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Is indigenous health knowledge converging to herbalism? Healing practices among the Meru and the Maasai of the Ngarenyanyuki ward, Northern Tanzania

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ABSTRACT

Globalization and cultural interaction, new lifestyles, the diffusion of "modern medicine", the transformation of traditional religious practices and beliefs, have profoundly challenged and modified indigenous health systems. This paper questions whether due to these changes traditional healing systems are to some extent converging into "herbalism" and losing ties with their original cultural systems.

By analyzing the healing practices of two communities (Maasai and Meru) in the rural ward of Ngarenyanyuki (Northern Tanzania), the paper explores how traditional and modern health knowledge circulates, changes, and evolves.

Evidence from the case study shows that herbal remedies play an increasingly key role in traditional healing practices. Nevertheless, Maasai and Meru health knowledge emerges as a rich and challenging mix of evolving practices. The paper discusses these ongoing processes and inputs into the debate on health provision in African countries by underlining the need for a policy transition to more holistic healing systems which may provide highly desirable options in the current context of health reforms.

1. Introduction

Traditional medicine is defined as "the cumulative body of knowledge and beliefs handed down through generations by cultural transmission and the relationship of the local people with their environment" (Sackey and Kasilo, 2010, p. 93).[1] This process of knowledge stratification has contributed to building complex social and cultural frameworks regarding the relationship between illness, diagnosis, and the healing process (Lock and Scheper-Hughes, 1996; Stephens et al., 2005). Several authors (e.g., Unschuld, 1992; Farquhar, 1994; Cocks and Moller, 2002; Stephens et al., 2006; Kassaye et al., 2006) describe the theoretical and practical differences between traditional medicine (TM) and modern medicine (MM) in conceiving and treating illness as an added value of TM. The importance of traditional medicine institutions in Africa has been gradually acknowledged internationally – especially in rural areas where it is the first and often only choice of health care[2] – while its potential integration into national health systems has been widely emphasised, discussed and, to a certain extent, promoted and put into practice.

Nevertheless, cases of integration in several countries show a tendency to limit integration to the selective incorporation of herbal remedies into modern medicine (see, amongst others, Kassaye et al., 2006; Stangeland et al., 2008; Ndhlala et al., 2011; Awodele et al., 2011). Herbal remedies represent the most common form of traditional medication worldwide (WHO, 2010), and are indeed the easiest component of TM to integrate into modern medicine (MM) for several reasons: their properties can be studied (as shown by several studies: Firenzuoli and Gori, 2007; Bussmann et al., 2006; Cardini et al., 2004; Ndhlala et al., 2009; Chotchoungchatchai et al., 2012), their efficacy can be tested, their therapies can be standardized, and their knowledge of plant use can be transferred and adopted in different contexts. Prioritising the herbal component of TM has also been prompted by highlighting the risks of

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[1] The term 'traditional medicine' includes many practices and therapies which differ considerably from one other. These practices can include, and often do include, MM principles, since hybrid practices are widespread. For this reason the terms traditional medicine and modern medicine have been widely criticized. Moreover, as many academics recognised long ago (Latour, 1991) 'traditional' and 'modern' are socially constructed dichotomies and are themselves a product of modernity. Nevertheless, the binary opposition of traditional and modern health knowledge constitutes a common representation both in public discourse and in people's everyday language, and will be adopted in this article in order to challenge and discuss it.

[2] 2010 statistics from WHO indicate that more than eighty percent of the African population receive the bulk of their health care from traditional or indigenous health systems.

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morbidity and mortality (Scott et al., 2010) associated with traditional healing practices. This selective integration of herbal remedies into MM is leading to a rationalization of traditional health systems, and this rationalization could lead to the simplification of complex traditional medicine systems which go far beyond the use of herbal remedies, and relegate indigenous health knowledge to herbalism (Diouf, 2000; Pares, 2001; Singer and Fisher, 2007; Janes and Corbett, 2009). Moreover, according to several scholars (Madge, 1998; Houeto, 2000; Guissè, 2000; Bristow et al., 2003; Jagtenberg et al., 2006; Byg et al., 2010; Pouliot, 2011) this trend risks undermining the efficacy of herbal remedies by separating them from wider multifaceted and complex TM healing practices.

Some studies suggest that this process of selective transformation of TM is also taking place in the daily lives of indigenous people, even when integrated TM and MM health policies are not present (Jagtenberg and Evans, 2003; Steenkamp, 2003; Vandebroek et al., 2004). In a study on the Kyela District in Southern Tanzania, Marsland (2007) shows, for example, how MM is part of traditional healers' practices and that traditional healers "challenge the representations made of them by MM by criticising local tradition and through their desire to make use of biomedical techniques and technologies" (Marsland, p. 752). Globalization and cultural interaction, new lifestyles, the diffusion of modern medicine, the loss and transformation of traditional religious practices and beliefs have profoundly changed how indigenous people use TM; what seems to gain predominance is the selective use of medical plants in culturally performed ways which are not so different from taking pills (Stokes, 2006; Singer and Fisher, 2007; Wahlberg, 2008).

