burning of *impepho* [incense] is understood and believed to actively invoke the spirits of the ancestors by those gathering in a family for this sacred act. Consulting ancestors at *umsamo* is known as *ukuphahla*, which involves the elder of the family addressing the ancestors and requesting permission to seek help beyond the physical world. If permission is granted, the family receives guidance on which healer to consult. The healer, upon arrival, performs necessary rituals in the presence of the family. The elder continues to communicate with the ancestors, ensuring transparency and minimising the risk of spiritual manipulation. This practice underscores the importance of maintaining the integrity of ancestral communication and traditional healing. (p. 18)

Changes in traditional healing: Challenges and responsibilities

Traditional healing, once regarded as a sacred spiritual gift bestowed upon individuals to serve their communities, is experiencing a shift towards competition and corruption. The desire for recognition has led some practitioners to manipulate the sacred healing space with the practice of *ukuthwala* [seeking supernatural or magical ways of acquiring wealth and social prestige] and some *izangoma* [diviners] are not ashamed to tell the public that they offer such services (The Hustlers Corner SA n.d.). The traditional healers of the past did not practise healing as a profession; rather, it was a gift that had to be treated with respect. The competition in marketing healing herbs has arisen because people are now healing for the sake of making a living. When one works out of poverty, one does not think about safety, yet traditional healing is supposed to be practised with integrity. Telling people how the ritual of *ukuthwala* is performed is putting those who have no knowledge of healing at risk. This is because *ukuthwala* is associated with obtaining quick wealth without having worked for it. We are living in a time when many young people are unemployed, and life is difficult; as a result, anything that promises quick gains is easily accepted.

The clean and spiritually pure essence of traditional healing is compromised when practitioners resort to unclean methods and dark powers, forces, and dark magic such as *ukuthwala*. Initiates or trainees become vulnerable to such practices, as the space has its challenges; it does not provide enough financial stability, which causes some to be tempted to practice *ukuthwala,* which brings wealth. Traditional healers should work hard to reclaim responsibility, accountability, integrity, and selflessness in their practices. Returning to the roots of traditional healing involves understanding the calling, beneficiaries, and the intricate relationship between trainers, trainees, and ancestral spirits (Mlisa 2009:294).

The commodification of traditional healing has transformed it into a business rather than a service to the community. The destruction of the original structure that accommodated traditional healing services by government actions has contributed to the commercialisation of this sacred practice. The roots of traditional healing, once aimed at sustaining a healthy community, have already become irreversible. The contemporary state of traditional healing is deeply entwined with financial motives.

The shift towards viewing traditional healing as a money-making scheme has further strained its relationship with the community. Furthermore, social media platforms used to promote their business have given them the freedom that is also being abused and put traditional healing at risk. For instance, some have tended to popularise themselves using the media and television screens, and their behaviour in many instances has sought to undermine the very basic principles of traditional healing integrity. This is well demonstrated by *Izangoma Zodumo* in the Mzansi Magic show (Herbst 2020). They have been drawing attention from social media platforms by sharing and revealing traditional healers' secrets to their fans, even witchcraft-like tendencies. The way they conduct themselves is not well received by other healers, and this may impact the attempt to fight for recognition in the health sector. There seems to be no control or structures that regulate the behaviour of healers, as is the case in Western health structures that control doctors (Dayile 2020).

Regulating traditional healing: Policies and challenges

The post-1994 South African constitution recognised all religions in the country, including African spiritual and traditional healing practices. This constitutional shift allowed *izangoma* [diviners] and *izinyanga* [healer], to operate more openly in urban areas, marking a departure from the suspicion they faced before 1994, confined to rural regions (Thornton 2009:17). The increased visibility of traditional healers, including those from diverse racial backgrounds, reflects a more inclusive approach within the traditional healing community. However, while the transformation is evident on the ground, government-controlled healthcare sectors have not changed. The *Traditional Health Practitioners Act of 2007*, specifically Section 21, was introduced to regulate the work of traditional healers.

Although the World Health Organization supported such regulations to promote safety standards in African traditional healing, the act faced mixed reactions. Doctors for Life International, for instance, did not trust the efficacy of traditional remedies (Le Roux-Kemp 2010:277). Section 21 mandated the registration of traditional healers, outlining specific requirements such as a letter from an accredited institution or traditional tutor (Street 2016:326). This included Adult Basic Education and Training (ABET) Level or equivalent and a minimum 12-month training period covering diagnosis, preparation of herbs, and traditional consultation. However, these requirements overlooked crucial aspects of traditional healing, including the accreditation of trainers [*gobela* or *inyanga*], traditional healers' challenges in attending schools because of their spiritual calling, and the diverse and intricate training process influenced by ancestral and family factors.

The challenges highlighted in implementing this act reveal a need for revisions that align with the intricate nature of *ubungoma* initiation. Imposing Western methods on traditional healing practices may not fully capture the essence of this ancient knowledge system, deeply embedded in African culture. Without acknowledging these important aspects of initiation, the genuine practice of traditional healing will lose its value. Therefore, there is a need for a more nuanced and culturally sensitive approach to crafting policies that govern traditional healing practices, recognising their unique nature within the broader healthcare framework. The evolving landscape of traditional healing is marked by challenges that practitioners need to address. It requires a collective effort to preserve the authenticity and sacredness of traditional healing while navigating the complexities of a changing world. Reinstating a sense of responsibility, reclaiming the spiritual essence, and fostering community support are crucial steps towards ensuring the continued relevance and positive impact of traditional healing in contemporary society.

Conclusion

The evolving landscape of traditional healing presents challenges that practitioners must collectively address. It necessitates efforts to preserve the authenticity and sacredness of traditional healing while navigating the complexities of a changing world. Reinstating a sense of responsibility, reclaiming the spiritual essence, and fostering community support are crucial steps towards ensuring the continued relevance and positive impact of traditional healing in contemporary society.

The role of government in ensuring a continued transformation, acceptance, and recognition of traditional healers in modern society will always be welcomed. Robust dialogues and engagement even in academia will, without a doubt, demystify some of the misconceptions people have regarding the traditional forms of healing and, most importantly, the role of *izangoma* [diviners] and *izinyanga* [healer] in society. We observed with much appreciation the collaborative and partnership efforts that emerged at the time when the entire globe was searching for a solution to curb the spread of the COVID-19 pandemic.

This article further emphasises the importance of sacred sites for traditional healers, allowing them to practice their healing freely. These sites play a crucial role in the traditional healing process and the performance of rituals that lead to spiritual awakening, all of which is possible on their ancestral land.

This article advocates for a transformed healthcare system that includes alternative healing practices, recognising the value of indigenous healing methods rather than treating them as supplementary options when Western medicine proves ineffective. It calls for granting traditional healers and cultural practitioners access to sacred sites regarded as healing spaces. Furthermore, this approach should be regulated by policies developed within the framework of indigenous knowledge systems.

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CRediT authorship contribution

Lindiwe P. Khuzwayo: Conceptualisation, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Validation, Writing – original draft, Writing – review & editing. Sibusiso Masondo: Conceptualisation, Resources, Supervision, Validation, Writing – review & editing. Both authors reviewed the article, contributed to the discussion of results, approved the final version for submission and publication, and take responsibility for the integrity of its findings.

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