Is this true? Are traditional healing systems spontaneously (i.e. independently from integration policies) converging into "herbal systems" and changing cultural practices due to modernization and interaction with MM? We believe this is a relevant issue which is insufficiently explored in literature and has important policy implications (i.e., should policies focus on integrating herbal remedies into MM, as many are already doing, since herbal remedies are what "remains" of traditional healing practices, or is there room for other more complete forms of integration?).

To reflect on this issue, the paper shifts the focus from mainstream and rather normative ways to advocate integration between traditional and modern medicine – as a goal to be (eventually) achieved – to discussing how traditional and modern medicine coexist and coevolve in people's everyday lives.

These issues are addressed by focusing on two rural communities in the rural ward of Ngarenyanyuki (Northern Tanzania); more precisely, fieldwork was carried out primarily in the village of Uwiro and in two of its neighbouring subvillages; Iyani (inhabited by people belonging to the Meru ethnic group) and Mkuru, a predominantly Maasai setting. In total, three-hundred and eighty interviews were conducted with the Meru of Iyani (180 interviews) and the Maasai of Mkuru (200 interviews) – with informants of different ages and genders (including 40 Maasai and 55 Meru children). Participant observation, focus groups, transect walks, photo elicitation activities, and participatory mapping, were also performed within the two communities.

The analysis shows that over the years TM has been profoundly challenged and reinterpreted: the Meru in particular have lost most of their traditional healing knowledge, but are now returning to it, while traditional Maasai healing practices are evolving into new forms due to conversion to Lutheranism, adoption of new lifestyles, and interaction with MM. These dynamics have produced a hybrid health system where traditional healing practices are in part converging into herbalism and simultaneously evolving into a rich and challenging mixture of (redefined) practices which can provide answers to not only (some) physical health problems, but also to the psychological and community-oriented healing and reassurance of patients.

2. Integration and spatial interaction between traditional and modern medicine

Even though there is no consensus within the scientific community (or even among local communities) regarding traditional medicine and what it means to the people who use it (Romero-Daza, 2002; WHO, 2005), in the last couple of decades there has been an increase in the attention paid by the international community to knowledge about plant use for therapeutic purposes and to associated cultural, social, and religious beliefs. Many factors contribute to enlarging the boundaries of traditional medicine: health inequities (Janes and Corbett, 2009); lack of health care facilities in many rural areas in the Global South (WHO, 2012); worldwide health care reforms pushing clinical services out of the public sector; increasing overall dissatisfaction with conventional medical care; the growing adoption of complementary and alternative medicine (CAM) (Doel and Segrott, 2003, 2004); and the limitations of conventional, scientific medicine in treating chronic illnesses and mental disorders (Willison et al., 2005). As a result, indigenous health knowledge has gradually been included among the sources of medical care, local knowledge, and cultural diversity in several countries (see, WHO, 2003, 2005; Sackey and Kasilo, 2010), almost as if it were a new discovery.

Positive experiences in integration of TM alternatives in primary health care (WHO, 1983, 1986; Reading and Nowgesic, 2002; Shinnawattananonda, 2004; Montenegro and Stephens, 2006) has led several authors, over the years, to call for greater and more urgent integration (e.g. Rubel and Sargent, 1979; Anyinam, 1987; Gessler et al., 1995; Fong, 2002; Kaboru et al., 2006; Chotchoungchatchai et al., 2012).

Scholars have also analysed the complex effects of integration behind the problems currently undergoing uncritical integration (Elvin-Lewis, 2001; Connor and Samuel, 2001; Timmermans, 2003; Durie, 2004; Langlois-Klassen et al., 2008; Scheid and MacPherson, 2011; Chung et al., 2001). The dangerous nature of certain indigenous practices which claim to miraculously cure diseases brings up the issue of safety. The concurrent absence of a systematic evaluation of traditional medicine and its efficacy runs the risk of restricting the contribution traditional medicine can make to MM *exclusively* to aspects which can be measured and spotted (Barrett and Herbert, 1994; Elvin-Lewis, 2001; Waldram, 2000; Pieroni et al., 2008; Firenzuoli and Gori, 2007). As a result, the need to evaluate the efficacy and transferability of TM and the attempt to rationalize is leading to selective integration of TM herbal remedies into the health system in the West.

This trend has been accused of leading to a loss of the most valuable theoretical and epistemological elements of TM linked to diagnosis and therapy, as well as to the rationalization and modernization of indigenous health systems, absorbing them into MM, and limiting them to a narrow herbalism (Janes, 1999; Singer and Fisher, 2007). This may cause the loss of native epistemologies and key elements of traditional medicine linked to diagnosis and therapy, which some authors describe as fundamental and more valuable and effective elements of traditional medicine (Wilson, 2003; Izugbara et al., 2005; Kassaye et al., 2006; Kingsley et al., 2009). These elements include: understanding the cause of an illness (Gessler et al., 1995) and considering healing as a process of physical and psychological recovery where mind and body cannot be separated; building a reassuring, trust-based and long-term patient–healer relationship; avoiding feelings of confusion and loneliness in unknown environments (such as hospitals and clinics); and having the opportunity to discuss and express individual con-